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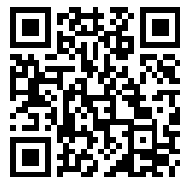
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THE  
UNITED STATES  
MEDICAL INVESTIGATOR.

A SEMI-MONTHLY JOURNAL

OF

THE MEDICAL SCIENCES.



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CONSOLIDATION OF "THE UNITED STATES MEDICAL AND SURGICAL JOURNAL" (QUARTERLY, \$4.00), VOLUME X., WITH "THE MEDICAL INVESTIGATOR (MONTHLY, \$3.00), VOLUME XII., COMMENCING JANUARY, 1875.

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Surgical Department.

DESCRIPTION OF AN OVARIAN DERMOID CYST  
REMOVED.

BY PROFESSOR WM. TOD. HELMUTH, MARCH 18, 1876, AT THE NEW  
YORK MEDICAL COLLEGE AND HOSPITAL FOR  
WOMEN, NEW YORK CITY.

The tumor weighed twenty-three pounds, of which twenty pounds were fluid contained in a large fibro-serous sac. Opening into this by an aperture one inch in diameter, and apparently growing from its walls is a smaller cyst ten inches in circumference, which contained sebaceous and calcareous material, mixed with long dark hair. There appeared to be a tendency to the formations of other cysts in, or from, the walls of the large one, as there was a shallow one with an aperture three and one-half inches in diameter, and a third commencing to form, a few fibrous bands being thrown across. Alongside of the others was a solid multilocular body composed of about fifty small cysts, containing severally colloid, substance (one, *dark* colloid); sebaceous material, mixed with hair, solid fat, bones, and teeth. The bones are covered with periosteum; the teeth with enamel. Two of the bones somewhat resemble scapulæ; one is a nondescript, possibly a manubrium and first rib, or it may be, a portion of occipital bone with foramen magnum. The most interesting is what appears to be an attempt at formation of superior maxilla with a large middle incisor, on one edge; and on the opposite edge, in irregular order, bicuspid and molars, five in all. One little cyst contained a canine tooth, with pulp and crown; removal of pulp showed nerve cavity beautifully. In one cyst were two molars, one without pulp, the lower extremity

rounded and solid. A lateral incisor, the only tooth with crown, neck, and fangs complete, is attached to outer wall. There are ten teeth in all.

In the walls of large cysts are to be found small colloid cysts, protuberances resembling nipples, the slight appearance of an axilla, and several tufts of hair. I observed that culloid and osseous matter were in proximity, also hair and sebaceous with calcareous material. The pedicle was four inches wide and three-fourths of an inch thick. Extensive peritoneal adhesions were manifested by numerous shreds of omentum which were attached to the outer wall.

MARY H. EVERETT.

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**DIAGNOSTIC VALUE OF PAIN AS A SYMPTOM OF  
CANCER.**

BY N. F. COOKE, M. D., CHICAGO.

Read before the Illinois Homoeopathic Medical Association.

Too much importance is universally ascribed to this symptom. Perhaps the curse of the profession is book-making. So true is it that most works on practice are but compilations that the most palpable blunders are handed down as sacred treasures from age to age. Thus the expression "characteristic lancinating pain" has been consecrated to every description of this disease by authors (no! book-makers) from time immemorial. The fact appears to be that "lancinating pain" is as often absent as present. When it does happen, it is to be regarded as a mere incident—an epiphenomenon, so to speak, and of little or no significance as regards diagnosis. Four typical cases observed during the past year illustrate this.

CASE I. I diagnosticated carcinoma in a case of cancer of the lesser curvature of the stomach—in opposition to the protests of my professional brethren who had faithfully "watched the case" for many months. There had been no "lancinating," and no *local* pain whatever from first to last. There had been simply *intercostal neuralgia*. I am ashamed to say that I located the disease in the duodenum while the autopsy proved it to be in the lesser curvature. My blunder as to its precise location had been occasioned by the entire absence of gastric symptoms.

CASE II. A case of carcinoma of the œsophagus was very analogous. Here a positive diagnosis was made and the existence of tumor determined by the bougie. But from first to last there had been absolutely no pain. No hæmorrhage, etc. An instructive illustration of the book-making done by so-called authors was afforded me in "reading up" for this case. Of all the books to which I had access but one (Grisolle the Frenchman) failed to mention "characteristic pains" as "always present" in cancer of the œsophagus, even our own Helmoth says: "The lancinating pains, common to cancer, are always present."

The fact appears to be with Grisolle who says: "I do not speak of lancinating pain, which in cancer of the œsophagus at least is nearly always wanting."

CASE III. A case of carcinoma of the right lung. So diagnosed at my first interview—for which I was roundly abused and laughed at. Six months afterward it passed under the knife with a full confirmation of my written opinion. In this case there had been no local pain for a single minute throughout its duration. An intense neuralgia at the head of the humerus was the sole *apparent* trouble. It was there that the patient referred all her suffering. It was there that many brilliant physicians had directed all their efforts.

CASE IV. A cancer of rectum has passed through all its stages under my direct observation with neither local nor reflex pain— with absolutely no symptoms save those due to mere mechanical obstruction.

I may add a fifth case now under observation: a carcinoma uteri has nearly finished its work of destruction with no pains that can be termed "characteristic" or "lancinating."

---

#### EXPERIENCE WITH TETANUS.

Noticing a short paragraph on this terrible disease in the October 1st number of THE INVESTIGATOR, I will mention a case which came under my observation for treatment.

Mr. J. D., aged twenty-five, had had delirium tremens (*marcen de polo*), and on recovery had spells of wandering away from home "in a fit" as they called it. One night he fell into a ditch and cut a gash in the side of his head, laid there in the cold night air for three or four hours, when his friends found him and carried him home, and when trying to dress his wound which was only slight, severe spasms set in (he began to jerk as they said) and his jaws were set. When I was called I found him with eyes open (and as he said afterward conscious) in an *opisthotonus* position, in which he had been for two hours, his head turned one side, face red, and the least touch of the wound aggravating the spasm. Remembering the same symptoms in a case of *Strychnine* poisoning, I at once gave him five drops of *Nux vom.* tincture, and forced it down by pressure on the glottis. Applied cold cloths along the spine (ice could not be had). I repeated the *Nux vom.* tincture in five drop doses once in fifteen minutes, until I had given him one full drachm, and had the pleasure of seeing my patient relax his position, turn over on his side, and fall into a quiet sleep. *Bell.* 3 finished the cure, which was very rapid.

A. R. HICKS.

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AN ARTIFICIAL URETER.—A successful attempt to form an artificial ureter on a patient who had just recovered from ovariectomy during which accidental section of the ureter occurred, is given by Dr. Nussbaum in the *Ærtlich's Intelligenz.-Hall*, 1876. and *Saget Meldon*, May 25, 1877.

## Eye and Ear Department.

### CHRONIC OTORRHŒA—*MERCURIUS VIVUS*.

BY R. O. CHAMBERS, M. D., BENTONVILLE, ARK.

Few diseases are more neglected or mal-treated, than chronic "running from the ears," especially in children. Only the specialist, seem to give much attention to its study and treatment.

It is an every-day occurrence to come in contact with such cases, and yet the majority of physicians in the country are utterly ignorant with regard to this important topic. Now this is not owing to a want of remedies, or insufficiency of the Homœopathic materia medica, but the trouble comes from a want of study, and proper application of the materia medica, according to the principles of Homœopathy. One of the frequent causes of failure or of success, is the local application of astringent washes of various kinds. They are Allopathic remedies, and should not be used by any one who pretends to be a Homœopathist. I think we can make more cures, and better ones if we stick closely to Homœopathic, constitutional remedies. I will give a few cases treated with *Mercurius viv.*, "single remedy," with symptoms that led me to the selection of the medicine.

CASE I. Little girl aged three has always been in delicate health, has enlarged glands on the neck, has had frequent attacks of otalgia, "With local treatment," resulted in a chronic discharge from the ear, consisting of yellowish pus in large quantities having such a disagreeable odor as to be almost unbearable, has pain in ears at night, discharge, also worse at night, eruption behind the ears. This little girl has fine light hair; blue eyes; soft flabby muscles; on the strength of the above indications, and Jahr's advice to give it, when the discharge is very fetid, I gave *Mercurius viv.*, 30x, trit., one powder, each night at bed-time until eight were taken. Cured in two weeks. No other medicine taken, remains well, one and a half years since.

CASE II. Is a little boy aged twenty months, apparently healthy otherwise, has a discharge of purulent matter from the left ear, since a few days after birth. A day or two after birth the mother noticed some pimples in and around the external ear, this soon disappeared, and then the discharge commenced, child cries with pain in ear at night, discharge from the ear always takes place at night, and are very copious, has the fetid smell as in the first case. All the "Regulars" in the place have given the case a round without the least benefit. Instead of getting better the child was becoming deaf. I gave *Mercurius viv.*, 30x, trit., one powder at night for eight days. Pain and discharge ceased in one week, and have remained so, now six months. This case has made many converts to Homœopathy here. I believe

that most cases can be cured in this manner by the proper Homœopathic specific generally one of the following: *Mercurius, Calc. c., Silicea, Puls., Aurum, Sulph., Bell., Petrol., Lyc.* When the discharge is offensive, *Merc., Hepar, Aurum, Carbo veg., Sulph* and *Silicea*, are especially useful. *Mercurius*, is the most frequently indicated remedy.

### TINNITUS AURIUM.

BY W. A. PHILLIPS, M. D., PROFESSOR OF OPHTHALMOLOGY, ETC.,  
CLEVELAND, O.

Read at the Joint Convention of Western Academy of Homœopathy and Ohio State Society.

Tinnitus, or noise in the ear, the character of which varies in different persons and at different times, is one of the first, one of the most constant and persistent symptoms accompanying impairment of hearing. It is variously described by patients according to its resemblance in particular cases to sounds with which we are quite familiar. Thus one patient likened it to the chirping of a canary; another to the puffing of an engine; another to the rippling of water over rocks; and another to the screaming of a locomotive. It is not unusual that two distinct sounds are heard at the same time. Thus, still another patient described the noises as resembling the simmering of water in a large boiler, while the other sound was like the metallic ring or second sound of a tuning fork.

The annoyance and mental depression frequently occasioned by these subjective sensations are sometimes the worst feature of the case, and the unfortunate sufferer begs relief from the constant "terrible ringing" rather than relief from the deafness.

There is a variety of causes producing this troublesome symptom, such as deep-seated disease or congestion of the brain; functional or pathological derangement of the circulatory, digestive or uterine apparatus: depression of the system occasioned by hæmorrhage or by profuse discharges; fevers: influenza; acute and chronic catarrh; closure of the Eustachian tubes; and impaction of wax. This paper however, has to do only with this symptom as one of the results of the structural changes, produced by chronic aural catarrh.

Careful researches conducted by careful and conscientious observers by the aid of dissections and improved methods of inspection of the living subject, have conclusively taught, with scarcely exceptions enough "to prove the rule" that tinnitus accompanying catarrh of the middle ear is due to pressure on the labyrinth from swelling of the mucous membrane, and aggravated in old cases by adhesions of the drum-head to the promontory on other parts of the tympanic cavity. When we consider the acuteness of hearing peculiar to the healthy ear — what delicate pressure is exerted by the gentlest vibrations required to occasion the sensation of sound, we can readily understand that the pressure of an inflamed and thickened mucous membrane may easily exert sufficient force to convey to the auditory nerve the neces-

sary impression to give to the mind the perception of sound. Pressure may also be exerted in consequence of closure of the Eustachian tubes from hypertrophy of their mucous lining, in which event the air naturally filling the tympanic cavity becomes more or less freely exhausted by absorption, and hence the counter-pressure is no longer present on the inner surface of the drum-head and the latter becomes depressed by the action of the air externally. This pressure is communicated to the foramen ovalis by means of the little chain of bones traversing the middle ear, and the perception of sound is thus produced. With this condition of the parts modifying the relation of the structure contributing to the form and frame of the hearing apparatus, it is plain that the first indication for treatment is to relieve the cause — to reduce the pathological changes which are the immediate cause of the symptom in question. The fact that tinnitus is generally an evidence that the power to hear is diminishing, physicians should exercise the precaution to warn their patrons of the danger of neglecting so significant a symptom, lest the structural changes cited may occur to such an extent that the normal acuteness of hearing cannot be entirely restored. It is obvious that the cure of tinnitus comprehends the administration of remedies known to exercise an influence upon the tissues involved, by no means ignoring other subjective symptoms, aided by such local measures as tend to reduce the vascularity, and thickening of the structures implicated. The difficulty of giving prompt relief in catarrh of the middle ear rests upon the circumstance, first, that remedies administered internally have a tardy, unsatisfactory influence in the cure of catarrh, especially upon patients who reside in what is known as catarrhal districts; second, owing to the anatomical arrangement of the parts, local applications such as would benefit the nasal and pharyngeal passages cannot with safety be employed in the cavity of the tympanum. But it is to be remembered that in chronic otitis the tympanic cavity is not alone involved in the inflammatory action, but, the otitis rather a result of chronic inflammation of the pharynx, the posterior and anterior nares being also affected as a rule. Now, as these parts are always first diseased, swollen and more or less streaked with mucous, the treatment is with propriety particularly addressed to this region, and no permanent cure of the ear trouble can be accomplished so long as the throat and nostrils are the seat of a catarrhal inflammation. Treatment of the throat alone however, will in some cases be quite successful in relieving the tinnitus and restoring the hearing. If the former is cured the latter will almost invariably be improved.

The internal remedies most worthy of study in their application to the cure of chronic aural catarrh are *Kali bich.*, the different preparations of *Mercurius*, especially *Mercurius dulcis*; *Nux vomica*; and *Ars*. But just how much reliance can be placed upon them as compared with the sanitary and medical influence of remedies applied locally is not as yet very definitely determined. It is unquestionably a fact that purely functional disturbances occur in aural catarrh which are

principally, and may be entirely the cause of the tinnitus. In such cases remedies given internally may relieve the ringing entirely; in which event the physician is inclined to take an undue amount of credit for making what appears to be a particularly bright prescription, and to give prominence to the medicine which it cannot in any wise merit, provided the tinnitus be due to mechanical agencies as is commonly the case.

This introduces the consideration of a comparatively new remedy in the medical world which has been the subject of experimentation in the treatment of diseases of the ear accompanied by the symptoms under discussion namely *Nitrite of Amyl*. The statistics made by different observers are somewhat remarkable as well as highly contradictory. Dr. F. Michael, of Hamburg, treated twenty-seven cases, and Dr. Urbantschitsch, six cases. A greater or less degree of improvement was obtained in nineteen cases. Among these were three in which the tinnitus disappeared entirely from one ear, and in the other ear was somewhat diminished. In four cases there was improvement of hearing. In some cases the diminution of the ringing lasted from one hour to ten days. Dr. Michael remarked that, "I have as yet been unable to determine exactly in what class of cases of tinnitus the remedy is indicated. I can only say that the acute catarrh cases especially those in which the tinnitus is evidently of mechanical origin, are not appropriate subjects. The effect of the remedy in these cases indicate that its action bears a certain relation to the function of the auditory nerve, or vascular branches of the labyrinth." (*Arch., Oph., and Otol.*, p. 535). Dr. C. C. White, the worthy chairman of our bureau, one year ago reported to this society forty-two cases of tinnitus treated with this remedy of which thirty-five were cured and seven much relieved.

My own experience in the use of the remedy is limited to the record of twenty-four cases in which it was tried faithfully and no substantial benefit was derived in any single case, and without trying the twenty-fifth case I allowed myself to be convinced that either the *Nitrite of Amyl* would not do for me what it would for other doctors or else I was so unfortunate as to have twenty-four cases in no wise *en rapport* with this remedy. This discrepancy of statistics cannot in justice be said to be due to carelessness, want of veracity or ability correctly to note the results secured by the use of the remedy; accordingly we are led to the conclusion that the character of the cases themselves must account for the fact and the susceptibility of cure. But at the same time, it seems a little remarkable that one observer should out of so many cases have so large a majority of just those particular ones which yield so magically to the sniff of this equally remarkably remedy. We await with peculiar interest further developments as regards the virtues of the *Nitrite*, hoping that close observation may enable us to determine with greater degree of certainty the kind of cases it is capable of relieving.

## Sanitary Department.

### THE HOMŒOPATHIC YELLOW FEVER COMMISSION.

[Continued from Vol. VIII., No. 12, page 512.]

#### SECOND DAY'S SESSION.

*Second Question.*— At the noon session of the Homœopathic commission, the second division of the therapeutics of yellow fever was taken up, and the views and experiences detailed in the many reports upon the table, regarding the best means and measures for the relief of the vomiting and hæmorrhage of the second stage, were compared and discussed.

The result showed a remarkable unanimity. *Arsenicum* was put at the head of the list of remedies, and then *Bryonia*, *Ipecac*, *Argentum nitricum*, etc. These remedies were considered necessary for different phases of the second stage. The next division of the subject, the best remedies for the last stage, the collapse and auxillary measures will be taken up to-day.

#### PUBLIC MEETING.

In the evening, at 7½ o'clock, by invitation of the commission, there was a meeting of New Orleans physicians and laymen who have been active during the late epidemic, at the St. Charles Hotel. Dr. J. P. Duke, of Nashville, being designated by Dr. Holcombe to preside, explained the objects and methods of the commission. He explained how the Woodworth commission, presided over by Dr. Bemiss, had undertaken to consider the nature, spread and prevention of yellow fever, leaving the important department of the treatment of individual cases unnoticed. He spoke of the more hopeful ground occupied by the practitioners and friends of the New School of medicine, and of the appointment, by Dr. Conrad Wesselhoeft, of Boston, president of the National Society of Homœopaths, of the present commission.

Dr. W. H. Holcombe, an ex-president of that great body and a medical writer known in all enlightened countries, a citizen and practitioner of New Orleans, had been appointed chairman of the commission. The other medical men associated with him in the present inquires, were not unknown to the profession and the public. The search for facts regarding the best, the most efficient remedies for yellow fever, had been commenced in this city, the usual starting point of the disease in the United States.

After gathering up all obtainable information here, the commission would proceed to Vicksburg, Memphis, and other points scourged by the plague. The methods of inquiry adopted were such as to avoid, as far as possible, all errors and deceptions, sometimes charged upon such investigations. The motto has been—let us have the truth



though the heavens fall. Should the result of our inquiries be that other means are better than those pointed out by the Homœopathic law, we stand ready to accept them and to walk under the old banner again.

But we come here, assured that Homœopathy has won fresh laurels in the late epidemic, asking for the facts and figures. The dreaded disease has spread over a large district of our southern country, and it is worth while to consider what is to be done to check its ravages, when it has passed all quarantines and defied all disinfectants. The success of our effort must depend upon your readiness to report to us and your truthfulness of statement. We are happy to say that a ready response has come from a large number of physicians, who have been active in the treatment of yellow fever, and that we already have a large mass of valuable information, which in due time will be made public.

Dr. Dake here introduced Dr. L. A. Falligant, of Savannah, who proceeded to read a very interesting report upon the origin, spread and prevention of yellow fever. The author advocated a discriminating quarantine, instituted with great care, and only when absolutely necessary, so as to interfere as little as possible with the interests of commerce. He did not doubt the presence of the germs of the disease in this country and the possibility of their becoming active, under favoring circumstances, so as to give us an epidemic without any fresh importation from abroad.

A paper was then read from Mrs. H. K. Ingram, of Nashville, advocating the disinfection of places by atmosphere concussion. She had studied the subject long and well, and submitted an account of experiments proving the correctness of her theories. She referred to the firing of guns in this city in 1853, but claimed that the effort was not carefully and thoroughly made. Her arguments and facts are well worthy of consideration. As soon as the paper was read, it was moved by Dr. E. H. Price, of Chattanooga, that it be accepted by the commission and a vote of thanks tendered to the author. On motion of Dr. Dake, the commission adjourned until half past 12 to-day-

#### THIRD DAY'S PROCEEDINGS.

The commission met yesterday afternoon at half past twelve o'clock. Reports continue to come in from physicians in this and other cities, showing the success of the Homœopathic treatment during the late epidemic. Prominent among these are the returns made by the chairman of the commission, Dr. W. H. Holcombe, and Dr. Robert A. Bayley, of New Orleans. In their reports were given the name, age, sex and color of each person treated, with results. The percentage of deaths was very small. Such reports are of real value, because susceptible of verification; quite unlike the wonderful stories sometimes told by unscrupulous doctors and their admiring friends, of hundreds or thousands of cases treated without the loss of a single life.

Yesterday's session of the commission closed up the work upon the

different stages of yellow fever. In the last, as in the former stages, a remarkable unanimity was shown, as to remedies employed.

Dr. E. H. Price, of Chattanooga, presented a very gratifying report from the Homœopathic hospital for yellow fever cases conducted by him, aided by Dr. D. G. Curtis, and Dr. C. E. Fisher, a volunteer physician from Marietta, Ga.

Dr. W. J. Murrell, of Mobile, submitted a carefully made report of the late epidemic in his city, giving the name, age, sex and color of each person treated by him. His success was remarkable.

Dr. E. A. Murphy, of this city, gave an account of his successful attendance in the Protestant Orphan's Home, and among the people, exact reports of which will be submitted in a day or two.

Dr. J. R. Pique, of this city, reported quite a number of cases successfully treated. The commission, after the examination of new reports adjourned until Thursday afternoon. There was no session last night, as the gentlemen composing the commission were entertained by Dr. W. H. Holcombe, at his residence.

#### FOURTH DAY'S PROCEEDINGS.

The regular session was held at the St. Charles Hotel yesterday afternoon, Dr. Holcombe presiding.

Reports were submitted by Dr. G. St. C. Hussey, Jr., of Natchez, and Dr. A. J. Pickard, of Pensacola.

A report was received from Mr. Hammersley, proprietor of a gymnasium and of baths on the river, containing facts of some importance relating to personal hygiene in yellow fever times. He says that of over one hundred boys who bathed daily, under his direction, during the epidemic, not one had the fever, though in families, often, where the disease was present.

Daily cold bathing and swimming was long ago mentioned as a preventive of yellow fever. It certainly increases the power of resistance, while it removes from the surface of the body adherent germs and products of disease.

Thanks were voted to Mrs. Elizabeth Thompson, of New York, for her liberal contribution; also, to the president of the L. N. and G. S. railroad, to the general ticket agent of the A. and W. Pt. railroad, to the superintendent of the L. C. and L. railroad, to the superintendent of the N. O. C. and St. L. railroad, and to the N. O. and Mobile railroad, for favors to the members of the commission.

Thanks were also voted to Dr. Holcombe, Dr. Robert A. Bayley, Dr. Richard Angell, Dr. E. A. Murphy, Dr. Mary F. Mann, and Dr. F. Pique, of New Orleans, for valuable assistance rendered; also to Mr. W. U. Simons, of the signal service, and others for interesting reports.

The commission has received valuable information from the records of the New Orleans board of health and from the reliable citizens, outside of the medical profession. Great care is exercised to exclude reports incapable of verification, such as might mislead the world in regard to the treatment of yellow fever.

The closing session of the commission is deferred to Saturday morning, when some reports of progress will be framed for the public.

LAST DAY'S PROCEEDINGS.

The final session of the commission was held at the St. Charles Hotel. The subjoined report of the work of the commission, which had been prepared, was read received and unanimously approved :

The prevention of yellow fever does not fall strictly within the appointed work of the Homœopathic commission, but as papers were presented and discussion elicited on the subject, it was thought proper to draw up a brief paper, for the public, embodying the opinions of the commission.

Yellow fever is a specific disease caused by a morbid germ, which requires for its generation and diffusion a combination of factors, among which are the aggregation of human beings in a foul atmosphere, high temperature, long continued calm weather, humidity, pestilential exhalations from the earth, and a deficiency of *Ozone* in the air we breathe.

Yellow fever is both imported and indigenous, and the most perfect quarantine against the former variety will not protect us in the least from the ravages of the latter. The progressive advances of science are now so great and so rapid that we entertain sincere hope of a final deliverance from both.

The public, we might almost now say, the national health, is too vast and important a concern to be entrusted to inefficient boards of health and spasmodic congressional legislation. We recommend the creation of a permanent sanitary commission, ably constituted, well salaried and invested by the government with large powers, to be composed of medical men ; yellow fever experts and of professed scientists ; which sanitary commission shall devote itself exclusively to matters of public hygiene.

Tropical yellow fever cannot be excluded from this country by the kind of quarantine which has hitherto existed. The exigencies of commerce and travel are so imperative, that nothing less than a military and naval cordon around the coast could secure us a perfect exemption. And whilst keeping up such defence from the enemy without, at enormous expense, the enemy within may spring up and develop into the most fearful scourge.

The measures we recommended to prevent the importation of yellow fever are the following :

- 1 An intelligent oversight of all the tropical ports during the summer months. The sanitary commission should have agents in all those ports connected either with our consulates or with responsible commercial houses. It should be their business to keep the commission regularly and frequently advised of the sanitary condition of every locality, to report the appearance and progress of the fever, the sailing of every suspicious or infected vessel, and to furnish all information the commission may require.

2 The declaration of a discriminating quarantine only against ports notoriously infected, regulated in character and duration by the actual facts obtained by the commission.

3 The thorough cleansing, disinfection and refrigeration of every vessel arriving from yellow fever ports during the summer months. The character, mode and extent of the disinfection will be determined by the studies and experiments of the commission in that special direction. We call attention to the refrigeration of vessels suggested to us by Dr. Bushrod W. James, of Philadelphia. From the recent inventions and improvements in the way of fitting up refrigerating rooms and ice-making machines, he is convinced that all difficulties can be quite easily overcome, and the hold, cargoes and passengers of vessels can be subjected for two or three days to a low temperature, say ten or fifteen degrees below the freezing point—a temperature quite destructive of the yellow fever germ, but entirely compatible with human comfort.

4 The sanitary surveillance for thirty days after landing of all persons coming from tropical ports, and remaining in the city. No passenger should be lost sight of during that time. Physicians should be compelled, under heavy penalties, to report the slightest sickness among such passengers, and as soon as yellow fever is diagnosed by experts, measures for the immediate suppression of the disease should be adopted.

Quarantine is a delusive security; home prevention is the great desideratum. Aggregation of human beings is one of the factors of yellow fever. It can only originate in the large towns and cities. New Orleans is notably the point of its development, and the centre of its radiating violence. Keep New Orleans in a perfect sanitary condition, and the great valley of the Mississippi is safe. Let it lie in its present state for another generation and it will become a hot-bed of pestilence, which will cast its baneful influence along the line of rapid transit, and repeat in St. Louis and Chicago the horrors which befell New York and Philadelphia in the last century.

Yellow fever germ exist always in New Orleans and others cities in feeble or latent state (which is what we mean by its being indigenous), waiting to be roused into activity by some fortuitous combination of all the factors necessary to their vitalization. To prevent that development we recommend the following measures :

1 The thorough drainage of the city. This mighty work can only be efficiently achieved by the general government. Whether that would be constitutional or not we need not pause to inquire. An intelligent people will some time or other so modify their government that it shall recognize the superior claims of the health and lives of its population over those of railroad companies and harbor improvements. As is well known, the topography of New Orleans presents very considerable difficulties in the way of a perfect system of drainage, but not such as to be insuperable to engineering skill.

2 The constant irrigation or flushing of the street gutters and canals

by fresh river water, pumped daily by steam apparatus. Allied to this measure is a perfect system of water-works, which shall give an abundant supply of river water for drinking, bathing and cleansing purposes, so as to supercede the use of cistern water almost altogether. In this connection we may mention a curious fact communicated to the Commission by Mr. Harry Hammersley, who keeps a floating bathing establishment in the Mississippi river. One hundred and fifty boys under twelve years of age took one, and some of them two baths a day during the whole season, and not one of them had the yellow fever, although it prevailed extensively among their families, and children of that age were peculiarly liable to it.

3 The consumption of all the city garbage by cremation. This new process has been extensively experienced upon during the last six months in the city of New York, and with extraordinary success. The plan has been described to us by Dr. George F. Foote, of Stamford, Ct., a brother of the inventor. A single large furnace has been so constructed as to consume 1000 loads in twenty-four hours. The garbage is not handled, but dumped immediately from the carts into the furnace. The combustible material mingled with it—old rags, paper, straw, vegetable debris, unburnt coal in ashes, the sweepings of stoves, factories, streets, etc., is about a sufficient supply of fuel for the whole work, when the fires is once started under a full blast. The gases from the combustion, carbonic oxide and carburetted hydrogen, are brought under the boiler and again burned to generate steam to drive the blowing engine. The expense for fuel is light; there is no escaping odor, and the residue or slag, about eight per cent by weight, can be made available for useful purposes.

One such furnace in each district of New Orleans would consume daily every atom of its garbage, deliver it from every pestilential emanation and odor, and give its atmosphere the sweetness and purity of mountain air. Nor will it be many years, in our opinion, before the people of New Orleans, who are compelled by the nature of the soil to bury their dead above ground, will discover that in their case, at least, cremation is the very best disposition to make of the human body when the principle of life has abandoned its tissues.

4 The generation of *Ozone* to supply its deficiency in the atmosphere when detected by the proper instruments. This should be made one of the most special and important duties of the sanitary commission. *Ozone* is a peculiar gas, a modified form of oxygen, generated by electrical storms and violent concussions of the atmosphere. It is so powerful as a disinfectant that one part of it will purify three million parts of atmospheric air. *Ozone* is thus nature's great disinfectant and purifier, more subtle, powerful and ubiquitous than all others, and we must learn to utilize this splendid gift of the Creator to our own sanitary blessing. When it is deficient, deleterious gases accumulate and produce diseases of various kinds, and when the other factors of yellow fever production are present, the deficiency of *Ozone* may be the determining element for the manifestation of the disease. The

scientists of the sanitary commission will be provided with instruments and chemical means for detecting its slightest variation, and for restoring it in suitable quantity to the air, where by the law of the equable diffusion of gases it will be almost instantly distributed many miles around.

To illustrate our position that a true sanitary commission should not be composed of medical men only, we may state that an admirable paper on the above subject was furnished us, not by a physician, but by a member of the U. S. signal service corps now stationed in this city.

Suppose, however, that all efforts to prevent the importation or the spontaneous generation of yellow fever have proved useless, and a case of the disease appears, what is to be done? Here it is that we see the necessity and value of a permanent sanitary commission, learned and conscientious, exclusively devoted to the public interests, vigilant and inexorable, rich in resources and appliances, amply supplied with money, and wielding by law all the power necessary to effect its object.

The commission could perhaps remove or isolate the patients, scatter the family to the country, quarantine the neighborhood, barricade the streets, refrigerate the chambers, *Ozonise* the premises and the whole district, etc. It would be its business to collect facts, to receive suggestions, to theorise and to experiment, until it discovered some reliable method of stamping out the disease.

At this point, and by way of illustration, we may allude to an interesting paper sent to us by Mrs. Ingraham, of Nashville, Tenn., advocating the repeated discharge of artillery as a method of destroying the yellow fever germ. That method was employed at Humboldt, Tenn., during the late epidemic, and whilst every village in all directions around it was more or less scourged, Humboldt was entirely unvisited by the disease. Mrs. Ingraham also alludes to some very satisfactory results derived from a limited use of artillery in New Orleans during the great epidemic of 1853. She thinks the microscopic germ, whether animal or vegetable in its nature, is destroyed by concussion, as all minute insect life is so destroyed in the neighborhood of a cannon when fired. It is probable that the yellow fever germ is neither animal nor vegetable in its character, but morganic—a mere allotropic or peculiar molecular state of some of the gas ordinarily existing in the atmosphere, and the same theory of the good effect of artillery discharges is, that during the electrical excitation so occasioned, a quantity of *Ozone* is chemically generated, and serves as a purifier of the atmosphere.

Yellow fever can never be stamped out in its incipency, unless the sanitary commission we recommend has a considerable legal power over the medical profession. Physicians are notoriously slow and remiss in reporting dangerous and contagious diseases. Many cases no doubt exist in every epidemic before the average board of health discovers a single one. The professional conscience needs educating

up to a higher degree of sensitiveness in relation to our responsibility and our duties. One incorrect diagnosis may prove a blunder fatal to many thousands, and silence is sometimes a crime against society. The prompt co-operation of the entire medical profession with the sanitary commission might lead to the detection of the earliest approach of yellow fever — the only time when the resources of science can be successfully brought to bear for its extinction.

The science of public hygiene is a babe, new-born. A permanent sanitary commission will be one great step toward its development. It must have far greater powers than those of the present board of health. It must be a specialty. It must be liberal and unbiased. Its organ should be open to all schools and parties. It should conscientiously compare all the different methods of treatment. Its supervision should be extended to all diseases. Thus, after years of patient study, observation, experiment, comparison, and elimination, it will arrive at positive conclusions, the discovery of true principles, and the perfection of sure methods for the conservation of the public board health. This, and nothing less than this, will satisfy that grand and comprehensive view of the subject which the intelligence and patriotism of the American people will eventually lead them to take.

The Commission adjourned after receiving the report, and the members left last evening for Vicksburg, where the investigation will be continued, as well as at Memphis, Chattanooga and Mobile.

The final report of the Commission will not be made for some time.

The secretary Breyfogle writes: "We are working on finely, and will be able to make a glorious showing for Homœopathic therapeutics in yellow fever."

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## Society Proceedings.

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

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### *AFTER-PAINS.*

BY SHELDON LEAVITT, M. D., ADJUNCT PROFESSOR OF OBSTETRICS  
IN THE HAHNEMANN MEDICAL COLLEGE.

At the meeting of this Society, Dec. 3, 1878, Dr. Leavitt presented his report on After-Pains:

The following questions have been issued by the Board of Obstetrics of the New Jersey State Homœopathic Medical Society, and to their discussion I invite your attention to-night:

1. What are the conditions which cause (the so-called) after-pains following confinement?

2. Are they physiological or pathological ?
3. Why are they absent in primiparæ and present in multiparæ ?
4. Why are they sometimes absent in multiparæ and present in primiparæ ?
5. Are there any indications previous to parturition, which may enable us to anticipate them ?
6. Do they require treatment ?
7. Should treatment be hygienic or medical, or both ?
8. Should treatment be ante or post-partum, or both ?
9. What course or plan of treatment do you recommend ?
10. What remedies have you found most useful ?
11. Upon what indications do you administer them ?
12. What success has attended your efforts for relief ?
13. Give any additional facts from your experience not called for above ?

*What are the conditions which cause (the so-called) after-pains following confinement ?*

Obstetrical writers are united in the theory of recurrent uterine contractions as the common immediate cause of after-pains, while the presence in utero of blood-clots, or retained portions of the secundines, is set down as the most frequent existing cause.

The muscular structure of the womb is in a state of alternate contraction and relaxation during the major part of gestation ; and labor is but an augmentation of this long-continued movement. Ante-partum contractions are probably a part of a physiological process, and are, in general, altogether painless. In certain sensitive subjects they may give rise, however, to what are termed false labor pains.

Now this ante-partum uterine effort is doubtless the result of resistance offered by distended tissues, and evinces a disposition of the uterus to regain its former dimensions. Expansion is suffered until it becomes insupportable, and then begins a vigorous struggle which ends with complete involution of the organ. So great a reduction of development is not accomplished by one forcible contraction ; but the process begun with labor, proceeds through the puerperal state, and is promoted by intermittent muscular action.

Ante-partum contractions are usually painless because moderately forcible ; the contractions of labor are painful because violent. Post-partum contractions are in general painlessly forcible, unless there be a demand for powerful, and, hence, pain-provoking effort. After labor has once fairly begun, the presence in utero of the fœtus, the secundines, in whole or in part, or blood-clots, is sufficient to arouse expulsive action.

I would not be understood to say that the exciting cause of after-pains is always the irritation produced by coagula, or other substances within the uterus ; but that this is the most common cause, there appears to be no doubt. At the close of pains or during the intervals between them, there is often a discharge of fluids, of coagula, or of shreds of membrane, evidencing the expulsive force brought to bear.



When the pains are delayed much longer than usual, or when they recur two or three days post-partum, there is often an extrusion of one or more clots, followed by permanent relief.

Flatus in the intestines may be set down among the causes. When so excited, there may be an interim after labor of one or two days, owing, probably, to the cathartic effect of incipient parturition. The abdomen is tympanitic, and sensitive to light touch, and the uterus cannot easily be felt; but if pressure be steadily increased, the pain is either greatly diminished or entirely relieved, yet recurs upon the removal of the hand.

After-pains sometimes take the form of neuralgia, in which case there is no abdominal distension or tenderness, no febrile reaction or constitutional disturbance to indicate the accession of inflammation. The pains may or may not be coincident with the rhythmical uterine contractions. Pressure is here not only tolerable but grateful,—though the patient may shrink from light touches,—and sometimes serves to wholly relieve. Let me cite a case in point: Mrs. B., a young but not very vigorous primiparæ, had been doing well until the morning of the fifth day after delivery, when she was seized with most agonizing pain in the abdomen, which had continued, at intervals, for upwards of an hour when I reached her in response to an urgent call. So unbearable was the suffering that cries much louder than those of labor were extorted. The abdomen was not distended, the pulse was somewhat accelerated, and the temperature slightly raised. She winced under a gentle touch, but deep and firm pressure at once relieved her. I administered a few doses of *Belladonna*, and continued the pressure for about fifteen minutes, when permanent comfort was obtained.\*

Violent after-pain occasionally sets in immediately after extraction of the placenta. It is very likely to be continuous, though perhaps remittent in intensity, and the patient may tell you, if she has suffered after previous labors, that the pain is unlike that before experienced. The condition is one of spasmodic contraction, the muscular fibres of the womb not acting harmoniously. There may be tenderness in the hypogastrium, but it disappears as soon as the irregular contraction is overcome. The uterine tumor presents to the feel an unsymmetrical form, sometimes extremely hard in one part and soft in another. The pulse may be quickened and the temperature a little elevated, but these symptoms usually vanish when the uterus is enabled to contract equally. For the most part, there is, however, no indication of constitutional disturbance.

In women of a rheumatic diathesis the physiological muscular action of the womb, which goes on for a considerable time after delivery, is productive of pain; hence we find that a process which in many women is altogether painless, is attended in others with much distress.

I should remark, in conclusion, that the exquisite sensitiveness of some women may give rise to painful involution of the uterus in child-bed.

*Are they physiological or pathological?*

There can be no doubt that after-pains due to regular uterine contractions (which are those most commonly met), are indicative of a physiological process, salutary in its influence, going on in the uterine structure; but that they sometimes arise from pathological states cannot be denied. A fragment of placenta, or a coagulum, is a foreign substance in utero, and for that reason is very likely to excite a degree of force in the organ which passes the bounds of ordinary functional activity. The offending substance is a disturber of a physiological process, and nature goes energetically at work to disengage it.

Says Dr. F. Winckel, in his work on "The Pathology and Treatment of Child-bed:" "Involution of the uterus is, in great measure, effected by its own contractions, which, still recurring rhythmically after delivery, are felt as after-pains by multiparæ, and by primiparæ solely when the organ is diseased or contains something abnormal."

With allusion now to the most common variety of after-pains, it may be said that they are dependent on conditions in a sense abnormal, but are to be overcome, when once established, by a physiological process.

The anomalous varieties herein described should, I think, be considered pathological.

*Why are they absent in primiparæ and present in multiparæ?*

There are two very cogent sets of influences which concur to induce this phenomenon. "A woman," says Dr. Power (as quoted by Sir J. Y. Simpson), "experiences little or no after-pains with her first parturition, because the parietes of the uterus, not having been weakened by previous distension, contract more perfectly and permanently, so as to obliterate and empty the cavity thoroughly."

The disparity that is found between primiparæ and multiparæ, in the duration of labor, has an important bearing in the etiology of after-pains. Nature here, wise and merciful in her provisions, throws the best protection around the woman who has suffered most, and spares her in the puerperal state. "Now all these differences in character," says Cazeaux, with respect to after-pains, "will be readily comprehended if the reader will only bear in mind that the object of the contraction is to express from the uterine parietes those liquids with which the walls are still engorged after delivery; and to expel from its cavity all foreign substances contained therein; that, in very prompt labors, the organ, from being evacuated too rapidly, does not retract so perfectly as it ought, and allows the blood to coagulate and accumulate in its interior, and the very feeble contractibility of its tissues forces out but very imperfectly the fluids remaining in the thickness of the walls."

For the purpose of bringing vividly before the mind a conception of the different circumstances attending first and subsequent confinements, I draw attention to the following comparisons:

## PRIMIPARÆ.

Womb prior to impregnation small, and cavity almost obliterated by contact of firm walls.

Womb never having been distended, its natural elasticity powerful.

Abdominal parietes, and other tissues comparatively firm.

During and after labor contractions forcible; and, as the tissues are relatively tense and elastic, muscular tonicity is much supported.

Labor prolonged, but condensation of uterus equable and persistent.

*Why are they sometimes absent in multiparæ and present in primiparæ?*

There is no doubt that in many multiparæ there inhere the essential conditions which operate to preclude after-pains. On the other hand, that which is essential to their production, subsists in some primiparæ. In this connection the influence of rapid labors should not be forgotten. So commonly are the subjects of these afflicted with after-pains, that accoucheurs of experience can pretty accurately predicate post-partum suffering from this circumstance alone.

Lax tissues are friendly to after-pains; and tense elastic tissues are inimical to them.

*Are there any indications, previous to parturition, which may enable us to anticipate them?*

A history of former labors will afford valuable indications, as a woman who has suffered from them once, is very likely to experience them in subsequent confinements; but a concurrence of circumstances may save her.

Women of lax fibre are predisposed to this species of martyrdom.

Mrs. M., carrying her fourth child, possessing the outward signs of atony, was subjected to a vaginal examination at the eighth month, when the touch disclosed an os uteri sufficiently open to admit two fingers without crowding, and three fingers could have been introduced. I was not surprised to learn, upon inquiry, that she had suffered intensely after former labors. Parturition came on at the close of gestation, and was accomplished in a normal manner; but after-pains were not entirely averted, though every precaution was observed.

*Do they require treatment?*

It is interesting, if not amusing, to read the percepts laid down by Old School authorities with regard to this question. "The sufferings

## MULTIPARÆ.

Womb prior to last impregnation larger than in the primiparæ, with better marked cavity.

Womb having been distended, its elasticity not so strong as in primiparæ.

Abdominal parietes, and other tissues, greatly relaxed.

Contractions may be more powerful; but the relatively lax tissues afford less support to muscular tonicity; and, in the intervals between contractions, the uterine cavity invites formation of coagula.

Labor shorter, but condensation of uterus imperfect and less persistent.

of women from these pains," says Denman, "are sometimes very great, though they prove eventually satisfactory; and, if we had it in our power, should not be suppressed, till the end for which they are excited is answered." In justice to this authority, we should remark, however, that possibly, his observations were intended to militate against the use of opiates, with the design of actually suppressing the pains. It may be that Ramsbotham should receive like construction when he says: "The proper duration of this action, indeed, is not only satisfactory, but necessary to the patient's well being, and as a general principle, must not be interfered with."

There is rarely an inexorable demand for treatment, as little positive harm is liable to result from true after-pains; but we ought to remember that the comfort, as well as health, of our patients should receive our most attentive consideration, and assiduous effort.

*Should treatment be hygienic or medical, or both?*

Both.

*Should treatment be ante- or post-partum, or both?*

There is little to be done until the advent of labor.

*What course or plan of treatment do you recommend?*

*What remedies have you found most useful?*

*Upon what indications do you administer them?*

The following plan of preventive treatment is not directed specifically and solely to after-pains, but to the entire puerperal state. I do not present it as original, but as one that I endeavor to pursue in my private practice, and, so far as is consistent with my duties as a teacher, in hospital practice as well,

1. Do no rupture the membranes before the os uteri is completely dilated.

2. After the head is born make no tractions, but allow the uterus to expel the shoulders and trunk.

3. Follow down the contracting uterus with the hand on the abdomen, during birth of the body, with firm and equable pressure.

4. Do not extract the placenta until the womb has thoroughly contracted.

5. During delivery of the placenta, follow down the womb with the hand, as during birth of the foetus.

6. If the womb does not contract well, try to excite reflex action by kneading the abdomen, or by applying a cold hand.

7. Hold the uterus for thirty to sixty minutes after delivery.

8. Administer *Arnica*, in attenuation, immediately after delivery.

9. Follow the *Arnica* with *Secale cornutum* unless some other remedy be indicated.

10. As a special precaution to be observed in particular cases, inject deep in the tissues of the arm or leg, *Ergot*, *Squibbs*, *Fluid ext.*, gr. five to ten, or give per mouth  $\mathfrak{ss}$ , about ten minutes before delivery.

All general rules have their exceptions; and, among the latter, here, may be mentioned the advisability, in some cases, of rupturing the membranes before full dilation of the os uteri. Again, after birth of

the head we should not always await expulsive uterine action, as it may be delayed to the peril of the child.

I believe the *Ergot of Rye*, among drugs, is the most reliable in its influence over the uterine muscular fibre; but other remedies should not be neglected. *Trillium*, *Sabina*, *Xanthoxylum*, *China*, *Carulophyllum*, *Pulsatilla*, and other prescriptions, may be suited to particular cases, and accomplish most efficient results.

When the pains come on a few hours after delivery, and assume a regularity corresponding to uterine contractions, they may often be speedily relieved by firm pressure over the fundus uteri, which causes an expulsion of coagula; but this should not be attempted when more than a few hours have elapsed since the close of labor, for fear of exciting inflammation.

The neuralgic form of after-pains will not often yield to *Opium*. I mention this because we are sometimes tempted, under pressure of circumstances, to administer narcotics. If an anodyne is required, *Chloroform liniment* freely applied and prevented from evaporating rapidly, will answer the purpose. *Belladonna* and *Gelsemium* are probably oftener indicated than any other remedies, in this variety of pains, but are by no means specifics. The remedy should be suited to the individual symptoms.

Regarding results of treatment I may say that they have been most satisfactory. I have never delivered a pluripara, in private practice, who did not assure me that her after-pains had been less severe than on former occasions. A goodly percentage have escaped altogether, some of whom suffered intensely after previous labors; while only a very few primiparæ have been called upon to endure the pains in question.

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### MEDICAL OBSERVATIONS ABROAD.

AN ADDRESS DELIVERED DEC. 19, 1878, BEFORE THE HAHNEMANN MEDICAL INSTITUTE, BY PROF. C. H. VILAS, M. D., OF CHICAGO.

LADIES AND GENTLEMEN: In response to your cordial invitation I have appeared here this evening to speak of my medical observations abroad, during a recent extended examination of European hospitals and health resorts. From the kind reception you have given me, I augur a lenient judgment of my response, and beg to thank you for the invitation with which you have honored me.

It is indeed a task to crowd into an hour's address the thoughts and recollections which come rushing through one's memory after a stay of several months in foreign lands. And as first of all I glance along back and see face after face come into view, I now seem to remember them as old acquaintances, dear from their many time-crowded acts of genuine kindness, rather than as those whose names were only known by the fame of their scientific works. I pause then on the threshold

to again recall with grateful recollection, the welcome extended a stranger, who found his professional colleagues ever ready to extend all courtesies, but for which his trip would indeed have been shorn of its pleasure and barren of results.

I purpose in my hasty talk to glance at the subjects under different heads, and assuming that your interest will be immediate, consider at once the hospitals and their various adjuncts, colleges, dispensaries, etc. Pass quickly with me then to the greatest of all modern cities, and we enter St. Thomas' Hospital, London, and traversing the stately halls, are seated in the governors' room to hear the opening address of the winter's course of lectures.

The learned professor rises to deliver the address, but a storm of cat-calls and hoots, with which we are already familiar in the highest class places of amusement, and which I was assured are a part of the Englishman's dearest privileges, compels him to desist. He again commences, but is again warned by similar cries to stop. The dean of the faculty appeals to the good sense of the students to listen, but in a low voice an honorable governor, who has kindly given me a seat next him, tells me it has been found necessary to give up opening addresses at nearly all the hospitals. The students are deaf to all appeals, however, and we go out with only fragments of the address. Along the great halls we wander, and are told that the total cost of the buildings was \$2,500,000; that they are seven in number, detached, yet connected by a corridor, are built of red brick, four stories high, 125 feet apart, and were formally opened in June 1871. Similarly we learn that its annual income is about \$200,000; its capacity 608 beds, and that it receives about 6000 in- and 64,000 out-patients a year. In its faculty we discern familiar faces and recognize well-known names.

St. Bartholomew's Hospital in Smithfield, the oldest in London, was founded in 1547, though dating as far back as 1102. It contains 676 beds in constant occupation, about 130 nurses, and treats about 6000 in-patients a year. 700 gallons of cod-liver oil, nearly 800 pounds of castor-oil, twelve hundred weight of salts, and from 1200 to as high as 30,000, leeches have been used in a year. We have no doubt it is thoroughly "regular" in its practice, but are more interested in recalling that Harvey, the discoverer of the circulation of the blood, was a long time physician to this hospital, and that the Pitcairns and Abernethy once lectured here.

We quickly turn to Great Ormond street to see the contrast, and enter the well-appointed wards of the London Homœopathic Hospital. We find an excellent institution, and a well-appointed room for lectures, and we see the names of many of our best-known men as lecturers. The school attached to this hospital is designed to be supplementary to courses of instruction elsewhere previously taken, and does not teach the elementary and fundamental branches.

And so day after day we may pass slowly and patiently among the various hospitals, nearly always spending the forenoon at the Royal London Ophthalmic Hospital, commonly known as the Moorfields' Eye

Hospital, a grand charity, the largest eye clinic in the world, and for advantages to the advanced student or practitioner unexcelled, if equalled, by any. We see the Guy's Hospital, world-renowned; the Bethlehem, for the insane: St. George's, where John Hunter died: Chelsea, Greenwich, King's Cross, and others; and simply remarking that several hundreds of similar charities, but smaller size, are known to exist, we pass to Edinburgh, rival seat of learning, and there briefly glance at its magnificently built institutions.

Foremost stands George Heriot's Hospital (celebrated by Scott, in the "Fortunes of Nigel") and the new city hospital now in process of completion. Both are fine structures, and like everything built at Edinburgh, well built.

Dublin, Cork, Liverpool, Glasgow, Manchester, Nottingham, and Leicester (where the British Congress of Homœopathy met this year—a fine body) are all well provided with not only general but special hospitals, each of which is worthy of special attention. In Liverpool especially, and Birmingham, are Homœopathic dispensaries worthy of all commendation. Reluctantly we leave London by swift train, and soon are over the dreaded channel, and in Paris.

Paris, the goal of most Americans' ideas of pleasure, gay, giddy Paris, the scene of so much that is good and beautiful, and whose by-ways rival the world in crime, has indeed need of the magnificent hospitals which grace her splendid streets.

We stand before the great Hotel Dieu, with its imposing front and comfortable arrangements within. It is admirably arranged and the patients seem very happy. We shall have more to remember of this fine institution than any other, the steward thinks, and carrying out his thoughts I shall speak at length of French hospitals later on. We pass over this great charity, and out, pause to examine the structure, and again return for study.

It stands on the Isle du Palais, occupying in extent the quay of the Seine from the Pont Notre Dame to the Pont d'Arcole, opposite the Notre Dame Cathedral, covers a space of nearly five and one-half acres, and cost twenty-five millions of francs (\$5,000,000). It contains 514 beds, is arranged in wards, and in its great mercies and charities is appropriately named the House of God.

Turning around and passing in back of the cathedral we go to the Morgue, and look in, as we often did afterwards. Cabby volunteers the remark that all Americans want to go there, but on being told that we are medical men, shrugs his shoulders and seems to think, as he intelligibly mutters, that we have a special right to such sights.

Greatly over-rated from being described so often by sensational writers, I could see in it only an enlarged type of the New York morgue, in which, in years gone by, I had passed many of my happiest hours in search of pathological knowledge. Cabby thinks I stay longer than most men, and I explain to him the reason, after which he looks reflective, and hopes I will never come there in another capacity!

The great Salpetriere, (so-called from having once been a saltpetre

factory), perhaps next attracts most attention. It is a home for incurable or aged female patients, and the insane and nervous, but has other patients as well. It has a length of 1,680 feet, is composed of forty-five different buildings, and occupies a space of 32,542 square metres. The number of beds is 5,204, of which 2,917 were actually occupied when I was there. It is here that such excellent opportunity is afforded for the study of nervous diseases.

Of Homœopathic hospitals there are two, the San Jacques and the Hahnemann, both receptive of all maladies, and both fairly appointed.

Among others, we note the Hopital de la Pitie, 727 beds; de la Charite, 504 beds; Beaujon, 417 beds, and many others. The most carefully compiled figures show the number of beds in all to be about 20,000. It is the rarest exception that they are not well kept and exceedingly comfortable.

The Vienna hospital, the Allgemeines Krankenhaus, has long enjoyed a great reputation, from its valuable clinical opportunities. It is a large, regularly built hospital, with many and vast courts, and abundantly supplied with valuable cases for the student. Nowhere, I think, did I see so much care taken to instruct the elementary student, while the opportunity for advanced study under competent instructors is freely open. It is a spot from which one who desires to learn, and who will be able to resist every seductive vice in its most enticing form, and openly displayed in a thoroughly immoral and beautiful city, cannot fail to profit. A fine university, to which the medical faculty is attached, has a European reputation.

In this institution much of the best information is only to be gained by private class instruction. The number of students is so large, as indeed is the case in nearly all European hospitals, that individuality is only to be gained by the liberal expenditure of money.

Our Homœopathic hospital here, as well as in Brussels, to which time prevents farther allusions, has become well known, and exceedingly favorably, on account of the excellent results obtained.

At one time Berlin exceeded Vienna in its reputation as a medical centre. Its largest and principal hospital, the Royal Charite, intended for the poor only, has a capacity for 1,400 patients, and is much arranged as the Vienna hospital, and open to students.

Other hospitals, however, are numerous, and some of the finest of eye clinics. I need hardly say that it was here that our great master in ophthalmic practice, the learned and lamented Von Graefe, won his great and well deserved reputation. Guided by an old patient of his, I visited the scene of his former labors. It is now given over to other uses, his clinic is divided and his patients are scattered, but the fame of his name remains and has penetrated the farthest ends of the civilized world.

A large and well equipped university here furnishes instruction to many students, and among them are many from our own country.

Milan is a great centre of medical instruction for Italy. Its principal hospital, the Ospedale Maggiore, is indeed a magnificent one, and



in the number of its shops and the smell of their contents, at once recalled the familiar lines of Shakspeare :

" I do remember an apothecary,  
And hereabouts he dwells."

This magnificent structure was begun in 1457, contains nine courts, and is one of the finest hospitals in the world. Its culinary arrangements are extensive and complete, and one is at a loss which to most admire, the elegant building with its facade and rich window mouldings, the finest of its kind in Milan, or the interior completeness of its arrangements. Several hundred students annually resort to it for instruction, but Italian medical and surgical art seems not to rank high abroad.

Venice, the sole city of its kind, " whose carriages are boats and its horses men," as felicitously described by an inhabitant of that most beautiful country, Ireland, lags not behind in the matter of hospitals. It has a good one, and was well filled.

In Great Britain the hospitals are supported by voluntary contributions as a rule, and governed as private corporations. On the continent the reverse obtains, and the government is by the state. In Paris the civil hospitals are controlled by the Administration of Public Assistance; the military hospitals by the staff of the garrison.

Having now considered hastily the hospitals, we may glance at the patients, and note at once the great difference in the classes in the various countries. In none of them can we justly make a comparison with those of our own country, the ground work is so different. We live in a republic in a new land, they are the results of existing empires of a thousand years. There wealth and intelligence is the property of few comparatively, and the many neither acquire the former or seem to desire the latter. The people grow up surrounded by royalty and state, and furnished with well equipped hospitals they look forward to entering them as a matter of course when accident or disease overtakes them. Well-drawn lines of society hedge them in, and though marked instances of successful rising are occasionally somewhat ostentatiously foisted on our notice, the great mass neither rises nor seemingly aspires to do so.

This we well know is not the case here. The citizen is indeed the heir apparent to the throne. All are struggling to better themselves in worldly estate, and the generation of toilers to-day is succeeded by the thinkers and commercial men of the morrow. The greatest majority neither desire nor expect to go to the hospital; they rather look upon it as a final resort, and only seek relief there when other places are closed to them.

The careless chatty Frenchman, though frugal from necessity to an extent unknown to us, spends his last centimes in the cafes chantants in gay hilarity, and accepts to-morrow's accident as an invitation to the hospital. The French have no word for " home." They have no need of it. Around that spot which clusters our dearest associations, which is the goal of our desires and ambitions, and without which

would we be wretched men, the Frenchman weaves no vision of the future and has no memories of the past. He cheerfully leaves that spot in sickness to which we cling, and in other hands than those of kin, awaits the issue with a calmness that knows nothing better.

The stolid Britisher toils on day by day with little to stimulate in the way of a home, as we understand it in this country. Though better off, as we judge, than his near neighbor, if he lives in a city, and at the best he lives in what we call crowded land, he does not expect to squander his hard-earned shillings on doctors when free treatment is at hand, but what remains from Glasgow banks he saves, and goes to the hospital.

Without further illustration or comment the same may be said of all continental countries. I never knew what a life of toil and privation and beggary was, until I had passed through Switzerland and Italy, though the hard features of Germany and Austria seemed but too severe.

Two more points considered and we draw our conclusions.

First, we note that the hospitals are in the midst of densely crowded classes such as we have named, who, by the accidents of sea and land in large numbers are constant applicants for such accommodations. And second, that wealth is so accumulated in some hands that the wants and luxuries of the most lavish nature cannot expend it.

Is it to be commented on unfavorably then, that their hospitals are better builded and filled than ours? Who that is human and supplied with great means could withstand the crying poverty with which he is surrounded? Who could withstand the lashings of conscience when he reflected on the judgment to come, and hold what he had, even though the tender mercies of religion did not impel him to give? Wealth to build and equip, and poverty to supply, will rear the grandest hospitals in the world.

Having glanced at the hospitals and patients, we now are interested in the medical schools and their fruits, the medical men. Already has the learned Dublin professor's remark that he could "see no reason why women should not become medical men" seemingly been recognized, for the colleges and examining boards in the face of stern opposition and great prejudice, have opened the way by admitting women to lectures and examination.

In attending on their conventions, I was especially struck by the clearness of their debates, and the sharp ringing criticisms of the papers read before their societies. All were good speakers, speaking right to the point without a useless word. And they were posted, too, in what they said, and said of their best. We have much to learn in this direction.

Their papers in addition to being clear and perspicuous were fully up to date. There was not a useless word in them. The correct term was always used, and no time was spent in useless details. Long, tedious cases, which proved nothing, were omitted, and the result only tersely given. Modesty was always the rule, and I saw no exception.

In fine, laying aside all national considerations and judging them without bias, all must concede a fine body of medical men to Great Britain, whether we judge them professionally or socially. Learned and modest, gentlemen without ostentation, and of the highest skill, they are an ornament to a nation which to-day stands at her zenith, and in her high position may justly feel that pride to which her merits entitle.

A few words will close my observations on the medical men. They have much to be proud of in the position and sentiment accorded them. None knew better than Napoleon the value of cultivating an *esprit du corps*. His teachings in France in this respect alone have largely made the nation what it is. This spirit is cultivated and extended by all European countries. Of no more honorable spirit than the devoted men of our own country, they labor in the certainty that honorable rewards await true merit and scientific attainments. Medicine is looked up to and its votaries encouraged. To be a medical man is to be assured of an honorable respect, and in itself is a sure passport to position.

The students in London were seemingly of a high order of education but accustomed to too much license. There seemed no disposition to be observant of the rules of good breeding, in marked contrast to our country, where after an experience of several years as student and teacher, in Allopathic and Homœopathic schools, in Louisville, Cleveland, Philadelphia, New York and Chicago, I never saw the least of that rowdy spirit which I saw in London. It is conceded that it was "all in fun," and born of free spirits, but it lacked that unrecognized earnestness which makes the pupil, without thought and unknown to himself, quietly observant, and watchful of every opportunity to learn, which is so marked a characteristic of the American pupil. It showed a disposition to be hilarious born of wealth and indolence, and frittered away the golden hours of life, disregarding the high advantages by which they were surrounded. A little well-learned and stored away at hand when wanted, makes a better medical man, than an abundance gaped at, and never digested.

The continental students, and I especially mean those of Paris and Vienna, seemed out on a holiday. They never burned the midnight oil in study, rather in hilarity and abandon. The students' ball in the Latin quarter in Paris, where I mingled with them in viewing their sports, was a scene of wantonness and low fun better fitted for the slums of vice than recreation for the brain of the intelligent, and was a disgrace to those who habitually frequented it.

In Great Britain the licensing authority is separate from the teaching. The colleges are part of the hospitals frequently, and located within their walls. No one can deny that their requirements are high and their standing good. In number they are too great to be even enumerated here, and the reputation of each seems to be regarded as the best by its own particular graduates.

Probably on no one subject do such erroneous impressions prevail

in this country as that of the legal qualifications essential to practice. We conjecture that all must be perfect in so old a country, and our surmises have been strengthened by the imaginative tales of travelers.

The English laws decree just what the laws of most of our states do — neither more nor less — that the non-holder of a diploma is not competent to give medical testimony in a court of justice, or collect his fees by a suit at law. He may, however, practice when and where he chooses, providing he does not represent himself a graduate or licentiate, or infringe on the local laws. If he has a death, however, it may go hard with him.

But the sentiment of the people at large is vastly different from that in this country, and he who has no license will find it hard to secure patients among the respectable classes. Already, however, the "Great King of Pain," and the "All-healer of Nations," and such quacks have arrived, and despite the trammelling surroundings of the graduates, throngs rush to be relieved by magic of incurable infirmities. For what I have said I have the authority of some of the most distinguished Liverpool and London medical men, of high position and well informed.

Parisian diplomas have long enjoyed a great reputation, and been eagerly sought after. Paris has one of the French faculties of medicine, the other being at Montpellier, their degrees being recognized all over France. The old building in which the lectures are given was inaugurated in 1776, has a semi-circular amphitheatre capable of accommodating 1400 students, a library of 35,000 volumes, and a museum replete with the most elaborate and instructive anatomical preparations. An addition to this building is in process of construction, which will be very fine when completed.

A separate school of anatomy exists, supplied by the hospitals. There are in all 96 stone tables, covered with zinc, four students to dissect at each table. Upwards of 4,000 cadavers are annually dissected. Numerous pathological museums also abound, that of Dupuytren, Bonaparte's surgeon, being especially valuable.

As you are aware, several world's medical conventions were held at the Palace of the Trocadero, and as one of the official representatives from this country, I had the pleasure of meeting many eminent men, of all other schools as well as of our own, from widely separated sections of the world. It was a motley collection, that of the medical men in that far-famed city. It is doubtful if any other city could draw together such a body. There were present representatives from nearly every civilized and half-civilized nation. The "mall" of India jostled the "surgeon" of England, and "le medecin" of France, "il medico" of Italy, and "die arzt" of Germany all chatted together in that universal tongue, French. A Bedouin Arab, in his native garments, as were the representatives of all the various nations, surprised me by turning and addressing me in French, while a Chinaman, keenly judging from my accent, told an Englishman near by, greatly to the latter's amusement, that I was "altee samee likee" him, which on interroga-

tion I found to be true, he being from California. It is not likely that ever again shall I meet in such a body, and while I tortured myself almost to bewilderment, in endeavoring to understand the terrible pronunciation of a language which I presume I treated as severely, and while I probably gathered little information, I shall remember the odd acquaintances and the novel sensations experienced, the laughable mistakes and genial half-understood hilarity as one of the pleasantest and queerest experiences of my life.

In the convention of our own school we numbered many of the most distinguished continental physicians and surgeons. We may be proud of those there assembled, and I would call your attention to the names and papers which will soon be officially issued by the French government.

The remaining medical schools of prominence, have been alluded to in connection with the hospitals. They all enjoy a high rank in their countries, and many have a reputation over the continent and abroad.

Passing between Vienna and Berlin, a pause was made at Leipsic, to view especially its great college, and see the celebrated monument to Hahnemann, the founder of our School. The latter stands in the Theater-platz, surrounded by green trees and verdure, and is a fitting tribute to him who so well deserved it. At present it is the largest one to the memory of this distinguished man, but a fine one is soon to be erected to him in Pere la Chaise, the great Parisian city of the dead.

The Botanic Gardens of the old world are well worthy of a visit. Those near London, called the Kew, are especially interesting. They embrace 270 acres, and in the open air or under glass, contain the flowers, plants and vegetable curiosities of all countries. It is hard to describe the effect of these beautiful grounds. The Palm House is the largest in the world, wholly composed of glass, sixty-four feet high, with trees touching the highest points. Hot-houses in long ranges grow all the ferns, cactuses and orchids of the known world; huge tanks of hot water float the lillies, the Papyrus and Lotus of Egypt, and the lace plants of Madagascar. In fine, it is the true boast that no plant is known whose counterpart is not here. Cinchona plants grown here have alone saved the kingdom millions of dollars.

Those in Brussels are also good; those in Paris, world-celebrated. The latter cover a surface of 267,620 square metres, and are admirably arranged. The colors of the tickets denote the uses of the plants; the green, alimentary plants; the red, medicinal; the black, the poisonous; etc. An elegant cabinet of comparative anatomy is also here, as well as a menagerie, etc.

The time and attention given to recreation and health-keeping is very apparent. A day's labor in Europe among brain-workers is not a day's labor in America among the same class.

A visit to their watering places shows a class of visitors not seen in ours. This is especially apparent in Great Britain. Cheap trains at

suitable hours are run, and a Sunday at Brighton and other sea-resorts demonstrates their value.

Who that travels through Germany but notices the same thing? Who that recreates at Baden-Baden or Wiesbaden, two of the most attractive spots in Germany, and unexcelled in the world, can stroll down the Lichtenthaler Allee or wander in the Cursaal Park without noticing the great number and classes of people who come to drink the waters, bathe, and while away a few hours? The Emperor and the Crown Prince, the artisan and the laborer, the merchant and the physician are all there. Who that ever spent an evening in the Piazza of St. Mark in Venice, the Volksgarten in Vienna, with Strauss' delightful band playing his ever-popular music, wandered through the Galleria Vittorio Emanuele in Milan, the Kaisergallerie in Berlin, drank his beer in the Prater at Vienna, his wine in the Corn-Hall cellar at Berne, or his coffee in the Cafes Chantants at Paris, but felt how much better with us would be more light recreation for the poor as well as the rich? We have, it is true, our health resorts, but in the bathing of Long Branch or the drinking of the waters at Saratoga, there is not seen that freedom from style without slatternliness which is apparent abroad. We have yet to learn the ways of personal pleasures for the many at slight expense. Let us hope we can learn it without the selfishness which too often attaches abroad, and mars the beauty of the realization.

The sanitary condition of all foreign cities as a rule is much better than ours. Time and money, such as only empires can spend, have built them on sure foundations, and given them a secure basis. It would be difficult to find large cities better attended than Paris and London. It is true not all are modeled after these great wildernesses. Cologne sends up an unknown number of odors, seemingly proving that her celebrated water is better known abroad than at home; Glasgow cannot boast of the region about the Salt-market and through High street; Vienna might improve very materially her back-ways, and forestall another cholera epidemic; and even Venice, to find fault with which is not to be forgiven by the average tourist, might purge her canals with great relief to the atmosphere. But in the main they are all good, while Brussels, Frankfort, Dresden, Trieste, Milan, and the smaller cities all through Switzerland, and generally in France, were well kept and carefully cleaned. The time was when New York could rival Paris in her cleanly-flowing gutters and carefully-collected garbage, and the time must come when an efficient sewerage system will supplant that of our low-lying cities and prevent such scourges as some sections of our country have recently passed through. The Parisian system of sewers, world-renowned, is in actual use, and a sight for a medical man delightful to see. With a boat or on foot, one may pass from one part of the city to the other with cleanliness and comfort.

The climate of Great Britain is too well known to comment on. In its pleasantest moods it is fairly agreeable; in its more common states

exceedingly unpleasant. Foggy and rainy, it has its effect on the mind, and gloomy spirits and consumptive bodies must result. It has a compensation, however, in being favorable to the complexion, and has given the ladies a renown they well merit in this direction.

The climate of France is genial in the south, but not so generally in the north as seems to be the common impression. The summer evenings in Paris are much like those of our own city; Berlin is rugged and chilly; Vienna subject to changes of temperature surprising even to a resident of Chicago.

The balminess of Italy is well-known; its terrible heat is not so generally spoken of. It is indeed as Byron so happily wrote:

“—the garden of the world, the home  
Of all Art yields, and Nature can decree;  
E'en in thy desert, what is like to thee?  
Thy very weeds are beautiful, thy waste  
More rich than other climes fertility,  
Thy wreck a glory, and thy ruin graced  
With an immaculate charm which cannot be defaced.”

Around the lakes Como, Maggiore, Lugano, or Varese (the latter perhaps the most beautiful of all in its setting), resting at such elegant hotels as are found at Bellagio, Mennagio, or Varese, the heat tempered by the gentle breezes, and the eye resting on the light and shadow of the slowly receding afternoon sun, as it sinks away in its western bed, there steals on a sense of rest and quiet most grateful to the wearied, driving away thoughts of the morrow, dull care and pain. No more delightful spots can be found for a patient worn-out and desiring rest of mind and body, for what a bountiful nature has omitted, a comfort-studying art has supplied.

The valleys of Switzerland have borne the fruit of foul air and insufficient food and cleanliness in its most disgusting form,—cretinism. Happily it is fast disappearing under the present rule, and promises to be wiped out ere long. But her high mountains and clear air, her scenery beautiful and attractive in every direction, may well class her varied resorts as among the finest in the world for the patient wearied in mind but sound in body. Nothing could better tend to restore the shattered mind than a tramp over the mountains, or a bracing ride through the most wonderful of scenery. Who that has rolled over the magnificently-built Simplon road, scrambled over the Col de Balme, Tete-noir, Brunig, or any of the famous Alpine passes, but knows the exhilaration of spirits attendant on such a trip? And he that has passed along the Valley of Chamouny, at the foot of the world-known Mont Blanc, waded on the Mer de Glace, sailed on the lakes of Geneva, Thun, Brienz, Lucerne, or Zurich, tarried at Vevey, Villeneuve, Ouchy, or Berne, or paused in the majestic Black Forest, can select a dozen spots for his country-fleeing victim of disease.

## Therapeutical Department.

### CLINICAL OBSERVATIONS.

#### REPORTS FROM THE FIELD OF PRACTICE.

FALL RIVER, Mass., Dec. 19.—Prevailing diseases are : (1). Scarlet fever. (2). Diphtheria. (3). Bronchitis. (4). Catarrh. Remedies used : (1). *Belladonna*. (2). *Bell. Merc. cyan.*, *Phy.* (3). *Squilla*, *Prunus vir.*, *Rumex*, *Ipecac.* (4). *Sang.*, *Merc. viv.*, *Aurum try.*, *Nux vom.*

T. A. CAPEN.

NEW ALBANY, Ind.—Intermittents and remittents are common, *Rhus. tox.* cures. Look out for influenza with aching in the head and back and all over, perhaps with sore throat, fever blisters on the lips, and dry cough, and thirst. If it comes, give *Rhus. tox.* 30 or 200.

A. McNEIL.

MEMPHIS, Tenn., Dec. 21.—Prevailing diseases are : (1) Malarial fever. (2). Influenza. (3). Tonsillitis. (4). Diphtheria. Remedies used : (1). *Veratrum viride*, *China*, *Quinine*. (2). *Arsenicum*, *Mercurius*, *Bryonia*. (3). *Bell.*, *Aconite*, *Nitric acid*, *Mercurius*. (4). *Bell.*, *Nitric acid*, *Liquor calcis chlorinatæ*.

L. D. MORSE.

SANTA BARBARA, Cal., Dec. 5.—Prevailing diseases are : Neuralgia, rheumatism, catarrh, asthma, influenza. Has been quite an epidemic of influenza here ; mild but persistent. Remedies used : *Aconite*, *Cham.*, *Spig.*, *Colch.*, *Ars.* For the influenza : *Aconite*, *Ars.*, *Arum.*, *Hepar*. *Nux.* A current of wind is coming down from the Bay country, and there is rain at the other end of it—influenza, too, may be.

R.

WINNECONNE, Wis., Dec. 9.—“Obstinate Constipation.” Some time ago, I asked through THE UNITED STATES MEDICAL INVESTIGATOR the treatment for obstinate constipation. Dr. A. M. Piersons came nobly to the front and offered his services on this (to me at least) all-important subject. In my practice, I have had more trouble with chronic constipation, which would not yield to treatment, than any other one thing. Therefore, when Dr. Piersons advised *Nux vom.* 2000, I grasped at the idea as a drowning man would at a straw, thinking that perhaps I had found the panacea for this dreaded monster. I had some *Nux vom.* 2000 and I followed the doctor's counsel rigidly but I got no result. So the promised help for my patient was a failure.



Patient discouraged and I disgusted. About this time I also used *Opium* 200, as recommended by Dr. R. N. Foster, of Chicago, but with no better results than with *Nux vom.* 2,000. *Collinsonia* has done more for me in constipation than any other remedy. I invariably use it in the 3x.

If some brother physician will tell us of some remedy that will overcome this constipation that we all have to contend with so much, am sure that not only myself but many others will be truly thankful and truly blessed. I cured one case in a German woman of nine years' standing, upon whom there was a movement only once or twice a week with *Bry.* 3x.

We have had some diphtheria here though of a mild character, as compared with neighboring towns. My treatment has been *Bell.* 3x, *Phyto.* 2x, and *Muriatic acid* gargle. I hardly ever vary from this treatment, and have happy results.

Lung and throat troubles in this vicinity have behaved nicely under *Rumex.* I use the 3x.

We have been favored with a large amount of whooping cough. Have had a great many cases. *Drosera* 3x and *Naph.* 3x has been my general treatment. When there has been much bronchial complication *Phos.* 3x has helped me out.

QUESTION.—What is the remedy for a faint, sick feeling every time after micturating?

J. S. DANIELS.

JACKSONVILLE, Florida, Dec. 10.—During the past summer and autumn, while the Mississippi Valley has been so terribly scourged with yellow fever, we have enjoyed an excellent degree of health. "Bilious" fevers have prevailed to some extent, but they have been generally of a character easily managed when not dosed to death. It is amazing to witness the Allopathic treatment of, say a case of remittent, or of congestive fever; the enormous doses of *Quinine*, *Capsicum*, *Mercury*, champaign, brandy, whisky, beef tea, etc., followed in too many instances by the popular verdict, "died by the visitation of God." But let an unfortunate Homœopath lose a case, and it is murder. If a case of an infant, dying immediately after taking twenty grains of *Quinine*, administered during fever, does not demand a coroners inquest, I am at a loss to know what is required. This has occurred, not once, but several times to my knowlege. With all the advancement of the age, our Allopathic brethren are still woefully in need of enlightenment. The report of the Homœopathic Yellow Fever Commission, should be sown broadcast over the south. It is the golden opportunity for Homœopathy, and will do more to advance it in this section than anything else that could be done. It is the general opinion that the fevers of the south require powerful remedies and large doses, and the success attained by Homœopathic treatment in this most terrible of all fevers, will do much to dispel this idea.

During September and October we had considerable dysentery, but

the city has now assumed its winter state of health, which amounts to almost no sickness at all. With our bright, sunshiny days, and an occasional light frost to give a zest to the atmosphere, there is a poor excuse for a person to get sick. As an indication of the good degree of health enjoyed by us, I append the number of deaths for five years, taken by myself from the books of the Registrar :

1873	-	-	-	-	-	-	102
1874	-	-	-	-	-	-	60
1875	-	-	-	-	-	-	78
1876	-	-	-	-	-	-	80
1877	-	-	-	-	-	-	128

The population of the city is about 10,000.

In St. Luke's Hospital we have an equal share with the Allopaths, and a free ward for Homœopathic treatment is now in course of erection.

The winter stream of visitors and invalids has begun to flow, and we will endeavor to take good care of them, and send them back to their northern homes in the spring in better condition than we receive them.

THE UNITED STATES MEDICAL INVESTIGATOR is invaluable to me, and its semi-monthly arrival is looked forward to with eagerness.

H. R. STOUR.

## MORE EXPERIENCE WITH "AGUE."

### A CONTRAST.

Sept. 16. 1878. Was called to see Mrs. T., a lady of rather advanced years, who had been treated by a *scientific* Homœopath, of a neighboring city. This scientific gentleman found his patient suffering with "ague," and so he waded into the trouble scientifically. His first procedure was *Gels.*, low, and *Lyc.*, low in alternation i. e., every hour or half hour during paroxysm, with an occasional dose of *Rhus tox.*, potency not stated. This morning she also received two doses of *Sulphate of Quinine*. More science, and last night she received a teaspoonful of *Salts*, more science I presume, and just before he left her this morning he applied a mustard plaster to epigastrium in order that the scientific measures might be complete in all respects. Result: A *congestive chill*. At this juncture it struck her husband's mind that he had enough science, and so I was called — *Status presens*. Has had a terrible chill; great fever; and sweat like rain. Symptoms: Before chill *great nausea*, also during whole paroxysm feels *terribly nauseated*, but did not vomit. *Great thirst during chill*, none during fever, nor sweat. *Immense headache during paroxysm*, and in a modified degree during apyrexia, *extending down to root of nose, and throat*. Very nervous, and trembly, during chill *shook inside*. Cannot *stir eyes* without

being *nauseated*. Paroxysm have been irregular, at first tertian, are now quotidian, and came on about 11 A. M. to-day, and at 3 P. M. yesterday. The symptoms noted, have been present in every preceding attack, though not nearly so severe, as the sweat had begun to decrease at 6 P. M. When I saw her, I immediately gave her two pills No. 25, of *Ipecac.* 100,000 dry on tongue, and in a few minutes she said her headache was better, and in one-half hour I left her dozing requesting her husband to call in the afternoon, if headache still continued and I would give him another dry powder (*Ipecac* 2,000). September 17, 12 M. As her husband did not call last night she did not get the second dose of the remedy. She slept well all night, and feels good this morning, and instead of chilling she is *sweating*. Gave her *Sac. lac.*, and *after* this I think they will let scientific treatment alone. For the information of the skeptics, I will say that the two doses of *Quinine* referred to both together would not amount to five grains, so *that* did not interrupt the chill. Recapitulation: *Science*, gave 1, Salts 2, *Quinine* 3, mustard -- also 4, *Rhus tox.*, 5, *Gels.*, and 6. *Lyc.* And *Similia* required nothing but *Ipecac.* Gentlemen take your choice, and then sneer at "*symptoms coverers*," if you are a mind to.

The course of this trouble under the influence of *Ipecac.* may be interesting. At 3 P. M., September 17, her hands and feet grew cold, and she wanted to drink, had a very slight fever and a moderate sweat, *Sac. lac.* September 18. On this day her chill should be the hardest but instead of that she had nothing whatever, and so it continued for several days when she complained of great difficulty in *passing water*, which was scanty and secretion *almost* suppressed. I exhibited one dose of *Apis* 100,000, two pills No. 25, which speedily produced a very marked *aggravation* in *right inguinal region* which lasted nearly a week, but the other symptoms complained of disappeared and have remained so till this date, October 26.

Now this is a concise statement of one comparison between "*scientific mongrelism*," and "*Homœopathy*." Gentlemen take your choice for comment is unnecessary. G. H. C.

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### ON ELECTRO-THERAPEUTICS.

BY J. W. DAVIS, M. D., LANSING, IOWA.

The scientific and practical relations of electrology have been too much neglected by the profession. Electro-physics and physiology have been ignored by the majority of the profession in this country especially. But I am rejoiced, to believe that a better day is dawning in the history of electro-therapeutics shows that the laity, during the last half of the last century, were bold in their ignorance, and made experiments that would have caused the true scientist to tremble with fear. And yet their very experiments have been of incalculable benefit to afflicted man.

Many of the discoveries of to-day in electro-therapeutics as well as in other branches of medical science, are but old theories newly clad, and beautified by modern research. Du Bois, Raymond, Duchenne and others, equally as prominent, and able, have been diligent in making investigations, and advancing new thoughts and suggestions, that can but be of good service to all who will read. How strange, but yet how true, that many of the ideas advanced by these very men should have been known and practiced, by men who lived centuries ago. Thales, 600 B. C., refers to the fact that *Amber*, when rubbed, attracts light bodies. This was about all the ancients knew of electricity. The science proper dates from the time of Gilbert of Colchester who lived about 1600, A. D., and who published a work on electricity entitled "De Arte Magnetica." Gilbert is the inventor of the word electricity, which derived from the Greek word *electron*, amber. Von Guericke, burgomaster of Madgeburg, (1672) describes the first electrical machine ever made, which consisted of a globe of *Sulphur* turned by a handle, and rubbed by a cloth held in the hand. Hawksbee (1709) substituted a glass cylinder for Guericke's ball of *Sulphur*. Grey and Wehler, (1729) were the first to transmit electricity from one point to another, and to classify bodies into conductors and non-conductors. During the years 1733-44 much attention was given in Germany to the construction of electric machines. The Leyden jar was discovered (1746) accidentally at Leyden by Muschenbrek, although the honor of the discovery has been contested by Cuneus, of Leyden, and Kleish, of Pomerania. Franklin explained the electric condition of the Leyden jar in the year 1747, and in 1752 proved the identity of lightning and electricity by his kite experiments. Volta in 1775, and Galvani in the year 1786 startled the scientific world with discoveries which were to prove of lasting benefit to the race. In 1837—only forty-one years ago—Faraday published his researches on induction. To Volta and Galvani of the last century, and Faraday of the present, are we indebted for all we know about Galvano—Faradic electricity.

How have we improved our time during the last half century? Have we made that rapid progress in our study of electro-therapeutics that the times demand? These questions are pregnant with truth, and should be seriously investigated. What has electricity to do with therapeutics? Let us investigate for a few moments, electricity is universal, pervading everything material. Its law, its action, are in most perfect harmony. Every atom which has polarity is electrical. We may have but one atom, or we may have a million, if polarity be present, harmony exists. Man is an electrical machine. The head is the grand battery that presides over, and moves this wonderfully made, and intricate machine. This intricate machine receives its electrical supply, not from a Grove or Daniel's cell, but from the air and earth—the one positive, the other negative. Suppose for a moment you disturb these currents what must you expect—disease. Change the polarity, and your machine no longer works in harmony. All is confusion. You must restore the polarity of the great centers

—brain, ganglia, etc., else you do not cure your patient. You may *opiate* the machine, and thus quiet it for the time, but rest assured the reaction will come, and, with increased force. How often have we witnessed this very condition of affairs. A brain, when polarity has been disturbed, requires to be treated that harmony may be restored. When you have quieted—restored—the polarity of its atoms, you are certain to witness changes for the better. Temperaments require and receive, different quantities of electricity. To treat our imaginary case of brain troubles: We may require the centric or eccentric remedy, in other words the one which is Homœopathic to the deranged polarities. To establish the polarities, may require a positive or negative drug or remedy. All remedies have their polarity inherent in themselves, and to be of service, a remedy must be given which will act on the centric or eccentric temperaments, as the case may demand.

To treat a case of neuralgia having eccentric polarity we would give *Gels.*, but on the other hand, the same pathological condition of a positive polarity would demand *Bell.* When we prescribe, and use, the Galvanic or Faradic current of electricity it becomes us to remember that to be curative, harmony of the atomic electricity must exist in the subject to be treated—in other words: When a negative condition exists, negative currents must be used, and a positive condition exists, the positive must be used. And this is in keeping with our law of cure. To treat a comatose condition of the brain with a negative electricity would be the essence of folly, and again, to use other than the negative current for an inflammatory condition, exist where it may, would be equally absurd. In the inflammatory condition, negative electricity is in excess. How shall we quiet the atomic uneasiness? Will a negative current produce it? if so, then the same current will restore harmony. To illustrate, and perhaps, to be better understood, I will cite a case that occurred to me only a few days ago. I was called to see a little girl, five years old, who, I was informed, had been in convulsions for two weeks. I found a beautiful child suffering with tetanic spasms—opisthotonos. After a careful examination of the case I was satisfied that the spinal centers were principally at fault, and prescribed *eccentric* remedies. The next day, strange as it may appear, I found my little patient, not on her back, as was the case at my first visit, but she had tetanic *emprostotonos*. The case was plain now, and I prescribed *Nux.*, which has *centric affinity*, acting directly on the spinal centers, and to-day, though not well, the child is quiet, and comfortable. The Galvanic and Faradic currents should have a place in our materia medica.

There is nothing supernatural about electricity, it is *one* of the organizing principles, or forces, of nature, and in order to be successful electricians, we must divest it of its so-called “spiritualities,” and consider it just as material and common-place as we would *Aconite*, *Bell.*, *Nux.*, or *Merc.* We are not ready to agree with Thales, who declared that *Amber*, had a soul, because of its ability to draw small particles to itself when electrified—but we do know that when prop-

erly used, electricity is a material curative agent. We are not prepared to say, that, when curative, the current effects certain "chemical changes;" but we do know that it can be employed just as efficaciously as any remedial agent. We believe firmly, that when electricians properly understand the substance called electricity, that then, and not until then, can they produce the good results from its use. That the Galvanic and Faradic currents possess curative properties, I am proving daily, beyond a peradventure. To treat morbid changes, we require the entire "armamentarium," and for one, I include electricity.

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### THE POTENCY JOKE.

#### WHERE IS THE LAUGH?

On the one hand you have a large class of physicians who do not and never have believed in anything above Hahnemann's 30th or 200th potencies. They have heaped all sorts of ridicule and abuse upon the hi-dilutin, high-falutin moonshine of Fincke and Swan.

It has come to pass now, that the *figures* have come in, that after all they have been hooting and jeering at Hahnemann's 3d and 10th. On the other hand, Fincke, Swan, and their admirers, who thought themselves way above the clouds in eternal sunshine, find out to their dismay that they have not been so high up the mountain after all as Hahnemann.

Is this true? Then all we have to say is, that these two parties may do which they please—sit down and mutually admire or mutually despise each other. (We advise the former.) The odds is the difference. We have seen both sides of the shield—one side is blue, the other red,

Wouldn't it be wiser if we should turn all our guns upon the common enemy (Allopathy) than be shooting each other about this potency question. It can certainly no more shock the low-dilutinist to know that his high-dilutin neighbor is after all using the 3d and 10th Hahnemann, while he himself uses the 30th. No more will it excite the contempt of the high-dilutinist to know that his low neighbor is using higher potencies than himself according to Hahnemann's (whom he reveres) scale.

It seems to simmer down to this: The Finckites and Swanites are, and always have been ready to admit the efficacy of Hahnemann's, so far as they have been carried. The "figure-heads," on the other hand, if they are Homeopaths at all will hardly deny the efficacy of the 3d or 10th.

"Let us have peace."

E. B. NASH.

## Medico-Legal Department.

### *SYPHILIS AMENABLE TO LEGISLATION.*

In the number of December 1st of 1877 of this journal, L. G. Bedell, M. D., has seen fit to utter views about the measure proposed by me in a former article on this highly important subject. The doctor pronounces such an arrangement utterly immoral, although not entirely useless in its practical effects. Now the query presents itself: Is the moral side of this concern so very grave and far reaching indeed, as to overshadow all due regards of its physical nature pertaining to it, or is the very contrary the case.

Although never pretending myself to be a specialist on *moral philosophy*, I nevertheless boldly assert to maintain such principles of morality as would stand the test of *reason* or man's greatest power of intellect. and eventually alike of orthodox religion of any denomination in our vicinity. Whenever we want to judge in a proper way, the *moral* as well as the *physical* merits of a legal enactment of the kind in question, we have nothing else to do than to consider with unprejudiced eyes the *moral* and *physical* condition of the population of those countries, wherein such prophylactic laws are in force, compared to those in which the favorite maxim of the now effete, and once highly esteemed political system rules supreme still in our days, at least in regard to medical legislation,—the maxim of “*laissez-faire*” or “*laissez-aller*,” which has been looked upon in the pastime as the essential gist of the wisest statesmanship.

Considering the subject from an exclusively professional and practical standpoint at first, the governments of France, Germany, Austria, and perhaps also of other countries of Europe, have found since a sufficient number of years, by which they are enabled to pass a more competent judgement about this matter than governments and individuals, who have never yet undertaken the task of putting the same to a practical test, that a legal provision as the questionable one should work in quite a satisfactory manner. It is self-evident that a legal requirement of all women without distinction who would either *publicly* or *privately* engage in this fancy business, when vigorously carried out, must invariably have the effect of preventing any woman of strictly moral and tender feelings to pursue her course of life as a prostitute. Thus any individual of the female sex that is more or less destitute of a higher moral sensitiveness *a priori*, and who is bent on mischief any way, will not be apt to lead a life of immorality in a

country where certain restrictive laws exist, than where the law do not *openly* allow, but *silently* connive at this business, as it happens in Great Britain and the United States. The governments of the above mentioned countries of Europe know full well from a long experience that prostitution is a great deal discouraged and restricted in this way; for what woman of proper ambition and sensitiveness would not be deterred from an occupation which exhibits her to the public gaze as a prostitute? While on the other hand, thousands of women who have some degree of natural sensitiveness preserved are most surely detained from prostitution by a strict legislation, in order to avoid public infamy; but these same women do not hesitate to engage in a life of disgrace, publicly or privately, when they are sure that no public magistrate may keep a record of their infamous career.

"*Facta loquuntur*" says an old adage, and if we carefully examine matters of fact, as they really occur in England as well as in this country, and compare them with those of France, Germany, Austria, etc., we perceive not only no *more* prostitution in the latter countries, but on the contrary a good deal less, perhaps a reduction of 50 percent or a similar figure. Persons who have been living for a number of years in America, and also for about the same space of time in Europe, are by all means far better qualified to judge about this important topic correctly than somebody who has never seen a foreign country yet, and is possessed of prejudices towards anything of a *foreign* nature. I have conversed from time to time with some intelligent and well educated persons, who have been visiting Great Britain, France, Germany, Austria, etc., for a shorter or longer period, and who have been living long enough in the United States, too, to qualify them as impartial umpires about the quantity of fancy business transacted in the respective countries. However, they would all frankly admit that this very business is carried on with far greater frequency in Great Britain and the United States, than in those countries of the continent of Europe. Moreover, the legal prohibition of this abominable trade is neither in England nor in this country ever earnestly enforced, but it is only prohibited in *form*, and willfully tolerated in *fact*, as the daily experience amply illustrates. Why is Mr. John Bull, the practical fellow *par excellence*, so exceedingly impractical in this respect? I may venture now to answer this question with probability, if not with an absolute certainty. Johnny has besides his eminent mental and moral properties also some faults of character, like all individuals and nations in some measure without exception; and I dare to say at this juncture that he is more or less a wily trickster, liking particularly well to tamper with women *on a sty*, which he could not perform so very easily, if all the *private* mistresses all over his vast empire were obliged to report as *public* ones to the police authorities. For this selfish reason principally, he may prefer disorder and licentiousness in that matter, in spite of the steady and urgent complaints of physicians about the dreadful spread and ravages of the fiend *syphilis* and *sycosis*, which has assumed such alarming



dimensions already, that in one of the largest hospitals of London no less than a hundred thousand ex-patients laboring under *venereal* disease in one single year apply for relief.

When the doctor says, this arrangement *seems* to him a shamefully selfish and one-sided one, the question arises, if such is the case in reality, viewed by the moral eyesight of common sense and reason of the professional and unprofessional public all over the civilized world. Whenever a comparison is made between *two* subjects, there must by *logical* necessity exist a so-termed "*tertium comparationis*" or third object of an equal character. Now this *third object*, which is used for a comparison in this case, is entirely *improper* here, because a woman living as a prostitute and earning her livelihood from sexual intercourse, in a public or private manner, is essentially different from a male person, who earns his means of subsistence in a moral and honest way, and who is never tempted from this very reason to indulge in sexual connection *as often as possible* merely for the low and only purpose of gaining the almighty dollar for the sake of living. Furthermore, such a woman is apt beyond doubt to infect at least *twenty* times and perhaps even *fifty* times more men in a diseased condition than a man would infect women when diseased. The woman intends to make money from the nature of her business, but a man has no such object in view in this regard, and seeks sexual intercourse merely for the sake of sexual lust and passion, which, although not being justifiable from a standpoint of strict morality, is nevertheless more or less excusable, in consideration of the particular physical and social circumstances of many a male individual.

Besides that, a man when infected by an acute venereal disease has, as a general rule, very little or no desire for sexual enjoyment, being mostly disabled for it, whilst a prostituted woman has the desire all the time for money sake, and is most of the time *not* disabled for such an engagement from the very nature of the sexual organs. The authorities of those European countries are well aware that venereal infection cannot be prevented altogether in this manner, but it is confined to very narrow limits, so that about *one* case of infection may happen there, while at least *twenty* or more happen at the same time in England and America. Therefore Mr. Johnny Bully is clasping his hands, quasi struck with awe, in the presence of a *hundred thousand venereal* ex-patients of a single hospital in one year in the metropolis of London. "What shall I do, for heaven's sake," he might exclaim, "with the progress of *venereal* affections at such an exorbitant proportion?" "Do the very same what we are doing," France, Germany, Austria, etc., promptly respond, "and don't hesitate any longer, oh dear friend, Johnny!" So speak a multitude of people, representing over a hundred million and being to all appearances no less *intellectually* and *morally* educated than Johnny himself, who should by following their example in a short time have the satisfaction of dealing with but five thousand, by the way, instead of *twenty* times that number, comparatively, inside and outside his hospitals.

Or is friend Johnny thoroughly right perhaps in all his thoughts and acts in regard to legislation, and some other matters belonging, as it were, to an enlightened and superior race, while the other nations of Europe constitute but a benighted and inferior sort of mankind? Whoever entertains such a view, is politely requested to visit those benighted countries of France, Germany and Austria with their capitals, making observations all around about art, science, legislation, social matters, etc., whereupon some little candle light may probably flicker up within the ventricles of his capitolium.

J. B. BRAUN.

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## Consultation Department.

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### MELILOTUS.

A school-girl of fifteen years complained a few weeks ago of distressing headache in left temple, commencing every day at about 4 o'clock P. M. The only relief she could obtain was by remaining out of school. A few powders of *Mel.* 3x cured her. There has been no interruption to study since.

J. K. CHEESMAN.

### ANTIDOTES.

Does not the subject of "Antidotes" demand ventilation? I find many practitioners using and recommending in alternation *Mercurius* and *Podophyllum*, *Nux vom.* and *Puls.*, *Aconite* and *Bell.*, *Silic.* and *Hepar sulph.*, etc. Do these remedies really antidote one another, or are the authorities such as Hering, and the authors of the British Homeopathic Pharmacopœia at fault?

J. K. C.

### ARUM D.

In Hale's "Repertory of New Remedies," p. 134, under "Rattling of Mucus," *Arum d.* is referred to. I do not find, in either volume, anything answering to this. We have *Arum t.*, but not *Arum d.* Allen has *Arum dracunculus*, but it has no respiratory symptoms. Will some one explain? I have a case demanding *Arum d.*, according to the Repertory. What does the Repertory really indicate?

J. K. C.

### ON ELECTRICITY.

The article upon "Medical Electricity," by Dr. Reis, published in the September 15th number of THE UNITED STATES MEDICAL INVESTIGATOR contains valuable hints respecting the use of this important

agent in the cure of diseases. The doctor's ideas are *identical* with those of Daniel Clark, A. M., as expressed in his excellent little work, "Electrical Medication" (140 pages), to which the profession should be referred for further treatment of the subject. G. W. W.

ATTENTION! SPELLING CLASS!

Allow me to call your attention to some philological blunders which frequently occur in your journal:

1. "Septicæmia" is an incorrect spelling of "septicæmia," as it is derived from the old Greek adjective *septikos*—putrid, and *haima*—blood. Besides that, "septicæmia" prompts also a wrong pronunciation of the letter "c" in place of "ch" or "k."

2. "Similimum" is quite a false orthography of "simillimum," which is the contraction of the superlative "similissimum," the latter not being in use and denoting the *most similar*.

3. "Rœtheln" has no just claim for general use, as it is a German expression, and the Latin word "ruheolæ," or "red spots," has long since been a proper technical term. • J. B. BRAUN.

CASE FOR COUNSEL.

L. E. H., aged thirty-three, returned from the United States service, August 3, 1865, in Missouri and Fort Scott, with irritable and ulcerated stomach (ulcerative gastritis) induced by army fare, bilious climate, and, worst of all, crude medication, at which time he was unable to bear food enough to sustain life—not one spoonful of water, food, or medicine could he retain. His body was wasted to a skeleton, and he was fast approaching starvation. The ordinary Homœopathic remedies were prepared in powder and placed under the tongue and retained by absorption, until he by degrees bore a few drops of liquid food; at a time a current from a galvanic battery was passed through the stomachic and hepatic region. In five weeks he was so far recovered as to proceed on his journey home. He did not, however, fully recover. At the beginning of 1878 he, by misfortune, lost his property. His wife proved unfaithful, and was divorced. The excitement again prostrated him. His Allopathic physician failed to relieve him, and he sought aid of a neighboring Homœopath, who became discouraged, and he again went home to die.

At this stage, June 23, 1878, I was again called to see him. Found him totally unable to bear food or water, except at midnight, when he took a bit of bread and butter and retained it, and occasionally a little jel-water was retained. His bowels only moved once in about fifteen days. Urine regular at 6 o'clock morning and evening. We gave mutton broth and beef tea enemas, which he retained, and which kept him from sinking so fast. At times he could get down and retain a teaspoonful of castor oil, and following this course occasionally I got the bowels to move. We gave *Mer. cor.* with some effect. *Bryonia* also had a favorable effect. *Arsenicum, Phos.*, and, in short, all the usual remedies were used as the symptoms varied, and as they seemed called for. Ulcers broke often and were discharged. There

was tenderness at pit of stomach and liver. The most marked effect came from *Kali bich*. He rallied, was able to sit up, and was moved among his friends. Now, however, he is not so well; low-spirited; ulcers discharge often; too frequent passages from bowels; pain in one lobe of lung; very painful; is restless; extremities cold; does not bear his food so well again, either night or day; throws it up with stringy muco-purulent matter. Have just ordered 30th potency of *Tartar emet*. Other remedies have lost their power. What shall I give next? H.

## ILLUSORY.

I found several times already that your correspondents mix up delusions, hallucinations, and illusions, using one word for the other though the definition is plain and short. *Delusion*—ideal. *Hallucination*—subjective. *Illusion*—objective. Or, in other words:

*Delusion* is a false belief in some fact which, generally speaking, concerns the patient, of the falsity of which he cannot be convinced, e. g., that he is God, Christ, etc.

*Hallucinations* are false perceptions of the senses. He hears voices calling him; he sees beautiful or dark objects in the blackest darkness—a local psychosensorial spasm.

*Illusion* is mistaken perception. He sees an object, but he mistakes it for something else. He hears voices, but mistakes the person or the action. Thinks he is scolded, called names, etc. S. L.

## TREATMENT OF CONVULSIONS.

I have been quite astonished in reading two cases in your journal of November 1, page 397, by J. E. Gilman, and on page 393 by C. S. Fahnstock, that such shameful treatment should receive any notice in your journal. It would have been far more to its credit to have left those pages blank, if you had nothing better to insert than to disgrace them with such treatment. Such reports would give no credit to any eclectic journal—if published—and certainly but an open disgrace to any professedly Homœopathic journal. Though one of the patients is said to have recovered, but should be thankful for her vigorous constitution to survive all oppositions, and recovered in spite of the treatment. WM. GALLUPE.

[The management of convulsions is no child's play, and he is fortunate who saves cases by any means. "The physician's highest and *only* calling is to restore *health* to the sick. Organon." Still it would be better to cure by strictly pure Homœopathy. Friend Gallupe cannot do a better thing for the cause than to show how it is done—illustrating with "cases from his note book."]

## BRASS AS A REMEDY FOR CUTANEOUS DISEASES.

I think I can furnish Dr. N. F. Canaday, who gives case for counsel in *THE MEDICAL INVESTIGATOR* Vol. VIII, No. 7 with valuable information, also the profession at large with a remedy for which their patients will ever be grateful.

Of late I have been experimenting with brass in all kinds of cuta-

neous diseases, have yet to see a case of failure. I commenced by using the following preparation: Citron ointment U. S. P. nine parts *Brass* 1x trit., one part, "made by triturating brass filings with sac lac" well rubbed together. For ringworms I have found it a specific, treating many cases. In other skin diseases my experience has been more limited with this preparation, however I have used it for pruritis, salt rheum, rhagades, chapped hands and syphilitic lesions, the syphilis, both primary and congenital, with the utmost success. I think a low trituration, say the 6x internally, would materially add to its success.

Physicians using the above will confer a favor on the author by reporting success, as I have never read of its use by the profession.

I am aware of the position in which I place myself, by advising the use of topical applications for skin diseases, but the great relief it brings the sufferer warrants me in so doing.

WATERTOWN, N. Y.

A. L. COLE.

#### NITRITE OF AMYL.

"Can you give me any information on the nature and character of *Nitrite of Amyl* referred to in November number." S. W. B.

*Nitrite of Amyl* is an ether (Amylo nitrous). It may be prepared by passing a stream of nitrous acid gas through purified amylic alcohol at a temperature of 132°C. Amylic alcohol is usually prepared by fractionally redistilling the oil which remains when alcohol is distilled from potatoes, barley, corn and other amylaceous (starchy) articles. It is closely allied chemically to sweet spirits of nitre.

It acts powerfully on the circulation, and like other ethers, produces insensibility. Flushing of the face is one of its early symptoms. Five drops of the third dilution (alcoholic) may be put upon a handkerchief and given every day in whooping cough. In spasms or convulsions, like chloroform, it may be given more freely. The drug may be obtained at any of our pharmacies.

#### ANSWERS.

I think J. W. Vance can cure his young lady (December 1), with *Phos. highish* (?) as it is from *disease in the nervous system*.

W. T. Knapp will probably find a benefit from *Cimicifuga*. I believe in *curing* medicinal cases (which do not include *mechanical* cases, but do include many *surgical* cases) with internal medication, without any local application, except possibly in some cases, cold or hot water and perhaps alcohol in diphtheria.

EDW. P. SCALES.

*Apis mellifica*, tincture relieved a woman stung on the tongue by a wasp; the tongue and floor of the mouth were so swollen that the mouth was filled and the patient unable to articulate.—J. C. BURNETT, in *Hom. Monthly Review*.

"She was doing well," said old Dr. B., "but they became impatient and sent for an Allopath, and he gave big doses of *Quinine* as a tonic. She was soon toned out stiff. Nothing produces such pulmonic congestion and rapid destruction as *Quinine*."

## Etiological Department.

### *POTATOES CAUSING DIPHTHERIA.*

Some seventeen years ago the attention of my father, Dr. Alvan Keith, late of Augusta, Me., was called to the fact that children who were not fond of the tuber known as Irish potatoes, were not subject to attacks of that much dreaded malady, diphtheria. Following out this hint, he advised families of his friends to avoid the use of this vegetable among children, and until his decease he was accustomed to make the assertion that rotten potatoes produced the throat disease known as diphtheria. It may not be inappropriate to remark that he was considered a very successful practitioner in the treatment of this disease.

In 1865 the writer visited San Francisco, and was there engaged in the practice of medicine until 1867. During that period of time he had an opportunity of fully testing the truth of the statement of potatoes being a producer, or at least an approximate cause of the condition known as diphtheria. In 305 cases in and about San Francisco, the fact was noted that every one who had the true diphtheria was an eater of Irish potatoes. The writer is well aware of the presumptive charge of novelty, to say the least of the assertion, and for this reason has hesitated to place himself on record. The condition of many families in the west, and more especially in this state and Kansas, urges the undersigned, as a matter of interest to the human family, or because "*homo sum, et nihil humanum alienum,*" to make public a series of observations for the past two years in the west. During this time thirty cases have come under my direct supervision and prescriptions. More than two hundred have been carefully inquired after, and in every case it has been proven that the diphtheritic patient had been a potato-eater; and in a large majority of instances the patient had been known as an excessive eater of the tuber. A rule to hold good should be valid from both sides. The undersigned made the foregoing statements to a very intelligent lady of this city, now a teacher in a distant city, and the result has been that where the diphtheria prevailed fatally last year, they have (by the influence of this lady) largely refrained from eating potatoes, or only eaten them to a very moderate extent, and the disease is almost unknown. In my practice in this city and county the offer has been to treat any one free of compensation if they would avoid the use of Irish potatoes. As a sequence not one of the patients who was not a potato eater has been

threatened with the disease. In many of the inland towns of this state, the writer has patients, and in some of the infected districts, the families of those who have learned of this simple preventive, have escaped any attack of throat disease, although the potato eaters on either side of them have unfortunately had cases of diphtheria which resulted fatally.

It would not be in accordance with the well-known proclivities of medical men, if the writer did not have a theory to account for these facts, and a special treatment to correspond with the belief of the constitutional cause. He has. But the theory, like many others, is only partially developed or proven, and could easily be argued. The facts embracing a period of seventeen years and a knowledge of eleven hundred cases are in the writer's estimation incontrovertible, and may be summed up as follows: The writer maintains that the person who does not use the tuber known as Irish potato can never have the disease known as diphtheria. That in every case of diphtheria (true) will be found an habitual eater of Irish potatoes.

The reason why potatoes should be more productive of this peculiar disease than many other foods, as before stated, is open to argument. It is well known, however, that the grains of starch obtained from the potato are different in form and in size from any other grains of starch obtained from other products. (See Dalton, page 56, on "Hydro Carbonaceous Proximate Principles.") The fact is also proven that the "starch obtained from the potato contains an odoriferous principle, which makes it less valuable for culinary purposes than many other varieties."

The writer's treatment is constitutional, mainly, but also local. He does not believe that local treatment can be made so rapidly beneficial as when accompanied by constitutional remedies. But upon these points all the medical world will differ. The benefit to be derived from the knowledge of a preventive is obtained from a use of that knowledge. The writer rests his assertions upon a record of twelve years' of his father's practice prior to 1861, and seventeen years' of his own, covering a period of twenty-nine years, and including a personal knowledge of 1,100 cases of diphtheria. The tuber known as the Irish potato is specified, since it is believed that sweet potatoes do not have the effect of producing any disturbance in the human animal economy. If these assertions are proven, the result must relieve the world from a disease much to be dreaded, and a malady which has caused many heartaches upon two continents.

MELVILLE C. KEITH.

[The above communication to the *Inter Ocean* is worthy of notice and investigation. Possibly there may be a grain of truth in it. Although the editor has been a great potato eater and passed through several severe epidemics, he has not yet had the disease. He has always been careful not to eat a sunburned or *Solanum* poisoned tubers, nor one the least decayed or that has been frozen. *Solanum tuberosum* will produce a sore throat like that caused by *Belladonna*. Possibly

many of the cases of so-called diphtheria met by this writer's father before 1860 may have been pharyngitis caused by *Solanum* poisoning.

Diphtheria may be due to the large proportion of starch taxing the salivary glands and increasing the size of the liver, resulting in systemic reabsorption of bile in favorable, *i. e.*, stormy weather. In that round about way, starchy food, especially potatoes may predispose to, or to possibly excite an attack of diphtheria providing the weather is favorable. Dr. Wilson of West Meridian, Ct., traced attacks of diphtheria to kerosene burning. This hydro-carbon may affect the atmosphere and finally the system, just like the starchy potatoes. This is an interesting subject.—ED.]

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## Medical News.

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Clinical Therapeutics, Part VI., ready. Price, \$1.00.

*Died.*—Dr. Fountain Jones, of Waco, Texas, on the 29th ult., of Bright's disease of the kidneys.

W. B. Campbell, M. D., of Joliet, Ill., has recently been appointed by the Governor, Physician to the State Penitentiary. A good appointment. Another feather in the cap of Homœopathy.

*Married.*—S. G. Nixon, M. D., Burlington, Iowa, was married to Miss Lucy Wilcox at the residence of the bride's father. A happy time, large company, many congratulations. We bid them God speed.

J. B. Wood, M. D., and the West Chester (Pa.,) Microscopical Society, are after the nicotine consumers. We suggest that the doctor make a collection of the cases of poisoning, provings of tobacco, etc. It would make a valuable monograph on *Tabacum*.

Z. B. Nichols, M. D., of Fairbault, sends us the fifteenth annual report of the Minnesota Institution of the Deaf, Dumb and Blind. His fifteenth report, as physicians is a very flattering one—no death having occurred. The management must be excellent.

The Homœopathic Medical Society of the State of New York will hold its annual meeting in Albany, February 11th and 12th, 1879. In order that the wishes of the majority may prevail, it is hoped every member will be present, as matters of the utmost importance will be considered.

ALFRED K. HILLS, M. D., Recording Sec'y.

Campfield's Physicians' Memorandum and Account Book I have used for two years. It is no trouble to keep books with it. I find it is very convenient and answers every purpose. I can keep a whole year's account on one page, even if it amounts to several hundred dollars, and see at a glance just what the family owes.

I. W. ELLIOTT.

Push business instead of moving. A physician like any other business man can make business. Go to work to win the disgusted or half-hearted Allopathic patrons about you. Do as our fathers did, give them some of the solid facts of Homœopathic experience, scatter tracts, open fire upon the Allopathic bush-whackers in your papers; shake the trees and the chestnuts will fall—into your office.



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Therapeutical Department.

CLINICAL OBSERVATIONS.

REPORTS FROM THE FIELD OF PRACTICE.

DOVER, Del., Jan. 2.—Prevailing disease is: Whooping cough. Remedies used: *Aconite*, *Bell.*, *Bryonia* and *Puls.* seemed to act nicely each in its proper place. E. S. ANDERSON.

ARKANSAW, Wis., Jan. 1.—Prevailing diseases are: Typhoid pneumonia, diphtheria. There has not been much sickness here the past few months. Remedies indicated: (1). *Ars.*, *Bryonia*, *Bell.*, *Phos.*, *Sanguinaria* and *Tartar emetic.* (2). *Aconite*, *Bell.*, *Merc. iod.*, *Kali bich.* are the best with me. W. R. CHURCHILL.

SYRACUSE, N. Y., Dec. 27.—Prevailing diseases are: Catarrh of the air-passages; a few cases of diphtheria. But little sickness. In non-Homœopathic hands the percentage of fatal cases of diphtheria is large. Remedies used: Diphtheria, *Apis* 6 is found efficient. Also *Merc. sol.* 30. In some cases *Proto iodide of Merc. 2.* C. P. J.

KIRWIN, Kan., Dec. 31.—Prevailing diseases are: For last three months bilious complaints, especially blind intermittents. One case of dropsy. Chronic cases of various character, very healthy now. Remedies indicated: For intermittents *Ars. alb.* 3x, especially where *Quinine* had first been given *Nux vom.* or *Cedron* did good service. The case of dropsy was speedily cured by *Apis mel.* 3x.

N. B. HOMAN.

BRIDGEPORT, Conn.—Some time ago, Dr. Pearson of Washington, advised in an article, for the inquirer to administer *Apis* 100,000. Two weeks before, I sent the doctor in Ohio, a card, telling him *Apis* from 6th, to 200th would cure his case. I have had much experience with *Apis* and know of no other drug to take its place. But it is not needed very often here. I meet with more sore throat, which I find nothing to relieve so promptly as *Merc. pres. rub* 6x, and children with inanition, simulating marasmus, which *Calc.* or *Cina* relieves magically. That you may know I heeded Prof. M. I can tell you truthfully, I have signed but two death certificates since the winter of '73 and '74. One in Philadelphia of scarlet fever and one in Shreveport, La. of congestion of the brain, in pernicious fever. If you know of a better record, hope you'll let me hear. J. W. M.

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#### CHRONIC ENLARGEMENT OF THE LIVER.

Living in a malarial district where ague and bilious fevers abound, I find as a sequel of such fevers enlargement of the liver and oftentimes the spleen, but more frequently the liver. The symptoms are quite general. The patients complain of a fullness and pressing pain from within out in the right hypochondria. Also pain in the lower part of the right lung and right shoulder blade. If the disease has been of long duration there will be dyspnoea and palpitation on lying down. The appetite is good in most cases. Food is seldom vomited, but it sours on the stomach, and the patients are troubled with eructations of sour hot wind and sometimes fluid. The bowels are rather loose; from three to five evacuations, of a dark, tarry consistence every twenty-four hours, occurring mostly in the morning; urine scanty and dark, like strong beer, containing no sediment. If patient is female, menses are late and scanty, and in some cases wanting altogether.

I have a number of these cases on hand most of the time, and I find it difficult to treat them successfully. What I call successful is to make permanent cures. Patients seem to feel better while taking the medicine, but as soon as treatment is stopped, they relapse back into the same condition again. I have had some patients under treatment from one to three years, and the liver still increasing in size. The patients are comfortable most of the time while taking the remedies and feel encouraged, but I am convinced there is no improvement in the disease.

Now, I would like to ask through THE UNITED STATES MEDICAL INVESTIGATOR if such cases are curable; and if so, what remedies and potencies should be used? Will some one advise through this journal, and I will report progress. The remedies I use mostly are *Iod.* 3x to 6x, *Chel.* 1x to 30x, *China* 1x to 6x, *Puls.* 6x to 30x, *Merc. iod.* 6x.

V. HAYES.

**WEATHER PROVING AND DISEASE TENDENCY.**

BY BUSHROD W. JAMES, A.M., M.D., PHILADELPHIA.

Local weather report for October, 1878, recorded by T. A. Smith, Sergeant Signal Corps, U. S. A.: " Highest barometer, 30.404, on the 26th; lowest barometer, 29.206 on the 23d; average barometer, 30.053; monthly range of barometer, 1.198 inches. Highest temperature, 80 degrees, on the 3d; lowest temperature, 38 degrees on the 29th; average temperature, 58.1; monthly range of temperature, 42 degrees; greatest daily range of temperature, 28 degrees, on the 26th; least daily range of temperature, 10 degrees on the 12th and 28th; mean of maximum temperature, 67.6 degrees; mean of minimum temperature, 49.4; mean daily range of temperature, 18.2 degrees.

Total rainfall, 2.04 inches. Prevailing direction of the wind, south-east. Total movement of wind, 8,358 miles; maximum velocity of wind 75 miles per hour; S. E. by E. 7:35 A. M. 23d; number of clear days, 15; number of fair days, 11; number of cloudy days on which no rain fell, 2. Number of days on which no rain fell, 3. Total number of days on which rain fell, 9. Lunar halos occurred on the 9th, 10th, and 12th. Frosts occurred on the 9th, 20th, 21st, 26th, and 29th.

**COMPARATIVE TEMPERATURE.**

October, 1871,	56.5 inches.	
" 1872,	52.9 "	
" 1873,	52.7 "	
" 1874,	55.0 "	Average for } 54.9. eight years.
" 1875,	53.7 "	
" 1876,	50.8 "	
" 1877,	57.4 "	
" 1878,	58.1 "	

**COMPARATIVE PRECIPITATION.**

October, 1871,	4.86 inches.	
" 1872,	5.20 "	
" 1873,	5.20 "	
" 1874,	2.87 "	Average for } 3.65." eight years.
" 1875,	1.42 "	
" 1876,	1.06 "	
" 1877,	6.52 "	
" 1878,	2.04 "	

**DISEASE TENDENCY.—(OCTOBER.)**

During the month, the general tendency has been to diseases of the nervous system. Neuralgia in different parts of the body has been a very common ailment. Headache, conjunctivitis, and other eye diseases; eruptive skin diseases, erysipelas, nettle-rash (hives), diphtheria, scarlet fever, rheumatism, bronchial catarrh, laryngitis, pharyngitis, whooping-cough, and hæmorrhages, have been the principal prevalent diseases.

About the middle of the month (11th to 23d) spinal congestions, spinal meningitis, sore-throat, gastric and hepatic derangements, diphtheria, diarrhoea, enteralgia, facial neuralgia, and rheumatic pains about the chest with cough, were marked disease tendencies.

Depression of the nervous system attended most of the diseased conditions, and parturition was protracted in many cases on account of sluggish pains, with the seeming want of good uterine contractile power.

At the close of the month diarrhœa, erysipelas, croup, bronchial catarrh, and throat inflammations, and neuralgia with sensation of soreness, were the main predominant features.

*Remedies.*—The neuralgias were mostly attended with a great amount of soreness with bruised feelings; the pains quite unbearable, and worse on motion, and patients generally complaining of tired feelings and lassitude. *Arnica* met most of these cases.

*Belladonna* in those cases where there was a tendency to paralysis and restlessness. It also met many of the cases of eye inflammations, sore throats, scarlet fever, and hæmorrhages.

*Mercurius vivus* for the diarrhœas, that were attended with colicky pains, bloody and mucus passages and tenderness across the abdomen.

*Bryonia* was the principal remedy for the dry hacking cough, stitches and pains about the chest and shoulders, as well as for the bronchial, tracheal, and laryngeal inflammations.

*Cocculus indica* in cases of nervous depression with tremor, especially where there was a tendency to a low type of fever.

*Rhus tox.*, in the nettle-rash and some of the rheumatic cases, and erysipelas.

Local weather report for November, 1878, recorded by T. A. Smith, Sergeant Signal Corps U. S. A.: "Highest barometer, 30.556 (15th); lowest barometer, 28.973 (22d); average barometer, 29.991; monthly range of barometer, 1.583 inches; highest temperature, 62 degrees (11th and 27th); lowest temperature, 28 degrees (5th); average temperature, 44.8 degrees; monthly range of temperature, 34 degrees; greatest daily range of temperature 27 degrees (on 27th); least daily range of temperature, 6 degrees (on 18th); mean of maximum temperatures, 52.5; mean of minimum temperatures, 38.6; mean daily range of temperatures, 13.9. Total rainfall, 2.19 inches.

Prevailing direction of wind, west. Total movement of wind, 8,069 miles. Maximum velocity of wind, 38 miles (N. E. 22d). Number of foggy days, none. Number of clear days, 11. Number of fair days, 7. Number of cloudy days on which rain fell, 6. Number of cloudy days on which no rain fell, 6. Total number of days on which rain fell, 6. Lunar halos observed on the 10th and 30th. Frosts observed on the 4th, 5th, 8th, 9th 15th, 24th, and 30th. Thin ice observed on the 5th and 9th. No snow during the month.

COMPARATIVE TEMPERATURE.

November, 1871,	40.5 inches.	
" 1872,	41.2 "	
" 1873,	38.3 "	
" 1874,	41.8 "	
" 1875,	39.7 "	Average for } 42.2. eight years. }
" 1876,	45.0 "	
" <del>1877</del> 1877,	46.6 "	
" 1878,	44.8 "	

## COMPARATIVE PRECIPITATION.

November, 1871,	4.09 inches.	
“ 1872,	3.40 “	
“ 1873,	5.10 “	
“ 1874,	2.32 “	Average for } 4.37.” eight years. }
“ 1875,	5.40 “	
“ 1876,	7.31 “	
“ 1877,	5.14 “	
“ 1878,	2.19 “	

## DISEASE TENDENCY.

During the month of November the average moisture and precipitation being very much below the average for the past several years, and the temperature being unusually equable and mild, no great amount of the severer forms of sickness would be expected, and such we find to be the case, with this exception that there was a greater tendency to sudden attacks of disease, such as congestion of the lungs, and of the meninges of the spinal cord and brain, attended in some instances with cardiac paralysis or heart failure. This tendency increased as the month progressed.

There was at the same time a considerable amount of typhoid fever, with more or less of diphtheria and a mild form of scarlatina prevalent. Coryza, diphtheria, sore-throat, neuralgia, and nervous prostration were the tendencies the first few days of the month.

Then followed a disposition to pleurisy, erysipelas, diarrhœa, gastric and enteric derangements, with considerable acute pain. Nervous cases were all worse and headaches were quite abundant, attended with neuralgic pains and numb feelings.

At the close of the first week rheumatism, bronchitis, pulmonary congestions, attended with chills and catarrhal symptoms were very marked. About the 11th great tendency to hæmorrhages and paralysis occurred with numb, tingling feelings, croup, laryngeal inflammation, hepatic congestions and an increase of diarrhœa was observable, and the latter continued for a week or more; and then about the 19th there was manifested general debility, tired, weak feelings, headache, typhoid fever, spinal irritations, and quinsy.

During the fourth week some dysentery cases occurred, and there was a tendency to apoplexy, vertigo, headache, with dull, stupid feelings, and fever. At the close of the month catarrhs, laryngitis, enteralgia, typhoid fever, epistaxis and other hæmorrhages, headaches, hoarse colds, croup, diphtheria, and sore throats were prevalent.

*Remedies.*—The tendencies were so mingled up and the symptoms so variable that I could point to no special remedies to be selected for the prevalent diseases. This was in marked contrast to some previous months of the year, when a large number of cases all called for the same remedy.

## REPORTS OF CASES.

Read before the Maine Homœopathic Medical Society.

BY M. DODGE, M. D., PORTLAND, MAINE.

CASE I. Miss ———, aged twenty-nine, fair complexion, blue eyes, dark brown hair; clerk; occupation obliges her to stand a great part of the time; has had profuse menstruation since she was fifteen years old; periods regular, but lasts from eight to ten days; color bright red. January 10, 1874, severe dragging pain in the back, a feeling as though everything was coming through the vagina; soreness across the lower part of the abdomen; a sense of weight in lower extremities, face pale, dark circles under eyes, no appetite, and wants to sleep all the time. Gave *Lilium tigrinum* 12, morning, *Nux vomica* 3, at night. January 13. Much improved, no dragging sensation, some soreness yet across the abdomen; countenance looking better, appetite returning; continue same remedies once in two days. January 23. Much improved since last saw her; menstrual period should occur in two days. Gave *Ustilago madis* 3, trit., a powder at night until menstruation commences. January 25. Commenced flowing quite profusely; some pain in back, and feeling tired again; continue *Ustilago* 3, at night, *Platina* 3, forenoon and afternoon. January 29. Menstruation ceased; thinks she feels as well as she ever did; saw me three days before next menstrual period. February 22. General health good, but feels as though she was going to have that awful dragging pain in her back. Prescribed a powder *Ustilago* 3d trit., at night until menstruation commences. February 24. Commenced flowing not profuse, but very little pain. February 29. Menstruation ceased. Catamenia regular and normal since.

CASE II. Miss ———, aged seventeen, light complexion, blue eyes light brown hair, scrofulous diathesis. February 10, 1874. Sore throat, rawness extending from throat into chest, continuous feeling of dryness and heat in throat; tickling in throat. Fauces inflamed, tough thick phlegm brought up by hawking, mostly in the morning; throat feels relieved after discharging phlegm. Cough at night after lying down from stitches in throat. Menstruates every fourteen days; a great deal of pain, and flowing profuse. Menstruation just ceased. Prescribed *Cistus canadensis* 3, a powder at night for throat. *Platina* 3, once in two days. February 22. Throat much better, but feels as though menstruation was about to commence. *Ustilago* 3, trit., a powder at night. Menstruation commenced. February 25. Continue *Ustilago* at night. *Platina* 3, forenoon and afternoon. February 28. Menstruation ceased, did not have much pain, and flow about normal; continue *Cistus canadensis* 3, a powder at night once in three days. March 25. Throat about well, does not trouble her any. Menstruation commenced; no pain, and flow normal. Catamenia, regular and normal since.

CASE III. May 2, 1874, Mr. D——, sanguinous bilious temperament, bookkeeper; sedentary habits; has suffered greatly for years with

hæmorrhoids. Bowels constipated. Indurations in rectum. Stool once in three or four days, accompanied with excruciating, cutting, scraping, lancinating pains in rectum, which is prolapsed after stool, requiring external pressure to return it; end of coccyx feels sore; cannot sit straight in a chair with comfort; feels as though he wants to slide down in order to relieve soreness in coccyx, also has severe boring pains through both hips sometimes extending down the thighs, neuralgic pains in right shoulder and scapula, extending down the arm as far as the elbow; unable to raise his arm to put on a coat; a circumscribed, dull, heavy pain in vertex; sometimes pain in occiput and back of neck. Gave two doses each of *Podophyllum* 200 and *Aesculus hippocastanum* 3, to be taken alternately once in three days.

May 18. Reports no constipation. Bowels regular, stool once a day, easy and natural; slight prolapse, but returns itself. No pain in hips, arm, shoulder or head.

QUERY.—Were the pains in hips, arm, shoulder and head caused by hæmorrhoids?

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#### HIGH AND LOW ATTENUATIONS.

Thirty-five years ago, Jenichen prepared the first high potencies, and thirteen years ago Dr. Fincke published a book on high potencies, giving cases cured with them since he commenced to make them in 1850. I never made any till 1872, and then only for my own use.

It is only honest, careful, pains-taking healers, who believe in the law as taught by Hahnemann, and adhere closely to that law in their practice, that ever use high potencies.

The more carefully a physician searches for, and finds the *Simillimum* in a case, the more earnestly he seeks for the *minimum* dose. His first question is, "do those high potencies act, and do they act where the low potencies fail" and being so assured, he tries them, and cares little how they are made, or whether the 1000 is only the 10th centesimal, as long as he finds that they accomplish results that no 10th, 30th, or 200th can.

Those who quibble most as to the mode of manufacture, are a class who never use them, who would not use them if they had them. High potencies are not adapted to guess work practice. To all such, I shall make no explanation, as I am totally indifferent, if they are ever enlightened on the subject or not. If they are honest seekers after truth, they would try them first.

The adverse opinion as to the action of infinitesimal doses, made by men who never tried the experiment, is of no value, for they are incapable and unwilling to become capable of making it. It is simply a piece of arrogance which deserves no notice. If physicians are dissatisfied with fluxion potencies, there is no reason why they should not make

centesimal potencies on Hahnemann's plan, and perhaps by the time they run up *one* drug to the 1,000, the unwritten therapeutics of high potencies may be published, and they may learn to use them.

SAM SWAN.

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**PIPER METHYSTICUM—NEURALGIC TOOTHACHE.**

BY THOMAS SKINNRE, M. D., LIVERPOOL, ENGLAND.

*Toothache and Earache.*—As *Piper methysticum* is comparatively a new remedy, as it is an exceedingly interesting vegetable production, as I have recently received a fine specimen of the mother tincture from Dr. Murray Moore of Tauton, Somerset, late of California, and as an evidence that Hahnemannians are in no way tied to high potencies, I give the following interesting case :

CASE I. A young girl of highly excitable and nervous temperament, a perfect little sprite, had fairly worn out her mother and other members of the family by attendance on her day and night, suffering more or less, off and on, from severe toothache and earache, with sleeplessness and intense restlessness. The pain was described to me as at times dragging, sometimes tearing, generally worse at night and in bed, and after and when eating; but her mother in her letter to me adds, "but what is so vexing is, she forgets all about her pains if amused with anything, but directly she is tired of it she exclaims, 'Oh, my tooth or ear!' It is surely temper medicine she needs."

A better opportunity of proving the correctness of Dr. W. N. Griswold's *keynote*, or mental characteristic of *Piper methysticum*, I could not have. Dr. G.'s observation made upon himself during the proving of the drug, was "pains, especially of the head, are relieved temporarily by turning the mind to another topic," in other words, to something equally or more exciting. Dr. Griswold says he has tested this characteristic in a number of instances, and now, if I can find it in the patient, I prescribe the drug with confidence." (*Hahnemannian Monthly*, June, 1877, p. 553).

My young patient had still another characteristic of *Piper m.*, "agonizing pain with tossing, twisting and writhing; the patient is irresistably driven to change position. (Dr. Griswold in the *California Medical Times*. Vol. I, p. 48). On the head of these two most excellent characteristics, I sent ten minims of the mother tincture to be put in a teacupful of water, a teaspoonful to be administered every half hour or hour, until easier or well. It is well here to add some more from the mother's letter to me. "She slept only two and a half hours all night, and for a fortnight has lost a good deal of rest; she is weak, but naughty. I feared last night, she would cry herself into a fever, so excited was she because I would not take her to our room in the night. I was obliged to do so, her pain was so intense. She has



had *Cham.*, *Bell.*, and *Merc.*, but all have entirely failed. I may mention that she has taken a great dislike to her nurse, without sufficient cause."

I cannot express the effect of *Piper m.* in this case better than quoting from the mother's letter of next day. (They reside five or six miles from Liverpool). "I am thankful to say that the sprite is better this morning after a *very quiet* night. Her face is swollen, and it hurts her to open her mouth or to swallow, which is unfortunate, as she is hungry, having starved lately; but perhaps by to-morrow she will be all right. \* \* \* *I have stopped her medicine as her toothache and pains have gone.*" *Puls.* 200 in one dose was prescribed for the swelled cheek.

So soon as opportunity offers I shall try the potentized remedy, which I now possess in the 5, 30, 200, 500, and 1000 potencies. Instead of taking some twelve hours or more to effect the cure or permanent relief, I should expect one dose of the 1000 to accomplish the same in as many minutes. Such is my experience of the difference between the crude drug and a high potency of the same, especially when selected according to the mental or subjective characteristic, as in this case.

CASE II. Miss E. R., aged twenty, has been suffering from toothache in a decayed molar, which is *relieved if the attention is drawn off the pain by anything sufficiently exciting*. When at all violent she has no rest in any position, and *must keep continually changing it*. *Piper m.* 500, (F. C.) was given, and *very soon* after the first dose," my patient writes me that she "felt greatly relieved, and on repeating the dose several times, the pain left me entirely."

I am well aware that one swallow does not constitute a summer, but "every little makes a muckle," and this second case corroborates my comment on the last, namely, the vast superiority of high over low potencies, as a rule.—*The Organon*, July, 1878.

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**CHRONIC CYSTITIS OF ABOUT FIFTEEN YEARS' STANDING CURED BY PIPER METHYSTICUM (KAVA KAVA, AWA SAMOA) AND BRACHYLOTTIS REPENS.**

BY M. A. A. WOLFF, SAN FRANCISCO, CAL.

Condition May 16. Had to pass water frequently during the day, and several times during the night. Smell of urine fetid, color dirty, sediment: A mass like gelatine, sticking to the chamber and hard to remove by the strong stream of water from the hydrant; a crust of crystals would always form at the sides and bottom of the chamber.

May 20. Observing, during the proving of the *Kava-kava*, a great change, I made up my mind to keep a record.

May 21. The stringy gelatinous mucus has greatly diminished in quantity. The crystal formation seems equally less.

May 22. Color of urine: beautiful straw, when passed, almost clear; smell natural.

May 23. Crystal deposit disappeared; no gelatinous sediment. Water passed more frequently, but less in quantity; in the morning thin stream as from stricture (may be only the consequence of nightly erections). Water passed at 6 P. M. and then viewed at 11:45 P. M. has left no sediment, but is still not perfectly clear; holding the chamber obliquely the contents seem covered with a tiny, greasy membrane in rainbow colors. Smell of urine sour.

May 24. Urine from last night not clear; no sediment, but skies floating in it; the rainbow colored membrane covers it and moves with the motion of the chamber, just as cream in a vessel with milk. Smell sour.

May 25. Color same, smell same; flocculi; on the bottom of the chamber, by feeling with the finger, an almost invisible deposit of very fine sand may be discovered.

May 26. Only observation, flocculi.

May 27. Urine passed at 6:30 P. M.; viewed at 12:30 A. M., clear.

May 28. Over night flocculi have been formed.

May 29. 6 A. M.; Urine from last night clear, on bottom a few atomic specks of sandy deposit. This morning passed water darker in color, still not abnormal. Having, during the whole time, had the sensation of retention, passed a catheter; three ounces more were discharged; it was clear, 6 P. M. urine passed during the day cloudy with tiny membrane.

May 30. 9 A. M.: Emptied the chamber from yesterday and all night. On the side of the chamber found fine sand glued, but contrary to what it used to be, easily removed. It is imbedded in yellowish matter. Color of urine greenish, like the *Kava kava* tincture.

May 31. Improvement; being clearer.

June 3. Hardly any sediment; frothy and the froth keeps standing on top.

June 4. Urine from last night cloudy; froth remaining on bottom of chamber; a film of deposit having the feel of flour, not sand.

June 5. On bottom a thin gelatinous layer, white streaked, rubbing it between the fingers it feels like glue and very fine sand.

June 8. 7 P. M.; slight burning in urethra when passing water; chamber full of ants, consider this a consequence of the *Kava kava*, as the tumbler used for drinking the medicine has been invaded too, by these insects, while other tumblers standing near by are unvisited by the busy crowd.

June 10. 5 A. M.; Weak, gonorrhœa like pains, whereby passed a lump composed of gluey, sand, or rather a floury stuff and then a few spoonfuls of clear urine.

June 11. Could not pass urine freely this morning. Sensation as if a cork suddenly closed up the urethra. 1 P. M. the difficulty increased. (N. B. Yesterday I had taken several glasses of water flavored with

vinegar). Urine, after standing about four hours, is covered with a greasy film, sediment gelatinous, with fine sound. 5 P. M. passed about two ounces; 10:30 have not felt any more inclination for urinating; the sediment has become mucous with purulent particles; these crumble when rubbed between the fingers.

June 12. Urine from last evening gelatinous with crystals fastened to bottom of chamber. 5 P. M.: passed a small quantity of a healthy color. 6 P. M.; during all day *strangury*. At 5:30 P. M.; took a bath and passed water there. Coming home used catheter number nine, went freely in only causing a little smarting about half way, as from an obstruction. Emptied bladder of two and one-half ounces of thick urine with shreds as from an abscess.

June 13. *Strangury* somewhat diminished during the day.

June 15. Passed water at 12 M. Immediately thereafter catheterized and emptied seven ounces.

June 16. Passed water more freely. *Kava kava* seems to have no more effect or to cause medicinal aggravation or reaction as there again is an abundance of gelatinous sediment. Ceased taking it.

June 18. 5:45 A. M. Tried to pass water; there was a stoppage until part of a stringy substance, like thick mucus was yielded. the rest could be dragged out being somewhat tough; color gonorrhœal, feels, between the fingers, as a membrane with fine sand imbedded in it. Having discharged about one-half ounce of this kind, the urine came freely and was clear. The urine from last night had a good sound color, but bottom of chamber full of gelatinous sediment. 6 P. M. Was compelled to hold my water for about three quarters of an hour, and now passed an enormous quantity, clear, greenish; 11 P. M. Find the urine passed five hours ago, clear without sediment.

June 19. 5:15 A. M.: Passed some urine commencing with the ejection of small mucus lumps. 11 P. M.; Passed water freely and a natural quantity.

June 20. 6:30 A. M.; very little sediment in yesterday's urine. The passage thereof this morning, commenced like yesterday, with a few mucus lumps. 20 minutes later passed urine freely, but ending with a stream as by stricture and at last dribbling. Sensation as of stoppage about prostata.

June 21. Last night's urine contains a moderate quantity of sediment jelly like, but neither, as before, transparent nor tough, but brittle. Felt, last night, pain across lower part of abdomen and at present pressure in bladder. 8:30 A. M. passed water very clear, first with impediment, then a broad natural stream, but at last tiny and dribbling. 3 P. M. The urine from morning yet clear without sediment. Had to pass water several times from 6 P. M. to 12 midnight.

June 22 to 24. Sediment diminished every day.

June 25. Hardly any sediment but again the greasy, rainbow colored membrane.

Aug. 21. 8 A. M. Have found that the urinary troubles, which had ceased for six or seven weeks, commenced again. Took three drops

of *Brachyglottis repens*, (Puke-Puke, Australia) in about one ounce of water. 3 P. M. Repeated the dose.

Aug. 22. Every thing all right.

Oct. 5. Found again some mucous sediment. *Brachyglottis* one drop. 3 P. M. passed water.

Oct. 6. Urine from 3 P. M. yesterday and to-day sound in every respect.

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### HOW TO STOP COUGHING.

Coughing may be stopped by pressing on the nerves of the lip in the neighborhood of the nose. A pressure there may prevent a cough when it is beginning. Sneezing may be stopped by the same mechanism. Pressing also in the neighborhood of the ear may stop coughing. Pressing very hard on the top of the mouth inside is also a means of stopping coughing. The will has much to do with the act. A French surgeon used to say, when he entered the wards of the hospital, "The first patient who coughs, I will deprive of food to-day." It was very rare a patient coughed then.—*Maryland Medical Journal*.

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### DIAGNOSIS OF A TUBERCULAR COUGH IN THE DRY STAGE.

The following are indications by which to diagnose a tubercular cough in the early stage :

1. The early cough is always dry, or nearly so, morning or evening, day or night, the sputa usually being swallowed, or, if expectorated at all, it is white and adhesive with a little foam.
2. The cough is chronic, i.e., it has already lasted from two to four months.
3. A shortness of breath has been noticed for some time, on fast walking or running, or ascending stairs rapidly.
4. There is progressive loss of weight.
5. There is progressive loss of strength.
6. There are permanent or positive pains in the chest, mostly fugitive, and often between the shoulder blades.
7. There is frequency of pulse, the normal taken at 70.
8. There is increase of temperature, the normal being 98½ deg. F.

Now add to this catalogue of phenomena *any one* of the following conditions, and the proof is complete that the cough in question is *tubercular*. If you have them all, the testimony is overwhelming.

Hæmoptysis or hæmorrhage, or soreness or dullness on percussion at or near the apex of either lung, or absence of the respiratory murmur in the same region, or dyspepsia, or an occasional attack of diarrhœa, or hectic fever, or a hereditary toxæmia, or night sweats,

or a diminution of the air capacity of the lungs amounting to 16 per cent. per spirometer measurement.

All these symptoms, or a portion of them, may and do appear in the first stage of consumption, when cough is yet predominantly dry, the patient abroad and attending to his affairs, and applies only to have his cough cured, and always expects to be cured, and this is the time to cure him.”

P. G. VALENTINE.

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### EXPERIENCE WITH AGUE.

Among heathen tribes and nations it used to be customary (and perhaps compulsory from inherited *faith*) to throw themselves beneath the great wheels of the idol, and allow themselves to be crushed to death, in order to appease the *wrath* of the god (idol), as well as to show the faith they had *perhaps* for the god, and until the light of Christianity had shone forth through this pagan night, by means of missionary work, and the people shown by logical argument, with a *brotherly* feeling, did the custom of suicide begin to wane. But comparatively, it does seem a little remarkable, that while heathen tribes can be reclaimed and reformed, from barbarism to civilization, there seems to be not much progress made to reclaim, or even educate the “idol” worshipper, whose god is *Quinine*; and strange to say it is to be found among the ranks of those who *profess* the virtue of the law “*similia*.” They seem “still wedded to their idol” because of the inherited “disease” from their professional ancestry, and though the missionary work is placed before them, and the logical argument they cannot refute, they refuse to look and be saved. Now in reference I annex a part of my experience in the treatment of bilious fevers and malarial troubles without the god *Quinine*, and endeavor in my unpretentious way, to *prove* the virtue of the law, as well as show the inutility and *deception* in allowing one’s self to be in the way of the idol’s wheels. I am located in the midst of a malarious district, and as many persons are attacked spring and fall with “ague,” I “shook the red flag at the bull” by offering \$5 cash for any case of chills and fever I failed to “remove” (not cure).

CASE I. A Mr. Jas. McQuade, Irish, farmer, had chills since August last; treated with an Allopathic doctor; medicines, *Quinine* pills, *Quinidin*, and *Iron* compounds; got worse all the time; when he came to me he had mostly a fever, felt cool during day; could not sleep at night; tongue coated one-quarter of an inch thick; dirty yellow; no appetite; ache in bones; constipated; worse at night. Prescribed *Nux vomica* 30x, one dose, then *Bell.* 30x, in three hours. Reported in four days, looking better; bone pains gone; now gave *Ars.* 200, in one-half glass of water, one teaspoonful every three hours.

Reported in four days as a cured man, but took another prescription to make a "permanent job."

CASE II. Girl aged eighteen, German; chill every day at 11 A. M.; no thirst; while she talked to me she sobbed and wept, seemed to be easily given to tears. I did not know which to select, *Nat. mur.* or *Puls.*, so gave *Nat. mur.* 30x in four ounces of water, a teaspoonful at a dose, and *Puls.* 30x alternately every two hours; result, no more chills and fever.

CASE III. Mrs. F., ague; sick six weeks. Taken *Quinine*; chill each second day; anticipates; thirst between chills; sweats; gave *Lach.* 3x, one dose, then *China* 30x, every three hours; cured in six days; the chills were arrested after second dose, given eight or ten weeks since, and have not returned.

CASE IV. Girl, nineteen; chill each second day in afternoon; hard chill, had frequent epistaxis in morning; feels cold most of the time. I noticed she coughed considerable. Gave *Lach.* 3x, (had also taken *Quinine* pills), one dose, then *Bryonia* 30, in four ounces of water, a teaspoonful every two hours soon as chill leaves; had only one light chill and no more; gave second prescription, *Ars.* 200 in four ounces of water, a teaspoonful every three hours; no return.

CASE V. Boy, fifteen; had chills two months; down in bed; had taken *Quinine*, *Quinia*, *Cinchonidia*, etc.; chill at noon; high fever; sweat; thirst; lips very sore, and corners of mouth covered with blisters (fever). Prescribed *Nat. mur.* 30, after *Lach.* 3x, one dose every two hours after fever; no more chills.

CASE VI. German boy aged twenty. Chills second day; 11 A. M. hard chill; he "feels so much better after vomiting;" thirst; constipation; no thirst during chill. Gave *Nux v.* 30x, every two hours, (after *Lach.* 3x, one dose, as he had left me a box of unfinished *Cinchonidia* pills). Reported in a few days that the chills were stopped after third dose. I gave second prescription *Ars.* 200, in four ounces of water, a teaspoonful every three hours; no return.

CASE VII. In the fall of 1878 I treated Miss Y., some sixteen or eighteen miles from here, for chills. She had been in the hands of all the regulars near her; was bedfast some two weeks, but had chills some nine months; when I got her she could tolerate no physical or material medicine; was sinking; tried me through curiosity; put her on *Ars.* 200, and *China* 200, alternately, dose every four hours; one prescription cured the case. When the *Quinine* worshippers had trifled away a whole summer, and then did not succeed, and still there are some who call themselves Homœopaths, who say, "give *Cinchonidia*, two grain pills, two every three hours, and it will stop the chill." I say it is false, for patients are giving me their unfinished boxes of those same pills, and get the chills removed with my medicines, such as *Nux v.* 30, *Ars.* 200, *Natrum mur.* 30, *Bryonia* 30, *Apis mel.* 200, and I challenge any one in or out of the profession, to refute the validity of my assertions.

O. J. LYON.

HARRISON, Ohio.

### TRAUMATIC TETANUS CURED.

IN THE INVESTIGATOR of Oct. 1st, you ask "any one who has cured a case of traumatic tetanus by our remedies, to report." I cured a case in May and June, 1874. A lad of fourteen was wounded in the wrist by the explosion of a gun. I was not called until three days after the spasms began; as he was treated by an Allopath, at the time I was called, he had spasms once an hour and they increased in power and number until the third day, after I began to treat him. At first I began *Aconite* and afterward *Bell.*, *Arnica* and *Nux. vom.* without any result.

No abatement but rather an aggravation of all the symptoms. On the morning of the fourth day I gave *Hellebore niger* ten drops of the mother tincture in five tablespoonfuls of water, a teaspoonful every half hour. At night the symptoms were more favorable. Spasms not so violent and frequent. The case improved steadily and in forty-eight hours spasms ceased. Patient slept most of the time for three days after spasms had stopped. Recovery was entirely satisfactory and I believe the *Hellebore* cured. Some of the symptoms during recovery were strange to me. First, constipation cured at last by *Nux vomica*. Second, the remarkable slowness of the pulse. After the spasms left the patient the pulse beats thirty-one to the minute. Second day thirty-five. Fourth day forty, sixth day forty-five. Tenth day, fifty and not increased many beats on the twenty-first day. Two months after fifty-five beats to the minute. Four months after pulse about sixty. The boy was at work after the first month.

Another symptom was the color of the whole body. It was blue I never supposed any one could be so blue, that symptom continued several months. Is the pulse always so slow and is the patient always so blue during and after recovery?

W. S. KIMBALL.

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### GLEANINGS.

A dose of fifteen or twenty drops of tincture of *Arnica* taken in mistake by a lady, produced — A vesicular erysipelatous inflammation beginning at the inner canthus of the left eye, and extending over the whole face, with chilly feeling over the whole body, menorrhagia of dark blood coming on when rising; nettle-rash on the body and dimness of sight like amaurosis.—Dr. J. C. Burnett, in *Organon*.

Dr. John Day of Geelong, Australia, recommends as a disinfectant: *Oil of Turpentine* (rectified) one part, *Benzine* seven parts, adding five drops of *Oil of Verbena* for every ounce. This mixture is considered to absorb oxygen, and convert it into peroxide of hydrogen, a gas resembling *Ozone*. It is to be applied with brush or sponge.

Dr. W. R. Sevier of Jonesboro, Tenn., believes that custards and cheese are in a great measure responsible for the production of cholera on account of fermentive changes taking place in their substance.

## Hospital Department.

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### HAHNEMANN HOSPITAL CLINIC.

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#### A LECTURE ON CLINICAL MEDICINE.

BY W. J. HAWKES, M. D., PROFESSOR OF PHYSIOLOGY AND CLINICAL MEDICINE IN HAHNEMANN MEDICAL COLLEGE AND HOSPITAL, CHICAGO.

CASE 2891. This patient came first to this clinic a little over a year ago, Nov. 8, 1876. He was forty years of age. He had had rheumatism for about six years. The cause of the rheumatism was his getting very wet in a snow storm; the immediate result of which was pain and stiffness of the neck, which condition passed down into the right shoulder and arm. He was confined to bed three weeks. The arm had been powerless up to the time of his first appearance here. At that time the arm from the shoulder to elbow was atrophied and shriveled to such an extent that it was not one-fourth as large as the other arm. It could not be raised except by the help of the other hand, and was continually becoming smaller and weaker. His whole body was more or less affected by the disease; but the severest effects were felt in this arm. The pain was excruciating at night; especially before a storm, which he could foretell twenty-four or thirty-six hours. He was always most miserable in damp cloudy weather, especially before a storm; the severity of the pains being in a measure ameliorated after the storm had fairly set in.

He was usually worse at night, especially between 12 and 2 o'clock, when he would be compelled to get up and walk around his room for relief, which moderate motion in a measure brought. From suffering, loss of sleep, etc., he had been reduced almost to a skeleton, his weight being only about one hundred pounds, although of large frame and tall. He had, as is the case with the majority of the patients presenting here, been every where, and tried every thing within his power, with the painfully monotonous results of a steady loss of strength on his part, and a no less steady increase of the disease.

The case I assure you looked very unpromising. Was it possible to restore form, strength and ease to that shrivelled, powerless, aching member? The report from week to week and from month to month gives the answer.

The remedy prescribed was *Rhus tox.* 200. The characteristic symp-



toms indicating the remedy were : First, the cause—getting wet in a storm—the cause of a given case of disease may often be an indication for the remedy. Second, the pains were always *worse* before a rain storm, from rest, and after midnight *better* after the storm had broken, in dry weather, and from gentle motion.

I had forgotten to mention that the patient was not strictly temperate, and was in the habit of taking *Morphine* to allay the pain. These facts added greatly to the gravity of the case.

November 17, one week later, he reported general improvement. This report was repeated from week to week for a few months, and later he would report every month. But gradually improving all the while. For instance, December 20th he reports, "Much better, arm getting stronger, sleep pretty well first three or four hours of the night."

January 10. Gaining slowly; can cut kindling-wood with right arm now; right arm is warm, and feels quite natural; (it had been cold and clammy at first) very little pain.

Jan. 24. Wheeled in a ton of coal to-day. Getting on nicely.

Feb. 28. Improving steadily.

April 4. Still improving, walked ten miles; Friday and so on up to the present time (Dec. 15). You all hear what he now has to say for himself. His right arm is large and strong and *well*. He tells us that he now weighs one hundred and fifty-five pounds—a gain of fifty-five pounds in little over a year. Those of you who saw him then will hardly recognize him now.

He has had no remedy but *Rhus tox.* in potencies varying from 3rd to the 2,000 during the whole time, excepting one week of *Nitric acid*. Oftentimes, as the record shows, he received only placebo for months at a time, with a steady improvement through all.

This case will illustrate two points of value; viz: the power of Homœopathic medicine in chronic cases commonly regarded as hopeless; and the advantages of adhering to the indicated remedy, instead of flying from one to another at every new symptom which may arise during the progress of the case under treatment.

In one year this patient has been changed from a useless, suffering wreck to a comparatively comfortable, useful member of society, able to support himself and family. You have seen it done, and how it was done; and it should encourage you to hold out hope to the no matter how badly afflicted.

CASES 6,684 and 6,747 are those of the brother aged thirteen and sister aged fifteen. Both had sore throats. The boy came first to the clinic November 7th. His case presented the following symptoms: Has had sore throat for three months; raw, stinging, smarting pain on swallowing, even fluids, which returned through the nose; sense of smell and taste quite impaired; thick, yellow discharge from nostrils; nasal voice; much saliva in mouth, which sometimes runs out at night; pairs along the tibia, worse at night. Examination of the throat revealed a bad state of affairs; the uvula, and nearly the whole

soft palate were eaten off; the whole visible portion of the pharynx and fauces were ulcerated and covered with a dirty looking pus, and emitted a very disagreeable odor.

The boy looked feeble and pale, and his mother said he had been failing for three months. His father died of consumption, and his mother's family had a strong tendency the same way. The probability is the father had a specific complication which his boy had inherited.

*Mercurius cor.* 3rd was prescribed, as you remember, at that time. The indications for the selection of the remedy were: the bad odor of the breath; the profuse flow of saliva; the raw, scraping feeling in the throat; the pain in the shins, and the aggravation at night.

The patient reported one week later, (Nov. 15,) very much better in every way; he looked better, and said he felt better "all over." The throat presented a much better appearance, and altogether the condition of the boy was remarkably improved.

Nov. 21. Two weeks from first prescription the boy reported no pain in the throat, no return of food through the nose; the throat was clean and whole, with no bad odor; senses of smell and taste normal, and the patient generally well. The patient first received *Merc.* 3rd, the second time placebo, the third time *Merc. cor.* 200th. He received no more medicine.

Nov. 21st, he brought with him his sister, aged fifteen years. She said she had had sore throat ever since she could remember, but this fall it had been much worse than ever before. The trouble followed a bad cold taken by getting the feet wet. Symptoms were: sore throat even down to the larynx; fauces, tonsils and pharynx bright red and swollen, with sore, raw feeling when swallowing. Often a severe throbbing headache; head feels as if it would split open; pains come quickly and go as quickly (this symptom she gave without questioning.) Eyes burning, pain and redness of the eyes; face flushed; cheeks very red. Throat better when cold water is held in the mouth.

In this case *Belladonna* was prescribed, indicated by the following symptoms: Bright red and swollen appearance of the tonsils, fauces and pharynx; and raw feeling in the throat when swallowing; throbbing headache; *pains come quickly and go as quickly*; eyes red, hot and painful; flushed face and red cheeks.

The report the following week was fully as favorable as was that of her brother. He now says his sister is altogether well.

I desire to call your attention to a very important point as illustrated so beautifully by these two cases. The point is the value of the characteristics of each remedy. You will find those who deny the value of, and even ridicule, the key-note, or characteristic system of learning the sphere of a remedy. Such would have made the same prescription in both these cases so widely different. They might have cured one, but they would have surely failed in the other. Here were two children of the same parentage, nearly the same age, suffering from the same "disease." With a pathological basis for the treatment, one might have been cured; but if so, the other would have

as surely been unhelped. But with a symptomological (which includes the pathological) basis for the treatment both are cured; although having the same disease, so-called, they have been cured by different remedies.

These two cases, so much alike in every respect except the symptoms, should serve to impress upon your minds one of the most true and useful facts to the general practitioner in medicine: that you must prescribe for the individual peculiarities of your patient, rather than for the "disease" by its name. What I have said here must not mislead you into undervaluing pathological knowledge. It is not so intended. Correct prescribing is impossible in many cases without a correct diagnosis. But, therapeutically considered, diagnosis becomes a part of symptomatology. The whole is greater than and includes the part; and the whole is imperfect without all its parts. Symptomatology is the whole, and pathology or diagnosis is a necessary part.

CASE 6653. Male, aged thirty. Nasal catarrh. Has been troubled with the disorder for seven or more years. Has tried "everything and every doctor." He "is not an object of charity and wants to pay for his medicine. Has no hope nor faith, and comes here as a dernier resort, and only because his friends desire it. Has tried till he is sick of trying to get well."

He experiences a *pinching pain in the bridge of the nose which is relieved by hard pressing*. Discharge from the nose is small and in lumps; the greater portion, which is tough and ropy, passes down from the posterior nares into the throat, and is hawked up with difficulty and disgust. Takes cold easily. Has used douches and drugs without limit or relief.

Prescribed, October 21, *Kali bichromicum* 3d trituration. This remedy has always served me so well in the low potencies, I have not used it otherwise. So also with *Mercurius*. The *Kali* was indicated chiefly by the symptoms italicized, and on account of the ropy nature of the discharge.

The patient reported November 7, "general improvement" and November 21, he reports "no pain in the nose; discharge from the nares has almost disappeared, and feels generally almost well; better than for seven years."\*

This disease is technically defined as an inflammation, acute or chronic, of the mucous membrane of the air passages, chiefly the nasal. The common method of treating it is with douches, snuff sprays, etc. This is all wrong. Persistent catarrh is more than a simple local inflammation. It is fed and kept up by some constitutional peculiarity; and like any other disease dependent upon such influences must be met and treated according to those characteristics. If it is but a local inflammation, and dependent solely upon atmospheric and climatic conditions, why do not all alike have it? Why do some have it more severely than others? Why do others not have it at all?

CASE 6773. Male, aged twenty-nine. Student. *Catarrh*. Has been

\*This patient was helped so much that he has become a private patient, and is steadily gaining.

troubled with this disagreeable disease as long as he can remember. The discharge is changeable in character, being white, yellow, thick or thin, by turns, and is not particularly offensive. Has dropping into throat from posterior nares of this kind of discharge. Is troubled with lachrymation when studying. When the weather changes, his throat becomes sore. Has a tickling sensation in throat which makes it difficult to talk. *Feet cold and damp, stockings always damp*, even when feet are cold. Some vertigo when raising the head or when rapidly ascending the stairs or a height. This patient also has exhausted every measure within his reach excepting Hahnemann Hospital Clinics, and comes to us with but faint hope.

December 26, *Calcarea carb.* in a high potency was prescribed, suggested by the following very characteristic symptoms; *feet cold and damp; stockings always damp*, even when feet were cold; also vertigo on quickly raising the head or ascending stairs or a height, also the lachrymation. I remember curing a case of occlusion of both lachrymal ducts, with sore eyes, bad cough, etc., with this remedy where the italicized symptoms existed.

This patient reported January 2, one week after commencing the medicine, that he felt no particular change excepting that *his feet were decidedly more dry and warm*, notwithstanding the fact that the weather had been extremely cold. Here again were two cases of the same pathological conditions, where no skill was required for a correct diagnosis; but where no Homœopathic physician who approximated a correct knowledge of his law and how to apply it, could give the same remedy in both cases. The *Kali* was as clearly indicated in the one case as *Calc. carb.* was in the other; and the one would have no more effect in curing the other's case than as much water. Both are frequently indicated in this disorder; as are also *Mercurius* and *Pulsatilla*. But what I want to impress upon your minds is the fact spoken of in connection with the cases of sore throat, that the remedy must be called for by the symptoms of the case. It is not sufficient for you to prescribe for catarrh. Prescribe for a certain patient suffering from catarrh.

CASE 6652. Male aged twenty-nine. Rheumatism of four years standing. This patient presented himself here for the first time October 31. He then had general rheumatism, but the left knee was the especial seat of the trouble. Four years previously the knee had been strained, from which time it has been swollen, stiff and painful. You remember that the joint was very much enlarged, partially flexed, and the limb atrophied to such an extent that in contrast with the enlarged joint, it presented a positive deformity. Such a case as this, of so long standing, and of so much apparently solid and permanent enlargement, would seem to offer but little hope for complete recovery. He complained of great pain in the joint and down the leg along the tibia, much worse at changes of the weather, especially from dry to damp. Worse also at night, especially about midnight, causing him to turn and toss, and change his position frequently to get an easy

position, which would be easy only a little while, necessitating change again, and so on. Pain worse while sitting and when first starting to move; better from gentle motion. He has much trouble coming down stairs, great weakness, and a feeling as if something was going to give way. In short a complete *Rhus tox.* case. The patient had had gonorrhœa about the time the knee was injured, but says he used no local applications in the cure. There is probably a specific complication in this case, as there are in a great many of the protracted and stubborn cases we meet in practice. It is my candid opinion, based upon a good many years of observation in the army, and experience out of it, that there is a specific feeder—gonorrhœal or syphilitic—for a large proportion of these persistent and intractable cases of rheumatism, neuralgia, headache, partial and total paralysis, etc. There should be a law, with a severe penalty attached, and I hope to see the time when such a law will exist, against the stupid, if not criminal practice of conscienceless or brainless doctors, whereby through local, suppressive, astringent applications, these health-weakening poisons are shut up within the system. There is no more fruitful cause of chronic disease inherited and inoculated than this.

It is time all good physicians—physicians in the true sense of the term—did cry out and *work* against such a prostitution of their sacred degree. And I hope no graduate of this Institution will ever be guilty of such a positive sin—crime—against humanity. Every word I say to you I mean. Keep your eyes open and minds unbiased, and a few years' practice and observation will, especially those of you who settle in cities, convince you of the truth and importance of what I say. There is scarcely a week goes by without my practice furnishing at least one further fact in the person of some poor sinner of either the first or the "third and fourth generations," in proof of these sad and outrageous truths.

This case is doubtless such a complication; and, notwithstanding his assertion to the contrary,—he does not seem to be positive,—astringent injections were doubtless used in his treatment four years ago.

Nov. 7, one week from first prescription—*Rhus tox.* 3d and 30th—you remember, and the record on clinic book shows, he reported general improvement, less pain, more rest and sleep, less weakness, and more certainty in coming down stairs, etc.

Nov. 15. "Swelling decreasing; very little pain; sleeps all night; limb and knee very much stronger; marked and general improvement." Placebo. The patient complains now of chills; has had one nearly every day for a week. We will not change the remedy for that symptom. As long as there is so much general and specific improvement, it is never wise to change the remedy. Those incidental symptoms are generally results of nature acting under the stimulus of the curing remedy, and nearly always disappear as the case progresses toward health. This case will serve in a marked degree to substantiate what was said earlier in the lecture in connection with another

case, viz: that no matter how chronic and unpromising a case may seem to be, if it has not arrived at the point where it is unquestionably surgical, the properly-selected Homœopathic remedy is often able to work almost wonders in it. Only select it carefully, in accordance with the totality of the symptoms, stick to it after you have seen evidences that it is at work; and don't confine yourselves to the cruder preparations.

Here was a case of almost ankylosis, apparently, of the knee, of four years' standing—complicated probably with gonorrhœa; apparently permanent contraction of the flexor tendons of the thigh; general constitutional rheumatism and debility; all vastly improved in a few weeks' time; and the patient in a fair way to permanent recovery, under the action of the simple Homœopathic remedy, *Rhus tox.* Such cases are remarkable, not so much so to us who see them in this room every day; but to those who know not the means and can therefore not have the results. They are so remarkable that our Allopathic brethren—learned (to a certain extent) and conscientious (according to their light)—do not believe them; but lay the result to a happen-so, or something else equally logical. Therefore note them well, remember them; and when you go out into practice to meet such trying cases draw on your memory of them—your recollective imagination—for courage and hope to inspire you to perform wonders in the master's name—Hahnemann.

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## Eye and Ear Department.

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### EYE HINTS.

BY F. L. DAVIS, M. D., EVANSVILLE, IND.

Read before the Indiana Institute of Homœopathy, 1878.

George S., having been unsuccessfully treated for sore eyes for a period of four or five months, by two eminent Allopathic physicians (partners) of this city, and the case going on from bad to worse, till it came into my hands for treatment about two months ago, presenting the following appearance: Lids much inflamed; conjunctiva hypertrophied and looking nearly like a piece of scarlet velvet. Corneitis fully developed, already ulcers on the cornea. No pain except what had been produced by the application of irritating substances, previous to my seeing the patient.

Entropion complete, both eyes. Photophobia well marked. I did not promise much, only to give the legitimate Homœopathic treatment in the case. First used the warm compress to hasten and determine the suppurating process. In a few days the ulcers began to abate. However photophobia and entropion continued.

How now shall I overcome the entropion? Not wishing to operate

as instructed by Angell or Stellwag, I resolved to overcome the contraction of the orbicularis palpebrarum muscle, by extension. Took strips of adhesive plaster, applied them to the lids of the eye, then drew them well out from the eye and fastened them to the face at considerable distance from the eye. This promised success but from the almost constant tearing, the strips would come loose. How shall I fasten the bands and keep them from slipping?

Simply by taking nine parts of *Bisulphide of Carbon* and one part of spirits of *Turpentine*, and a small piece of gutta-percha, about the size of a one drachm vial, and putting them into a vial, which in two or three days forms a mucilage or cement, which adheres tenaciously. I then applied some of this cement, to about two inches of one end of the cotton bands, (bands being long enough to go back round the head to meet those of the opposite side, and fasten behind the head). Both eyes being sore, I had four strips, two for each eye, one attached a little above the outer canthus, and passing above the ear. The other attached below the outer canthus over the malar bone, and passing below the ear to meet their fellows on the opposite side. In this way I could apply all the force necessary to overcome the contraction of the muscle referred to.

Kept up the extension in this way eight or ten days before any improvement was manifest except the muscle was more easily extended, and the bands were worn more loosely. And now when we take into consideration the position of the lachrymal glands, it is not strange that the force thus applied would temporarily close the lachrymal ducts, and thus produce considerable puffiness and swelling of the lids, eye, and face generally, which was the case. But in a few days more improvement began. Entropion was cured, and has not shown any symptoms of return.

Photophobia nearly gone, and the boy that had not seen for a month can now read the letters on the street cars, as they pass the dwelling. Vision will be perfect in one eye. The results of keratitis are prominently seen in the other eye. Objects can not be distinguished with it, yet there is evidence that the retina is perfect, and in the course of time the cornea may clear up, as the patient is young. The remedies that have given relief in this case are *Hepar sulph.* 3x, *Sulph.* 3x, and *Calc. carb.* 3x trit. *Calc. carb.* has the preference.

Five years have passed and both eyes are still well, and the boy has full control of both eyes with vision good.

#### FOREIGN BODIES IN THE EYE.

Persons who work in foundries and machine shops, suffer much from foreign bodies in the eye. If the body is only lodged in the eye without wounding the tissue, whether under the lid or not, it is usually easily removed, by turning the lid over, and removing it with an ordinary probe or with the handkerchief. But if the piece of mortar, sand, iron or solid body of whatever kind has penetrated the mucous membrane or superficial tissue of the eye, and become lodged

in it, then a more energetic or thorough management is demanded. Generally I have found the following method satisfactory: To remove the friction in part, and facilitate in removing the body, I drop castor oil in the eye, which so softens the tissues, and sometimes will loosen the adhering substance, that it is easily removed; at any rate, it covers the wound and prevents the irritating effect of the atmosphere, while removing the obstruction. After the operation keep up the oil application for a few days till nature heals the wound. I sometimes apply *Atropia* to obtain a better view of very small objects in the eye. Then apply the oil also.

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## Consultation Department.

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### ARTIFICIAL URETER.

Can you give us some more information in regard to Artificial Ureter mentioned on page five of THE UNITED STATES MEDICAL INVESTIGATOR of January 1st. FRANK T. BURCK.

### BLUE GLASS BOTTLES.

Are medicines kept in blue glass vials and exposed to light (not the direct rays of the sun) any more liable to be injured than when kept in plain or amber glass vials? If so, why? M. R. WAGGONER.

### THANKS FOR COUNSEL.

I wish to extend my thanks to Dr. C. Pearson for his kind response to my queries in October number. Am sorry I did not get it in time to avail of it. The lady received a severe nervous shock, change of all symptoms, and the case has now passed out of my hands. I had thought of trying *Sulphur* high. Am sorry I did not. M. G. M.

### MEASLES AND SCARLET FEVER MIXED.

Can a patient have measles and scarlet fever at one and the same time? And are there any such cases on record? P. H. W.

(The case you refer to is doubtless one of rotheln or rubeola more properly. This disease is as near like a case of mixed measles and scarlet fever as it is possible to get and such cases are on record).

### VARIOUS INQUIRES.

Will some of your doctors write an article on congenital and traumatic (from falls or blows) heart troubles. Also on tracheal hæmorrhage, hæmoptisis, consequent upon low conditions of the system, atmospheric changes, etc., with sound lungs. Also the varieties of



vertigo in nervous and physical debility? Also that produced by coffee? Such papers would be highly interesting to me and many others that I wot of.

REED.

#### CURE OF ENURESIS.

Ellen K., aged thirteen, has suffered for the last eight years from an inability to retain the urine. Her mother informs me that she has wet the bed every night, and herself many times a day during the above period. Prescribed tincture *Equisetum* 3j; *Aqua*, fluid, ʒ viii; mix. I ordered a tablespoonful of this to be given morning and noon, and three drops of the 30x at night. At the end of the second week she was completely cured, and sufficient time has now elapsed for me to pronounce the cure permanent.

G. R. MITCHELL.

#### CURES OF GOITRE. CALC. AND SPONGIA.

I have cured three cases of goitre during the last eighteen months by the use of Gunther's goitre powder. All of these were of comparative recent standing. The action of the remedy was prompt, and no bad effects followed its use. It is now eight months from the date of the last cure, and all of these patients are entirely free from the disease.

I order one grain dose three times a day until the enlargement begins to diminish, then every third or fourth day only. Having experienced these results in the treatment of goitre, I can truly say, the roasted sponge and egg shells is a wonderful remedy. G. R. M.

#### CLIMACTERIC TONGUE.

In November 1st number I reported a case "Hæmaturia or what?" wherein there were no symptoms. Now I have a *contraria* case, lady aged "about" forty-six has raised enlarged papillæ all over the base of the tongue, large as pin heads and larger. It would be utterly useless to attempt to give her symptoms, for I should have to copy Allen's *Materia Medica* one day, Herings another day, and so on, the symptoms are so profuse and varying. The most annoying symptoms are the "Mountains on the tongue," with intolerable dryness, although there is plenty of saliva. Constant swallowing and heat, patient very nervous, and irritable often wishing she were dead, general health usually good, menstruation rather irregular sometimes goes eight or ten weeks. No other uterine trouble, probably having "change of life," feels best when eating. What will cure? do tell me. DR. B.

#### ANSWER TO CONSULTATION CASES IN DECEMBER 1ST NUMBER.

W. T. Knapp's case of rheumatism can probably be cured by *Lilium tig.* 50,000, four powders given three hours apart, then no more medicine for two or three days or longer if any improvement is noticed. But if as he seems to imply, she is a victim to "Ayer's pills," his first move should be to have her throw these "to the dogs," and forget for two weeks that she has bowels, and antidote their mischief the first

week with *Nuz. v.* 50,000, four or five powders three hours apart, then give the *Lilium* as directed and look out for her stomach, diet as particularly as though she had a fever or any other acute disease.

J. W. Vance should give his patient *Petrol.* 50,000, four powders three hours apart, then discontinue all medicine for four or five days at least, or longer if improved, if not, give four powders of the 100,000 in the same way, and nothing else for one week or longer.

F. W. Gordon makes the statement that he has "very little faith" in my prescription of *Thuja* or *Apis* high for abscess of the labia. I did not expect any one who was so ready to go for *Carbolic acid* would be likely to have. The remedies are none the less effective, however.

C. PEARSON.

#### WHAT DISEASE?

No appetite; slight fever; thirsty; bad breath; 91° to 96°. Fourth day; rash, dark red efflorescence, small granular elevations over the entire body; first appearance at the neck; palate, fauces, vivid red; tongue, the borders red; *centre*, dirty white, thickly coated. Enlarged glands of the neck, tonsils lightly coated with white, no headache, pulse, quick, feeble; confined bowels; no canker when white coating removed; (*Baptisia* gargle) leaves a raw, rough, red surface; drink often; vomit; mind wandering nights, crying and yelling; bowels natural tension; urine scanty, dark red, scalding; eruptions burning and itching; crying for milk; day sleepy; day 91° to 95°, night, 95° to 99°. These symptoms characteristic, transient symptoms; rash fourth and part of fifth day; *change*, red, dark red, strawberry, rather purplish, desquamation. Ninth day; epistaxis; recovery; bowels moved only by cathartic agents; anasarcal feet and legs; joints affected.

*Elements*.—Sanguine, encephaloid, bilious, lymphatic temperament. Sanguo-encephalic, (compound). (Triple); sang-encephalic lymphatic. Aged nine, male. Typhoides scarlatinalis diphtheria? What disease?

*Treatment*.—*Bapt.*, *Merc. cyan.*, *Ars.*, *Dig.*, *Apis*. (Water infusion *Pipsis awa*).

J. I. C. MEADE.

#### OBSTINATE HEADACHE.

A lady aged thirty-five, has been troubled with headache for the last twenty years. She is the mother of five children, the last two are twins eight months old. She has taken all kinds of medicine, from the blue mass pill down to the smallest sugar pill. All the relief obtained has been only temporary. Homœopathic treatment once relieved for six weeks. New remedies relieve at first, but soon lose their power to relieve. Came out here, went to the mountains without relief. Came down here again and then was free for about a year. Went east again; there the headache returned. Came out west again; no relief; has suffered ever since—eight years. I have tried different remedies such as *Iris*, *Sanguinaria*, *Ars.*, *Gels.*, without relief. She is beginning to show the effects of her suffering very plainly. Any

suggestions from those who have had experience with such cases will be thankfully received and acknowledged. The headaches are of three kinds, each one excluding the others for the time it exists.

The first and most frequent kind comes on regularly every Friday evening, and continues during the next day, or until something settles the stomach. It commenced with a burning pain in the right temple and eye, followed by nausea and occasional vomiting of a clear, tasteless water; all these symptoms continue until she takes some *Cream of Tartar* which settles the stomach, and the headache ceases. She can sometimes avert the attack by taking the *Cream of Tartar* as soon as she feels the first symptom coming on, but only for a day or so. Cold applications relieve. The second kind is the same, with this difference; that the seat of the pain is in the *left* eye, and no nausea or vomiting; never gets better until something clears the stomach. The third kind is distinguished by a sharp pain through the back part and top of the head. Feels as if it would burst; has cold sweat and chills running all over, is somewhat relieved by tying a bandage around the head very tight.

H. F. WEGONER.

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## Book Department.

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**COUGHS AND THEIR CURE**, with special chapters on consumption and change of climate. BY E. B. SHULDHAM, M. D. Homœopathic Publishing Co. London. 12mo. pp. 260. \$2.00.

Ruddock's mantle seems to have fallen on this author, the able editor of the *Homœopathic World*. He writes in a very pleasant, popular style, and hence this work is not as strictly scientific reading as many works on this subject. The treatment given is elementary, but nevertheless valuable. If more cases of phthisis were treated with the elementary remedies, *Hepar, Calc., Sulphur, Puls.*, etc., as suggested by Jahr we believe the mortality would be greatly lessened.

**MEDICAL CHEMISTRY** including the outlines of Organic and Physiological Chemistry. BY C. G. WHEELER, Professor of Chemistry in the University of Chicago, and in Hahnemann Medical College. Chicago: S. J. Wheeler. 12mo. pp. 424; \$3.00.

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The first part of this work has already appeared under the title of Organic Chemistry. The second part consists of a very careful analysis of animal chemistry. The work is admirably adapted to fill the place of a text-book in our colleges and a book of reference in our libraries.

**CLINICAL BLANKS, BY BUSHROD W. JAMES, M. D. Boericke & Tafel. 75c per 100.**

These blanks are narrow slips of paper, upon one side is a place for the history of the case, while upon the other is a place for the daily record, ruled for date, temperature, pulse, respiration, remedy and remarks. They are very convenient for brief records.

**CLINICAL THERAPEUTICS. Vol. II, No. 1. BY T. S. HOYNE, M. D.. Prof. of Materia Medica, Hahnemann Medical College, etc. Price \$1.00.**

This is Part VI of this valuable work, and contains bedside illustrations of the action of *Natrum carb.*, *Platina*, *Spigelia*, *Stramonium*, *Asafetida*, *Camphor*, *Cicuta*, *Drosera*, *Ipecac*, *Ledum*, *Nux mosch.*, *Ruta*, *Spongia*, *Ammonium carb.*, *Chelidonium*, and part of *Graphites*. It will be seen that this Part contains several cough remedies. It therefore comes very apropos to this "barking" season.

**MANUAL OF THERAPEUTICS. BY R. HUGHES, M. D. Second edition mainly rewritten. London: Leath & Ross. Part II 12mo. pp. 444.**

This is the last part of Hughes' work on Pharmacodynamics and Therapeutics, made up of the lectures he delivers at the London School of Homœopathy. We think he is extra careful to add, "according to the method of Hahnemann." For we believe the master's method of treatment was according to the strictest repertory selection for the totality of the symptoms.

The therapeutics here given include that of authoritative experience from a great variety of sources, including a wide range of observation and practice. A method very flattering to the authors but not always to the law of therapeutics. But notwithstanding students like children must be lead before they can walk alone, and we have no doubt that this work will help many into the higher realms of Homœopathic therapeutics. Many inquiring Allopaths and Eclectics are developing into good and true prescribers, according to the law, through the influence of the first edition of this work.

The diseases are here treated by name, and a few remedies given for each.

**THE HOMŒOPATHIC THERAPEUTICS OF UTERINE AND VAGINAL DISCHARGES.** BY W. EGGERT, M. D. New York and Philadelphia: Boericke & Tafel. 8vo.; pp. 543. \$3.50.

The author says: "The present work is my private repertory." The discharges include menstruation, dysmenorrhœa, menorrhagia, amenorrhœa, abortion and miscarriage, metrorrhagia, flour albus (leucorrhœa), and lochia. The work is modeled after Bell on Diarrhœa, except the materia medica part is omitted. There would have been room enough if smaller type and fewer leads had been used. As it is, the work might have been condensed one-half without loss. Those who make a frequent use of repertories, will find this one convenient and reliable, for it has been compiled with Dr. Eggert's usual care. There are three methods of remedy selection (which by the way, is only one part of therapeutics). 1. By making a record all of the symptoms of a case, and then arranging them under the usual subdivisions, mind, head, etc., and then taking a repertory and looking up one symptom after another, until the one having the majority or totality is ascertained.

2. Another method. Taking the characteristic symptoms, the last appearing, and the prominent or severe, then matching these by the characteristics of a similar remedy.

3. Still another method. Taking the few remedies experience have separated as being the chief ones for a given disease, and from these selecting the one most similar or Homœopathic to the case in hand, and giving it according as experience has proved the best, following it with one or more as the case may demand. It takes a master mind to make these selections, and when once made they should be so labeled and set aside for the benefit of all. It is only a very skillful prescriber that can pick out of the many remedies, the one for the case on hand. To such a one this index of symptoms will prove a great help, but to the inexperienced we fear that it will be a labyrinth.

**DISEASES OF WOMEN.** BY R. LUDLAM, M. D., Prof. of, etc. Fourth Edition. pp. 648; \$5.00. Chicago: Duncan Bros.

The third edition of this very popular work was exhausted some time ago. The author has added new and valuable matter to this edition, greatly increasing its size, and considerably enhancing its value. His method of performing ovariectomy so successfully is here given in detail, and alone is worth the price of the book. The work is substantially bound in leather, and is very creditable to this enterprising publishing house.

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## Materia Medica Department.

### A TEST OF THE EFFICACY OF HIGH DILUTIONS.

BY LEWIS SHERMAN, M. D., BEFORE THE MILWAUKEE ACADEMY OF MEDICINE, NOV. 5, 1878.

There are two ways of determining the curative properties of a drug, viz: First, by observing its effects on the sick; second, by observing its effects on the healthy. The former method, being apparently most simple, natural and direct, has been employed from time immemorial to the present day. The latter method was introduced as a part of a system of medicine about eighty years ago by a now noted German physician.

In regard to the reliability of tests made on the sick, it is important to observe that, *theoretically*, they are very untrustworthy, because no physician is competent to testify in any individual case of sickness in which drugs have been administered, what might have been the result if the drugs had not been administered. The scientific physician does not say, "I gave the drugs A, B, and C, and they cured my patient," but rather, "I gave the drugs A, B, and C, and afterwards found my patient well."

*Practically*, the results obtained by experimenting with drugs on the sick are immense accumulations of disjointed facts, which prove one thing to one observer and another thing to another observer. In millions of instances have various drugs been given to the sick, and in millions of instances the sick have afterward recovered their health. Each experimenter on the sick is prepossessed in favor of certain drugs for the cure of certain diseased conditions, and he readily finds among the millions of recoveries after drugging, a sufficient number of cases to convince him that his favorite remedies are good.

A very ancient medical writer, cotemporary with Hippocrates, learned from his experience and that of his predecessors that *prolapsus uteri* could be cured by fomentations of bad-smelling substances applied to the mouth of the vagina; the flexions of the uterus depending on want of tone could be cured by fomentations with the urine of a man, and that sterility could be cured by the introduction of bruised maggots.

Among the remedies recommended by Galen, whose authority reigned supreme in the medical schools of Europe from the second to the fourteenth century, were bile, sweat, urine, saliva, and excrement of man and various other animals, preparations from vipers, foxes, hyenas, weasels, grasshoppers, earthworms, bugs, and Spanish flies; also, bones, marrow, horns, liver, nails and skin, cobwebs, oysters, eggs, snails, crabs, sponges, etc.

Ancient medical writers gave minute directions for the use of the talismanic word, *Abracadabra*, in the cure of agues and other fevers. The learned Serenus Sammonicus directs that the word be written on paper in the form of a triangle:

A B R A C A D A B R A  
 A B R A C A D A B R  
 A B R A C A D A B  
 A B R A C A D A  
 A B R A C A D  
 A B R A C A  
 A B R A C  
 A B R A  
 A B R  
 A B  
 A

That the paper on which it is written be folded in the form of a cross and suspended from the neck by a strip of linen, so as to rest on the pit of the stomach; that the word be worn in this way for nine days, and then, before sunrise, cast behind the wearer into a stream running east. Other writers directed that the word be frequently repeated by the patient.

Thousands upon thousands of cases of scrofulous eruptions and other cutaneous diseases are reported by the highest official authority to have been cured by the touch of a king. To this day these diseases go by the name of king's evil. These cures have not taken place once only; they have arrived to the status of a national institution. They have not one witness merely, but millions; they have had successive generations of witnesses. Guibert de Nogent speaks as an ocular witness of cures effected in his day by Louis the Fat. Those effected by Louis IX., are mentioned in proper terms in the bull of canonization. Charles VIII., touched and cured many cases of king's evil. These facts have been carefully verified, and the authors who mention them remark that they were not imaginary, because little children were among the cases cured.

As an illustration of the gradual rise in the development of medical science from the time of Hippocrates to the present day, I may mention the treatment of Charles II. of England, in his last illness, by the highest talent the British government could command in the year 1685. The king was bled enormously, his head was shaved, a red-hot iron was applied to the scalp, and a loathsome, volatile oil, distilled from dead men's skulls, was forced between his lips.

Some neophyte in the profession may be inclined to sneer at these prescriptions, but they have stood the test of experiment on the sick, and as a result have gained a place in medical literature.

Twenty-three centuries later than the first-mentioned author, in the age of printed books, medical colleges and doctors of medicine, the pharmacopœias describe and the pharmacies find a ready sale for preparations from cobwebs, spiders, egg-shells, oyster-shells, sponges,

honey-bees, Spanish flies, crabs, bed-bugs, cockroaches, beetles, wasps, earthworms, the preputial secretions of a species of deer, the prepuce of the beaver, the odorous excrescences found on the inside of the leg of the horse, the aromatic liquid emitted by the skunk, cuttle-fish juice, plant lice, parasites which infest the common house-fly, the poisons of snakes and toads, ox-gall, fox-lung, ashes, anthracite coal, charcoal, corn smut, and small-pox scabs. Our periodical literature reports many cures with vaccine virus, serum from itch pustules, the poison of glanders, mad-dog, syphilitic and gonorrhœal virus, dog's milk, skim milk, the first milk of a nursing woman, sugar of milk which has been exposed to direct sunlight, then bottled and labeled "*Sol*," etc.

Several eminent professors in Homœopathic colleges have gravely recommended and practised version of the *fœtus in utero* by administering to the mother *Pulsatilla* in various preparations, from the tincture to the two-hundredth dilution.

At a period within the memory of persons now living, agues were cured by incantations, by the wearing of charms and amulets or by the patient's tying a string around the limb of a tree as many times as he had had chills.

Only a few years ago as we all remember, *experienced* medical men warned against the danger of allowing fever patients to satisfy their thirst with cold water. Now cold drinks are found by *experience* to exert a salutary effect in fevers. Blood-letting has been proved by *experience* to be an indispensable agent in the healing art, and one of almost universal applicability. Again, *experience* has proved that the blood-letting treatment is worse than useless. *Experience* has taught the medical profession that the continued use of large doses of *Mercury* furnishes the best means of eradicating the poison of syphilis and curing fevers, dyspepsia and most mild ailments. Later *experience* has taught that small doses of *Mercury* are better than large ones and that often the patient recovers without any *Mercury*.

I have used the word "*experience*" in the commonly accepted sense, viz: *the accumulated observations of individual physicians on individual cases of disease*. The statistical results of properly conducted experiments have a real scientific value; but experiments on the sick can rarely be performed except in hospitals, where it is possible to divide into two or more classes a large number of patients suffering from a disease which has a somewhat uniform natural course, and to put each of these classes on a different course of treatment, and tabulate the results for study. A few such experiments have been made, and even these have done more to establish truth and eradicate errors in medical practice than all of the ordinary "*experience*" which has accumulated in the whole history of medicine.

The *second* method of determining the curative properties of a drug, viz: by observing its effects on the healthy, involves scarcely any of the chances of error which vitiate the former method. If a drug



appears to produce the same or similar effects on a large proportion of the healthy persons who take it, it is a comparatively safe inference that the drug produced those effects. If ten healthy persons take each a dose of *Morphine*, and within an hour all fall into a stupid sleep, it is a comparatively fair inference that the drug caused the sleep. But, if ten patients suffering from dysentery are dosed with *Morphine* for a week and all regain their health, the fact does not signify that *Morphine* was essential to the cure, or even that the drug was not detrimental in every case.

A difficulty in the second method consists in translating pathogenetic symptoms into therapeutic indications. There is no doubt that there are fixed and ascertainable relations between the effects of any drug on a healthy animal organ or tissue, and the effects of the same drug on a diseased organ or tissue. Whether a medicine be given to remove symptoms like those it produces, or diseased states opposite to those it produces, *its effects on the healthy may guide in its administration to the sick*. If the law, "*Similia similibus curantur*" is of very general applicability, then there can be but little chance of error in using the results of experiments on the healthy as a guide in the selection of remedies for the sick.

Another difficulty is in excluding those symptoms which may occur in a healthy person after taking the drug, but which are not produced by the drug. The importance of great care in this particular is illustrated by Dr. Conrad Wesselhoeft's "*Reproving of Carbo vegetabilis*," published in the *Proceedings of the American Institute of Homœopathy for 1877*.

Hahnemann and many of his followers have made "provings" with the thirtieth centesimal dilutions, and the symptoms observed in the "provers" have been incorporated into our standard works on *materia medica*, in such a way that is difficult if not impossible for a student to determine in reference to many symptoms, whether they were produced by the drug or not. There are men in the profession who claim that pathogenetic as well as therapeutic effects are produced by the thirtieth dilutions, and that provings made with these preparations represent the disease-producing properties of the drugs after which they are named.

In view of the *a priori* improbability of the truth of this claim and of its importance, if true, I propose a scientific test of the pathogenetic and therapeutic action of the thirtieth Hahnemannian dilution. The object of this test is to determine whether, or not, this preparation can produce any medicinal action on the human organism, in health or disease.

A vial of pure sugar pellets, moistened with the thirtieth Hahnemannian dilution of *Aconite*, and nine similar vials, moistened with pure *Alcohol*, so as to make them resemble the test pellets, shall be given to the prover. The vials are to be numbered 1, 2, 3, 4, 5, 6, 7, 8, 9 and 10. The number given to the *Aconite* vial shall be unknown to the prover, and it shall be his task to determine which of the ten vials

contains *Aconite*. These preparations are to be put up with the greatest care, in the presence of the members of the *Milwaukee Academy of Medicine*, and then placed in the hands of an unprejudiced layman of unimpeachable honor, who shall number and dispense the vials as they are called for by the provers.

The provers must be physicians of acknowledged ability, who possess a good knowledge of the recorded symptomatology of *Aconite*, and who have faith in the efficacy of the thirtieth dilution.

If a hundred physicians engage in making the test, and all or nearly all single out the *Aconite* pellets, the inference will be that the thirtieth dilution represents the medicinal properties of *Aconite*.

If only about ten of the hundred succeed in the trial, the inference will be that the thirtieth dilution of *Aconite* possesses no medicinal properties, for, according to the laws of probabilities about one in ten would guess right without making any trial.

Preparation of *Arsenicum album*, *Aurum metallicum*, *Carbo vegetabilis*, *Natrum muriaticum* and *Sulphur* in the thirtieth Hahnemannian dilution, made with the same precautions and care as this of *Aconitum*, shall be used as a test of the *therapeutic* powers of the thirtieth dilutions. In consideration of the inconvenience of experimenting on the sick, arising from popular prejudices, the number of vials of "unmedicated" pellets may be limited to one for each remedy, and the experiments tried mostly in chronic diseases. The real gain to the healing art, which will be accomplished by the establishment of the truth or falsity of the theory of "potentization," will amply compensate for the risk of delaying a few cures.

The experimenters must be physicians of acknowledged ability, who possess a good knowledge of the therapeutic indications of the remedies tried and who profess faith in the efficacy of the thirtieth dilution. If in this trial there be about 100 per cent. of successes, the inference will be that the thirtieth dilutions have curative powers. If there be only fifty per cent. of successes the inference will be that the thirtieth dilutions have no curative powers.

If those who advocate the use of these preparations refuse to participate in the experiment, the profession will have reason to suspect that they are insincere.

If the result of the test should be, to prove that the thirtieth dilution of a drug can make the sick well or the well sick, then it must be acknowledged that in this a great discovery has been made in physics as well as in medicine, and the science and ingenuity of the civilized world will be set at work to find out the useful applications of the discovery.

If the result should be, to prove that the thirtieth dilution has no such powers as it is claimed to have, then the medical profession has a right to demand that the symptoms supposed to have been produced by the thirtieth and higher dilutions be expunged from our *materia medica*, and that advocates of the potentization theory shall henceforth cease to prate their "cures" in medical journals and before

medical societies, which are avowedly devoted to the interests of science.

REPORT OF THE COMMITTEE.

**MR. PRESIDENT:** Your committee have carefully considered the plan proposed in Dr. Lewis Sherman's paper, for testing the efficacy of the thirtieth Hahnemannian dilution, and we are unanimously of the opinion that the test proposed in that paper is fair and honorable, and that the interests of science demand that it should be made.

We recommend.

That our society undertake to carry out the provisions of this test, and that to this end the essential features and the practical details of the test be given for publication as soon as practicable to every regular Homœopathic periodical printed in the English language; and that translations of the same be sent to every known regular Homœopathic periodical printed in foreign languages; and that all other appropriate and accessible means be employed to give the test publicity.

That the directions given by Hahnemann for the preparation of the thirtieth dilution be followed with the most scrupulous exactness; that the alcohol used be of the purest quality obtainable, and to this end, a quantity of the best, so-called "Homœopathic Alcohol" be redistilled in glass for the purposes of this test.

That the Rev. Geo. T. Ladd, of Milwaukee, be selected to number and dispense the vials of test pellets as they are called for by the provers and experimenters; and that he give a solemn pledge that he will not, in any manner, reveal to any person which of the preparations coming from his hands have been medicated with the thirtieth dilution, until he shall have been called upon to do so by this society, and that he will use every means in his power to preserve the purity of the materials entrusted to his care, and to make the test fair and honorable.

That all provers and experimenters be required to send their reports to the secretary, Dr. Albert Schlemilch, before the first day of December, 1879; and that the result be published in full about the first of January, 1880.

And finally, That this society appropriate a sufficient sum of money to defray the expenses of furnishing and delivering the test pellets of *Aconite* to one hundred provers — these being selected from the first who apply — and that the other provers and experimenters be required to pay in advance to the secretary of the society the sum of thirty cents for each set of test pellets sent them.

EUGENE F. STORKE, M. D.,

ROBERT MARTIN, M. D.,

E. M. ROSENKRANS, M. D.,

JULIA FORD, M. D.

Milwaukee, Dec. 3d, 1878.

ALBERT SCHLEMILCH, M. D.,

G. C. MCDERMOTT, M. D.,

O. W. CARLSON, M. D.,

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## Medical News.

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C. W. Pearce, M. D., of Fort Smith, Ark., is so successful in the treatment of pneumonia, so fatal under Allopathy, that a newspaper interviewer seeks to learn the reason. He gives Homœopathy and our whilom chum a grand puff.

If not delivered where will your letters go? 'To the dead letter office, or get lost if you have no return card "on the upper left hand corner."

C. S. Hoag, M. D., has located in Waterbury, Vt. Dr. Hoag graduated in Philadelphia in 1877, and for the past year was in Ward's Island Homœopathic Hospital, New York.

*New York News.* The New York Co. Society did not adopt the proposed amendments to the Constitution (Dec. 1 number). The following officers were elected: Dr. C. E. Blumenthal, president; Dr. W. H. White, vice president; Dr. Arthur T. Hills, secretary; and Dr. E. Carleton Jr., treasurer.

F. F. Quin, M. D., the founder of Homœopathy in England, died Nov. 30, 1878. With a large circle of friends among the nobility, Dr. Q. wielded an immense influence toward the spread of Homœopathy in Great Britain. He founded the Homœopathic Hospital in London, and it is proposed to found and endow a ward to bear his name.

Scarlet fever in New York City is reported nearly epidemic. Old physicians say that when we have severe snow storms, look out for scarlet fever. We have been expecting to hear of such results from the severe storms we have been having. The drift of the storms here have been toward the east. Our physicians in the eastern cities may expect to see this fever in a very severe form.

No more schools. At a meeting of the Northern Michigan Homœopathic Association held at Pierson, Mich., Dec. 4, 1878, the following was unanimously adopted, with instructions to the secretary to forward copies to the medical journals of our school. *Resolved*.—That in the opinion of this society, the interests of the profession in this state are best served by a full and hearty support of the Homœopathic College at Ann Arbor; and that any attempt to establish a Homœopathic college at Grand Rapids, or at any other point in this state would be injurious to the school in the estimation of the public, and of the profession generally.

JAMES TOTTEN, Sec'y.

A. G. Dornberg, M. D., one of the oldest and most highly respected Homœopathic physicians of Minnesota, died at his residence in Mankato, Minn., Dec. 23, 1878. Dr. Dornberg was over seventy years of age, and was one of the pioneer Homœopaths of Minnesota, he having emigrated to that state about twenty-two years ago. He was a man of strict integrity, a wise counsellor, and a firm friend. His personal appearance, as well as his critical, searching mind, bore a striking resemblance to the illustrious founder of Homœopathy. Being a firm believer in the Homœopathic law of cure, he was a strong and faithful adherent to its formula, having been for many years a very successful worker for the advancement of Homœopathy in Minnesota.

His last illness was of short duration, he literally "died in harness," mourned by numerous friends and relatives, who will miss his cheerful salutation and ever thoughtful countenance.

R. K. PAINE.

*Notes from Georgia.* Since I came to Georgia, about a month since, I have spent some time in Atlanta, and in the little town of Norcross, twenty miles from Atlanta, on the Air Line road. I have also visited Seneca City, in South Carolina, and Highlands in North Carolina. All that I have seen and learned, confirms my previously formed opinion of the general salubrity of the country, and of the especially small ratio of consumption.

Some consumptives, on the verge of the grave, who have come to this country, have died, as such will anywhere. But others for whom there was some chance of recovery, have experienced remarkable improvement. At Seneca City I saw a lady whom I examined last fall at Ionia, Michigan, who is making good progress toward health. At Highlands I saw one whom I examined in Chicago last year; and though she has been at Highlands but a short time, she scarcely looks like an invalid. Any letter addressed to me, will find me at Narcross until the first of January, after that at Mt. Airy, Ga.

H. P. GATCHELL.

THE  
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Therapeutical Department.

CLINICAL OBSERVATIONS.

REPORTS FROM THE FIELD OF PRACTICE.

PHOENIX, N. Y., Jan. 2.—Not much sickness in our locality. Some throat disease, no diphtheria yet. I have had two cases of scarlatina, both recovered. These are the only cases in town yet. The medicine men are resting.  
G. SMITH.

PEORIA, Ill., Jan. 13.—The good health of our city is above par, and has been for several weeks past, now, however, we are having a few cases of tonsillitis, bronchitis and pneumonia, which yield readily to indicated remedies.  
J. W. COYNER.

OSCEOLA, Iowa Jan. 21.—Prevailing diseases are: Diseases of the respiratory organs: Croup, bronchitis and pneumonia. Remedies are: *Tartar emetic*, *Kali bich.* *Spongia*, *Aconite*, *Phos. Bryonia* and occasionally some other.  
E. H. WILSON.

MCPHERSON, Kan. Jan. 10.—No prevailing diseases. Three cases of dropsy treated with *Apoc. can.* tincture. Two made a good recovery. One still under treatment. Several recent cases of neuralgia cured, or at least promptly relieved by *Gels.* tincture.  
A. F. WAUGH.

MARSHALLTOWN, Iowa, Jan. 10.—We are now having considerable throat difficulty to manage, of different kinds. Diphtheria, tonsillitis, laryngitis, ulcerated sore throat, etc.

Every number of THE INVESTIGATOR is looked for. I could not do without it.  
G. W. WILLIAMS.

OSAGE, Iowa, Dec. 27.—Prevailing diseases are: Diphtheria, in a mild form, ulcerated sore throat, bronchitis, pneumonia, with the usual coughs, colds, rheumatism, etc., to fill up. Remedies indicated: *Bapt.*, *Ars.*, *Hepar*, *Sulph.* and *Bell.* *Bry.*, *Tartar emetic*, *Ipecac*, *Rhus* and *Puls.*

F. DUNCAN.

GREAT BELT, Pa., Jan. 14.—Prevailing diseases are: Colds, catarrhs, catarrhal-pleuro-pneumonia. All have quick pulse, markedly. May come from much continued high N. W. wind and extreme cold. Remedies used: For colds, *Aconite rad.* 3d mostly if hoarse, and soreness down spinal column, and *Bry.* as a loosening remedy for cough. Catarrhs, *Aconite*, *Sanguinaria* 3d. And for latter, *Aconite* and *Bry.* 3d two doses of first to one of latter.

P. S. DUFF.

FREELANDSVILLE, Ind., Jan. 1879.—Prevailing diseases are: Quartan intermittents. All without exception, come on in afternoon or evening. Many cases of long standing. Pneumonias, typhoid pneumonias, and typhoid fever, rheumatism, etc. Remedies used: For intermittents, *Bryonia alb.*, 3x, *Rhus tox.* 3x, *Bell.* 3x, etc. For pneumonia and typhoid pneumonia, *Aconite*, 2x, *Bryonia* 3x, *Tart. em.*, 3x, *Phos.* 4x. For typhoid fever, *Bell.* 3x, *Bryonia* 3x, *Phos.* 4x, etc. *Nux vom.* 200 never failed me in chronic constipation.

C. H. VIRKE.

ELLSWORTH, Me., Jan. 17.—Considerable sickness here this winter. Phthisis seems to be very prevalent on the coast of Maine. Three-fourths of all diseases here are lung troubles. Typhoid fever, influenzas, and some diphtheria present. For the former, *Bapt.*, *Rhus* and *Hyos.*, and when the patient persisted in *picking nose and lips until raw and bleeding*, *Arum tryph.* worked wonders. I used it in 2x trit. *Guajacum* 1x dil. will remove the severe pleuritic stitches of phthisis, especially when located in region of *third or fourth rib of left side.*

W. M. HAINES.

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### A SANTONINE CASE.

Miss A., a little girl of fourteen, suffered from an attack of diphtheria, so diagnosed by an Allopathic physician. During the second week of the disease a Homœopathic doctor was called. At this time she manifested great fear of death; she was unable to sleep, and the one thought seemed to be constantly occupying her mind; she talked incessantly of dying, and each time her physician visited her she would enquire with considerable anxiety if he thought she would ever get well. For this mental condition *Aconite* was given, which, after the administration for a short time gave great relief from this annoying symptom. *Cimicifuga* and *Digitalis* were also given during the course of the disease, the latter remedy for a violent and tumultuous beating of the heart.

During convalescence the child complained of an almost constant shower of bright sparks before the eyes, accompanied by an occasional brilliant flash of light. Nothing abnormal was observed about the eyes, excepting a more than usual dilatation of the pupils. She also spoke of a choking sensation in the throat, like a lump which she could not swallow. Both of these subjective sensations disappeared inside of two days, under the administration of *Santonine 2x*.

These few notes I write at the request of the attending physician, more particularly to note the effect of the last named remedy.

F. H. FOSTER.

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### CHRONIC FOLLICULAR PHARYNGITIS.

BY J. M. SELFRIDGE, M. D., OAKLAND, CAL.

Read before the Pacific Homœopathic Medical Society of the State of California.

MR. PRESIDENT, LADIES AND GENTLEMEN: I propose on this occasion to offer some thoughts on a disease popularly known as "clergyman's sore throat," but given a variety of names by different writers. Thus "chronic angina," granular or follicular angina," "chronic pharyngitis," "chronic follicular catarrh," and "chronic follicular pharyngitis." Flint calls it "chronic pharyngitis" and says, "the name 'follicular pharyngitis' is inappropriate except as applied to certain cases." To call it "chronic pharyngitis" when the pharyngeal membrane appears most inflamed, and "follicular pharyngitis" when inflammation of the follicles seems to predominate, is to my mind, "making a distinction without a difference." For in the mucous membrane, studded as it is with follicles that secrete the mucus which gives the membrane its name, it is difficult to conceive where there is such a continuity of surface, how the membrane can be inflamed, without the mucous follicles partaking of that inflammation. This view is, I think, pathologically correct. For (as Neimeyer says) "The changes consist in an irregular hyperæmia; \* \* \* in a thickening or hypertrophy which is either *diffuse* or *limited* to undefined spots." \* \* \* Hence, from the partial thickening of the mucous membrane, in which the sub-mucous tissue also participates, the posterior walls of the pharynx acquires a peculiar nodulated appearance; there are numerous round or oval, sometimes confluent prominences "caused I have no doubt and as some authors think, by the disease being principally confined to the vicinity of the mucous glands" and consequently suggests the name I have placed at the commencement of this paper, to wit: Chronic follicular pharyngitis. In California, this disease is more frequently met with along the coast and in the counties bordering on the bay of San Francisco, than in the interior, and for this reason: The "Trade winds" coming as they do across

the ice-cold currents of the Pacific Ocean, carry with them a great deal of chilly moisture which produces more or less congestion of the respiratory mucous surfaces, and consequently, is one of the causes of the nasal catarrhs, and pharyngeal inflammations so frequently met with in this part of the state.

#### SYMPTOMS.

This disease is sometimes the result of an ordinary cold, or may follow an acute attack, but more frequently, it commences with a slight irritation of the throat, the result, in this locality, of the atmospheric conditions mentioned above. This irritation frequently comes and goes, being, in some cases, a number of years arriving to a degree of magnitude sufficient to make the patient feel the necessity of seeking the advice of a physician. Even then, they are not sick, but merely inconvenienced when they attempt to sing or speak in public, having as they do, an almost constant desire to hem and hawk, with a view of clearing the larynx and throat of a small quantity of tough, tenacious mucus which is seldom expectorated, but almost always swallowed. This hemming is almost pathognomonic. You may set down nearly every case having this symptom, without farther investigation, as one of chronic follicular pharyngitis.

In other cases, "there is, in addition to this hemming and hawking, a constant feeling of heat and uneasiness;" sometimes there is a sense of dryness of the whole pharynx, with smarting and rawness referable to the epiglottis. The presence of the "adhesive mucus" above referred to, "always excites hawking" and frequently coughing, although it is generally a dry hack. If these patients sing or read aloud for any length of time, or talk very much, they are apt to become hoarse; the throat feels hot and dry, or there is tickling in the larynx and they are compelled to cough to "clear the throat." In some cases the irritation is so great, that the ordinary scale of eight notes cannot be sung without exciting a cough. On examining the pharynx, the uvula will occasionally be found elongated. The mucous membrane is more or less red, and the capillary vessels, which, in a healthy state are invisible, become apparent. The mucous follicles are swollen to about the size of a bird shot or larger, like grains of wheat. Sometimes they are isolated, but more frequently they occur in patches of a bright scarlet color, while in other cases the whole pharynx has a "granular or mammillated" appearance. This condition occasionally extends up behind the soft palate into the posterior nares. A tough, tenacious mucus can sometimes be seen oozing from them, or their whole surface is covered with it, thus constituting a species of catarrh. This tenacious secretion does not flow as readily as healthy mucus, and, as the vocal organs are not properly lubricated, it, consequently, is one cause of much of the inconvenience of which complaint is made. In some cases a cheesy substance is expectorated from these follicles having an unpleasant odor. Not unfrequently it has been mistaken for tubercle. Most writers, on this subject, seem to think that the



larynx is merely irritated from its proximity to the epiglottis, which is always more or less inflamed. But after observing its symptoms in others, for many years, as well as from personal experience in the disease (having had it myself) I am satisfied the mucous follicles of the larynx become inflamed very early. In fact, the first symptom, in many cases that attracts attention, is the effort to dislodge the tough mucus, not from the pharynx but from the larynx. Thus we have early developed follicular laryngitis, which, according to my observation, is so constant a complication that we might with propriety, call the disease follicular-laryngo-pharyngitis.

It is said "to be much more frequent in males than in females, and to occur less frequent before than after puberty and in middle life." This also does not agree with my observations; for I have found it quite as often in females as in males, and quite as frequent in children under twelve, as in persons of more advanced years. It is more apt to prevail among those who are weakened by a disregard of the laws of health. Hence, we find it more frequently in children who are allowed to eat candy, pastry, sweet meats, greasy and highly seasoned food; and in adults who, from similar causes, are dyspeptic, or who, following some sedentary occupation, spend long, weary hours in the counting room, which perhaps, is badly lighted, poorly ventilated and not infrequently damp and chilly, or the reverse, over heated. It also obtains in those who eat late dinners of rich indigestible food and retire without taking a sufficient amount of proper out of door exercise. The mucus membrane of those who have a scrofulous diathesis, being naturally weak, are thereby rendered more liable to the disease.

#### PROGNOSIS.

The prognosis is unfavorable; not that it ever terminates fatally, or that it necessarily leads to phthisis or bronchitis, although frequently complicated with them; but it is as Flint says, "very long persisting," lasting in some cases many years. Having given the symptoms usually present in this disease, I will now speak of the treatment; and by way of contrast, I propose to give an outline of the *Allopathic* treatment recommended thirty or forty years ago, and also that taught in their standard works of the present day. It is well known with what assurance the *Allopaths* lay claim to being scientific in the practice of their profession. But, "Science is knowledge reduced to order." or as Webster defines it: "In philosophy, a collection of general principles or leading truths relating to any subject, arranged in a systematic order." Practical medicine therefore, to entitle it to be called a science, ought to be founded on leading truths, or laws of nature, so that remedies may be selected for the cure of diseases with some degree of certainty. That *Allopathic* literature contains no such law, a few quotations will demonstrate. Sydenham says, "This at least I am convinced of, viz: that epidemic diseases differ from one another like north and south, and that the remedy which would cure a patient

at the beginning of the year will kill him perhaps at the close. Again, that when once, by good fortune, I have hit upon the true and proper line of practice that this or that fever requires, I find that I can (with the assistance of the Almighty), by taking my aim in the same direction, generally succeed in my results. This lasts until the first form of the epidemic becomes extinct, and until a fresh one sets in. *Then I am again in a quandary*, and am puzzled to think how I can give relief. \* \* \* It is more than I can do to avoid risking the lives of one or two of the first who apply to me as patients."

When Boerhave, the most accomplished and celebrated physician of the eighteenth century, died, he left behind him an elegant volume, the title of which declared that it contained all the secrets of medicine. On opening the volume, every page, except one, was blank. On that one was written, "Keep the head cool, the feet warm, and the bowels open." This he evidently considered to be the sum of medical science at the close of the eighteenth century. Cullen maintained that "a medical practitioner should be guided at the bedside, less by the indications of nature, than by theoretical considerations."

Broussais claimed that all fever is due to the existence of inflammation, either active or latent, in the system. Hence, the scientific sequence (?)—blood-letting. This was a leading remedy in the treatment of disease, when the writer, about twenty-five years ago, came on the stage as a practitioner of medicine.

Now all is changed; so much so, that for years it has been difficult to find a physician sufficiently fossilized to let blood in the good old-fashioned way. This reform is the practical outgrowth of the scientific discoveries of the *immortal Hahnemann*. Allopathists have persistently refused to admit this until recently; when an acknowledgment of it has been wrung out of them by the logic of facts. See page 5, "A Century of American Medicine," where Professor Clark, in a very untruthful and unfair allusion to Homœopathy, uses, however, the following language: "It has modified the therapeutics of the present age by reminding the physician of the limits of his art and of the great part which nature plays in the cure of disease." But the best acknowledgement of it is by Ringer, in his "Hand-book of Therapeutics," where he, so to speak, "Steals the livery of Heaven to serve the devil in." He tells us that *Ipecac* will not only produce, but will also cure certain kinds of vomiting; and so on in regard to other remedies. He thus admits the law of similars, but is not sufficiently honest to acknowledge where he obtained his information.

#### ALLOPATHIC TREATMENT.

After this somewhat lengthy digression, I now come to their treatment. And first on their list of remedies stands blood-letting. Then "active saline cathartics," "refrigerating diaphoretics," "rubefacients," "blisters," "*Croton oil*," "emetics," and when other means fail, "*mercurialization*," and in scrofulous cases, "*Cod liver oil*, or the preparations of *Iodine*." "Locally a strong solution of *Nitrate of Sil-*

ver applied with a probang or the solid stick ;" (see Eberle's or Wood's Practice of Medicine). Aitken recommends, "Tonics, such as *Iron*, *Quinine* and *Strychnine*, and locally a solution of *Nitrate of Silver*, two to four scruples to the ounce of water or creasotic solution." Neimeyer says, this disease "must be very carefully and continuously treated, and in many cases it defies medical skill. In the form which offers the best prognosis, treatment often fails because the patients cannot decide to give up the use of liquor and to smoke less. The best treatment in these cases is the local application of solution of *Nitrate of Silver*, *Alum* or *Tannin*. Internally, the alkaline, muriatic mineral waters have the best reputation, particularly Ems and the sulphur springs."

Flint who is certainly the most enlightened Allopathic writer of our age, says "after considerable experience, I have come to regard topical applications as generally of little or no curative value." But as if unwilling to cut loose from his old moorings, he adds, "In some cases, however, a solution of *Nitrate of Silver*, of *Tannin*, or of *Iodine* appears to be useful in the way of palliations." He recommends the use of "tonics," "the *Iodide of Potassium*," "the *Bromide of Potassium*," and the "*Hydro-chlorate of Ammonia*." Also "the relinquishment of business," travel or rural occupations with proper hygienic management.

Thus we are left by our learned authors, none of whom give us the symptoms that call for a particular tonic, nor when one remedy should be given and another omitted, but as I said, we are left to grope our way with a few unmeaning generalizations, without even one scientific suggestion to aid us in our effort to relieve the sick. On perusing their works, one is filled with astonishment at their hap-hazard statements, and is forced to exclaim—where is the science of such therapeutics

#### HOMŒOPATHIC TREATMENT.

Not so with Homœopathy. The provings of our remedies upon persons in health are the sure and only scientific guides in the selection of the proper remedy when called to treat, not only this but any other disease. It was by these means that Hahnemann was able to "point out the proper treatment for Asiatic cholera, from a description he had read of the disease, before he had seen a case."

In the treatment of the disease under consideration, proper attention to hygienic measures, such as ventilation, bathing, out of door exercise, etc., must not be forgotten. Change of climate or extended travel will, in some cases, be absolutely necessary. Dyspepsia, being a frequent cause, a careful inquiry into the condition of the digestive organs will always be necessary, and in such cases, the diet must be regulated to the extent of excluding all highly seasoned and indigestible articles. The remedies which bear more or less Homœopathic relation to this disease are numerous, but I shall mention but a few of the most important now in use, to which will be added a new one, (the *Wyethia helenoides*) of which, hitherto, nothing has been known.

For a proving of it see p. 348 October 1st number, 1877, of THE UNITED STATES MEDICAL INVESTIGATOR. For the sake of brevity I have arranged the remedies in the form of a repertory.

## REMEDIES.

Uvula and fauces dark red, *Arg. nit.*

Uvula elongated, *Brom.*, *Wyethia.*

Swelling and elongation of the uvula. *Iod.*, *Kali hyd.*

Uvula relaxed, with a sense of a plug in the throat, not relieved by swallowing, *Kali bich.*, *Lach.*

Uvula elongated, fauces purple and swollen, *Lach.*

Thick tenacious mucus, obliging him to hawk, *Arg. nit.* and *Merc. iod.*; mucus cannot be raised by hawking, *Caust.*; mucus in fauces and posterior part of the pharynx, mornings, difficult to hawk up, *Kali carb.*

Rawness, soreness and scraping in the throat, *Arg. nit.*, *Caust.*

Wart-like excrescences in the throat, feel like pointed bodies when swallowing, *Arg. nit.*

Posterior wall of pharynx dark red, glossy, puffed, showing pale red vessels, *Kali bich.*

Burning and dryness of fauces and pharynx, *Arg. nit.*, *Sang.*, *Wyethia.*

Burning in pharynx extending to stomach, *Kali bich.*, *Wyethia*, *Sang.*

Dryness of roof of mouth, fauces and throat, *Bell.*, *Wyethia.*

Throat feels raw and sore, looks red and shining, *Bell.*, *Sang.*

Throat feels constricted as if tied, *Lach.* or *Iod.*

Dryness of the throat posteriorly, *Caust.* *Wyethia.*

Constant hemming to clear the throat, *Wyethia*; of tough phlegm, *Iod.*

Must swallow continually, feels as if the throat was too narrow, *Caust.*

Must swallow on account of the dryness of the throat, yet without affording relief, *Wyethia.*

Throat dry with frequent empty swallowing, *Merc.*, *Iod.*, *Wyethia.*

Salivary glands much swollen, *Merc.*, *Iod.*

Constant urging and desire to swallow, *Bell.*

Increased flow of tough ropy saliva, *Wyethia.*

Dryness in the posterior nares, *Wyethia.*

Sensation as if something was in the nasal passages; an effort to clear them through the throat affords no relief, *Wyethia.*

Difficult deglutition, *Bell.*, *Wyethia.*

Swelling of mucous membrane of fauces and pharynx, *Brom.*, *Wyethia.*

Mucous follicles swollen, giving a granular appearance to pharynx, *Wyethia.* (Clinical.)

Tonsils swollen and inflamed, *Brom.*

Inflammation of the throat with burning pain, *Iod.*

Ulcers on fauces discharging cheesy lumps of offensive smell, *Kali bich.*

*Hawking* of mucus with pain in throat pit, *Caust.*

*Hawkes* copious blue mucus in the morning, *Kali bich.*

*Dry cough* with tickling in the larynx, *Bell.*; in the throat pit, *Sang.*; large quantities of mucus, *Iod.*

*Paroxysms* of cough, brought on by phlegm in the larynx, *Kali carb.*; by fits of passion or laughing, *Arg. nit.*

*Cough* with copious green sputa, *Kali hyd.*

*Cough* with involuntary discharge of urine, *Caust.*

*Internal soreness* of larynx and throat pit, worse in morning, *Arg. nit.*

*Internal soreness* of larynx. painful to touch, *Brom.*

*Hoarseness*, *Arg. nit.*, *Bell.*, *Brom.*, *Kali bich.*

*Hoarseness* with rawness and dryness of larynx, *Lach.*

*Hoarseness*, worse in morning and evening, *Caust.*

*Hoarseness* lasting all day, *Iod.*

*Hoarseness* with pain in chest, *Kali hyd.*

*Chronic laryngitis* of singers, raising the voice causes coughing, *Arg. nit.*

*Dry hacking cough* caused by tickling of epiglottis, *Wyethia* and *Bell.*

## PLEURITIC INFILTRATION AND PNEUMONIC HEPATIZATION.

BY L. H. QUINT, M. D., NEW JERSEY.

Read before the West Jersey Homœopathic Medical Society.

There are two pathological conditions which may give rise to considerable confusion in practice, and are decidedly troublesome to treat.

Dunghison describes infiltration as being "the passage or effusion of a fluid into the areolar of any texture, and particularly of the areolar membrane. The fluid effused is ordinarily the liquor sanguinis, sound or altered. Sometimes blood or pus, fæces or urine. When infiltration of a serous fluid is general, it constitutes anasarca; when local, œdema."

Hepaticization is described as the "conversion into a liver-like substance, applied to the lungs when gorged with effused matters, so that they are no longer pervious to the air — hepatization pulmonum. In such a state they are said to be hepatized." This condition is also divided into two forms, the red, which "characterizes the first stage of consolidation of the lungs in pneumonia," and the gray, which "characterizes the third stage of pneumonia, or the stage of purulent infiltration."

The effusion which accompanies and follows pleuritis begins during the first stage of that disease, and with the special train of symptoms which it produces, constitutes the second stage, or that of liquid

effusion. In this stage the physical conditions may well be termed a dropsy, or, more properly, hydrothorax. If the pleurisy has been severe, the effusion becomes excessive (it may vary from one ounce to several pints) and the fluid accumulating in the sac of the pleura compresses the yielding lung, suspends its functions, displaces the heart, and sometimes distends the thoracic parieties. When the serous fluid is mixed with pus, the disease is termed empyema.

If we listen to the chest in hydrothorax or empyema, we shall find the respiratory murmur diminished, in proportion to the quantity of fluid thrown out; where this is excessive and the lung is compressed backwards—flattened almost against the spinal column—no vesicular breathing at all will be audible over the site of the fluid, but instead we shall hear the air passing into the larger bronchial tubes (bronchial respiration,) while the voice will be also abnormally distinct over the condensed lung, which acts as a conductor of sound (bronchial voice or bronchophony). This bronchophony is sometimes accompanied by a tremulous noise, like the bleating of a goat (*ægophony*). If the lung be completely compressed, so that no air can enter into the bronchial tubes, then no sounds of any kind will be heard, but on the healthy side the respiration will be more distinct than natural (*peurile*). There will also be dullness on percussion all over the affected side, if the pleura be full of fluid; if it be only partially filled, we can judge of the quantity by placing the patient in different attitudes; for since the fluid will gravitate to the most dependent part of the cavity, so it will carry the dull sound with it. The patient will suffer with dyspnoea, which will be greater the more the fluid effused and extent of the lung compressed. The sufferer will not be able to lie on the sound side because of the weight of the dropsical pleura impeding the action of the healthy lung. The side of the chest affected will be found the largest, not forgetting, however, in our measurement, that in most persons the right half is naturally larger (one-half) than the left.

As the symptoms begin to decrease the fluid is gradually absorbed. If the lung be bound down by adhesions, it will not expand in proportion to the absorption of the fluid, but will shrink inwards, and instead of the chest being larger than the sound side, will become smaller.

Professor A. R. Thomas describes the post mortem appearances of pleurisy as follows:

*“Plastic Effusion.*—Soon after the inflammatory process is fully established there will appear upon the surface of the pleura a small quantity of clear fluid, which as it increases in quantity, undergoes coagulation, and thus gradually covers the surface with a jelly-like layer, of variable thickness and honeycomb surface. A thin fluid, of a straw color, will be found oozing from the surface, which is increased as the coagulated membrane is cut or torn. This condition may be extended over the whole surface of both the costal and pulmonary pleura, or may be confined to a limited portion.

*Adhesions.*—The two layers of the pleura being in immediate contact, the consequence of this effusion of coagulated lymph will be an early adhesion of the applied surfaces.

*Serous Effusions.*—While in the majority of cases of pleuritic inflammation we shall find plastic effusions, followed by adhesions of the inflamed with the adjoining surface, in some instances a serous or watery fluid is rapidly poured out, and accumulating in the pleural sac, constitutes hydrothorax, or dropsy of the chest. The fluid in these cases may present a variety of shades of color, from a pinkish or light straw color, to a dark brownish shade. It may be transparent or opaque, and generally will be more or less albuminous. The quantity may vary, from a few ounces to three, four or five pints, or more. When in large quantity, the lung will be found more or less collapsed, shrunken, and pressed against the posterior walls of the chest and spinal column. In the general dropsy attending diseases of the heart, kidneys or liver, effusion may take place into the pleural cavities to such an extent as to give rise to great dyspnoea from compression of the lungs.

In reference to pneumonic hepatization, we find that it is the *result* of the first stage, or that of engorgement. In itself it forms the second stage, the engorgement of the first passing into it, the spongy character of the lungs being lost, becoming hard and solid, resembling the cut surface of the liver—whence its name. If now we practice auscultation, neither the minute crepitation nor the vesicular murmur is any longer perceptible. Bronchophony, however, often exists, more particularly if the inflammation be seated near the upper part, or in the vicinity of the root of the lungs; it is also accompanied by bronchial respiration, these sounds being conducted by the solidified lung. The sound on percussion is dull over the whole of the affected part. The vocal fremitus is increased. During the first stage, the vascularity and engorgement of the lungs are increased, and exudation into the air cells begins, although the air is still capable of entering. There is therefore only a slight impairment of the normal resonance on percussion. The vesicular murmur is at first somewhat altered; it may be feebler and harsher. But soon are heard with each act of inspiration, and *limited to the inspiration*, numerous equally and rapidly evolved, very fine, crackling sounds, the 'crepitant' or vesicular rales. As the exudation becomes firmer, and the tissue of the lung solidified by occlusion of the air cells, the second or stage of red hepatization is before us. Now all the signs of complete consolidation are discerned. We find decided dullness on percussion; blowing respiration in all its purity; high pitched and tubular sounding; increasing dyspnoea; bronchophony, and increased vocal fremitus. Rales from the accompanying bronchitis are heard with extreme distinctness through the solidified tissue, and so are the sounds of the heart. A crepitant rale is still here and there perceptible, or the ear catches a friction sound—a sure sign that inflammation has involved the pleura. When the exudation is absorbed or expectorated, the

signs of consolidation become less and less perfect. A violent bronchial respiration succeeds to the bronchial breathing. The dullness on percussion lessens; crepitant rales, not, however, so fine as at the onset of the affection, and mixed with large moist rales—return; the cough increases; the expectoration becomes more copious, loses its tenacity and rusty color; the dyspnoea diminishes—all the phenomena, in fact, indicative of the breaking up of the exudation and return of air into the vesicles. If, instead, the exudation be converted extensively into pus, and the lungs soften, we have the third stage, or 'gray hepatization,' with the same physical signs as the second stage. We suspect the mischief going on in the lungs from the protracted dyspnoea, the increasing rapidity of the pulse, the purulent or brownish sputa, the pinched features, the dry tongue and mental wandering.

This third stage is, indeed, not so much an abrupt, suddenly established process, as it is the extension and greater diffusion of a state that may be found in portions of the lung, which, to the eye, have all the appearance of red hepatization. The microscope shows in all cases of red hepatization that the tissue is infiltrated with granules and undergoing softening, and it is probable that this breaking down occurs, even though on a small scale, in all cases of pneumonia which recover. A case of complete gray hepatization is very rare.

It is often very difficult, or even impossible to fix the limits of the second stage and determine that the third stage has commenced. Death frequently occurs long before the third stage has arrived, and it is a great mistake to suppose that a case cannot end fatally until gray hepatization has become established.

Resolution of a hepatized lung, consists in the gradual softening of the effused substances within the smaller bronchial tubes and air cells, and the discharge of the same by cough and expectoration. Inflammation may extend to complete hepatization in the lower lobe, while the middle is merely congested, and the upper quite healthy.

Prof. Thomas again furnishes our post mortem. He says, "pneumonia or inflammations of the lungs may affect both the air cells, when the latter become filled with fibrinous exudations, and the connective areolar tissue, which then become increased in quantity. The following characters present themselves, corresponding to the three recognized stages of the disease: First, congestion; second, red hepatization; third, gray hepatization or softening.

*Congestion.*—From the peculiar structure of the lungs, in connection with the free circulation through the same, these organs are peculiarly liable to several forms of congestion. When cut, the lung tissue is found to be firmer, will sink in water, is loaded with blood, and upon pressure much bloody serum escapes, while the divided bronchial tubes will be found filled with frothy mucus.

*Red hepatization.*—This condition of the lungs soon follows that of congestion. The change is a gradual one, and is first marked by an effusion of serum and coagulable lymph into the connective tissue and air-cells, thus rendering the lungs more solid, while as the change





becomes complete, the blood itself, which had during the congestive stage been confined to the vessels is now found extravasated into the interstices of the tissues. The portion of the lung thus affected is not only of a dark red or violet color, but solid, firm, does not crepitate, sinks when thrown into the water, and when cut and washed, the section shows patches of a rough, granular aspect, totally different from that of healthy lung tissue. The pleura in this condition may be wholly unchanged, even though the solidification may have been of long standing.

Gray hepatization, which characterizes the third stage of pneumonia, is known by the lung presenting a firm, semi-solid, inelastic, and more or less incompressible character. Failing to collapse the lung is found more or less completely filling the chest. The pleura will generally present evidences of inflammation in the presence of patches of lymph and more or less points of adhesion. The upper lobe may be soft and compressible, while the lower is solid from hepatization. When divided with the knife, the substance is found of a gray, red, or dirty yellow color; compact, but friable and easily broken down with the fingers, while the smaller bronchial tubes are filled with fibrous plugs. Bloody, purulent matter, with much turbid serous fluid, will ooze from the cut surfaces. Pus globules will be detected in the escaping fluids by a microscopic examination.

Between the two forms of disease above described, there are many points of similarity, sufficient even, in some cases to be mistaken each for the other. Both are affections occasioning dyspnoea; both are, in a majority of cases, one-sided; both present, in their advanced stages, dullness on percussion. But the dullness in pneumonia is far less absolute than in pleurisy; nor do we, save in rare instances, meet with tympanitic or amphoric percussion sound in pneumonia, while in pleurisy it is far from unusual above the level of the fluid. The absence of respiration, of vocal resonance and of thrill in pleurisy are in striking contrast, however, with the loud blowing respiration, the strong chest-voice, and increased vocal thrill of pneumonia. There are exceptional cases of pleuritic effusion, in which the bronchial breathing is heard all over one side of the chest, especially if pneumonia consolidation accompany the effusion. But in simple compression of the lung, and where the collection of liquid is not extensive, bronchial respiration may be perceived. In such cases where the effusion is great, and in which the lung tissue is compressed around the bronchial tubes, without encroaching on them, the difficulty of distinguishing from pneumonia is great. As aids in diagnosis, we seek for the dilatation of the chest; we note peculiarities of the breathing, which, although blowing, is mostly fainter than, and unlike the high-pitched brazen respiration of pneumonia; we observe that the voice is strong and ringing, and has, perhaps, a bleating tone; and we take into account the appearance of the sputum and the character of the fever.

In reference to the treatment of these conditions I have referred

hastily to the remedies that seem directly applicable to the absorption of the products of the inflammatory process, leaving the symptomatology to your own knowledge of the *materia medica*.

For the pleuritic effusion we have the following :

*Bryonia*.—Whether this remedy acts directly upon the exudation and hastens its absorption, may be questioned; it is well established, however, that under its influence the exudation scarcely ever progresses, and that the pains rapidly subside. It is very appropriate in the severer forms of a purely plastic pleuritis; in the first stage of the sero-plastic form it is the main remedy. If the exudation becomes purulent, the use of *Bryonia* is more questionable. It seems less indicated, also, the more copious the exudation. Its sphere of action ceases if the inflammatory process is arrested and the effusion neither increases nor is reabsorbed. (*Sulph.* would here be the remedy.)

*Arnica*.—The excellent effect of *Arnica* in certain kinds of exudation is likewise verified in pleuritis, if the exudation is rather serous than plastic, or is copiously mixed with blood. In purulent pleuritis we should scarcely ever think of this remedy. *Old* exudations are *not* acted on by *Arnica* as positively as exudations of recent origin.

*Digitalis* renders excellent service in pleuritis serosa, where it is really in its place. In the Old School practice it is administered for its effect in controlling fever, but its use is followed by such good results on the effusion that it should not be overlooked by us when treating that condition. If the pleurisy start from a rheumatic origin, next to *Bryonia* no remedy seems better indicated.

*Hepar* is a remedy which, although not much employed in pleuritis, ought to render excellent service. If the effusion is rather of a plastic nature, and if the disease has lasted some time, or if a slow, lentescent course is to be apprehended from the commencement of the attack, I know of no better remedy than *Hepar*. Under its use, copious exudations, which had already existed for a long time, have disappeared in a comparatively and incredibly short period of time, and under such circumstances, it always has some influence over the exudation. A complication with pericarditis or bronchitis even more requires its use. If the exudation is rather more serous, *Hepar* is of little use. Empyema, provided it is not too old, like all suppurative processes, is, above all, calculated to substantiate its favorable action. The evident passage from the sero-plastic to the purulent form especially indicates *Hepar*.

*Squilla*.—A claim for notice of this remedy may be based on its expectorant qualities, as used by the "regular" practice. By them it is highly extolled in all forms of dropsies, as promoting absorption. It seems more particularly adapted to pleuro-pneumonia, and is more especially indicated by a copious exudation of serum, and even in serous pleuritis, where the curative action manifests itself by a proper diuresis.

*Mercurius*.—The sphere of this remedy in pleuritis (and also in pneumonia) is when the exudation inclines from the start to change to

pus, or if this tendency is imparted to it at a later period, without, however, a special tendency to decomposition manifesting itself along with it. In pleuro-pneumonia, if the exudation is somewhat copious, *Merc.* is one of the best remedies.

*Helleborus*, judging by its influence over the dropsies, especially that following scarlet fever, ought to be a prominent remedy in pleurisy for the copious serous exudations.

*Arsenic*, in the same way, may be of use, not so much from its direct applicability to pleurisy as from its value in general œdematous conditions, its exhibition being determined by the general rather than the local symptoms.

*Sulphur* seems adapted to every form of pleuritic effusion, except, perhaps, an exudation depending on septicæmia, because it is more capable of stimulating the absorption of the plastic exudation than any other remedy. In some cases, where the exudations are more copious, even the serous, a thick, plastic deposit very often lines the surface of the pleura, causing almost without an exception, adhesions of the boundary lines of the inflammation, and enclosing the fluid, as it were, in a capsule. This newly formed capsule is undoubtedly a preventive to the absorption of the fluid, and hence we see an exudation continue for weeks without change. You may here expect a great deal from *Sulphur*, which will materially hasten the absorption of the plastic exudation, after which the serous will also rapidly disappear.

*Iodine*, among the Old School, has been used externally, to bring about reabsorption of the pleuritic effusions, and has been so successful in a number of cases, that we may be able, with proper attention to its general effects and its influence on single organs and glands, to include this remedy as one of the valuable ones in testing these effusions.

*Lycopodium*, *Aurum*, *Carbo veg.*, and *Apocynum cannabin.* may be found very useful in treating these effusions on the principles of general dropsies.

For the pneumonic form, the treatment, may be briefly summed up as follows, beginning at the second stage:

*Bryonia*, is here the most essential remedy as long as the course of the disease remains normal and no exceptional changes set in; it likewise corresponds to the very common but slight co-existing hyperæmia of the liver. If, side by side with the infiltration, the congestion continues as collateral hyperæmia, *Aconite* is in its place; in such cases alternation may be advisable.

*Sulphur* becomes the most important remedy, if the re-absorption delays without the general symptoms changing alarmingly worse.

*Phosphorus* should be given at once, if the symptoms assume a typhoid character. In a few cases of this character,

*Rhus tox.* may be indicated by the cerebral symptoms of this drug.

*Tartar emetic* requires to be given, if the resolution of the infiltration takes place very speedily, but the re-absorption is very slow, and hence

it becomes necessary to promote expectoration. If any one should be called upon at this stage to treat a pneumonia that had been managed with sanguinous depletions, *Phos.*, *Sulphur*, and *China*, will be found the most useful.

In the third stage, *Phosphorus* is commonly useful only at the commencement, and here competes with *Mercury*. *Phos.* and perhaps also *Merc.* are counter-indicated by excessive prostration. The last named drug may come into play, if the disease exist in dyscrasic, especially scrofulous, individuals. If the suppurative process goes on without any marked febrile symptoms, assuming rather the form of a slowly progressing hectic condition entirely confined to the lungs, *Sulphur* is often calculated to bring about a favorable termination; *Hepar* however may deserve more confidence in this condition. *Iodine* may likewise be prescribed under such circumstances with great propriety. If purulent dissolution takes place, and the whole organism seems to be affected by this change in a threatening manner, *China* deserves first consideration, next to which may be compared *Lyc.*, *Sep.*, *Sil.*

Pulmonary abscess, whether acute or chronic, requires the above-mentioned remedies, *Carbo veg.* and *Cuprum* may also be indicated in chronic abscess. Gangrene is a dangerous change, and a cure can hardly be expected. *Carbo veg.*, *Ars.*, and perhaps *Lyc.* are probably the only remedies to hope for any good from.

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#### ARUM THROAT.

CASE. Early this month, I had under my care, a patient with the following symptoms: Sore throat, slightly feverish, mucous membrane slightly excoriated; discharge of burning fluid from nose; nose stopped up; hoarseness of voice. Now instead of prescribing *Aconite* and *Bell.* low, as is my habit, I found a remedy better indicated, and comparatively new and little used around here. I held on to it until a good and quick cure was performed. A colleague of mine, an old physician, had never used the remedy in all his experience. I think in throat troubles *Bell.*, and *Merc.* are too often substituted in place of the remedy that I used, which was *Arum tryphyllum* 30th.

THOS. A. CAPEN.

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#### MELILOTUS EMPERICAL.

An aged lady being quite deaf, was directed to simmer fresh melilotus leaves in hen oil and drop it in the ears, and did so, and eventually recovered her hearing. Was it by the oil softening a thickened and hardened tympanum or hardened ear wax, or from a peculiar action of the melilotus upon the nerve of hearing, as it is claimed to have in sick headache? It is worthy of further observation. It is

remarkably healthy here, and warm for this season of the year, though stormy—never such a fall of snow, and windy. After suffering from sciatica eight or nine months permanent relief from *Palladium* 30 cent. and 200, by the single guiding symptom, rheumatism *right lower limb*. *Nux* and *Rhus* covered the symptoms more than any others, but were not sufficient. Had tried about everything else.

SYMPTOMS.

Darting pains from the toes to the hip, or from the trochanter to the hollow of the knee. *Nux*. Sciatica, right side, dull aching pain, worse towards night and in the evening, in the cold, and from motion; better from warmth and rest.

D. S. K.

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## Materia Medica Department.

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### *ARUM DRACONTIUM.*

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

During the last few years many inquiries have been made, both by letters addressed to me and through the medium of our journals, concerning the whereabouts of the provings of *Arum dracontium*. These inquiries were doubtless all prompted by the reference to that remedy in Dr. Hart's Repertory to the Symptomatology of New Remedies.

I will give in a few words the history of the proving. It was proven by Dr. C. P. Hart, of Wyoming, Ohio, and was published in the *American Homœopathic Observer* of the year 1875. Dr. Hart was forty-six years of age, and seemed quite susceptible to the effects of the drug, although he states that he "never before had any laryngeal, bronchial, or pulmonary disorders." This proving was not incorporated into Allen's Encyclopædia of Materia Medica because the *first* volume of that work was published the year *before* the proving was published. Dr. Hart's proving of this species of *Arum* is an excellent one. It brings out some of the finer, as well as the general characteristics of the remedy. The *Arum dracontium* is the only other species besides the *Arum tryphyllum* and *Arum quinatum* in the United States. All the family of *Araceæ* possess similar acrid, poisonous principles, but it is one of the mysterious works of the Great Designer that this virulent poison is enveloped in one of the purest and most innocuous vehicles known—namely *Arrow root*. Much of the *Arrow root* of commerce is made by separating it from the acrid principle in the roots of mem-

bers of this family. It is interesting to note the resemblance in pathogenetic effect between the various species of *Araceæ*. The symptoms of the three *Arums* are very similar. Dr. Hart's proving has developed also a marked resemblance between the *Arum dracontium* and *Caladium* (*Arum sequinum*). Both cause pruritus of the sexual organs and incompetency. Both cause urticaria and other eruptions, probably neurotic, as Dr. Hart suggests. Both cause laryngitis of an aggravated character, and both have cured all the above conditions.

A near relative of the *Arum*, the *Symplocarpus* (*Skunk cabbage*), ought to be proven; also the *Alisma plantago*. We should then have a group of remedies that would do us good service in the diseases of the respiratory organs.

Dr. Hart theoretically recommended it for *laryngeal diseases*, especially for those of a sub-acute or chronic character. He gave but a few clinical verifications; but they were very suggestive. One case was "asthmatic attacks at night, from a cold, which had resisted *Lobelia* and *Tart. em.* A few doses of the *Arum d.* 1x trit. arrested the paroxysm. Another case: "A child three years old; hoarse, *croupy cough*, with sore throat, rattling, laryngeal respiration, and considerable swelling of the air-passages, threatening suffocation. A dose of the 3x ameliorated in twenty minutes, and after three doses the child slept quietly till morning." Since these cases were published, Dr. Hart and others, with myself, have frequently verified these clinical observations." Dr. Hart says it cured him of a "chronic *pruritus scroti* of twelve years' standing. This reminds us of the action both pathogenetic and curative, of *Caladium*. It may prove a very valuable ear-remedy.

#### SYMPTOMATOLOGY OF ARUM DRACONTIUM. (Green Dragon.)

*Analogues.*—*Arum triphyllum*, *Arum maculatum*, *Arum italicum*, *Ailantus*, *Argentum nit.*, *Belladonna*, *Causticum*, *Carbo veg.*, *Eryngium*, *Hepar sulph.*, *Iodine*, *Kali bich.*, *Nitric acid*, *Merc. iod.*, *Phosphorus*, *Phytolacca*, *Rhus vernex*, *Sticta*, *Sulphur*, *Sanguinaria*, *Spongia*, *Wyethii*.

*Head and Neck.*—Shooting pains in the left anterior inferior triangle of the neck near the clavicle. Head feels heavy and aches slightly in occipital and right parietal regions.

*Eyes.*—Aching pain over the left eye; pain transient; conjunctiva highly injected. Eyelids dry, stiff and slightly agglutinated at their edges, which burn and smart. Heat, dryness and smarting of the eyelids.

*Ears.*—At 8 A. M. in morning shooting pains in the right ear; they are transient but frequent, and leave a *feeling of fullness and slight aching in middle ear*; (next day changed to left ear, same symptoms except no shooting pains; feeling of warmth and fullness in left middle ear); next day is again in right ear; left ear normal. A feeling of warmth and fullness in the ears, sometimes in one and sometimes in the other; seldom in both at once; aching pain behind right ear; shooting pains in the right ear, sometimes very severe; deep shooting pains in right

ear occurring frequently and continuing sometimes for ten or fifteen minutes; the ear pains are still more persistent; occasional shooting pains in left ear; accumulation of mucus in the left Eustachian tube. (See throat sym.)

*Nose.*—Eruption of pimples, a species of lichen on the nose.

*Mouth and Fauces.*—In five minutes felt a peculiar *acid sensation in mouth and throat*. Disposition to swallow arising from excess of mucus in throat; a slight uneasiness in throat and disposition to cough; slight soreness of muscles of throat; excess of mucus in throat; loose cough with dry soreness of the throat closely simulating a mild attack of catarrhal angina—most marked during the act of deglutition. \*There is a feeling of *dryness and smarting in the throat*, a feeling of *rawness*, with a sense of *fullness*, not really painful, but sufficiently annoying to attract constant attention. \**Hawking*; \**hoarseness*; expectorated a quantity of thick mucus produce a *continual disposition to clear the throat by swallowing and coughing*. \**Throat raw and tender*.

Aphthous ulcer appeared on the tongue, and on the following day (seventeenth of proving) the mouth and throat became so sore that the proving had to be discontinued. For the week following was troubled with an annoying cough and rattling of mucus; worse at night lying down. One week later recommenced the proving, causing \**constant rawness of the throat, constant coughing*, with mucus in the morning; bad taste in the mouth; tongue and mouth coated with a foul, slimy mucus having a putrid taste. Expectoration consisting of thick, heavy, yellowish white pus (?); continuation of violent cough; rawness of throat and purulent expectoration.

*Larynx.*—Rattling of mucus in the larynx at every full *expiration*, which disappears in the morning. Accumulation of mucus in throat, the raising of which by coughing produces a rattling of mucus in larynx. Excess of mucus in larynx, (see throat); increased \**soreness of the larynx*, and great disposition to cough. \**About midnight great oppression of breathing*, soon passing off leaving considerable rattling of mucus in the larynx and upper part of the trachea. Rattling of mucus in the larynx during expiration. but which ceased on rising except when the expirations were prolonged by voluntary effort. \**Paroxysms of dyspnoea would sometimes occur with much aching in the chest* always associated with a considerable secretion of mucus in the larynx and trachea. Much rattling of mucus in the larynx and an *annoying cough*. Cough from laryngeal irritation, worse at night and when lying down. *Expectoration of thick, heavy, yellowish-white pus from larynx in large quantities*. Very much annoyed by the gravity and persistence of laryngeal symptoms; its influence is deep seated and permanent on the larynx. (Hart.)

*Croupy cough with hoarseness and rawness of the throat*—during an epidemic influenza. (Hale.)

*Stomach.*—Eructation of flatus from the stomach, tasting of the medicine. Pain in the bowels, caused by incarceration of flatus; escape of flatus from stomach and bowels; sinking feeling at the pit of the

stomach; copious semi-liquid stool, with much flatus; bilious passages from the bowels, attended with aching in the abdomen and burning in the rectum; twenty-four hours later, a bilious diarrhœa, borborygmus, and the escape of much flatus from the bowels.

*Urinary.*—Irresistible desire to pass urine, which is diminished in quantity, very highly colored, and has a burning or smarting effect on the urethra. (Primary.) Second day, frequent, copious emissions of limpid urine; inclination to urinate every hour or so during the day; urine increased to four or five times the normal amount; tenderness and slight smarting or burning of the orifice of the urethra, especially during micturation. (Secondary.)

*Sexual.*—During the proving a great diminution, and most of the time an entire absence of the sexual desire; penis flaccid and relaxed. This condition of generative organs continued for a long time afterwards. Fine shooting pains in the course of the left spermatic cord. Chronic pruritus scroti.

*Respiratory Organs.*—Retired to bed and slept well the first part of night, but *awoke about midnight with great oppression of breathing, a kind of asthmatic attack*, which, however, soon passed off. Great languor and depression of spirits; dull, heavy aching in head and chest. *\*Paroxysms of dyspnœa* would sometimes occur, with much aching in the chest, and always associated with a considerable secretion of mucus in the larynx and trachea.

On the nineteenth day of proving, a full dose produced a violent *asthmatic attack at night*, and lighter one on each succeeding night, for about a week, when they left me altogether.

*Pulse.*—80, full, hard, and somewhat jerking, which soon becomes small and irregular; artery seems to roll under the finger, and requires considerable pressure in order to be correctly counted. Later, the pulse becomes moderately full and more regular. The pulse continues full, soft and regular. On third day after taking a large dose, pulse became feeble, 84—small, and somewhat irregular.

*Heart.*—Five minutes after taking a dose the heart beat so violently as to shake the walls of the chest, (reflex symptom—Hale) slight aching pain in præcordial region and down the left arm, flushing of hands and face, and increased heart's action.

*Back.*—Aching along the spine, particularly between the shoulder blades and in the lumbar region; great weakness across the loins; feeling of extreme prostration. The last-mentioned symptoms continued to increase until the exhaustion became so great that I had to retire early.

*Extremities.*—Tingling, or slight stinging sensation in the fingers, as when circulation is impeded; fine tingling sensation all over the right hand, which is warmer and redder than the left, and appears somewhat swollen; aching pain in the left forearm, left hand, and right humerus; tingling or slight stinging sensation in the toes, as when circulation is impeded; sharp, shooting pains at the styloid process of the right ulna; right hand remains somewhat red and



swollen. Fine tingling or pricking sensation in the hands and feet, especially the right. Shooting pain down the right thigh. Fine pricking or tingling sensation in the feet and hands, beginning in right foot, and afterwards affecting in regular succession the right hand, left foot and left hand. Occasional shooting pains have occurred during the same time, in the following order: right malar region, right external malleolus, thenar sinmeael of right thumb, left malar region; occasional shooting and aching pains along the right humerus and right thumb. Slight aching pain in the præcordial region and down the left arm. Aching pain along the outer aspect of the left foot, immediately followed by a similar pain in the corresponding part of left hand; shooting and aching pains in the brachial plexus of nerves. Sharp shooting pains at the styloid process of right ulna. Preternatural heat in the palms of the hands; burning of the soles of the feet.

[NOTE.—Dr. Hale solicits all physicians interested in developing our materia medica, to test this remedy in the 3x or 6x attenuations, and report for publication in THE INVESTIGATOR, the results of its use, in order to verify Dr. Hart's symptoms, and get additional clinical experience.]

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## ON ELECTRICITY.

BY N. F. COOKE, M. D., CHICAGO.

Read before the Illinois State Homœopathic Medical Association.

As chairman for the last two years of your committee on electricity, it may be expected that I should produce an elaborate paper upon this subject. Those of my fellow members who are aware that I have been in the *daily* habit of applying this mysterious agent therapeutically for more than four years, and that my clinical use of it may be justly claimed as extending over a period of quarter of a century, may well be surprised at the statement that I cannot produce a scientific treatise upon a subject. Humiliating as is this confession, it is yet one which candor compels me to make, and I feel that justice to this Association requires it. It were an easy task to present an elaborate essay upon the methods of generating, the kinds and qualities, the usual methods of application and the guess-work *modus operandi* of the subtle current. But such a task, however well performed would be after all but a mere compilation, a rehash of what my learned brethren already know as well or better than I.

But he is alone worthy of occupying the attention of this Association who can present for its consideration something original as well as scientific. At least he should offer something new! Scientific accuracy should be aimed at, if not attained. Theorization may be pretty, may be even interesting, but it is pretty sure to be ephemeral. We witness the spectacle every year of those who "talk for the sake

of talking," and whose ephemeral speculations, profound and learned perhaps to-day, are sterile and ridiculous to-morrow.

I might report new *results*. I might speak of facts accomplished. But the most encouraging therapeutic effects in a given case are almost sure to be discredited by ignominious failure in its precisely analogous successor.

A case of infantile paralysis has its atrophy arrested, its nutrition restored, its devitalized muscles set in motion, its whole aspect changed as by the wand of the wizard, while the most persistent use of the most approved methods in another case will bring but bitter disappointment and chagrin.

A case of *tic douloureux* (nerve fifth pair) of five years standing may be "treated by electricity" persistently and intelligently for two years by one physician with no results and yield swiftly and kindly to the same agent applied by another, (placebo.) One feels sometimes as though electricity were the *ignis fatuus* which leads him on ever encouraging and ever disappointing. The sum and substance of my own observations may be briefly stated.

1. The therapeutic use of electricity is exceedingly limited in its range, but a small class of cases affording an inducement for a trial. Its employment must be always tentative and cautious. (Distinguished brain case.)

2. Ordinary portable batteries are of little or no value, and serve simply to retard the progress of electricity by destroying confidence in its curative properties.

3. Quantity rather than intensity should be sought—Dr. Tooker said steam fire engine, etc.

4. Electric baths, electric vapor, etc., are misnomers. Electric sponge, electric cords, electric wire, electric anything, (explain). Patients may be trusted ordinarily to do their own washing, etc.

5. Except in electrolysis—electric cautery, etc., (which we are not considering in this connection) it is unwise, improper, and often highly dangerous to employ a force or intensity sufficient to produce *pain* in its application.

6. Certain points and regions of the surfaces are *normally* sensitive to the current, and without a careful study and familiarity with these points of normal sensibility it is impossible to use the current for diagnostic purposes so far as sensibility is concerned.

7. While the chemical generation of electricity results in the same agents whatever the materials employed, the different currents as galvanic, faradic, etc., are widely different in their effects.

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#### VERIFICATION OF CONIUM.

CASE I. Mrs. A., aged twenty-five years has borne three children. Called to see her November 27, 1878, 7 P. M. Found her in bed in great pain, from a tumor the size of a goose egg, of stony hardness

in the right breast, and of seven weeks growth under regular treatment. Caused by injury from a corset when babe was about four weeks old. *Bell.* 3d every hour. Called next day. Patient had passed comfortable night and pain was much less. *Conium* 3d every two hours and applied locally three times daily, one drop tincture to ten of water. Patient steadily improved, and in three weeks the induration was wholly gone, and breast normal, with no suppuration or discharge of any kind. When I was called the patient could not sit, or stand because of the weight and pain, and could only lie on the back with the breast supported by the hand. In three days she was up and about, and fully recovered, as above stated, in three weeks.

BOWLING GREEN, Ohio.

C. H. HAYNES.

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## Children's Department.

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### CHOREA—*ST. VITUS' DANCE*.

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 St. Louis Society of Homœopathic Physicians and Surgeons.

The disease in question is a so-called nervous disease, and manifests itself in clonic spasms of one or a group of muscles, or, in extreme cases, the entire voluntary muscular system may be involved.

#### SYMPTOMS.

It is characterized by jerkings, twitchings, and other inco-ordinate movements of the voluntary muscles—such movements being ordinarily, beyond the control of the will. The movements are generally continuous, but sometimes paroxysmal, and are aggravated by mental emotions, anxiety, fear, apprehension, anger, fatigue. The twitchings subside during sleep. When the disease is slight, the twitchings are principally observed about the face, neck or upper extremity. The left side is oftener affected than the right, and when the whole side is involved the disease is known as

#### HEMI-CHOREA.

From the work\* of an eminent author I extract the following as illustrating several varieties of this disease: "In one type of cases, the convulsive movements come on paroxysmally, and are often of the most astonishing character. The patient is, perhaps, lying quietly on the bed, when suddenly the head is thrown backwards, the limbs set in involuntary motion, and the muscles of the limbs contract so violently as to throw the sufferer forcibly to the floor. Again, a series of

\* Diseases of the Nervous System.—Hammond.

gyratory motions ensue, and the patient turns around on one foot until complete exhaustion follows; or there may be leaps and contortions of various kinds. Sometimes the movements are rythmical. A lady who a short time since was under my charge was suddenly seized with an irresistible impulse to bend the left elbow. The arm continued in motion for half an hour, and then the right arm began a like movement. In a few moments the head began to nod, then the left knee was alternately flexed and extended, and finally the right knee became similarly affected. For over an hour these movements continued, and then a regular alternation ensued-- first the left arm, then the right, then the head, next the left leg, and finally the right leg. These actions were perfectly timed, and were all performed in exactly ten seconds, as I ascertained by determinations made on several occasions. As she sat in a chair, or lay on a bed, she was a curious sight.

In another case-- a lady from New Jersey-- was affected in a still more extraordinary manner. While sitting sewing one day, after having been greatly fatigued the previous night, her leg began to tremble violently. In a few moments, the arm of the same side became involved, and very soon the other limbs and head were affected. She was now in a state of general tremor, and on attempting to rise, fell to the floor. She was then seized with another kind of movement. Her legs were drawn up forcibly, and then suddenly extended, and this with inconceivable rapidity. She was placed on a bed, but was unable to stay there unless held by several persons, so strong were the contractions which took place. On one occasion she was thrown over five feet, her body coming to the floor with great violence. The following day a fresh series of phenomena ensued. She began to turn somersaults, and continued these actions for several hours without appearing to be greatly exhausted. Then she jumped suddenly to her feet and rushed round in a circle with such swiftness that she could not direct her steps, and she several times knocked her body with great force against the walls and furniture. Then she danced for several hours, and toward evening became tolerably quiet, though there was still involuntary twitching of nearly all the muscles. In all the various movements she went through, every attempt to hold her only made her worse, and she begged that she might be let alone, as the effort to control her by physical force made her head swim, and gave her a severe headache. At night the paroxysms ceased, but they were renewed as soon as she awoke in the morning, and continued with but little intermission, and in every possible form, till she went to sleep. On the third day I visited her, and found her in the midst of a series of movements such as I have described. Her pulse was irregular, her respiration hurried, and her countenance evinced great anxiety. There was no evidence of any hysterical complication. I at once proceeded to administer *Chloroform* by inhalation, and in a few moments she was completely under its influence. Her paroxysms ceased soon after the inhalation was

begun. I kept her in a state of anæsthesia for half an hour. When she recovered consciousness she was perfectly composed, and remained so all the rest of that day. I left directions that the inhalation was to be repeated if there should be any return of the disease paroxysms, but there were none. She slept well all night, and the following morning was quiet till about eleven o'clock, when a slight tremor began, which was at once quieted by the *Chloroform*. I saw her again that day, and began a treatment consisting mainly of *Strychnia* in gradually increasing doses, and renewed my directions in regard to the *Chloroform*. After this she had a few attempts or paroxysms, but they were always stopped by the inhalation of *Chloroform*, and in a few weeks she was well."

In some cases the clonic spasms are confined entirely to the

#### RESPIRATORY AND LARYNGEAL MUSCLES.

A case is reported in which "articulate speech was lost from inability to co-ordinate the muscles, but there was no paralysis, for the tongue could be moved freely in all directions, and the lips were as mobile as ever, except when the patient made an effort to speak." A ticking sound was heard in this case, with each expiration, which entirely subsided during sleep. As the chorea may be confined to a single muscle or group of muscles, so, sometimes, do we find the

#### MUSCLES OF SPEECH

alone implicated. Patients with this form of the disease are constantly babbling and talking, using words without sense or meaning. This is observed only during the waking moments, passing away during sleep. In some cases the tongue is constantly rolled about, and the muscles of the mouth in a general state of agitation. The patient is quite unable to articulate, and therefore makes little effort to talk, and when he does so, is unable to utter but a word, and this is generally the very opposite of the one he intended to use—simulating in this respect the disease known as

#### APHASIA.

The serious forms of tarantism which appeared epidemically at different times, the exhibitions of the

#### JUMPERS AND SHAKERS.

These were but aggravated manifestations of chorea. The muscles affected with clonic spasms are sometimes paralyzed, when the complaint is known as

#### CHOREA PARALYTICA.

Usually there is no sense of fatigue experienced by chorea patients, yet the contrary is sometimes the case—one, a patient of mine, used to beg her mother to hold her as she was "so tired." The sensibility of the skin is generally heightened, yet sometimes diminished. The mind is more or less affected, the memory being impaired, the dispo-

sition irritable and fretful, attacks of mania at times ensuing. Dr. Maudsley\* relates the following instances of

CHOREIC DELIRIUM, OR CHOREIC IDEATIONAL INSANITY.

There is a choreic delirium sometimes met with in children, which appears to be the exact counterpart of the choreic spasms that occur. What is sufficiently striking, even to an ordinary observer of this delirium, is its marked incoherency, and the manifestly automatic character of it. \* \* \* A boy of about eleven years of age who came under my care, was, after a slight and not distinctly described sickness, suddenly attacked with this form of delirium. He moved about restlessly, throwing his arms about and repeating over and over again such expressions as, "The good Lord Jesus." "They put Him on the cross." "They nailed His hands," etc.

It was impossible to fix his attention for a moment for he turned, away, wandered aimlessly about, pointing to one hand and then the other and babbling his incoherent utterances. As far as could be made out there was considerable insensibility of the skin over certain parts of the body. Dr. Bucknill relates the case of a boy aged twelve who was admitted into the Devon Asylum, and who has been afflicted all his life to some extent with chorea. A few days before admission he had attempted to hang himself, and there was the mark made by the rope upon his neck. On admission he was acutely maniacal, attempted to dash his head against the wall, and when put in the padded room, lay on the floor crying, "Oh! do kill me," "Dash my brains out!" "Oh! do let me die!" He kicked and bit the attendants, and tried in every way to kill himself. His head was hot, his pulse quick, he refused food, and did not sleep." These two cases will suffice as illustrations of choreic mania. It is only necessary to bear in mind that—as with choreic movements, so with choreic insanity, there are met with examples of every degree of convulsive violence and incoherency. Hallucinations of the special senses and perversions of general sensibility will frequently also accompany the delirium." The functions of the several viscera are more or less deranged. The skin is dry, the hair loses its gloss, the bowels are constipated, the urine scanty and loaded with phosphates, there is palpitation of the heart and endo-cardiac murmurs, the latter, due, however, to anæmia. Nausea and general uneasiness of the stomach is frequently complained of. In girls, the menses are not unfrequently delayed or altogether absent. There is a

CHOREA OF PREGNANT WOMEN.

A disease by no means easy to manage, and one capable of causing great distress and even direful consequences. An interesting case of this disease was reported by Dr. Prall† at a meeting of the Philadelphia Obstetrical Society. This patient had chorea at the age of

\* *Physiology and Pathology of Mind*.—Henry Maudsley, M. D.

† *American Journal of Obstetrics*, May 1875.

thirteen which continued two years. At the age of twenty-three years she became pregnant for the first time, shortly after which choreic movements manifested themselves. They began gradually, increasing in intensity until almost every muscle was in a state of extreme agitation. In a subsequent pregnancy she was attacked in the same manner. She recovered each time by means of *Bromide of Potassium*, elix valerianate of *Ammonia* and *Zinci sulph.* In THE UNITED STATES MEDICAL INVESTIGATOR, January 15, 1877, I find an instructive article on

#### CHOREA DURING PREGNANCY.

from the paper of Dr. Ludlam. I call your attention to a few noteworthy sentences: "Women are sometimes worried into this state by the dread of having it known they are pregnant. The presence of the foetus in utero is an incidental exciting cause of a peculiar kind. In certain very sensitive women an ovum of a fortnight or three weeks development may be sufficient to excite such reflex spasms of the voluntary muscles. \* \* \* The growing germ is a more or less constantly exciting cause. If chorea begins \* \* \* quite early in the period of gestation, it will more probably continue until the close, for while the cause remains, the effect must continue and it will not cease until the gravid uterus has been emptied of its contents. All the reflex phenomena connected with pregnancy, if they be serious, are subject to this rule. \* \* \* The symptoms are identical with those belonging to the same disease in children. In exceptional cases the spasms may be limited to one or both legs, to the muscles of the abdomen, to those of the face and neck, or of the hands and fingers, the larynx and the diaphragm, and still more rarely to the heart giving rise to what has been denominated

#### 'CARDIAC CHOREA.'

\* \* Occasionally the muscular symptoms are so severe and the general illness is so marked that a crisis is extemporized by the spontaneous coming on of labor. \* \* \* The choreic contractions may seize upon the womb in such a way, and so forcibly, as finally to bring on the proper expulsive effort. Hence a liability in these cases to abortion and premature delivery. But if the woman has reached the period of gestation without having had such a mishap, the chorea is finished as abruptly and completely by the birth of the child as intermittent fever ever was by *Natrum muriaticum.*" A \* foreign journal recites the case of a lady who became choreic in two successive pregnancies. The movements ceased the first time with the birth of the child, the second time the movements continued until the eighth month, when premature labor came on with a fatal result. Cases of chorea frequently recover themselves; but, having lasted a length of time, they prove quite intractable, and especially is this the case where the patient is an adult. Chorea sometimes results in death,

\* Virchow's Archives, April 1875.

either directly, or through some intercurrent affection. Frequent relapses occur especially when the subject is a child.

(To be continued.)

#### INCONTINENCE OF URINE IN CHILDREN.

If there is any more unsatisfactory disease of children to treat, than the above, with its train of wet beds, taking the children out of beds at midnight to urinate, and fragrant clothing by day, I have not found it. After trying the various remedies, however, in different potencies, without relief, I now give empirically *Benzoic acid*, ten drops in an ounce of alcohol. Add to that water, four to six ounces, well shaken. Give a teaspoonful every two hours, while awake. Have cured six children of ages, from three to sixteen years, and so far, it has not failed, nor has the prescription been repeated in any case. J. W. M.

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## Consultation Department.

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#### CHRONIC CYSTITIS.

Who said the case of M. A. A. Wolff (p. 59) was one of chronic cystitis? Why may it not have been lithiasis or oxaluria? Surely an analysis might have been made, and we could know what these mysterious crystals, etc., were. Were they uric acid, oxalic acid, amorphous phosphates, or *what* were they. Such "experience" is almost utterly valueless; the time has surely come for more accurate and scientific provings.

J. G. GILCHRIST.

#### WOLFF'S CASE OF CYSTITIS.

The case was, it seems to me, cystitis, (chronic,) caused by lithiasis, which, in turn, was the result of alimentary derangement. It was a pretty case, showing the progressive stage of cystitis. The sand was doubtless uric acid crystals, and would have suggested *Lycop*. These were followed (on the way to recovery) by *foamy* urine that always is albuminous; then the appearance of mucus and pus in the bottom of the vessel. The stringy, or fibrinous portion would remain at the bottom, while the oil (fat of globules) float as a film on the surface. Now we would expect the phosphates (normal) to appear as flour. The mucus plugs would look towards inflammation of the the seminal ducts at the neck of the bladder, but might have been caused by the scratching of the rough crystals of uric acid. The case, as it stands, is a most interesting one. A microscopic and chemical analysis would have added to its interest and accuracy.

T. C. D.



## QUERY.

Will O. J. Lyon of Harrison, Ohio, please inform us where he obtains his *Lach.* 3x, and how much he uses during the year?

P. YOUNG.

Wonder if Dr. W. S. Kimball ever heard of *Digitalis* for tetanus. In the THE UNITED STATES MEDICAL INVESTIGATOR, p. 265.

## "OBSTINATE CONSTIPATION."

In answer to "H." p. 45, January number of THE UNITED STATES MEDICAL INVESTIGATOR, I suggest for *atonic obstinate constipation*, the *Calabar bean*, thus: Extract *Sem. Physostigma*. 1 grain. *Glycerine* pure,  $\zeta$ ii; mix. Take two to four drops four times a day.

D. S. O.

## FOR ENLARGED LIVER.

Tell Dr. V. Hayes (page 52, current volume) to give his patients for enlarged liver *Eupatorium perfoliatum* in decoction, one ounce of the tops and leaves to a pint of cold water and steeped cold twenty-four hours. Dose: a wineglass full four times daily. A crude poison requires a crude remedy. It will cure most of the cases. If it fails give the tincture of *Phytolacca dec.* root 1x dilution. Dose: five drop four times daily. Give each one a week at a time; that is, give the thoroughwort one week, and the pokeberry or garger root the next, and so on alternate weeks. Both these remedies have done me good service in enlargement of the liver and spleen.

GEO. W. STEARN.

## CHRONIC CONSTIPATION.

If Dr. J. S. Daniels will study *Eupat. purpureum* he will find his remedy. In chronic constipation there is no specific. The totality of symptoms must guide. A dose in a high potency has worked well in some cases. But study your cases and use your own judgement, and then use high potencies *properly*, and you will succeed in constipation or anything else.

Brother H. is too vague in his description, give us more characteristics and less generalizations. It now looks hopeless.

If Sheldon Leavitt can not do any better than advise hypodermic injections for after-pains, and can only give us a rehash of Allopathy, say so. I pity him and his pupils. All these Homo-Allopathic ways and means are useless to a true Homœopath, and after-pains are always amenable to the high potency and single dose.

G. H. C.

## CASE FOR COUNSEL.

Will some reader of THE INVESTIGATOR give me the remedy, potency, etc., in the following case:

Mr. F., farmer by occupation, aged fifty-six years. On October 15, 1878, gave the following symptoms: Pain in all the joints excepting of feet and hands; warm in cold weather and in changes at stormy weather; worse when first moving the parts; becomes better after a

little exercise; when first moving in the morning, feels as if he had no strength, and feels stiff and sore; feet and hands cold most all the time; pain in right elbow so severe can not bear its being touched: right shoulder and hip worse than left; stomach cannot digest food without much pain; stomach and bowels bloat after eating *supper*, (no other time) and bowels rumple, and sometimes has colic. Complexion dark, temperament bilious. Varicose veins of lower extremities; very much depressed in spirit; has had some domestic trouble. Very much emaciated. *Was hurt five years ago by being crushed under some falling timbers.* Have given *Rhus tox.* 1-3 and 30, *Nux vom.* 12, *Sulphur* 12, *Arnica* 3 and 30, and used Kidder's six current battery. At this writing, January 28th, presents the following symptoms: Pains in all the joints; worse on right side; worse in changes of weather and when exposed to cold; can eat most anything; appetite good; no pains after eating; occasionally bloating after *supper*; bowels regular; is still weak, and feels stiff on first moving; varicose veins on lower limbs, pains as severe sometimes, as were three months ago.

Now what will cure? What remedy according to *similia similibus* will hit this case as the symptoms are presented above.

C. A. D. O'.

#### CASE FOR COUNSEL.

Lottie —, aged nine, parents healthy. When about one year of age she had what was called eczema of the face and arms; both cheeks were red, raw, and scaly; the arms in patches like the face. Fowler's Solution in two to three drop doses was used, and the eruption was suppressed for a time. No local means used save of the simplest nature. Soon after asthmatic symptoms developed whenever there was an attack of slight bronchitis, and at times was quite severe.

When three or four years of age an eruption resembling the previous one appeared on the legs between the knees and ankles, and has persisted more or less ever since.

Present condition: She is of fair size, pale face, dark hair and eyes, active and joyous. Appetite remarkably good, but without any particular cravings. Bowels rather costive. Urine normal. About the middle third of each leg, anteriorly, between the knee and ankle is a raw surface, red, partially covered with thin scales, too large to be called bran-like, but thin and easily removed. The eruption itches badly when in bed, and when scratched leaves a red, raw, shining surface. There is but little exudation, inclined however to be sticky. Above the knees are small patches distributed irregularly, covered with thin scales of a reddish-brown color. The skin of the body is rough and "branny."

Occasional symptoms are: pains in stomach of a colicky nature, with quite persistent tenderness in the pit of stomach. Complains at times of a feeling like a round hole in the stomach communicating with the air, and letting in the cold. At times the bowels are full and

tympanitic at night. Has frequent neuralgic pains in the knee or foot, (oftenest the right.) The glands in the groins are slightly enlarged, tender, and sometimes produce lameness. Also the sub-maxillary glands are tender. Five minutes brisk exercise in the cold winter air invariably brings on an attack of asthma with a "bad feeling" in the throat lasting about half an hour. Half an hour's ride causes marked flushing and burning of cheeks, but no asthma. She has taken *Rhus tox.* 3x and 200; *Ars.* 6x and 200; *Graph.* 6x; *Petrol.* 200x; *Merc. cor.* 12x; *Sulph.* 200x and 30x. *Cosmoline* locally. Any information of a means of cure will be gratefully received and acknowledged.

PANAMA.

A. B. RICE.

## NITRIC ACID FOR CHRONIC ENLARGEMENT OF THE LIVER.

In reply to V. Hayes' inquiry on this subject in THE UNITED STATES MEDICAL INVESTIGATOR of Jan. 15, I would like to suggest the trial of *Nitric acid* low. I use the second decimal dilution, and order about six drops of the same to be taken in an ounce of water immediately after each meal—the medicine to be continued for a month if necessary; that is to say unless the symptoms disappear in less time. To illustrate I herewith report a

CASE. Willie L—, aged twelve, was brought to my office by his mother two months ago. The lady informed me that the boy had had ague when living in New York State three years ago, and that since then his abdomen had been very large, and was becoming more so from month to month, until now she was ashamed to see him on the street. The boy was weak, his muscles flabby, his appetite abnormally voracious, and his color sickly. I prescribed *Nitric acid* as above, and asked to see him again in about a month. At the end of that period he was wonderfully improved. His mother affirmed that his abdomen was already reduced almost to its proper size, and a glance was sufficient to confirm her statement. At the same time the morbid appetite and the entire train of associated morbid symptoms had disappeared proportionally. Ordered a continuance of the medicine twice daily for a fortnight, at the end of which period I expect to find him cured. I may add that the boy had been under Old School treatment when in the east, and that his physician there, a gentleman of undoubted skill, had diagnosed his case as one of enlarged liver—the result of malarial fever.

This case may serve to illustrate the specific relation of *Nitric acid* to the liver in other forms of hepatic disturbance. Thus strong smelling urine, for which we prescribe this drug, orange-colored urine, and urine containing a small amount of bile, are products probably of hepatic disorder, and are concomitants of a generally morbid condition, which *Nitric acid* will most frequently relieve. Hence, its importance in mild but continuous "billousness," in "dumb ague," or latent malarial poisoning.

It will also promptly modify the offensive coffee-ground discharge

that sometimes takes place from the uterus several days after labor, and which is often found taking the place of the normal flow at the climacteric. Of course, the mere fact that *Nitric acid* will thus modify certain excretions is of little moment, were it not that it does so by more profound modifications wrought in the organism. These excreta are but prominent signs of a morbid state of the blood and thus of the blood-making organs, and this morbid state *Nitric acid* cures.

In gleet and tertiary syphilis it is not to be lightly esteemed. Syphilitic ulcers and syphilitic disease of the bones, indicated by "bone-pain" often yield readily to *Nitric acid*. So likewise do ozœna and suppurative otitis. In the pathogenesis of *Nitric acid* all of these points will be found succinctly and clearly set forth—except that relating to enlarged liver, which I do not find. But this as well as the others named I have seen abundantly verified in a few years' practice. In tertiary syphilis I have obtained the best results from the higher attenuations.

R. N. FOSTER.

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## Psychological Department.

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### *PHYSIOLOGY OF HEREDITARY TRANSMISSION.*

The explanation Carpenter (page 878) gives is as follows: "It seems certain that the simple *direction of the consciousness* to a part, independently of emotional excitement, but with the *expectation* that some change will take place in its organic activity, is often sufficient to induce such alteration; and it would probably always do so if the concentration of the attention were sufficient." Here, Carpenter believes, "may be placed those instances wherein a *strong and persistent impression* upon the mind of a mother has appeared to produce a corresponding effect upon the development of the fœtus in utero. In this case, the effect (if admitted to be really exerted) must be produced upon the maternal *blood* and transmitted through it to the fœtus; since there is no nervous communication between the parent and the offspring. There is no difficulty, however, in understanding how this may occur, after what has been already stated (§ 219) of the influence of minute alterations in the blood in determining local alterations of nutrition."

The value of a calm, hopeful, peaceful state of mind during pregnancy is of the utmost importance. The transmission of accidental impressions being so frequent, as good physiologists and philanthropists, we should take advantage of this means of influencing the fœtus for noble ends. The Greeks were wise in surrounding the expectant mother with the beautiful in art. A knowledge of the power of

strong and persistent concentrations of the mind should lead the mother to the good, the true and the noble, mentally, morally, and physically. All about her should aid her in this development of her unborn infant. Well directed attention to the highest development of our unborn offspring would, without doubt, lessen the annals of vice, disease, and early death, in the next generation. As the conservators of public weal, physicians have a grave responsibility in instructing the pregnant mother of the lasting influence of accidental impressions, and how they may be directed for the amelioration of the race.

### INSANITY.—WHAT IS IT?

BY L. BARNES, M. D., DELAWARE, OHIO.

Read at the Western Academy of Homœopathy.

When we do not really know what a thing is we are liable to call it by some euphonious name which we do not understand. Such appears to be the case with the peculiar condition of mind before us. We call it *insanity*, which means *unsoundness* and nothing more. If some one turns upon us asking, *Unsoundness of what? or, How unsound? we are dumb, or mutter, mania, monomania, dementia, lunacy.* Then our inquisitor, after looking in his dictionary, says that *mania* means *madness*—a sort of frenzied rage; *monomania*, the same thing in relation to one point or in one direction; *dementia* simply *from the mind*—a sort of fatuity or unsoundness which brings us back to our starting place in the circle; and that *lunacy* means *moony or moon-struck*, which needs more explaining than either of the other terms. And now he wants to know what the thing really is to which we give such names. It seems important, moreover, that he should know, for perhaps he is a young physician and may some time be called upon in a court of justice to say whether a certain man is insane, and how can he tell without knowing something as to the nature of insanity?

We turn to some medico-legal work, say *Taylor on Medical Jurisprudence*. and read that "the main character of insanity, in a legal view, is said to be the existence of *delusion*;" *i. e.*, that a person should believe something to exist which does not exist, and that he should act upon this belief. But we read further, on the same page, that "a medical witness who ventures upon a definition, will generally find himself involved in numerous inconsistencies." This, truly, is quite discouraging, but on the next page we read that "when a hallucination or illusion is believed to have a real and positive existence, and this belief is not removed, either by reflection or an appeal to the other senses, the individual is said to labor under a *delusion*; but when the false sensation is immediately detected, and is not acted on as if it were real, then the person is sane." This appears like a definition, but according to its terms the sanity or insanity of a man depends

upon how long a delusion holds him and whether he does anything while it continues. We are told also, in this immediate connection, that "delusions (refer) to the judgment." How much, then, must the judgment be deluded (by sophistry, for instance) to render one a lunatic? Perhaps it is as dangerous for a legal author as for a physician to venture on a definition.

But let us view the question in the light of physiology. It has been pretty well ascertained, through late experiments, that at least one very important office or function of the cerebellum and cerebellar fibers in general, is the co-ordination of muscular movement. If this influence is lost, or seriously impaired, the muscles act at random, can not be directed or controlled by the will. Now, whatever may be the origin or nature of mind, the brain is no doubt its chief seat. But as the brain is composed of two special parts, the cerebrum and cerebellum, there must be a corresponding division in the powers and faculties of the mind. And, as the motor or muscle moving nerves, though rising mainly from the cerebrum, are co-ordinated by those from the cerebellum, so the faculties which are specially connected with the cerebrum should be co-ordinated by a different power which corresponds with the cerebellum, and which, like its organ, lies immediately behind and below the more intellectual department. That such a principle really exists in the mind is evident also from consciousness. We feel the presence of something which is neither thought, emotion or determination,—by which indeed we regulate ourselves,—to which we refer when we say, *my* thought, *my* judgment, *my* will, *my* mind. Here is, most clearly, a co-ordinating principle.

Now when this principle is impaired by disease or disorder, either mental or physical, the various faculties and emotions must run more or less at random, according to the greater or less degree of injury to this regulating power. And here is insanity. There may or may not be delusion; the intellect may be strong, capable of acute reasoning, as it oftener is, the judgment may perhaps be clear; the victim may know right from wrong, quite as well at least as acknowledged sane persons do. But he is not able to regulate himself according to the knowledge, reason, and judgment he may possess. His faculties, such as they are, whether weak or strong, run wild, and the form of insanity depends much upon their comparative strength or degree of excitation. If the religious element, for instance, is usually excited, he runs in that direction; or if the destructive propensity, he may be homicidal.

Mere delusion, therefore, is not insanity, whether immediately corrected by the judgment or not. It seems to bear about the same relation to the judgment that illusion does to the sight. Now the sight may be utterly deceived, as when a man sees double, or as when looking through the window of a swiftly moving rail car stationary objects appear to run rapidly in the opposite direction. Or his intellect may be deceived; as when he is angry, dishonest or mean in any way, and

it seems to him that others are dishonest, angry or mean. But still it will not do to send him to a lunatic asylum on this account.

True, some forms of insanity appear to indicate that the malady consists of the delusion itself. As, when the chief characteristic is an impression of the patient that he is a king, the Messiah, or anything which he is not. But such cases really confirm the idea of this article. For these delusions point directly to a disordered state of the ego, or regulating principle of the mind, the impairment of which is regarded as the essential thing of insanity. The delusion is evidence of its broken or unsound state. Something else in the same individual might show his insanity even more effectually than this. The noted J. N. for instance, is under a life-long delusion that he is the greatest of all philosophers and orators. This idea is so strong that many persons might think him insane on this point alone. But those who listen to his really sharp and intellectual orations may see the broken and disordered state of his ideas in general, that is, their want of co-ordination.

But still the diagnosis may not be easy, or always possible. The line between mental soundness is not well defined. The extremes are wide enough, and those who stand at either end can be judged with comparative ease. The difficulty lies along the middle, and we may not be able to say whether a man who is found somewhere there belongs to this side or that. Many, indeed, are so unbalanced and unsteady in their walk that they seem to be continually stepping over, first on one side and then on the other. Even some of the most decided cases of insanity have their lucid intervals, and some of the best minds exhibit occasional freaks of folly or weakness which appear anything but rational.

Still the only proper criticism may be the presence or absence of co-ordinative power in general.

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## Medical News.

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W. Underwood, M. D., has removed from Fairfax, Vt., and located in Indianapolis, Ind.

Dr. C. N. Dorion, formerly with Prof. R. Ludlam, devotes his time to general and gynaecological surgery. Office, 147 Wabashaw street, St. Paul, Minn.

The Illinois State Board of Health has been removed to the State House, Springfield. All communications should be addressed there to Dr. A. L. CLARK, Secretary.

The position of Resident Physician of the Hahnemann Hospital in New York City is now vacant. A competitive examination will be held early in March next, the doctor to have his board lodging, and washing. Applicants may address, JOHN W. THOMPSON, M. D., Secretary of the Medical Board, 36 East Thirtieth street, New York.

*Journals for Reference.*—Bind your journals as soon as the volume is complete. Then you have the most valuable reference works. Everything the

very latest finds its way into the journals. Practical experience found no where else is here stored up. We are frequently asked questions that could be answered by reference to files of this journal.

The remedies prepared in the presence of the members of the Milwaukee Academy of Medicine on Jan. 7 and 9, 1879, are now ready for distribution. The free list referred to in the last paragraph of the report of the committee includes only believers in the efficacy of the thirtieth potency to produce pathogenetic symptoms in the healthy; others will be expected to remit, in advance, thirty cents to defray expenses. A. SCHLOEMILCH, Secretary of Milwaukee Academy of Medicine, 491 Third street, Milwaukee, Wis.

DR. T. C. DUNCAN:—*Dear Doctor*:—Allow me at this late hour to thank you most sincerely for your very valuable work on "Infants and Children." Owing to the paucity of literature in this department of medicine in our school, I feel almost certain that your book will meet with great and merited success. I see you have spared no pains to make the book complete and fully up to the times, and it has afforded me great pleasure in looking over such an exhaustive work on Diseases of Children. Wishing you great success in the labor you have begun, I remain yours very truly, W. N. GURNESEY, 59 West Thirty-sixth street, New York.

*A Bad Risk!—Hereditary Disease.*—Fortunately we have no alarming epidemics prevailing at present in the City of Salt. But a remarkable case of hereditary disease is exciting comment among our professional men. A well-known physician residing not many blocks from the corner of Warren and Jefferson streets, was once examined for a life-insurance policy. The medical examiner enquired if there was any hereditary disease in the family. The doctor gravely replied that his family were all well excepting his wife who had been complaining for a long time, but he did not think the case was very serious. The examiner hesitated somewhat before concluding to recommend the risk, fearing the disease might prove to be *hereditary!*  
H. V. M.

*New York Health.*—I enclose reports cut from this morning's paper, which will prove to you that the health of this city is not in a bad way, and that scarlet fever lacks a good deal of being epidemic. Else there would be as many cases in a day as are now reported in a week..... There were reported at the Bureau of Vital Statistics during the past week 630 deaths, 493 births, and 128 marriages, showing an increase of 7 deaths and a decrease of 65 births and 17 marriages, as compared with the preceding week. Of the deaths, 102 were from consumption, 86 from pneumonia, and 39 from bronchitis.... There were 219 cases of scarlet fever during the past week, being an increase of 15 over the number reported the previous week. The deaths were 59, being 9 less than the preceding week. The number of cases of diphtheria reported was 54, and deaths 23..... am easily curing every case with *Rhus tox.* in the M and higher potencies.

PIERSONS.

*College Union.*—In the union of two Chicago medical journals we now have one (THE UNITED STATES MEDICAL INVESTIGATOR) of which the whole Homeopathic profession may justly be proud. Now why cannot your two Chicago Homeopathic Medical Colleges be also united, and with their low fees and superior teaching give us a grand *Medical University*? We hear that they both have large classes, and are both about to enlarge their quarters. This seems a very propitious time to move in the matter. Let us have peace in the north-west. Yours, fraternally,  
C. J. T.

(As in marriage, so in this instance, one of the contracting parties must "pop the question." We have quietly tried to make a match, but with little success. Perhaps if the preceptors in the northwest insisted on it strong enough, they might "a wooing go," or rather "make up." With their combined talent, facilities, and energy they could man a "Medical University" that would far eclipse any Allopathic school in the land. Why not?)



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Children's Department.

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CHOREA—ST. VITUS' DANCE.

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 St. Louis Society of Homœopathic Physicians and Surgeons.

(Concluded from page 114.)

ANOMALOUS MUSCULAR MOVEMENTS.

Some other affections of the voluntary muscles simulate the disease under consideration, a few only of which I shall mention. It may be remarked just here that chorea is a disease characterized by *clonic* spasms of the muscles affected. With reference to spasms generally, Professor Erb says: \* "The most cursory as well as daily observation teaches that the stimulus may either be applied *directly* to the motive apparatus and nerves at some point of their course, or *indirectly* and in a reflex manner; and it appears that a natural division of convulsive affections into two groups may thus be made, which present certain differences in their mode of origin, in their extent, and in their anatomical localization. When Natauson therefore maintains that direct cramps always appear in the form of persistent tonic, violent

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\* Diseases of the Nervous System.—Ziemssen.

and painful muscular contractions, \* \* \* whilst indirect spasms appear in the form of clonic, short, alternating and painless muscular contractions, which affect physiologically associated muscular groups, such as the flexors and extensors of the extremities, the muscles of respiration, and the like, he makes a very well founded statement, and one which elucidates the theoretical considerations that have been advanced upon the subject."

Again, with reference to spasmodic affections, Professor Erb speaks of

#### PRESSURE POINTS.

These pressure points are more or less directly related to certain spasmodic affections. They are found more or less remotely removed from the seat of disease, and pressure being made upon one of these, the spasm is controlled, either partially or entirely. "Experience has shown that in a series of convulsive attacks, pressure upon certain points puts a stop to the convulsions when present (von Grafe Remak), whilst in other cases the convulsive attacks are brought on by pressure made on particular points. (Hitzig). The pressure points indicating convulsion have been especially observed to exist in cases of facial spasms, and it has been ascertained that they, for the most part, correspond, like the painful points in the neuralgiæ, to the various branches of the trigemimus." \* \* \* These pressure points are found in various parts of the body. Remak has pointed out certain location where these pressure points may be found, and refers, among others, to certain points in the cervical region of the spinal column, (transverse processes that are situated at the level of the different cervical ganglia of the sympathetic) on which, when pressure is made, or to which, if galvanic treatment be applied, arrest of the spasm and a cure may be effected. These points may be found in the region of the brachial plexus, the vertebral column, and the wrist. In blepharo spasms (a tonic spasm, however,) a knowledge of these pressure points will prove of service.

It is in this form of spasm especially that German physicians have obtained such gratifying results, following pressure on the points mentioned. "They are often easily and at once discovered, and in some instances the patient has even found them out himself, and has employed them for the instantaneous removal of spasm. In other instances they are only to be discovered after tedious and protracted searching, and are then sometimes found in quite unexpected parts of the body. Strong pressure exerted upon these points removes the spasm, and in some instances, quite suddenly, so that the lids open as by a spring.

Electricity should be applied at these points, whenever found, for the permanent removal of the spasm. Pressure points are frequently found above the supra-orbital foramen, malar bone, or mastoid process of temporal, fauces and gums.

\* Diseases of the Nervous System.—Ziemssen.

## SPASMUS MICTITANS

simulates to an extent the clonic spasm. Clonic spasms of the diaphragm

## SINGULTUS—HICCOUGH,

is another, at times, troublesome affection, characterized by clonic spasms of this muscle.

## CHOREA SCRIPTORUM OR WRITER'S CRAMP,

Smith's spasm, violin player's spasm, shoemaker's and tailor's spasm, and lastly a disease similar in character, described by Basedow, and known as milker's spasm—some of these are clonic in character, and some are not—these latter being mentioned simply as spasms of a peculiar character. Several varieties of clonic spasms have been intentionally omitted, and among them, one which should, perhaps, have received some attention. I refer to

## DIFFUSED SPASM OF THE FACIAL MUSCLES.—TRUE CONVULSIVE TIC.

I shall speak of this disease in another paper.

## CAUSES.

Age is a predisposing cause—the affection occurring oftener in childhood than at any other time of life. It is observed most frequently between the ages of six and fifteen years. Females are oftener affected than males. The duration in light cases is about three months. Rheumatism has been supposed to predispose to chorea this is, however, an unsettled question. It has been caused by fright, apprehension, anxiety, depressing influences generally, hard study, *cramming*, night-work, *anæmia*, and as a consequence of imitating others. I have a patient now under treatment whose trouble arose from this latter cause. Several cases have come under my charge in whom the choreic spasms first appeared while preparing for a school examination. One young lady was always "getting her lessons" during sleep. This disposition was finally overcome by means of *Nuxvomica* 200. *Anæmia*, I believe strongly predisposes to chorea; it accompanies a great many cases of this disease, and in a large proportion of these, the chorea will begin to disappear as the anæmic condition is supplanted by a more healthy condition of the general system.

## COMPLICATIONS.

This complaint may be considerably complicated through its connection, or intimate relations with some other disease. In females about the age of puberty, we are likely to find more or less hysterical manifestation. Menstrual difficulties often complicate this disease, and of these amenorrhœa is the most frequently observed. There is one complaint to which I wish to call attention as frequently observed in connection with chorea—I refer to

## RHEUMATISM.

Very many choreic patients have *first had rheumatism*. The experience of most careful practitioners, will, I feel assured, bear me out

this. Eminent authorities on one side maintain that chorea and rheumatism are closely related; while others equally eminent, assert that they bore no real connection whatever. However this may be, they are often *apparently* related, and do appear to influence one another. Dr. Copland\* was the first to demonstrate by *post mortem* examination its complication with rheumatism, rheumatic pericarditis and disease of the membranes of the spine, and his observations have since been confirmed by Drs. Pritchard and Roesor. Congestion of the brain, inflammation of its membranes, with serous effusion, tubercular meningitis, etc., have been detected by Soemmering, Brown, Coxe, Patterson, Serres, Condie, etc. It is not uncommon to have some of the febrile diseases of infancy, as measles or scarlatina, concurrently with chorea; and some difference of opinion exists as to their influence upon the original affection. M. Ruzf says "that they exercise no influence upon either the duration or intensity of the chorea." On the other hand, Rilliet and Barthez state that out of nineteen cases, nine were attacked by other diseases, and eight were evidently influenced by them; sometimes the chorea diminished from the commencement; in others it increased, at first, and afterward disappeared. They cite four cases from Legendre Piet, and Ruzf, in which measles, scarlatina, and small-pox occurred, and the chorea was cured."

#### DIAGNOSIS.

This disease is not likely to be confounded with other troubles. Hysteria is the only complaint at all likely to embarrass us in making a diagnosis. If we take into consideration the age of the patient, the emotional excitement, the paroxysmal attacks and sudden accessions met with in hysteria, we are not liable to be misled.

#### PROGNOSIS.

Before and up to puberty, this is favorable; but after that time the disease is frequently very unmanageable. As already remarked, some fatal cases have occurred.

#### MORBID ANATOMY AND PATHOLOGY.

In numerous cases no lesions have been observed that could reasonably be regarded as the course of the disease. In others, morbid changes have been found in the brain and spinal cord, or both. Inter-cranial congestions, adhesions and softening of both cerebral and spinal substance have been discovered. Dr. Charltan Bastion consider minute emboli of the cerebral vessels a cause of chorea. Dr. Senhouse Kirkes predicted that "future experience will still more positively demonstrate that an affection of the left valves of the heart, with the presence of granular degeneration upon, is an almost invariable attendant upon chorea, under whatever circumstances the chorea may be developed." Dr. Kirkes is supported by several authors and

\* Diseases of Infants and Children.—Churchill.

opposed by others quite as eminent. A little more light will be required to clear up this subject.

#### TREATMENT.

I shall not be able in this paper to give the special treatment of chorea, but shall confine myself to general treatment and palliative measures.

*Chloroform*.—When called to see a violent patient such as described in the beginning of this paper, the above remedy is indispensable.

*Actea racemosa*.—Has proved of service in female patients, with uterine difficulties, sympathetic palpitation of the heart, and when there was more or less of muscular rheumatism present. The left side is affected.

*Veratrum viride*.—Has been used to some extent and with reported success, the remedy being given however, in material doses. I have had no personal experience with *Veratrum* in chorea, but one can hardly read the cases collected by Dr. Hale\* and not feel that this remedy is one of great promise in this, and some kindred diseases.

*Scutellaria*.—Has some reputation as a remedy in this disease, especially among the Eclectics. I used the remedy for a time, giving it to a choreic patient. It did not cure her, but it would effectually quiet and calm her at any time, although for a little while only.

*Tarantula*.—This remedy promises a great deal as a truly Homœopathic remedy for chorea. One can scarcely read an account of the action of this poison without being impressed with its very great similarity to the disease in question. I have seen it employed in this complaint but once, and in this case its action was quite satisfactory.

*Santonine*.—This remedy will be found of service in cases caused by intestinal parasites—especially if these be the smaller ones. A multitude of symptoms of various kinds, some of them extremely grave in character, arise from intestinal irritation of this kind. Chorea is sometimes produced in this way. See Dr. Hamilton's case.† A case now under my charge is rapidly improving under the influence of this remedy. He is seventeen years of age, and has had this disease since the age of six years. His left upper extremity, face and neck, were in a constant and violent state of agitation, and the corners of the mouth were always torn and bleeding in consequence of the antagonistic action of the muscles in this region. At this time there is scarcely a movement to be seen.

*The Ether Spray*.—By means of an ordinary syringing instrument (the entire spine being exposed) *Ether* is thrown upon the spinal column. The results, so far as my experience goes, are good. I employed this remedy in one instance, that of a young lady of seventeen. She was quite well in ten days from the time of first using the spray. Of this remedy Dr. Hammond‡ says: "Quite recently I have

\* Therapeutics of New Remedies. Hale.

† British Journal of Homœopathy, Vol. XIII, page 254.

‡ Diseases of the Nervous System—Hammond.

made use of the *Ether* spray to the spine, as employed by Lubiliski, Zimmerlin, and others, and my success has been unequivocal. The whole spine is exposed, and the *Ether* is thrown upon it from the occiput to the sacrum for about ten minutes every day, or every alternate day, according to the severity of the attack. Ten applications are the maximum number I have found it necessary to make, and then a cure has always been obtained within two weeks. I have employed this means in thirteen cases in my private practice, and in three in the New York State Hospital for Diseases of the Nervous System. *Strychnia* has been given at the same time, but undoubtedly the beneficial results are mainly to be attributed to the *Ether*."

#### FOOD.

As already remarked, a great proportion of choreic patients are anæmic. Overcome this, and the twitchings will speedily disappear. I frequently prescribe for anæmic patients *Acetate of Iron et. Strychnia*, 3x, or *Phosphate of Strychnia*, 3x trituration, three times a day. A milk punch made as follows: One part whisky, six parts milk, the white of one egg, and sweetened to suit — this to be taken three times a day, before meals. Corn bread, fresh fish, eggs, milk, hominy, rice and beefsteak — these will help our patients.

An article appeared in a late journal on the

#### EXPECTANT TREATMENT OF CHOREAS.

The authors, Drs. E. B. Gray and H. M. Tuckwell,\* (physicians to the Radcliffe Infirmary, Oxford), treated thirty-eight cases without a particle of medicine, relying solely on nursing and good diet, and found the average duration of the disease to be nine weeks and six days. Some of the cases were slight, while others were extremely violent. Their conclusion is that "an isolated ward, a good nurse, a large crib, well padded round and walled in with pillows, plenty of nutritious food, without stimulants," this is what these patients need.

#### APPLICATION OF MEDICINES.

*Santonine* 2x trituration, may relieve your patient for a short time, but I am not sure that the symptoms will not return. I had a patient that *Santonine* relieved for a short time, or while she was taking it, but it required *Cina* 200 to do her permanent good. I refer you to THE UNITED STATES MEDICAL INVESTIGATOR, March 1, 1876, for cases in illustration of my position. I mean to say that because a drug given in a crude form does not cure a given case of this disease, it does not prove it is not the remedy, nor that it would not do all that could be desired if given in a potentized form. I call attention to this subject because I deem it an important one. Having given some attention to nervous diseases, I think I am in a position to say that in this special branch of medicine the *most rapid, the best, and most per-*

\* London Lancet, Feb. 1877.

*manent cures* are made with potentized medicines; and the physician who because he cannot understand why or how potentized medicines act, and therefore fails to use them, denies himself an all-powerful aid in the practice of his profession.

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## Therapeutical Department.

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### CLINICAL OBSERVATIONS.

#### REPORTS FROM THE FIELD OF PRACTICE.

HAMILTON, N. Y., Jan. 23.—Prevailing diseases here are: Scarlatina and diphtheria. Remedies: (1). *Bell., Ars.* (2). *Bell., Phy., Merc. bin.* J. E. SLAUGHT.

TROY, Pa., Feb. 4.—Diseases here are catarrh, influenza, or grippe with dry coryza, and tendency to putridity, commonly called diphtheria, as the tenacious mucus adheres very closely to the tonsils and throat. They usually get well on Homœopathy.

S. W. SHEPARD.

LIMA, N. Y., Jan. 28.—Have had two cases of obstetrics, *breech* presentations lately, mothers and children doing finely. Lung difficulties the prevailing order the past month. Remedies used: *Aconite Gels., Ipecac., Phos.* Catarrhal—head and throat, a few. *Aconite, Dulc., Cham., Ars.* were successfully used.

THE UNITED STATES MEDICAL INVESTIGATOR is to me the best medical issue extant, for sound practical counsel and advice, to the busy practitioner.

C. D. WOODRUFF.

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### A CASE OF BRONCHIAL CATARRH WITH COMPLETE APHONIA.

BY C. PRESTON, M. D.

Read before the Homœopathic Medical Society Chester, Delaware and Montgomery counties.

Miss T., aged about thirty-three years, low in stature, of well rounded form, was taken December 17, 1878 with bronchial catarrh. In her younger years she had frequent attacks of hysteria, and during these attacks always lost her voice, but for the last few years she has escaped hysteria, but has been subject to attacks of bronchial catarrh very frequently, which have generally been accompanied with loss of

voice, and although she claimed to have been treated by Homœopathic physicians on such occasions, but had never previously been able to regain her voice in a shorter period than from six weeks to three months, and not then till she had made a visit to Middletown, N. J., which is situated about six miles from the sea coast, when her voice would return almost immediately. When I called to see her on the 17th, I found her suffering from a short, dry cough, with much pain and soreness, pains sharp and cutting, running through from the middle of the sternum to the back, and also a sore pain under the inner lower angle of the right shoulder blade; tendency to yawn and stretch continually; all the symptoms aggravated from the least motion; unable to lie a second on the right side which aggravates a painful cough, and could not rise to her feet without suffering from vertigo and prostration. At my first visit I gave *Chelid. maj.* owing to the great pain under the shoulder blade and inability to lie on her right side. On the following day the voice was entirely gone, with but little improvement in the chest symptoms. 29th gave *Phos. 200.* for twenty-four hours with the impression that it should be the remedy not only to relieve the pain in the chest, but also to restore the voice, but fearing it might fail, having every reason to believe that this remedy had frequently been given before in similar attacks, by other physicians with utter failure to restore the voice and therefore on the following day I resorted to *Bryonia* on account of the sticking pains through the chest with aggravation of all the symptoms from the least motion, which symptoms it mitigates to some extent, but in my great anxiety to restore the voice, knowing it had never been done by any of her previous physicians, I decided that *Carbo animalis 200* was a better similitum, and on the 21st gave it in the 200 potency which was continued two days with great benefit in the case, except the voice continued the same. My patient was now able to sit up an hour or more at a time and walk across the room.

I now gave one dose *Sulph. 6000* with placebo for two days, at which time my patient congratulated me in having accomplished so much for her in so short a time at the same time endeavoring to relieve my mind as to the loss of voice, as she did not expect a return of the voice under six weeks and not then without a visit to Middletown, believing nothing but a change of climate would ever restore her voice. To me this was too humiliating to be borne with complacency. I therefore exerted myself to find a remedy as potent as sea air, and among all I examined could find none so probable of relief as *Phos.*, but this trustworthy remedy in lung affections she had doubtless received from other hands innumerable times previously, for the same affection, without benefit, but it is possible not in the same potency, I therefore gave her a single dose of *Phos. 19,000.* on the tongue and left her for two days. On my return found her down stairs and greatly improved in strength, but the voice remains the same. I now placed a few globules of the same remedy and potency in a glass of water and ordered her to take two teaspoonfuls every three hours.



On my arrival in two days more I found the voice entirely restored, with a clear sonorous ring, and has remained sound up to this date, Jan. 5, 1879. Some little pain remains under the shoulder blade, which was relieved by *Chelid. maj.* 200. She was under treatment from the 17th to the 27th of December, and returned to Philadelphia on a visit on New Year's day.

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### SILICEA IN CONSTIPATION.

BY I. D. JOHNSON, M. D.

Read before the Homœopathic Medical Society of Chester, Deleware and Montgomery Counties.

Was called to see Mrs. H. aged twenty-six years and mother of three children. She stated her case as follows: " Ever since the birth of my last child, three months ago, I have suffered greatly from constipation; have taken repeated doses of *Castor oil*, rhubarb, magnesia and cathartic pills through the advice of my physician, which gave only temporary relief, and now I can scarcely get my bowels moved with all the medicine I can take, and *I don't know what is to be done!* The stools are very hard and dry, and with much straining and effort the stool comes down part way and then recedes back into the rectum when I loose all power to relieve my bowels."

I gave her eight powders of *Silicea* 30 to be taken, one powder night and morning. I saw her two weeks thereafter, when she told me that after taking half of the powders her bowels were naturally moved and had remained well ever since.

Mrs. J. mother of four children and in every way apparently healthy, consulted me in regard to constipation, which she had suffered from for several months. She had been very particular about her diet, using bread made from unbolted flour, living on oatmeal mush, fruits, etc., without relieving her of her difficulty. She had repeated call to stool without being able to effect an evacuation; the stools were very large and hard, and after being partially expelled would recede back into the rectum.

I gave her one dose of *Silicea* 30, two hours after she had a free discharge from the bowels, and has remained free from the difficulty ever since, now six months.

Mrs. T. aged forty-eight years, has been in delicate health for two or three years, suffering from alternate constipation and diarrhœa, and from frequent severe attacks of gastralgia. I will not go into minute details of this interesting but complicated case, suffice it to say that when I was called in to see the patient she had been confined to her bed over four weeks, and under the care of a reputable Allopathic physician. I found her suffering from great weakness, loss of

appetite, dry mouth and tongue, dizziness with inability to sit up; soreness with cramp-like pains in the stomach; painless morning diarrhœa, stools brown, watery and very offensive. At this visit she received *Nux vomica* 6, which entirely relieved the pain in the stomach to the great joy of the patient. The diarrhœa proved to be quite obstinate, but finally yielded to *Podophyllum* 6th. Obstinate constipation now followed, which gave the patient great uneasiness. The stools were large, hard and dry, and efforts to move the bowels caused hæmorrhage, the blood passing away in considerable quantities after the stool was expelled. For this difficulty the patient received *Bry.*, *Lyc.*, *Nux v.* and *Sulph.*, without affording any relief. On a closer examination, I drew from the patient, the key note for the exhibition of *Silicea* which is, "after much effort and straining, the stool recedes back into the rectum after having been partially expelled."

I gave her a few powders of *Silicea* 30th, and in three days she was entirely relieved of the constipation and nearly all of her other difficulties with which she had suffered for months.

This is not a tithe of the cases which I could give to show the salutary effects of *Silicea* in constipation where this symptom is present, and I have come to regard it as almost a specific in cases of this kind.

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### CASES FROM PRACTICE.

BY C. BERNREUTER, M. D., NASHVILLE, ILL.

#### NEW SYMPTOMS OF GELSEMIUM.

CASE I. E. B. aged eighteen, went to bed in wet under clothing, which caused a severe attack of acute rheumatism. After the acute symptoms had subsided he was troubled for several years with his legs. He had to walk with his legs perfectly straight, if he happened to flex them he broke down. After many things had failed to give relief, he remarked that he could not control his legs, they wanted their own way, which reminded me of *Gels.* The remedy affected a change at once. This boy had always been troubled with *night terrors*, for which he accounted by saying his nose was the cause it being stopped and dry. After his legs were cured he had but few light attacks of night terrors, and his nose has not troubled him any more. I was exceedingly anxious to decide whether *Gels.* had cured the night terrors for which it is not mentioned in our books. A month ago a lady applied to me for her boy who started in terror every night, and to my great astonishment he also blamed his nose for the terrors. He received a few doses of *Gels.* and has not had a single attack during a month. The breaking down of the legs or bending the knees forward, and the night terrors charged to stoppage and dryness of the nose are new features of *Gels.*

## THUYA IN LACHRYMATION.

CASE II. Mr. J. W. aged twenty-four, of intemperate habits and bashful disposition, has been troubled since eight years with profuse lachrymation and about six smooth warts on his eyelids. The lachrymation is troublesome in the winter, in the cold air, and only in day-time. His stomach is easily deranged by fatty food, which causes vomiting. Aversion to sweet, desire for sour food. Relishes coffee which agrees. Before breakfast slimy mouth, sour taste. *Pulsatilla*, though apparently well indicated, disappointed me. At a subsequent visit I was forcibly struck by the fact that a large lake of tears remained standing in the eyes, which, according to Lippe, indicates *Thuja*. This remedy, applied locally in the form of a glycerole, and given internally in the 6th dilution, removed not only the lachrymation but also the warts.

## OPIUM IN PNEUMONIA.

CASE III. Mr. H. F. aged forty years, of a phlegmatic temperament; double pneumonia. At times feels as though he were not in his house, which he expresses by saying, "I wish I could be in the house with my family." Although in a desperate condition he is not much alarmed and wants to sit up a great part of the time because the bed feels too hot. His whole body, except the lower extremities, perspire profusely, the sweat is very hot. The perspiring parts are covered by a heavy crop of sudamina. He gropes with his hands about the bed as though he were hunting something. In as much as *Opium* is not one of the routine remedies in pneumonia, I wasted time in giving *Bry.*, *Phos.*, etc. About the eleventh day *Opium* 6 was given, which was followed by a sudden change and a most satisfactory recovery, without the aid of any other remedy. If it is objected that pneumonia gets well without treatment, I reply that the time when resolution generally takes place had passed when *Opium* was given, and that in all likelihood nature was inadequate to the task in this case, where not only the whole left but a considerable part of the right lung was hepatized. An intelligent gentleman who visited my patient every day, remarked afterward: "H. F. was the sickest man that ever recovered on this prairie." I ought to remark that I have treated another very similar case where the same remedy yielded the same results.

## EVERY-DAY EXPERIENCES.

CASE I. Mrs. B. aged thirty-nine, thin spare figure usually, and now greatly emaciated, dark hair and eyes, and very irritable disposition, was put in my hands on Jan. 18, 1879, after undergoing a siege of nine days "heroic treatment. On the previous day the husband

had called on me and from his description, and not knowing that she had been treated at all by any one, I prescribed *Aconite* 100,000, two pills No. 25, and *Sac lac*. On the next morning I was informed that she had had a very bad night, and was requested to see her. The condition of things as I found them was: Pulse 118, thready and jerky; a dingy sallow face, with dark, almost purple cheeks. Respiration hurried and gasping with sharp stitching pain in lower left lung, which was to the same extent hepaticized with great rattling in bronchial tubes. Position on back with head raised high; could lie on left side, but *not at all on right*. Great thirst, little appetite; tongue coated yellow in middle with *bright red tip*; coating very thick; *fan like motion of alæ nasi*; delirious and stupid and *getting weaker all the time*; weak *aint spells very frequently*; *must have plenty of fair*; and chilly and hot flashes; *feet get so hot must stick them 'out of bed*; *drowsy and stupid all day and wakeful, restless and delirious all night long*, with twitching of hands and feet. As *Aconite* was certainly not called for, and *Sulphur* most undoubtedly was, I left her one dose of *Sulphur* 100,000, two pills No 25, dry on tongue, and *Sac lac* in water, one tea-spoonful every two hours. Next morning she awoke refreshed from a good twelve hours sleep, and called for something to eat, and in course of thirty-six hours her pulse resumed its normal rate and fever was gone. The cough which had been hard and dry with occasional bloody sputa now loosened and became catarrhal, and with no more medicine than this one dose of *Sulphur* 100,000, this woman is to-day, (Jan. 23) sitting up, eating and sleeping, and getting well at race horse speed. Now my brother Allopath had two other cases in a neighboring house, who were sick six weeks ago, and one of them is still on his back, and this broken down, exhausted woman was cured inside of three days from the first dose, with only one visit and two prescriptions of *Sac lac*. Could one dose of the Hahnemannian 3d centesimal do any more? And could it do as much?

CASE II. Jan. 13, 1879, was called four miles into the country to see two little girls, the one nine, the other five years of age. The symptoms in each case were as nearly alike as could be. Tongue *yellowish*, with bright red tip and edges and diphtheritic membrane well developed, thick *yellow* color, worse on *right* side. *Great swelling and enlargement of glands of neck*, starting on *right side first*. Great thirst for cold water, and *could swallow only by little sips*, as throat was so full, and considerable *salivation*, which made chin *sore*. Nose obstructed with thick yellow scabs and membrane, worse on *right side*; great prostration and high fever; urine high colored and scanty; costive. As *Mere. iod.* and nothing else was indicated, they each received one dose of *Merc. iod.* 100,000, two pills No. 25, dry on tongue, and *Sac lac ad libitum*. To use their fathers words, "From that first dose they began to gain, and both are eating, sleeping and getting well as fast as possible." No other dose was required, no other was given, no *second visit* was made, and to-day (Jan. 23d) these children are attending school and have been for nearly a week. Could one

dose of Hahnemann's 30th cent. do any more or any better? Or would it, has it ever done so well? And furthermore the higher the potency of *Merc. prot.* the better is its effect.

This fall and winter I have treated one hundred cases of genuine diphtheria in its various forms from the lightest to the most malignant type. *Loss none.* Duration of illness four to five days, rarely have I had to give more than one dose of the indicated remedy, and in some cases complete casts of membrane have been *sloughed* off and coughed up, and *immediate recovery* followed. And the single dose and high potency was just as good in the most malignant as the lightest case. *Merc. prot.* and *Lac caninum* have been the main remedies in this epidemic. Sceptics may say what they will, I can tell a case of diphtheria by the *smell* every time and these were genuine.

*Lac can.* 100,000 has always removed these symptoms of throat, "false membrane, thick gray or slightly yellow or else dark and almost black. Throat worse at one time on right, at another time on left side, inflammation and swelling shifts from side to side, most generally worse on left side. In some cases the membrane is white and glistening, almost like mother of pearl, constant salivation and drooling. Fluids return by nose. Great sensitiveness of throat to external pressure. Pricking and cutting pains when swallowing shooting up to ears and follows *Lach.* excellently. I commend this to the notice of all, and would further say that *Lac canin.* has been proved far enough to elicit 1142 symptoms and nearly every one genuine. True the 100,000, 75,000 and 40,000 were used in the provings, and so of course it is no good. But if any one will give it in diphtheria and give it a thorough trial based on the foregoing indications he will be amply repaid and his patient cured. *Cito tuto et jucunda.*

And moreover the sceptic should give one dose of *Lac can.* 100,000 in after-pains when they are very severe and shoot down into thighs, and in any form of uterine hæmorrhage when blood is bright red and stringy. Only one trial will be necessary to convince him and set him to investigating.

G. H. C.

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### ULCERATED SORE THROAT.

BY F. L. PRESTON, M. D.

Read before the Homœopathic Medical Society of Chester, Delaware, and Montgomery Counties.

Mr. F., an intelligent young man of nineteen years, dark complexion finely cut features, applied for treatment for sore throat on the evening of August 14, 1878. He states that he has worked in a cotton mill for one month; thinks he has been poisoned by cotton seed, as the present trouble commenced a few days after he entered the mill.

I find great difficulty in understanding what he says, his utterance is very thick and speaking seems to be painful. In the course of his ten minutes' stay in the office, he goes six or eight times to the window to expectorate. Each time a mouthful of glairy mucus. He says he is suffering intensely from a dull, heavy, aching pain in both tonsils, and a similar pain in small of back, he hawks continually and says he *must* have relief. The present symptoms have existed from the first, though only for the past week in such an exaggerated form; they are, he says, steadily increasing in severity; has had little sleep for three nights, and feels unable to work any longer. He also informs me that he has had Homœopathic treatment since a few days from the onset of the disease; is, of course, unable to detail the remedies used; but states that part of the treatment consisted of a "gargling of slippery elm bark tea."

On examination of throat I find an ulcer in each swollen tonsil, about one-quarter inch in depth, and same in width, the tonsils are purple and hard, there is a purple appearance of the whole buccal cavity; uvula is purple and enlarged, and appears as if twisted on itself turned much to left side, the tongue is double its normal thickness, purple on sides and beneath and dorsum covered with a thick, yellow coat to within one-half inch of tip, which is dry and swollen; breath is extremely fetid.

I gave the young man three powders numbered respectively 1, 2 and 3. Number 1 contained some prescription powder and some pellets moistened with one drop of *Merc. iodide flav.* 100,000 (*Mercurius iodide*). Numbers 2 and 3 contained only prescription powder and blank pellets. He was directed to dissolve number 1 powder in one tablespoonful of water, and take a dose of one tablespoonful every hour; using numbers 2 and 3 in same manner. He also received an urgent request to call in twenty-four hours and report.

Promptly at the appointed hour, August 15, he presented himself for report and examination. He said "About fifteen minutes after I took the first spoonful of medicine, I got entire relief from the pain in back and throat, for the first time in many days, and went to sleep; but was awakened by my mother for the second dose; soon after taking it, the pain returned with greater severity than ever before, and continued till morning, so bad that I walked the floor groaning with pain the whole night, the pain moderated about 9 A. M., the hawking and spitting stopped about noon, and I now feel perfectly well."

On examination of mouth and throat, I found the tonsils much reduced in size, and of natural color, the ulcers remained as before, tongue also reduced to natural size, but retaining, to a great extent, the buff coating, his articulation was clear and distinct: he had now slight pain on swallowing. He received blank powders. In forty-eight hours no trace of this trouble remained, nor has he had any return of it up to date, as per his report this P. M. September 29th.

Judging from the facts above stated; there would seem to be one

very useless error in the prescription in this case, viz : the repetition of the dose.

As to the ultimate effect of the medicine I had not any grave doubts, for the simple reason that I had just recovered from an attack of angina, very similar, after the administration of one dose of the same remedy, same preparation (C. M.) dry on the tongue. In my case there had been tried *Bell.* 30, *Merc. v.* 200, *Lach.* 200, *Phytol.* 18, *Arum try.* 6 and 200 and *Merc. iodide flav.* 30, without any perceptible benefit. The suffering was so intense, especially the pain in tonsils and small of back, that for four days and nights I had slept absolutely none. Eating was impossible and my speech was so indistinct and the effort so painful that I had about abandoned it and resorted to gestures. The afternoon of the fourth day of the attack, I spent in a state of partial insensibility from inhaling chloroform, which I took as a last resort, being almost prostrated from loss of sleep, and by the continuous and indescribable aching, dragging pain in tonsils and small of back.

Not more than twenty minutes after the administration of the *Merc. iodide* 100,000, I fell into a short slumber, lasting an hour, and awoke free from pain in either back or throat; took no more medicine, and afterwards enjoyed a sound night's rest. In forty-eight hours the condition and appearance of my throat was entirely normal. In my case there was not the swelling of the tongue, but speaking was difficult and more painful than I can describe. The yellow coating of the tongue was however present.

After my recovery I felt dissatisfied with the evidence in my case; though firmly believing in the curative power of a dose of the correct remedy in almost any potency; (especially when feeling the same in my own person); still I have an abiding respect for the 30th and lower attenuations which experiences, similar to that which I now relate, may perhaps modify. It will be recollected that I had taken *Merc. iod.* 30 in repeated doses without effect.

It would be interesting, and would in a manner complete the chain of evidence, to know whether in the case of Mr. F., first related *Merc. iod.* say 1x had or had not been given, together with "Slippery Elm" adjuvant. That must however remain in doubt. I will candidly admit that personally I have no predilections for 100,000 potencies in the abstract, and am content to prescribe the thirtieth, after carefully trying to find the correct drug. But it is not my intention to comment on potencies; a subject that from my present limited experiences I do not feel warranted in approaching in this society.

My only object in reporting these cases was to respectfully call your attention to the some-what rapid improvement following the use of a 100,000 potency, and still more the apparent aggravation following a repetition of the dose; in one case, not occurring in the other, where the medicine was administered in a simple dose dry on the tongue.

## HOMŒOPATHY VS. HEROIC TREATMENT.

## APIS IN CYSTITIS.

Last Thanksgiving I left my office to go fifteen miles to pay a bill to a merchant, then due. I found him home, sick in bed, trying to get some relief, as it was a holiday. He could go about some, but he was so tormented by a *constant* desire to urinate, that caused so much pain about the glands penis, he did not care to get very far from some convenient urinal. As he had so much desire, he said "it did not pay to attempt," as but two or three drops would pass. My diagnosis was inflammation of the neck of the bladder. He had then been suffering about three months, and had called at different times, three of the best O. S., M. D's in the city. Expense was no object if he could but get well. At that time they were advising him to have a fly blister applied to the penis, as he had been the round of cubebs, copavia, sandal wood oil, capsules, etc., and that was the last resort. If the blister did not cure, they could not say what would. I induced him to come with me to the office of a resident Homœopathist, and I would get him what I *thought* would help him. He came at noon. Dr. — suggested *Canth.* I insisted on *Apis* and secured about five drops of 8th dilution, and saturated a half ounce vial of pellets, a dose once in fifteen minutes, for one hour, then once an hour, till better. I came to see him in the evening. He was smiling, and I felt he was better. He too, wanted to know all about the remedy, as it was the first dose he had ever in his life taken when he had received any benefit. That afternoon he had but two calls to urinate, and next day was entirely well. He compelled me to remain all night, as he wanted to "talk up Homœopathy." His doctor bills formerly were over one hundred dollars per year. The past year has not cost him five dollars. He says he's "taken his last dose of Allopathic swill!" One of his old attendants, when told, said, "it was but an accident on our part" to hit his case. He still has his *Apis* keeping for his children, when they come.

Two years ago I called on a noted Homœopathist. While in his office a lady patient was ushered into his parlor. Dr. C. desired me to wait, and on his return stated that the lady could not retain her urine but a few moments at once; that it scalded her severely when passing. He desired me to prescribe. I asked to see her. He said she was one of his best patrons, and of a wealthy family, and that she would not consult a stranger. He promised to inform me how my remedy affected her. I put three drops of *Apis m. 6x*, into a drachm vial, and filled it with water, directing to put it into a glass of water, a dose to



be taken once in fifteen minutes for the first hour, afterwards taken once an hour.

The doctor suggested to me *Canth.* to be better. I said I would take the blame, if a failure. The next day the lady came in, anxiously inquired *what* that remedy was. She stated that within an hour she was as well as ever.

J. W. M.

### ON THE TREATMENT OF TÆNIA.

VERIFICATION OF HERING'S PRESCRIPTION BY F. DUNCAN, M. D.,  
OSAGE, IOWA.

In the December 1st number of THE UNITED STATES MEDICAL INVESTIGATOR, page 458, Dr. Wolff gives some experience of interest in the treatment of tænia, but to my mind goes rather too far when he ridicules Dr. Berridge, of London, and Homœopathic prescriptions or remedies said to have been used efficaciously for tænia. When he asked the question as to different remedies producing the parasite, I supposed of course, that he was going to give us positive proof of the remedy he was lauding having done so. Imagine my surprise when he goes on and prescribes or recommends his remedy, just as can be found in the U. S. Dispensatory, handed down from the ancients, etc., and yet is not going to rely on the *Felix* next time, but is going to *try Kameela*. Let me make a suggestion, doctor, before you publish your experience with this drug, please to give it a thorough proving. Have several of your friends do the same under your personal supervision, and send us the worms produced (characteristic symptoms will answer, we will not be hard on you).

For the encouragement of Dr. Berridge and others, I will give my experience in one case, which I would not presume to give were it not a verification of good old Father Hering's experience.

In Jahr's Forty Years, on page 141, he says he has not been able to substantiate Hering's prescription for tape worm, viz., "two doses of *Sulph.* during a declining moon, and the next time a dose of *Merc.*" In a recent case, that of a sensitive lady, who had been troubled for several years with tænia, and had swallowed everything indiscriminately said to be good for tape worm, until she had become completely disgusted, and concluded "if it could not be persuaded to leave her by mild measures, she would wait till her time came to go worm and all."

It being the decline of the moon when I was called, prescribed *Sulph.* 30, to be taken that evening, and on the evening following. After the first dose, no uneasiness was felt, and next morning, after second dose, nearly all of the worm was discharged. No pieces were discharged, nor was any uneasiness experienced until the next decline of the moon, when some uneasiness was felt, which reminded the

patient to take the powder (*Merc. sol.* 6x). Next morning the balance of the worm passed, since which time, now four months, no symptoms of tænia have been experienced, and the person has improved very much in general health.

Hope others will try this prescription of Hering's, and report their experience through this journal.

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## Hygienic Depar

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### VIRCHOW ON COFFEE AND TEA.

The celebrated man of learning and physician, Dr. Virchow, writes on this subject: "It is not only a question for laymen, but it has also been disputed scientifically whether coffee, tea, and the larger portion of the fermented beverages are possessed of a really nourishing value or not. I will disregard here at large the properly compounded articles, among which partly the beyond doubt nourishing *chocolate*, and on the other hand, the *beer* is to be mentioned; but it is of an exceedingly practical interest to investigate where coffee and tea belong to. Coffee and tea contain in a singular manner the same nitrogenous body, the caffeine or teaine a crystalized substance. For a time it was deemed possible that caffeine may be a nourishment; especially the disposition prevailed to presume that it had the important signification of serving as a substitute for consumed nervous material. The utterly small quantity of caffeine which exists in tea and coffee might have shown already the improbability of this opinion; in the coffee bean, little more than one-half per cent., in the tea leaves, according to quality, one-half to one and a half per cent. of it is found. Later the idea was entertained that the caffeine retards the decomposition of the nitrogenous bodies and acts by that, preserving the tissues of the human organism, like alcohol was thought to do. It appears, however, that the essential suppositions of that theory were false; during the use of coffee no retardation in the decomposition of the albumen takes place at all. Thus the truth has been arrived at that the caffeine is nothing more and nothing less than a body strongly stimulating the nerves, and when taken in a larger quantity, directly *poisonous*, like the *alcohol*. Aside from the sugar and milk which is admixed to the coffee and tea, they have as *nourishments no significance whatever*, being means of enjoyment, and in many respects closely related to two other very common stimulants; brandy and whisky, which are mixed with sugar, seldom with milk. As we have stated, the caffeine and teaine as well as the *alcohol*, are

poisonous substances, the former two principally stimulating, the latter at first exciting, then paralyzing.

"The *coffee sisters* and *tea brothers* whose societies the apostles of temperance have favored so very much, indulge consequently, not less an abominable passion than the *brandy, whisky, and alcohol* drinkers." So much of Virchow.

As for myself, I have been of the same opinion a number of years already, and cautioned in my practice my patients, like many other individuals occasionally, of the more or less injurious effects of *coffee, tea,* and any *alcoholic* drinks stronger than *wine*. I am fully persuaded that at least one-half if not more of all the coffee and tea drinkers are laboring under chronic disorders, either directly arising from those beverages or being somehow aggravated under their influence.

What substitute shall we recommend instead of them? People are generally so much used to guzzle them that the majority of them could not and would not exist without a substitute. For coffee and tea we might recommend artificial coffee, prepared from *barley, rye,* or *wheat,* and above all, *barley malt,* moderately roasted. The latter excels not only in taste, but also especially in its nourishing properties any substance besides chocolate known to me. *Barley malt* is to be got from breweries or malt houses, in an unground condition, looking like barley itself, but having other chemical qualities, and containing a considerable quantity of *starch sugar*. When roasted light brown in a flat tin pan, with a gentle heat, it furnishes an excellent stuff for drinking instead of coffee or tea. It is to be ground then, like coffee, and boiled thoroughly, for about a quarter of an hour, with a sufficient quantity of water, more or less strong, according to the taste or desire of the consumer, then strained and mixed with any quantity of *unboiled* milk, as the *boiled* milk is apt to produce or increase constipation with many persons. Sugar is hardly necessary to add, as such a malt decoction resembles genuine coffee pretty much, and has a pleasant, rather sweetish than bitterish taste when mixed with milk. There is too much sugar consumed in this country as a dietetic article, to mention it by the way. Used to an excess, as it is done too often, it creates dyspeptic affections, biliousness, etc., impairing also, eventually, the blood and general nutrition. In very cold weather sugar is like grease, more required by the process of respiration, whilst in a warmer season the human organism is easily overloaded or satisfied with either of these substances, and diseases of the digestive organs are thus produced.

I have used *barley malt* quite frequently for many sick and healthy persons in my practice since a long time, and found that it generally gives satisfaction to the majority of them in regard to taste and effect. A few individuals however, can never abide the taste of it, from an idiosyncrasy or hysterical disposition, who may then be accommodated by corn, rye, wheat, or health chocolate *without spice*. *Barley malt* is particularly useful to all persons who are emaciated and need more fat and flesh; even babies readily take and bear it well as a

mixture with milk in health and disease. To babies it may be given with very little or perhaps, no roasting at all, if it be dry enough for grinding. Adults would not like it so well, as a general rule, without roasting, on account of its objectionable taste, like milk and water.

I have been drinking this *malt* coffee myself several years, and I gained soon after the commencement of its use about ten pounds of weight, having witnessed alike in my patients and clients not infrequently a decided increase of bulk and an improved external appearance if they consumed it regularly every day. Too much roasting impairs the nourishing elements, and may also act sickening in many persons from an excessive use of charcoal, empyreumatic oils, and similar substances, thereby developed.

J. B. BRAUN.

## THE PLAGUE.

### THE PESTIS, MALIGNANT TYPHUS.

The plague that has not appeared in anything like its former severity for about 200 years, is making ravages among the people of the cities of southeast Russia, and is attracting the attention of the medical and commercial men of Europe. Inter-communication is so easy and rapid in this day that we do not know how soon any of us may be called to treat a case of genuine Levantine Plague. We have therefore thought it well to reprint an article by Dr. J. Laurie on this singular and very fatal disease, and its Homœopathic treatment.

The term plague is employed to designate a malignant disease which frequently prevails on the coast of the Levant, and which appeared in England about 200 years ago. Most authors who have written on the subject consider the plague to be a pestilential contagion, which is propagated almost solely by contact, either with a diseased person, or with porous substances, such as wool and woollen cloths, which have absorbed and retained the specific poison; but it would seem that it occasionally prevails also as an epidemic disease. It has been observed that the disease generally appears as soon as the fourth or fifth day after infection.

*Premonitory symptoms.*—Sometimes premonitory symptoms in the form of slight headache, and some degree of languor, are experienced by the patient, for many days previous to the outbreak of the disease.

*Symptoms of the attack.*—It more frequently happens, however, that great depression of strength, anxiety, palpitation of the heart, fainting, giddiness, violent headache, delirium and stupor, together with a weak and irregular pulse, very soon supervene. Nausea, and vomiting of a dark, bilious substance are shortly superadded; and as the disease proceeds on its course, swellings form in the glands of the armpits, neck, jaw, and in those beneath the ears; carbuncles also

arise, or spots or stains make their appearance; or discharges of blood, and an exhausting diarrhœa ensue.

*Issue and Results.*—This disease is always regarded as serious and pregnant with danger when it presents itself in a severe form. Much appears to depend upon the particular character of the epidemic. When accompanied by glandular tumors, it is commonly less fatal than when unattended by these inflammations. The invasion of healthy suppuration in the glandular tumors is always held as critical, and conducive to recovery. The breaking out of a gentle perspiration has also been known to prove critical. Spots, discharges of blood, excessive relaxation of bowels, and a tendency to gangrenous degeneration of the carbuncles or glandular tumors, have hitherto been regarded as positive indications of a fatal termination.

#### TREATMENT.

The most available remedies and their respective indications as regards the typhoid fever, will be found in ‘Panelli on Typhoid Fever,’ to which, therefore we refer our readers.

*Arsenicum*, in addition to being appropriate to the fever, is well adapted to the excessively irritable state of the stomach, with rejection of everything that is partaken of, or vomiting of blackish bilious matter, the great prostration, and the excessive loose discharge of the bowels, which so frequently accompany the disease. It is, further well calculated to be of essential service in warding off a tendency to gangrenous degeneration when carbuncles arise, and may even prevent a fatal issue when gangrene has already commenced. *Arsenicum* is again characteristically indicated by the development of the peculiar spots or stains upon the skin.

*Lachesis* or *China* may also prove efficacious, in some cases, even, in which *Arsenicum* appears to exercise only a partial control over the progress of the disease, and when, notwithstanding the employment of the last named medicine, the glandular tumors and carbuncles threaten to terminate in mortification. *Lachesis*, in particular, is available in those almost desperate cases in which utter prostration of the vital energy appears imminent. *China*, on the other hand, may succeed when the disease has throughout its course been characterized by exhausting diarrhœa.

*Mercurius* may, on the other hand, be employed with much good effect after any of the medicines previously indicated, as against the typhoid fever, when the glandular tumors form and threaten to become indurated, although they do not assume a livid appearance; and, more especially, if the glands adjoining the ears become affected and the region about the liver is much distended.

*Silicea* should be promptly employed, if, after the previous administration of *Mercurius*, the surface over the glandular tumors should present a livid appearance, or, if the carbuncles should suppurate and discharge, but instead of manifesting a tendency to heal should exhibit an angry or gangrenous aspect.

*Acidum nitricum* would in all probability prove a medicine of much value in cases in which, notwithstanding the previous administration of *Mercurius* and *Silicea*, the glandular ulcers continue to exhibit a more unfavorable aspect, and the general condition of the patient to grow worse. This medicine would also, probably, be of much service against the exhausting discharge of bloody evacuations which sometimes occur.

*Diet and Regimen.*—Proper ventilation, if it can be obtained, would doubtless be conducive to the promotion of the curative efficiency of the medicines. Cleanliness is essential, both as regards habitation and person.

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## Society Proceedings.

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### THE HOMEOPATHIC MEDICAL SOCIETY OF CHESTER, MONTGOMERY AND DELAWARE COUNTIES, PENNSYLVANIA.

This society convened at the La Pierre House, Philadelphia, on the 7th of January, 1879, at 12 o'clock, noon; president Dr. T. Pratt in the chair.

Members present: Drs. R. P. Mercer, T. Pratt, J. H. Way, F. L. Preston, S. Starr, J. B. Wood, I. D. Johnston, J. W. Thatcher, M. Preston, C. Preston, and L. Hoopes, and by invitation, several students of the Hahnemann Medical College.

Dr. Hoopes reported a case of Ophthalmia Neonatorum Purulenta of three weeks duration, cured in three days by the use of *Arg. nit.* 30, internally, and the local application of *Nit. of Silver*, one-half grain to the ounce. Also a case of lacerated perineum of nine years standing, cured by operation.

Dr. R. P. Mercer reported a case of lacerated perineum which was ulcerated and raw, which healed by granulation in a short time. He used a dressing of *Calendula* tincture.

Dr. J. B. Wood doubts the utility of pessaries in almost all cases of uterine displacement; he says that he has found them imbedded in the tissues by ulceration, and has had difficulty in removing them; in one case he had to cut the pessary with bone forceps in order to remove it. He thinks *Bell.* much more useful than pessaries and most of the members agree with him.

Dr. Way reported a case of an old lady, aged eighty years, suffering from lacerated perineum; she had been wearing a pessary for a long time, which he removed and found the neck of the uterus inflamed and indurated; he gave her medicine and she is getting along well without it.

Dr. Thatcher had a case of procedentia of seventeen years standing; he kept the patient in bed three weeks and gave her three doses of *Pod. 200*, which cured permanently. The lady was fifty years of age and was under observation two or three years after.

Dr. Johnson reported several cases of constipation cured by *Silicea* confirming Guernsey's Key Note, "Stool very hard and dry, and after much straining the stool comes down part way and then recedes."

Dr. F. L. Preston reported a case of ulcerated sore throat cured with *Merc. iod.* 100,000.

Dr. M. Preston related a case of colic which was slightly relieved by *Colocynth*, after which he gave *Nitric acid 200*, in water with prompt relief; soon after the patient took some other medicine, when the pain returned; a single dose of *Nitric acid 200* then cured. The pain was sharp and bearing down, and located to the left of and rather below the umbilicus.

Dr. Wood mentioned a case cured by *Nux 1* after *Nux 200* had failed.

Dr. C. Preston presented a case of bronchial catarrh with complete aphonia, cured by *Phos.* 19,000.

Adjourned to meet at the La Pierre House, Philadelphia, April 10, 1879.

L. HOOPES, Sec'y.

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## Book Department.

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THE HUMAN EYE: ITS OPTICAL CONSTRUCTION POPULARLY EXPLAINED. BY R. E. DUDGEON, M. D., London: Hardwicke & Bogue, 1878. Chicago: Duncan Bros. pp. 92, \$1.50

No one can peruse this little work without perceiving that it reflects the keen judgment and mature study of a master of the subjects treated. Without unnecessary or confusing words, with a terseness and pungency most admirable, it explains the mechanism of the eye, and then proceeds to analyze the present most generally accepted

theory of accommodation, and suggest its defects, before modestly supplanting it with another. Whether this latter will stand the criticism it is certain to meet, and be generally accepted as the true theory is, as yet, undetermined.

The author is not free from a delusion entertained by many other writers, that he can treat a most technical subject in an untechnical manner. We hardly think he has fulfilled his assertion "that a popular method of treatment of his subject is perfectly compatible with scientific accuracy," or why then does he remark "that a double concave lens constructed of a less refractive medium, immersed in a more refractive medium, acts like a double convex lens made of a more refractive substance in a medium of less refractive power," etc. We are inclined to the opinion that he who desires knowledge of an abstruse subject must master rudimentary knowledge as preliminary to advanced learning.

The author then gives the details of an ingenious invention of air-lenses, enabling the wearer to see under the water and in the air (nearly) equally well. The perspicuity of the previous descriptions obtains in this one. While recently in London, the writer hereof by invitation went to Montagu Square, and was favored with a careful explanation and demonstration of the artificial eye mentioned in the work, and presented with an air-lens used in the original discovery. Both are models of ingenuity, and aside from demonstrating the patience and skill, must ever retain a personal interest from being the handiwork of the inventor. As regards the theories, applied to either of the models respectively, they demonstrate themselves with unerring certainty.

A case reported by the writer (case No. IV, in "Anomalous cases," First Annual Report American Homeopathic Ophthalmological and Otological Society,) may be explained on the theory of accommodation advanced by Dr. Dudgeon. Its solitary position of apparent corroboration of this seemingly untenable theory renders it interesting, and is aside from the mechanical demonstration the only evidence as yet reported on the subject.

A few seeming errors in anatomy are found, and an apparent lack of knowledge on several minor points. The attempt, however praiseworthy always fallacious, to popularize an unpopular subject covers with a mantle of charity all errors, and disarms criticism on such points.

The book should be read by all desiring to keep up with the liter-



ature of the subjects. The intrinsic merit of the work, aside from the high reputation and scholarly attainments of the author, entitles it to the considerate judgement of the profession.

CHICAGO.

C. H. VILAS.

HOW TO MAGNETIZE; or, Magnetism and Clairvoyance. By J. B. WILSON. New York: S. R. Wells & Co. Price, 25 cents.

The scope of this work is indicated by the title. An article on animal magnetism is added by Dr. Fleming.

## Hospital Department.

### HAHNEMANN HOSPITAL CLINIC.

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

#### *CASE OF SPINA BIFIDA.*

BY HARLAN P. COLE, M. D., PROFESSOR OF GENERAL AND SURGICAL ANATOMY AND MINOR SURGERY, IN THE HAHNEMANN MEDICAL COLLEGE AND HOSPITAL, OF CHICAGO.

A very interesting case of spina bifida has just come under our observation. It is especially so, because, through the obstetrical department of the hospital, we have a history dating back to its intra-uterine life.

CASE 6773. A male child weighing six pounds, eight and one-half ounces, was born Dec. 20, 1878. At birth a tumor was noticed at the sacro-iliac junction, measuring about two inches in length and one in width. The child was in other respects anatomically perfect. The mother of this interesting specimen was admitted to the hospital about two weeks before her confinement. The resident physician, Dr. Dunn, tells me that at first examination of abdomen, he noticed something unnatural and decided to watch the case carefully through the balance of her gestation. Placing his hand upon the abdomen of

the patient, convulsive movements could be felt which seemed very different from the movements of an ordinary healthy fetus. These movements would last from ten to thirty minutes, gradually increasing in severity and duration up to time of confinement. The heart beat was also very irregular both in force and rapidity, the average rate being from 140 to 160. The delivery was slow and tedious.

Dec. 21. The child, then twenty-four hours old, was brought to the surgical clinic under Professor Hall, to see if anything could be done in this department for the relief of the deformity. At this time I first saw the tumor. At the sides, the integument was intact and natural in appearance and thickness, but became gradually thinner as it approached the centre which was covered by a thin, delicate membrane already too thin to retain all the fluid which once occupied the cavity beneath, and apparently ready to burst at the slightest touch. The tumor which protruded about half an inch from the surface of the body, was located upon the first bone of the sacrum at its junction with the left iliac bone, being therefore not in the centre as is usually the case, but decidedly to the left of the median line of the body, and occupying the groove between the spinous processes of the sacral vertebræ and the projecting portion of the iliac bone at its posterior superior spine. At the sides and above the tumor a sharp bony ring could easily be felt, showing the existence of an opening into the vertebral canal with which the external sac freely communicated.

On account of the extreme youth and feeble condition, and the frequent convulsions to which the child had been subject since its birth, the size of the opening into the vertebral canal, and the extreme thinness of the covering of this tumor, the nurse was directed to support the tumor with a compress so arranged that it would not press upon the centre, until the general condition of the case could be improved if possible when something else might be undertaken. These directions were carried out to the letter and everything possible done to save the case, but the unfavorable prognosis given at the time it was seen by the class, was fully verified on the afternoon of the 24th of December. The convulsions gradually increased in severity and duration, there being very little freedom from them at the last.

The voice was squeaky, there were frequent sudden cries, respiration was impeded. and the hands closed firmly during the last day.

The post mortem examination of this interesting specimen was made Saturday P. M., Dec. 28th, before the class. The tumor was

circumscribed by an incision and followed down to its bed which proved to be the left sacro-iliac ligaments. These ligaments were perfectly normal as were also the bones of the sacrum in this region, but on following up the spinous processes of the vertebræ we noticed an absence of the lamina of the last lumbar; this was also the condition of the fourth, but the third had a cartilaginous band extending across from one articular process to the other, where the laminae and spinous process should be. The second lumbar vertebræ was normal. We found then that the external tumor which we saw, and above which we found a sharp circular margin of bone, was attached by a long pedicle which passed upward, inward and forward, entering the spinal canal just over the top of the sacrum communicating with the membranes of the cord at the third lumbar vertebræ. This opening into the spinal canal was not abrupt, but the back of the sacrum on the left side was grooved; the groove becoming gradually deeper, but not opening into the canal, until it reached the last lumbar.

This was not a cystic tumor communicating with the vertebral canal, and attached to, or lying in contact with, the membranes; or a parasite growing from this organ, but a genuine hernia of the spinal cord through the laminae of the fourth and fifth lumbar vertebræ.

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## Surgical Department.

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### *CASE OF LACERATED PERINEUM.*

BY L. HOOPES, M. D., DOWNINGTON, PA.

Read before the Homœopathic Medical Society of Chester, Delaware and Montgomery Counties.

A lady aged thirty-five has been suffering for nine years from prolapsus uteri, and for the last five years from retroversion. The prolapsus dated back to the birth of her last child, at which time the perineum was ruptured to the verge of the anus and left in that condition by her attending physician (Allopath.) She has been attended by a number of physicians of both schools with but little benefit, except from Dr. J. W. Pratt of Coatesville, under whose care she improved considerable until he removed from Downington and she fell into other hands.

I was called to see her in company with Dr. Smedley, of West Ches-

ter, in the latter part of June 1877. Dr. S. had been attending her for about three months, but as it was inconvenient for him to do so, she was placed in my care. I found her suffering from a severe menorrhagia which had well nigh exhausted her, and which was brought about by a diseased condition of the interior of the uterus. After the hæmorrhage was controlled by *China* and *Ipecac*, I was required to treat her general condition, and found the uterus hypertrophied, prolapsed and retroverted, and in replacing the organ and applying a pessary, I discovered the laceration. I tried the pessary (which was Thomas' modification of Cutter) for considerable time, but without success, and finally, with her consent, I decided to operate, which I did, with the assistance of Dr. J. W. Pratt, on the 23d of April, 1878. The patient was placed in the lithotomy position, and refusing any anæsthetic, I proceeded to pare the torn surfaces with a scalpel, after which the parts were united by three deep sutures of silver wire, passing into the vagina and secured on the external perineum by compressed shot. The wound was dressed externally with a weak solution of *Calendula*, and the same injected into the vagina two or three times daily. The urine had to be voided with a catheter for several days, but the patient made a good recovery. I kept her in bed about ten days and the sutures were allowed to remain eighteen days; on removing them I found I had obtained union of about two-thirds of the wound, giving her a perineum of about one inch and a quarter. This, I consider a very good result in a patient whose health had been impaired for so long a time, and although the uterus does not keep its place without the aid of a pessary, the instrument is easily kept in place, and she is now able to go about and do her own work, washing and all, which she could not do for years.

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#### NEW (?) CURE FOR BURNS AND SCALDS.

Dr. G. F. Waters, of Boston, recently tested before the meeting of the Massachusetts Dental Society a new remedy for burns and scalds, consisting of the application of *Bicarbonate of Soda*, the simple cooking soda used in all families. The doctor dipped a sponge into boiling water, and sponged it over his right wrist, the water flowing almost completely around the arm, and nearly encircling it with a severe scald, two inches in width. Not content with this, he dipped the sponge a second time, and pressed it closely on the under side of his wrist for thirty seconds. He then applied *Bicarbonate of Soda* to the scalded surface, and laid over it a wet cloth, and the intense pain was banished as if by magic. On the next day, after this severe test the scald, with the exception of the part purposely made most severe, was practically healed, only a slight discoloration of the skin showing where the scalding water had flowed—this too, without a second

application of the *Soda*. The flesh on the under side of the wrist had been cooked down to the sweat-glands, and the scald was one which ordinarily would have caused an open and painful wound, of long duration. The only treatment of this, however, after the first application of the *Soda*, was to keep the parts moist with a wet cloth, and no pain was experienced, and it was but a few days before this severe wound was seen to be rapidly healing."

Charles Rogers, M. D., of Louisville, says he was called to attend a fireman who had received a burn, involving two-thirds of the face, to the ears, and extending over the whole back of the neck to down between the shoulder blades. Both hands were also severely burned, and the suffering was intense.

Enough water was added to *Bicarbonate of Soda* to make it of the consistence of a thin paste, which was smeared over the burned surfaces, cloths wet with a saturated solution of the same were also applied.

The relief to the pain was prompt and permanent, and after an hour a permanent dressing of *White lead* was applied. The patient did well.

A laboratory assistant in Philadelphia having severely burned the inside of the last phalanx of the thumb while bending glass tubing, applied a solution of *Bicarbonate of Soda*, and not only was the pain allayed, but the thumb could be at once freely used without inconvenience.

A short time since I was called to attend a little girl, four years old, who had put both hands on a very hot stove, burning the palm and fingers severely. She had been screaming for half an hour, and the friends had applied Pond's extract of *Hamamelis* with little or no relief, before my arrival. I put the hands into a bath of *Bicarbonate of Soda* water, and then bound them up in cloths wet in the same. The relief was instantaneous. On the second day I dressed them in *Iodine*, adding at first five grains of *Salicylic acid* to the ounce, then three. Although the burns were deep and extensive, the recovery was complete.

A friend of mine, an English druggist, who has had much experience in the laboratory, laughs at this *new* discovery, saying that for twelve years, to his knowledge, it has been universally known among English laboratory workers. When burned in their work they run to the *Soda* drawer, and grasping a handful, plunge their hands into a basin of water.

E. A. CARPENTER.

PLATTSBURGH.

**THORN IN THE FLESH.**

BY L. E. TROTT, M. D., WILMINGTON, ILL.

Read before the Illinois State Homœopathic Medical Association. §

About the middle of November, 1876, J. H. B. was out hunting, and getting over a fence stumbled against a stump and stuck a *thorn* in the right limb, two inches above the knee joint, and about on a line with the outer edge of the knee pan. The first sensation was that of numbness only, and after walking a couple of rods, concluded that something was wrong with the knee, and stooping down and raised his pants, discovered the broken thorn which required three efforts to extract, and when removed the point of the thorn was wanting, probably three-eighths of an inch long.

The case was immediately put under the care of Dr. M., who seemed to think that there was no foreign substance in the wound, which of course was very slight, and liniments and lotions were relied upon to restore the limb to usefulness. About two months of this let-alone treatment discouraged the patient, and Dr. M. was discharged, and Dr. W. called to the case. Then it was blistered for about a month more with the effect of gradually growing worse, and on the 21st of February, 1877, I was called to the case.

On hearing the history of the case, I decided that the point of the thorn was left in the wound. The thorn being inserted when the knee was in a flexed condition, the straightening of the limb and walking, the gliding of the muscles broke off the point, which as a matter of fact, remained when the thorn was removed.

The swelling was considerable, extending half way up the thigh, and I decided that there was quite an accumulation of pus, and to satisfy the patient and friends that such was the true state of affairs, I inserted a hypodermic syringe needle, and with an aspirator drew off a goblet of pure pus. In this manner the decomposed pieces of thorn and dark pieces of bark were sucked out of the cavity, caused by ulceration. His pulse was 120, and never came below that number till the day of his death. There were three strong symptoms of septicæmia, chills, fever, night sweats, etc. The case assumed a very grave condition, not only as to the loss of limb, but of life itself. The patient and friends wished for council from Chicago. Dr. Backus having seen the case, I therefore sent for Dr. Danforth, and upon consultation after examining the case, Dr. D. decided that amputation was not to be practiced in the then condition of affairs, but to open freely and await for future developments.

Upon opening on the inner side of the limb, a large collection of pus and grumous matter was discharged, and then very free hæmorrhage of venous blood which came very near extinguishing the life of the patient while under our hands. Dr. Stinson was administering *Ether*. Complete ulceration of the saphenous vein proved to be the cause; under the circumstances immediate amputation was the only

resort to give the man any show for his life whatever. The previous low condition of the patient, loss of blood and "shock," gave but little hope that he would react and survive the night, but he did it bravely. The amputation was a compromise between the flap and circular. The outside being healthy, flaps were dissected up till diseased muscle was reached, then the circular operation to remove all of the inflamed and diseased tissues possible, and leave as long a stump as could be which was at about the center of the middle third.

For a few days the discharge was dark, grumous and bad, but by the use of *Per potass.* and *Aconite* it assumed a healthy, laudable pus and went on to recovery as well as any stump could. The ligature came away on the eighteenth day, and the stump was almost entirely healed and in good condition. His courage and appetite were excellent and the satisfactory progress of the stump gave reasonable hope of his recovery, buoyed up by a good constitution and strong vitality. But septicæmia had done its work on his system, though he never suffered any pain to speak of, after the amputation, while previously his suffering was excruciating, the pulse running much of the time 140, and never below 120. A stitching pain set in on the left side, then the arm and joints swelled like inflammatory rheumatism, the tongue being clean and in good state all of the time. On the 24th of April vomiting set in, and he sank rapidly, and about 10 o'clock on the night of the 25th, death ended the scene, five weeks from the time of amputation. A section of knee I preserved in alcohol. The abscess on the inside of the limb did not connect with the cavity caused by the thorn, ulceration being induced by the high state of inflammation. The reflection on the case is. Would not an *immediate* incision and removal of the thorn saved both life and limb?

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## Consultation Department.

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### THAT GOITRE POWDER.

Will G. R. Mitchell tell us where to obtain "Gunther's goitre powder?" Cannot find it under that name in New York, and the doctor does not state proportion of *Calc.* and *Spongia*. O. D. R.

### BENZOIC ACID IN ENURESIS.

Will J. W. M. (see Feb. 1st number of this journal, page 114) tell me what he means by "*Benzoic acid*, two drops" etc. Wood and Bache say "*sublimed Benzoic acid* is in white, soft, feathery crystals of silky

lustre, etc.," and thus I find it in the shops. Now how does he get it so as to have it in solution to drop? I have a case in point and want to know.

MEDICUS.

#### COLORED HIGH POTENCIES.

May I ask a few questions that often arise in my mind, and possibly in the minds of some others. I am a firm believer in high potencies, because I feel sure that I have seen effects that were not produced by low, but I find some medicines in my chest (high potencies) that are discolored from the corks. Now are these to be relied upon? If not, why not? For in a bona fide one thousandth attenuation, is there not always more *cork* than the drug attenuated, in the dilution also. I would like to know how long these high potencies will retain their efficiency, either in liquid form or pellets saturated. Are not some drugs more liable to become inert long before others, and is there any way of knowing that a preparation is inert, other than that it does not produce good results, when we feel sure it was the simillimum to the case.

Are the so-called highest potencies all prepared the same way, or of equal power, and is the 100,000 equal to Hahnemann's 6th centesimal? If it is, we can prepare our own high potencies, and have confidence in their virtue, if fresh preparations are more to be relied upon I ask these questions as I am searching after truth, and am but a beginner in the work. I use all potencies, but incline to the higher more and more. If any one can give satisfactory answers, I shall feel obliged.

W. W. B.

#### A COUGH CASE.

Will some reader of THE UNITED STATES MEDICAL INVESTIGATOR tell me what to give, potency, frequency of repetition, etc.? Case, girl aged eighteen. In the summer of 1876 had inflammation of the lungs. Before fully recovering from it was taken with the measles. Was neglected and badly treated. In the fall following commenced to cough. Had pain in head and ears. Soon the ears and nostrils commenced to discharge a green matter. Only discharges now after taking cold. Has had a constant cough. For the first year it was dry and hacking, excited by a tickling sensation in the throat. For the past year cough has been loose, expectorates a large quantity of greenish, yellow matter, ropy: has pain upon coughing, with sometimes stitches in right side. Cough worse in the evening and when first getting around in the morning; is always worse in cold and damp weather, also after taking cold. Every summer for eight or ten years past has had boils on right arm below elbow; when heals leaves a scar. Voice very husky and faint. Menses regular, but clotted and scanty; has been so for a long time. Stethoscope and percussion reveals a slight ulceration in upper part of right lung.



Temperature 99°. Bowels regular. Appetite poor, variable; has no relish for anything eaten; had rather not eat. Is sometimes very thirsty and drinks a great amount of water before being quenched. Has sometimes flashes of heat and cold. Temperament, bilious and nervous. Has had a great deal of Old School treatment, but has been getting worse. Have given *Puls.* 6x and *Sulphur*, (intercurrent) for about four weeks. See no change. C. A. D. O.

#### CHRONIC CONSTIPATION.

Miss P., aged twenty-five, follows bookkeeping as a vocation, has been troubled with constipation for several years. Two years ago she called on me for a prescription. She explained her symptoms and I gave her *Nux* 3x. In a few weeks she called again stating that she had not received much benefit. Believing that *Nux* was the remedy, I gave her the 200th which proved somewhat more beneficial, but not giving entire satisfaction. One year ago she called again. A short time before she came in I had been looking over your valuable journal and noticed what Dr. Pierson had written in regard to *Nux* 2000th. I immediately sent to Halsey Bros. for some and soon after gave it to her. Last month she came in to tell me that the medicine I had given her last, had cured her. I think that *Nux* will always cure when it is *indicated*, if we give the right attenuation. C. C. CURTIS.

#### TAPEWORM.

Will some reader of your valuable journal help an ignorant brother out of a fix?

On the 1st of October last had a patient with "tapeworm." Gave powdered *Koussou* as recommended in the U. S. Dispensatory, and succeeded in relieving the patient of a worm thirty-one feet in length, with a something that being shown to two or three old physicians, all pronounced it the head. It was a bunch of about one-fourth of an inch long, as large as a bean, attached to about two feet of very small portion of worm, no portion being any larger than a common twine. The bunch or head referred to had at its point, two prongs about one-sixteenth of an inch long. The patient was entirely relieved until Dec. 1st, when he commenced to pass joints again. I then gave him treatment with *Kameela* which succeeded in removing another length of worm of about twelve feet, with another bunch or head same as in the first. Just one month after, or on the 1st of January last, he commenced passing joints again. Have given him no treatment since. What shall I give? And is there any of the much vaunted remedies for tapeworm that have *never failed*? If so, what are they?

The patient is a gentleman of forty-six years of age, has been troubled with tapeworm for seven years. Has had many physicians to treat him. In all, probably about 1000 feet were taken from him. Is in much better health now than he has been in past seven years.

When he commenced treatment had fits always after a hearty supper. They have ceased under my treatment, but he is yet affected with the worm. Is the portion I refer to the head or not? Will some one please describe the head as *they know it to be*, and is there a probability that a worm will grow again if *any portion* is left in the intestines.

C. A. D. O.

#### COUNSEL SOUGHT.

Mrs. R. aged fifty-three, brown eyes, dark hair, rather slim. Affection began with pain in right thumb similar to a sprain; three days afterward the left big toe, then the right hand, after which the arms and shoulders were attacked, and lastly the lower limbs. This condition has gradually increased for the past five years, despite the varied Allopathic treatment by different physicians, until at present we find the patient with pale face, occasional flush on each cheek, headache extending from occiput to right supra-orbital region, raw feeling in throat during night, sometimes hacking cough, mouth dry, taste-bitter especially after catharsis; pressure in stomach; appetite good; heartburn in fore part of night; bowels remain constipated for several days, stools hard, in balls; urine scant, lye color; menses occurred too soon and lasted too long; up to five months ago menopause; chilliness and flushes of heat during day with moderate perspiration ceasing abruptly.

Pains described as dull, scraping, gnawing, etc., beginning in upper limbs and going down to lower ones; worse in the arms and during rest; swellings pale or red, shining, specks of swellings as bunches, soft, occurring mostly on forearms and legs, coming on one day and disappearing the next; sometimes the sterno-clido mastoides are thus bunched; an occasional appearance of itching patches with an eruption red and rough confined to the limbs; nodosities on or near the small joints with slight distortion of the hands.

Aggravation during rest and on first moving; general aggravation in after part of night; says one hour she is easy, the next in the most racking pain; thinks her symptoms are constantly changing; rubbing relieves, putting hands out of cover or over the head gives partial relief; if she goes to sleep with arms up cannot get them down on waking, or they may fall suddenly and seem to be tied to the body; sits up until twelve every night; sleepy with fear she cannot sleep; awakes at two, matters not how shortly before she gets to sleep, takes cold easy.

Prefaced the treatment with *Sulphur* followed by *Rhus* 3 and 30x dilution. *Lyc.* 30x was then used without satisfactory results; she stands her pain well and is now taking *Rhus* 30x and *Puls.* 3x dilution, with the change of sleeping mostly in the fore part of the night. The result of this case in a cure would be an ostrich feather (here) in the cap of Homœopathy; any information that I can receive from any source would be highly esteemed.

W. P. S.

[Consult *Lachesis*.]

## Medical News.

Dr. W. S. Simpson has removed from Villisca to Grinnell, Iowa.

Dr. R. L. Hill of Dubuque, mourns the loss of his life-partner, who died January 29. Mrs. Hill's health had been falling for some time from heart disease. Her death was hastened by an attack of pleuro-pneumonia.

The tape worm king lived in Hartford, Conn., has left suddenly—driven from the state. His name is or was, Henry R. Bruner, of the Royal College of Physicians and Surgeons, London. He is a swindler of the deepest dye. Look out for him!

St. Louis Children's Hospital. We are favored with the first circular of the above projected institution. Dr. Goodman says of it: "This shows 'we ain't dead yet.' This is a live enterprise, and in the hands of energetic women, and is bound to be a success."

Wanted.—A recent graduate who has given special attention to surgery, and who, the past year has been assistant physician in Hahnemann Hospital, Chicago, desires to assist an established practitioner. Best of references. Address P., care L. A. Bishop, M. D., Fond du Lac, Wis.

The commencement exercises of Hahnemann Medical College and Hospital of Chicago, will take place at Hershey Music Hall, February 27, at 8 P. M. The valedictory address will be delivered by Prof. T. S. Hoynes. The members of the profession are respectfully invited to be present.

Success in yellow fever. "As yet I have not been able to obtain any thing positive about Allopathic statistics. Should I succeed you shall hear from me. I have treated 411 cases, and twelve deaths (Breyfogle made an error in his report), fifty-six cases of black vomit in children, and 'one' death.

E. A. MURPHY."

"Who ever heard of a merchant keeping his accounts in dots and dashes, as many physicians do; no wonder they are poor business men. If they kept a Day-book and Ledger they would be better off." "Well," said the old man, as he examined Campfield's Physician's Memorandum and Account Book, and read the blanks for "Date," "Name," "Visit," "Office prescriptions," "Dr." "Cr." and "Remarks" "well that is an improved Day Book and very convenient for the pocket."

A first class practice of \$5,500 a year, in a city of 30,000 inhabitants with fine residence (and lot) in the most eligible portion, costing \$7,500 Will sell practice and property for \$8,500 cash. A first class man will have little opposition. If can speak German will greatly increase income. Reason for selling, ill health of family. Will give successor a good introduction. None but those who mean business need apply. Address No. 1, DUNCAN BRO.

Diseases of the Spleen, "When will the work be ready?"—O. A. H. This work on Diseases of the Spleen is being pushed forward as rapidly as possible. Dr. Morgan has a quantity of new matter that he is incorporating. Those who have cases of "ague cake" (enlarged spleen) will be especially interested and may add to the value of this work. "Dr. A. L. Fisher of Elkhart, Ind., has sent me a little item of value. Cannot others do the same? Cured cases or key notes?"  
PHILADELPHIA. Yours very truly, J. C. MORGAN."

"Cannot the meeting of the American Institute be held in New York City or Boston, and thus accommodate a large number who would like to visit those cities, as well as older members?"—R. It might be by meeting at Lake

George, and adjourning to New York. Next year come west to Chicago, and we would get some of our wealthy patrons to give a levee each evening, interest the whole northwest in Homœopathy, and put the Institute on its feet. In 1881 go to Boston or some other influential point, then off to the World's Convention in London.

*Journalistic Changes.*—During the year the *Ohio Medical and Surgical Reporter*, the *California Medical Times*, and the *Homœopathic Record* quietly "turned up their toes." The *Hahnemannian Monthly* was a case of "suspended animation." The *Advance* has changed doctors. The *American Homœopathist* has "gone East." The *New England Medical Gazette* has "stripped for the race." The *Homœopathic News* has swung into the medical arena. "Still there's more to follow," "for better or for worse." Journals, like physicians, must have many friends and patrons to "live and thrive." No less than 214 Homœopathic journals have been started in the United States.

*Success in Pneumonia.*—Our readers will confer a favor on the cause if they will send us after March 1st their results in the treatment of pneumonia this winter.

1. Give the number of cases treated and results.
2. Give the number of days of illness of each case.
3. If you know, or can find out, give the number of cases occurring in your town and number of deaths.
4. Give the number of days their cases were sick; *i. e.*, those that recovered.

Pneumonia has been very prevalent this winter, and in some sections very fatal (under Allopathic treatment), and we wish to give the facts for general circulation.

*How to get into practice.*—"You have a good opportunity for knowing the 'ins and outs' of getting into practice. Presuming ones means are limited, will you please give a few suggestions to—A YOUNG PHYSICIAN."

There are two courses open for a young graduate with limited means.

1. *To get as an assistant to an established practitioner.* You needn't try to be a partner, but must be content with a moderate salary—perhaps \$3 — 500 the first year. Do not engage for more than one year, better by the month, with the distinct understanding that you will not establish in his town. If you get such a place, and there ought to be plenty of them, always remember that you are the assistant. It would more than pay any physician, and especially one who has to take long rides, to have an assistant in the office. There would be less crowding into cities if this European plan was more generally adopted.

2. *To get into a small place, of say about 500 inhabitants, where you will be the only Homœopathic physician there, the larger places are overstocked.* Get as many letters of introduction as you can. Hunt up the Homœopathic families. Call on the Old School physicians. Make *friends* with all and especially the children. Scatter as much Homœopathic literature as you can afford. Our "Law of Cure," (\$4.00 per 200 copies with your card) will be a good thing to circulate. Get the paper of the place to notice it. Write on health topics for the said paper in which you can make a mild reference to quack medicines, etc. If discussion or criticism arise, reply quietly but firmly. Be dignified and studious and you will get friends and business. Charge moderately and collect promptly, but good humoredly. A good laugh will relax a purse as well as sphincter. Don't get anchored with real estate. Buy books. Read as much as you can, and observe and compare closely. After two or three years you can sell out to good advantage and remove to a larger place should you choose or, if the place grows, in a few years, hire an assistant and launch out. You can then take a vacation occasionally, visit your alma mater, attend medical meetings, and be a live member of society. Our readers who want the right kind of an assistant, or who knows of small places that need a Homœopathic physician, will please let us know, giving if possible the address of some leading man of the place interested.

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Surgical Department.

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*BRONCHOTOMY.*

BY S. R. BECKWITH, M. D., CINCINNATI, OHIO.

Read before the Joint Committee of the Ohio State Society and Western Academy of Homœopathy.

It is impossible to learn the date of the first operation for removal of foreign bodies in the air passages, but it is evident that up to the year 1771, when Mons. Favier, of Paris, experimented upon dogs, by forcing into their windpipes bits of wood, and then watch them until their respiration became laborious, when he would divide two or three rings of the trachea, and in every instance the first expiration forcibly expelled the body from the wound. He would replace the wood through the opening, and, by means of a probe, crowd it well down into the bronchia, from which it was ejected as before.

From his observations, Mons. Favier concluded that most of foreign bodies in the trachea moved from larynx to bronchia with every inspiration and expiration, and in the case of dogs the body would, during inspiration, go below the wound in the trachea, while during the expiration the body would pass out of the trachea through the wound. He also found that the wound healed readily, even if several days elapsed after the operation before the wound was closed. He soon had an opportunity to try the experiment upon a child who

while playing with a pebble had allowed it to slip into its trachea, Mons. Favier performed bronchotomy, and the pebble was expelled with the first expiration. Since that operation many lives have been saved by early removal of foreign bodies from the air-passages, and it may be stated, that as a general rule, tracheotomy should be performed in every case where foreign bodies are in the air-passages, as soon as the usual means of removal have failed.

#### DIAGNOSIS.

The diagnosis would seem to be very easy and certain, yet this is not always the case, as substances in the œsophagus, ulcers of the trachea, croup, etc., have been mistaken for foreign bodies in the air-passages, as in the cases reported by Dr. Jackson, of Boston.

In one instance a child was attacked with difficult breathing while eating dinner, and even surgeon Cabot was so much in doubt as to the nature of the case, that he was inclined to operate. In a few days the child died. A post-mortem examination showed only croup. In another case a child was playing in the garden on a cold day, and the exposure caused what was supposed to be croup, when in fact it had a water melon seed in its windpipe which was found after death.

The lodgement of bodies in the œsophagus produces difficult breathing, and may be easily mistaken for a substance in the trachea, and it will always be safer to pass a probang into the œsophagus in every case, when it is suspected that a substance is in the air-passages.

I remember of being called to see a lad who was supposed to have in his windpipe a substance taken while at dinner. I found his breathing difficult, and on passing my finger into his throat he vomited a piece of meat that had lodged in his œsophagus. The symptoms of foreign bodies in the air-passages are extremely variable, in some instances urgent, threatening suffocation; in others spasmodic, at times the breathing is difficult, again little or no roughness is observed.

If the body is in the larynx there is generally a partial or complete loss of voice, if in the trachea it can be heard moving up and down during respiration, and the breathing is croupy accompanied with cough, and thin mucous expectoration, if the substance is lodged in the bronchia there is an absence of the vesicular murmur of the right bronchia as in a large majority of cases the right bronchia receives the substance.

#### TREATMENT.

Emetics have been used in a large number of cases, but rarely with benefit, the patient is exhausted from the treatment, and liable to increase of inflammation. *Sternutatoire* have been used, and but few cases are recorded where the sneezing expelled the substance, in one instance powdered white *Hellebores* was blown into the child's nose during sleep, it awoke with violent sneezing, and a bean was ejected.

Holding the child by the feet with its head down, and at the same

time striking it a smart blow upon the back with the flat of the hand, has often caused the foreign substance to be thrown out of the wind-pipe.

A case of this kind was reported many years since as occurring in Maryland, where the mother suspended her child, a girl aged fourteen years, by the feet, and a bean escaped from the trachea; several physicians had attended the child, and had decided to operate on the following day. Inversion like all other mechanical measures, succeeds only in a few cases, and perhaps it should be tried in most instances where the substance swallowed is smooth like a cherry stone, marble and similar round substances. One of the most important and difficult things is for the surgeon to determine when, if at all, tracheotomy should be performed.

By comparing the result of the operation with cases that have been left to themselves, he can decide his plan of action. Dr. Gross has collected sixty-eight cases where tracheotomy has been performed, with a loss of eight cases, the foreign body was expelled instantly after the operation in forty-one cases; of these, fifteen occurred by the aid of forceps or probe. Of the remaining nineteen cases, expulsion occurred in six on the following day with the aid of forceps. In the remaining thirteen cases, the substance remained on an average of forty-five days, when it was expelled by coughing; although the operations were a failure in these last mentioned cases, so far as the removal of the substance is concerned, yet most of the surgeons believed they saved the childrens lives by aiding respiration. Of the eight fatal cases, one died immediately; seven lived from forty hours to eight months. There is scarce an operation of any magnitude in the art of surgery where the mortality is less. The same author has collected twenty-one cases where no operation was performed; of these, nine died within an average of twelve days, five survived on an average of ten and one-half weeks, the remaining seven lived on an average of six years.

From these tabulated cases and the combined experience of other surgeons, who have not reported their cases, it must be evident that it is the duty of the surgeon to operate in all cases where an operation can be performed.

Another question is, about how long should we wait in hope that the effort of coughing would expel the substance. In my opinion but little time should be lost, as there is in most instances much irritation and secretion of mucous, and death may ensue at any time. Again, the substance may lodge in the bronchia, and cannot always be reached by the probe or forceps after division of the trachea.

Bronchotomy consists of laryngotomy, laryngo-tracheotomy and tracheotomy, and it is very clear that the trachea should be divided in all cases, except where the body is lodged in the larynx as it would be impossible to pass the forceps into the bronchia, if only the larynx is divided.

The operation of laryngotomy is very simple, the crico-thyroid

membrane alone requires division, but it is far different with tracheotomy. I consider it one of the most difficult operations in surgery, when the subject is a short necked and fleshy child.

I will not occupy your time in repeating the description of tracheotomy, but simply mention some of the difficulties connected with the operation.

The trachea may be opened in three situations, either above, underneath or below the isthmus of the thyroid gland which crosses the windpipe opposite the third or fourth ring. I am not aware that there is any more risk to the life of the patient if the operation is performed in one of the three places than the other, provided the trachea is opened without severing the blood vessels or dividing the gland, but the upper division is more easily performed, and with much less danger of hæmorrhage, and when the foreign substance is movable in the windpipe it should be selected as the most desirable point of operation, but if the body is impacted in the bronchia, division of the trachea should be as low down as possible, so that the body can be reached with the forceps.

One of the dangers of this operation is hæmorrhage, and the danger is greatly increased if there is venous turgescence of the neck, veins should be tied as soon as divided.

The middle thyroid artery is more liable to be wounded than any other, when cut both ends must be ligated. It is recommended by most authors to wait until all bleeding has ceased before dividing the trachea, I do not think this necessary if the hæmorrhage comes from the veins, as it will continue until the bronchial opening is made and respiration established, if the veins are distended nothing will stop the bleeding as quick as a few full respirations. I operated on a child that had a watermelon seed in its windpipe. the child did not recover from the pulmonary congestion, only living until the following day, it was a patient of Dr. Wilson, who had tried all known means to relieve without modifying the intensity of the symptoms; in this case several days had elapsed before the operation was performed, and the breathing was as difficult as in the most severe forms of croup, it was an instructive case so far as it taught us the danger of delay where the symptoms are at all urgent, yet I would recommend the removal even where there is very great exhaustion.

I once operated on a child in the clinic of the Cleveland college that had while playing with old plaster, taken into its windpipe a hard piece of plaster; the physician in attendance had tried for three days to expel it; failing, the case was sent to the clinic. On reaching us, it was so prostrated that its body was relaxed as in cholera; the face blue and congested; breathing slow and difficult. We opened the trachea as near the sternum as possible, and with a pair of forceps removed the substance from the right bronchia, and the respiration was restored. We kept the wound open for some time to allow clearing of mucous.

I have opened the windpipe in several instances for the cure of



membranous croup, but never successful, for the obvious reason that it was deferred too long, and I consider delays equally dangerous in foreign bodies when the breathing is difficult.

From all the statistics that I have been able to gather, and from my own observation, I believe that if inversion of the body, and tickling of the throat have been tried for a few hours, and failed to cause expulsion, it is much the best practice to operate without delay, and laryngotomy should only be performed when the body has lodged in the larynx. In all other cases tracheotomy is much more certain to afford relief.

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### A CASE OF TUBERCULOSIS COMPLICATED WITH CHRONIC INTESTINAL OBSTRUCTION.

BY PROF. C. H. VON TAGEN, M. D., OF CHICAGO.

Was called in consultation early in September, 1878, by Dr. Emily Pardee, of South Norwalk, Conn., to see Mrs. H., aged twenty-nine, a lady of very slight stature, dark complexion, and nervo-bilious temperament. She was considerably emaciated, her weight being less than sixty pounds, and very weak. The patient had been an invalid for many years, and has been very much troubled with costiveness. Had been habituated more or less, to the use of cathartic medicines, throughout her life. During the month of August last, she was examined very thoroughly by two noted medical gentlemen, of Philadelphia; both of whom gave a written opinion of the case, pronouncing her ailment one of "*stricture of the rectum, high up.*" When requested, as they were by letter, on the patient's return home, to locate the seat of stricture, replied, "It was some six inches up, in the region of the sigmoid flexure." Another point in the letter inquired of, was in regard to the pulmonary organs, to which the reply given was substantially that the examination revealed nothing of import in that direction, in other words, was negative. The patient, in reply to inquiries made by the writer, gave the following as her symptoms: Her antecedents were of a consumptive tendency. In two or three instances, in the preceding generation, deaths occurred from this cause. Patient is still costive, requiring purgative agents, notwithstanding the stools are very slight and always insufficient. Much rumbling of wind in the bowels, and distress from the same cause, in the stomach. Both structures are much bloated at times from this cause. There has been total suspension of monthly periods for years past. Sense of feeling in the stomach, and at a later period, in the bowels, as if there was an object moving about that had life in it, which, together with some other subjective symp-

toms, gave the impression that there might be a tape worm in the stomach or bowels. Under this supposition a powerful anthelmintic was given, but produced no tangible result.

Participating somewhat in this belief, yet more strongly impressed that there was a deeper and more serious cause operating in the patient's system, viz., *tuberculosis*, I made a careful external examination of the abdominal region and was convinced that there was obstruction of the colon somewhere, but much higher up than had been stated by those who made a former examination. Both gentlemen are well known to the writer, and are highly esteemed as thorough and careful diagnosticians, and whose opinion he thinks highly of. The next step was to explore the rectum, which was done with the aid of the attending physician, first by speculum and digital examination, then by means of rectal bougies eight to nine inches long. The efforts made in this direction revealed a very relaxed condition of the sphincters; the mucous surface was pasty and somewhat dry and the passage occupied with a few small hard scybilæ, all of which indicated a want of tonicity and vigor of the parts. A rectal bougie was introduced up into the sigmoid flexure, the impression conveyed after finding that the end that was introduced, seemed to be grasped on attempting to withdraw it, was that of a partial stricture; still it was not settled in the writer's mind; in other words, he was uncertain. This point would correspond with the locality named, and given in the August examination; made at Philadelphia. Here we were obliged to suspend any further procedure, as the patient's physical condition was such as to call for a cessation of any further examination for a time.

After the lapse of some two weeks, or more, it was decided upon to extend the exploration up into the colon, and as far as practicable, unless some more formidable obstruction was met with than the one *suspected* by the writer to exist in the sigmoid flexure. Being absent from his own field of practice, and having no proper appliances to enable him to continue further investigation, he was obliged to have some constructed for this special case. Through the aid of the gentlemanly and experienced proprietor of the far-famed establishment of Geo. Tiemann & Co., of New York, there was produced the necessary paraphernalia. It consisted of a long glass, silver coated, hard rubber insulated speculum some fifteen inches in length, and a rectal tube twenty-four inches long, known as the "*Wales' Rectal Tube*," which is constructed of soft rubber, and are of various sizes, velvet finished, made pliable and drilled, or pierced through its central length, with an aperture as large as a crow's quill. Before proceeding further, the writer desires to state that his attention was attracted by an article from the pen of Philip Wales, M. D., Surgeon U. S. N., in one of the September numbers of the *Medical Record*, of New York. Also again in one of the February numbers for 1878 on the treatment of strictures of the bowels. The longest of these procurable, or that could be made in one piece was twenty-four inches. Having an impression that the point of obstruction might be in the ileo-cæcal pouch, or

that vicinity, and never having heard or known, of the bowels ever having been explored to this point, and as the writer had undergone an experimental exploration, as high up as a point corresponding to the umbilicus, at the hands of Dr. Wales, for the purpose of noting the effect, the thought occurred to him that if a sufficiently long and suitable tube could be procured it would be as well to make the attempt.

We were obliged to wait for a period of three weeks in hopes of getting some tubes made of the Wales pattern five feet in length. Several efforts were made by Tiemann & Co. to cast the tubes but every attempt was met with failure. Therefore it became necessary to extemporize an apparatus to meet the exigency of the case. Procuring a piece of elastic rubber tubing six feet long, diameter three-quarters of an inch; also, one of the velvet finished rubber hoods made by Tiemann & Co., same calibre as of the tube the latter being some nine inches long by dint of patient coaxing the hood was made to envelope the elastic tube at one end to the extent of six inches. The overlapping or what was the open end of the hood was secured to the long tube by means of penetrating stitches taken through the overlapping and underlying layers of both. This was accomplished with a curved needle and silk ligature, well drawn, so as to be, as it were, countersunk; with a view to have this part to present as even a surface as possible.



The surgical armimentaria now consisted of a Wales' rectal tube twenty-four inches in length, calibre one and a quarter inches (the longest that could be made up to this time); and the extemporized exploring tube six feet long, closed at one end, calibre three-quarters of an inch; a bulb hand syringe; a cerate, composed of beeswax and vasaline, was used for lubricating the tubes, etc. For this purpose to facilitate the easy introduction of the tube, as also to produce as little irritation as possible of the mucous surface, a cerate should be used that will not rub off, but will cling to the surface of the tube. In addition to what we enumerated, there will be needed a large basin, some pure castile soap, and a gallon or so of hot water, towels, etc.

*Operation.*—The patient was placed on her right side, with hips well raised and supported upon pillows, the attitude it will be observed caused the abdominal contents to gravitate towards the diaphragm, thus serving to take off all unnecessary downward pressure and also for facilitating the advance of the tube.

The patient in position; the anal margin was well anointed and the Wales rectal tube was gently passed until it reached the sigmoid flexure. Here some resistance was met with (and is to be expected, for obvious reasons); urging on the tube giving the patient an occa-

sional rest, the tube could be distinctly felt passing around the turn of the transverse and descending portion of the colon until it reached a point corresponding to the umbilicus. Occasionally as I advanced the tube, the same attending physician forced gently by means of an elastic bulb rubber syringe (the small tube of which was passed into the aperture of the rectal tube at the projecting end) warm water made slightly saline and castile soap suds were thrown up through this tube into the bowel. Over three pints were thus introduced within the colon above the sigmoid flexure. A small quantity of *Spts. vini. Gal.*, an ounce or so was added to this quantity of fluid, and it exerted a composing effect that no doubt very materially aided and expedited matters, in the progress of the operation.

The rectal tube was now withdrawn slowly, the fluid remaining, all but a small portion that was in the rectum; this escaped. The writer has noticed in former treatment of cases of the bowels for impactions in the colon that fluid which is thrown above the sigmoid flexure can always be retained for a considerable length of time, and it should be so to make the treatment successful, in this class of cases.

Not meeting with what could be strictly termed stricture of the bowel, as far as the exploration was made, the six-foot tube was then anointed and passed into the rectum until the sigmoid flexure was reached, here it halted and the resistance of the tube was not sufficient for it to pass on, without doubling up. The syringe was now attached to the open and extruding end, and a stream of warm water was forced into the vacant tube until the syringe could not be made to force in any more water. In this manner the resistance of the tube was much increased and so intended to be. The tube now passed readily on, and above the sigmoid, until it reached the turn where the boundary of the transverse colon ends, thence it could be felt as it passed along the transverse to the turn where the ascending portion is bounded; it then passed the turn, and entered the ascending portion down as far as on a level, or somewhat below, the right crest of the ilium, and here it seemed to halt. By a well-directed pressure with the finger ends down into the right iliac-fossa, the patient seemed to wince, and, to the sense of touch, a hardened and somewhat compact mass was felt, evidently lodged in the ileo-cæcal pouch. The tube could not be passed any further. The tube at the external anal margin was now marked; it was then gradually withdrawn; its measure was accurately taken to the closed end of the hood that was attached, and it was found to measure forty-three inches. When it is remembered that the patient was only five feet four inches, this was an extensive exploration. There is no instance known to the writer in which this point has ever been previously reached with an exploring tube.

I will here take occasion to state that there were visions of gastro-tomy in the mind of the writer, and it was held back as a *dernier* resort in the event of the case proving to be a stricture of either the ilium or colon, high up. The subject was broached to the patient in the event of stricture being discovered, to which she and her

friends acquiesced. Such a grave proceeding, however, was not necessary. It is with feelings of gratitude and great pleasure for us to announce that the patient passed three moderate stools daily after the treatment and exploration described. For a period of a week the stools were composed of clay masses enveloped in a thick coating of inspissated mucus, and when broken or separated with a rod there was a dry crumbled appearance of the broken surfaces. As time wore on she passed a number of stools of much older-looking formation, presenting a drier, harder appearance; also bathed in large quantities of condensed mucus. These last described passages were almost black in color and very dry within the mass when broken, which was of a cretaceous or chalk-like consistency, and *finally the impacted mass, itself, came away.* The earlier passages were of a very dark brownish hue. The patient latterly has had through passages, and up to the present time of writing (December, 1878) every day. This has been tested by the eating of a few grapes and swallowing the pits; also from particles of undigested articles of food, that were recognized as having been eaten a day or two before.

The assimilating organs are very weak and imperfect. The patient takes a very limited amount of nourishment, mostly of a fluid and condensed nature. Among this class of articles of diet is condensed raw beef essence, combined with an equal part of Grenada rum. An ounce or more of this is taken daily and retained; also clam soup.

The patient takes so little nourishment; the general condition of her system is so much depressed; the assimilative organs are so imperfect that it becomes a question as to whether she has recuperative power enough left to rally the limited and flagging energies of her long-invaded system. Following in the wake of this method of treatment, various anthelmintic remedies were administered, but all to no effect, not the slightest evidence of anything in the shape of tænia, or any other form of worm has shown itself. The obstruction having, therefore, yielded to the treatment, special attention was given to the next most essential and important feature of the case, viz., the tubercular condition, which, as before remarked, is hereditary. There was an impression that took possession of the writer's mind, from the first examination that the basis of all the patient's sufferings and ailments is *inherited tuberculosis.*

As the autumn and winter season advanced, the predisposing cause commenced to declare itself—a dry, hacking cough which became more frequent. Hectic fever manifested itself at stated intervals, each day; night sweats followed. More or less irritation of the larynx, extending into the lower passages of the lungs, and a sticky, glutinous, pasty expectoration accompanied the cough, and was very difficult to raise. Sometimes this was blood-streaked; once or twice it amounted to a slight hæmorrhage. Patient has much tenderness and soreness over the entire chest, with sharp catches of pain, especially when taking a full breath or coughing. Sensitiveness and pain are also felt upon slight pressure being made over the mesentery. The most

careful and gentle tapping and even auscultation over any portion of the chest will cause pain and cough. The patient has also had, at times, spells of extreme nervous prostration. Pulse and temperature has been much above the normal; the former has ranged as high as  $140^{\circ}$  and the latter to  $104\frac{1}{2}^{\circ}$ , scarcely ever below  $100^{\circ}$ . The patient has lately, attacks of asphyxia, which seemed to arise from a stoppage in the trachea low down, with extremesuffocative feelings, which seems to threaten her life. The prognosis of the case is beyond question a grave one. Our chief object in reporting it, is to prove the practicability of removing obstructions as high up in the colon as the cœcal pouch, a result that has heretofore been deemed impracticable.

For a season the writer's services ceased, and the case was still treated by the attending family physician; various remedies usually indicated and used in this form of disease, in the Homœopathic practice, were followed only by alleviation of the attending symptoms. Neither time nor space will permit herein the particularizing of these remedies.

The writer was again called and consulted early the following December, and the question of direct transfusion of human blood was submitted and acted upon. The operation was made at this time; but the veins of the patient were found to be in such an attenuated collapsed condition, and the general extreme emaciation of the system was so great, the blood in the veins so thickened and disorganized that it would scarcely flow when the incision was made for the introduction of the tube to connect with the apparatus conveying the blood from the donor's arm, who had been previously prepared for it. The blood from the donor's arm seemed to flow freely, but sufficient could not be made to enter the vein of the patient. Even the warm water contained in the forcing bulb of the apparatus, which precedes the donor's blood, when the attempt was made to compress it, only a portion of the water entered, the balance remaining in the bulb, none of it reflowing at the entrance of the patient's tube. Two drachms were thus introduced, and could be distinctly seen passing through the vein, up the arm; but so tedious and slow, that the blood from the donor's arm coagulated before the transit of the blood was complete. A second effort was made from another source. In this instance the donor was the husband of the patient, who had volunteered his services before this, but out of consideration for the feelings of the invalid, he was held in reserve. The result was the same as in the first effort, notwithstanding every possible care was observed, and all foreseen contingencies were provided for. Some new milk, freshly drawn from the cow, was soon procured, and a third effort was made by opening a second vein in the patient's arm, and an attempt made to introduce the milk. Eight ounces were placed in a receiver, due care being taken to preserve the proper temperature. Four ounces were passed through the apparatus slowly and carefully. The vein was again seen to fill up with the passing milk, during the passage of two ounces, which was known by the number of bulbfuls, each one

containing two drachms by measurement. The balance, or two ounces, was lost, reflowing, as it did, escaping along the outer surface of the tube, where it entered the vein. Further attempts were made with this agent, but no more could be made to pass, by more than ordinary pressure. It was deemed necessary to cease any further attempt of this nature. No ill effects appeared from any of the operations, the patient presenting her former symptoms much the same. Two days following, the patient drank some bullock's blood. Two ounces were taken and retained by the stomach. On the day following the same quantity was again taken, attended with the same result. Notwithstanding every means and method that human ingenuity has devised or recommended up to the present date (although not all are herein detailed) were resorted to for the patient's benefit, the patient quietly passed away, near the close of the year, resigned, to her final "rest."

In conclusion, the writer desires to state that throughout his entire professional experience, extending over a period of a quarter of a century of study and active practice, he has never seen so rare a case of tubercular complications, nor such powers of resistance. Never was there, in his experience, a case more tenderly watched over, cared for, faithfully nursed and skillfully treated by both her immediate relatives and attending family physician.

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## Therapeutical Department.

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### CLINICAL OBSERVATIONS.

#### REPORTS FROM THE FIELD OF PRACTICE.

WATERPROOF, La., Feb. 13.—Prevailing diseases are: Bronchial catarrh and pneumonia. Remedies used: *Verat. viride.* tincture, *Aconite* tincture, *Stib.* 1 trit. *Phos* 200, *Bryonia* 200.

MARK ANDREWS.

HAMPTON, Iowa, Feb. 14.—Am having a good deal of quinsy to treat. In our village and the country about there have been very many cases of acute ophthalmia. Have given *Gels.*, *Acon.*, *Bell.*, *Nux* with good success.

G. A. CORNING.

PITTSBURG AND ALLEGHANY, Feb. 11.—Prevailing diseases are: Coughs arising from laryngeal or bronchial irritations; catarrhs of entire mucous track, but especially respiratory; pneumonia, diphtheria. Remedies used: *Bry.* tincture, hard, dry cough, expectoration little or none, hurting chest, jarring head, chilly; aggravation from change of

air especially coming into warm air; lying down. *Phos.* 6 hard, dry, especially in night, looser in day time, hurts chest; aggravates from change of air; morning talking, laughing. *Merc.* 6. Sore throats, catarrhs, aching bones. *Arsenic* 3, teasing cough at night, profuse catarrhal discharge, watery hot; naso frontal pains; fever; backache; coated tongue; "sick all over." *Sambucus*, rattling, wheezing, hoarse cough; some sweat about head; diarrhoea; mostly with children. *Tart. emet.* 3, *Lyc.*, *Puls.*, *Sang. tinct.*, *Gels.* In rheumatic cases *Bry. Rhus*, *Phyt. tinct.* the latter has helped where *Rhus* seemed to be indicated, but failed.

The mortality of Pittsburg for January was 220 from diseases or 253 from all causes, a death rate per 1,000 of 20 in the former case and 23.4 in the latter. Under 5 years, 27 per cent. On the total rate the deaths from phthisis were 11 per cent. Pneumonia, 11 per cent. Diphtheria, 9 per cent. F. M. S.

VIRGINIA, Nev. Jan. 18.—Health of our city very good, no epidemics, accidents to miners the most profitable business. Had some cases of capillary bronchitis lately. Remedies: *Gels.* 3x, *Bry.* 30 and here the characteristic fan-like motion of *alæ nasi* appeared, *Lyc.* 30 completed the cure. Rheumatism is somewhat troublesome here. Had several cases chronic rheumatism of the *right shoulder*, in which I used *Kalmia lat.* with complete success. In acute inflammatory cases *Salicylic acid* 2 trit. has rendered me better service than any other remedy. I know not who your correspondent "G. H. C." is, or where he achieved so much "Experience with Ague," as related on page 36, January 1st number, but I think if he had had the experience I had in Michigan from 1837 to 1840, during the early settlement of the country, and also from 1840 to 1850, he would have been more cautious in saying that the *Gels.* and *Quinine* "did not interrupt the chills."

With all due reference to "G. H. C.'s" experience, mine has proved that five grains of *Quinine* would do more towards the interruption of chills during the years 1840 to 1850, after the country was cleared, and the sloughs and mill-ponds purified, than thirty or sixty in the years 1837 to 1840, when miasma was the rule and not the exception. Nor does it appear to me so incredible that five grains of *Quinine* would "interrupt the chill," as that two pills of *Ipecac* 100,000 would do so. KNAPP.

DALLES, Oregon, Jan. 28.—I've cured a severe chronic case of catarrh, nasal, a lady, with *Hyd. can.* trituration 3x and *Calc.* 3x. She has painful menstruation and is barren. I think it a case of stricture of os uterus and have recommended sponge tent. Her symptoms point to that. I have cured one case of barrenness, with painful menstruation with sponge tent and one application (the cases are similar) and a fine healthy baby is added to the family name. Is there anything better? I have cured a little boy also of catarrh nasal *Hyd.* and *Calc.* both cases had dropping, etc. and temperament of each sim-



ilar. Just now whooping cough raged. Several weeks ago a case of diphtheria came from below and died. Our citizens said we must go, or our little ones will die. I told several of them to mark my words, no one would take it and only that one has died, or had it what do you think of my prophesy? Well, I'll tell you why I thought so. In the first place the climate is *not adapted* to sore throats though a cold is accompanied with swollen tonsils and soreness. Second place. The water is brought from a clear mountain stream (we get it through hydrants), it is pure and soft. There is no place for sinks of filth.

Third place. It is so windy here it will not allow the disease to settle down to get a foothold. *Never* have had scourge here, while fifteen miles away they have been scourged. It is no place here for lung troubles and catarrh is quite familiar with the people. Can you explain why these things are so?  
N. J. A. SIMONS

HIGHLAND PARK, Ill. Feb. 14.—Prevailing diseases are: Aside from a few cases of scarlet fever, affections of upper mucous tract, and adjacent tissues, *i. e.* pharyngeal, laryngeal and bronchial troubles. Remedies used: Scarlet fever principal remedies *Bell.*, *Bry.*, *Rhus.* and *Apis*, all 30 or 200. Diseases of mucous tract and complications, *Bell.* 30, *Gels.* 3 *Merc.* 3 or 30 and *Nux* 30. M. H. B.

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### MORE "EXPERIENCE WITH AGUE."

There are some points in Dr. Lyon's "experience with ague" that I wish in a friendly way to review. While it will not be denied that the doctor is a very successful prescriber, for the results prove this, it must occur to some that he does not show up his cases in a very clear light. That he does not give such information concerning them as would aid another physician in treating a similar class of patients. Let us look at CASE I. He gives *Nux vomica* 30x, then *Bell.* 30x. And why? Certainly the symptoms enumerated do not indicate these drugs very strongly. The *Mercurius iodide* was, apparently, the remedy. However, after four days his patient was looking better; bone pains gone; but he gave him *Arsenicum*. Again why? Why change the remedy while improvement was manifest?

CASE II has but three symptoms given. The daily chill at 11 A. M.; no thirst and the lachrymose condition. Perhaps no person could do better than alternate *Puls.* and *Nat. mur.*, knowing no more about the case; but there certainly must have been other symptoms which the doctor could have found out by a careful examination, and he might have been enabled thereby to give the profession an *instructive* case, cured by a single remedy.

In CASE III he gives, "thirst between chills," in italics. Does he mean during the apyrexia *only*? If so, why not say so? This is the only symptom of the three enumerated, that is of any importance, as

the anticipation of paroxysm, and sweat are common to a score of remedies, and are never decisive; beside *China* is only one of several having thirst during apyrexia. That was a one-legged stool, doctor.

Will the doctor tell why CASES IV and VI received *Arsenicum* after the chills were stopped? He probably thought he had reasons for so doing, but they are not given, and we want instruction. One more question. Why was "*Lach.* 3x one dose," given to four of the seven cases? Apparently it was given as an antidote to the *Quinia* previously administered. But why *Lachesis* rather than any other drug? Now, if the "bull" has taken offense at the doctor's "red flag," and gone for him (or the \$5.00 cash) will he (the doctor, not the bull) narrate his failures, giving all the symptoms of each case? If he will, he may receive some instructive suggestions.

ELKHART, Ind.

A. J. FISHER.

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#### ON OZONE.

In your issue of the 15th inst. (April), are some statements that in the progress of modern chemistry should not be made. The article refers to *Antozone* as a powerful irritant, and the product of some formulæ that are employed for making *Ozone*. There is no such substance as *Antozone*; the gas produced and formerly supposed to be *Antozone* is hydrogen peroxide ( $H_2 O_2$ ) which is as stated a powerful irritant like *Ozone* when in sufficient quantity. This irritating quality is due to the loosing of the atom of oxygen in the peroxide and the formation of water  $H_2 O$ , and is in principle the same as the irritating quality of *Ozone*. The affinity between the atoms of hydrogen peroxide is not as strong as between those of water, and consequently there is a constant tendency to the evolution of oxygen that is not saturated or at its nascent point.

*Ozone* is pure oxygen with its molecules composed of more atoms than ordinary oxygen. The oxygen atom has two points of affinity, or is bivalent. In the construction of a molecule of *Ozone* there are three atoms of oxygen, with each point of affinity saturated by a different atom. In the construction of ordinary oxygen there are two (2) atoms of oxygen, with the affinities saturated between each other. A molecule of *Ozone*  $^{\circ}O_3$ . A molecule of ordinary oxygen  $^{\circ}O_2$ . Now in *Ozone* as in hydrogen peroxide there is less affinity for one of the oxygen atoms, and on the slightest provocation it is let loose at its nascent point, and like the other atom of oxygen from hydrogen peroxide will attack the first substance with which it comes in contact. Now in the case of peroxide of hydrogen the substance left is water but in the case of *Ozone*, it is pure *Oxygen*. Now we all know how essential *Oxygen* is to respiration, but the pure is too strong for continued respiration and should be adulterated.

The only use for *Ozone* in medicine is as a disinfectant. It carries

oxygen in a state ready to attack any decaying matter, and over pure air it has no advantage whatever. The relation between epidemics and the quantity of *Ozone*, or of oxygen in the atmosphere is seen at a glance. Oxygen destroys all the infectious matter, and of course when or where it is most abundant, there is least disease.

In the preparation of *Ozone*, there is always produced a quantity of ordinary oxygen, and the gas is irritating, just in proportion to the quantity of *Ozone*. Sometimes the *Ozone* present will not amount to the one-thousandth part, it depends upon the power of the process to bring oxygen in this allotropic form, called *Ozone*. The presence of oxygen in this allotropic form is best proven by red litmus paper which has been moistened with a one per cent. solution of potassium iodide over a portion of its surface. Where the paper has thus been moistened and brought in contact with the *Ozone*, it is changed to a blue color, which color is due to the alkaline action of potassium and not to iodine. Iodised starch paper (prepared by dipping the paper in a solution of starch and potassium iodide) is not a reliable test as it is acted upon by other agents in the air. "How it was prepared is a secret bought at a great price." This sounds like quackery; all quack remedies are at first held as secrets until their worthlessness is established. Holding remedies as secrets is pretty good evidence that they will not bear investigation. The wine-colored fluid is not a very definite description of the color of the fluid since there are a variety of colors in different wines. The solution, I presume, is a purplish colored liquid, and is manganese dioxide, dissolved in hydrochloric acid or *Sulphuric acid*. When the solution of manganese dioxide in hydrochloric acid is heated, chlorine gas is given off. This gas has a very irritating effect if respired. It has been used as an inhalant. When the solution of manganese dioxide in sulphuric acid is heated, *Oxygen* is given off. With this evolution of *Oxygen*, it is probable that we may sometimes have slight traces of *Ozone*.

CINCINNATI.

J. P. GEPPERT.

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### EVERY-DAY EXPERIENCES.

#### CASE OF DIPHTHERITIC CROUP.

CASE I. Jan. 25th called to see Miss C., aged sixteen. Has been ailing for some days. *Status præsens*. Nose completely obstructed; some soreness in middle of throat; *great thirst for little and often*; *face bright red*; pulse, 110; wants to lie still and *is drowsy*; no exudation present in pharynx. Prescribed *Belladonna* 100,000; one dose two pills, No. 25, dry on tongue, and *Sac lac, ad lib.* At 7 P. M., found them letting down windows "to let the smell out." Her breath *was horrible*, and filled the whole house. Tongue *yellow, bright red tip and edges*. Submaxillaries beginning to swell; but the most of pain was directly in middle of throat; nose completely obstructed, but *face was*

pale and pulse was 94. As *Bell.* was no longer indicated, and as there was considerable *flow of saliva*, although no characteristic membrane had formed, I gave *Merc. protiod.* 100,000; one dose.

Jan. 26. Had quite a restless night; nose was quite troublesome. Membrane quite clearly defined on both tonsils. *Yellowish gray* and thick. Great salivation, but tongue was *cleaner in front*, so I gave *Sac lac.* 7 P. M. found her *sitting up* was so restless, *couldn't be still*, on account of nose. Membranes in throat and nose *light grey*. No pain on either side of throat, and could turn the head better. Pulse about 90 and regular. Tongue clean in front, but on back part thick fur and *greyish yellow*. Breath *horribly offensive*, and spits all the time. I waited no longer on *Merc. prot.*, as it was no longer indicated, but gave her one dose of *Merc. cyan.* 3000, two pills No. 25, dry on tongue.

Jan. 27 found her about the same. Had a quiet night. Gave *Merc. cyan.* 3000, two doses, one at 9 and 3 P. M. 7 P. M. found her breathing easier, as one nostril had freed itself during afternoon. Right nostril still closed, with profuse bleeding from left one; black and clotted. *Membrane turning black and very thick*, with no relief of head. *Fætor oris* still more perceptible; *still more spitting*. *Left side* most troublesome. *Still restless*; must get up and down often. *Slight delirium*. As *Merc. cyan.* had failed to change any symptoms, I without further hesitation gave *Lac canin.* 100,000, one dose dry.

Jan. 28. 8 A. M. Throat full of shreds and patches; dark, yellow and green. Coughs up masses of thick hardened membrane. Nose still troublesome on right side. On left side of nose and left cheek a quite marked swelling, and the skin seems to be *exfoliating*. Mild delirium during night. Pulse 85. Prescribed one more dose of *Lac. can.* 100,000. Was away all night in a confinement case; so did not see her again till

Jan. 29. 10 A. M. Meantime she had seemed worse, and they had had my wife come up and sit up with her, and she had on her own responsibility given *Kali bich.* 200 every hour. I found her a great deal worse. Pulse 104; tongue thickly coated; had been delirious all night, cough *hoarse* and *croupy*; and raising *blood* and *matter*, and pieces of membrane; membrane on tonsils had increased in thickness, and was *greyish yellow*; complained of great pain in left lung chiefly, and voice totally gone; nose *bleeding a little all the time*. I gave *Lac can.* 2,000 in water, one teaspoonful every one-half hour, and continued this for three days. At the expiration of this period there was a complete change of all the prominent symptoms. Pulse 84. Membrane had disappeared from both tonsils. Bleeding had nearly ceased, but troubled with a very dry hoarse, *croupy* cough; *worse after every nap*, and seemed as if she would *choke* to death every time she woke up.

Left side of throat greatly swollen, and all drinks came right up again through left side of nose, which was open. Total loss of voice. Bowels moved; fauces very dark and *horribly offensive*. I gave one dose of *Lach.* 10,000 at 7 P. M., and she slept like a log most of the night. Next day seemed to be gaining till about 7 P. M., when she

had a terrible strangling spell, and ejected a membrane from *bronchial tubes*, forming a complete cast of nearly two inches in length, and followed by severe hæmorrhage. Gave *Lach.* 75,000 in water, one teaspoonful every one-half hour, and in twenty-four hours, every hour or two, and kept this up till every vestige of inflammation had disappeared from tonsils, and she was convalescent.

On Feb. 6th, I gave her *Sac. lac.* again, and on 9th found her up and around the house; voice totally lost, for which sequela she is now being treated.

This was the worst case of genuine diphtheritic croup I have yet met, and was carried through safely and pleasantly by the appropriate high potencies. I know that some of our learned men say that this form of disease is fatal always, but I never have found it so. All the adjuvant I used was an occasional teaspoonful of pure *Glycerine* in a little water when the throat "got so awful dry," and it seemed to give great relief. The hæmorrhage from nose and throat and lungs were at times quite severe, but yielded nicely to *Lac can.* and *Lach.* Still I do think that but for *Lac can.* this girl would be in her grave now—for she is a perfect case of the "hæmorrhagic diathesis," a confirmed "bleeder." During this epidemic *Kali bich.* has always been useless, if not injurious. *Merc. prot., Lac can.* or *Lach.* were the main remedies.

CASE II. Thursday, Jan. 23d at 1 A. M. was called to see a lady suffering from uterine hæmorrhage. Blood *bright red, hot as fire*, coming in *gushes*, and clotting easily. Must lie perfectly still, and complained of *bearing down* pains, as if everything would come out of the vulva. She persistently denied ever doing anything to produce miscarriage, and said that she had had *ten* such attacks in five years. I still thought of abortion, but as the characteristics were so plain, gave one dose of *Bell.* 100,000 and *Sac lac.* Next morning found flow much better; bearing down pain gone; comes in gushes and is *bright red and stringy*. No pain any where. Gave *Lac. canin.* 100,000, one dose two pills No. 25. She seemed to gain from that time till the morning of 25th, when on getting up to pass water there was a lump of solid matter passed her, and the flow was considerably increased. This lump of matter on inspection proved to be a pretty large specimen of a mole, weighing about one pound. As she seemed to be on the mend gave *Sac lac.* In evening was called in haste; found flow *all stopped*; great choking and wanted to know if she was *going to die*. Complained of terrible headache, but could give no clear conception of it. In about an hour pulse ran up to 120 full and bounding, with great delirium, and was *sure she was dying; very restless and thirsty*; wanted to drink just a swallow. Prescribed *Acon.* 100,000, two pills, No. 25, and *Sac lac* in water, every hour. Next morning more rational; had sweat profusely, and felt better, but complained of terrible *headache from nape of neck over to eyes*, and said she *couldn't see*; was *half blind*. Pulse, 98; full and regular. Gave *Gels.* 100,000, one dose, and in evening every symptom of uterine and head trouble had *disappeared* and

*discharge* had returned. Prescribed *Sac lac.* and in four days more dismissed her.

I have seen several cases of metritis before, but never saw one cut short in so speedy a manner, but undoubtedly our sceptics will say it was not any such thing; *or*, I have a blank for all these surmises.

As I am on this subject of women in child-bed, I wish to ask my colleagues if they ever heard a *fœtus in utero* cry? Mrs. C. a respected lady of this vicinity was brought to bed some four months since, and delivered of a healthy girl baby, and this child cried at intervals for *twenty-four hours* preceding the labor. I heard it myself eighteen hours before labor was completed, and, in fact, before the head entered the superior strait. Has any one else ever seen or heard of such a thing?

CASE III. Jan. 26th called to see Mrs. V., a young lady twenty-six years old; dark hair and eyes; rather deaf; short and plump figure. Has been having a bad cold for some days, and to-day was taken suddenly worse. Present condition: Pulse 98, quick and jerky. Cough *hoarse*, dry, and barking; breath *very laboring*; *can hear it a long distance*, and sharp pains in larynx and bronchial tubes. False membrane is thin and light colored. The cough is *relieved by eating or drinking anything warm*. Prescribed *Spongia* 100,000, two pills, No. 25, dry on tongue. In fifteen or twenty minutes the breath grew much easier, and giving her plenty of *Sac lac.* left her for the night. Jan. 27th found lungs much better; cough loose and rattling. *Membrane* on tonsils in thin patches; *Sac lac.* Jan. 28th still improving; *Sac lac.*; and in one week's time she was attending to her household affairs as well as ever. No other remedy. No second dose was needed.

## MANAGEMENT OF THE TAPEWORM.

BY A. M. PIERSONS, M. D., NEW YORK.

Having had excellent results uniformly follow the use of high potencies in the treatment of children and adults suffering from entozoa—particularly the oxyurides and lumbrici—it seemed possible that all intestinal worms could be similarly treated and with like result. It has been my habit to treat those patients having tapeworm with large doses of pumpkin seed tea and after repeated attempts, have generally succeeded. I was planning a different course of treatment for my next case when I noticed what seemed to me to be a rather severe and unnecessary criticism,\* by Dr. Berridge on Dr. A. F. Randall's treatment of tapeworm.† I presume Dr. Randall had no right whatever to do as all the rest of us do or have done. However if Dr. Berridge had pointed out a *better way* to treat tapeworm patients

\* UNITED STATES MEDICAL INVESTIGATOR, Vol. VIII, page 235.

† UNITED STATES MEDICAL INVESTIGATOR, Vol. VI, page 565.

instead of abusing THE INVESTIGATOR for printing Dr. Randall's "infidel" stuff, he would have greatly benefited me and possibly thousands of other "infidels." True he refers to Hahnemann's Organon, Introduction. Fearing that some readers of this journal may not have "time" to look up the reference, I will state that it can be found on page 38 Fourth American Edition published by Wm. Radde, New York 1869. I find nothing whatever on this subject in C. Wesselhoff's translation. I wish every reader of this article would take a fresh look at the introduction above referred to. Now at the risk of being called the chiefest infidel of the lot I wish to say I do not believe one sentence of what Hahnemann here says about tænia. Were he now alive to rewrite his foot note with the light furnished us by the experiences of Kuchenmeister and others I believe he would leave out the psoric theory altogether and also the comparison to the fœtus in utero. I quote from the Organon. "The different species of tænia are only found in patients laboring under a psoric affection; and when the latter is cured they instantly disappear." If Hahnemann meant that everybody is psoric, then he is safe. Keuchenmeister produced tænia by giving specimens of cysticercus cellulosæ, to a condemned murderer, a day or two before death. Also produced them in dogs. To be sure the dogs and the criminal may have been psoric. But they may not have been. Until some devoted follower of Hahnemann more credulous than myself proves by actual experiment that a cysticercus cellulosæ placed in the stomach of an acknowledged antipsoric individual, will not produce a tænia we are compelled to believe that psora has nothing to do toward furnishing nourishment or sustenance to the worm than has our breathing of the vital air, or half as much. Theory is a mighty delicate weapon with which to encounter stern experimental facts.

I am sure I will be pardoned this digression, into which I have been willingly led, when I prove further on that it was necessary in order to explain the "infidel" treatment I gave the little child. About the time I read Dr. B's criticism, in the March 1878 number of this journal, a patient having tapeworm was sent to me and I will here state the treatment and stand the consequences. Be it known however that I did the best I could under the circumstances, and have waited long and earnestly but in vain, for Dr. Berridge to tell us how to treat tapeworm Homœopathically; to do which he was in honor bound, particularly since Dr. Randall asked, in the April 15th number of this journal, for information. Pending that information I have had to work unassisted and with the following result.

Case. Bella Smith aged four years, native of Pittsburg, Penn., was discovered to have tapeworm. The family physician, Dr. Cate was consulted and the child treated for some time, with no perceptible result, when the family removing to the interior of the state called the local Homœopathic physician who prescribed a full dose of *Kousso* followed by one of *Oleum ricini*. This neither killed the worm nor the child and the mother was disgusted because the doctor did not

treat her child Homœopathically, nothing more was then done for their stay was but temporary. They came to this city late in the winter of 1878 and into my hands the first of March. Bella was now in her sixth year and as fine a specimen of healthy childhood as any one would wish to see. At my first interview I was sorely pressed for time and gathered but few symptoms. For many months she had been passing segments of the worm, averaging five or six daily, some with the stool, as often in the bed during sleep and in her clothes during her play in the day time. Lips were very red (with health); milk disagrees, stools with tapeworm, peevisness. Gave six powders of *Sul.* 2,000 to be taken one each night at bedtime. I am not so egotistical as to hint at *Sul.* being in gun-shot of the right remedy or that 2,000 was within 50,000 of the right potency. But it had advantages. It was anti-psoric; it covered some of the symptoms and looked Homœopathic. It was a beginning and I wanted time to look up the subject. This prescription was followed by placebo for a month, no change. *Sul.* 100,000 one and placebo for a fortnight, no change. Obtained the following symptoms: craves sugar, sweets; restless during sleep; hungry all the time especially between meals; excoriations from stools and urine; passed more segments *with* stool than at other times; itching of anus; longing for smoked meat or fish and salt things; gnawing at stomach which is better after having eaten, if only a mouthful; does not like milk and mother thinks it disagrees. Hering's *Materia Medica* gives tapeworm under *Argent., Graph., Nat. c.,* and *Sab.* Lippe in addition to these gives *Calc. c., Filix. mas.* and *Sul.* What was I to do? Here were her symptoms, but Hahnemann's prescription did not touch one of them. Berridge proudly refers us to the Organon and to a prescription of the most *general* character. Hahnemann recommends *Male fern* and Berridge himself proves it, *not* to be an anti-psoricremedy. (See THE UNITED STATES MEDICAL INVESTIGATOR, new series Vol. III, page, 283; also Allen's *Materia Medica*, Vol. IV page, 332.)

After reading this proving (?) my faith had departed. My only hope now was in Lippe and Hering and *Nat. c.* 10,000, one each night at bedtime and placebo for the two weeks following. On May 16th she passed a worm five feet in length, the head last, but two feet of the neck end was friable, and had a dark brown look. The other portion looked white, but the segments were entirely motionless. I thought I had him sure, but the next day, and each one thereafter, she passed her usual complement of segments. This proved at least another worm. On May 20 gave seven more powders *Nat. c.* 10,000. I do not know if I did right in repeating; but I had no authority, and as one worm was dead I was anxious to kill the other.

In the meantime, I was searching THE UNITED STATES MEDICAL INVESTIGATOR for information concerning Dr. Berridge; but to this day he has kept provokingly quiet on this tape subject. After one more week of *Nat. c.*, I gave on June 1st seven powders of *Sabadilla* 1,000 one each night. This for symptoms 3, 5, 7, 14, 20 and 37 (Hering).



No change in two weeks. Next *Cina* 10,000 same way for a week for symptoms 7, 8, 14, 17, 19, 20, and 37. I must admit that these sudden changes from one remedy to another were unwarrantable, unscientific, and un-Homœopathic; but what could I do when no one volunteered advice? Hahnemann says: "The symptoms which manifest themselves at this epoch, with persons who have the solitary worm within them, are of such a nature that often (?) the smallest dose of tincture of *Male fern* root speedily effects their eradication in a Homœopathic manner, because (!) it puts an end to that part of the malady occasioned by the disturbed state of the animal; the tape-worm, finding itself once more at ease, continues to exist on the intestinal substances, without incommoding the patient in any very painful degree, until the antipsoric cure is so far advanced that the worm no longer finds the contents of the intestinal canal fit for his support, and he voluntarily quits it forever," etc. But she had *none* of the symptoms of *Male fern*, as given in the proving (?) by Dr. Berridge, and to give it without symptoms would be just such a physiological prescription as Dr. B. had already condemned. Again, I was compelled to shift from one remedy to another—catching at straws—for the family wished to go into the country the 1st of July, and it was now already late in June. The parents, too, were growing very impatient, and began to long for something un-Homœopathic, or anything to get away the worm—a feeling, I think, shared by every one in the same state; and the mother even declared that should *Bella* die by any cause whatever, she (the mother) could never rest nor forgive herself for leaving the worm within her. My readers can easily see I was getting into deep water, and some poor infidel, Dr. Randall, for instance, may sympathize with me in the trouble which follows.

June 24th I told Mrs. S. that the preparatory (psoric) treatment had been carried on sufficiently long; that probably the worm would no longer find the contents of the intestinal canal fit for his support.—*Orgunon*. But as one had not "left it forever" (*idem*), I would now give him another Homœopathic dose which would, in all probability, make him quit his hold. This statement greatly pleased her, and with this new prospect agreed to remain in town a few days longer to enable me to finish up the treatment. Getting half an ounce of *Kameyla*  $\phi$  from Bœricke & Tafel, I gave part of it one day and the rest the next. The patient being a small child, I dared not give the dose of "infidelity," advised by Dr. Randall. Getting no effect, I next gave half an ounce at one dose. Still no change. Then kept all food from her during the day, and gave one fluid ounce at bedtime. Next morning she only complained of hunger. Feeling I had gone far enough with this, I had to carry my infidelity still farther and gave one ounce of *Oleum ricini*. Twelve hours later and no movement. Next gave one and a half ounces of oil, and had the poor satisfaction of several stools, some tenesmus, and a few segments. Pumpkin-seeds would have been next in order, but for the fact that the neighbors—who always take such a kindly interest in our affairs—had long since

assured the anxious parents that pumpkin-seeds would easily bring the worm, and for the sake of my experiment, I had just as positively asserted that it would do very well for ordinary worms, but for this particularly obstinate one—never. Hence, having tied my own hands, I could not resort to this familiar remedy. My next “leap in the dark” was to procure two ounces of the bark of *Punica granatum*, and from it made a strong decoction, giving three fluid ounces in the morning and three more in the evening. Result: *Nil*. I now gave three more ounces and in half an hour still another like dose—the last at 10 A. M. At 7 P. M. she had a copious stool, the first part hard and the rest liquid. In the hard portion lay coiled the entire worm, measuring twenty feet. After preserving the head, I paid attention to the child. She was only slightly pale and ready for her dinner, which she ate with a relish.

It is now five months since the worm passed, and she has remained in perfect health, having speedily lost all the symptoms enumerated above save the love for salt and smoked things, which I now learn has been her norm. She still possesses about the same “psoric diathesis” as before the worm passed. From his position in the stool, I am convinced that the first dose of *Pomegranate* killed him, or at least “removed the contents of the intestinal canal fit for his support,” and all that was then needed was a purgative, or simply time, to bring him away. Her bowels were constipated from the oil previously given; hence it took four times the usual amount of *Pomegranate* to produce a stool. This much-treated worm had my sympathy, and I now beg that of my colleagues. Spurred on by Dr. Berridge’s criticism, I wished honestly to cure the only case I ever had where the parents were opposed to the customary treatment. Most people when they discover the existence of a worm wish to be rid of it at once, and I know of no argument which will prove to them that the immediate expulsion of the worm is not the best way.

My first experiment has resulted disastrously because I did not give “the smallest dose of *Male fern*” as directed by the Master, does some one say? But this very prescription in the *Organon* is not a whit more Homœopathic than any of those found in Dunglison’s Dictionary. The worm produces symptoms. The symptoms may vary with the individuals. The remedy capable of producing similar symptoms, in a given case, cannot cure the symptoms produced by a *tæpia* while the worm exists. Remove the sliver from the boy’s foot, and cure the results afterward. I have below collected all the reported medicines “for tape-worm,” together with the usual manner of administration, which have fallen under my notice, and I think there is about as much satisfaction in perusing the infidel prescriptions as those which some may call Homœopathic.

#### REMEDIES AND PRESCRIPTIONS.

1. The smallest dose of tincture of *Male fern* root.
2. *Spigelia*.
3. *Cina*.
4. *Stannum* 6 and *Sulphur* 6.
5. *Spigelia* 2x and *Mercurius* 3x.
6. *Graphites*.
7. *Nat. carb.*
8. *Sabadilla*.
9. *Cina* 3x—three doses

per day killed a worm in three weeks. 10. *Ferrum*, *Merc. v.*, and *Sulphur* cured a child of tape-worm and hectic fever. 11. *Merc. sol.* 3x cured after *Cina* 3x had failed. 12. *Mercurius* 30. 13. *Sulphur* 30 and *Mercurius* 6—a drop every four days after *Felix mas*, *Asafoetida* and *Koussou* had failed. 14. Dr. Desterna, of Paris, gave a lady who had suffered from tape-worm for twenty-eight years, *Tænia* 4 and cured. 15. *Sulphur*, *Calc. c.*, and *Lycopodium* given *seriatum* at long intervals cured cases in children for Jahr, but failed in adults. 16. Two doses of *Sulphur* during declining moon, followed next time by a dose of *Mercurius*. 17. *Silica*, preceded by *Sulphur* more than by *Calcarea* (?), one following the other after an interval of two weeks, cured a case of ten years' standing. 18. *Sepia* high at long intervals, with suffocation (?) of the animal by abundant eating of fresh butter. 19. Child six years old ate heartily of gooseberries and next day discharged a tape-worm. 20. *Santonine* in grain doses three or four hours apart. 21. *Ether* and *Oil*. 22. Pulverized anthracite coal, a teaspoonful three times per day. 23. After fasting, two drachms of the *Oil of Male fern* in eight ounces of mucilage followed in one and a half hours by two ounces of *Oleum ricini*. 24. *Koussou* in same way as the *Oil of Male fern*. 25. Three drachms of the flowers of *Koussou* steeped in one pint water and followed in half an hour by three ounces of oil cured a case of thirteen years' standing. 26. An ounce or two of bruised pumpkin-seeds at night, fasting, followed in the morning by two drachms of *Sulphuric ether*, and shortly after by an ounce of *Castor oil*. 27. A simple emulsion of pumpkin-seeds while fasting. 28. A decoction of pomegranate, made by steeping two ounces of the bark of *Punica granatam* in a quart or more of water, for twenty-four hours. Give three ounces night and morning till bowels move freely. 29. Powdered zinc or tin. 30. *Kameela* tincture, three-fourths of an ounce, followed in three hours by a dose of *Castor oil*. 31. Aromatic *Sulph. ether*. 32. *Male fern* root freshly grated and used only in summer, followed in due time by a dose of *Citrat. magnesia*. 33. *Oleum terebinthine* in full doses. 34. *Argentum nit.* 35. Watermelon seeds used the same as pumpkin-seeds.

Here, then, in thirty-five prescriptions, is variety sufficient to please the most fastidious. The Homœopathic ones are least satisfactory, because with one exception (B 9) those who gave the remedy did not mention the potency or else forgot to say a word about the repetition, and every one of them has utterly ignored the *symptoms* for which he gave the remedy—a very grave mistake certainly. I have found several reported cures where there was not the slightest proof that a tapeworm existed. Notably a case in the *Rivista Omiopatica* where the doctor gave *Koussou* 2 twelve globules in four doses for a condition which he supposed to be caused by tape-worm. Such reports amount to nothing. One may give any medicine in any potency for the totality of symptoms, and cure the patient of a disease. But the only positive symptoms of tape-worm are the passage of segments. These present, the diagnosis is certain.

## LITERATURE.

"New American Cyclopædia," Vol. VII.; Lippe's "Materia Medica;" Hering's "Materia Medica;" Hahnemann's "Organon;" DaCosta's "Medical Diagnosis;" Dunglison's "Medical Dictionary;" Marcy & Hunt's "Practice;" Hahnemann's "Chronic Diseases;" Hempel, Vol. III.; Böeninghausen's "Therapeutic Pocket-Book;" Raue's "Pathology;" Baehr's "Science of Therapeutics;" Dalton's "Human Physiology;" Jahr's "Forty Years' Practice;" "Transactions of the Homœopathic Medical Society of the State of New York," Vols. VI. and VIII.; "*The Homœopathic Times*," Vol. V.; "*Hahnemannian Monthly*," Vols. V., VIII., XII., XIII.; Raue's "Record," 1870, 1871, 1872 and 1873; "UNITED STATES MEDICAL INVESTIGATOR," Vols. VII., X., XI., New Series, Vols. I., III., IV., V. and VI.

*WEATHER PROVING AND DISEASE TENDENCY.*

BY BUSHROD W. JAMES, A.M., M.D., PHILADELPHIA.

DECEMBER, 1878.

Local weather report recorded by T. A. Smith, Sergeant Signal Corps, United States Army: "Highest barometer, 30.534 (20th). Lowest barometer, 28.797 (10th). Average barometer, 30.019. Monthly range of barometer 1.737. Highest temperature 62 (2d and 10th). Lowest temperature, 13 (25th and 26th). Average temperature, 35.5. Monthly range of temperature, 49. Greatest daily range of temperature, 28 (2d). Least daily range of temperature, 4 (11th). Mean of maximum temperatures, 41.2. Mean of minimum temperatures, 27.3. Mean daily range of temperature, 13.9. Total rainfall, 3.19 inches. Prevailing direction of wind, west. Total movement of wind, 8,928 miles. Maximum velocity of wind, 63 miles per hour (S. E. 10th). Number of foggy days, none. Number of clear days, 9. Number of fair days, 13. Number of cloudy days on which rain fell, 5. Number of cloudy days on which no rain fell, 4. Total number of days on which rain or snow fell, 10. Frost or freezing weather occurred nearly every day. About two inches of snow fell during the month.

## COMPARATIVE TEMPERATURE.

December, 1872,	28.9 inches.	
" 1873,	38.3 "	
" 1874,	35.7 "	
" 1875,	34.7 "	Average for } 34.2. seven years. }
" 1876,	25.5 "	
" 1877,	40.6 "	
" 1878,	35.5 "	

## COMPARATIVE PRECIPITATION.

December, 1872,	2.74 inches.		
“ 1873,	1.38	“	
“ 1874,	2.48	“	
“ 1875,	3.37	“	
“ 1876,	1.40	“	Average for } 2.20, seven years.
“ 1877,	0.83	“	
“ 1878,	3.19	“	

## ANNUAL SUMMARY.

Date.	Barom.	Ther.	Rainfall.	R. Days.
1872.....	30.047	51.8	47.79	130
1873.....	30.041	51.4	54.62	160
1874.....	30.089	52.6	46.31	136
1875.....	30.059	50.3	40.12	154
1876.....	30.037	52.6	47.38	131
1877.....	30.048	54.2	37.26	113
1878.....	29.987	54.8	34.53	118
Means.....	30.044	52.5	44.00	134

## DISEASE TENDENCY.

The main tendencies for December were croup, sore throat, persistent coughs, rheumatism, headache, bronchial catarrh (especially among children), laryngitis, diarrhœa, gastric and hepatic disturbances. There was also a peculiar rash having very much the appearance of roetheln, or measles, and in some cases, finer, like scarlet rash but without the cough that attends rubeola, and without the red throat and strawberry tongue that attend scarlatina; vomiting was not present nor sore throat except as an incidental symptom. It would last a few days and then disappear without any sequelæ. It varied in different cases some being large blotches, and others fine, and sometimes it was mingled with urticaria.

Urticaria and herpes circinatus were particularly troublesome symptoms during the month. Scarlatina and diphtheria of a mild type and hooping cough continued to prevail among children. Quite a tendency to sudden deaths occurred about the end of the first week. Heart diseases were more troublesome at that time, and palpitations, irregularities of action, and other symptoms of the heart were noticeable. Hæmorrhages were much more abundant than the previous month, and there was some tendency at times to diarrhœa. Coughs from bronchial and laryngeal inflammation increased as the month progressed.

Confirmations by other observers. Infantile bronchial catarrh, diphtheria, papular and other eruptions, muscular rheumatism, obstinate cough.

## JANUARY, 1879.—PHILADELPHIA.

Local weather report recorded by C. A. Smith, Sergeant Signal Corps, U. S. A.: Highest barometer, 30.526 (10th). Lowest barometer,

29.274 (9th). Average barometer, 30.069. Monthly range of barometer, 1.252 inches. Highest temperature, 56 (28th). Lowest temperature, 3 (3d). Average temperature, 29.2. Monthly range of temperature, 59. Greatest daily range of temperature, 32 (2d). Least daily range of temperature 7 (20th). Mean of maximum temperatures, 38.2. Mean of minimum temperatures, 21.0. Mean daily range of temperature, 17.2. Total rainfall 2.73 inches. Prevailing direction of wind, northwest. Total movement of wind, 9,246 miles. Maximum velocity of wind, 48 (W. 4th). Number of foggy days, none. Number of clear days, 7. Number of fair days, 15. Number of cloudy days on which rain fell, 4. Number of cloudy days on which no rain fell, 5. Total number of days on which rain or snow fell, 7. Lunar halos observed on the 8th and 11th. About five inches of snow fell during the month; no snow on the ground at the end of the month. Frost or freezing weather occurred on every day except the 28th. The minimum temperature of 3 below zero, on the 3rd, was the lowest recorded at this station since January 10, 1875, when 5 below registered.

## COMPARATIVE TEMPERATURE.

January, 1871,	35.7 inches.	
" 1872,	29.4 "	
" 1873,	28.9 "	
" 1874,	36.7 "	Average for } 51.7. nine years.
" 1875,	26.1 "	
" 1876,	37.7 "	
" 1877,	28.4 "	
" 1878,	32.7 "	
" 1879,	29.9 "	

## COMPARATIVE PRECIPITATION.

January, 1871,	2.57 inches.	
" 1872,	0.95 "	
" 1873,	5.84 "	
" 1874,	4.58 "	Average for } 3.05. nine years.
" 1875,	2.83 "	
" 1876,	1.52 "	
" 1877,	2.62 "	
" 1878,	3.94 "	
" 1879,	2.73 "	

## DISEASE TENDENCY.

The diseases most prevalent during the month of January were influenza, bronchial catarrh, pneumonia, croup, laryngitis, and rheumatism. The sore throats of the early part of the month were like quinsy, and devoid of the white patches on the tonsils; but during the latter part of the month the diphtheritic character returned, and the throats became more angry looking, and had the white and yellowish patches.

The tendency for the first few days was headache, spinal congestions, and nervous diseases, including neuralgia, especially enteralgia and gastralgia.

About the 4th we find erysipelas and erythema prominent diseases, and glandular swellings, especially those of the neck and throat; then headache and sore throat, and then an increase of bronchial cough. After this came more of sore throat with nasal and pharyngeal inflammation.

Succeeding this was noticed attacks of gout and rheumatism and more of the glandular swellings. About the 11th, the influenza was attended with more bronchial complications such as rough cough, oppressive congestions, catarrhs, etc.

Croup and sore throat were very abundant about this time, and continued so for several days. On the 13th we find heart diseases worse; hæmorrhages, hepatic congestions and hoarse colds, while the influenza assumed an increased impetus.

A peculiar form of red rash, like roetheln, was still met with. Aphonia, catarrhs, conjunctivitis, and neuralgia were more troublesome. About the 20th, we found more erythema, lumbago, obstinate coughs, pains about the chest, glandular swellings, diphtheritic sore throats with typhoid symptoms.

The influenza during the last ten days of the month assumed a more violent form, and was attended with aches and pains about the chest, lower extremities and back, especially the lumbar and sacral regions.

It was remarkable that in most cases, even those of a lighter form, complained of pain in the lower part of the *left* chest and in the region of the spleen. There was general or local soreness over the chest and other parts of the body, with chilliness especially down the back or sometimes more general.

In the early stages there was considerable fever, hoarseness, or croupiness, with an obstinate cough which had a loose shattering hollow sound in a majority of cases, while in others it was of a dry, tickling character with a constant disposition to a short hacking, which could not be suppressed by the patient.

The first symptoms generally developed themselves in the bronchial tubes, or at their bifurcation, attended with this cough, then supervened a raw, tender and sore feeling across the upper part of the chest while coughing, and more or less oppression.

Later came aphonia, sore throat and coryza, and as these latter symptoms became more marked, the chest symptoms either abated or extended lower down and assumed the form of pneumonia with bloody expectoration, and all the aggravated accompaniments of that disease. A large number of the attacks of influenza passed off in the shape of a cold in the head. In a few the acute bronchitis assumed a more chronic form, and was attended with more or less laryngitis, but where it extended to the pulmonary tissues the case not only assumed an alarming inflammation of the lungs, but also took on a typhoid form. One peculiar feature in many cases were that they were attended with nausea and vomiting.

The headaches were mostly frontal and fronto-occipital, and generally were accompanied with sick stomach and vomiting of bile. All

colds seemed to assume a catarrhal form, while old chronic, nasal, and pharyngeal inflammations have been very much aggravated since the prevalence of this epidemic.

The tendencies at the close of the month were those of acute conjunctivitis, bronchitis, laryngitis, spinal congestions, croup, rheumatism, and diarrhœa.

#### REMEDIES.

*Bryonia* was probably the remedy most frequently called for during the month, it corresponding more closely than any other with the pains about the chest, and especially those in the muscles under the short ribs; the tight coughs and constriction of the chest, the oppression, heaviness, and soreness under the sternum, with an increase of pain and soreness on coughing; the sensitiveness and soreness of the epigastric region on motion; the nausea and vomiting; the fluent coryza, the pressure and aching in the sub-scapular, cardiac, and splenic region; and the heaviness and weariness, aching and pains in the limbs, nape of the neck and back.

*Phosphorus* met a great many of the bronchial and laryngeal symptoms, especially in the dry, tickling cough, aphonia, tightness across chest the dry form of coryza with sneezing, and in those cases that were attended with painless diarrhœa.

*Nux vomica* covered not a few of the cases especially in the rough, hollow mucous coughs with copious and thick expectoration, with stitches and pains, and raw feelings in the chest, with restlessness and wakefulness at nights, loss of appetite, nausea, vomiting, vertigo, and bruised feelings in the head, with aching and heaviness, and when constipation was present.

*Aconite* seemed to have little or no effect in the influenza.

*Gelsemium* acted better in those cases attended with soreness of the throat, eustachian pain from the throat to the ear and in those where the coryza was scalding and the mucus in throat irritating and constantly forming.

*Belladonna*, *Allium cepa* and *Sticta pulmonica*, all of which are usually good remedies in influenza seemed to have but little curative action.

*Eupatorium perfoliatum* met some cases, but it was not the *genus epidemicus* remedy.

*Arsenicum*, however, covered a large number of cases, especially those where there was a spasmodic cough with desire to vomit, and with an expectoration of thin, watery, glairy mucus, and as many of the cases were attended with debility, it was especially adapted to such, the copious lachrymations and the discharge from the nose was another indication, and in the cases of acute conjunctivitis it was also good.

*Aconite* covered the cases of conjunctiva that occurred about the close of the month, they being attended with little or no photophobia,



but with a bright pigmentation and injection of the conjunctiva of the globe and palpebræ.

*Pulsatilla* was adapted to the rheumatisms, aches, and flying pains.

*Kali bichromicum* for the aphonia, hoarse and rough coughs attended with sore throat.

*Hepar sulphur calc.* came in for a considerable share of attention especially in the croupy laryngeal and tracheal cases.

*Tartur emetic* was likewise useful in the bronchial catarrhs, but did little or no good in the influenza.

There seemed to be no one remedy that would carry influenza case entirely through on account of the change of symptoms from day to day.

The mortality from pulmonary complaints was unusually great, as the statistics will show :

Total number of deaths from consumption of the lungs, - - -	185
Total number of deaths from pulmonary inflammation and congestion and hæmoptysis, - - - - -	120
Total, - - - - -	311

The influenza came from the Pacific coast eastward. Accounts being received of its prevalence there in the early part of December. Later it appeared in the Mississippi valley ; then in the southern states further east, and then north and up along the Atlantic coast cities. It has been quite wide-spread over the country.

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## Society Proceedings.

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### HOMŒOPATHIC SOCIETY CONVENTION.

The Jackson County (Mich.) Homœopathic Medical Society held its third annual convention at the Court House, the president, Dr. L. M. Jones, of Brooklyn, presiding. The secretary, Dr. Porter, of this city, sent in his resignation which was accepted. A proposition to change the name of the association to the "Jackson County Medical Society of Physicians and Surgeons," was laid over until the next quarterly meeting. The members then proceeded to the annual election of officers, which resulted as follows :

PRESIDENT—Dr. N. J. Depew, of Parma.

FIRST VICE PRESIDENT—Dr. O. Q. Jones, of Hanover.

SECOND VICE PRESIDENT—Dr. F. J. Brown, of Leslie, Ingham County.

SECRETARY AND TREASURER—Dr. Wm. J. Calvert, of Jackson.

BOARD OF CENSORS—Dr. L. M. Jones, of Brooklyn; Dr. W. A. Gib-

son, Jackson; and S. P. Town, Dr. H. B. Ball, Jackson, and Dr. J. B. Tuttle, Jackson.

The president appointed Dr. O. Q. Jones, of Hanover, and Drs. W. A. Gibson and S. P. Town, of Jackson, to read papers of interest to the profession at the next regular meeting.

The following resolution was unanimously adopted :

*Resolved*, That the members of the Jackson County Homœopathic Medical Society pledge their support to the Board of Regents in the advancement of the Homœopathic medical department of the State University.

After the transaction of routine business the society then adjourned until the third Tuesday in April next. W. J. C.

#### THE ILLINOIS HOMŒOPATHIC MEDICAL ASSOCIATION.

This society will meet in Freeport, May 20 and 21st. The following bugle notes " from the president to the secretary ought to *arouse every member*, not only of this, but of every other society.

DEAR DOCTOR: "Something ought to be done to arouse the average doctor in our profession to the work of preparing more elaborate reports for our State Society—not because you are secretary or I am president—but because the reports and papers of the past few years have been very meagre indeed. You are a witness that I have always held that our members should contribute their best productions to our home society. Dr. R. N. Tooker's report on scarlet fever, read before the society at Peoria in 1877, was the only exhaustive paper (of the subject of which it treated) that I remember to have heard for many years past, all the other reports were fragmentary, mere excuses. Of the five-hundred busy practitioners within our borders not more than fifty have contributed anything of interest at our meetings, let us call loudly and earnestly for reports from our entire membership this year. It is to be hoped that the chairman of the different bureaus will *at once* call the attention of all the members composing them to the necessity of preparing for the coming session, it is a shame that such a grand commonwealth as Illinois, ranking as third in the Union, should produce no better results in medical matters. The time has come when we must grapple with the issues about us or be consigned to that oblivion born of inactivity, if we will arouse and shake off lethargy that characterized our past, our next meeting may in very deed be "a feast of reason and flow of soul."

Consider for a moment what a report the committee on clinical medicine might produce, our state includes almost every climate and disease known on this continent, does this committee desire to report on phthisis, diphtheria or pneumonia. Northern Illinois presents a field of observation equal to any in the whole world, these diseases are especially prevalent this year and marked with unusual fatality, does

the committee desire to investigate malarial diseases, including yellow fever? Southern Illinois presents an adequate field for such investigation, above all, greater, grander and most important of all inquirers, is that relating to "Zymotic diseases." What field of observation equals that of Chicago and the central portion of our state through which our drainage flows—it smells to heaven—making night hideous with the rollicking of its germs. If Tyndall, Bastian or Dallinger were here, we should all expect a solution of the pressing question of what is to be done with this pestilence breathing air, if our State Board of Health knew what to do we should not witness the spectacle of the laity of the infected district holding mass meetings and threatening to burn Chicago and dam the canal. We must meet and solve those questions or confess to the world (whose eyes are now upon us) that we are wholly inadequate to the task. Ignoring all past differences, forgetting all short comings, let us put our hands to the work before us and have such a meeting and make such reports as shall do honor to the empire of Illinois and the cause we represent.

W. DANFORTH, President State Society.

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## College Commencements.

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### *HAHNEMANN MEDICAL COLLEGE, CHICAGO.*

The nineteenth annual commencement of Hahnemann Medical College and Hospital took place February 27th in Hershey Hall, in the presence of a large and brilliant assemblage. The hall was filled to its utmost seating capacity. On the platform were the officers of the college, Dr. A. E. Small, the president, being in the chair. Dr. C. H. Vilas officiated as master of ceremonies. The exercises were opened with prayer by Rev. Munroe Gibson.

The report of Dr. R. Ludlam, the dean of the Faculty, showed that the college year had been in all respects a prosperous one, and that the financial condition of the college was sound. The number of students in actual attendance during the term was 197, of whom 162 were men, and thirty-five were women, showing an increase of over 100 per cent. in three years in the size of the class. A gratifying feature of this remarkable growth is the increased proportion of eastern students. Of those who presented themselves as candidates for graduation, sixty-five have been found worthy, and by the unanimous vote of the faithful colleagues in the Faculty were recommended for the degree of doctor of medicine.

At the close of the dean's address, the St. Celia Quartette, composed

of ladies, entertained the visitors with choice selections, after which Dr. Small, in an appropriate address, conferred degrees upon the following graduates:

John G. Achenback, Wisconsin; John Ahmanson, Nebraska; Wilton Adolphus Allen, Minnesota; George L. Bailey, M. S., Michigan; Marcus Y. Baker, Iowa; W. A. Barker, Illinois; James W. Barrett, Wyoming; Ellen Olds Beebe, Illinois; Ernest W. Bradley, Wisconsin; Warren Briggs, B. S., Wisconsin; E. Z. Cole, Iowa; Isaac N. Coleman, Jr., Michigan; Casper L. Crandall, Wisconsin; P. G. Denninger, Minnesota; Charles W. Eaton, Iowa; George Edens, Illinois; W. H. Fanning, Michigan; H. P. Fitch, Canada; Sumner C. French, Wisconsin; S. E. H. Gannon, M. D., (ad eund), Iowa; Charles F. Geiger, Oregon; Emma Gerlach, Illinois; Alden Gifford, New York; George C. Greene, Wisconsin; Evan Edmiston Gwynne, New York; Helen S. Harris, Wisconsin; Sarah C. Harris, Illinois; J. De Witt Heath, Iowa; John William Heath, Indiana; Seymour C. Hood, Wisconsin; F. M. Hinz, Wisconsin; Osmond Nason Hoyt, Iowa; Daniel C. Jerald, Iowa; Solomon D. Johnson, Wisconsin; Robert W. Lance, Vermont; David L. Livermore, Iowa; Mrs. Fidele Gray Macomber, New Jersey; H. W. Marsh, Michigan; L. D. Marvin, Michigan; Marshall C. McIntire, Kentucky; Francis E. McNamara, Wisconsin; Edwy C. Ogden, Illinois; E. H. Parker, Wisconsin; John P. Parmely, Wisconsin; Daniel H. Patchen, New York; Cassius C. Pillsbury, Wisconsin; J. B. Robinson, West Virginia; George E. Richards, Illinois; Gardiner J. Russell, New York; Addison E. Sanders, Oregon; Fred. L. Santway, New York; Charles Sumner Sears, Michigan; Franklin B. Smith (ad eund), Michigan; S. Martin Spaulding, Minnesota; T. F. H. Spreng, Pennsylvania; Byron Taylor, Wisconsin; L. W. Todd, Jr., Minnesota; John C. Tucker, Jr., Minnesota; Thomas Voice, Colorado; Mrs. Lucy Washington, Wisconsin; Mary Pearce Weeks, Illinois; J. W. Whidden, New Hampshire; Wm. Fletcher Wilson, Iowa; W. A. Whippy (ad eund), Indiana; D. L. Woods, M. D., Illinois.

The valedictory address was delivered by Prof. T. S. Hoyne, M. D., who defended Homœopathy, predicted its rapid growth, and gave the graduating class good advice. The St. Ceila quartette favored the audience with some excellent music. Dr. George L. Bailey delivered the class valedictory. The following prizes were then bestowed amid much applause:

The Dr. D. S. Smith prize of \$25 for the best final examination to Earnest W. Bradley, of Wisconsin. The Halsey Brothers' prize of a buggy medicine case for the second best final examination to J. W. Whidden, of New Hampshire. The Ludlam prizes for the best reports on the woman's clinic: first, H. H. Boulter, of Illinois; second, George L. Bailey, of Michigan. Prize of a pocket case of instruments, for the best examination in surgery to J. W. Widden, of New Hampshire, who alone stood one-hundred. Prize of a small medicine case for the most correct prescription in clinics, J. De Witt Heath, of Iowa.

Prize of a pair of obstetrical forceps for the best report on the obstetrical clinic, to George F. Shears, of Illinois. Prize for essay on abuminuria, Cassius C. Pillsbury, of Illinois. Vilas prize for essay on amaurosis, J. G. Russell, of New York.

It was also announced that the trustees had elected as house physician at the hospital, T. F. H. Spreng, M. D., of Pennsylvania, and as assistant house physician, C. S. Penfield, of Ohio.

The Hahnemann Medical College quartett, composed of Drs. Kanouse, Spaulding, Crawford, and Penfield, sung a good-night song, and Dr. Gibson dismissed the exercises with the benediction.

A grand banquet at the Tremont house concluded the commencement.

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## Consultation Department.

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### BENZOIC ACID.

Would it not be well for J. W. M. to state what potency of *Benzoic acid* he uses for "incontinence of urine in children," page 114 INVESTIGATOR for Feb. 1st, 1879? Of course he does not mean crude *Benzoic acid* for that is a powder. ELDRIDGE C. PRICE.

I see in Number 202, "Medicus" inquires about *Benzoic acid*. I am aware it is as he says, will B. & T. tell *how* to liquify it? I got mine of A. J. Tafel in Philadelphia, years ago. I asked if it should not be in crystals? The clerk said that was the only way they had it. It is an amber-colored liquid, slightly "biting" to the taste and *destroys* the cork. All I know is, that *so far*, it serves me well.

J. W. M.

### VARIOUS REPLIES.

To obtain "Gunther's goitre powder" let O. D. R. send to Luytie's Pharmacy in St. Louis, Mo., and he'll get it, and after using it will decide that it is a "humbug," same as myself. I tried it years since, according to directions, in a large number of goitres, for they are rather common here, and I never saw it do the least good in any, even after months of persistent trial. *Spongia tost.* 100,000 is the indicated remedy in a high potency, will be worth more than all things else.

If W. W. B. keeps his drugs in a *dark* place and well corked, he need have no fears of their reliability, and in spite of all learned Homœo-allopathic mathematics, I still think that the 100,000 potency is a great deal higher potency than any "Hahnemannian potency" whatever.

If C. A. D. O. wants to cure his case of cough, let him give one or two doses of *Kali bich.* 100,000, and wait as long as any improvement

is noticed; give the dose or doses dry on tongue. Two pills No. 25 is my way of giving.

W. P. S. has a very good *Lachesis* case, but I think he would do better to give her one dose of *Syphilin* 100,000, or higher, and wait a few days before using the *Lach.*, and then he will find it do the work much better. I had a similar case some months since; gave *Lachesis* 75,000 with no result; gave *Syphilin* 100,000, one dose, and the relief was immediate. In a couple of weeks it seemed to grow worse again, then gave *Lach.* 15,000,000, one dose, and made a *lasting cure*. I use either Swan's or Fincke's preparations—both are perfectly reliable in my hands.

In a former communication you made one error. I said *Adeps* in a high potency had cured some cases of constipation, and now I say it will cure when *Nux vom.* in any potency will fail. G. H. C.

#### ANSWER TO CASE FOR COUNSEL.

W. P. S. page 156, February 15th number ought to study *Sang*. It has: Headache which comes up from occiput and settles over right eye: constant change of symptoms, when a new one rises the earlier cease; flushes of heat at the climacteric period. Was not the pain which was at first confined to the right shoulder characteristic of *Sang*? The *Sang.* pains go from upper right to lower left side. We also find under this remedy: Rawness of the throat, mouth and throat feel denuded of mucous membrane; swelling in the joint of the great toe, very severe pain in the right great toe, like gout. See pathogenesis of *Sang.* as given in *N. A. J. of H.* Vol. XXI, page 359. The bunched swelling of the skin is not found under *Sang.* but it has: Roundish or oval whitish raised patches on the mucous membrane.

C. BERNREUTER.

#### WHAT WILL CURE.

Jennie T,—blonde, large blue eyes, eleven years old—was unusually well and plump till ten months old, when she had cholera infantum; was very sick; was under Allopathic care and has never been well since that attack. Did not walk till seventeen months old. The mother said she never walked, always ran, first steps she took were to run across the room. When two years old, both tonsils inflamed and for six years caused great difficulty in breathing, especially after taking cold. Parents often felt she would choke to death. At five years old she seemed stiff. If she stooped to pick up anything, she *always fell forward*. At six, parents noticed red spots about the joints of upper and lower extremities. Limbs were stiff and she would scream with pain. This has continued better and worse ever since, and she has gradually lost the use of her limbs. At seven, had what her physician called typhoid fever, was sick three weeks.

In her present condition mind seems clear, bright, excellent memory, fond of study, fretful, excitable; complains of headache through forehead and temples, eyes slightly congested, cannot bear strong light, dark circles around the eyes. Some difficulty in hearing especi-

ally after taking cold. Face very pale. Breath is very offensive, especially in the morning. Sleeps with mouth open, and a brownish fluid flows from the mouth at night, which stains the pillow, and can with great difficulty be washed out. Gums bleed on slightest touch; spongy. Throat is dark red, tonsils large, left touches uvula. Appetite is poor, wants meat, cake and pickles. Eats very little except at noon. Drinks tea. Always fills mouth with water and holds it as long as possible, before going to bed. Bowels constipated, stools hard, two movements a week. Urine natural in quality and appearance. Voice hoarse; takes cold easily. Action of heart easily disturbed, palpitation when excited. Pulse 120 while sitting in mother's lap.

Upper limbs stiff and painful in joints and wrists; cannot straighten fingers. Cannot flex right arm or supinate it; rests in extreme pronation. Measurement of wrist  $2\frac{1}{2}$  inches, arm just above elbow  $4\frac{1}{2}$  inches. Enlarged lymphatics axillary. Lower limbs: stiffness mostly in knees which are partially flexed, and cannot be extended. Very slight discharge from above right knee, enlarged glands under each knee and on posterior surface of limbs. Has not walked for nine weeks. Measurements above and below knee  $6\frac{1}{2}$  inches. Sleeps well, fretful in morning, cannot sleep on left side. Thermometer under tongue  $100^{\circ}$ , emaciation too great to put in axilla. Has taken a great deal of medicine, prescribed and patent. Scrofulous history from both parents.

I prescribed *Calc. carb.* 200, night and morning. Since, I have received a letter with the following information, that five years ago the child had what seemed to be measles, but "they never came out and for a year after, when the child was excited, they seemed to show just under the skin."

[*Puls.* 200.—ED.]

O. LESEURE.

## Medical News.

I shall spend the remainder of the winter and the most of the spring at Norcross, Ga.

H. P. GATCHELL.

Received from N. Emmons Paine, M. D. a pamphlet on "Feeding the Insane." Accept thanks.

M. M. Eaton, M. D.—I go south with wife and children for a three weeks' pleasure trip.

*Died.*—Dr. J. P. Alley, of St. Paul, Minn., of spinal disease. The *St. Paul Pioneer and Press* speaks of him thus: "Such men are rare. His nature was full-orbed; he was a cultivated gentleman, a skillful physician, a good citizen, a valued friend, a generous helper, and an earnest Christian."

Dr. N. D. Tirrell, of St. Louis, of phthisis pulmonalis, on December 8.

Dr. D. R. Luyties, of St. Louis, on Jan. 10, of fatty disease of the heart.

These veterans one after another pass away, and who will fill their places?

*Who Said So?*—"It has been said that the Chicago journal only cares for Chicago news?" Another "that you will only put on titles of Chicago professors." Such rumors never went from our office. We want the news from all over

the world. We will leave the title on any article if put on by the writer, but do not care to put on titles on our own responsibility. With readers and contributors in all parts of the world, it would be difficult to make this journal any less cosmopolitan or liberal than its title indicates.

Consumptives going from home should know of the merits of San Rafael, write to Dr. W. A. Ely, San Rafael, Cal., he will give you all the facts.

*Post Graduate Course.*—The Faculty at Ann Arbor announce a post graduate course for recent graduates and practitioners—see announcement in our advertising pages.

Guiding symptoms I understood to be a collection of clinical verified symptoms that would fill two volumes—about \$15.00, but I see under the guiding hand of the American Homœopathic Publishing Society the work is swelled to *ten volumes*, i. e., \$37.50 to stockholders, or \$50 to outsiders! That looks like a swindle. Can you tell us why this society must do its business through a well-known publishing house?

X.

[Subscription books are characterized by large type, heavy paper, and little matter well spread, and perhaps there is no reason why this society should make an exception. It is perfectly proper for them to make any house a depository for their books. Some one must look after the business details.]

*The Colon Tube.*—The cut on page 165 represents what may be termed the Colon Tube, and I claim it to be an improvement of the Wales Rectal Tube, which in turn is an improvement on the elastic rubber velvet finished rectal bougie, made by Tiemann & Co., of New York. The Colon Tube, which is fifty-three inches in length, can be used successfully to treat, impactions, obstructions, ulcerations, strictures and twists of the intestinal canal. I also claim, that as far as the records of surgery within my possession or reach to the present time, that this is the first case or instance in which the colon has been explored to so high a point. One case can be found among the surgical records of the U. S. Army Medical Library, at Washington, D. C., in which an exploration was made some twelve inches up. Philip S. Wales, M. D., surgeon U. S. N., has explored to the umbilicus, as I understand. In conclusion, I desire to add, that if there is another instance of the kind and extent published or not, I would be thankful for the facts in the case.

C. H. VON TAGEN.

To the graduates of the Homœopathic Medical College of Mo. Greeting: We take great pleasure in announcing to you that the effort last year to form an alumni association of your honored alma mater, was in every respect perfectly successful; a constitution and by-laws were adopted and the following officers elected: Dr. Bartlett, of the class of 1868, was chosen president; Dr. C. H. Hart, of the class of 1876, vice-president; Dr. J. Ravold, of the class of 1860, treasurer; Dr. W. J. Harris, of the class of 1875, secretary; while the following gentlemen were constituted an executive committee: J. Martine Kershaw, James A. Campbell, W. C. Richardson and Solon Grant, all of the class of 1869, and A. S. Everett, of the class of 1870. The first annual reunion of this organization will take place on the 27th of February. At which time a banquet will be given and all are cordially invited. The meeting at which we organized was an enthusiastic one, very interesting, and many excellent things were said. We had a good time, and it was both an intellectual and social treat. Some who assembled upon this occasion had traveled over 500 miles to be present. Won't you drop your labor and cease from your toil long enough to meet with us on this occasion? We will promise you both a social and profitable time. Please drop a line to the president of the executive committee, J. Martine Kershaw, if you will be present.

J. MARTINNE KERSHAW, WM. C. RICHARDSON, JAMES A. CAMPBELL, A. S. EVERETT, W. JOHN HARRIS,	}	Executive Committee.
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Eye and Ear Department.

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*ANÆSTHESIA IN EYE OPERATIONS.*

CLINICAL LECTURE DELIVERED BY JAS. A. CAMPBELL, M. D., PROFESSOR OF OPHTHALMOLOGY AND OTOTOLOGY IN THE HOMŒOPATHIC MEDICAL COLLEGE OF MISSOURI.

Reported by S. E. Miles, Student.

GENTLEMEN: Let us now dispose of the operations before us. Here is a case of strabismus convergens, in a young woman twenty-one years old. She has been "cross-eyed" ever since she was about five years old. The case is, as you may see, by watching the primary and secondary deviation, one of strabismus convergens concomitans, with a deviation of about two and one-half lines. The patient by preference generally fixing with the right eye, but it may be interchangeable, as you see, and therefore alternating.

The nature, cause, course and treatment of strabismus have been fully presented to you both in the didactic course and in numerous clinical demonstrations. The anomaly of refraction which is usually the cause of this trouble is present, and is undoubtedly the cause here. From the number of cases of this nature which have been brought before you during the past few weeks, the operation for its

correction may not have the same interest for you it did in the beginning, but there is an associated circumstance connected with this case to which I invite your attention as being in the highest degree instructive to you as prospective medical men. Since the employment of anæsthetics, eye surgery has been far more successful than formerly, because it enables us to obtain the necessary quiet, which is so important, when handling so delicate and sensitive an organ as the eye. In the amputation of a limb, the varying of half an inch or more to one side or the other from a contemplated line may not make any material difference, but in the eye, a hair's breadth out of the way may bring total ruin to that organ. Hence it is very desirable to have the eye as still as possible. A few patients have that will power which enables them to remain quiet under much physical torture, but the greater majority of mankind, in spite of the best intentions are unable to endure without resisting all painful eye operations. Many eyes have been lost from this cause alone. For this reason it is quite customary to use anæsthetics as you have repeatedly seen. But there are some cases where this cannot be done with safety. The case before you is one of this nature. You have observed that we always carefully examine every patient to whom we propose giving an anæsthetic, to determine if possible, whether there is anything present which may contra-indicate it. I have examined this case, and as Professors Parsons and Valentine happen to be present, I shall ask them to do likewise for us. Their diagnosis quite coincides with my own. They tell us that there is present here endo-carditis with valvular complications. We shall not, we dare not, give an anæsthetic in this case. The patient says that she has had trouble with her heart for some years, but does not want to undergo this operation without taking something to make her sleep. She begs us to give her "just a little *Chloroform*," but we must absolutely refuse. A little is just as bad as a great deal. In fact, when bad results follow, *Chloroform*, it often happens in the beginning of the inhalation. You may recall the case of the woman that we had upon the operating table but two or three weeks ago. A careful examination failed to reveal anything abnormal, while in less than half a minute after the beginning of the inhalation she was almost pulseless; the most prompt and vigorous attention alone prevented what might have been a most undesirable and calamitous result. Here then is a case where a positive yes or no must be given, and without any hesitation I say no. If she will not submit to the operation without an anæsthetic, she may pass on and we will take up the next case. She finally consents, and with the assistance of two or three of you to control any sudden or spasmodic start, we will proceed with the operation, after promising her not to be more than a minute or a minute and a half at it. The speculum is placed in position to hold the lids. A small fold of the conjunctiva and sub-conjunctival tissue is taken up with forceps about two lines from the inner corneal margin. With scissors curved on the flat, I make a small opening through these tissues and quickly

pass downward and inward and behind the caruncle, separating it from the tissues behind. Through this opening I now introduce the strabismus hook with point downward and backward, and sweep it around upward and forward, keeping closely to the ball, I catch up the tendon of the internal rectus muscle. Through the small opening I again pass the scissors and divide the tendon close to its insertion on the sclerotic. I now pass a second hook in a like manner to see if there still remains any attachment; finding it all free, the speculum is removed and the operation so simple is completed. The patient in spite of her agitation did very well. You may readily see that the result might have been different if the operation had been one of a more serious nature. I am very much of the opinion that the result might have been serious enough if we had yielded to her entreaties to give her *Chloroform*.

Some years ago it was my misfortune to see a poor creature in a hospital in Berlin quietly but unexpectedly pass into the sleep that knows no waking, after inhaling but a few whiffs of *Chloroform*. The lesson was impressive. You may ask me, why not give an anæsthetic which is safe? There is no absolute safety in any which we yet know of. Special forms of anæsthesia have their advocates. Yet deaths have been reported from each and every one in use. I may mention that the favorite forms of anæsthesia as well as the forms of their administration vary in different parts of the world. It is curious how much influence, custom or chance exerts in matters of this kind. In Berlin *Chloroform* is almost exclusively used, given on an inhaler made of wire covered with flannel. All ordinary care is used, but it is given with freedom. In Vienna *Chloroform* is also the favorite form, but they are rather less free with it; in fact at some of the clinics the anxiety over it at times is almost amusing. But it is better to be on the safe side. Better to go slow than to be sorry.

In Paris where science seems so privileged, and so thoroughly independent, they only use anæsthetics as a last resort. I never could determine whether they abstained from its use so generally on account of its dangers, or to save time. This I do know; its sparing use among some of them leads to what I would call close on to the borderline of brutality. During the past summer I saw the celebrated Wecker even enucleate an eye without any anæsthetic, while it required five or six strong men to hold the poor writhing woman upon the operating table. This is cruelty.

In London up to 1878, *Chloroform* was the agent in general use. Although *Chloride of Methylene* was used in some of the hospitals. At that date Jay Jefferies of New York "reintroduced" *Sulphuric ether*, and gave it with a freedom and in a manner which quite astonished them. On account of the comparative absence of danger which is claimed for it, they have largely adopted it. They usually give it from some form of an inhaler, which is sometimes a complicated and ingenious apparatus. But from the fact that during the past six months four deaths from *Chloroform* in England were reported in the

London *Lancet* alone, it will be seen that they still use that agent quite extensively.

In this country the form of anæsthesia varies in different localities. In Boston and some other places *Sulphuric ether* is exclusively used. The verdict of the profession with us is theoretically very pronounced in favor of *Ether*, but practically there is still very much *Chloroform* used. Now deaths have occurred from each and every one of these agents, although it is justly claimed that some are attended with less danger than others, and I have presented these few facts to you briefly in order to direct your attention to what is really of much practical importance to you. I have presented it in connection with this case, for it represents that class which is full of danger. There is a growing tendency on the part of the people at large to avoid physical pain in every form, and hence you will be importuned to administer anæsthetics for even the most trivial operations. But, gentlemen, understand the responsibility you assume when you do so. In the case before us, understanding it as we do, if we had given an anæsthetic, we would be morally as well as legally responsible if any accident should have happened. Too much care cannot be exercised when dealing with anæsthetics. In each of the London hospitals this is made the especial duty of one man known as the "chloroformist," and every precaution is taken to make it as safe as possible. In fact, anæsthesia is regarded of so much importance that there is one physician in London who makes its administration a specialty, doing nothing else, and I understand that he is in constant demand. In many parts of this country the reckless manner in which *Chloroform* is sometimes given, is at times as appalling as it is criminal. I have seen it given in operations where I could but tremble for the patient, and blush for the heedless stupidity of those in charge.

Do not imagine from these remarks that I wish to counsel you against anæsthetics. Their discovery has been a great blessing to mankind, I only desire to impress upon you the necessity of using the greatest care when you do give them. I have administered them in different forms many, many times, but never do so without keenly realizing the responsibility I am assuming.

It is possible for a bad result to follow even when the greatest precautions have been used, and everything seems safe, but they are far less liable than when administered with reckless indifference. If a fatal result should unfortunately ever follow the use of an anæsthetic in your hands, the surrounding community will never forget nor forgive it, whether you are to blame or not, especially if it was given in what might be called the smaller or unimportant operations. Hence from all sides you will see the reasons looming up, all crying careful, be careful.

## Society Proceedings.

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

The regular monthly meeting was held in the lecture-room of the college, on Tuesday evening, Feb. 4, 1879. Dr. D. S. Smith presided, and there was a large attendance of physicians and medical students.

#### THE BUREAU OF GYNÆCOLOGY

reported through its Chairman, Dr. R. Ludlam. After reading the notes of a case furnished by a student, who asked that a diagnosis might be made, and after a discussion of the same by the society, Dr. Ludlam presented a paper on

##### I. THE MICROSCOPE IN UTERINE DIAGNOSIS,

which had been contributed by Dr. A. E. Rockey, of Ottumwa, Iowa, a Corresponding Member.

**CASE.** Mrs. S. aged thirty, of dark complexion and medium stature, has had two children at term. In April, 1876, the menses ceased, and she supposed herself pregnant. In the latter part of July following, she was seized with symptoms of abortion. The attack which was slight, passed off in a few hours, and for several weeks she felt perfectly well. At this time a discharge of bloody serum varying in redness at different times made its appearance. About four months after this the menses came on regularly at which time the flow changed to a bright red. During the entire menstrual period it had a very offensive odor. This drain continued without intermission until July of the present year, when she came under my charge. Her strength has been greatly reduced, her flesh wasted, and her life rendered miserable by this obnoxious discharge. She has been treated by the customary number of doctors, who have examined, probed and sounded—arrived at all manner of conclusions, and prescribed numerous forms of applications and nostrums without giving relief. Her trouble has been diagnosed at various times in its history as molar pregnancy, bleeding polypus, cancer of the uterus, etc. At the time she first consulted me, I elicited a history of the case substantially as given above. She states that no solid substance has been discharged. These symptoms presenting features common to several uterine troubles, the diagnosis was not to be easily made. Upon examination the cervix was found to be of normal size and position. The sound entered to a depth of nearly four inches. The curve turned to the left, seeming to indicate latero-flexion to that

side. Excepting this apparent deviation of position, physical examination revealed nothing abnormal in the structure or contents of the uterus. A tenacious, sanguinolent substance adhered to the sound which I touched to a glass slide and subjected it to microscopical examination by both low and high powers. Among a *debris* of decomposed animal tissue were distinctly seen several bone-cells and flocculi of disintegrated bone. Their appearance was diagnostic and unmistakable, and the conclusion that they had their origin in a fœtus that perished at the time of the threatened abortion, seemed a proper diagnosis. Here then was a dead child in a living tomb where it had been slowly decaying for nearly two years.

The os was dilated with sponge tents of a gradually increasing size to a sufficient diameter for the removal of the supposed contents. Examination by the touch within the cervix revealed a mass of bony spicula. A large pair of curved polypus forceps was introduced, and the first object seized was a part of the cranium which was soon followed by the removal of the entire skeleton in fragments and masses enveloped by the jelly-like substance that adhered to the sound at the time of the first examination. The ends of the long and the borders of the flat bones were somewhat softened, but in a great measure they retained their form and consistency. The inner wall of the uterus presented a roughened surface to the touch, as though it had been caused by the sharp ends of bone. Nearly four months have elapsed since the removal of the fœtus. The discharge ceased promptly, the menses appeared regularly, and the health of the patient has improved rapidly.

This case is one of the many that illustrate the importance of the microscope in diagnosis, for without it in this case certainly it would have been difficult to arrive at so satisfactory a conclusion.

It may seem strange that the crepitation of the bones should not have been detected by the sound, but the fact that several other physicians had introduced the sound and had not discovered the contents, shows that it was not easily done in this way.

## II. ECZEMA OF THE GENITALS WITH DIABETES MELLITUS.

Dr. Ludlam gave a verbal report of a case of chronic eczema of the female genitals, in a patient aged forty-three, which had resisted all kinds of treatment for more than ten years. The patient was well-to-do, intelligent, of good habits and cleanly, of good constitution, the mother of three grown-up children, had menstruated regularly and looked well. The eruption, which spread over the genitals, and the nates, and sometimes invaded the anus and the vagina, would almost disappear and then break out again without any apparent cause. There was no incontinence of urine and no vaginitis. Having found the record of a similar case (*Clinique Medicale de l'Hotel Dieu de Paris*, par Trousseau, tome II., p. 674), that was complicated with diabetes mellitus, Dr. Ludlam had the urine of this patient carefully tested, and it was found to contain a considerable quantity of sugar.

In reponse to an enquiry, Dr. L. said that his patient had been subject to an intractable neuralgia, that she had lived in an old house, embowered in trees, by reason of which the sunlight was almost entirely excluded. He was aware that different cutaneous disorders, such as zona, pemphigus and erythema are sometimes due to trophic affections of the nerves; and also that a certain proportion of cases of diabetes are of nervous origin; but he had never before met with a case in which a victim of neuralgia was suffering from eczema and diabetes at the same time.

Dr. A. E. Small thought such cases were very rare, and that not one case of eczema in ten thousand is of this kind. He had, however, had one patient, a woman about forty years of age, who had diabetes mellitus complicated with eczema. The eruption was on the inside of the right thigh and extended over the groin to the vulva. When Dr. S. first saw her she had been passing eighteen quarts of urine daily, but, under the use of *Phosphoric acid* 2, the quantity diminished to two quarts. The eruption and the saccharine urine seemed to alternate, when one was better the other was worse. The case subsequently proved fatal, the poor woman dying as from consumption.

Dr. G. A. Hall was also confident that such cases as that cited by Dr. Ludlam were extremely rare, for he had never seen one.

Dr. T. S. Hoyne could not understand why they should be so very infrequent, when neither diabetes nor eczema were rare affections; and said that in cases of this kind the result might be due to a mere lack of personal cleanliness.

Drs. Small and Ludlam insisted that in the cases which they had reported, the eruption could not possibly have originated or been kept up in that way; and Dr. Ludlam called upon Dr. Jessen, as a man of large reading in dermatology, to inform the society whether any author whose work he had read had spoken of this particular complication.

Dr. Jessen said that the case just reported was one of very great interest, and that, so far as his memory served him, no prominent author upon skin diseases had either mentioned a similar one, or spoken upon this subject. He thought it would not be difficult to explain the occurrence of eczema as a complication of some other diseases. Such authorities as F. Hebra, Wilson, Hardy, Tilbury Fox, and McCall Anderson are agreed that one of the chief causes of eczema is debility. Thus Hebra speaks of "faulty nervous nutrition," and Wilson says in substance that careful observation has shown that the essential cause of eczema is debility, debility of constitution, or general debility, and debility of tissue, or local debility.

Few diseases are more debilitating, and more apt to induce a nutritive, as well as a nervous debility than diabetes: and it would be very strange if eczema did not sometimes result. Still the secondary occurrence of this form of skin affection in diabetes mellitus is certainly very rare.

Moreover, in diabetes, the well-known relation between the func-

tions of the skin and the kidneys is deranged. Dr. Smith, of Sheffield, England, has written a very interesting and instructive paper upon this subject, and shown how the various disorders of the kidneys involve the skin, and are especially apt to cause eczema.

The German pathologists consider that diabetes arises from, or is connected with, a functional disorder of the liver. And dermatologists, acknowledging the close physiological relation between the liver and the skin, are free to say that their mutual derangement may, and does cause eczema, especially on the lower parts of the body, as on the extremities, the genitals, etc.

### III. TWO CASES OF OVARIOTOMY.

Dr. Ludlam concluded the report of his bureau with the relation of two more successful cases of ovariectomy which he had recently made. The first of these was made upon a patient of Dr. C. W. Crary of Lake City, Minn. The patient was a young lady of eighteen years. She made a good recovery. The second was one upon which he had operated in the Hahnemann Hospital. The patient came from the country, was the mother of four children, and the tumor was multilocular. This patient, whose case was watched and visited by several of the sub-classes in Dr. Ludlam's clinic, was now nearly well, and would be discharged in a few days.

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## Therapeutical Department.

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### CLINICAL OBSERVATIONS.

#### REPORTS FROM THE FIELD OF PRACTICE.

MARION, Ind., Feb. 27.—We are having quite an epidemic of pneumonia, diphtheria, and catarrhal fever. Remedies used: *Aconite*, *Bell.*, *Arnica*, *Bryonia*, *Nux*, *Emetic tart.*, *Amonia carb.*, *Arsenicum*, *Calc. carb.* The disease is very fatal under Allopathic treatment. Genuine Homœopathic treatment looses none. People in this vicinity are fast embracing the Homœopathic law of cure. E. P. JONES.

GRUNDY CENTER, Iowa, March 3.—We are having diphtheria of all grades, from mild to malignant. Have treated thirty-six cases, seven of which were complicated with croup, of which two it extended to the lungs and both died. One case after the child was convalescent



for two days true membranous croup set in. Remedies used were: *Aconite*, *Phytolacca*, *Baptisia*, *Merc. bin iodide*, *Phos.*, *Ipecac.*, *Kali bich.*, *Spongia*, *Hepar*, cover the whole ground. Most cases *Phytolacca*, *Acon.*, and *Merc. bin iodide* were the remedies. Have lost no cases of uncomplicated croup.

J. D. BURNS.

WOODSBURGH, LONG ISLAND, N. Y., Feb. 24.—About the first of January we had quite a fall of snow and immediately the “bell went ringing” not for Sarah, but for the doctor. Coughs, colds, influenza, sore throats, and inflammations were very prevalent—seemed almost epidemic so general was it. During the month I treated about twenty cases of pneumonia without the loss of one, while my Allopathic friend across the way lost four or five. *Aconite* 3x, *Anti tart.* 6x, and *Bry.* 3x brought them all through safely, and in no case did the disease reach the third stage, but was generally cured in its first stage; sometimes by *Aconite* alone.

H. M. BRUCE.

CEARA, Brazil.—This province of Brazil has suffered severely by famine, which began in 1877. Small pox broke out last June among the famishing people who flocked to the towns. In a population of 900,000 it is said that 150,000 died from starvation. In November there were 12,000 deaths and in December 21,000. On December 10 the deaths reached nearly 1,000. A new disease assuming the character of the plague has broken out in Fortaliza. This town is on the east coast of Brazil in longitude 39 and about 4° south of the equator. The fact that famine and plague are now prevailing in both hemispheres seems to indicate a condition of atmosphere favorable to the spread of epidemics.

TROY, Minn., Feb. 20.—Have been having quite an epidemic of influenza with thin acid discharge from nostrils, lips cracked, and tongue blistered, right tonsil inflamed, a severe pain in head, with cough and stiches in left side. *Bryonia* 3x, *Phosphorus* 6x, *Arsenicum* 30 were the remedies.

During the January thaw had several cases of erysipelas (simple) though very persistent, lasting two or three weeks under Old School treatment. When left alone and not treated, symptoms were: swelling of right side of face and eye, with a severe pain in forehead. Commencing about three o'clock in the morning lasting until about ten o'clock, persistent vomiting and eructation, after eating or drinking. Remedies used were: *Bell.* 3x, *Nux vomica* 6x cured most cases in three days.

Would advise *Hydrastis can.* 1 to 3x for the "obstinate constipations" of Dr. Daniels, two drop doses in wine glass of water, every evening before retiring, for one week. Has served me well in most all cases, and in those of debilitated constipation, as who have been in "Old School" practice, it acts like a charm.

I think THE INVESTIGATOR improves with every number.

C. A. D. O.

LYON'S FARM, March 4.—Last fall was quite a healthy one, with nothing to record save a few intermittents. Remedies chiefly *Bell.* and *Rhus. tox.* This latter remedy was employed in an after quotidian in a child, anticipating every other day. 3 or 3:30 P. M. one day; 2:30 P. M. the next. The chill was accompanied by a dry, hacking cough, and thirst for hot tea, extending for a short time into the hot stage. This thirst for hot drinks seems peculiar to *Rhus.* Quite late in the season a few cases of measles made their appearance. Remedy: *Bell.* 1000. In one or two cases, they terminated in an intermittent coming on late in the day, with several small, irregularly roundish ulcers scattered over the anterior and middle central portions of the tongue; not near the edges. In these cases *Rhus* followed well. This winter a few cases of pneumonia: *Bell.* 1000 and *Bry.* 1000; rheumatism and catarrhal fever: *Rhus tox.*; Angina diphtheritica, *Bell.* (followed by *Merc. Bin-iodide* 1-3 trit.); *Kali bich.*, *Lachesis*, or *Lyc. Chlorate of Potash*, as a gargle, or internally (in children) is a useful adjuvant. *Lachesis* in one case was followed well by *Gels.* In this case, a remission of the symptoms occurred from 11 A. M. to 3 P. M. Perhaps some one may verify it under one or both of these remedies. In cases of pneumonia with moaning respiration: *Bell.* 1,000 has been especially serviceable, sometimes cutting short the disease in the congestive stage; in others, in the second week, *Rhus* frequently follows well. A case of panaritium in the third week of January, beginning a dark purplish blister upon the left thumb, with œdema and profuse serous discharge, was cured by the continued use of *Rhus* 105,000 for a few days, followed by *Silicea* 200. The edges had a blistered appearance as from a burn, and the pains were followed by severe itching. (*Apis mel.* we have found useful for cases occurring in the forepart of August; index or middle finger of right hand, with characteristic pains.)

J. E. WINANS.

## SOME EXPERIENCE WITH MILILOTUS.

BY H. R. STOUT, M. D., JACKSONVILLE, FLA.

In THE INVESTIGATOR of Aug. 15, 1878, is an article by Dr. Bowen, of Fort Wayne, on *Mililotus*, or sweet clover. The remarkable effects in neuralgic complaints, prompted me to order some for a case which had bothered me not a little for several years. The gentleman had been subject to attacks of neuralgia for fifteen or twenty years, affecting the right side of head, and which had been the cause of the almost complete destruction of sight in that eye. The attacks were caused by fatigue, cold, or derangement of the stomach. The pain centered about the eye, and extended over the right side of head and neck, and left the scalp sore and tender to the touch. The pain during some of the attacks was agonizing in the extreme, and the patient would become wild and furious with its severity. I had used all the usual remedies, including *Morphine*, at different times, but *Aconite* and *Belladonna* had generally rendered the best service. I first used the *Mililotus* last fall, with the effect to completely control the attack; and since that time, when taken soon enough, it has always checked or controlled it.

CASE II., was a lady who for two months had suffered almost constantly from gastralgia, accompanied by vomiting and entire loss of appetite, or rather inability to eat from the suffering it had occasioned. She had been subject to attacks of neuralgia of the stomach for about six years. The dorsal region of the spine was exceedingly sensitive, and the pain always proceeded from that point. She had always been under Allopathic treatment, and for two months preceding my attendance had steadily grown worse. The proper remedies controlled the vomiting, and to a considerable extent the neuralgia, which came on at night more frequently, and was exceedingly severe. Sometimes she was hardly able to speak or breathe. The pneumogastric and solar flexus of nerves with their branches were the ones affected. I had been in to see her late one evening, and found her suffering severely. *Veratrum alb.* seemed to control the attack, and I left her apparently improving. About 2 o'clock her husband came in great haste and said she was dying. While dressing I racked my brains to know what remedy I should give, and it occurred to me that *Mililotus* perhaps would help me through. On arriving at the house, I found her convulsed with agony, almost breathless, cold extremities, and in a condition that demanded prompt relief. I prepared *Mililotus* 3x, and the first dose took effect, and in an hour she was entirely relieved, and went to sleep. She was threatened several times after with a return of the gastralgia, but *Mililotus* invariably checked it. A month has now elapsed since an attack, the longest period she has passed without suffering for a year.

CASE III., was a gentleman who lately came from the North for his health. His nervous system was broken down from close application to business, and for two months he had suffered extremely with gas-

tralgia. Reasoning that his physicians in the north had given the usual remedies, I prescribed *Milolotus*, with the effect to materially control the attack, and, as he expressed it, the remedy relieved him more, and left him feeling better, than anything he had taken before. He left here after a stay of a week or so, for another portion of the state, since which time I have heard nothing of him. I furnished him with a quantity of the remedy, as he was unwilling to travel without it.

A peculiarity of *Milolotus* is, that it appears to remove the soreness and lameness which frequently follow an attack of neuralgia.

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***KALI PERMANGANICUM ADMINISTERED HYPODERMICALLY IN MALIGNANT DIPHThERIA.***

In July 1878 having three severe cases of diphtheria, in one family it was my good fortune to secure the presence in consultation, with myself, of Dr. A. H. Okie, of Providence. After reviewing the treatment, and recommending no change in the same, my respected friend and colleague suggested the use of *Kali permang*, *hypodermically*, together with the continuance of the form of administration of the same remedy, adopted by myself; viz: the application of a *spray* locally and the *internal* administration of 1x. I at once began the subcutaneous injections which were continued daily till the recovery of all three of the cases which was speedy and of a most satisfactory nature. The convalescence was entirely free from any of the troublesome and oftentimes dangerous sequelæ incident to this stage. In one of the cases the disease had made sad inroads having extended to the lining membrane of the *nares*; from which oozed the characteristic diphtheritic discharge, *Kali permang*. was the only remedy used and combined with the frequent administration of nutriment produced results most satisfactory to all. After having personally observed various modes of treatment resorted to in many of our southern, western and New England states, and being anxious of course to secure the best, I became convinced, in my own mind at least, that in *Kali permang*, we possessed a most powerful weapon of defence against the "fell destroyer," diphtheria. The many lives lost by this disease, owing to the adoption of a purely local treatment, is in a measure known to us, and the fatal mistake can only be regretted by all. That ever local treatment should have been resorted to, and the patient made to suffer untold tortures from the *caustic* touch of science (?), to the exclusion of agents to combat the serious systemic mischief, can only be wondered at, and, but for the "damning proof," almost disbelieved. "Yet Brutus was an honorable man!"

More interested than ever to prove still more conclusively to myself the efficacy of the "*hypodermic treatment*" I was on the lookout for a severe

case to give my favorite an other trial, when to my astonishment I fell a victim to the disease myself. I say to "the astonishment" for having heretofore escaped I had begun to regard myself impervious to the assaults of the enemy. The attack was of a very violent, and sudden nature and accompanied by the symptoms attended upon and ushering in an attack of *malignant diphtheria*. The fever was high, the rigors severe, respiration hurried and pain in the throat intense. Examination showed the mucous membrane of the throat highly inflamed and the tonsils both swollen and covered with the characteristic deposit. "Now or never" was the time to still farther satisfy my mind in regard to the claims of my "hobby" and resolving to "work and win" I planned my mode of attack. My clinical thermometer (faithfully) marked a temperature of 105°, immediately filling my "Fullgraf Atomizer" with a solution of *Kali permang*, I proceeded to thoroughly spray my throat and continued to do so hourly till the disappearance of the disease. Taking *Kali permang* 1x, Aqua a gttis v, mix, with my hypodermic syringe I injected ten minims in the superficial faciæ of the thigh. These injections were repeated four times at intervals of from twenty-four to thirty-six hours producing perfectly satisfactory results. The temperature fell in forty-eight hours to 101° and continued to decline not reaching that height again during the attack. *Six days* from the seizure (which was as marked and severe a one as I ever saw) all symptoms of blood poisoning and local diphtheritic deposit having disappeared, and my temperature being but 98.4°, I was able to dress myself and from that time made a rapid recovery. These are but a few instances where I have used hypodermic injections and spray in this disease, and I could mention others where the results were fully as satisfactory. In neither case was any other medication resorted to and the only adjunct was a nourishing diet of beef tea, milk and wine. My friend, Dr. Caldwell of Providence, has related to me his successful treatment of several cases of diphtheria, where the prognosis was most unfavorable, each of which were speedily *relieved* and *cured* by these injections. The doctor also told me of a case of malignant scarlet fever where like medication was equally successful. These cases were unattended by any unpleasant sequelæ. There can be no doubt that if *Kali permang*, be not a *specific* it is at least a most powerful agent for destroying the systemic effect of blood poisoning; occasioned by this disease. Its effect when used, in the form of spray, upon the "patches" is "*Merabile visu.*"

Dr. Ruddock says, in one of his excellent works, "*It is believed that there is no remedy which will so rapidly and surely remove the offensive odor of the diphtheritic breath as the Permanganate.*" This too has been proved by many and it is equally true that a spray thrown from one of Messrs. Codman and Shurtleff's No. 15 Steam Atomizers and medicated with the *Permanganate* has an almost magical effect in removing the offensive odors from the sick room; no doubt aiding in a greater or less degree in preventing the contagious influences from exercising their full effect. But to return! *The advantages* of the

*Hypodermic* form of administration are readily palpable to all. The ease of administration, especially in the advanced stages when the administration of medicine by the mouth is always attended with more or less difficulty, particularly in young children, the rapidity with which the remedy enters the circulation, beginning almost immediately its battle with the poisonous influences contained in the diseased blood, and the satisfactory character of the results as *proved* by practical experience, entitle it at least to our attention and certainly recommend it as worthy of a faithful trial. When I have seen what I otherwise would hardly dared to have believed possible, I have felt almost like exclaiming "Eureka" I have at last found a most desirable method with which to rout pale death itself! Trusting I have not wearied the reader with these notes *en passant*, that my brethren will take them *sub judice*, and desiring to express my thanks to my honorable *confreere*, Dr. Okie, for the valuable suggestion which first directed my attention to this form of treatment for diphtheria. If any who have never used this treatment should try it I should be pleased to see reports as to success in the THE INVESTIGATOR.

R. F. C. BROWNE.

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#### WEATHER PROVING AND DISEASE TENDENCY.

BY BUSHROD W. JAMES, A.M., M.D., PHILADELPHIA.

FEBRUARY, 1879.

Local weather report recorded by C. A. Smith, Sergeant Signal Corps, United States Army: "Highest barometer, 30.777 (28th). Lowest barometer, 29.545 (11th). Average barometer, 30.087. Monthly range of barometer 1.232. Highest temperature 60 (on the 26th). Lowest temperature, 8 (15th). Average temperature, 29.9. Monthly range of temperature, 52. Greatest daily range of temperature, 32 (16th). Least daily range of temperature, (18th). Mean of maximum temperatures, 37.0. Mean of minimum temperatures, 22.9. Mean daily range of temperature, 14.1. Total rainfall, and melted snow, 1.19 inches. Prevailing direction of wind, northwest. Total movement of wind, 8,512 miles. Maximum velocity of wind, 36 miles (N. W. 21st). Number of foggy days, none. Number of clear days, 8. Number of fair days, 10. Number of cloudy days on which rain fell, 9. Number of cloudy days on which no rain fell, 1. Total number of days on which rain or snow fell, 12. Lunar halos observed on

the 4th and 5th. About four inches of snow fell during the month. No snow on the ground at the end of the month. Frost or freezing weather occurred on every day except the 12th.

## COMPARATIVE TEMPERATURE.

February, 1871,	37.2 inches.		
“ 1872,	31.2 “		
“ 1873,	29.8 “		
“ 1874,	33.2 “	Average for	} 32.8.
“ 1875,	26.1 “	nine years.	
“ 1876,	34.0 “		
“ 1877,	36.9 “		
“ 1878,	36.6 “		
“ 1879,	29.9 “		

## COMPARATIVE PRECIPITATION.

February, 1871,	3.12 inches.		
“ 1872,	1.12 “		
“ 1873,	4.75 “		
“ 1874,	2.46 “	Average for	} 2.59.
“ 1875,	3.20 “	nine years.	
“ 1876,	5.03 “		
“ 1877,	0.84 “		
“ 1878,	1.64 “		
“ 1879,	1.19 “		

The month commenced with rheumatism; neuralgias, influenza, diphtheria, pneumonia and bronchitis, with some scarlatina and typhoid fever prevailing. Consumptive cases suffered considerably and the mortality from phthisis pulmonalis was much increased, there being 212 deaths from consumption of lungs, and 228 deaths from pneumonia, bronchitis, and pulmonary congestions. Total number of deaths from lung diseases, 440. It was particularly a hard month upon aged persons, seventy-six dying from old age alone during the month in this city.

The influenza assumed more of a dry form than the previous three or four weeks, and was attended with a stinging and burning sensation in the mucous membranes, especially those of the nasal passages and throat, which were very red. The bronchial region felt sore upon coughing, while in the limbs and skin there was strange, numb feelings with considerable tingling in the skin.

The pain in the left hypochondriac region and lower part of left chest was a marked and peculiar symptom in many attacks of disease during February as well as in January.

The nausea and vomiting attending the influenza was as common as during that month. During the first week catarrhal colds affecting the bronchia and the bladder, also croup and hoarse colds, laryn-

gitis with aphonia, red sorethroat without white patches, rheumatic and neuralgic pains in the lumbar and cervical regions, a great deal of frontal headache and acute conjunctivitis, coryza and rattling, shattering and spasmodic coughs were the principal symptomatic features.

About the 11th, during a cloudy spell with light rain (wind S. and S. W.) we found an increase of hepatic and gastric derangements, spinal congestions, and congestion of the lungs. In the train of this followed an increase of laryngitis, hoarse colds, bronchitis, facial and cerebral neuralgia, ordinary sorethroat and diphtheria.

About the middle of the month a decided typhoid tendency supervened, and as this increased the influenza diminished, and so continued through to the end of the month.

Rheumatism, especially lumbago and pains in the back of neck and shoulders and left side of chest, continued and increased during the last few days of the month, and also a great tendency to neuralgia of the face, stomach and bowels was manifest, together with typhoid symptoms.

Otalgia, odontalgia, dental abscesses, hæmorrhages, especially epistaxis, hæmorrhoids, sore throats, general headaches, depressing and tired feelings, and fresh catarrhal colds were the prevalent forms of disease as the month closed.

*Remedies.*—The scarlatina was of the *Belladonna* type. The influenza of the *Arsenicum* form; the conjunctivitis corresponded to *Euphrasia* and *Aconite*, and the laryngitis to *Kali bichromicum*. The rheumatic pains were principally of the *Rhus tox.* variety with some cases, with *Bryonia* indications. The pulmonary congestions, bronchitis, sorethroat and hepatic congestions, were best reached by *Belladonna*. *Phosphorus* had a good influence on the coughs in general; *Colocynth* upon enteralgia and gastralgia; *Arnica* on otalgia and odontalgia; *Mercurius vivus* upon the dental abscess and glandular swellings; *Ipecacuanha* upon the hæmorrhages and upon the nausea, and vomiting that attended a number of the cases of influenza.



## SEVERE AFTER-PAINS.

In the January number of THE UNITED STATES MEDICAL INVESTIGATOR I read with great interest the report of Dr. Leavitt on *after-pains*. I beg leave to add a few words on the subject. 1. In the plan of preventive treatment of after-pains, I would have seen mentioned "putting the infant to the breast a few hours after delivery." I agree with Playfair (Treatise on Midwifery, page 68), that "the sympathetic relations between the mammæ and the uterus, are well marked," but do not agree with his conclusion that "suction produces reflex contraction of the uterus, and even severe after-pains." In some parts of the old country it is a general rule to put the baby to the breast two or three hours after delivery; no after-pains is there the rule, after-pains exception. In America seems to be the custom to stuff the baby's stomach with *teas, catnip, oils, etc.*, and not to nurse it till the next or even the third day, and if I am not mistaken *after-pains is a rule*. In the treatment of after-pains I found in practice the administration of *Arnica* in the middle dilution the best means. A few cases from practice may illustrate this farther.

CASE I. Some two years ago I was called to deliver a colored woman. She dreaded that event very much. She had borne five children and had suffered fearfully from after-pains and milk-fever. She told me she was always careful, *of course*, not to nurse the baby till after the third day, after the *milk had come*. Before parturition I gave her a few doses of *Chamomile 3x*, afterwards *Cimicifuga 3*, (the symptoms called for it). Directly after delivery I gave her *Arnica 3x* in two ounces of water; teaspoonful every 1/2 hour, a few doses, then every three hours for one day; told her to nurse the baby two hours after delivery which she did. Result, no after-pains, no milk-fever, perfectly well.

CASE II. A few months later I had a similar case of a lady who had borne four children (the last three labors fearfully after-pains). At the birth of the fifth, same treatment was followed, same good results.

CASE III. A lady who had borne five children; during the last three labors violent after-pains. At the birth of the sixth child (the whole labor at full term did not last thirty minutes). *Arnica 8x* in two ounces of water, a few teaspoonfuls, not the least after-pain. At the birth of the seventh child, same treatment with the addition of

*Arnica* water lotion to the parts which were very sore. No after-pains at all.

CASE IV. A few days ago a man came to my office begging me to relieve his wife, who was confined the day before, from her violent after-pains which caused her to cry bitterly, and was more distressing than labor itself. (The babe was as yet very little nursed). Gave *Arnica* 17x, ten drops in two ounces of water, and sent orders to nurse the babe more frequently. After a few doses were taken, all after-pains had ceased and did not return.

That in some exceptional cases other medicines are required, I will not deny, but that in most cases *Arnica* 8 to 20 is sufficient. I firmly believe, also, that the sucking of the child tends more to prevent the after-pains, than to cause them.

C. I. J.

#### *EXPERIENCE IN ENURESIS Equisetum.*

Until within the last three months I would have agreed exactly with J. W. M. of the February 1st number, where he says, "If there is any more unsatisfactory disease of children to treat than enuresis with its train of wet beds, etc., I do not know it." But I must now differ with him widely, as from my experience in the last three months with *Equisetum hemale* in this disease I am led to believe that in this remedy we have an almost unfailing cure. In looking over my day book I find I have had seventeen cases under treatment during the last twelve months, of the seventeen, fourteen I had treated previous to the first of December, and was unsuccessful with the exception of five cases, two of these I cured with *Gelsemium* and the other three with *Benzoic acid*, but every one of the other cases stopped treatment having lost hopes of ever being cured, or went to other doctors. It is not necessary for me to say that I was as completely disgusted as my patients, I will say however that several of these cases were relieved for a short time under the above named remedies, with the addition of *Apis*, *Canth.*, *Cannabis* and a few others, but they were soon as bad as ever. About the last of November I received *Sherman's Bulletin of New Remedies* and there found a short description of *Equisetum* with the statement that many almost incredulous cures of bed wetting

in children had been reported as the effects of this remedy suggested in the treatment of this disease in *Hale's Therapeutics of New Remedies*, so I determined to try an experiment with this remedy on the very next case that came under my treatment. About the first of December I had another case. Mrs. H. came to my office saying that her little boy, four years old, had never failed to wet the bed a single night, for two years, that there was hardly a night but what she took him up and always took him out just before going to bed thinking it might help him, she had punished him for it, and worse than that, had been to several Allopathic doctors, but all of no avail. I told her that she had come to a poor savior, but if she would consent that I would try a new remedy that was highly recommended and was perfectly harmless, etc., and further if I did not cure the boy, I would not charge her any thing. She consented and I gave her a two drachm vial of tincture *Equisetum* with directions to give six drops each night at bedtime, telling her not to allow him to drink much in the latter part of the day and especially nothing warm. To take him out just before going to bed and report to me in a week. She did so and to my surprise, said that the boy had had no trouble whatever, and that he had slept better and was feeling better than he has for two years. I told her to continue same treatment another week and then I dismissed the boy cured and he still remains well. She told me that she would have no other but a Homœopathic doctor if she had to send a hundred miles. And that she would send me some other cases she knew of. And in less than a week she sent me a case.

A girl several years of age, that had been troubled with incontinence of urine for nearly four years, ever since she had the diphtheria, I put her on the same remedy and dose, and in two weeks reported cured, sound and well. While treating this case Mrs. H. brought me another, a girl five years of age that had been troubled for nearly two years, which I treated in the same way, with the same happy result as with the other two. So confident was I that I had found a specific that I could not wait for new cases, but spoke to several of the parents of children I had treated unsuccessfully during the year, telling them I had found a sure cure, and if I did not cure them in two weeks that I would not charge them a cent. So during January two of them came back to me, both of which I cured with the same treatment. I have another child taking the medicine at present, but have not heard from him as yet. Some may doubt these statements, but I will furnish the names and addresses of the parents of each case for reference if

any one wishes them. We cannot say of these cases that they just happened to get well, for they were all chronic and otherwise obstinate cases. The remedy acted alike in all of them. I intend to make a thorough proving of the remedy and will report again. I think that *Benzoic acid* is the next best remedy, but I failed with it in several cases. I may not have prepared it right, I dissolved the crystals in strong alcohol, a drachm of alcohol dissolves about thirty grains. I, with "Medicus," of February 15th number, would like to hear from "J. W. M." as to how he prepares his drops, and suggest to "Medicus" if he fails with *Benzoic acid* to try *Equisetum*. I would also like to hear from G. R. Mitchell again. I see that he reports a bad case cured with *Equisetum* in the January 15th number. M. L. REED.

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#### EVERY-DAY EXPERIENCES.

Feb. 28. A letter came to me from a Mrs. D., stating that she had been troubled with a constant desire to urinate for ten days. Had taken *Spirit nit. dulc.*, and got worse all the time. I now thought, here is a good chance to try *Apis* as per THE INVESTIGATOR of Feb. 15th, and consequently she received *Apis* 200 in water every two hours. Next day reported as no better; *Apis* 100,000, one dose dry on tongue *Sac lac*.

Feb. 28. Wished me to call, as she was worse than ever. Found her trying to make water almost constantly with terrible bearing down pain after urinating. Great thirst for large quantities of cold water; and said she also passed small clots of blood. Gave *Nat. mur.* 100,000 one dose two pills No. 25 dry on tongue and *Sac lac*.

Feb. 29. Thirst gone; bearing down gone, but more blood and great pain in small of back and left ovarian region. She had saved some of the urine, and I found that the clots looked exactly like pieces of half-burned straw, and *Lachesis* 10,000,000, one dose dry, two pills No. 25, cured this case in twenty-four hours.

In the first place I prescribed *Apis* on somebody else's say so, and this was pure *Allopathy* or *Homœ-Allopathy* if you prefer and the result was just what might be expected. This woman suffered

three days more by reason of my own laziness and by reason of the false generalization of our good unknown friend in THE INVESTIGATOR. *Apis. mel.* will cure any and everything when really called for and is of no use at any other time, and so it is with every other medicine known to man. And it is our duty to investigate and find out where this or that drug is called for and study, *study*, *STUDY* materia medica incessantly if we wish to become masters of the true art of healing.

G. H. CARR.

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## College Commencements.

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### *MEDICAL COLLEGE OF MISSOURI.*

The twentieth annual commencement of the Homœopathic Medical College of Missouri was held at the college building Feb. 27. A large number of visitors were in attendance.

While the orchestra rendered Auber's "Fra Diavola" the members of the Faculty took their seats upon the platform. The Rt. Rev. Bishop C. F. Robertson, D. D., was then introduced. He delivered prayer. After some more music, Mr. Lawrence E. Whitney, the valedictorian of the graduating class, stepped forward. He gave a history of Homœopathy, telling how it had advanced in popular favor since the commencement of its practice, just eighty-three years ago.

Dr. C. W. Spaulding, M. D., President of the Board of Trustees, then called forward the Graduating Class, consisting of J. P. Barrenburg, of Smithton, Mo.; Miss Susette Dunlevy, of Louisville, Ky.; F. K. Dabney, Avonia, Ia.; J. N. Du Bois, Newburgh, Ind.; F. K. Goodman, Buchanan, Ark.; H. L. Poulson, Council Bluffs, Ia.; W. H. Steele, Boonville, Mo.; A. H. Schott, Alton, Ill.; L. E. Whitney, Lincoln, Mo.; John Weaver, Canton, Ill.; Ed. W. Deweese, Mrs. M. B. Pearman, Mrs. E. Scott, P. A. Terry, C. E. Tennant and E. R. Wingate, of St. Louis. There were seventeen, out of a class of eighteen applicants, that passed.

Dr. T. G. Comstock, of the Good Samaritan Hospital, said that he desired to give to certain members of the class certificates of their attendance at the clinic of the Good Samaritan Hospital. Messrs. W. B. Morgan, J. N. Du Bois, H. L. Poulson, E. H. Wingate, L. E. Whitney, Francis K. Dabney and Mrs. M. B. Pearman, received the certificates. Dr. Comstock said he did not want his auditors to think that those on whom he conferred the certificates must stop attending lectures. His idea was directly the opposite. The certificates were merely for ornament; the ladies and gentlemen could hang them up in their offices.

Dr. Spaulding then made Dr. J. P. Dake, of Nashville, Tenn., an Esculapius by giving him the title of Doctor of Medicine. The Prizes: Prof. J. D. Foulon said he would now present the prizes which had been awarded to some members of the class for excellence. He gave a history of prizes in a humorous way that frequently provoked laughter, telling Mrs. Pearman that a census would be taken next year, and begging her to stay among us that we may not be beaten by Chicago. He awarded the prizes as follows: For the best and next best knowledge of materia medica, first prize, the Eccle gold medal, to E. W. Wingate; second prize, two copies of Dunham's "Materia Medica," to L. E. Whitney; for the best theoretical and practical knowledge, the Valentine silver medal was given to L. E. Whitney; for the best knowledge in the diseases of the spine, the Kershaw medal was awarded to H. M. Byers; the obstetrical prize, a pair of Comstock's forceps, was handed to Mrs. M. B. Pearman.

Dr. Spaulding announced that a meeting of the alumni would be held after the exercises of commencement was over, and asked all of the newly-fledged medicos to become members of the association, as their predecessors had.

Prof. J. Martine Kershaw, M. D., delivered the valedictory on the part of the faculty. He said that individual labor alone produced good. He did not want any of the graduates to lean upon any one for support. Young physicians are too apt to be made proteges of by old doctors, but the milk of human kindness is not so fluid that it disseminates all over the sphere. Therefore, keep away from these good old doctors, for in this part of the country there are no physicians who have more work than they can attend to.

He would like for his auditors to write their experience and send it to medical journals if they made any great discoveries or invented any instrument that could be used in the practice of medicine or

surgery, and thus allow others to gain the benefit of the knowledge. He informed them that they had better practice without soliciting the advice of old ladies with "yarbs" and roots and tea, and old men who potter about the kitchen and believe that all ailments are caused by biliousness. Such persons should be informed in a gentlemanly way that poultices and so forth were very good, but could not be used at all times. And said he, if they persist in having the attendants do as they wish, they should be told that they know nothing about medicine. He believed that the physician should, when he first visited a patient, inform him of the true status of the case.

The speaker said that diseases did not succumb to the skill of the physician as quickly as is stated in the novels where physicians are heroes; and gratitude was not so plentiful as novelists state. Some persons start out in life with strong mental and physical faculties, but great emotion causes their mind or bodies to be impaired. Such persons Prof. Kershaw was sure could be benefitted more by friendly advice and sympathy than by physic. At the conclusion of his address a handsome floral tribute was paid to him by some one in the audience. When the musicians had produced Schubert's concerto the benediction was pronounced by Bishop Robertson and the audience dispersed.

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#### UNIVERSITY OF IOWA.

The Homœopathic Medical Department of the University of Iowa held its closing exercises Feb. 27th. The class numbered thirty-two, with three graduates; Sheldon F. Davis, Iowa, R. C. Newell, Illinois, Valetictorian, Jas. H. Thompson, Iowa.

The annual address was delivered by Prof. Cowperthwaite who interested a large audience, (a large proportion being Allopathic students) with a practical elucidation of Hahnemann's theory of the potentization of drugs. The address was highly interesting and instructive. In the evening the Faculty gave an entertainment to the class at Prof. Cowperthwaite's residence, and this closed a second successful year in this institution.

## Materia Medica Department.

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### ANOTHER ANTIDOTE TO RHUS POISONING.

Dr. Burt hands us the following which was sent him to be incorporated into the third edition of *Characteristic Materia Medica*, which is nearly ready :

“The common *Tansy* (*Tenacetum vulgare*, for preparation see *The United States Homœopathic Pharmacopœa*, p. 243), is a cure for the poison by Ivy (*Rhus tox.*) Should I say antidote? This was told me by my brother who was an engineer in building the levees along the Sacramento river, (Cal.), who was himself cured by it. Shortly afterwards he proved it satisfactorily on his gang of forty Chinamen, who were working among it and were poisoned. He ordered the camp kettle hung and made a *tea* of the *Tansy* which they drank, then rubbed the poisoned parts with the green twigs; before this was done many of them were a sight to behold, but the day after using nearly all were at work again *cured*. I very much like your ‘*Materia Medica*’ as you have sifted so much of the chaff out and left the pure wheat. I think, as you say in your preface, ‘that half of the symptoms in *Hull’s Jahr* are sympathetic,’ and I think any physician relying on them, all in all, gets his head and eyes filled so with chaff that he fails to observe the true symptoms of the drug or disease. I quote: ‘Sometimes we find the best affiliated remedies according to similia fail to cure.’ Let me illustrate and give a failure in a case I know of and the reason why.”

CASE. Neuralgia in the head (fifth pair nerves) right side; patient a man of thirty five; teeth *sound*, none ever extracted. Remedies were given as best indicated by symptoms, with no success. After three weeks he was brought to my dental office. I found the trouble was caused by the wisdom tooth (in the angle of the jaw) growing against the neck of the second molar and causing mechanical pressure. I extracted the tooth (wisdom) which was sound, and cured the whole trouble; only a portion of the crown of this tooth was visible. From lack of space, the tooth instead of growing at right angle with



the jaw, grew parallel with it, striking the molar on its posterior at the margin of the gum.

I notice you quote a few lines from my brother, the late Dr. J. C. Peterson. My father, one of the oldest in the practice of Homœopathy, now seventy-four years old, still practices some. A year ago he was stricken with paralysis (partially so). He is gradually recovering the use of his arm and foot, also his speech. He has a well-used copy of your book with many valuable marginal notes.

H. B. PETERSON.

P. S. The above letter has been in my desk for nearly a year. Since writing first, I have had two proofs given me of the value of the *Tansy* in poisoning by *Rhus*.

H. B. P.

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#### SYPHILITIC OZOENA.

Mr. S., aged thirty four, dark hair and eyes, delicate looking, said : " Have been sick three years or more, or in fact I have always been troubled with catarrh. I have been to California for my health, which seemed to improve a little in some respects. This ulcerative catarrh (as he called it) has been working in my throat very badly, so bad that my palate is eaten away. Prior to my going to California, I was treated for a long time Homœopathically, but to no effect. I have counseled many eminent physicians of both schools, and have taken all kinds of patent medicines advertised for the cure of catarrh. About six months ago my nose commenced to discharge fetid matter, and has continued to ulcerate until the smaller or partition bones of the nose have come away, and I am fearful unless something is done right away, that I shall lose my nose entire. My appetite is poor and I am losing strength rapidly, besides I am troubled about breathing. I am father of one child, a girl, died at the age of six years."

The wife and mother-in-law said Mr. S. was failing rapidly, and unless he could have immediate help, he would certainly die. After a thorough examination of this case, into its history, character, etc., I came to the conclusion that his condition was syphilitic in its nature and must be treated accordingly. At first the patient strongly denied ever having any primary symptoms or anything of the kind. Yet

when strongly pressed, admitted of once having the "clap a little and a very small sore on the end of penis. This was twelve years ago and of course would not effect me now."

I found upon examination that the story was true in regard to the throat and nose. The septum of the nose was entirely destroyed and the ulcer had eaten away a portion of the soft parts of the upper lip. The discharge was excessive and very offensive. Doubtless I shall wound the *finer feelings* of some Homœopathic brother who believes in the higher potencies, and the law of *similia* exclusive of every law or method of cure in the treatment of this case. In exceptional cases the only *law* to be followed in my opinion is the law of "common sense." What we want is not *theory* so much, but *facts* more.

This patient rapidly recovered under the internal use of *Iodide of Potassium* with the compound syrup of sarsaparilla, with the local application every other day of the solid *Nitrate of Silver* and *Acid nitrate of Mercury* ointment reduced one-half with vasaline. Castile soap with *Carbolic acid* was used pretty freely for cleansing purposes.

C. J. F.

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## Clinical Department.

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### NOTES FROM A LECTURE ON THE TINEA.

DELIVERED FEBRUARY 10TH, BY J. R. KIPPAX, M. D., LL. B., PROFESSOR OF DERMATOLOGY AND MEDICAL JURISPRUDENCE, AT THE CHICAGO HOMŒOPATHIC COLLEGE.

We will devote the hour to-day to the consideration of that class of dermatic diseases which owe their existence to a variety of vegetable parasites that flourish upon the skin, known as the tinea.

Tinea comes from the Latin, *tinea*, a *moth or wood-worm*, and was applied to this class of cutaneous troubles, from the supposition that moths took possession of the skin. Contrary to the classification adopted by most writers on dermatology, we will, from an etiological standpoint, divide the tinea into three classes. So instead of mentioning the seven varieties laid down by Fox, Wilson and others, we will talk of only tinea favosa, tinea tricophytina, and tinea versicolor as comprising all the forms of local trouble that owe their origin

to the workings of fungi, whose individuality can be shown not only in the ravages they commit upon the skin, but also in their different appearance under the microscope. And before going farther, let us find out what the general character of these vegetable parasites are. The parasite proper exists in three forms:

First: Of *conidia* or *spores*, made up of an outer and inner enveloping membrane composed of cellulose, enclosing a liquid containing floating granules, and presenting an average diameter of .006 mm.

Second: Of *mycelia*, or thread-like structures, varying in size and shape, from a simple, fine transparent filament to a large, double contoured tube.

Third: Of *granules*, which require a high power for their detection.

These three forms of the parasite varied in number and more varied in size, together with a certain amount of epithelial scales and fat cells make up the growth known as the vegetable fungus. The conidia or spores may be either round or oval. The mycelia may be long or short, branched or straight, filled with or almost devoid of granules. The granules may be either numerous or only sparsely distributed through the mass.

The conidia are the most developed parts of the fungus. The mycelia are the growing or producing structures, and the granules the more elementary forms. And so, whenever under the field of the microscope you notice a large number of conidia or spores, you can safely say that the fungus has age, and that consequently the disease has been running for some time, or has become chronic. If, on the other hand you see sprouting mycelia in large numbers, filled with granules, marked off as it were by partitions and known as *sporophores*, the fungus growth is active, the disease is spreading rapidly, or is in the acute stage. (I will say here, that to examine the fungus properly you need a microscope with a magnifying power of about 500 diameters, also a weak solution of potash; the potash solution being necessary to separate the epithelial scales on the slide in order to show more clearly the fungus elements).

Now, having described the parasite in a general way, let us revert to the diseases caused by its action upon the skin. And first, we will speak of *tinea favosa*, crusted or honeycomb ring-worm. Called favus from the Latin *favus*, a *honeycomb*, on account of the honeycomb appearance of the crusts.

#### TINEA FAVOSA.

This disease is characterized by the presence of one or more clustered or scattered, variously-sized, cup-shaped scabs of a sulphur-yellow color, circular and pierced by a hair. It shows itself mostly among the poorer class, and flourishes in dirt, forcibly reminding us of the relation between cleanliness and godliness. It is oftenest found on the head, frequently on the trunk, and occasionally on the lower extremities.

It shows itself first at the point where the vegetable parasite

touches the skin, as a slight redness, accompanied by a varying amount of itching. Scales may now make their appearance on the reddened surface, assuming the form of pin-head sized crusts, which are gradually pushed up by other scales forming underneath, the disease all the while spreading, until at the end of two weeks the collected mass has taken on the umbilicated form of the fully developed favus cup, as represented in the lower part of this plate. (Plate 54 of Fox's Atlas).

These may remain separate or coalesce, and form yellow-colored aggregations, presenting the characteristic honeycomb aspect portrayed by Kayer.

The scabs are characteristically cup-shaped in appearance with the concavity directed upward, vary in size from a split pea to a ten cent piece, or even larger, have a straw or sulphur-yellow color, and are, as a rule, pierced by a hair. A peculiar odor generally attaches to the tinea crust; it is that of stale straw, mice or cat's urine. After the removal of the scab, the skin presents a more or less reddened, hollowed out appearance corresponding to the convexity on its under surface. Most generally the hair is loosened in the follicle by the fungus affecting its formative apparatus, and comes away with the scab. If the disease be severe, and the ravages of the parasite extensive, the hair follicles may be destroyed and the scalp left red, smooth and shining.

Favus is not very often met with in private practice, nor is it a frequent visitor at the clinics, at least in this country. For out of over 300 consecutive cases of skin disease recently treated at this dispensary, only two have been cases of tinea favus. It is an eminently contagious disease, never originates spontaneously, but may be communicated from animals to man, may have its seat, either in the follicles, the hair, or upon the surface of the skin, and is due to the action of the vegetable parasite, styled, the *achorion schonleinii*.

Achorion comes from the Greek *achor*, *scurf*, and the fungus was named after Schonlein, its discoverer, by Remy. Its history dates back to 1839. Under the microscope it presents the following characteristics: (Diagram No. 2.) A field studded mostly with oval conidia varied as to the size; mycelia, variable as to length, and more or less filled with granules. The oval fungus has a double envelope, and an average diameter of .044 mm. The mycelia present a pale grayish, watery appearance, and have an average diameter of .0026 mm. They, the mycelia, are usually abundant, and occasionally assume a peculiar grouping with the conidia. I allude to the clustering of four or five of the spores in a row at the end of a mycelial thread. This is oftener found than the books would have us believe, and when present is characteristic of favus. It is hardly necessary to dilate at length upon the diagnosis of tinea favosa, the prominent distinguishing points, being:

First. The characteristic pea-sized, straw-colored, cup shaped, honey-combed crusts. Second. The odor, that of mice or stale straw.

Third. Its prevalence among the poorer classes, and children. Fourth. The presence of the *achorion schonleinii*, as revealed by the microscope. Fifth. Its contagiousness.

From eczema, with which it is most liable to be mistaken, it may be distinguished by having no stage of discharge; by having sulphur yellow instead of greenish yellow crusts. By its stale straw odor, as contrasted with the nauseous smell of eczema. By being contagious and eczema not. By being cured by parasiticides, while eczema would be aggravated thereby.

The cardinal point in the treatment is either to starve out or kill the parasite. This may be accomplished either by internal remedies, which may so alter the soil as to render it less suitable to the fructification of the plant, or by local applications strong enough to destroy the fungus, and known as parasiticides. Would not recommend either alone, but their use conjointly.

Before local treatment is commenced, all crusts must be removed and the diseased hairs pulled out. The former may be accomplished by using almond oil, or some poultice, such as the mush, mallow, or the mashed turnips. The hairs must not be broken off, but extracted carefully, otherwise the fungus roots left, will serve as a nidus for the propagation of disease. A broad lipped forcep is the best to epilato with, and not more than two or three hairs should be taken hold of at a time. After the scabs and diseased hairs have been removed, a paraciticide of greater or less strength, depending upon the irritability of the skin and the stubbornness of the parasite, should be applied.

*Hyposulphite of Soda* lotion 2 to 32 cc. of equal parts of water and *Glycerine* may be used. *Sulphurous acid*, either full strength or diluted one-half, will be found a valuable remedy, and should be continuously applied, under oiled silk or a rubber cap. *Mercurius corrosivus* lotion, 0.1 to 32 cc. acts well. And if the fungus has caused considerable irritation, enough over and above the scabbing, to occasion a discharge the white precipitate ointment, 0.3 to 32 cc. will be of service. Should there be an annoying itching accompanying the trouble, *Guridelia* cerate or the pyroligneous oil of juniper may be used between the parasiticides. Care must be taken in using parasiticides not to have them too strong, otherwise more harm than good may result from their use. Of internal remedies we may mention.

*Lycopodium* 6x when there are several spots, and when the crusts are fetid, thick and bleed easily.

*Dulcamara* 12x in scrofulous children when the crusts are thick, and the hair falls out.

*Hydrocotile* 6x when there is an accompanying tightness of the scalp.

*Psoricum* 200 when the hair is dry and lustreless and tangles easily. Keeps the head covered.

*Lappa major* 6x, when the crusts are grayish white, foul smelling, and the hair has disappeared.

*Bromine* 30x, when the fungus excites considerable irritation of the skin.

*Viola tricolor* 6x and perhaps *Mezereum* 30x may be called for when there is considerable itching.

*Oleander* is the old time remedy recommended by Teste and others. *Iris versic.* 3x, and *Ars. iod.* 6x should also be thought of.

*Phosphorus* 200 may be of use when the follicles appear to have been destroyed and the scalp left smooth and shining. A weak phosphorus lotion, would then be a well-timed application.

*Kali carb.* 6x does good service in old cases that have been tampered with and over treated.

*Sulphur* 200 may be necessary occasionally to help along the action of the indicated drug. By persevering in epilation, the use of the proper parasiticide, and the well-directed internal remedy, a case of favus can be cured in from two to four months.

#### TINEA TRICOPHYTINA.

The second order of the tinæa is the tinea tricophytina, that comprehensive class, due to the action of the vegetable parasite known as the tricophyton. We include under this head those diseases described in the books, as tinea tonsuraus, tinea circinnata, tinea sycosis and tinea kerion.

No apology, we hold, is necessary for this falling back to the flesh-pots of dermatic nomenclature. For the folly of mystifying the study of skin diseases by giving different names to the various symptoms produced by the action of the *tricophyton* on different parts of the cutaneous surface, must be apparent to any one who pays the slightest attention to the etiology of disease. And when it is remembered that the tricophyton flourishes more especially in the hair follicles, and yet the better in those more largely supplied with blood, we can readily see why it commits greater ravages, and produces more objective symptoms when it attacks the beard than when it invades the hair, and when it attacks the head than when it encroaches upon the body. It grows luxuriantly in the former, but falls on almost barren soil when it touches the latter.

The tricophyton finds its affinity in children of lymphatic temperament, selects as its seat either the scalp or body, and there produces the diseases known by the common name of "ring-worm." In middle life it frequently attacks the beard, where it grows luxuriantly, and causes the affection having the vernacular of "barbers-itch."

When this fungus first plants itself on the skin, the nates being propitious, it demonstrates its presence as does the favus fungus by the appearance of an itching erythematous redness, accompanied, if the parasite is acting strongly or the skin be found irritable, by a crop of small evanescent vesicles, a condition rapidly followed by a scaly formation.

If the fungus attacks the scalp it will be noticed that the hairs covering the patch gradually become brittle and break off (diagram

No. 3) or are loosened and pulled out easily. This disposition of the trichophyton to make the hair brittle causes it to break off easily when pulled, and gives to an old patch a "stubble-like" aspect, which together with a semblance of "goose-skin," due to the prominence of the follicles, may be held as characteristic of the parasite's ravages upon the scalp.

(On the body where it presents its best developed ring-worm appearance, tinea tricophytina spreads in a circular fairy-ring-like manner until it covers an area of a silver dollar or even larger. For as the skin becomes accustomed to the presence of the fungus, which has already assumed the cellular form in the oldest part of the patch, we find the central redness gradually fading away, the disease however all the time spreading in the direction of the periphery where the sprouting mycelia are most active. [Fig. 2. Plate 55].

When the parasite attacks the beard, we notice first a slight inflammation around one or more hair follicles of the chin, which gradually increases, and papules makes their appearance. The papules steadily enlarge, so that in about a week's time they have reached the size of split peas or hazel-nuts, and have in fact become tubercles. These tubercles are surmounted by a little pus and pierced by a hair, which loosened by the destructive changes going on around it, will if pulled come out, causing scarcely perceptible pain. The amount of suppuration varies, it may be slight or large in quantity, and may occur either early or late in the disease, depending upon the irritation of the fungus and the grade of inflammation.

When the tubercle is in the stage of discharge it presents a raw redness studded with yellow points and covered with a glutinous, glairy substance, which gives it a close resemblance to the cut surface of a fig. Hence the name sycosis is applied to this variety of tinea by some writers. [Plate No. 61.]

This is an eminently contagious form of tinea tricophytina, and is acquired mostly in tonsorial parlors through the carelessness of the presiding artist. And yet as only a limited number may be susceptible to the contagion, out of a large number exposed, but few may contract the disease. A moral to this is "*do your own shaving.*"

The form of this variety of tinea, named by Celsus, and described in the books as tinea kerion, from the Greek *kerion*, a honeycomb, is simply the result of a more violent action of the trichophyton, in which the hair follicles are specially inflamed, and pour out a viscid mucus, resembling the juice of the mistletoe berry. [Fig. 1. Plate 55.]

The parasite at whose door all these varied ravages have been laid, is called *trichophyton* from *thrix* a hair, and *phyton* a plant and was discovered by Bazin, of Paris in 1854. It has an average diameter of .004 mm. and is composed mostly of spores and mycelia, having but comparatively few granules. [Diagram No. 4.]

The spores are round, almost uniform in size and look like fish-roe. The mycelia are more or less filled with granules and jointed, depend-

ing on the activity of the fungus. The spores are more abundant on the hairy portions of the body, while the mycelia predominate on the non-hairy regions.

The main diseases with which tinea trichophytina is liable to be confounded, are: seborrhea, eczema psoriasis, non-parasitic sycosis or sycosis proper and acne. It may be diagnosed:

First from seborrhea, by the acute character of the disorder, the absence of enlarged follicles and a greasy surface.

Second from the squamous stage on an eczema, by the abrupt marginal form of the eruption, the loosening of the hair, the history of contagion, and the more rapid course.

Third from psoriasis by the history of the case, and the decision of the microscope.

Fourth from favus by the absence of the characteristic crusts of this disease, and the different fungus.

Fifth from sycosis [represented in plate 4.] by the loosened hairs, the characteristic tubercles, and the ever present fungus.

Sixth from acne, by its seldom or never appearing on the non-hairy parts of the face as the cheeks and forehead, which are favorite seat of acne.

A very easy way to detect the nature of the trouble, as mentioned by Dr. Duckworth in the *British Journal*, is, to apply a little *Chloroform* to the suspected part. If fungus is present, it turns whitish-yellow as if sprinkled with sulphur powder, otherwise the appearance is unaltered. In all cases of doubt, the microscope may be brought in as a *dernier resort* in making up the diagnosis.

As in tinea favosa, so in tinea trichophytina, the cardinal point to be remembered is—*kill the parasite*. This is best done by epilation and the use of parasiticides. *Mercurius corrosivus* lotion, 0.3 or 0.6 to 32 cc. leads the way. Shaving every other day, and epilation on the days between, accompanied by a diligent use of the corrosive sublimate lotion, not too strong, is the sovereign remedy for this form of "barber's itch."

*Sulphurous acid* either as a lotion of fifty percent strength, or as a spray, will sometimes do you more service on an irritable skin, than will the *Mercurius cor.* *Acetic acid* or *Coster's paint* may be called for in obstinate forms affecting the skin and scalp. While using the stronger parasiticides once or twice a day, a milder one should be kept constantly applied under oiled silk, between times if possible.

In India, goa powder is considered a specific for these forms of tinea. And as chrysophanic acid forms upwards of eighty per cent of the goa powder, *Chrysophanic cerate* 8 to 32 cc. will probably prove as useful in parasitic diseases as it has in psoriasis.

White precipitate ointment may be resorted to if other means fail, as may also a tartar emetic lotion. Of internal remedies we may think of.

*Septa 6x* and *Tellurium 12x* for the ringworm variety, as occurring on either the skin or scalp.



*Cocculus iod.* 6x when there is but little activity of the fungus, no itching, and the rings are irregular shaped, and seated on the neck, chest, or behind the ears. The remedies mentioned in the treatment of favus may also be thought of.

For the form "barber's itch" *Merc. pre. rub.* 2x, *Tart. emet.* 6x, *Cicuta* 12x, and *Kali. bich.* 3x are the main remedies. And yet while not underrating the value of internal remedies, we would urge the necessity of thoroughness in your local treatment.

#### TINEA VERSICOLOR.

The third and last variety of tinea is known as *tinea versicolor*, or by some as pityriasis versicolor, from *pituron bran*. [Plate 9.]

It is a disease of the superficial cells of the cuticle, caused by the presence of a parasite, the *microsporon furfur*, and characterized by the appearance of fawn-colored patches, slightly raised above the level of the skin, accompanied by considerable itching and desquamation. It is the mildest of all the tinea and occurs mostly in phthisical patients between the ages of twenty and forty, and attacks women more than men.

The chest and abdomen are most obnoxious to the disease, which when at all extensive gives to the skin a peculiarly mapped appearance. The fungus causing this trouble, the *microsporon furfur*, [diagram No. 5] was discovered in 1846 by Eichstedt. Under the microscope its conidia appears of variable size, oval or irregularly rounded, and bilinear, are of a yellowish gray color, have an average diameter of .005 mm., and are generally devoid of granules. They manifest a peculiarity in this, they tend to cluster, which none of the other conidia do.

The mycelia differ but little from those of the trichophyton, only they are shorter, more branched and occasionally tipped with single spores. They have an average diameter of .0025 mm.

The *microsporon furfur* attacks neither hair or nail, is the most superficially seated of all the vegetable parasites, having its habitat in the horny layer of the epidermis and is less tenacious of life than any of the other fungi.

The only disease with which tinea versicolor is at all liable to be confounded, is the erythematous syphiloderm. The microscope will easily settle the question, even if the syphilitic history of the one does not.

It is next to tinea trichophytina the most common of the parasitic diseases, may be found in all classes of society, and tends to run a chronic course. Relapses are frequent, but are more easily managed than in the other varieties of tinea. Its contagious properties are feeble.

The treatment consists in a thorough bathing of the affected part with soap and water, every day, and the use of the milder parasitocides. Sulphurous acid will probably render you all the service you need. And Acetic acid baths are quite popular. Internally, *Septia* 6x

may be given three times a day. If a low state of health attains, treatment must of course be directed to bringing about a correct condition of system.

Here our dissertation on the tinæe ends. To recapitulate the general characters and differences between the three varieties may be thus tabulated.

TINEA FAVOSA.	TINEA TRICOPHYTINA.	TINEA VERSICOLOR.
Has crusts, of straw color, cup-shaped, pierced by a hair.	No crusts. Has redness and a scaly condition. On chin, tubercles.	Fawn-colored spots. Mapped appearance.
More or less decided itching.	Itching may be slight or severe.	Slight itching.
Habitat. Head and nails, occasionally on body.	Habitat. Hairy parts, scalp, and head. At times on general surface.	Habitat. On trunk, and at points of pressure under clothing.
In children of lower classes.	On scalp and body in children. On head in adults.	In adults. All classes.
Fungus.	Fungus.	Fungus.
Achorion schonelini. Oval conidia of variable size.	Tricophyton. Round spores of uniform size.	Microsporon furfur. Spores. Round, small, and variable. Tend to group.
Mycelia, loaded or not with spores, depending upon the fructification of the plant.	Mycelia predominate when fungus attacks the skin. The conidia are in excess when it invades the hair.	Mycelia, are short, branched, and devoid of granules.
Eminently contagious.	Highly contagious.	Feebly contagious.

All tend to run a chronic course and prone to relapse. Can be cured by *epilation*, the use of the *proper parasiticides* and the *well selected internal remedy*.

## Consultation Department.

### COUNSEL SOUGHT.

Mrs. L., aged fifty-two, black hair, dark blue eyes, low build, of bilious temperament, has been troubled with female disease for five or six years. Came under my treatment Dec. 23, 1877. Have treated her about ten months. There was improvement at times, but still no permanent cure. Patient got tired of Homœopathic treatment and employed an Allopathic physician. Was under his treatment five months. Failed very fast in strength, so that she could not take his medicine any longer. Had a fainting spell on the 10th of February last in forenoon, and called on me again. Gave *Veratrum vir.* and *Ars. 3d* and got her up. Then put her on *Nux vom.* and *Bell. 3d*, five pellets three times a day for a week and then on *Caulophyllin 1st* and *Arsenic 3d* alternately twice a day. She has been improving ever since, and has a good appetite; while under Allopathic treatment she had none.

Case as it is now : Has to get up from five to six times during the night to urinate ; urine scanty and leaves a red sediment in the vessel. During day-time urine yellowish, with white mucus in the vessel. Pains in back to groins, which she describes as a deathlike misery. Pain on left side down to legs ; burning sensation during day-time before and during urinating at the neck of the bladder. Every two or three days she has a sickening pain in the back, which is followed by a discharge of a small quantity of yellow urine which causes the most burning pain ; a short time after the pain there are from two to three tablespoonfuls of red urine passed when she feels better. She also says very often that there must certainly be a medicine that will cure her disease. She is very anxious to get cured. She is up and does her housework. Has a craving for meat and some things that she has not got ; drinks a good deal of water at times which tastes very good. In fact, everything she eats and drinks tastes well. When sitting long in one position, has pain in both sides down to the groins.

If any one of the readers of this valuable journal could help me out in this case, it would be a great favor to me, and also would help Homœopathy in these parts, as there is a great deal of prejudice. Please state remedy and potency, and how often to give it. I am a new beginner in Homœopathy, and any information would be thankfully received, and I shall report the result. J. A. O.

#### CASE FOR COUNSEL.

Mrs. M., aged thirty-eight, temperament bilious and sanguine. Has been affected with the following symptoms for the past eight years : Commences at night to be restless and cannot lie in bed ; has to get up ; as soon as up has a constriction of the lungs ; cannot breathe ; pants for breath, with a raleing sound ; continues for about *two hours*, then a dry, hard, hacking cough sets in and continues from one to three days. When expectoration commences, which usually lasts from three days to three weeks. *During the attack*, has severe pain and wrenchings in the stomach and bowels ; pain and a heavy feeling upon eating or drinking the least quantity ; bowels generally constipated and sore ; cough causes a soreness of bowels, back, and a stitching pain in left side, just below the ribs. (During the attack) has to keep her bed, is so weak. When over the attack feels comparatively well, excepting *very weak*, until the next attack, which may come on in three days and perhaps not in three months ; is very much emaciated ; any slight exertion, such as lifting, walking up hill or stairs, fetches on an attack. No appetite ; *loathing* for all *food*, excepting *bread* and *butter* and *tea* ; never thirsty (excepting during the attacks, then thirsty all the time, drinking only a little at a time). Rarely drinks cold water ; when she does, causes a feeling of heaviness and pain in the stomach ; menses have not been regular for eight years ; sometimes thick, dark, clotted, and *very offensive*, and *always profuse*, and sometimes lasting for *ten* or *twelve* days.

The first of these asthmatic attacks were caused after being frightened by being chased by two men for five or six miles, (she being on horseback at the time); *the first attack set in within two hours after*; has had Old School treatment during the past eight years, and plenty of it; two or three years ago she was in the habit of inhaling *Chloroform* for the spasms, using sometimes *one* and *two* ounces per week. Will some reader of THE INVESTIGATOR tell me what to give, how often, etc., and will be glad to acknowledge the results through this journal.

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## Book Department.

All books for review must be sent to the Publishers.

BRAITHWAITH'S RETROSPECT OF MEDICINE AND SURGERY for January contains a valuable summary of medical matter.

ARCHIVES OF MEDICINE is a bi-monthly journal edited by E. C. Seguin, M. D., and published by G. P. Putnam's Sons, New York. \$3.00 per year.

VICK'S FLORAL GUIDE for 1879 blossoms all over. Send to Rochester, N. Y., for a copy. His illustrated monthly floral magazine is just the thing for the ladies.

TRANSACTIONS OF THE HOMOEOPATHIC MEDICAL SOCIETY OF THE STATE OF NEW YORK. Vol. XIV.

This is a very creditable volume issued at State expense, but as we look over some of these papers we cannot help but believe that more good would be done if these practical hints were first laid before two or three thousand busy practitioners. As it is, we are pleased that they are preserved for generations unborn.

HEADACHES AND CONCOMITANT SYMPTOMS. By JOHN C. KING, M. D. Chicago: W. A. Chatterton & Co.

This is a step in the direction of what must be eventually the general resort in simplifying the materia medica—accurate and carefully-prepared monographs. When a busy practitioner, with but probably a few minutes to spare in looking up a certain case, takes down Allen's Cyclopædia or Hering's "Guiding Symptoms" (both valuable works), he naturally becomes discouraged at the vast extent of ground before him to be gone over in order to find the little grain of fact he needs. If his patient is suffering from diarrhœa or dysentery, the physician hastily drops the large volume, and reaches with a sigh of relief for the little monograph of Dr. Bell on those subjects.

If it be headache he will probably hereafter in the same hope or faith reach in a similar dilemma for King on Headaches. But while he will find in that little work many useful facts handily arranged to

help him, yet if he have a fair knowledge of the characteristic symptoms of the remedies, he will be many times disappointed at missing old and familiar and valuable indications from the list there given. While he will no doubt meet new friends and useful, he will miss old and tried ones.

A work of this kind should be very complete and accurate in order to be useful. If professing to contain a full list of headache characteristics, it is found that many good and well-tried indications have been left out altogether, it will not satisfy one who, from his own knowledge and experience, can detect these errors; and will mislead those beginners who depend entirely upon it.

The following will serve as examples of such omissions: In giving the remedies having a prominent symptom, "Head feels too large," *Nux vom.*, the most prominent of the whole list, is not mentioned at all. In giving the symptom mentioned there seems also to be a confusing redundancy; as, for instance: "Head feels too large—*Gels.*" "Head feels as if it was enlarged—*Dulc.*," etc. "Head feels as if it was enlarged to three times its size—*Kali iod.*" These all express about the same feeling, and a repetition of them is both confusing and a waste of space and time.

In giving times of aggravation, the only remedy mentioned as having an aggravation at 3 A. M. is *Kali carb.*, while it is well known that the aggravation at that hour is one of the most characteristic symptoms of *Nux vom.* And it has been my observation that *Kali carb.*, has its aggravation about 4 A. M.

The only remedy given in the book as having aggravation from 4 to 8 P. M. is *Lycopodium*. This remedy certainly has it the most prominent, but *Helleborus* has it in a marked degree; and *Mag. mur.* has the same time of aggravation, though less prominently.

These examples are sufficient to show that the work, though well intended, is far from perfect. They illustrate what has been said above: that a work of this kind to be useful must be very carefully prepared and thorough.

CHICAGO.

W. J. HAWKES.

**A TABULAR HANDBOOK OF AUSCULTATION AND P'ERCUSSION FOR STUDENTS AND PHYSICIANS.** By H. C. CLAPP, A. M., M. D., Instructor in Auscultation and Percussion in the Boston University School of Medicine, and Physician to the Heart and Lung Department of the College Dispensary. Boston: Houghton, Osgood & Co. Chicago: Duncan Bros. 8vo. pp. 97. \$1.50.

Perhaps there is no branch of medicine more difficult to comprehend and retain than the hearable part of disease, chiefly because the ear is the least trained of all the senses. The great merit of this work is that in a tabular view it aids the ear in making out and remembering the peculiarity of the lung and heart diseases. Those who are not familiar with the normal and abnormal sound of the chest (lungs and heart) will find this work just what they need. In the next edition we hope will be added the physical diagnosis of our remedies for chest diseases.

## Medical News.

J. A. Dunlap, M. D., has removed from Sherman to Sullivan, Ill.

The Western Academy of Homœopathy meets in convention with the Missouri Institute at St. Louis, May 7, 8 and 9. Let the West rally.

The Illinois Homœopathic Medical Association meets in Freeport, May 20 and 21. Let all Illinoisians take due notice and govern themselves accordingly.

T. C. DUNCAN, Sec'y.

*Honorary Degrees.*—The National Homœopathic Society of Mexico has conferred its diploma of Honorary Membership upon Drs. C. J. Hempel, A. E. Small, H. C. Jessen and R. Luclam.

A handsome home is described by the *Brooklyn Times*, as just being completed by Dr. W. M. L. Fiske. We regret that we cannot be there at that "house warming," but may drop in some day and view the convenient "waiting room," "consultation room," and "cozy private office."

*Neatness in Dispensing Medicine.*—"I called on old Dr.—," said a valuable lady patient; "I found his office dingy and dirty. He gave me a few powders wrapped in a scrap of newspaper that smelled of tobacco. Doctor, I could not take them. I wonder how the man ever succeeded." He did not. He died poor.

*Letter Heads.*—Among the thousands of letters that reach this office, we note some very neat letter heads, but the great mass contain nothing printed. Neat letter heads, "return card" on envelope, and tasty "business cards" are valuable advertising mediums. A return card on envelope would save many a loss, we get up some neat letter heads, etc.

*Post Graduate Course.*—We are pleased to note that the tending of the colleges is to make the spring course a post graduate one: i. e. taking up some special topic and treating it more exhaustively than can be done in the regular course. This would be a proper subject to bring up before the intercollegiate conference and to arrange a post graduate course for specialists.

*Helmuth's Surgery.*—It has been my happy fortune to examine the new edition of Dr. Helmuth's Surgery and nothing can adequately express my admiration of the result of his labors. The time-worn expressions all fall, and I can say that not only will the progressive physician's library be incomplete without it, but that it would be an honor to any school of practice. It is scientific, accurate, brought down to the latest date, beautifully printed and bound, both inside and outside a suitable thing of beauty. Again I congratulate my valued friend, and the profession, in the possession of such a rare work. It is an era in our history.

J. G. GILCHRIST.

The Bureau of *Materia Medica Pharmacy and Proving*s in the American Institute of Homœopathy has chosen as special subject to be reported upon and discussed at the next meeting: Drug attenuation in Homœopathic Therapeutics. 1. History of drug attenuation in Homœopathic practice, up to the death of Hahnemann; with a statement of its object and methods. 2. History of drug attenuation in Homœopathic practice, since the time of Hahnemann; with a statement of its objects and methods, with especial reference to variations from those approved by Hahnemann. 3. The means employed in drug attenuation—what they should be, and the dangers of impurity. 4. The limits of drug attenuation: or proofs of drug presence in attenuations above the third decimal—from the standpoint to the Scientist. 5. The limits of Drug attenuation; or proofs of the presence of medicinal power in attenuations above the sixth decimal—from the standpoint to the Therapeutist. Items of information, bearing upon any part of the subject selected by the Bureau, sent by members of the profession, will be thankfully received and properly considered.

NASHVILLE, Tenn.

J. P. DAKE, M. D., Chairman.

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Surgical Department.

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*INTRA-VENOUS INJECTION OF MILK.*

OPERATION PERFORMED AT THE WARD'S ISLAND HOMOEOPATHIC  
HOSPITAL, BY PROF. WM. TOD HELMUTH.

(Case conducted and reported by George R. Stearns, M. D. Interne.)

M. M., aged twenty-one, single, native of Canada, entered the hospital November 15, 1878. At the age of eighteen, she had a severe attack of typhoid fever complicated with measles, from the effects of which she was prostrated for three months. Up to that time her menses had been regular, (beginning at the age of seventeen) but after that they came too frequently and were accompanied in each case with a convulsion. The flow was profuse and there were also pains, sharp and pressing, low down in the pelvis. In November, 1877, she fell down stairs, badly bruising the right side of the body. From this time she began to have pains in the right groin, felt at first only after fatigue or at the return of the menstrual flow, but increasing in severity and frequency till March 1878, when she had convulsions for three and four days at each menstrual period. She entered St. Luke's hospital and remained two months with the effect of checking the convulsions but with no special relief from the pains. She then went to Bellevue Hospital and was treated for one month for chest difficulty, shortness and oppression of breath with cold night sweats but no cough or pain in the chest. Nothing was done there for her pelvic and abdominal troubles. From Bellevue she was transferred

to Roosevelt hospital, the pelvic pains and menstrual troubles increasing. Her disease was diagnosed to be inflammation of the bowels and she was then given ice and fed only by enemas for four weeks. Had no special distress or aggravation of pain on eating. At this time she had constant burning, beating pains, extending from the right groin all over the abdomen with at times some slight swelling. The uterus also began to be troublesome, falling into the hollow of the sacrum and producing excessive pains; for this she wore a pessary for three months. About this time also she gradually lost all power over the bladder, so that catheterization became necessary. She left Roosevelt November 13, because they said her case was incurable and that they could do her no good. The pains were then growing more severe and her general condition less hopeful than ever. In this condition she entered the Ward's Island hospital, November 15, 1878, the beating, burning pains in the abdomen being constant and very severe with some swelling of the right iliac region, and great tenderness there on the slightest pressure. There was very little appetite, not much thirst, no marked degree of fever. Her trouble was here diagnosed as pelvic-peritonitis, and the treatment regulated accordingly, but in spite of all treatment she continued gradually to fail. The swelling in the right groin increased and extended so as to be more central, while the tenderness on pressure involved the whole abdomen, and the beating, burning pains only increased in severity. The irritability of the uterus also continued and a tampon was introduced daily to prevent its falling down into the hollow of the sacrum, and producing severe exacerbation of the pains. The urine had to be drawn by a catheter every three hours, and the bowels were torpid, moving but twice in the course of a month, and then only with the aid of an enema and with great pain. The stomach became so irritable that only the smallest amount of food and that of the lightest possible kind was tolerated, and then even that was rejected as soon as taken. This continued up to December 14, at which time no food of any kind whatever had been retained on the stomach for four days; prepared barley, rice water, dilute milk with some lime water, beef extract, milk punch, even water and medicines could not be borne, but were vomited at once. The smallest injections of food of any kind into the rectum caused such aggravation of the intense pelvic pains as to be wholly impracticable. The only nourishment taken at all was ten minims of alcohol given hypodermically, and two ounces of *Cod liver oil* rubbed into the forearm. All other means of sustenance proving of no avail, the intra-venous injection of milk was decided on and performed by Prof. Helmuth at the clinic in the hospital amphitheatre, December 14, 1878. The patient was brought in without ether, the median-basilic vein having been already exposed. The milk (which was several hours old, but had been kept hermetically sealed) was thoroughly strained and placed in the reservoir of an ordinary rubber fountain syringe, (thoroughly cleansed and carbolized) all being of such a temperature that the milk issued from the



silver canula at the lower end of the tube at a temperature of 99° (F.). The reservoir was raised to a height of about forty-five inches above the level of the arm, the vein was opened and while the blood was flowing and the milk running in full stream, the canula was thrust into the vein and held in place. The pulse fell at once from 110 to 90 beats to the minute, where it remained during the rest of the operation. The temperature rose rapidly from slightly above 96° to 101.2° (F.) About two ounces of the milk were allowed to enter the vein, and then owing to the rapid rise in temperature the canula was withdrawn and the wound closed with compress and bandage. Patient feeling comfortable though chilly. 4.30 P. M. Slight but decided chill, followed by short fever. Temperature 101.3°. Pulse 95. Gave *Aconite* 1x. 5. P. M. Bright, cheerful and happy, sitting upright feeling decidedly improved.

December 15. The temperature rose to 101.6° during the night; back to 101.4° this morning. The arm has been hot, sore and painful all night. At 11 A. M. Prof. Helmuth tried to inject some more milk into the arm, this time by means of an instrument for direct transfusion, but though the blood flowed well at first, there seemed to be a stenosis of the vein above, caused by a slight phlebitis, preventing the passage of any milk at all into the general circulation. During the afternoon she had occasional sinking turns with cold sweat, followed by flushes of heat and great soreness and aching of the bones and joints all over the body. Temperature 99.8°. Pulse 85. Was placed on a water bed with much relief. Prescribed *Aconite* 1x.

Dec. 17. Somewhat stronger, but otherwise not much improved. Has the same intense burning pains and tenderness of the abdomen, and can retain nothing on the stomach on account of severe pains and nausea. Vomits all liquid or solid food, medicines, etc. The arm is also very troublesome, being hot, red and swollen about the elbow with much pain down to the wrist and up as far as the shoulder. Cold dressing applied and changed frequently. Does not sleep much, has no special thirst; some headache. Temperature 98.8° to 99°. Pulse 85 to 90. Introduced a suppository of *Belladonna* (one-fourth grain extract) to the neck of the uterus and a tampon as usual.

Dec. 19. Is feeling much better. Has had the *Belladonna* suppositories renewed twice daily and a tampon at the same time, and has now no nausea, no pain in the stomach, the burning in the abdomen is slightly less severe and the beating, burning, darting pains about the uterus very much relieved. The arm is still very sore and growing worse if anything. Has had frequent chills running up the arm and down the back with severe pains from wrist to shoulder, somewhat localized in spots but without any corresponding spots of redness externally. She sleeps better; has been eating beef-extract, cream crackers, corn-starch gruel with jelly and has no nausea or unpleasant gastric symptoms. Temperature and pulse normal.

Dec. 22. Is doing nicely; swelling of the arm is subsiding and pains are all much relieved. About noon sustained a very severe

nervous shock (from the screaming of another patient in the ward) and was greatly prostrated. Had successive chills, fainting, vertigo, nausea, with great aggravation of all the former pains. Temperature 103°. Pulse 120. Applied suppository and tampon. Prescribed *Aconite*  $\phi$ .

Dec. 25. Feeling much better again. The pains continue though much less severe. Gave *Ars.* 2x.

Dec. 28. Patient is improving, but slowly. Can eat and sleep better but the arm is more sore, discharging a thick healthy pus from the wound at the elbow; from the elbow to the shoulder it is hard, swollen, red and very painful. Applied flax-seed poultice over this portion of the arm, and gave internally *Merc. sol.* 3x hourly. Late in the afternoon she had another nervous shock, with pains, nausea, fainting and followed by troublesome head and mental symptoms. She had severe beating pains in the forehead with feeling of coldness and whirling vertigo. The eyes were opened with difficulty and when open, everything appeared dim and streaked with black. She seemed to see strange persons about her and bugs and worms crawling over the bed. When the eyes were closed there appeared to be clouds and shadows moving here and there. She had also great fear of being left alone and constant desire to leave the bed and escape. Temperature 99.8° to 100.6°. Pulse 90 to 95. No relief from the administration of *Gels.*, *Hvos.*, *Stram.*, *Bell.*

December 31. Again doing well. The suppositories have been discontinued (as being the cause of the illusions), and suppositories of *Opium* (one-half grain each) substituted every morning and evening. The head is more quiet, the visions and fancies gone, the sight clearer, though still somewhat blurred. Is hungry and eats well. The arm is also improved. It has been discharging very profusely and now is much better. Internally gave *Nux* 3x, followed by *Merc. sol.* 3x.

January 5, 1879. Is very much stronger and better. For several days she has had no pains at all—none in the head, arm, or chest; none in the abdomen (though they have not been absent before for eight months), none in the pelvis. She can also pass her water herself (which she has not done before for three months), and her bowels move naturally without the aid of enemas. The swelling of the abdomen has much decreased. The arm is healing well, the discharge having almost ceased. Gave *Nux* 3x every two hours.

January 15. Still gaining slowly but steadily. The arm is entirely healed, and is not at all painful, though somewhat stiff at the elbow. Slight pains now in head, chest, and abdomen.

January 31. Has not been progressing so rapidly. The arm is more supple and stronger, the appetite better, and the sleep more refreshing, but the uterus has been more troublesome of late, sinking low into the hollow of the sacrum and in such a way as to make the use of tampons or pessaries of but little avail. A thorough reduction of the position seems to be prevented by abdominal effusion or possible

pelvic cellular adhesions. The os is tumefied and tender lying low down, and to the right of the median line. She has had a slight return of the menses (after an absence of nearly eight months), with severe pelvic and abdominal pains, general beating and burning, thirst, anorexia, etc. Does not sit up much on account of the pelvic pains caused by so doing. Feels much better at times, then badly again; but in spite of occasional relapses, she seems to be improving. Prescribed *Lilium. tig.* For the uterus ordered vaginal injections of hot water daily.

At this time, February 1, 1879, the service in the ward changed, and the case passed into other hands with the prospect of an ultimate good result.

NOTE BY PROF. HELMUTH.

[The above case is interesting in several particulars: First, that improvement in her condition supervened shortly after the transfusion. Second, that a *local phlebitis* was set up, which for a day or two threatened to be dangerous; and, third, that her appetite and power of digestion returned. The case can only be regarded as bearing direct evidence on the question as to whether milk or blood be the best article for intra-venous injection in one particular; and that is, that in persons suffering from peritonitis transfusion of milk is a dangerous operation. The phlebitis might in this case, however, have been occasioned by the age of the milk, for, although it was hermetically sealed in a glass vessel, it was certainly twelve hours old; and Dr. Thomas lays it down as a rule, that the fluid should not be more than a few moments removed from the cow. It was a knowledge of this and the rapid, the very rapid, rise in temperature and the sudden slowing of the pulse, that caused me to discontinue the injection. I am now quite confident that it was this condition, the age of the milk that produced the alarming symptoms—a point on which up to that time I had been very skeptical.

The first cases of intra-venous injection of milk were made by Dr. E. M. Hodder of Montreal, Can., for the treatment of collapse in cholera. This was nearly thirty years ago (1850.) Of the three cases so treated one died and two recovered. The next case operated upon was by Dr. J. W. Howe,\* of New York, at the Charity Hospital of that city, in 1873. Death took place on the fourth day. In October, 1875, Dr. T. G. Thomas, also of New York, after the removal of an ovarian tumor, in which there were many and dense adhesions, and consequently grave hæmorrhage, (besides which, the patient had afterwards several profuse bleedings from the uterus), injected eight ounces of fresh milk (not more than five minutes' old) into the median basilic. She immediately rallied and made a good recovery.† From these and several other cases,‡ Dr. Thomas draws the following deductions:

\**Medical Record*, Dec. 7, 1878.

†*American Journal of Medical Sciences*. January, 1876, p. 61.

‡*Medical Record*. April 27, 1878.

"1. The injection of milk into the circulation in place of blood is a perfectly feasible, safe, and legitimate procedure, which enables us to avoid most of the difficulties and dangers of the latter operation.

"2. In this procedure none but milk removed from a healthy cow within a few minutes of the injection should be employed. Decomposed milk is poisonous, and should no more be used than decomposed blood.

"3. A glass funnel with a rubber tube attached to it, ending in a very small canula, is better, safer, and more attainable than a more elaborate apparatus, which is apt in spite of all precautions, to admit air to the circulation.

"4. The intra-venous injection of milk is infinitely easier than the transfusion of blood. Any one at all familiar with surgical operations may practice it without fear of great difficulty or of failure.

"5. The injection of milk, like that of blood, is commonly followed by a chill, and rapid and marked rise of temperature; these all subside and great improvement shows itself in the patient's condition.

"6. I would not limit lacteal injections to cases prostrated by hæmorrhage, but would employ it in disorders which greatly depreciate the blood, as Asiatic cholera, pernicious anæmia, typhoid fever, etc., and as a substitute for diseased blood in certain affections which immediately call for the free use of the lancet, as puerperal convulsions, etc.

"7. Not more than eight ounces of milk should be injected at one operation.

"8. In conclusion I would suggest that, if milk answers, not as good, but nearly as good a purpose as blood under these circumstances, its use will create a new era in this most interesting department of medicine. That it will answer such a purpose, I am convinced from lengthy consideration and some experiences of the matter; and I would be false to my own convictions if, I did not predict for 'Intra-venous Lacteal Injection' a brilliant and useful future."

Dr. Thomas also states, that according to Dr. Eugene Deputy of New York,\* the intra-venous injection of decomposed milk is uniformly fatal, whereas the same experiments practiced with the healthy fluid, are followed by no disastrous results.

It is but fair now to look upon the other side of the question, viz: that the intra-venous injection of milk is *not* so reliable and *is more* dangerous than transfusion of blood. Having myself made but two transfusions of blood, one of which was followed by most excellent results,† and the other by no fatal consequences; and but a single transfusion of milk, which was followed by dangerous symptoms which however were superseded by good results. I can not speak with any authority on this subject. But upon general principles, it would appear, that the fluid adapted by the Almighty to circulate in the bodies of the

\*New York Medical Journal, May 1878. The Intra-venous of Milk as a Substitute for the Transfusion of Blood.

†Western Homœopathic Observer, Vol. VII, p. 152.

human family, would be preferable and more adaptable and more likely to agree with all the presenting phenomena of organic life, than the secretion from an animal, and that an herbivorous one.

Dr. Prout,\* states that Dr. Wulfsberg, of Gottenen, discovered the fact, that a few hours after the injection of milk, the globules became covered up with colorless white blood corpuscles, which proliferated with great rapidity, and he draws the conclusion, that the quantity of milk used for intra-venous injections should be very small.

Dr. J. W. Howe† has made many experiments upon dogs, which are too numerous to mention here. Suffice it to say, that seven dogs were bled to a condition of syncope, and the intra-venous injection of milk practiced, and *all died*; two dogs were bled in a similar manner, and let alone, *both recovered*. Some argue that the milk was too old, and others that too large a quantity was thrown into the veins. this however is still a point of discussion. The result of all Dr. Howe's experiments and the number of times (20) which he has performed transfusion of blood render him authority on the subject is as follows: he says† "There is no doubt in my mind that transfusion of milk is a dangerous operation and one that should only be resorted to when blood cannot be obtained." Up to this time there are I think, about fourteen cases of transfusion of milk, on record. Dr. Edward M. Hodder of Montreal has three; Dr. Joseph W. Howe of New York has two; Dr. T. Galliard Thomas of New York has four; Dr Charles T. Hunter of Philadelphia has four; which together, with that put on record by Dr. Stearns in this journal, make the fourteenth.

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## Materia Medica Department.

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### *CELTIS OCCIDENTAL.*

Proving made January 17, 1876 with *Celtis occidentalis* tincture, made from the bark of hackberry tree. One-fourth ounce of tincture taken at 11 o'clock A. M., one-fourth ounce at 2 P. M.; one hour after cold and hot creeping all over the body; pulse quick and full; bones ache; flesh sore to pressure on chair back, cannot sit on hard bench. Stretching of limbs; skin red and puffed; blood vessels puffed; thrilling sensation on the skin all over the body as if pricked with the points of

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\**Medical Record*, May 11 1878.

†*Medical Record*, Jan. 4, 1879.

‡*Loc cit.*

needles. Sharp pains through the lungs, sticking pain over the right eye; sleep full of dreams of business; next morning tired and weak with headache; throat sore.

School girl called on me for a remedy. Her ears were sore and swelled, caused by piercing them and wearing cheap rings. I gave *Celtis occidentalis*. Next day her mother called at my office, said the ear was better and wanted more of the same remedy, two ounce vial full. Second day after the mother called for me. The girl had taken all the remedy the first day and her face and body swelled. I gave *Urtica capitata*. Next day the swelling had left the face and body but her feet and ankles were swelled so bad could not wear shoes. Continued *Urtica capitata*. Two days after the Miss was at school, ears all well and no more swelling of the face and feet. *Celtis* is my best remedy in rheumatism, erysipelas swelling, red and painful. This was caused by *Celtis*. Miss had fair skin.

J. S. WRIGHT.

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*SHINUS MOLLE—PERUVIAN PEPPER TREE.*

I forward you the tincture of *Shinus molle*. I find the remedy especially indicated in dyspepsia, heartburn and general irritation of the cardia and mucous membrane of the oesophagus generally. No doubt it has a very extensive action on the system not yet observed.

P. W. POULSON.

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*TOADSTOOL (AGARICUS) POISONING.*

A gentleman of this city recently invited two others to a mess of mushrooms. Two ate somewhat freely, the third only sparingly. None liking the taste there was plenty remaining. Two waiters thinking the opportunity good, ate heartily. All five were taken with sickness from six to twelve hours afterward. One waiter died. *Black vomit* occurred early in all cases. Thirst, burning at stomach, purging of green liquid. Terrible vomiting, heard all over the house. Twitching of muscles and general tonic convulsions including rectus

abdominus; easy regurgitation of blood after the terrible vomiting, were the principal symptoms.

Long patches of mucus membrane of intestines were passed. Imagined something on the bed clothes. Tried to pick it off, and not finding it laughed in a silly manner. No headache. Bloody urine. No particular sequela except copious and frequent nocturnal emissions of urine. The stomach was extremely irritable. All were healed by Allopaths except one of the waiters who made soup of a *hair comb* drank it and recovered! He is a Chinaman.

The remedies tried were *Valerian* and *Tannic acid*. *Ether* and *Oxalate of Cerium* and brandy, all of doubtful utility. A post-mortem hurriedly conducted revealed softening and ulceration of stomach, one ulcer of irregular outline, nearly penetrated all the coats. Intestines inflamed, etc. These symptoms seem to me to point strongly to yellow fever, viz., black vomit, muscular jactetation and the extreme gastric irritability. No other organic changes were observed. To the short list of remedies having *burning at the stomach*, *Agaricus* may be added.

CHICO, Cal.

E. STEVENSON.

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#### THE "*CEANOTHUS AMERICANUS*."

In the number of THE INVESTIGATOR for April 15, 1878, reference is made to the "*Ceanothus americanus*," the New Jersey Tea. In addition to the information you present, I submit the following: The "*Ceanothus*" is a large genus of twenty or more species, distributed through most of the states, even to California and Oregon. The *Ceanothus americanus* extends from Canada to the Gulf, and west to Arkansas and Iowa. It is more extensively diffused than any of the other species. The *Ceanothus ovalis* comes next, and has nearly the same distribution except that it is not found in the southern Atlantic or Gulf states except Texas. The prairies of Illinois and Iowa furnish two species or varieties; one of which grows on the ridges, and is familiarly known as red root. Torrey and Gray, in their "*Flora of North America*," describes this, I think, as a variety of the *Ceanothus americanus*, and not a distinct species. Elliott in his *Botany of Georgia*

and South Carolina, makes it a distinct species under the name of *Ceanothus intermedius*. He speaks of the *Ceanothus americanus*: That the bark of the root is intensely astringent, and may be used in all cases where the use of astringents are indicated, in the form of infusion, tincture or powder. Darby in his "Botany of the Southern States," ascribes to it the same properties, and says it has been highly recommended in aphthous sore mouth and sore throat accompanying scarlet fever. My opinion is that our Iowa species is the *Ceanothus americanus*, modified a little by its western habitat, and that it possesses essentially the same medicinal properties. This might easily be ascertained experimentally by some of our young and enterprising Homœopaths. The *Ceanothus ovalis* is found in Michigan, and we suggest that some of the Ann Arbor professors or students pay their respects to it.

T. L. ANDREWS.

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*THE ACTION OF ACONITE VIEWED FROM AN  
ALLOPATHIC STANDPOINT.*

In an interesting article on "Physiological Antagonism," Dr. R. Bartholow says: "To an opposition of action between remedies and diseases has been applied the term *Antipathy*, a very old therapeutical principle. Indeed Hippocrates affirms in one of his aphorisms, 'in general, diseases are cured by contraries,'" then speaking of the action of *Aconite* he says: "The mention of *Aconite* is almost sure to excite suspicion in the minds of the highly conservative — it has a taint of Homœopathy about it. It is a singular fact that this drug is used by Homœopaths in direct contradiction to their own tenets. [We have a law of selection — *similia*]. It is well known that it is employed by these quacks [our Cincinnati Homœopaths should arrest this man for slander] in the treatment of fever to which it is not Homœopathic but antipathic. [That depends upon the dose]. It opposes in its physiological [pathological] effects some of the symptoms of fever [yes, if given in a large dose]. In the physiological [toxic] state it depresses the circulation and lowers the body heat, and in the condition of pyrexia it slows the heart and diminishes the abnormal temperature. As an antagonist to fever, *Aconite* deserves



attentive consideration. I have prepared an experiment to illustrate the power which it has to lower the temperature. To this rabbit in the Czermak's support, weighing sixty-four ounces, there was administered an hour ago twenty minims of the officinal tincture of *Aconite* [Twenty drops of *Aconite* tincture ought to kill]. The temperature was then 102° F.

"In half an hour the temperature had fallen to 101.6°. In an hour the temperature had fallen 99°. At the end of two hours it will be found that the temperature of the rectum has descended as low as 98° F. One of the students in attendance at the college last year, swallowed by mistake a teaspoonful (equal to sixty minims) of the tincture of *Aconite* root. When I saw him at the expiration of two hours [what were his *first* symptoms?] he was as cold as a frog, pallid, sweating, and with a pulse so feeble that it was scarcely distinguishable. His axillary temperature was 96° F. [The *Aconite* was not the Homœopathic tincture, or the student would have been dead—paralyzed]. Under vigorous stimulation and artificial warmth he recovered. Numerous instances of the same kind have been reported. Such accidents are even more instructive than experiments on animals. Both means of observation, however coincide in demonstrating that the special role of *Aconite* is to lower the body heat. [Yes, by producing a similar condition]. The mode in which *Aconite* causes a decline in temperature is very different from the action of *Digitalis*. As Liegeois and Hattot (Schmidt's Jahrbucher der Gesamten Medicin, Vol. 114, p. 291) and Ascharumow (Ibid., Vol. 136, p. 157) have shown, *Aconite* lowers the blood pressure, suspends activity of the motor and sensory centers of the spinal cord, and destroys the contractility of the cardiac muscle. It does not affect the caliber of the arterioles. The action of *Aconite* on the circulatory system is, indeed, antagonistic to that of *Digitalis*, as has been shown by Fothergill in his admirable essay on *Digitalis*. The decline of body heat produced by *Aconite* [in large doses] is the result of its paralyzant action on the heart and organs of circulation, whence it follows that the consumption of oxygen and the chemical interchange between the blood and tissues are diminished.

"It must be very apparent to you, I think, that as antagonists to the fever process, *Digitalis* and *Aconite* occupy very different positions. It is rare, indeed, that *Aconite* can be admissible [in big doses remember] in the treatment of essential fevers, diseases characterized by depression in the functions of circulation and respiration. It is

especially to the treatment of inflammatory states with sthenic reaction, when the pulsations of the heart are strong, the arterial tension high, and the muscular power unimpaired, that *Aconite* is adapted. We find these conditions present in the first stage of pneumonia, pleuritis, peritonitis, cerebro-spinal meningitis, surgical fever, acute rheumatism, etc. Whenever the heart begins to flag, *Aconite* ceases to be useful and may be dangerous. This remedy is especially serviceable in the inflammatory diseases of childhood, when a condition of high temperature is associated with elevated arterial tension. It has the important merit, furthermore, that it is easily administered to children.

“As a rule, *small* doses, *frequently* repeated, are *more* manageable and *beneficial* than larger doses at longer intervals. A drop or two of the tincture of the root, according to the age of the subject, and every hour, is, probably, the most efficient mode of giving the remedy in order to maintain a constant physiological action.

“The utility of *Aconite* as a remedy in inflammations is not limited to its antipyretic action. It powerfully affects the skin and kidneys, increases elimination through these emunctories, and thus disposes of the waste products of inflammation (American Clinical Lectures, Vol. 11, p. 15).

[The one-fourth of a drop of *Aconite* tincture is much too strong for Chicago children, as a prominent Allopathic (not highly conservative) could testify. Vinegar and coffee saved one little fellow with a frightful fever *caused* by *Aconite*. If our learned Allopaths would lay aside “long ears,” and make a sensible proving of *Aconite*, or take Reil’s Monograph, they might learn that *Aconite* has *all* the symptoms of fever, and furthermore will make them rapidly vanish when given in very *small* doses (1-100 or 1-1000 of a drop). But that would make them all Homœopaths which is far too progressive for “highly conservative” fossils.

When in Cincinnati last summer, we called on this quack-denouncing Homœopath-admiring (?) Professor of the Practice of Medicine (Regular) in the Medical College of Ohio. We were anxious to see a conservative who could appropriate facts and denounce their authors. To say that we were coldly received would not express it. This is the first time we were ever treated in an ungentlemanly manner by

even the most rabid Homœophobic Allopath. We heartily forgave him, and felt like congratulating him, when we learned to our surprise that our guide was one of his best students, and had become a Homœopath through curiosity, and by hunting up the sources of the practical facts given by his whilom professor. He was very sorry — had joined the quacks. When asked why he called us quacks, he said we practice according to an exclusive dogma, quoting the code of ethics. When asked if a dogma was not a “settled principle”? and that similia was the principle for drug selection, not of drug action, and that contraria was the law for dietetic selection? he seemed at a loss for an answer. Changing the subject, [we soon withdrew, to the evident relief of our “highly conservative” acting friend.—ED.]

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#### ACCIDENTAL PROVING OF CACTUS GRANDIFLORA.

BY E. CLARK, M. D., WOODFORD CORNERS, ME.

Read before the Homœopathic Medical Society of Maine.

It was in August, 1877, that I inhaled the odor of a recently prepared tincture of *Cactus grandiflora*. Not quickly perceiving any odor, I carefully inhaled at the open bottle, when Dr. Vose, who had made the tincture remarked, that, in preparing this specimen he had been alarmingly poisoned. Knowing that I was very sensitive to medicine, I did not repeat my inhalation. Immediately thereafter, we rode together to see a patient, whose case required careful attention; I thought no more of *Cactus*, or the state of the country.

When we had rode a mile, I had an uneasy sensation in my stomach like food difficult of digestion, but soon after entering the sick room, thought no more of my stomach. We were engaged earnestly with the patient about thirty minutes and left the house.

To my surprise I found it difficult to cross the sidewalk to enter my carriage. Five other patients required my immediate attention, and in about ten minutes I was with one of them, and attempted the needful examination of the case. The vertigo had increased, there was stricture about the chest and stomach, pain in the heart and

head. I prescribed, and left my patient for the next case. but found it increasingly difficult to get into the house, and the above-named symptoms had rapidly increased in violence, and it was more difficult to make the proper examination of the case. My patient enquired if I was sick, said I did not look well. I left the house, and finding it very difficult to enter my carriage, and the nausea threatening emesis, I left the other patients and drove towards home, two and one-half miles. Arrived home, my wife immediately enquired, "what is the matter," to which I replied that I did not feel quite well, and threw myself on the sofa. Now there was violent vertigo, causing me to stagger and reel. Violent pain in the head, chest, and stomach. Head felt full as if there was congestion. Pressing pain in the head, like a great weight on the vertex, pressing in the temples, pulsating in the temples, ears and eyes, as if they would burst outwards. Weakness of sight, objects were not clearly seen, intolerance of light and sound. Tongue dry and coated, slime in the nares and throat, very thirsty, satisfied with small quantity of water at one time. Profound nausea, lay for hours with my bowl near me, retching many times, with copious discharge of mucous. Terrible pain in the stomach, with pressure, from without in; constriction of the scrobiculus, extending to the hypochondria, and as high up the chest as the fifth rib, as if encircled by a hot iron cincture, having involuted edges of an inch in size, pressing more and more, from hour to hour, till respiration was most difficult and distressing. Some cough, with much mucous expectoration, which greatly aggravated my sufferings. Attacks of difficult respiration, amounting almost to suffocation, with increasing hard and painful beating of the heart. The heart felt as if compressed violently, and as violently struggled to burst its bands. Pulse very irregular; could not suppress a groan, so great was my distress. At the same time severe pain in the spine, worse in the lumbar region, pressing down the glutei muscles to the inferior extremities. Tearing pains in the shoulders and arms; worse at first in the joints; after twenty-four hours worse in long bones.

These symptoms increased for about twelve hours. During all this time the fact of having inhaled *Cactus*, did not occur to me, and being no longer able to resist the appeals of my wife to send for a physician, I requested her before sending, at that moment, remembering my inhalation, first to read to me the proving of *Cactus grandiflora*, as contained in Allen's *Materia Medica*. There we found such a perfect picture of my case, that I informed my friends that it was a case of

poisoning with *Cactus*, and that with proper antidotes my case would soon be better.

*Ipecac* was used for the nausea and the pain in the head; after several hours found no relief. *Veratrum viride* was taken, with like *nil* results. *Camphor* was used in drop doses once in fifteen minutes for several hours, *nil*. A most miserable night was passed, not a symptom disappeared, but the nausea was less distressing, and the iron band was less distressingly close around me. The heart struggled less violently; the tongue was coated thickly; whitish, thirst considerable; the pains in the extremities remained unchanged. Three mushy motions from the bowels during the forenoon, with pain.

During the second day, I took *Bryonia* for the pain in the head with some relief. Night found me still in bed, unable to raise my head for vertigo; not a symptom had left its quarters, only a little less violent. During the second night I had a few hours of disturbed sleep, scared with dreams; awaked on the third morning some refreshed and was able to leave my bed for a few hours. All my remedies having failed to relieve the bone pains in my extremities, I now took *Eupatorium perf.*, and was soon so far relieved, that sleep came to my great comfort. The fourth morning found me relieved of all severe suffering, but well in no part, which had been the seat of suffering. In about ten days the symptoms disappeared and I look back upon the horrors of those days of anguish, as one escaped from the greatest danger.

I remained weak for several weeks, frequent attacks of palpitation. The physiological action of a medicine capable of making an impression so suddenly and so profoundly, should be carefully studied and well defined.

It is not a blood poisoner, but its onset is made upon the nerve centers. The gastric and cervical ganglions of the great sympathetic nerves and the vagus received the first, and perhaps the chief impression, hence the gastric, the cardiac, and the pulmonary symptoms. The ganglia of the spine are not left without attention, hence the pains in the spine, and those organs supplied with spinal nerves. It is to be doubted if we have in the *materia medica* a medicine which makes so profound an impression upon the nervous system as *Cactus grandiflora*, and its careful analysis will richly reward the earnest student of the *materia medica*.

## Eye and Ear Department.

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### *SOME ERRORS OF REFRACTION AND ACCOMMODATION WITH SUGGESTIONS IN TREATMENT.*

BY D. J. M'GUIRE, M. D., OF THE COLLEGE OF PHYSICIANS AND SURGEONS OF DETROIT, MICHIGAN.

NOVEMBER MEETINGS.

This being the subject which we have selected as a central point around which to gather our thoughts, the first difficulty with which we are met is to decide upon a point of beginning, a point which at once will not be so elementary as to prevent a sufficient treatment of the subject, and at the same time not so advanced as to be unsatisfactory if not incomprehensible. The subject is one possessed of peculiarly *great* difficulties for comprehension, so that it would be preposterous for me to attempt anything like an exhaustive treatment of any department of it, as I should find myself lacking in both time and capacity for so doing. In order that many of our future allusions may be the better understood, we will begin with a description of the emmetropic eye.

#### THE EMMETROPIC EYE.

The emmetropic eye is one which in a state of rest or complete relaxation brings the rays derived from infinitely distant objects to a focus exactly on the anterior surface of the layer of rods and bulbs. Hence by the refraction of the eye we understand that power which it possesses in virtue of its form, therefore its anatomical condition, while by accommodation we mean the physiological action of its muscles. Only those rays, which, coming from an object, and which, passing through the cornea and other media, are brought to a focus at that point in the retina, which we call the *macula lutea*, are useful in giving an impression of the object looked at. At most, *all other* rays can serve only to assist in what may be called illumination of the object.

Therefore with regard to refraction, we call the structure of the eye normal (?) when, in the state of rest, it brings parallel incident rays to a focus at this point. The farthest point of such an eye lies at an

infinite distance. If on the contrary, the farthest point lies not at an infinite, but at a finite distance, vision is indistinct throughout a great portion of the space.

We have just referred to the emmetropic eye as a *normal eye*, this is manifestly incorrect, for the organ may be *imperfect* in many respects and still refract perfectly, the limit lying precisely at the measure, so that emmetropia (from *emmetros*, modum teneas, and *ops*, oculus) exactly expresses our meaning. We have then as the most simple definition, emmetropia when the principal focus of the media of the eye at rest falls on the anterior surface of the most external layer of the retina.

The eye may deviate from the emmetropic condition in two respects; the principal focus of the eye at rest may fall in front of or behind the most external layer of the retina. In the former case divergent, in the latter convergent rays come to a focus on the retina. In an eye of the first class when at rest, objects are seen which are situated at a definite finite distance. In one of the second class, objects are not distinctly seen at any distance, for the rays falling on the cornea must, in order to unite on the retina already be convergent. In the first instance the farthest limit lies *within* the measure, the measure is too short; to this condition the name myopia is given.

In the second instance the boundary lies *beyond* the measure, and is therefore called *hypermetropia*. Hence it is perfectly clear that *myopia* (or brachymetropia) and hypermetropia are exactly opposite conditions. The definitions are now quite simple; the posterior principal focus of the media of the eye at rest falls: In emmetropia, on the most *external layer of the retina*; in myopia, in front of the same; in hypermetropia, behind. Let it be remembered that we are now considering the eye in a state of complete rest, the eye of the *dead subject* if you please, for practically this state never exists in life except as a diseased condition, (paralysis of accommodation) the muscles of accommodation—recti muscles and ciliary body—always playing a part in the functions of the eye either under the influence of the *will*, or *unconsciously* to the individual. Hence this action of the muscles by the aid of which, in particular, we are able to see distinctly *near* objects, is called *accommodation*, in distinction from the first described condition or refraction; as will readily be seen these two functions go hand in hand in all the varied uses of this *complex* and truly *wonderful* organ; the difficulties of separating them in many of the visual distur-

bances with which we are met will appear while considering the special forms of *ametropia*.

In the adjustment of the eye for seeing objects situated at different distances the following changes takes place. First, the pupil contracts in near, and dilates in distant objects. Second, the middle of the anterior surface of the crystalline and the pupillary border of the iris move forward in accommodation for objects nearer than infinite distance. Third, the convexity of the anterior surface of the lens increases for nearer, and diminishes for distant vision. Fourth, the inverted image, from the posterior surface of the lens, is a little smaller in near vision, indicating a slight increase in the convexity of the posterior surface of the lens. I have above referred to the act of accommodation as being accomplished by the external as well as the internal or ciliary muscle; this is probably not strictly correct as it is probably a fact that in monocular vision that this latter alone is concerned in producing these changes. My apology for this mode of treating the subject is that I will probably be understood as treating of, binocular vision, or single vision with the *two* eyes, in which *convergence* is concerned, this latter condition being brought about by the action of the external or recti muscles, by which an effect is produced as if a single eye was placed intermediate between the two, with a visual line passing from it to the point of an object sharply fixed.

How is the act of accommodation accomplished? and of what does it consist? To the latter we may say, if objects be brought nearer than eighteen or twenty feet distant, the rays of light falling on the cornea are divergent, and after refraction are directed to a point behind the retina; the images in consequence are blurred and indistinct. As the retina cannot move backwards to the focus for distinct near vision a change must take place in the eye to increase its refractive power, and this change which is known as accommodation, must vary just in proportion to the distance at which the object looked at is situated.

In what these changes consist has given rise to every imaginable hypothesis. It has been attributed to elongation of the visual axis; to an alteration in the position or form of the lens; to contraction of the pupil; also to changes in the degree of convexity of the cornea.

Thomas Young having thought that accommodation of the eye was due to increased convexity of the lens surfaces. But as the then physiologists were not aware of the existence of muscular fibres in the eye, the reasons which he gave were not understood. The key to this



hidden mystery was finally found by Perkinje when he discovered faint images of the candle formed by the anterior surface of the cornea and each of the two surfaces of the lens, afterward known as the catoptric test for cataract.

The theory of Helmholtz is the one generally adopted as explaining the production of these changes in the eye. He thinks that the lens which is possessed of certain innate elasticity is kept flattened by the zonula zinii, through its action on the capsules; that the ciliary muscle which is triangular, contains longitudinal and circular fibres, having such attachments that when they contract the zonula is relaxed and the tension of the capsules diminished; the pressure being thus removed, the lens then assumes its naturally more convex form.

From what has been said of anomalies of refraction, it has become apparent to you that the distance R of the farthest point of distinct vision is the foundation on which they rest. The shortening of the focal distance, whereby adjoining or intervening points become distinctly visible, is the work of the muscles of accommodation. Under the maximum action of these muscles, the eye is adapted to the distance P of its nearest point. We find as a numerical expression for the range of accommodation  $\frac{1}{A} = \frac{1}{P} - \frac{1}{R}$

The range of accommodation diminishes with advancing years. At the same time R (remotesimum) may remain almost unaltered, and P (proximum) becomes more distant. As a result we have in the emmetropic eye at a certain period in life, the near point removed so far from the eye, that the more minute operations can no longer be well performed with near objects. This condition of the eye is called presbyopia.

Presbyopia therefore exists, when in consequence of the increase of years with diminution of the range of accommodation, the nearest point has been removed too far from the eye. R (remotesimum) represents the natural refractive state of the eye when at rest, and this point does not materially change its position until late in life at the age of seventy or seventy-five years, but P the nearest point of distinct vision commences to recede in very early life, *e. g.*, a child ten years of age can ordinarily place a thread in the eye of a cambric needle at the distance of two and three-fourths inches from the eye; at the age of fifteen years the near point has receded to three and one-fourth inches and so on gradually until at the age of forty-five, small print to be distinctly seen must be held at the distance of about *twelve*

inches, at seventy-five the entire remaining powers of accommodation are required to make remote objects distinct.

The term presbyopia is, therefore, to be restricted to the condition in which, as the result of the increase of years, the range of *accommodation* is diminished and the vision of near objects is interfered with. As was probably observed in the beginning of this paper, I did not include pr (presbyopia) among the *anomalies* of accommodation, yet by the above definition we see that it is really included in the diminution of the range of accommodation dependent on advancing years still presbyopia is the *normal* quality of the normal emmetropic eye in advanced age, and is therefore not an anomaly; as the changes leading to presbyopia have been stated to begin in childhood, we may ask when we are to call the eye presbyopic. The limit must necessarily be arbitrary and has been fixed by Donders at eight inches, that is, when small objects as the eye of a needle, or more particularly and accurately, when No. 1 of Snellens or Jaegers test types must in order to be distinctly seen, be held more than eight inches from the eyes presbyopia exists. As early symptoms of this state the individual will observe that in attempting to see distinctly small objects, once readily seen, that he must remove the object farther away, throw the head back, requires brighter light than formerly; by means of this latter his pupil is rendered small and thus the circles of diffusion cut off; by this means also the disturbing influences of presbyopia are deferred to a much later period than they otherwise would be — but in reading and writing even then the accommodation is not alone sufficient to produce acute vision. The eye now puts its accommodation somewhat severely on the stretch. When if aided by *weak* convex glasses, the tension would not be continued, but the result is that he has distinct vision, the letters become black, confusion ceases, and the person rejoices in a distinctness of vision of which he had almost lost all idea.

Therefore so soon as, by diminution of accommodation, in ordinary work the required accuracy of vision begins to fail, there is need of convex glasses. The opinion is quite too general that we should postpone the use of glasses as long as possible, that as when their use is once begun it must ever afterward be persisted in, therefore they are weakening and injurious, this latter is, however, a “*reductio ad absurdum*” for while the fact exists that the individual will always require to use the glasses, the requirement is due to a now actually existing *defect*, and this can only be supplied, not cured or overcome — so is it not folly to weary our eyes and mind together without any necessity

condemning ourselves to guess with much trouble at the forms which we can only *tolerably* well see without glasses?

The changes taking place so gradually and almost imperceptibly through so many years. The individual has learned to accommodate both by extra effort on the part of the accommodation and by being satisfied with a less distinct degree of vision; until he discovers that the effort to use them by artificial or imperfect light is attended by some degree of discomfort as pain in and around the eyes, through the temples, probably twitchings of lids and palpebral muscles. This is of particularly frequent occurrence in ladies who either for above reason, or that of a sense of pride growing out of the supposition that glasses are only worn by the elderly, and they do not wish to be considered as having reached that undesirable period. Many of these persons are hypermetropes of a slight degree, in whom the necessity for glasses is established at a comparatively early age, thirty-five to forty years—such persons frequently consult the family physician; and are treated for some form of cephalalgia or neuralgia; a persistence in the use of the eyes for near purposes, however, so aggravates the difficulty until by accident they are induced to try glasses; as they in the majority of instances select them themselves at the opticians (who usually is only such in *name*) they are apt to select such as make the page most distinct and that will be such as magnify the object, sometimes *many* degrees. This, except in the case of extreme old age, is not allowable, and always results in injury.

To be continued.

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## Consultation Department.

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### THAT "TONGUE CASE."

In Jan. 15th number page 75, I reported a peculiar "tongue case," but have received no advice. Have none of you had any experience with a "woman's tongue," if you have come to the rescue, or is it useless to report "cases from practice?" A mere exhibition of ones ignorance of the *materia medica*?

B.

## ON BENZOIC ACID.

In answer to the query of "J. W. M." on page 191 current volume of THE UNITED STATES MEDICAL INVESTIGATOR, we desire to say that *Benzoic acid* is readily soluble in alcohol. That preparation procured, years ago, from A. J. Tafel, in Philadelphia, was most probably a solution of one part of *Benzoic acid* in ten of alcohol. The solution is colorless at first, but will darken with age. B. & T.

## THAT CASE OF CYSTITIS (?)

Allow me to retain doubts about that "pretty case" of Wolff's. Albuminous urine is *not* foamy, but saccharine urine is. Should a purely secondary condition, as cystitis to lithiasis — be dignified in the manner this has been? The cure of the lithic trouble would likewise cure the cystitis, but the reverse would not hold good. Again, I say, let us have done with these unscientific and "prentice-work" reports; our school cannot afford it. J. G. GILCHRIST.

## A CASE OF TRISMUS.

Your call in the October 1st number for case of tetanus has been already answered by two correspondents. Having recently met with an instance of the above form of this disorder, I thought possibly it might interest some of your readers. Nov. 27th was called to see the patient referred to in the October 15th number of this journal. She had been subject to occasional attacks of cataleptic immobility for some time previously, requiring external aid at times to open her eyelids in the morning, after which "she would be all right." On the present occasion her jaws had been locked for several hours. The parts supplied by the glosso-pharyngeal nerve seemed especially affected, causing inability to swallow and great distress from even holding a small amount of liquid in the mouth for a short time. Pulse 64, conscious; *Stram.* 1000 and 100,000, with sinapisms to cervical spine, was followed by temporary amelioration, succeeded on the 29th by a relapse with anæsthesia of the extremities extending to their union with the trunk; moaning. Continued to grow worse under *Bell.* 1000; at night could *neither see nor hear*. At this point, *Opium* 200 with applications of tobacco infusion to jaws and epigastrium, saved the patient from a speedy death. J. E. WINANS.

## ANSWER TO "WHAT WILL CURE."

O. L., page 192, March 1, 1879. After a very thorough and painstaking study of the symptoms and conditions present in the case alluded to, I feel like encouraging the doctor to continue his exhibition of *Calcarea carbonica*. I believe that somewhere in the range of potencies this remedy will act curatively. With but one or two symptoms excepted, *all* the conditions named are easily verified by the well known and thoroughly reliable provings of the late Carroll Dunham, than whom no higher authority I care to cite. Knowing only by careful perusal of this excellent man's writings, his preference for the high potencies, doubtless these should be most thoroughly tried first. If the desired effect be not produced, we ought to remember that there are those who live nearer earth and sometimes claim excellent results from the administration of the 30th, 12th, or even 6th potency. While no less authority than Baron von Grauvogl and Prof. R. Hughes place this remedy as one of the "nutrition remedies," and may be administered as a food as well as a medicine. By remembering the pathogenesis of this *Salt of Lime*, and the Homœopathicity of its application from the officinal preparation to that potency where even the one administering it, sees visions and dreams, we ought to expect its favorable impression upon the diseased condition so well reported. Will the doctor report progress of this case ?

"E."

## POTENCY OR ATTENUATION.

In THE INVESTIGATOR is a department devoted to consultation, and a valuable one it many times proves to those asking aid through its columns, but I notice many answers to questions and reports of cases, which are unintelligible to me because I cannot interpret them plainly. Many facts which are kindly given us thereby various practitioners, I at least cannot make use of because they are carelessly given. In the March 1st number, page 191, G. H. C. gives advice to W. W. B. and others, recommending *Spongia* 100,000, *Kali carb.* 100,000, etc. The editor also on page 193, mentions *Puls.* 200. I conclude that the editor means to recommend the 200th decimal dilution of *Puls.*, but I cannot know of course what G. H. C. means by *Spongia* 100,000, because he had not stated whether he means the 100,000th potency or the 100,000th attenuation. Would it not be better for the editor to place a little note at the head of this department requesting

those who contribute, to state explicitly either the potency or attenuation to be used. If each contributor will also tell how much of a remedy in any particular case should be used and how often, we shall I think, get more certain light than we now have as to whether the high potencies should be less often repeated in acute cases than the low. If G. H. C. means to recommend 100,000 potency of *Spongia* he is recommending a low potency of *Spongia* only equivalent to the 5th decimal attenuation, and if he succeeds with a single dose of a low potency, it shows us that even with low potencies only the single dose should be used as with the high. I think that he must mean the 100,000 potency for I don't think that there are any 100,000th attenuations of *Spongia* in existence. It is well to be plain and succinct in these matters, and requires only an extra stroke of the pen.

W. W. GLEASON.

#### CHRONIC CYSTITIS.

I am astonished that Prof. J. G. Gilchrist (p. 59 and 114) could one moment doubt that it was a case of chronic cystitis. My report, p. 59 is a sequel to my "Proving of *Pip. meth.*," published in the *California Medical Times*, 1878, No. 3, in which under "fifth day, May 20th," had been remarked, "Seeing a great change in the urine, kept a clinical record in this respect." The purport of the article then is to show experience in regard to the power of the *Piper methysticum* in changing the quantity and consistency of the discharges, not their character, which was unchanged. The question, therefore, "what the mysterious crystals were, etc.?" I should never have expected a most learned physician to put. Keeping in mind a saying from the old country, "For the wise (*scientific*) half an air sung suffices," I wrote my proving under the impression that it was written for *scientific* readers, and to such the remarks, in as good English as I have been able to acquire until to-day (I hope by and by to write it better), spread about in the report would suggest that the crystals were urates, the very fine sand (page 60) or rather "a floury stuff" (*ibid*) phosphates, the "froth keeping standing on top" sign of albumen, etc. I am glad to see that Dr. T. C. D. has fully comprehended it. Had my intention been to give the particular attention to the cystitis, instead of the *Kava kava*, the remark under "Condition, May 16th," (page 59) would have been insufficient, and a complete history of the case would have been given how the original cause was overdoses of cubebs and copaiba, the com-

pulsion to, frequently, hold the urine, and several other physical and mental troubles all of which, after fifteen to twenty years, I do not remember. But their issue was "lithiasis." Having suffered several years, and commencing as a thorough Allopath to grope my way into Homœopathy, I tried whatever, with my knowledge at that time—seemed to cover the case, among other drugs certainly *Lyc.*, *Uva ursi*, etc., but all without success, may be from my inability to keep up restricted diet and regimen. I had in the lapse of years once in awhile, after, *in advance*, having suffered the well known pain in the kidney, passed sand and gravel, which I would do invariably when I had indulged in a portion of "Korn Brandeviin" (Danish brandy, distilled from barley bran) and especially when the drinking of the brandy had been preceded by a drink of milk.

In the fall of 1865, just as I was getting ready to emigrate, I had the first trouble of hæmaturia, which was, seemingly, in the course of five to six weeks, cured by Homœopathic medicine and the long rest during the sea voyage. In 1873, I suffered from a second paroxysm of hæmaturia, and being unable in course of three days to stop, even the quantity by what then I considered strict Homœopathy, I took my refuge to the empirical use of tinct. *Ferr. mur.* In less than twelve hours the hæmaturia and the urging were stopped. For several days I passed amounts of albumen. The uric acid deposits, however, which had been a feature for over ten years, continued, and the gelatinous and the purulent sediment as well as urinary troubles increased. In 1874 I made up my mind to take the advice of Sir Henry Thompson (Clinic Lect. p. 170-174) and in six weeks I succeeded in acquiring a condition of bladder and urine which I had not enjoyed for many years. The cure, however, was deceptive. By the least indiscretion (cold feet, getting wet from rain or snow, etc.,) it would return, and when it had reached a distressing height, I had to take another dose, "catheterising and washing out the bladder." In May, 1877, I undertook the proving of "*Piper methysticum*," and it is, as remarked above, the clinical part of the proving which was published on p. 59.

Having written as much as this, I may as well, to close up the "chronic cystitis" case, add, that between October 6, 1877, and January, 1878, I several times passed small lumps looking like gravel, *without preceding pain in the kidney*. Six of them I have been able to save. Now, they are dry, they weigh one-half to one and one-fourth grains, and measure, the smallest, one-fourth by one-sixth by one-eighth inch, the largest, one-fourth by one-fourth by three-sixteenths

inch; the shape is as an irregular bean (4) or as a pea (2). Pressing them between the fingers causes them to crush, and instead of a stone you retain but floury stuff (not sandy) between the fingers. They are phosphates, formed in the bladder. These, seemingly gravel or stones, were the end of the trouble. For fourteen months the functions of the sexual and urinary organs have been in every respect normal.

In conclusion I will say, that during the last year I had to attend not a few cases of urinary troubles (of different character); not yet has *Piper methysticum* failed to remove ailment with fibrinous, urate, phosphate and albuminous sediment, these indications seemingly covering other symptoms, as pains in the kidneys, etc. I give the 1st 2d, or 3d centesimal dilution, five drops three times a day in a little water.

M. A. A. WOLFF.

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## Children's Department.

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### *CROUP—ITS HOMŒOPATHIC AND SURGICAL TREATMENT.*

A PAPER READ BEFORE THE RAMSEY COUNTY HOMŒOPATHIC MEDICAL SOCIETY, MARCH 3, 1879, BY C. N. DORION, M. D., OF ST. PAUL, MINN.

There is no doubt that this insidious and fatal disease was known to the ancients. Here and there we find in the author's descriptions of epidemics affecting the respiratory organs with symptoms resembling those of croup as it appears in our country. But it was only after the year 1765 that it was recognized as a distinct disease. In that year, Home, a prominent Scotch physician, published a monograph on pseudo-membranous croup, setting forth all its distinctive symptoms and its special pathology.

It is unfortunate that the authors who followed him have not continued in the same direction, keeping the word croup to designate this special and distinct affection. On the contrary, some have described as croup all the diseases of the larynx and trachea occurring during childhood, providing it had some symptoms resembling those of true croup. They sometimes confound simple laryngitis diphthe-



ria and laryngismus stridulous. It is still worse in practice. A child wakes up in the middle of the night with a dry, harsh cough that frightens the mother, who thinks that her child has the croup. She sends immediately for the doctor, sometimes the nearest one, who comes in great haste, and instead of rectifying the diagnosis made by the mother, he leaves the family with the impression that the child has really the croup. He prescribes some simple remedies; in two or three days, the child gets well and remains a living witness of the doctor's wonderful skill, for treating croup specially. At this rate he will report in a season from seventy to a hundred cases of croup, without a single death. Let him, however, stumble upon a case of real croup, such a thing happens sometimes, his patient will likely die; but then, he will give for excuse that this was a case of malignant croup, forgetting that croup is always a malignant disease, even more so than diphtheria.

Croup is an inflammation of the mucous membrane of the larynx and trachea, extending sometimes into the bronchial tubes. It is characterized by a ringing and metallic cough, a hoarse voice, a wheezing respiration, impeded by a false membrane forming in the larynx, an anxious look and a high fever. As the disease progresses all these symptoms are intensified. The dyspnoea and aphony augment, the eyes protrude and the face becomes cyanotic from the want of oxygen into the lungs. It would be useless to detail here all the symptoms of a disease that every one of us has witnessed at the bedside.

Some authors give three varieties of croup, the catarrhal, spasmodic and membranous. But, it seems to us, that those distinctions are based more upon the products and effects of the inflammation than on the nature of the disease itself.

To understand fully the special pathology of croup, we must remember that the mucous membrane of the larynx and trachea is formed of three layers; the epithelial layer, which contains the muciparous glands, the fibrinous or the corium, and the fibrino-vascular layer, through which passes the blood vessels and nerves. When the epithelial layer of the laryngeal mucous membrane alone is inflamed, the cough is harsh and dry, the voice hoarse with a rough respiration at first, but very soon the muciparous glands secrete a large quantity of mucus, which lubricates the vocal cords and the voice recovers its natural tone. In a few days the inflammation subsides and the patient recovers. This ought to be called simple laryngitis.

But if the inflammation strikes deeper into the fibro-vascular layer, then we have a more serious affection to deal with. In this case the blood vessels themselves, being imbedded in the inflamed tissues, give passage to a fibro-serous fluid which covers the epithelium of the affected parts. As the serum is evaporated the fibrine coagulate, harden and form the false membrane, which can be produced in a few hours, filling up the larynx and trachea so as to diminish considerably their calibre.

In the more severe cases of croup the patient is taken at once with dyspnœa, which is at times spasmodic, and at others has no remittance whatever, causing death in a few hours. In these cases the inflammation is so violent and deep that it causes a paralysis of the laryngeal muscles, asphyxia takes place and death occurs without leaving any traces of false membrane, because it is thought it had not time to form.

The causes of this serious disease are, as a rule, to be found in the exposure to cold and wet. Sometimes a child goes out from a warm room to play in the snow; his feet and clothes get wet, and he remains in this condition until bed time, when it is discovered, but too late, that the child has been neglected during the day. Cold, damp winds that have passed over a large body of water, and melting snow by a bright sun, are prolific causes of croup. The age has also something to do with this disease. It is seldom that children under one year old suffer from it. It chooses its victims from among those between one year old and the age of puberty, the time when anatomical changes take place in the larynx. Both sexes are equally subject to it. There is an opinion current throughout the city, and endorsed by some physicians, that sickly children are less subject to it; but this, to my mind, is due more to the care given to them than to a special immunity afforded by weakness. If, however, there is some truth in this opinion, it must be accounted for by the fact that fleshy persons are more subject to inflammatory diseases than those of slighter build.

Croup by itself is a very serious disease, but when complicated with emphysema of the lungs, bronchitis and pneumonia, it is always fatal. A complicated case of croup will last from twenty-four hours to ten or thirteen days. The proportion of recovery is about three out of five, and sometimes less than that.

Keeping in view the inflammatory nature of the disease, we will be led to choose our remedies from among those that have a more special action upon the circulatory system. There are very few remedies that

will be more useful in this disease than *Aconite*, especially in its first stage; however, *Bell.*, *Ver. vir.*, *Gels.*, *Rhus tox.* according to their special indications, have rendered untold service. *Apis mel.*, *Kali bich.*, *Spongia*, *Hepar sulph.*, *Cantharides*, *Tartar emetic*, have their place when the active inflammatory process is over. Besides, the air of the room must be kept moist, moderately warm, and as pure as possible. The patient being able to introduce into the lungs but a small quantity of air, it must be as free as possible from all impurities.

This leads me to say a word about the inhalation of medicated vapors. It stands to reason that the air loaded with iodine, bromine, steam, or any other unrespirable substances, will be more injurious than beneficial. If any patients have recovered after the use by inhalation of such agents, it has been in spite of them and not by their aid. The only thing that might do some good would be the administration of pure oxygen, so as to keep the blood well supplied with it.

However, any one who has had ever so little experience in the treatment of croup knows that sometimes the best selected and the most appropriate remedies will remain powerless to check the progress of the disease. The little sufferer will toss on his bed, tearing the clothes around his neck, pulling at his tongue and looking around him with an imploring expression on his face. The perspiration becomes profuse, cold and clammy, the respiration laborious, the pulse rapid. To all appearances the little patient will choke to death. In such a case the best thing, and the only thing to do, is to perform tracheotomy, which will relieve at once all the distressing symptoms and give a chance for the remedies to act upon the disease. It is a harmless operation, and it ought to be performed in the most hopeless cases, if not to promote recovery, at least to give relief, and save to the parents the horrible idea that their child has been left to strangle to death. Those who are opposed to the operation seem to think that it takes away the last chance, but I fail to see upon what data this opinion is based, because it is certain that some have been saved by this means, and that those who do not recover die, not on account of the operation, but by the natural progress of the disease. In a case that Dr. Caine, of Stillwater, and myself have recently operated, all the most distressing symptoms were relieved at once, and although the patient died thirteen hours after the operation, he went off in a quiet sleep, which never occurs when left alone. The operation is neither difficult nor dangerous, and it is our duty to perform it, if it is only as a humanitarian measure. Who is the one amongst us that would be passive in the presence of a fellow

being undergoing a slow process of strangulation. The first impulse would be to give immediate relief by removing the obstacle to the free introduction of air into the lungs—tracheotomy does that in croup. In a great many cases it has rescued the patient from the jaws of death.

Our conclusion would be that croup is a disease of childhood. It is an inflammatory disease of the mucous membrane of the larynx and trachea. If the medicines do not release the difficulties of breathing, tracheotomy ought to be performed at once.

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## Therapeutical Department.

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### CLINICAL OBSERVATIONS.

#### REPORTS FROM THE FIELD OF PRACTICE.

GRUNDY CENTER, Iowa, March 20.—In last number of THE INVESTIGATOR in my communication, last sentence. Have lost no cases of uncomplicated *croup*, should read: Have lost no cases of uncomplicated "diphtheria." We are now having some *croupous pneumonia* affecting children especially, and an epidemic of earaches, in some cases facial neuralgia, accompanying it with severe fever. Have succeeded with *Ars.*, *Phos.*, *Chin. ars.*, *Apis* and *Cham.*, *Gels.*, etc.

J. D. BURNS.

CHARDON, O., March 21.—We have been having scarlet fever here in the mildest form I ever saw, but there was one sequel quite common this winter that I never saw before, viz., "Post-scarlatinal rheumatism." As the rash was fading there would be excruciating pain in the back of hands and wrists. It would yield in a few hours to *Rhus* and *Ars.* 6th. An epidemic of influenza has been raging here for some time, which yields promptly to *Ars.* and *Puls.* or *Ars.* and *Cham.* I hope THE INVESTIGATOR may long continue its visits, as I consider it the *best* magazine I have ever read.

P. M. COWLES.

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### HOMŒOPATHY IN EUROPE.

The Michigan *Medical News* publishes a letter from a physician who recently visited Europe, giving his observation on the status of Homœopathy in the old world. He states that in Vienna Homœopathy, "has few representatives." At the World's Convention in 1876, it was reported that Homœopathy had about 200 physicians, in Austria, and

this significant fact is added. The legislative restrictions have hampered Homœopathy, still they have five hospitals. From the *News* we learn that there is one Homœopathic professor at Pesth, that one-sixth of the American students at Vienna were Homœopaths, that the Old School do counsel with the Homœopaths, and that this is "not looked upon with quite as much honor as in this country."

Germany in 1873 had 298 Homœopathic physicians and they have eleven hospitals, ten Homœopathic pharmacies and nearly every drug store has a Homœopathic department. The university at Munich has a Homœopathic professor. France has about 400 Homœopathic physicians. With three Homœopathic medical, and seven popular journals in Germany, four in France, two in Belgium, one in Italy, two in Spain, one in South America, there must be a live lot of Homœopaths in Europe. The correspondent of the *News* may learn of a Homœopathic medical journal being published in Calcutta, India. The simple fact stated in the article quoted from, that Homœopathy is knocking at the Vienna, Paris, and other Universities. shows that it is dying bad, is a "lively corpse." The Michigan regular (?) profession know how it is themselves. The excuse for the large mortality in the Vienna general hospital over those of the Homœopathic hospitals is very ingenious.

T. C. D.

#### HOMŒOPATHY IN SPAIN.

Spain, once the home of the grandest literature as well as science, was slow to receive the doctrines of Homœopathy. Her medical colleges are all built and controlled by the state, and state medicine, as well as state religion retains the strongest of all prejudices and bigotry. Fortunately, Homœopathy was introduced into Madrid (and Madrid is Spain as much as Paris is France) by one of the nobility, the Marquis de Nunez, whose position, joined to his high scientific attainments, had much to do with the acceptance of the doctrines of Hahnemann. His practice in Madrid includes the aristocracy, and many of the royal family. This gained Homœopathy a position among the laity. But it is only of late years that it was recognized in any way by the state. A few years ago Dr. Nunez out of his own property built a hospital at an expense of twenty or thirty thousand dollars. He furnished and fully equipped it, and then offered it to the government of Madrid, on condition that it was to be forever sustained by the government. This offer was accepted, and the Hospital is now in full operation. But it is something *more* than a hospital. It would be called here a hospital-college. A clinical school is connected with it, in which there are four professors,—one teaching theory and practice of Homœopathy— one, materia medica— one, clinical medicine, including diseases of females, and one, medical and surgical pathology. It is somewhat on the same plan as the London School of Homœopathy. Already Dr. Nunez writes me, the rate of mortality in the hospital is far below that in the Allopathic hospitals, and the general success in the treatment of all diseases is far superior to the Old School.

But the literature of Homœopathy in Spain is increasing rapidly. Until 1875 only one Homœopathic work except Hahnemann's *Materia Medica* had been translated into Spanish, and that was Hering's *Domestic Practice*. In 1875 Dr. Juan Mana of Valencia, translated my "Lectures on Diseases of the Heart." In 1878 he translated Dr. Massy's "Notes on New Remedies," and Dr. Hughes' "Materia Medica." In the same year several other translators entered the field and translated for the "*Archives Medicna Homœopatica*" and "*El Critero Medica*," many valuable papers from English and American journals. In the former journal appeared the chapter on "Dystocia" which I contributed to Richardson's *Obstetrics*. A few days since I received the announcement from Dr. Mana that he had translated and had ready for the press my work on "Sterility," also Dr. Gilchrist's "Surgical Diseases." Besides these, Dr. Mana has written several works intended as text-books for physicians and families. Altogether, Spanish Homœopathy is progressing rapidly.

CHICAGO.

E. M. HALE.

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## College Commencements.

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### COMMENCEMENT OF THE NEW YORK HOMŒOPATHIC MEDICAL COLLEGE.

To the majority of people, excepting those who are immediately interested in college matters, commencement exercises are rather dry ceremonials. The contrary of this however was noticed on Wednesday evening, March 12th, last at commencement exercises of the New York Homœopathic Medical College, when Chickering Hall was filled to overflowing with one of the most brilliant assemblages ever congregated within its walls. Every seat in the hall was filled and standing room could scarcely be found, indeed many were obliged to leave the building for lack of accommodation.

After a brief prayer by the Rev. Dr. D. C. Potter, Prof. J. M. Dowling, M. D., Dean of Faculty, gave a brief account of the increasing prosperity of the college, together with a very appropriate explanation of the term "regular" and "irregular" as applied to different schools of medicine, finishing this portion of his subject by stating the fact that colleges regularly chartered by the legislature of the state of New York, whereat all the collateral branches of medical education were taught, stood on an equal footing and that no such discrimination of terms could be applied to any of them. The doctor then alluded to the extended term of instruction and the rigorous character of the examinations of the New York College, which may

be instanced in the rejection thus far of one candidate out of every six applying for the honors of the institution. The address of the Dean was listened to with very marked attention, and when, after a word or two of parting advice, he advised the young graduates to select each for himself—with proper care and discrimination—a good wife, the approbation of the listeners was testified by great applause.

The degrees of the college were then conferred by the Hon. Salem H. Wales, the president of the Board of Trustees, who also made a short and forcible address, alluding to the present status of the college as compared to that of the institution when he first became connected with its interest. Mr. Wales also spoke of the advantages of the marital state, as affecting the young physician and exemplified the Dean, as illustrating the case in point. These pleasantries, assisted materially to enliven the usually rather dull proceedings of this portion of the entertainment, another notable feature, and one which we hope may be adopted by the institutions, was the omission of a valedictory address on the part of the Faculty. There must be in such speeches always a sameness, the very nature of the subject generally forbids much originality, and valedictories have been pronounced so frequently, and dished up in such variety of shapes, that the average man and woman of thirty years are generally aware of the subject matter of such discourses before the speaker has settled himself to the consideration of his subject.

The prizes were delivered to the successful candidates by Prof. F. S. Bradford, M. D., secretary of the Faculty. He made some happy hits, in his brief remarks, which were received with applause by the audience. The following were the gentlemen who were fortunate.

The faculty prizes for the highest standing in all departments was awarded to E. V. Moffat, B. S.; that for the greatest proficiency in obstetrics was also obtained by Dr. E. V. Moffat, who also was the recipient of the Millard prize for the greatest proficiency in pathological anatomy. C. S. Kinney won the prize for the best thesis in mental diseases. The Butler prize for the greatest proficiency in electro-therapeutics was given to H. C. Blauvelt, A. B. The prize of S. C. DeKorth, of South America, for the best thesis on fevers, was won by W. M. Decker and that of his son Dr. F. L. DeKorth, was obtained by E. V. Moffat. The Wales prize for the greatest proficiency in all the junior studies, was awarded to J. E. Lilienthal. Honorable mention was made of the following gentlemen: J. W. Candee, P. A. Banker, S. Vehslage, F. D. Brewster, J. M. Howe, C. H. Hofmann, G. S. Morgan and Carroll Dunham, Jr., of the junior class.

The valedictory address (and a very good one too, in behalf of the graduates) was given by J. W. Candee, and a most excellent, original and eloquent address, by the Rev. Dr. Armitage, concluded the ceremonies. The following is a list of the graduating class: P. A. Banker, New Jersey; F. L. Benedict, Connecticut; H. C. Blauvelt, A. B., New York; F. D. Brewster, Pennsylvania; L. S. Brown, A

B., New York ; W. G. Brownell, New York ; J. W. Candee, New York ; A. B. Cole, New York ; G. R. Davis, M. D., Ohio ; W. M. Decker, New York ; C. J. F. Ellis, Indiana ; E. Everitt, New York ; E. D. Franklin, New York ; J. F. Goodell, New York ; R. C. Grant, New York ; A. M. Haight, New York ; C. H. Hofmann, A. M., M. D., Pennsylvania ; J. M. Howe, D. D. S., New York ; W. K. Ingersoll, Illinois ; C. S. Kinney, Connecticut ; M. Leal, New York ; A. H. Lloyd, Massachusetts ; H. L. Lockwood, New Jersey ; R. A. Martine, Penn. ; B. E. Mead, New York ; E. V. Moffat, B. S., New York ; G. S. Morgan, Connecticut ; E. S. Northup, New Jersey ; T. L. Nunamaker, M. D., Kansas ; W. M. Pettit, New York ; E. M. Swift, New York ; C. A. Tinker, Connecticut ; T. S. Turner, Maine ; S. Vehslage, New York ; F. D. Vreeland, A. B., New Jersey ; S. H. Vincent, New York ; J. T. Vansant, Kentucky ; W. S. White, B. S., New York ; H. A. Whitmarsh, A. B., Rhode Island ; L. F. Wood, Connecticut.

The advantages of this commencement over others of the institution were : first, the excellent selection of the music ; second, the absence of the traditional advice found in the Faculty valedictory ; third, the shortness of the speeches ; fourth, the saving of time by omitting the conferment of the certificates to the junior class.

We wish the college success, in increased facilities for medical instruction. The spring course of lectures, now being delivered, we are informed, opened with over fifty students.

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#### THE CLEVELAND HOMŒOPATHIC COLLEGE.

The Cleveland College held its twenty-ninth annual commencement March 12th. The class numbered more than one hundred, yet only twenty-four graduated. This college is determined that no candidate for graduation shall pass unless he is well qualified. Drs. Burgher, of Pittsburg, Rush, of Salem, and Beckwith, of Cleveland, of the "Board of Censors," examined the graduating class and certified to the qualifications of the fortunate candidates. The certificates of this "Board" and that of the Faculty is necessary before the "Board of Trustees" will graduate a student.

This is a move in the right direction, a less number of new made doctors with better qualifications should be the rule of every college. The college with its new hospital affords students an excellent opportunity to obtain a thorough medical education and in the future all new students will have to pass an examination in English literature before admission. The alumni of the college held their annual re-union and banquet on the 11th inst. and attended the commencement the following day. These re-unions of the alumni (now about one thousand) is a very pleasant and enjoyable part for the closing exercises of the college.



## Book Department.

All books for review must be sent to the Publishers.

**THE DOCTOR WOMAN.** By AIKEN HEART, M. D. Illustrated by C. H. Goodman. Detroit: E. A. Lodge, Price 25 cts.

This is a comic work with very ingenious illustrations that mark the pencil of a genius.

**STRATAGEMS AND CONSPIRACIES TO DEFRAUD LIFE INSURANCE COMPANIES.** By J. B. LEWIS, M. D., and C. C. BOMBAUGH, M. D. New York: G. W. Carleton & Co. Chicago: Jansen, McClurg & Co. 12mo., pp. 423. \$2.00.

This volume contains an authentic record of the remarkable stratagems, conspiracies and surprising attempts to defraud life insurance companies. This book is as interesting as a novel.

**AN ILLUSTRATED REPERTORY OF PAINS IN CHEST, SIDES AND BACK: THEIR DIRECTION AND CHARACTER. CONFIRMED BY CLINICAL CASES.** BY ROLLIN R. GREGG, M. D. Second edition. Chicago, 1879: Duncan Bros. Cloth 8vo. \$1.00

Whatever tends to exactness in the practice of medicine should meet a ready welcome from every practitioner. Moreover every one who knows much forgets a good deal, or at least, it is not always just at hand when he wants it, and it may take more time than he has at his command to look it up. This work of Dr. Gregg's meets both these indications in an admirable manner as far as 118 remedies are concerned, giving, in five charts, the directions and characters of the pains produced thereby. More remedies can be there represented as we learn more of the remedies in time to come, in the mean time, the doctor who is master of 118 remedies will be a good doctor to have.

No attempt has been made to show how the author offers all this knowledge in a desirable shape. No description would do it justice, and, as the work is within the reach of all, it is not necessary to quote from some modern writer whose name has escaped me: "No physician's library should be without it." G. E. SHIPMAN.

**LECTURES ON MATERIA MEDICA.** By C. DUNHAM, M. D. New York: F. Hart & Co. Chicago: Duncan Bros. 2 vols.; \$8.00.

These volumes are the lectures of the late Dr. Dunham, delivered by him in the New York Homœopathic Medical College, as he left them in MS.

Those who have seen the doctor's excellent analyses of remedies after the manner of Kasper, will be somewhat disappointed in these lectures. Still they are excellent outlines of the action of the principal remedies. They give not only the characters, but also the best physiological view of remedial action that we have yet seen. We meet here no pathological generalities or hypotheses nor leading grand characteristics, but rather a plain practical view of the effect and scope of each remedy. We miss here the many comparisons and illustrated cases that gave life and light to these lectures when delivered by the author. As aids to the study of materia medica, these lectures will be very satisfactory, but as direct guides for practice they will disappoint.

We do not know of any works that give a more practical view of therapeutics and materia medica than the works of Dunham, i. e.,

Homœopathy : The Science of Therapeutics (I Vol. p, 529, \$4.00) and these volumes on *materia medica*.

HOSPITALS: THEIR HISTORY, ORGANIZATIONS AND CONSTRUCTIONS. By W. G. WYLIE, M. D.: New York. D. Appleton & Co. Chicago: Jansen McClurg & Co. Price; \$3.00.

As the title indicates this is a most practical volume and is the "Boylston Prize Essay of Harvard University" and therefore worthy of merit. It contains a fund of valuable information about the arrangement and management of hospitals.

A SYSTEM OF SURGERY. By W. TOD HELMUTH, M. D.; Professor of Surgery in the New York Homœopathic Medical College, etc. Third Edition revised and corrected. New York: Bœricke & Tafel. 8vo pp 1,000, \$8.50.

We learn that this edition has been rearranged, much new matter added and a great deal that appeared in the former edition omitted. These changes bring the work abreast of the times and the increase in size makes it quite exhaustive, although on special subjects, it of course cannot be as comprehensive as special monographs, for example: Great prominence is necessarily given to operative measures, being in marked contrast with Gilchrist's *Surgical Diseases* and their Homœopathic Treatment. The necessary conciseness in such a volume as this is very apparent when studying any special organ e.g. the bladder, rectum or ovary. It is the best text-book for the student we have on surgery, but in view of what we have indicated there is evidently need of an exhaustive work for the general practitioner, who meets all sorts of queer cases, or better yet, perhaps, would be a series of special works on special subjects.

A text-book is one thing, but a reference work is quite another. While the former may be concise and compact, the latter should be encyclopædic, exhaustive. By the side of Gross (2 Vols), Gant (3 Vols.) and Holmes (5 Vols.), this work seems "very elementary and incomplete," still it is a great improvement on the previous editions of this work. The mechanical part is very creditable.

THE GUIDING SYMPTOMS OF OUR MATERIA MEDICA. By C. HERING, M. D. Philadelphia: American Publishing Society. (J. M. Stoddart & Co.) Vol. I; 8vo., pp. 506. \$5.00.

The author says, "This work will especially commend itself to the busy practitioner because it is an attempt to give our *materia medica* in such a form as will make the selection of a curative medicine in any given case as easy as possible. It is a complement to all other works on our *materia medica*, being principally a collection of cured symptoms." A collection of cured or verified symptoms it would be supposed could be compressed into one volume or two at the outside, but we are informed that this is a series of about ten volumes and then is to come a repertory — the number of volumes undecided.

With all due deference to the author we think from our examination that this work is composed in small part of cured symptoms. Take for example, *Ailanthus* which has been chiefly used in scarlet fever, according to the "clinical index" of Guernsey. In Allen it makes 208 symptoms, printed on five pages here, we find 229 symptoms spread out on eight pages in which scarlatina is repeated thirty-two times, while the verified symptoms number only seventy-six. Another example. Take *Apis*. In Allen it makes twenty-two pages, while in Hering it is swollen to seventy pages, with whole pages of symptoms without a mark!

Other drugs are less expanded than in Allen, but we wish our author had given us a complete pathogenesis or a clinical one only. In the first instance the work, in smaller type, need not be much more

expanded, and in the second instance, we should have had only two volumes at the outside (*e. g.*, *Ailanthus* would have made less than two pages.) As it is, a complete *materia medica* has yet to be issued. We would suggest to this publishing society, to withdraw this first volume and give us only guiding symptoms; and then, if they wish, make another work as complete as it is possible to make it, while Dr. Hering is able to supervise it.

The verifications will be a great help to select the right remedy, but in a scientific work of this nature the sources of verifications should be given. The typographical work by the Globe Printing House is excellent.

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## Medical News.

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Henry C. Suess, M. D., has permanently removed to Burlington, Iowa.

The Ohio Homœopathic Medical Society meets in Cleveland, May 13 and 14.

C. Lippe, M. D. has moved his office from 50 W. 12th St., to 110 W. 40th St., New York.

The Homœopathic Medical Society of the Wabash Valley will hold its third annual session in Charleston, Ill., May 6th, 1879.

I have the appointment of physicians in charge of our County poor and also U. S. Pension Surgeon in this place. Webster City, Ia. J. R. COMPTON.

The Michigan profession is being petitioned to urge the legislature to pass a bill to form a Homœopathic Medical College separate from the University.

*Received*—We have received the annual report of the Pacific Homœopathic Dispensary Association and judging by the report, it is doing a noble work.

The annual meeting of the Nebraska State Homœopathic Medical Association will be held in Omaha, May 20. You are invited to be present.

H. A. WORLEY, Sec.

The Michigan Homœopathic State Medical Society meets in the City of Detroit, May 20th and 21st. A large number of papers are promised, and an interesting session is expected.

R. B. HOUSE, Sec.

The next annual meeting of "The Kansas and Missouri Valley Homœopathic Medical Society" will be held in St. Joseph, May 7th.

We have every prospect of the best meeting the society has ever held.

The Illinois Homœopathic Medical Association meets in Freeport, May 20 and 21. The citizens of Freeport are preparing to give us a cordial welcome. Let all Illinoisians and visiting physicians take due notice. A full announcement will appear in next issue.

T. C. DUNCAN, Sec'y.

The American Institute of Homœopathy meets this year at Lake George, N. Y., June 24th. This will be one of the most important sessions as we are informed that there will be rallying of the older members and the air is full of rumors. The western members are particularly "urged to be present."

Inter-Collegiate Conference of the Homœopathic Colleges of the U. S. The second annual session of this organization convenes at Indianapolis, Ind., Wednesday April 30th next, in the parlors of the Bates Hotel, at 10 o'clock A. M. Each Homœopathic College in the United States is entitled to representation by one delegate. The Indiana Institute of Homœopathy meets at the same time; so a profitable, as well as pleasant, time may be expected. As the conference will sit but one day, the delegates are earnestly invited to be promptly on hand. By order of the President.

C. H. VILAS, M. D., Sec.

*The Indiana Institute of Homœopathy will meet in Indianapolis, April 30 and May 1. An interesting meeting is expected. M. T. RUNNELS, Sec'y.*

Dr. Clifford Mitchell will give a laboratory course on "Analysis of the Urine, as a method of Diagnosis of Disease," during the Spring Term of Chicago Homœopathic Medical College the proportions of urea, the chloride, phosphates, etc., in intermittent fever, pneumonia and other diseases will be especially dwelt upon and students will be instructed in the best and simplest manner of determining these constituents.

COLORADO SPRINGS, Col., March 28, 1879.

DUNCAN BROTHERS: I am so frequently asked by eastern physicians if this is not a good place to locate in for practice, that in order to save time and other similar inquiries, I wish to state through THE INVESTIGATOR, that Colorado Springs has at present a population of about 3,500 souls, and twelve physicians of the Allopathic and four of the Homœopathic school, besides two or three of no particular school. Of course the bulk of the practice is in the hands of a few who are doing a fair business. Every month in the year some new doctor hangs out his sign, but they soon retire from the contest disgusted, well knowing that the business is not here for so many. The profession is overcrowded in nearly all these western towns. Leadville may be an exception.

Yours truly,  
L. D. COOMBS.

*An Illustrated Repertory.*—We have perused this latest publication of Duncan Brothers which is alike creditable to Author and Publishers. Dr. Gregg is entitled to the thanks of the profession for his indefatigable exertions to improve and simplify the therapeutic use of remedies and even if there are a few particulars which we cannot heartily endorse, we are justified in commending the work to the favorable consideration of the profession. The book contains five chapters. The first four is devoted to illustrations of presenting to the eye, the pathogenetic symptoms of drugs in a manner which furnishes at the same view, the indications for their administrations in disease, thus saving much time and labor in the selection of remedies. All the symptoms are illustrated on charts or plates, skillfully and artistically prepared. This is the first attempt, we believe, that has been made in this direction and the originator is entitled to great credit and the publishers, also, for the neat mechanical execution of the printing and binding thereof. We trust this work is prophetic of a brighter day in the therapeutic application of remedies.

A. E. SMALL, A. M., M. D.

Professor of the Theory and Practice of Medicine.

The Fifth Annual and Sixth Regular Session of the Western Academy of Homœopathy will be held at St. Louis, Mo., May 7, 8, and 9, 1879, in connection with the Missouri Institute of Homœopathy. The Convention will hold its sessions in the Church of Messiah, corner of Olive and Ninth streets, where there are convenient rooms for Committees, Section Work, etc. The Headquarters of the officers of the Academy will be at the LaCledde Hotel, corner of Sixth and Chestnut, and it is hoped that as many of the members as possible will find it convenient to be there. By special arrangements, this Hotel has reduced its rates to \$2.00 per day to all in attendance on this meeting. This Hotel is reached, within one block, by street cars from the Union Depot, where all trains arrive—except those from Iron Mountain. The fare of all Missouri railroads will be three cents a mile both ways. On the St. Louis and Southeastern the rates will be full fare going, return one-fifth; Cairo Short line the same; Ohio and Mississippi, full fare there, return at one-third; Toledo and Wabash, Vandalia and Indianapolis and St. Louis, full fare going, return free. The Chicago, Alton and St. Louis Railroad will make special rates with special car to "the crowd from Chicago." Other roads to be heard from. The programme for the special entertainment of visiting physicians, aside from an enthusiastic and most instructive meeting, among other things, will be, a Reception on Thursday evening, May 8. The place and other announcements will be made at the session. The Committee of Arrangements appointed by the St. Louis profession consist of G. S. Walker, M. D., Chairman, W. A. Edmunds, M. D., M. Collison, M. D., who will answer all letters of inquiry, as to Hotel arrangements, etc. Applications for membership should be filed out and signed by two persons already members, accompanied by the entrance fee of \$3.00. When elected, this fee entitles the new member to an elegant "Certificate of membership." The annual dues are only \$3.00. The titles of papers will be published subsequently. Papers on any medical subject from any physician will be welcome. This promises to be the largest, most enthusiastic, and profitable Homœopathic Medical Convention held in the West. "For the good of the cause," full and accurate reports should appear in all the local papers where there is a Homœopathic Physician. *In behalf of the Committee of Arrangements, I cordially invite you to be present.*

T. C. LUNCAN, Sec'y.

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Therapeutical Department.

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CLINICAL OBSERVATIONS.

REPORTS FROM THE FIELD OF PRACTICE.

HAGERSTOWN, Ind., April 1.—A prevailing disease here at present is parotitis. Remedies: *Aconite* and *Merc.* N. F. C.

ISABELLA, Mo., March 27.—We are having an epidemic of what the physicians call influenza. Remedies: *Aconite* and *Bell.*, *Bryonia*, *Antimonium*. JAS. SMALL.

SAN FRANCISCO, Cal., March 5.—Prevailing diseases are: (1). Diphtheria and diphtheritic sore throat. (2). Influenza. Remedies used: (1), *Lac caninum* 100,000. (2), *Fluoric acid* 200 and 500.

D. ALBERT HILLER.

FONT WAYNE, Ind., March 19.—It has been quite sickly here this winter and spring, mostly catarrhal troubles and pneumonia. Never saw medicine act better or more promptly in my life, especially *Aconite*, *Bell.*, *Bryonia* and *Merc. sol.* which seems to be most appropriate. Have not lost a patient this year so far, and only three in all last year.

G. W. BOWEN.

WILKESBARRE, Pa., March 28.—THE INVESTIGATOR is read with great interest by me, though I regret that the clinical observations

from different parts of the United States are not more complete. Typho-malarials, intermittents, catarrhal troubles and pneumonia are at present the prevailing diseases with Wilkesbarrians and the lower potencies followed by *Sac lac*, as soon as improvement sets in accomplish all that can be desired. By the way I have had some very interesting experiences with *Sac lac* which I may report at some future time.

J. ARTHUR BULLARD.

MIDDLEPORT, O., March 27.—We are having an unusual amount of pneumonia and ulcerated sore throat, mostly among children. Controlled by *Aconite* 3 to 6x, *Bryonia* 6x and *Tartar emet.* 6x, in the former *Merc. cor.* or *Iodide* and *Kali bich.* 6x, in the latter, few other remedies seemed to be indicated or required.

J. S. HALLIDAY.

LAFAYETTE, Ind., April 2.—Not much sickness here at present. During the severe winter weather and the thaw following, we had a great many cases of cold, influenza, bronchitis and pneumonia. In the first three *Acon.*, *Bry.*, *Dulc.*, *Dros.*, *Phos.* and *Rhus tox.* were most frequently efficacious. In the latter, *Acon.*, *Bry.* and *Phos.* were generally the remedies; although, in a few cases, *Bapt.* was indicated by typhoid symptoms, which it removed at once. At the same time, Old School physicians lost quite a number of cases of typhoid pneumonia and typhoid, but then you know their cases are always worse than ours.

W. P. ARMSTRONG.

LINCOLN, Neb., March 29.—The past year has been one of constant hard work for the doctors here, diseases have been of a more malignant character and the rate of mortality very great for this usually healthy section. Measles, scarlet fever, membranous croup, diphtheria and throat affections have been the principle diseases, intermittent fever prevailed last summer, as never before here. *Ars.*, *Ipecac.*, *Natrum mur.* and *Sulphate of Quinine* were the remedies of the latter. For diphtheria *Merc. cyan.* internally, gargle of *Liquor calcis chlorinat* and alcohol and crude *Sulphur* with a brush. In this disease, I have yet to lose my first case. Out of six cases of membranous croup, the past year, of the severest type, have lost three; my treatment aside from the internal medication has been almost constant inhalations of vapor medicated with *Bromine*, *Iodine* and *Lactic acid* as seemed indicated. Simple vapor inhalations, in some instances seem to relieve the respiration until constitutional remedies can act.

L. J. BUMSTEAD.

SANTA BARBARA, Cal., March 10.—The weather here is quite warm and pleasant, and innumerable flowers are revelling in it; the garden stuffs, too, are growing nicely. We have just got over an eight day's fog, so dense, most of the time, that one could not see a block ahead, but has not seemed to affect the people's health, much. Rheumatism and neuralgia, however, are not much improved by such weather. Epidemics, of any violence, seldom pester this region. It is hard to say what the endemic diseases are, when there are such great importations by tourists who come here to bury their stock of maladies—and sometimes their bodies. The climate of Santa Barbara, as a health resort, is an experiment, inasmuch as no one can tell what it will do for him till he tries it. On the whole, if one has vitality enough to endure the chill sea breeze, he may expect to be benefited by a sojourn in a region where he can be out of doors 340 days in the year, and where he can obtain a change of climate in a walk of ten minutes. One comes here with asthma or rheumatism and settles by the sea side, where, perhaps, his troubles are increased. He then goes to a more elevated locality, half a mile distant, and thoroughly recovers, while another, who settles on the higher ground is compelled to find relief at the sea side. The weather this winter has been quite pleasant, much of the time allowing us to sit without fire. In sooth the weather throughout the year is extremely fine, and were it not for the dry, hot air and the sharp, chill sea breeze both acting at the same time, it would be perfect. I do not report you the diseases now, because, apart from the stereotyped importations, we have nothing serious to report. I may say, however, that *Aconite* in dry weather, *Rhus* in wet weather, and *Cham.* and *Spigelia* in all weathers are potent remedies for our ever present neuralgia. R.

PITTSBURGH AND ALLEGHANY, Pa., March 1.—Report for the month of February. The month was characterized by a great number of cloudy days accompanied by a fall of rain or snow. A greater barometric range; a lower average temperature; a heavier rainfall; and more wind from same prevailing quarter, viz., northwest than in February 1878. The diseases have manifested, more or less, a catarrhal form. The respiratory and digestive mucous tracks have been effected, although the former has had to bear the greater burden. The symptom of "cough" has not developed, the hard and dry type, so frequently, as in January, diarrhoeas, rheumatism, with sub-acute form. Pleurodynia, diphtheria, enteric fever, bronchial catarrh and pneu-

monia have prevailed, some of them have developed fatal form. The remedies have been the old well-tried veterans and need not be repeated. The mortality for Pittsburgh has been 218, (from all causes) or 20 per 1,000. The death-rate of children, under five years of age, has been 83 per cent. Acute diseases of respiratory organs, 29 per cent. Consumption 13 per cent. Alleghany; mortality from all causes 85, or 15 per 1,000 inhabitants. There has been a decrease in the death-rate in both cities as compared with 1878 and has arisen from the diminished number of infectious cases of disease, especially small-pox and diphtheria.

T. M. S.

NEW BERLIN, N. Y., March 28.—We physicians have been kept busy for the past two months with epidemic influenza going on to bronchitis, pneumonia, tonsillitis, etc., according to disposition of patient. In all which Homœopathy has shown herself superior to the scientific (?) school, both by shortening length and lessening severity of attack, *Rumex* and *Bry.*, *Phos.* and *Gels.* have been my standbys. *Gels.* for feverish conditions. (*Aconite* is no good in this epidemic.) *Rhumex* for bronchitis. *Bry.* or *Phos.* for extensive to smaller divisors of bronchia and pneumonia. No lost cases, in over a hundred treated.

F. D. BROOKS.

MT. HEALTHY, O., March 27.—The scarlet fever made its debut for the first time during this epidemic, in our vicinity, a few weeks ago, in a family of four children, of ages varying from a few weeks to nine years. A little girl of seven being the first victim, it being of the anginose form and *severe*. Tongue and throat enormously swollen and thoroughly dry at first. In a few days mucus, in masses and shreds, tenaciously attached to the tongue, palate, velum palati, almost totally obscuring the tonsils from vision. After considerable effort on our part and much choking, gagging and nearly suffocating on her part, enough of the mucus was cleared away to enable me to see the tonsils, velum and uvula, which were so swollen as to encroach upon each other leaving but a little chink between the uvula and tongue, for the admission and egress of air. The mucous membrane looking as if it were just beginning to melt down. Gargling or applications locally to the parts being impossible as suffocation seemed imminent at each trial, so we desisted. She received internally *Bell.* 3x and *Lachesis* 6x. She is slowly recovering. I have not changed the remedies. To the other three we gave *Bell.* 3x, a drop night and morning. The two oldest had it, or rather are having it, very mildly. The



infant has escaped so far. It seems that *Bell.* in this instance has wonderfully mitigated this dreadful malady, and, certainly showing in a great measure prophylactic powers.

J. FERRIS.

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### STATISTICS.

BY T. S. HOYNE, M. D., CHICAGO.

Read before the Illinois State Homœopathic Medical Association.

MR. PRESIDENT AND MEMBERS OF THE ILLINOIS STATE HOMŒOPATHIC MEDICAL ASSOCIATION: I am happy to report that the number of Homœopathic physicians in the state is 475, an increase of 36 for the year 1877. This makes allowance for the names of physicians omitted from the 1878 directory. It is almost impossible for your committee to procure an accurate list, as only one physician in three ever pays any attention to the requests for information, even when a stamp is enclosed for an answer. It is always difficult to correctly estimate our number on this account, and also for the reason that the Illinois physician as well as his western brethren, is of a migratory nature. Some move as often as every sixty days, and a list which is four months old is about as useful as a last year's almanac. Fully one-fifth of the number have gone to alleged busy places. The State Board of Health promise to have their books in order soon, so that it will hereafter be possible to procure the names of all who have registered. The following deaths have occurred during the past year. M. M. L. Reed, M. D., of Jacksonville, Ill.; L. H. Holbrook, M. D., of Chicago; M. Troyer, M. D., of Peoria, and A. P. Holt, M. D., of Lyndon.

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### CLINICAL CASES.

#### EFFECT OF SILICIA.

Last summer I was called to see an Irish woman suffering from dysentery, and after giving the necessary medicine, a little boy about five years old came on crutches into the room. The little boy attracted my attention, having a very interesting face and lively appearance. I asked the mother what was the matter with the child, and was informed that the boy was lame for three years, suffering sometimes

great pain. Examining the child—and asking them if they ever done any thing for the child—they informed me that several physicians had tried their skill, but none succeeded and declared the case incurable. The case was coxarthocace of a very aggravated kind, the head of right femur gushes out of its socket and behind. The spinal column had a corresponding side curvature. It struck my mind to try the *single* dose cure, and gave the boy right at the time one grain of *Silicia* 3d and told the mother, to wait patiently for two months, and if no improvement should set in, to get another dose from me. It was altogether a charity case all in all. I never heard anything any more till to-day, when two ladies came to my office with a lame girl three years old, with exactly the same complexion as the boy. The mother, a young woman, of about twenty-three or twenty-four years old, is a resident of Petersburg, where I practiced many years. The other woman was the mother of the boy who got the single dose of *Silicea* eight or nine months ago, and it was she, who brought the mother of the girl to me. I was rather agreeably surprised to hear that the boy was entirely well; straight as a candle and not a trace of his former ailing remaining. Well! this speaks volumes for Homœopathy, and this case is worth publishing, as it confirms the long acting properties of one single dose. I have two more cases alike on hand, this girl and a little boy about four years old which will be treated alike, and I hope with the same effect.

#### ICE IN MEMBRANOUS CROUP.

Three cases, desperate in its course, true membranous croup at nearly the last stage in every case. Ice applied—externally and internally—*Aconite* tincture ten drops in a half tumbler of water every half hour, *Spongia* 1x the same way, cured all three cases in four days. A few hours after the application of the ice, and rasped for the mouth to be swallowed, breathing commenced to become easier and improvement progressed steadily.

If you think this worth publishing, do so. for the benefit of others—these cases can be verified.

JOHN MARENBERG.

### THE POTENCY PROBLEM.

I notice in *THE INVESTIGATOR* March 1st page 192, communication from G. H. C., case reported as cured by one dose of *Lach.* 15,000,000 I wish to inquire how these potencies are obtained? I find by computation that giving a man one minnte to make a dilution that it would take him more than twenty-eight years, provided he worked all the time, nights and Sundays included, to reach the 15,000,000 and it would take more than \$100,000 worth of alcohol provided he used only one drachm for each dilution and if his time is worth 15 cents an hour, it would be worth in that over \$33,000, that is for one remedy only.

Will some one inform me how these very high potencies are obtained? I am a believer in high potencies and will take occasion at *no very distant* day to report some cases treated by 200ths for the benefit of those of your readers that may be skeptical on that point. I hope to hear from some one who knows, through this journal.

MINNEAPOLIS, Minn.

J. A. STEELE.

[A friend explains as follows:

"Thy're made with a squirt gun.

Marked and labeled "as they run."]

### RENAL ABSCESS.

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

Read before the Western Academy and Indiana Institute of Homœopathy.

"When doctors disagree who shall decide?" is an old interrogation in common parlance. It annoys the medical fraternity quite as much as it brings unrest to the public mind. That cases do occur in the practice of medicine in regard to which the best physicians will render conflicting opinions is a fact to be regretted, because the difference in diagnosis depends too often on a superficial examination—a want of thorough study; or as frequently occurs, close investigation fails to give satisfaction, and the investigator is left to theorize and group in the darkness for the light of truth. Diagnosis is of the greatest importance to the Allopath, as his subsequent treatment is wholly dependent upon it; but the Homœopath, having more especially to do with symptoms, is apt to overlook diagnosis in his eagerness to draw out the picture of the remedy. It is, however, a sign of great advancement, and gives us cheer in these latter days, to find the fol

lowers of Hahnemann even rivaling the "regulars" in physical diagnosis.

The following case is interesting, on account of its rarity and the various opinions which were held in regard to it by the different medical attendants :

Robert Sloan, aged twenty-five, mother lived to an old age and died of heart disease, and father died at sixty-three, from dropsy. Was never robust, and all his life was troubled with incontinence of urine. Seven years ago was taken ill, confined to the house two weeks, then went to Philadelphia and afterwards to the sea-shore. Deriving but little benefit from change of location, returned to Indianapolis, and has never been well since. In November, 1870, was taken worse, and became much prostrated; was confined to the house all winter, and was treated by Dr. T. B. Harvey, of Indianapolis, for concentric hypertrophy of the bladder. Could not retain the urine longer than an hour or so, it was milky in appearance, did not pass a great deal at a time—little and often—suffered a great deal from back-ache and became very pale and weak. Doctor gave him tonic and salt water baths. In 1871, went to Philadelphia and consulted Dr. Agnew who gave him no treatment, but advised him to go to Rock-bridge, Va. and drink from the alum water of the springs which he did and received some benefit. In the autumn of 1873 looked a great deal better, but the following summer found him in a worse condition than ever; thought that he passed calculi with the urine, was disabled for physical exercise and could not sleep long because of frequent micturition. Went to Waukesha, Wis. and drank the water there, was greatly benefited by it.

On September 2, 1875, consulted O. S. Runnels in regard to constant dribbling of urine, so great was it that he was debarred from social pleasure having to micturate every few minutes; had to wear a rubber bag as a receiver of urine and was better and worse in alternation. Said he had been treated by Dr. Muzzy, of Cincinnati, for catarrh of the bladder and that surgeon examined him for stone, but did not find it.

On examination stricture of the urethra was revealed which was well nigh complete, admitting only the finest filliform bougie. Under the process of dilatation improvement was manifest until No. 14 French bougie was reached. Dribbling of urine had entirely ceased and could hold it three hours. Dr. R. being called away from the city for the space of six weeks, treatment was suspended. On his return

found patient had relapsed, although No. 5 English bougie could be readily inserted. Found at this time calculous concretions in the urethra which from time to time would be discharged in scales. The urethra seemed to be lined by these stony formations. Further dilatation was difficult, the patient became discouraged and discontinued treatment.

In March, 1876, went to Philadelphia to consult Prof. S. D. Gross. On making inquiry, I received the following reply from this eminent surgeon :

"Mr. Sloan was under my charge for perhaps two months a year ago on account of excessive morbid sensibility of the urethra and bladder with constant incontinence of urine. There were no marked symptoms of renal diseases and so far as I now remember no symptoms of albuminuria. His general health was thoroughly dilapidated and when he left Philadelphia I was quite certain he could not survive long."

In a diary which the patient kept, the following language is found. "Dr. Goss, Sr. said, after examining me with an instrument for stone and putting finger up the fundament, that he could find no stone; that the bladder is hypertrophied; that I have stricture of urethra; that the prepuce is too long, though he does not think it absolutely necessary to cut it; that the stricture is in the anterior part of the urethra; that there is morbid sensibility of the bladder; and that the swelling would gradually disappear if the other difficulties were removed."

Dr. Matthew S. Williamson, of Philadelphia, after making a cursory examination about the same time, says: "It was my impression that we had to deal with a constitutional trouble and that the symptoms of the bladder were secondary. There certainly was great emaciation and prostration and I found a tumor in each epididymis; the one in the right, of about two years standing, the size of a hazel nut, and in the left, which he first noticed about two or three months before, that had been increasing in size, was about half an inch in diameter; these seemed to be of a tubercular nature."

On Sept. 6, 1876, Mr. Sloan returned to Dr. Runnels for further treatment. He was very much reduced. All the former symptoms were greatly aggravated. In addition to them he complained of great pain in the region of the right loin extending down the spermatic cord, groin, thigh and sacrum. The patient found it very difficult to walk, having to favor the right side. Notwithstanding this

serious affliction, he continued to discharge his duties as cashier in a large drug house till a week before his death. There was considerable gastric irritability with some febrile disturbance. At length violent rigors came on preceded by throbbing pain and followed by copious sweats. The urine was scanty. A distinct swelling, exquisitely tender on pressure and gradually enlarging in size was noticed in the right lumbar and inguinal regions. On palpation deep seated fluctuation was felt over the tumor corresponding to its outline. It was the doctor's opinion that there was an abscess of the right kidney. On Nov. 10, 1876, an eminent Allopathic physician of this city, Dr. O. S. Runnels and myself held a consultation on the case. The latter diagnosed renal abscess; but our Allopathic counsel or was in great doubt as to the true nature of the disease, having formerly treated the case and diagnosed concentric hypertrophy of the bladder, was not sure that there was pus there. However, we finally concluded to use the aspirator. The needle was inserted in the region of the right kidney to the extent of one and one-half inches. One-half gallon of thick, yellow, intensely foetid pus was taken away. After this time the decline was very rapid, and on November 16 he died.

A post mortem examination was held the same day and gave the following revelations:

From the right internal iliac fossa extending upwards along the course of the ureter and the psoas muscles and adhering to the spinal column and the lumbar wall of the abdomen was a fibrous membrane continuous above with the right kidney which was converted into an immense sac exceedingly tenuous and studded internally with numerous calcareous deposits. On cutting into this membrane it was found that the cavity formed by it was filled with pus. Between this cavity and the kidney there was a communication. The ureter was completely occluded and finally lost in the sac. The renal substance was entirely destroyed. At least one-half gallon of pus was again withdrawn. The mucous membrane of the bladder was greatly disorganized. The anterior and right lateral aspects of the bodies of the first, second and third lumbar vertebræ were found partially denuded and rough. The psoas and iliac muscles were atrophied, inflamed, discolored and partly transformed into fatty matter.

There is some doubt as to the origin of this abscess. It may have originated from the stricture of the urethra or the urinary calculi which gave rise to acute inflammation of the pelvis of the kidney resulting in suppuration nephritis. This process after destroying the

renal substance found its way into the cellulo-adipose tissue of the loin and, inclosed by a distinct cyst, firmly connected with the neighboring structures, gradually assumed large proportions as the pus increased and gravitated downwards.

Dr. Matthew S. Williamson suggests that the abscess of the kidney may have resulted from the breaking down of tubercular deposits presupposing that the patient was of a tuberculous diathesis. There was no evidence of tubercular diseases in other parts of the body and it is rather surprising that this should occur without being associated

h tubercles of the lymphatic gland, lungs, or mucous follicles of the large bowel. It is well to state that the tumors which Dr. Williamson found in each epididymis entirely disappeared before the patient was confined to his bed. The fact that the anterior and right lateral aspect of the spine corresponding to the first, second and third lumbar vertabræ, was somewhat denuded and perceptibly rough, may lead some to think that the disease originated in the spine. In my opinion this condition was brought on by pus coming in direct contact with those vertabræ. Taking all the facts into consideration I am inclined to believe that renal calculi originated the abscess.

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#### DIPHTHERIA—TRACHEOTOMY—AGUE.

As no response has been elicited to my request for information on the above subject, I must, I think, infer that little is positively known in the premises. Concerning diphtheria I invited a record of experience of tracheotomy in the *early* stage of the croupoid form. Concerning ague, I invited one or more of those who are so sure they can speedily cure it, to tell your readers the indications for *twenty* remedies. I affirm that such works as Bœnninghausen with 150 remedies jumbled with methodical madness together only increases the difficulty of selection, that the high attenuations will cure ague promptly I know. But to tell which is the simillimum for a given case is frequently impossible for doctors with only human powers.

As to diphtheria no one ought to be expected to know anything about it. It appears under all conditions, in the pure air and with the pure water and cleanly surroundings of the Sierra Nevada foothills, as well as in crowded and filthy cities of the plain. As it has appeared here in Chico one symptom much dwelt on as characteristic (Raue's Patho-

logy) has in many fatal cases been absent, viz: *debility*. One patient with the croupoid complication walked about the room when he suddenly fell to the floor—dead. Another in the same condition exhibited considerable strength. Another who was walking about the house yesterday and pronounced out of danger by a young Allopath, died this morning of cardiac paralysis, they have sent for me several times so I might be in at the killing. Ordinary rules of prognosis fail, even my old surgical teacher of twenty years ago, S. R. Beckwith in his article in the March 1st number of this journal on Bronchotomy, avoids reference to diphtheritic croup. It seems to me that excluding very young and fleshy children, and all of bad constitution, when death is plainly approaching by asphyxia, and a fair but not very long trial of the indicated remedy, that the patient should be relieved of *one* poison (carbonic acid), even if we cannot relieve him of the other.

E. STEVENSON.

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#### AN ALLOPATH ON CALCAREA IN NEURALGIA AND BILIOUS HEADACHE, ETC.

The following clipped from the *New York Times*, evidently from an Allopathic source, throws considerable light, in a corroborative way, on the range of action of *Calc. c.* The article is interesting in a pathological or rather etiological view of the nature of neuralgic and bilious headache and that is that they are caused by an acid condition of the system.

Among the list of diseases enumerated, any Homœopath will at once recognise those coming under the range of action of *Calcarea*. It will be noticed that the author has no law to guide him and because *Calc.* is valuable, it may cure cases of the diseases enumerated, still it is far from being "a universal remedy."

He gives no credit to the "cupful of water" three times a day. Frequently all that the impoverished subject of neuralgia need is more water. Seventy per cent of the body ought to be water and few people get enough to keep the machinery from creaking. Aside from his "day dream" the article is interesting.

#### NEURALGIA AND BILIOUS HEADACHE.

"Curiously enough these two disorders have formed the basis, by their cure in a very simple manner, of the obtainment of a flood of light regarding a previously unrecognized source of many other



departures from health in the human body. In the order in which these two disorders are named I succeeded in curing them as far back as 1859-60, by a liberal administration of whiting (ground and washed chalk, the *carbonate of lime*,) continued as long as found necessary. In the case of neuralgia, the cure was effected in about three weeks (though the disorder was a year's standing), by taking a piling teaspoonful of chalk in half a glass of water three times a day. In the case of bilious attack, it was removed effectually—and not to return any more—in the course of a few days, by the same treatment. Encouraged by this success, I commenced a regular system of experimentation, with a view to ascertain how far this simple method of treating patients for a then hitherto, unperceived and unsuspected acid source of disease in the human frame might be made available for subduing it, and found that it may be employed to great advantage in the treatment of diseases generally. In the course of this experimentation I can not have distributed, now, much less than three tons of chalk, the greater part of which has been taken under my directions. Those who are in the habit of taking much spirituous liquor are those who derive the least benefit from this remedy; yet it is invaluable for use after casual excesses of this sort. I have discovered sixty diseases, or so, curable—some of an acute nature, and others of long standing and chronic, with a manifest prior tendency to further degenerations. Among these are catarrh, chronic bronchitis, pulmonary hæmorrhage, uterine hæmorrhage after miscarriage, diarrhœa, dysentary, liver complaint, discharge of albuminous urine, uric acid gravel, catarrh of the bladder accompanied by anuria, dyspepsia, whooping cough, typhoid fever, gout, fever and ague, esophagitis, diseases incidental to children during teething, including fevers and looseness of the bowels, and even the falling of the rectum, which is sometimes the painful sequel of the latter, small-pox in children (in grown persons it has been in this disease much less efficacious), colic, chronic headache, piles, sore throat, cramps, anæmia, toothache, looseness of the teeth, ulcers in various parts of the body, erysipelas, burns, (external application, also, made a poultice with water, and kept moist, for severe bruises), epilepsy, etc. Mixed first with water to the consistency of cream, and afterwards with about as much more sweet oil, and applied twice a day to the face of the person afflicted, even badly, with small-pox, it prevents pitting. Add to the list palpitation of the heart, cold feet and hands, excessive perspiration of the feet, dropsy and the two diseases first named, and it will be seen that it comes the nearest to fulfilling the conditions which would be requisite to constitute that day-dream of the past, a universal remedy, of anything yet discovered. It is at least a very general one; and the success so far obtained with it proves that sufficient importance has never been attached to the known presence of acid in considerable excess in the body, found mistakenly enumerated among the symptoms of many different diseases treated of in medical works instead of among the causes. Urging of Dr. Bates, the doctor of the *Abtas*, a Chilian vessel of war,

that chalk ought (on theoretical grounds) to be of beneficial use in the yellow fever, he told me that in Cobija, in 1869, during the prevalence of yellow fever there, he had cured seven cases of black vomit out of nine which he had treated with not very large doses of chalk and cinnamon water, and in Cooley's "Cyclopædia of Practical Receipts," article, "Cholera Morbus," it will be found that the most efficacious remedy employed by a commission of physicians during an epidemic of this disease, in London, a number of years since, was chalk and laudanum. The proper doses are: for an adult a teaspoonful in a cupful of water three times a day, preferently before eating. For dysentery, mixed with farinacious food; in colic, warm water; children and infants, proportionally.

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#### WEATHER PROVINGS AND DISEASE TENDENCY.

BY BUSHROD W. JAMES, A. M., M. D., PHILADELPHIA, MARCH 1879.

Local weather report recorded by C. A. Smith, Sergeant Signal Corps U. S. A. "Highest barometer 30.700 (1st). Lowest barometer 29.382 (31st). Average barometer 30.108. Monthly range of barometer 1.318. Highest temperature, 69 (10th). Lowest temperature, 19 (1st). Average temperature 41.3. Monthly range of temperature 50. Greatest daily range of temperature 31 (10th). Least daily range of temperature 7 (23d). Mean of maximum temperature 49.3. Mean of minimum temperature 32.8. Mean daily range of temperature 16.5 Total rainfall and snow melted 2.28 inches. Prevailing direction of wind, northwest. Total amount of wind 75.39 miles. Maximum velocity of wind 48 miles (N. W. 31st). Number of foggy days, none. Number of clear days 7. Number of cloudy days which rain or snow fell 7. Number of cloudy days on which no rain or snow fell 2. Total number of days which rain or snow fell 15.

Lunar halo observed on the 3d. About  $\frac{1}{2}$  inch of snow fell during month, no snow on ground at end of month. Frost or freezing weather occurred on 21 days. Lightning observed on the 8th, 22d and 24th.

#### COMPARATIVE TEMPERATURE.

March,	1871,	49.2 inches.	
"	1872,	32.1 "	
"	1873,	37.1 "	
"	1874,	40.0 "	Average for } 39.6. nine years. }
"	1875,	34.9 "	
"	1876,	37.4 "	
"	1877,	38.2 "	
"	1878,	46.4 "	
"	1879,	41.3 "	

## COMPARATIVE PRECIPITATION.

March,	1871,	5.81 inches.	
"	1872,	3.67 "	
"	1873,	2.04 "	
"	1874,	2.16 "	Average for } 3.55. nine years. }
"	1875,	3.03 "	
"	1876,	6.71 "	
"	1877,	3.40 "	
"	1878,	2.89 "	
"	1879,	2.28 "	

## DISEASE TENDENCY.

Notwithstanding the month of March was an unusual mild one, and free from the high winds (except the last day) of other seasons, there was a great tendency to pulmonary, bronchial, laryngeal, pharyngeal, and nasal inflammations and these were mostly of a catarrhal form.

Parotitis, rheumatism, neuralgias and sore throats prevailed throughout the month, and besides these, we noticed during the first few days a great disposition to hæmorrhages especially epistaxis and to headaches, croup, typhoid fever and spinal congestions. Gastralgia and enteralgia were the principal forms of pain then prevalent.

General debility with fainting spells, cerebral congestions, paralyzed feelings together with actual paralysis, either of the brain or other parts, and an aggravation of heart symptoms and diseases, a tendency to vertigo, and to sudden deaths especially in old persons were observable from the fourth to the seventh; after which, cases began to improve, and although there was some disposition to spinal and cerebral congestions and rheumatism, still a majority of the cases were improving and so continued for several days.

Then came a depression of vitality especially in aged persons, and in obstetric practice. A great want of uterine muscular power was observed, and this tendency to atony was noticed for several weeks previous.

About the fourteenth, vertigo, cerebral and spinal congestions, paralysis and apoplexy, enteralgia and gastralgia, cramps, typhoid fever and bilious vomiting were observable and this state of things continued for several days.

Hæmorrhages, croup, sore throat, bronchitis and laryngitis succeeded, and then came a diphtheric type of sore throat, while at the same time there was a tendency to a fullness of the vessels of the neck and brain. Diarrhœa, chilliness and sore throat were the prominent symptoms. After this came a tendency to paralysis, then sore throat, croupiness bronchitis, and an increase of catarrhal and influenza

attacks. Toward the close of the month, influenza cases increased and there was a peculiar tendency to sudden seizures of febrile symptoms from untracable causes, and which would pass off in a few hours under the use of *Aconite*.

Croup, diphtheria, tonic spasms, headache, neuralgia, rheumatism, hæmorrhage conjunctivitis, gastralgia, laryngitis and aphonia together with a tendency to diphtheritic angina tonsillaris, dental abscess and swelled face, otalgia and some diarrhœa prevailed during the last few days of the month, while parotitis was spreading widely over the city.

There were sixty-five deaths from old age during the month.

The number of deaths from lung diseases were as follows :

Consumption.....	245
Conjestion, inflammation, hæmorrhage.....	152
Total.....	397

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## Hospital Department.

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### HAHNEMANN HOSPITAL CLINICS.

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#### REPORT OF SURGICAL CLINIC.

BY G. A. HALL, M. D., PROFESSOR OF THE PRINCIPLES AND PRACTICE OF SURGERY AND CLINICAL SURGERY IN THE HAHNEMANN MEDICAL COLLEGE AND HOSPITAL OF CHICAGO.

#### DISLOCATIONS AND FRACTURES.

##### ANTERIOR DISLOCATION OF THE HEAD OF THE RADIUS. REDUCED.

CASE NO. 6671. Mr. J. D., aged twenty-seven; American, farm laborer; admitted Nov. 7, 1878. The patient sustained an injury of the right arm seven weeks previous to coming to the city. He fell from a hay stack and struck upon the palmar surface of both hands. There was pain, swelling, and excessive soreness in right elbow. The first physician called attempted reduction, but failed. After the inflammatory symptoms had subsided a surgeon was called to reduce the dislocation; upon viewing the arm he declined to attempt it. A third physician declared it irreducible. Seven weeks after the injury the patient reported at the hospital for treatment. By measurement

the arm was shortened one-half inch on the radial side, supination, extension and also flexion of the arm was impossible. The forearm remained constantly pronated. *Chloroform* was administered. Extension, counter-extension and direct manipulation applied, and with difficulty the dislocation was reduced. Treatment subsequent. Daily application of hot compresses of *Calendula* and *Arnica* water. Arm kept at more than a right angle for ten days. Daily manipulation, rubbings and extension. Recovered full latitude in movements of the arm. Strength now regained, and patient declares the arm well.

#### POTT'S FRACTURE AND DISLOCATION OF THE RIGHT FIBULA.

CASE NO. 6725. Mr. G. L. B., aged twenty-six, American, student. November 6, 1878, the patient fell down a flight of stairs, sustaining some slight injuries besides the above named fracture. The leg was dressed with Ahl's felt splints, anterior and posterior. Dislocation easily reduced, but on first appearance at the clinic the ankle seems somewhat widened, a prominent callus anteriorly, but malleoli in correct position. Splints worn five weeks, then crutches were substituted, afterwards a cane, now walks without either. No deformity.

#### SUB-CORACOID DISLOCATION OF THE HUMERUS.

CASE NO. 6782. Mr. W. B., aged forty-one, German, baker. Patient fell down cellar stairs while intoxicated, striking as we suppose upon the prominence of left shoulder. An Old School physician was called in attendance, who declared the joint uninjured, and the nature of the trouble to be "separation of the muscle from the bone." Various local applications were made with a view of repairing the damage done. The arm remained useless and painful. Eight weeks after the injury the patient came into the clinic. We found the arm useless, badly swollen, very painful below the elbow, numbness in hands and fingers. Countour of the shoulders presented no great variance. The left arm lengthened three-quarters of an inch, the axis of the humerus a little back of the median line, elbow resting outward from the body, a depression found at the insertion of the deltoid muscle, fullness under the anterior axillary border, with great tenderness on pressure at this point, perfect inability to place the hand on the opposite shoulder, or to extend the arm at right angles with the body.

The head of the humerus was found displaced and to be resting under the coracoid process. Reduction was attempted, all warrantable extension, counter-extension and manipulation used without result except to increase the swelling and inflammation of the arm. The patient was placed in the hospital wards. The arm dressed frequently with lotions of *Calendula* and *Arnica*. Two weeks later, ten weeks after the injury, the patient was placed under the influence of an anæsthetic, and an incision was made, beginning at the clavicle, and external to coracoid process, over the head of the humerus downwards four inches with a view of relieving the head from the capsular

ligament and reducing the dislocation. Upon cutting to the joint we found extensive adhesions which were caused by a fracture of the head of the humerus, extending from within the capsular ligament, outwards and downwards, and obliquely running out two inches below the neck, also a fracture of the inner lip of the glenoid cavity. This fracture was followed by extensive fibrinous exudation which had completely filled this cavity, and hence the reason for absence of depression under the acromion process as would be expected in ordinary dislocations of this kind. The extensive depositions made it impossible to return the head, of the humerus after the capsular ligament had been opened. It was brought back upon the margin of the glenoid cavity, and the arm brought across the chest, the hand placed upon the opposite shoulder and secured there with a view of promoting absorption of the exudate within the glenoid cavity, which would permit the head of the humerus to regain its normal position. Slight suppuration followed the breaking up of adhesions. The external incision healed by first intention except the pendant point which was kept open for drainage. By careful manipulation and dressing, the arm was at the end of six weeks restored to very good degree of usefulness.

#### LONGITUDINAL FRACTURE OF THE UPPER THIRD OF THE HUMERUS.

CASE No. 6837. Mr. H. M., aged forty-five, German, laborer. January 13, 1879, fell from a plank four feet, striking on one knee and on the shoulder. Received but indifferent attention from his physician for fourteen days; crepitus, pain anterior to the head of the humerus and internal to the point of the coracoid process of scapula; shoulder flattened in front, hurts to place hand on the opposite shoulder. Ordered the forearm pretty well flexed and the arm to be kept against the chest. Case recovered without further treatment.

#### FRACTURED CLAVICLE WITH DISLOCATION OF THE ACROMIAL EXTREMITY.

CASE No. 6786. Mr. J. H., aged forty-five, German, shoemaker. Jan. 11, 1879, reported that three months ago he was knocked down in the street and his right shoulder disabled. His Old School physician told him he would be all right in a few days. But days have passed to months and he is still unable to use the arm. Examination readily detected a fracture of the outer one-third of clavicle with a probable dislocation of the acromial end. The disability of the arm is in part due to disease. From the partial ankylosis and disability of the shoulder joint we judged there may have been an intra-capsular fracture, or this disability might be the result of the injury sustained to the soft parts and the unreduced clavicle which is now riding conspicuously on the acromial process. Pain is seldom felt except in attempting to lift the hand to the opposite shoulder. Ordered the shoulder to be showered with a pailful of hot water each

day, to be followed by brisk rubbings. Gave *Rhus tox.* 3x and 30x, and *Arnica* 3x and 30x during treatment. The pain in this case was relieved and the usefulness of the arm partially restored.

#### OPERATIONS ON GENITO-URINARY ORGANS.

##### HYDROCELE AND HEMATOCELE. RADICAL CURE.

CASE NO. 6870. Mr. J. W., aged forty; Irish; February 1, 1879. Several years ago noticed a swelling of left testicle. Two years ago he injured the testicle in riding horseback, there has been a gradual enlargement of the scrotum ever since. On the Wednesday, before Saturday's clinic, received another injury and this caused very rapid enlargement. It now measures thirteen and one-half inches at the apex of the sac and around the largest circumference eighteen inches; length eight inches. There was present the firm elastic feel of hydrocele with this difference that the sac appears thickened, giving a doughy or dull sensation to the touch. There was a livid appearance over lateral and anterior surfaces, as if filled with extravasated blood. Anæsthetic was given, and an incision five inches long made on anterior aspect. On cutting through the outer coverings we encountered a larger amount of venous hæmorrhage than we had ever seen in this operation, and this excited our suspicions that we had some complication or enlargement other than hydrocele to deal with. Cutting down one-fourth of an inch deeper we came to what we supposed to be the tunica vaginalis, which presented a very dark appearance. Opening this with a trochar we found the discharge nothing but blood. Making the incision, we removed blood and clots, measuring nearly three pints. On emptying this sac which we decided to have been formed by dartos, we came down to the vaginal tunic forming the hydrocele. This was opened, and one quart of bloody serum, resembling in color and consistency black raspberry juice, was discharged. It was then apparent that the sudden enlargement after receiving the last injury was due to the rupture of numerous capillaries, and their contents were being emptied into the scrotum and furnished easy explanation why the scrotum was infiltrated and thickened. The thickened walls now measuring three-quarters of an inch were approximated and held together with adhesive straps. The recovery of this case was prompt.

##### VARICOCELE. RIGAUD'S OPERATION.

CASE NO. 6838. Mr. E. K., aged twenty, American, laborer; January 25, 1879, came to the hospital from Iowa, for radical cure of varicocele. The operation preferred in this case was chosen as noticed above. Without any unpleasant complications or symptoms the young man made a good recovery.

##### HYDROCELE. RADICAL CURE.

CASE NO. 6745. Mr. A. B., aged thirty-two, American, carpenter;

admitted November 1. Three years ago injured the left testicle in using a handspike. The hydrocele in this case is to be treated for radical cure as the patient has persevered in palliative treatment long enough. The tumor was seven inches in length, and eight in circumference; patient anæsthetized. Incision made three inches long, through integument to dartos, and down upon the tunica vaginalis. The serous fluid was evacuated with a trochar, the collapsed walls taken up with forceps, elliptical-shaped piece, three-fourths of an inch in length by one-half inch in width, snipped off with scissors. Cut surfaces held in place with adhesive straps. Moderate inflammation followed; suppuration only at the pendent point, where drainage was established. Parts restored to normal condition in one month.

#### SCROTAL HERNIA AND VARICOCELE.

CASE NO. 6720. Mr. E. K., aged nineteen, German; admitted to the hospital November 16, 1878. For sometime it seemed almost impossible to decide that in addition to varicocele we had in this case scrotal hernia. Evidences of the former were distinct and positive, but were not considered sufficient to explain all the appearances within the scrotum. Allowing the patient to be much of the time upon his feet, the tumor came down, and diagnosis was unmistakable. Having here to deal with a complication of difficulties, we made a new departure in the method of operating, with a view of obliterating the veins and at the same time making a radical cure of the hernia. The incision was made, beginning at a point opposite the internal inguinal ring and extending down the axis of the cord to the upper third of the scrotum. This was continued through the different layers until we had exposed the pillars of the inguinal canal. The hernia was then reduced. The scrotum and testes were elevated for the purpose of allowing the blood in the spermatic vessels to gravitate back. The margins of the external ring were then slightly scarified and two patent claw sutures introduced on either side so as to embrace both pillars of the canal and all the parts down to the sub-serous cellular tissue. These were allowed to remain three days when it was found that inflammatory action had caused deposits of lymph and a closure of the enlargement of the canal made by the descent of the hernia and constricting the spermatic vessels moderately. The scrotum and testes were elevated and supported by adhesive straps to prevent the gravitating of blood into veins. The external integument was then united with sutures, or the parts united by second intention with a moderate amount of suppurative inflammation, and the incision was thus closed, producing firm pressure by the cicatricial band running in the direction of the canal and spermatic vessels. At the end of five weeks complete union had taken place and we found that we had not only cured the hernia radically, but at the same time had obliterated the major part of the varicocele. No accident attended the operation or occurred during progress of recovery, save a sharp attack of circumscribed peritonitis which sprung up on the sixth day and continued



five days. The recovery was prompt after this inflammation disappeared.

#### INJURIES OF THE HANDS AND FEET.

##### PALMAR ABSCESS.

CASE No. 6764. Mr. S., aged thirty-two, German, manufacturing chemist; December 1, 1878, first came to the clinic. Two weeks previously he thrust a splinter from a barrel hoop into the palm of the left hand, which was saturated with muriatic acid. Owing to the poison introduced and the kind of injury, the whole hand began to swell, and rapid phlegmonous inflammation followed, extending well up the tendons of the flexor muscles, under the annular ligament to radio-carpal articulation. A compress of patent lint was applied over the metacarpo-phalangeal articulation to prevent the burrowing of pus. Ordered a poultice of grated carrots to be applied over the parts looking erysipelatous, and a flax seed poultice over the abscess, which had been opened, and a large quantity of pus discharged. The general health of the patient was somewhat impaired; complexion very sallow; tongue moist, slippery and yellowish; icterode condition of conjunctivæ; urine loaded with bile; marked, febrile condition. Gave for this condition for one day *Merc. protodidide* 3x trit.; grains, five, two doses. Also ordered for a week following, to be taken in alternation *Silicea* 30x and *Rhus tox* 30x. One month after, the patient had regained the use of the fingers and the motions of the wrist. The wound was slow in healing and a thin albuminoid discharge was frequently pressed out from articulating surfaces of wrist. January 21 the man returned to his work.

##### FROSTBITE.

CASE No 6766. Mr. J. T., aged thirty-two, American, laborer; December 23, 1878. On the Tuesday previous to this Saturday's clinic the patient froze both hands. Meantime he used only snow water to palliate his sufferings. I opened the blisters on the fingers and let out the pus and fluids. Ordered *Carbolized cosmoline* spread, and lint saturated with *Calendula* and applied to each finger separately. *Arsenicum* 3x given four times daily.

January 4, 1879. Hands getting better. Continued tincture *Carbolized cosmoline* and *Ars*.

January 25, 1879. Right hand very much better, new skin forming. Slight inflammation of flexor and extensor muscles with some contraction. *Ars*. 3x continued. Fingers dressed over a roller bandage. Discharged the week following.

##### PERIOSTITIS.

CASE No. 6877. Mr. M. M., aged twenty, Irish, laborer; February 1, 1879. Complained of pain in os calcis of left foot. His business compels him to hoist heavy weights with tackle and blocks, and he

thinks in bracing himself to pull he has injured this heel. The pain is deep-seated, with soreness and stiffness of the ankle joint. Being exposed in severe cold weather he thinks he also chilled this foot. Flexion and extension does not cause increased pain. Ordered *Rhus tox.* 3x every two hours, and to soak the foot in hot water fifteen minutes, twice daily, then to shower with cold water and to wipe the parts dry. Patient improved.

#### WHITLOW.

CASE No 6912. Mr. G. C., aged twenty-six, American, blacksmith. Present at the clinic first, February 8, 1879. Previous to this he had his right thumb bruised. He suffered severely from deep-seated inflammation, and this has continued under his own treatment. The thumb on coming to the clinic had seven fistulous openings at proximal extremity, from each of which pus is discharged on the slightest pressure. The obstinacy of this patient in refusing to have the thumb timely and properly opened is the cause of this sad state of things. At this time we can do but little more than to check the inflammatory process and to save at least a portion of this useful digit of the hand. The probe reveals necrosis of the distal portion of phalanx. On making an incision on the ball of the thumb, this bone was removed. The inflamed parts were irrigated with carbolated water, then strapped into shape with adhesive plaster and *Carbolated Cosmoline* applied externally. Under *Silicea* 30x, this deformed thumb healed readily.

#### NECROSIS.

CASE No. 6016. F. W., aged thirteen, American, schoolboy. In fall of 1877, jumping from the top of a high fence, he bruised the right heel, swelling and inflammation followed, which was neglected during the winter. In March 1878, came to the clinic, with fullness of the parts coupled with redness and suppuration. The abscess was opened at the inner border of the insertion of the tendo-Achillis. Other abscesses soon followed. The boy was restricted in the use of the foot. The heel enlarged, ankle joint became involved. *Rhus tox.*, *Hepar sulph.* and *Silicea* were administered at intervals. The discharge gradually disappeared, leaving but one fistulous opening which seemed to be connected with the os calcis. November 23, 1878, examination with a probe revealed necrosis. Inner side of the foot was incised, beginning at a point one inch above the insertion, and to its inner border of the tendo-Achillis passing down its axis to the plantar surface of the os calcis. The internal surface of this bone was honey-combed with caries the size of a silver quarter of a dollar; with a gouge all this diseased bone was removed, the sinus cut out, and the parts closed, and dressed with *Calendulated carbolated oil*. Inflammation was moderate. Gave *Bell.* 3x and *Silicea* 30x. The parts have healed with the exception of a small fistula about the size of a pin and extending inwards one-half inch. This we are confident will soon disappear. Ordered *Silicea* to be continued some time.

## FROSTBITE.

CASE No. 6777. Mr. J. K. H., aged twenty-seven; January 4, 1879. Two weeks previous had frosted the big toe of the right foot. Owing to want of proper care in extracting frost, suppurative inflammation followed. He had used linseed poultices freely. At the time of his coming before the class the distal phalanx of the toe evidently necrosed, the soft parts were tumefied, very livid, and undergoing suppurative inflammation. The diseased bone was removed and the parts dressed with a compress of *Calendula*, the lint being first smeared with *Carbolated Cosmoline*. *Ars.* 3x given internally. Healthy granulation followed operation and in one month parts were well healed.

## CHRONIC ULCER.

CASE No. 6913. Mr. G. L., aged thirty-eight, American, laborer. Injured right tibia three inches above malleolus by a kick from a cow many months ago. Inflammation followed which resulted in this open, suppurating surface. Here is a typical case of a chronic ulcer, the size of a silver half dollar. The base of the ulcer is smooth, lardaceous, and covered with dark colored, slimy, unhealthy granulations. Discharge was dark and offensive. Borders were elevated bold and indurated. The tissues extending down the limb two inches or more, upwards three inches and two-thirds the circumference of limb are thickened with fibrinous exudation, causing a stasis of the circulation, and giving rise to lividity so characteristic of chronic inflammation. There is apparently no effort on the part of nature to establish a healthy process. So far as we can learn there is no specific taint or any scorbutic habit or tendency. We attribute the appearance of this leg to either neglected or badly treated inflammation. This man being a laborer has much to do with this unfavorable state of affairs. Unless this condition is backed up by specific or other constitutional taint or influence, the case will be easily cured by the following management: Wash thoroughly the ulcer with castile soap suds and warm water, then with a scalpel remove the hard indurated borders and the surface of the ulcer down to healthy tissues. Now place on this surface two thicknesses of patent lint, saturated with *Calendula* water and smeared with *Cosmoline*; use the *Cosmoline* next to the surface. Then with adhesive straps cut one-half of an inch wide, and long enough to go two thirds of the way around the limb, apply them spirally, beginning at the ankle, and lapping the borders, continuing then up over the surface to a point two inches above the inflamed surface. This affords proper mechanical support to the circulation, and will promote absorption of the great amount of exudation. Keep the limb elevated and the patient quiet. Internally, gave *Lachesis* 200x, three times a day. After four weeks of careful attention, the ulcer is entirely healed. It will be necessary to continue the strapping and pressure, to prevent the clothing from irritating the delicately formed cicatricial tissue, and he should be careful about

walking or standing long upon this leg, and he is not to get heated by any unnecessary exertions until parts are thoroughly healed, which will take at least two months.

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## Children's Department.

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### *CHRONIC INDIGESTION.*

I have a case of a girl baby, aged nine months, that has troubled me to find suitable food for. Milk of all kinds and dilutions disagrees. Cream for a while will agree diluted with five parts of water. Imperial Granum, Horlick's and Ridge's foods are no better. The bowels are costive all the time and are generally moved by an injection. The child has cut six teeth, two below and four above. The posterior fontanelle is nearly closed. During last summer and fall there was quite a tumor there, soft, compressible and fluctuating. This tumor seemed to extend under the scalp and around the fontanelle. The scalp over and around this tumor was covered by a red, rough eruption, and whenever there was trouble at the stomach the tumor and eruption were worse. She is troubled some with hot head, but not very much now although last summer it was hot all the time.

The tongue is coated a yellowish white, and occasionally there will be a canker spot or two either on the tongue, or on some other place in mouth. Whenever the tongue does clean off it is too red, sometimes the red papillæ show through the coating.

The appetite until recently has been good, now the child only nurses about once in eight or ten hours. The food is prepared and offered every three or four hours, when the baby will take a few draws and that is all. Sometimes she will be an hour nursing what she formally did in five or ten minutes. Last summer she could not nurse fast enough, now she will go to sleep, wake up, take a few draws and then go to sleep again.

When fed too much, or if the cream should be too rich, she will vomit any time from immediately after nursing to an hour, and of course what comes up is either curdled or as it was nursed. She has great quantities of wind on stomach and always feels better after belching. Sometimes the gas can be heard gurgling around in her bowels, and at other times seems to be confined to her stomach alone. The bowels move about once a day, and that when an enema is given as I said before. It is of a yellow color and sometimes there seems to be phlegm mixed in it, at other times there is some grease with the phlegm.

Her urine stains the diaper yellow which is very hard to remove, but does not smell stronger than natural.

The cough she prevents as much as possible, but it changes from tight to loose, and when loose she seems to raise it.

The osseous system is seemingly developing at the expense of the muscular, at least she does not gain in flesh.

She sleeps well during the day, but every night about 12 o'clock she wakes up, and is fretful and worries from 1:30 until 4 or 5 in the morning. If she suffers much pain she will screw her eyes up generally to the left. They either give her an injection, or four to eight drops of *Peragoric*. I think the latter does no harm, and helps her to throw off the wind that has accumulated. If she takes an injection the bowels move, the wind passes off and then she goes to sleep. Her body is covered twice a day with olive oil and this is well rubbed in.

I have given her *Aconite*, *Ars.*, *Bell.*, (*Bry.*, *Caustr.*) *Cham.*, *Ipec.*, *Kali bich.*, *Lyc.*, *Merc. sol.* and *Iod.*, *Nux vom.* and *Mos.*, *Phos.*, *Puls.*, *Sulph.*, *Calc. carb.* and any other remedy that I thought was indicated at the time. *Puls.* has done more good than all the others put together. *Aconite* now relieves her fever. I have had better results from the 30th attenuations than the lower ones.

If you can suggest anything either as regards diet or medicine I should be very glad to give it a trial.

H. A. WORLEY.

[This looks like a case of acquired hydrocephalus, external, due to chronic gastritis from mal-alimentation. The remedies very prominent are *Lycopodium*, *Arsenicum* and *China*. The food indicated is oatmeal with milk or diluted cream.—T. C. D.]

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### PSEUDO-CROUP.

BY E. WALTHER, M. D., ST. PAUL, MINN.

Read before the Ramsey County Homœopathic Medical Society.

At our last regular meeting, Dr. Dorion presented a very able and interesting treatise on "Membranous Croup," in which he advocated tracheotomy not only as aiding a probability of cure, but also dictated by a feeling of humanity. The discussion taking place after its reading was interesting and mostly related to the time of operation, its dangers and its results. Membranous croup is a dangerous disease, happily not of frequent occurrence, but we meet at the same season of the year, particularly from November to March, quite often, cases commonly called croup, spasmodic or catarrhal croup in distinction of the above variety. The close resemblance of the symptoms has made the disease so popular, that every mother with moderate experience will readily diagnose a croupy sounding cough as croup, and with speedy anxiety will administer to the young sufferer her favorite domestic compound, of which a great many different formulas are in

existence, each one claiming superiority from its apparent curative success. We will collect the different varieties, popularly known as croup, under the name of pseudo-croup, and give its symptomatology, pathology, differential diagnosis and treatment. The attack is generally preceded by catarrhal prodroma, lasting from two to four days, such as nasal, pharyngeal and laryngeal catarrh, slight hoarseness and croup. The first paroxysm occurs mostly at the second or third night after manifestation of the catarrhal invasion. The child awakes from sleep with a feeling of suffocation and loud wheezing inspiration; a barking, dry cough; a hoarse, toneless voice, alternated with a painful, anxious cry; active labored movements of the thoracic and abdominal muscles; a flushed or cyanotic face; great restlessness and anxiety. The temperature is either normal or slightly increased. After one or two hours duration of this paroxysmal attack the wheezing and dyspnoea diminishes, the breathing becomes more quiet, moist rales make their appearance, perspiration becomes more profuse and urination free. The drowsiness passes into a quiet sleep, interrupted occasionally by a hoarse, barking cough. The following morning the child appears almost entirely well, except the symptoms of the previous catarrh. In many instances the attack is not repeated, but it may return the next night.

Within a few days the catarrhal symptoms will entirely subside and the child be as well as ever, with the exception of a greater liability to new attacks of pseudo-croup, and it is not of rare occurrence that children will have this croup one-half dozen times during the season, as frequently reported by mothers.

The affection is simply an acute laryngeal catarrh, with a moderate degree of inflammation of the mucous membrane lining the larynx and trachea, and a temporary spasmodic action of the glottis, while membranous croup is an inflammation of the mucous membrane of the same anatomical parts, causing an effusion of fibrine, which coagulates upon the mucous surface and forms a layer like a membrane, called a false membrane. The false membrane is an additional obstruction to the swelled mucous surface of the larynx, therefore the greater difficulty in breathing and danger to suffocation in membranous croup as compared with pseudo-croup.

It is almost impossible that with the first attack of pseudo-croup, it may be distinguished from membranous croup, as the difference between the two develops itself in the further progress and duration of the disease. It is claimed that the first attack of pseudo-croup is the most severe, while the paroxysms of membranous croup increase in intensity and violence with each new attack. but we may also justly claim, that the proper treatment at the proper time has transformed the dangerous disease into a simple laryngeal catarrh. Experience teaches that both the membranous and pseudo-croup may suddenly appear without the usual prodroma and the marked amelioration of the symptoms after an attack are not always indicative of a mild degree of pseudo-croup, for it has frequently been observed that

after paroxysmal attacks in membranous croup, the child may be lively, comfortable and playful. The degree of wheezing on inspiration and hoarseness can not be a basis for differential diagnosis, when we consider the different modifications of a croupy sound and voice developing from a catarrhal affection of the larynx in the last stage of croup.

It is claimed further, that the expectoration in membranous croup will coagulate in hot water to a cheesy membranous mass, which does not take place in pseudo-croup, but it is a doubtful sign, as it does not occur constantly in every case of membranous croup. Further on auscultation, the sound of valve opening with a kind of a click as characteristic for membranous croup; the loose rale in pseudo-croup is also doubtful, as all modifications of rales occur in both diseases. In pseudo-croup, the intensity and violence of the symptoms never reach that height as in membranous croup; the hoarseness is never so complete; the dyspnoea never so great and constant; the fever is either entirely absent or very slight and transient; the suffocative attacks less violent, but generally worse in the beginning of the disease, which in membranous croup may be less violent at first but growing worse with each new attack; the false membrane is entirely absent. In practice, the differences of pseudo and membranous croup are not so very essential as it may first appear, for the physician must not consider symptoms of a "croupy nature" insignificant, no matter how mild they manifest themselves, as a simple, acute, laryngeal catarrh may sneakingly develop into a malignant and fatal case of membranous croup, and a few hours delay may determine life or death.

The treatment consists in the administration of remedies, according to their special indication as: *Aconite, Hepar, Spongia, Iodium, Phos., Brom., Arum, Hyos., Bell., Merc. sol., Rhus, Puls., Ipecac, Tart. emet., Carbo veg., Ars., Veratr., Lach., Caust., China, Spig., Ignatia, Prosera, Nux, Arn., Sepia, Zinc,* etc. The patient must be kept in a room of equal temperature from 70 to 75°, well ventilated, without causing any draft or currents of air; should be restrained from crying or speaking as much as possible; cold drinks should be limited and warm drinks substituted; local anointments of the throat with hot, fatty substances should be tolerated; even cold water applications, well protected by proper dressing and covering should be advised, with some, cold applications cause a spasmodic cough, and therefore hot water compresses by means of a sponge should be used.

The inhalation of steam or medicated vapors has been abused to a great extent. In a room, heated by a coal stove, the air is dry, irritating and oppressive. The moisture of the atmosphere should be improved by keeping a vessel with water on the stove to evaporate. Medicated vapors as frequently used *ad libitum*, should be condemned; if such mode of treatment is indicated, it should be done in the proper manner by spray apparatus or steam atomizer. The abuse of *Iod. Brom., Lime,* etc., is simply increasing the highly sensitiveness of the

respiratory organs, and in many instances are a great torture to the suffering patient, increasing the dyspnoea and seriously affecting the oxygenation of the blood, which already is greatly impaired. The use of an emetic in croup is generally condemned in Homœopathic practice, but these are rare, where the accumulated mucus should be removed from the glottis, the action of the remedy is simply mechanical, *Sulphate of Zinc*, or *Sulphate of Copper* should be given in one-half grain doses until relief is obtained.

There is a decided inherited disposition to pseudo-croup in some families, aside from the peculiar disposition of the respiratory organs at that period of childhood, not less is disposition acquired by improper care and management. Such children ought to be carefully hardened to atmospheric changes by proper dressing and wrapping as thermometrical and barometrical conditions require, by the use of cold or temperate ablution and baths at regular periods, also by deep and regular systematized respiration.

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## Consultation Department.

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### THAT CASE OF EPILEPSY

reported on page 345, Vol. VII of *THE INVESTIGATOR* was apparently aggravated by three doses of *Sulph.* 30 which I had given before I had received Dr. Pearson's advice to give the 100,000. Since then she has had *Sulph.* from 30 to 100,000, with apparent improvement of her general health, but no perceptible influence on paroxysms and her husband lately wrote that he could persuade her no longer to continue treatment.

A. J. RANDALL.

### MORE OBSTINATE TAPEWORMS.

I am wanting counsel in a case of tapeworm, I have been quite successful in treating for them, but have a case which is proving very stubborn.

My first essay, with a large dose of *Kameela* and *Male Fern* brought fifty-one feet, by actual measurement, there seemed to be two worms, subsequent experience confirming this idea as two distinct extremities always appear at the anus as they pass off from time to time. After several efforts I fail to dislodge the heads. I have noticed various hints on this subject in *THE INVESTIGATOR*, but none seems to suit my case. The patient is a vigorous young man, the worm seems to be remarkably broad and hardy. Any advice from brothers of the profession will be gratefully received.

L. J. BUMSTEAD.

[Try the pumpkin seed emulsion, followed by oil. That "fetches" Chicago tapeworms, even in infants.—ED.]



## ANSWER TO J. A. O.

Give *Phos.* 2x, five drops four times a day, before each meal and before going to bed. Report results. T. M. T.

## ANSWER TO CASE FOR COUNSEL.

In response to J. A. O's request for help on the case of Mrs. L., aged fifty-two as reported in the March number, I would suggest the trial of such remedies as *Sepia*, *Cantharis*, *Apis mel.* or *Lach.*, giving the first two the preference. Judging from the symptoms as reported, I think *Sepia* 30x will give the desired help, to all concerned. N.

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## College Commencements.

### CHICAGO HOMŒOPATHIC COLLEGE.

The third annual commencement of the Chicago Homœopathic College was held in Hershey Hall, April 2, a large audience being present to witness the exercises.

The evening's programme was opened with an organ voluntary by H. Clarence Eddy. After prayer by the Rev. L. P. Mercer, the President, Dr. J. S. Mitchell, read his annual report. After referring to the success of the college in such a short time, he proceeded to show how thorough the course was, and to what a strict examination the students were subjected before graduation. During the course of six months' lectures just past, the members of the graduating class have given 2,000 prescriptions in the Central Dispensary and made 1,500 visits. During the year there have been 110 students in attendance on the lectures, of whom thirty-one have attended at least two courses of lectures, and been presented for graduation. He then explained the system of granting *ad eundem* degrees to graduates of any other reputable institution.

The ceremony of conferring the degrees followed. The following graduates in the regular course receiving the coveted sheepskin: Daniel Bartlett, C. F. Bassett, Victoria D. Boyle, John A. Campbell, Robert W. Conant, A. B., Julius M. Elms, Carl Faber, J. Wakefield Fisher, Willis Glidden, William Henry Hanchett, Charles Harbach, Albert W. Hinman, Walter T. Knoll, William Bartlett Krider, William D. Lawrence, Frank G. Legg, Louis Loewenthal, Frank H. Newman, William L. Northway, Ludwig Pauly, Jared D. Purdey, D. B. Richardson, Solon D. Ross, Margaret L. Sabin, Frederick Scheuermann, Jennie E. Smith, Harriet E. Stansbury, Harrie L. Towner, Edward D. Woodruff, and Dudley Guilford Yokom.

A number of *ad eundem* degrees were conferred on former graduates of the Hahnemann College, thus making them technically graduates of the Chicago Homœopathic College.

After some further selections by Mr. Eddy, Prof. W. Danforth delivered the valedictory address to the graduating class, in which, after congratulating them on having finished the course with so much credit to themselves and the college, he warned them of the responsibility they were taking upon themselves in endeavoring to cure or alleviate the thousand ills that mortal flesh is heir to. He gave the young doctors, male and female, some excellent advice, and closed by commending them to the mercies of sick and suffering people.

The reply to this address in behalf of the class was delivered by Dr. Walter T. Knoll, and breathed the usual spirit of modesty, coupled with a firm determination to succeed.

**SIXTH ANNUAL COMMENCEMENT OF THE BOSTON  
UNIVERSITY SCHOOL OF MEDICINE.**

Tremont Temple presented quite a festival appearance on the afternoon of Wednesday, March 5th, as the friends of the graduating class of the Boston University School of Medicine, and the friends of the university itself, gathered to assist in the commencement exercises. The Faculty occupied the platform, and the graduating class two rows of seats directly in front, while the Germania Band was stationed just below the platform. There was a concert by the band from half-past two until three, while the audience was gathering, and at three promptly the exercises began with prayer by the Rev. M. J. Savage, followed by the annual statement from I. T. Talbot, M. D., the dean of the university.

In behalf of the Faculty of the school he desired to present to the authorities of Boston University the thirty-five pupils—twenty-five young gentlemen and ten young ladies—who sat before him, as candidates for the degree of Doctor of Medicine, with all the rights and privileges which it confers. All had passed the full three years' course of study prescribed by the school, and a number of them had been medical students even longer. All but two had obtained all their medical knowledge at this school. The rigid examinations had been passed by all, the average mark of the class being eighty-four out of a possible one hundred, and in two cases pupils had received ninety-five per cent. The doctor, after having complimented the class on its scholarship, proceeded to speak of the aim of the school. This was, he said, to give a thorough course in every department of medical study. A distinguishing feature of the institution was that an entrance examination is required of all not Bachelors of Arts,—a barrier to the increase of ignorant doctors, the good results of which were already visible. A regular graded course of study has been adopted; each year has its own work. At the end of the fifth year it was thought advisable to improve the school by a thorough reorganization of the Faculty and curriculum; this was done, and the change had been more than justified by the experience of the year now ending. The term of study had been increased by the addition of a year of post-graduate study.

In Boston last year over 13,000 sick poor were treated. Dr. Talbot was very severe on the city authorities for debarring Homœopaths from the City Hospital, citing with approbation the great hospital on Ward's Island, New York, where Homœopathic treatment is in vogue.

The Dean laid especial emphasis upon the need of Homœopathic treatment for the insane, and praised the progressive spirit of New York, which had established such a hospital and put it under the care of Homœopathic physicians. The president of this hospital, Hon. Fletcher Harper, Jr., speaking of the comparative success of the old and new medical practices, says the figures stand as two to one in favor of Homœopathy upon reliable reports. In South America the new idea was spreading gratifyingly and becoming very popular. It was Dr. Hahnemann, eighty years ago, who discovered and published the great virtues of *Aconite* administered in small doses, since which time thousands of persons have borne testimony to its efficacy. And now, said the Dean, we read with refreshing assurance in Allopathic journals of the discovery by Allopathic physicians of the virtues of *Aconite* in small doses to allay fever. And in a text-book just issued, is this statement: "The virtues of *Aconite* are only beginning to be appreciated, but the author ventures to predict that ere long it will be extensively employed."

He referred to the recent troubles in the university, which were entirely from the outside, and which the students neither encouraged

nor sympathized with, and paid a very well deserved tribute to the attitude which they all took during the short existence of the threatening dissatisfaction.

The salutatory was then read by Miss Clara Elizabeth Aldrich in a very charming manner. She spoke of the ignorance and obstinacy against which Homœopaths have to contend, and urged her brother graduates to carry high the snow-white standard on which were the inscriptions "*Similia similibus curantur*" and "*In hoc signo vinces.*" The young lady's pithy sentences and anecdotes evoked frequent applause, and at the close of her reading she was overwhelmed with floral gifts.

After further music by the Germanias, President Warren arose and said, "In the name and by the authority of the Senate and trustees of the Boston University, I hereby now admit you, who are of legal age, to the degree of Doctor of Medicine, to all the rights, privileges, and powers which by law or custom appertain to the same. In witness whereof you will now receive the duly executed diploma of the university."

The valedictory from the class was given by John Preston Sutherland, and was a manly, well-written address, full of lofty sentiment and practical counsel. The response, on behalf of the Faculty, was made by Professor Mary J. Safford Blake. We regret that our limited space will not allow us to reproduce it.

List of graduates of the class of 1879 :

Clara Elizabeth Aldrich, South Framingham; Francis Lester Babcock, East Dedham; Judson Lee Beck, Boston; Ada Bingham, Monroe, Wis.; James Edward Blaisdell, Chelsea; Edward Alison Butler, Haverhill; Adaline Barnard Church, Winchester; Laura Worthington Copp, Chelsea; Jane Kendrick Culver, Boston; Maria Louise Cummings, Boston; Edward Harvey Ellis, Rockville; Clement Howard Hallowell, Bangor, Me.; Webster Oliver Hardy, Nelson, N. H.; Francis Wayland Hartwell, New Marlborough; Henry Jefferson Hascall, West Medford; Manuel Scott Holmes, W. Waterville, Me.; \*Freeland David Leshe, East Boston; Anna Mary Marshall, Philadelphia, Pa.; Nelson Cobleigh Parker, Newtonville; Luman Boyden Parkhurst, Hopkinton; John Howard Payne, Bath, Me.; \*George Emery Percy, Bath, Me.; Robert Ernest Pierce, Melrose; Charles Sumner Pratt, Shrewsbury; \*Frank Chase Richardson, Boston; Oscar Waldo Roberts, St. Albans, Vt.; Chas. Rufus Rogers, East Wareham; Clara Hannah Rogers, Fort Atkinson, Ia.; Orren Burnham Sanders, Boston; Chas. Samuel Sargent, Boston; Herbert Elwyn Small, Boston; \*Edmund Burnard Squire, Boston; John Preston Sutherland, Boston; Carrie Helen West, Winchester; Sarah Elizabeth Wilder, Andover.

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## Sanitary Department.

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### CONGRESS AND HOMŒOPATHY.

So many enquiries are made of me by the profession regarding the legislation of the last few months affecting the school of Homœopathy, and my time is so fully occupied with private and public duties that I must avail myself of your well-circulated journal to give the information so generally required.

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\* Diploma will be conferred when the candidate attains the age of twenty-one years.

The yellow fever epidemic of last year suggested to that high-minded and benevolent woman, Mrs. Elizabeth Thompson, the idea of a high commission to investigate the cause of these recurring epidemics, and proposed some plan through which they might be prevented in the future. She trusted her crude ideas to Dr. J. M. Woodworth, Surgeon-General of the Marine Hospital service, for a practical plan of operation, she securing the expenses that might be incurred thereby. Dr. Woodworth entered enthusiastically into the project, and at once with his intelligence and accustomed energy, appointed a commission of eminent physicians and experts to carry out the object intended. It was soon apparent that the government would be appealed to, to render such assistance with legislation and money, as the serious situation required. It was then that I saw that our school must not lose a moment in presenting its claims, and for that purpose I suggested and insisted upon a commission of our own, that could present to Congress the relation of Homœopathic treatment to the cure of yellow fever. A commission that would investigate fairly, rise above personal or professional interest, and collect historical facts that could not be controverted. The commission, now well known, composed of men of high character, professional integrity and learning was appointed by the president of the American Institute of Homœopathy. It was late when this commission was enabled to take the field, I say late, because Congress would actually be in session while the commission would be making its researches, and as the session of Congress was a short one, and legislation on infectious diseases would be imperatively demanded, I felt it my duty to remain in Washington to watch legislation. I was not mistaken, though I desired to be with my colleagues in the theatre of the epidemic. As soon as Congress met, it appointed a joint committee of the Senate and the House for the investigation and the prevention of contagious and infectious diseases. This committee at once decided to appoint a board of experts. I at once submitted the claims of Homœopathy, and demanded that it be represented in that board. The joint committee conceded my claim and passed a formal resolution to the effect that at least one member shall be a Homœopathic physician.

Dr. L. A. Falligant, of Savannah, Ga., was then appointed at my suggestion, and the Homœopathic school of medicine may be proud of the selection, for no more competent, self-reliant and self-asserting man does not exist in our ranks. His record on that board does credit to himself as well as to the school he represented. We consulted together often over the deliberations of that board, and we concluded that they served to an object rather than to a principle, that is, having in view a national quarantine system, they would declare all epidemics of yellow fever to issue anew from foreign importation, holding of little account the local and physical conditions which may reanimate, as it were, a dormant seed of the disease on American soil. Dr. Falligant stood his ground firmly and gallantly in opposition to that sweeping theory, and the report of the experts had to bear his single non-concurrence. I have since heard Allopathic physicians and sanitarians of high standing, praise his conduct and his well pointed objections.

The report of the experts and other influences increased the interest of Congress in a future plan for the preservation of the south against the incursion of similar fatality. But before I go further I must state that while the board of experts was still in session and had not perfected its report, the report of the Homœopathic yellow fever commission appeared. It was then my duty, as it was the desire of all our physicians, that said report be treated with equal consideration by Congress, as the report of the Woodworth's commission, the report of

the experts and similar papers on the same subject. I must say to the credit of our statesmen that they were treated with impartiality in this matter. The joint committee accepted our report, and reported it to the Senate and House of Representatives, with the recommendation that it be printed with other reports of the same character, submitted with the exception of the treatment which was not called forth in the resolution, appointing said committee. To that I could not object, as the resolution was plain, demanding only an investigation into the *cause* and *prevention* of yellow fever. Whenever those papers are printed, the matter contained in the Homœopathic report, germane to the resolution, will be printed also. To have asked more would have been an intrusion and a discrimination.

Finally on the last day of the session, and I might say at the last hour, Congress passed a bill, providing for a national board of health, with certain duties. I herewith forward you the Bill. In this National board of health, again it became necessary that our school be represented. I at once pressed the claims of our school before the President, who was not reluctant in recognizing them. (On the contrary, I must say, that the President in the face of great pressure and opposition stood his ground firmly from first to last. In this work I was greatly aided by petitions of the Homœopathic physicians of Cincinnati, Dayton, and Springfield, Ohio; by Drs. Wesselhoft and Kellogg, two of the executive officers of the American Institute of Homœopathy; by all the members of the Homœopathic yellow fever commission; by the Faculties of the Homœopathic college of St. Louis, Chicago, Ann Arbor, Cincinnati, Iowa and New York; by fourteen senators and as many Representatives, and to them I owe my appointment as they singled me out by name, as their proper representative on said board. The President appointed me and the Senate confirmed me, although strenuous efforts had been made by jealousy and trickery to prevent my confirmation.

I say to the pleasure and gratification of all concerned, that I have found liberality and fairness in the President, his advisers, and in the legislators of the land. That Homœopathy is no longer the scarecrow of old, but an acknowledged science, the disciples of which are entitled and receive the respect of government as well as of individuals; that its claims will be respected hereafter, and that its success in representation will depend upon the energy and earnestness of those whose duty it is, and it is the duty of all Homœopathic physicians to see to it that justice is done.

Some may complain that we have not received a fair representation as to number; to those I say, first have the principle recognized, then set out for a demand proportionate to your interest. You cannot in a day overcome the prejudice of a century; do not attempt too much lest you get nothing; but press now and forever, and the day will come when in this great country the prejudice versus schools of medicine will disappear as the prejudice against or for religious denominations. Those who stay at home should not complain that the victory is not complete. Let them stand before the cannon's mouth for a single hour, and they may thereafter appreciate the patience and the heroism of those who stand before it every day. I remember the stay-at-home ones during the war; they were always eager for the fray; they wanted more victories and more complete ones; they never volunteered, and if they were drafted they sent substitutes. Yet they knew too much about war and strategy that the reputation and efforts of our generals in the field paled before their pretensions. So it is in this conflict; those who never sacrificed an hour of their time, a thought of their brain towards this, desired recognition by the United States government of the claims of our oppressed profession are those who complain that our victories in this line are not complete.

It must not be forgotten that when I came to Washington, twenty-two years ago, Homœopathic physicians were professionally outlawed; that they had no professional rights that the courts were bound to respect; they could not even collect a professional bill through the forms of law. Since 1870, however, I caused Congress to give us a charter, placing the Homœopathic profession on equal rank with the Allopathic school, with similar and equal rights and privileges. I caused President Grant to recognize our profession by appointing me a member of the board of health of the District of Columbia, an appointment that was to be confirmed by the Senate. Of that board I became secretary, then health officer, then its president. That the governor of the district, with the consent of the President, sent me to Europe as "special sanitary commissioner." And that now we have obtained from the government the recognition spoken of above. Taking all things into consideration, the inveterate and ingrained opposition of the Old School, so numerous and powerful, we must admit that great advancement has been made.

Some may think that in all this I have had a personal interest as honors have been conferred upon me, but they are mistaken. My interest is only so far as it concerns my professional affiliation. If a man should say to me, "I honor you but despise your colleagues," I would take it as a personal insult. *I want to honor my profession that thereby I may be honored.*

In connection with this I must pay a deserved tribute to that noble woman, Mrs. Elizabeth Thompson. When I appealed to her for help, as we had no funds for the expenses of our commission, she, willingly and liberally gave me \$650. Five hundred and fifty I have transferred to Dr. Holcombe, president of the Homœopathic yellow fever commission, for the personal expenses of the members, and for the printing of the report; one hundred I have spent myself in the work.

As to the National Board of Health I must state that the President has shown great intelligence and tact in the selection of its membership; every one, with the exception of your humble servant, are men eminent in their profession and particularly in sanitary science. They are men of great integrity of purpose and high-mindedness; my association with them is exceedingly pleasant. The members constituting said board are the following:

James L. Cabell, A. M. M. D. L.L. D., Professor of Surgery and Physiology in Virginia University; Prof. Samuel M. Bemis, M. D., New Orleans, La.; Prof. Hosmer A. Johnson, M. D., Chicago, Ill.; R. M. Mitchell, M. D., Memphis, Tenn.; Prof. Stephen Smith, M. D., New York; H. I. Bowditch, M. D., President Massachusetts State Board of Health; T. S. Verdi, M. D.; Jno. S. Billings, Surgeon U. S. A.; S. F. Phillips, Solicitor General, Department of Justice; T. I. Turner, Medical Director U. S. N.; P. D. Bailhache, Surgeon U. S. Marine Hospital Service.

I desire, in closing, to tender my thanks to all those, professional and non-professional, who assisted me in attaining this great object. A few, very few, have been irresponsive, to these the profession owes no thanks.

WASHINGTON.

T. S. VERDI.

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### NATIONAL BOARD OF HEALTH.

AN ACT to prevent the introduction of infectious or contagious diseases into the United States, and to establish a National Board of Health.

*Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,* That there shall be established

a National Board of Health to consist of seven members, to be appointed by the President, by and with the advice and consent of the Senate, not more than one of whom shall be appointed from any one Senate, whose compensation, during the time when actually engaged in the performance of their duties under this act, shall be ten dollars per diem each and reasonable expenses, and of one medical officer of the Army, one medical officer of the Navy, one medical officer of the Marine Hospital Service, and one officer from the Department of Justice, to be detailed by the Secretaries of the several Departments and the Attorney General, respectively, and the officers so detailed shall receive no compensation. Said board shall meet in Washington within thirty days after the passage of this act and in Washington or elsewhere from time to time upon notice from the president of the board, who is to be chosen by the members thereof, or upon its own adjournments, and shall frame all rules and regulations authorized or required by this act, and shall make or cause to be made such special examinations and investigations at any place or places within the United States, or at foreign ports, as they may deem best, to aid in the execution of this act and the promotion of its objects.

SEC. 2. The duties of the National Board of Health shall be to obtain information upon all matters affecting the public health, to advise the several departments of the government, the executives of the several States, and the Commissioners of the District of Columbia, on all questions submitted by them, or whenever in the opinion of the board such advice may tend to the preservation and improvement of the public health.

SEC. 3. That the Board of Health with the assistance of the Academy of Science, which is hereby requested and directed to cooperate with them for the purpose, shall report to Congress at its next session a full statement of its transactions, together with a plan for a public health organization, which plan shall be prepared after consultation with the principal sanitary organizations and the sanitarians of the several States of the United States, special attention being given to the subject of quarantine, both maritime and inland, and especially as to regulations which should be established between State or local systems of quarantine and a national quarantine system.

SEC. 4. The sum of fifty thousand dollars, or so much thereof as may be necessary, is hereby appropriated to pay the salaries and expenses of said board and to carry out the purposes of this act.

Approved, March 3, 1879.

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## Medical News.

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H. N. Baldwin, M. D., has removed from Chicago to Peoria, Ill.

General bloodletting is practised in the Commercial Hospital of Cincinnati.

The Ohio Homœopathic Medical Society meets in Cleveland, May 13 and 14.

The Indiana Institute of Homœopathy will meet in Indianapolis, April 30 and May 1. An interesting meeting is expected. M. T. RUNNELS, Sec'y.

The Homœopathic Medical Society of the Wabash Valley will hold its third annual session in Charleston, Ill., May 6th, 1879.

*The Doctor*, a British medical journal, has ceased to exist. Cause inadequate support. The journalistic mortality is heavy.

Huntley, McHenry county, Ill.; situated on the N. W. R. R., seven miles from Union, with 500 inhabitants, has no Homœopathic physician.

The annual meeting of the Nebraska State Homœopathic Medical Association will be held in Omaha, May 20. You are invited to be present.

H. A. WORLEY, Sec.

The Michigan Homœopathic State Medical Society meets in the City of Detroit, May 20th and 21st. A large number of papers are promised, and an interesting session is expected.

R. B. HOUSE, Sec.

*Died.*—March 22, at Westminster, Los Angeles county, Cal., of Phthisis Pulmonalis, Dr. Calvin F. Porter, a graduate of the Cleveland Homœopathic College and Hospital. Class of 1878.

Dr. H. F. Biggar, M. D., is surgeon in charge of the Cleveland Workhouse and House of Refuge and Correction. Out of 1,115 patients treated only four deaths occurred. A good showing for Homœopathy.

The next annual meeting of "The Kansas and Missouri Valley Homœopathic Medical Society" will be held in St. Joseph, May 7th.

We have every prospect of the best meeting the society has ever held.

'The tenth annual session of "The Hahnemann Medical Association of Iowa," will be held at Cedar Rapids, May 14th and 15th, proximo. The headquarters of the association will be held at the Grand Hotel. Visitors will be most cordially welcomed.

EDWARD A. GULBERT, Sec'y.

Dr. W. H. Sanders, formerly from Boston, Mass., but more recently from Oshkosh, Wis., has re-located in Chicago, at 1224 Wabash avenue, as successor to Dr. W. Danforth, who has removed to Milwaukee. We heartily welcome Dr. S. to our ranks in this city.

The board of regents of the Iowa University have added a chair of surgery to the Homœopathic Medical Department. Dr. A. E. Rockey has been elected to the position, and has recently removed from Ottumwa to Iowa City and entered into partnership with Dr. A. C. Cowperthwaite.

The American Institute of Homœopathy meets this year at Lake George, N. Y., June 24th. This will be one of the most important sessions as we are informed that there will be rallying of the older members and the air is full of rumors. The western members are particularly "urged to be present."

Inter-Collegiate Conference of the Homœopathic Colleges of the U. S. The second annual session of this organization convenes at Indianapolis, Ind., Wednesday April 30th next, in the parlors of the Bates Hotel, at 10 o'clock A. M. Each Homœopathic College in the United States is entitled to representation by one delegate. The Indiana Institute of Homœopathy meets at the same time; so a profitable, as well as pleasant, time may be expected. As the conference will sit but one day, the delegates are earnestly invited to be promptly on hand. By order of the President.

C. H. VILAS, M. D., Sec.

The Fifth Annual and Sixth Regular Session of the Western Academy of Homœopathy will be held at St. Louis, Mo., May 7, 8, and 9, 1879, in connection with the Missouri Institute of Homœopathy. The Committee of Arrangements appointed by the St. Louis profession consist of G. S. Walker, M. D., Chairman, W. A. Edmunds, M. D., M. Collison, M. D., who will answer all letters of inquiry, as to Hotel arrangements, etc. Applications for membership should be filled out and



signed by two persons already members, accompanied by the entrance fee (\$3.00). When elected, this fee entitles the new member to an elegant "Certificate of membership." The annual dues are only \$3.00. The titles of papers will be published subsequently. Papers on any medical subject from any physician will be welcome. This promises to be the largest, most enthusiastic, and profitable Homœopathic Medical Convention held in the West. "For the good of the cause," full and accurate reports should appear in all the local papers where there is a Homœopathic Physician. *In behalf of the Committee of Arrangements, I cordially invite you to be present.*

The following note from the chairman of the committee of arrangements will be read with interest:

T. C. DUNOAN, Sec'y. *Dear Sir:*—I see by your journal and by the circular sent out that you have been misinformed as to the arrangements for the delegates to the Western Academy of Homœopathy coming to this city in May.

The arrangements now perfected are for all to put up at the Lindell Hotel. The proprietors have agreed to put the charges at \$2.50 per day to each person whether a doctor or a member. We are to have our meetings in the Hotel. Ample room for both societies and committees will be furnished by the Hotel, so you will not have to leave the building to attend the meetings.

A grand reception by the ladies of St. Louis will be given at the Lindell Hotel, on Thursday evening followed by a hop and supper. Tickets furnished free to doctors who are guests of the Hotel. We expect to have 300 or 400 of the *élite* of the city present on that occasion; we will have a *jolly* time. Bring your wife or some lady and urge the physicians to come and bring their wives with them. Circulars with a full statement of things necessary to be known will be issued in a day or two.

Yours truly,

G. S. WALKER, Chairman.

The Illinois Homœopathic Medical Association meets in Freeport, May 20 and 21. The citizens of Freeport are preparing to give us a cordial welcome. Let all Illinoisians and visiting physicians take due notice.

The following are the Committees:

*Clinical Medicine.*—Drs. A. E. Small, *chairman*, Chicago; L. Pratt, Wheaton; F. H. Van Liew, Wheaton; A. W. Woodward, Chicago; J. Keok, Barrington; H. F. Baker, Davenport, Iowa; J. R. Kippax, Chicago; T. J. Merryman, Campaign; 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. Purington, 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.

*Diseases of Children.*—Drs. S. P. Hedges, *chairman*, Chicago; E. M. F. Ludlam, Chicago; A. E. Bailey, Hyde Park; J. P. Willard, Jacksonville; W. R. McLaren, Blackstone; 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. Galvin, Alton; S. Bishop, Bloomington; F. B. Hayes, Freeport.

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

*Pathology.*—Drs. M. Ayors, *chairman*, Rushville; J. E. Morrison, Hyde Park; O. 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. Bacmeister, Toulon; C. S. Fahnestock, La Porte, Ind.; H. N. Keener, Princeton.

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

*Climatology.*—Drs. B. P. Gatchell, *chairman*, Mt. Airy, Ga.; McCann Dunn, Bloomington; G. A. Corning, West Bond, 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, Hoopstow; Mary E. Hughes, Milwaukee; C. N. Dorion, St. Paul, Minn.; E. S. y, Chicago.

*Chemistry and Pharmacy.*—Drs. T. D. Williams, *chairman*, Chicago; H. N. Small, Chicago; W. H. Buck, Woodstock; J. J. Gasser, Lafayette, Ind.; Thomas Eckles, 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, Chicago.

*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. O. 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.

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

Three dollars is the initiation fee and there are no annual dues.

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

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Society Proceedings.

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MARCH MEETING OF THE CENTRAL NEW YORK  
HOMŒOPATHIC MEDICAL SOCIETY.

REPORTED BY H. V. MILLER, M. D., SECRETARY.

At the March quarterly meeting of this association there were present: Drs. Hawley, Boyce, Benson, Brewster, J. G. Biglow, Chase, Eaton, Frye, Hussey, Gwynn, Jennings, Miller, Nash, Nottingham, Parsell, Hinmann, Wells, Warren, Seward and Southwick. The secretary's report was read and approved.

DISCUSSION ON DIPHTHERIA.

Vice-president Boyce read an interesting letter from Dr. C. Lippe of New York on the use of *Lac caninum* in diphtheria, chancres and scrofulous affections. Its specific indications in cases of malignant diphtheria were given as follows: The ulcers go from one side to the other and back again; the ulceration has a glistening, shining appearance (*Apis*); the swelling of the glands change sides and is painful to the touch, and the nasal discharge excoriates the nostrils and upper lip, (*Arum triph.*) These characteristic ulcers, shining and glistening, may be found in any part of the body.

Dr. B. stated that at the January meeting of of the Western Central New York Society, letters were read from Drs. A. Lippe, H. N. Guernsey, Raue, Lillenthal and others, urgently recommending the use of this new remedy in the malignant or epidemic form of this disease. He also stated that until very recently this remedy had not

been used in the Geneva epidemic. A discussion followed in which several members gave their experience in the use of *Mercurials* in sporadic cases.

Dr. Jennings read a scientific paper on "Medicinal Aggravations," which called forth repeated commendations.

The vice-president resumed the reading of the Organon which evoked an interesting discussion.

#### INTERESTING CLINICAL REPORTS.

Dr. Brewster reported a case of spasms suggesting *Bell.*, but this remedy failed. On examining the urine he discovered albumen, which suggested *Kalma*. This remedy was given and in two days the albumen disappeared.

Dr. Hawley reported a case of double pneumonia with left-sided sweat. *Nux* suits right-sided sweats and *Puls.* left-sided. *Puls.* 30 quickly cured the case.

Dr. Boyce with three doses of *Lachesis*, cured a case of pneumonia with aggravation of symptoms after sleeping.

Dr. Nash reported a case of typhilitis with impaction of feces in the ileo-cæcal region. During fourteen days he treated the case without relief. He observed that the patient was continually nauseated by the smell of food. Gave *Colchicum*. In three days a movement of the bowels followed, the feces being in hard, impacted balls.

Dr. Wells said that some twenty-five years ago, he and his student Dr. F. Bigelow made a proving of *Apis*. Both had the same symptom developed; a feeling as if they could not breathe again. In a case of hydrothorax with orthopnoea there was the same suffocative sensation as in the *Apis* proving. The urinary symptoms corresponded with *Apis*. This remedy was given. The patient could soon breathe more easily, and in two or three weeks a complete cure was made.

In two cases of cerebro-spinal meningitis, he observed the same feeling of suffocation. *Apis* relieved in half an hour and soon cured.

Dr. Boyce reported a case of cough excited by exposure to the south wind. This condition suggested *Euphrasia* which cured the case.

#### RESOLUTION ON THE DEATH OF DR. F. BIGELOW.

Drs. Benson, Wells and Gwynn were appointed a committee to report resolutions on the death of Dr. F. Bigelow, a member of the central society. On their report the following was unanimously adopted.

WHEREAS, Death has removed from our number, Dr. Frank Bigelow, an honored member of this society, therefore be it

*Resolved*, That, while we bow with submission to the hand of Him who has taken from our midst one, whom we all respected and whose record was ever pure and good, we extend to the family and friends of the deceased, our heartfelt sympathies, and request our secretary to forward a copy of these resolutions to the family.

#### EXPULSION OF AN OBNOXIOUS MEMBER.

Dr. Boyce read a newspaper article, dated February 18th, entitled

“Homœopathy,” signed by W. C. Doane. He then offered the following preamble and resolution :

WHEREAS, W. C. Doane, a member of the Central New York Homœopathic Medical Society, wrote and caused to be published in the *Evening Herald* of January 23, 1879, printed at Syracuse, N. Y., an article in which he speaks contemptuously and insultingly of this society and its members, therefore

*Resolved*, That by this action he proves himself unfit to remain a member of this society, and we hereby expel him therefrom; and we request and authorize the secretary to erase his name from the list of membership.

Dr. Wells of Utica seconded the motion which was unanimously adopted.

On motion the discussion of the Organon was to be continued at the next meeting.

Adjourned to the annual meeting to be held in Syracuse, June 19, 1879.

#### THE CENTRAL IOWA HOMŒOPATHIC MEDICAL ASSOCIATION.

Pursuant to a call, the Homœopathic physicians of the 5th Congressional District met at the office of Drs. Cogswell, Cedar Rapids, Wednesday, Jan. 29th, at 10 A. M. A temporary organization was effected by electing C. H. Cogswell chairman and J. H. Drake, of Mt. Vernon, secretary.

A Committee on Constitution and By-laws was appointed to report at 1 P. M., after which the organization adjourned for dinner.

As per adjournment the temporary organization convened and adopted the constitution and by-laws so reported by the committee with but slight changes, when a permanent organization was effected.

This society is to be known as the Central Homœopathic Medical Association of Iowa. The annual meeting will be held in Cedar Rapids on the second Wednesday in July, and a semi annual meeting at such time and place as a majority present at the previous annual meeting shall determine. The election of officers resulted as follows:

PRESIDENT—Prof. A. C. Cowperthwait, of Iowa City.

VICE PRESIDENT—C. H. Cogswell, of Cedar Rapids.

SECRETARY—J. H. Drake, of Mt. Vernon.

CENSORS.—E. Cogswell, V. M. Law and P. Moore, of Cedar Rapids.

Five members were elected essayists, to report at the annual meeting. The Central Homœopathic Medical Association, though not auxiliary to the State Society, desires to work in harmony with all similar associations to promote the cause and further the interests of Homœopathy everywhere.

After a profitable season spent in discussing medical topics, the

association adjourned, to meet in regular annual session in the office of Drs. Cogswell.

All were well pleased with the progress made in organizing a live association. All Homœopathic physicians in good standing are cordially invited to attend all meetings of this association.

J. H. DRAKE, Sec'y.

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### ANNUAL MEETING OF THE MASSACHUSETTS HOMŒOPATHIC MEDICAL SOCIETY.

The thirty-ninth annual meeting of the Massachusetts Homœopathic Medical Society was held in the Meionaon hall, April 9, beginning soon after 10 o'clock, when the president, Dr. D. B. Whittier, of Fitchburg, called the members to order. The records of the last semi-annual meeting were read and the report of the Executive Committee.

#### NEW MEMBERS ADMITTED.

The case of E. Jannette Gooding, M. D., of Boston, an applicant for admission, against whom charges of having practiced clairvoyancy were made at the last meeting, came up on the favorable report of an investigating committee, and the applicant was admitted. Other members were admitted, as follows: F. L. Radcliff, M. D., of Lynn; Charles Leeds, M. D., of Chelsea; David Foss, M. D., of Newburyport; Edward P. Goodrich, M. D., of Boston; Isadore Albert, M. D., of Boston; Laura Maxfield Porter, M. D., of Boston and C. F. Nichols, M. D., of Boston.

#### THE TREASURER'S REPORT.

The treasurer's report showed that the society is in debt \$157.87. The receipts from collections were \$802, and the balance from 1878, \$780.40. The expense of printing Vol. IV. of the transactions was \$1,037.92, and for editing \$235. The total expenditures were \$1,740.30.

Dr. Bennett, of Fitchburg, gave notice of an amendment to the by-laws, increasing the annual assessment to \$5. This will come up at the next semi-annual meeting.

The retiring President, D. B. Whittier, M. D., of Fitchburg, then made the annual address.

This opened with the speaker's views in regard to error arising from the methods in which many investigate disease, and the attention of the society called to the value of the objective symptoms. The custom of giving prominence to subjective symptoms only, and ignoring the objective together with the organic changes was defective. He considered that in every derangement, it was the duty of the physician to examine both by touch and sight, and that the exhibit of the pains and sensations was wholly inadequate to determine the nature of the

disease. The use of the microscope, clinical thermometer, chemistry, etc. were dwelt upon, and the extent of the knowledge a specialist should possess was outlined. Clinical advantages were considered at length, and the address closed with an apostrophe upon the development of medical science in the future.

#### ELECTION OF OFFICERS.

The following officers were elected for the ensuing year :

PRESIDENT—T. S. Scales, M. D., Woburn.

VICE PRESIDENT—Samuel Alvord, M. D., Chicopee Falls; Lewis Whiting, M. D., Danvers.

CORRESPONDING SECRETARY—Fred W. Payne, M. D., Boston.

RECORDING SECRETARY—Nathan R. Morse, M. D., Salem.

TREASURER—H. C. Clapp, M. D., Boston.

LIBRARIAN—J. T. Harris, M. D., Boston Highlands.

CENSORS—E. U. Jones, D. Taunton; M. D. G. Woodvine, M. D., Boston; A. M. Cushing, M. D., Lynn; Charles Sturtevant, M. D., Hyde Park; R. E. Jameson, M. D., Jamaica Plain.

#### REPORTS AND DISCUSSIONS.

Dr. J. Heber Smith, M. D., of Melrose, chairman of the committee on materia medica, made a report for that committee. He spoke of the poisoning of a physician at Harrison square by a spider (supposed at first to be a tarantula), and contended that the bite of a tarantula is as harmless as the sting of a wasp. This belief he backed up by numerous letters from army surgeons and others. The doctor said that in presenting these views he was eating humble pie, for in 1875 he had presented a lengthy essay contending for the opposite belief. There was no discussion on this subject.

The committee on obstetrics, chairman Thomas Conant, M. D., of Gloucester, made a report, reading two papers from members of the association. Mrs. M. J. Flanders, M. D., of Lynn, and M. V. B. Morse, M. D., of Marblehead, also presented papers on topics connected with obstetrics. There was no discussion.

H. C. Clapp, M. D., of Boston, from the committee on clinical medicine, read a paper on a rare case of *gangrenis vulvitis*.

E. U. Jones, M. D., of Taunton, addressed the society on the sanitary conditions favorable to diphtheria. He cited several remarkable cases which had come under his notice, and concluded, first, that diphtheria is simply an epidemic; second, that only those take it whose constitutions are in a state of receptivity; and, third, that in places where the disease has prevailed during a certain year the next year usually is characterized by its absence, even though the sanitary conditions remained unchanged.

At 1:15 P. M., the society took a recess until 2 o'clock, during which time an excellent lunch was partaken of in one of the ante-rooms.

On reassembling, the committee on the president's address reported that there was not time, on account of the lateness of the

hour, the press of business, and the magnitude of the subject, to discuss the address. The report was accepted.

#### THE CARE OF THE INSANE.

The care of the insane was then discussed by Samuel Worcester, M. D., of Salem. The public, he said, may be divided into two classes—those who swallow all the horrible tales of asylums which are served up by sensational writers and discharged patients, and those who deny that our hospitals are any such hells as these persons would have us believe. He contended that the officers and physicians in charge of our insane asylums are in almost all cases men incapable of injustice or unkindness. Judged by results, the progress of medical science has not been attended with any corresponding improvement in the treatment of the insane. No especial or peculiar medical or moral treatment characterizes asylums. Patients are treated solely for their physical ailments on the principle that if the body be sound the mind's manifestations will be normal. It is time that politics be divorced from these institutions. The promotion of first assistants to the position of superintendent does not result advantageously to the service because of their narrow experience. In most asylums sedatives and opiates are given liberally to keep the patient quiet, but in the Homœopathic Hospital at Middletown, N. Y., where such treatment is unknown, the percentage of cures is much larger than elsewhere. The speaker criticized the system of repression, which is generally practiced, condemning the "moral treatment" which suppresses the least indication of personality in any patient. One of the reforms most imperatively demanded is the appointment of women as trustees and assistant physicians with especial reference to the female patients. Mental disease in females usually arises from affections of the organs of generation, and in this lies the reason why at present the female insane are not especially treated and more often cured. Dr. Worcester acknowledged that there are times when the use of restraint is necessary, but he declared that the restraint now used in our hospitals is often unnecessary and excessive. Keepers frequently strap and bind helpless lunatics without the knowledge of the physicians. Punishment should, theoretically, never be part of the treatment of the insane. The shower-bath is considered proper by some superintendents, but Dr. Worcester regarded it as well as other uses of the bath, as cruel and unnecessary. Homœopathy cares for the insane in a more rational and successful manner than any other system, and he hoped that its claims would soon be given an opportunity for substantiation in this state.

Dr. H. A. French, of Lawrence, moved a vote of thanks to Dr. Worcester.

Dr. Holt, of Brookline, did not believe there was any chance of getting Homœopathy into any asylum in Massachusetts. He contended that there is a disease preliminary to insanity that is not insanity.



Dr. French's motion prevailed, and a copy of the paper was requested for publication.

Dr. Caroline E. Hastings, of Boston, made the report of autopsies in the case of two children who died from tuberculosis after measles.

Dr. R. E. Jameson, of Boston (Jamaica Plain), read a paper by Dr. Cushing on heart disease, and one by Dr. Wheeler on paralysis following diphtheria.

Dr. Scales, of Woburn, at this point moved that, on account of the lateness of the hour, the other papers be read by their titles and referred, and the motion was adopted. A lengthy paper by W. H. Lougee, M. D., of Lawrence, on observations in European hospitals, was, however, read by its author to the great satisfaction of the audience. The doctor gave a minute description of a number of intricate cases which he saw treated in the great hospitals of Vienna, Berlin, Paris, London and other cities, at the close of his deeply-interesting paper a hearty vote of thanks was give him, and a copy of it was requested for publication.

Dr. Talbot reported, from the Committee on Surgery, that there was no report. Dr. H. N. Jernegan then asked permission to speak of the disease known as concussion of the spine, introducing a Mr. Green, of Indiana, who received his injury at a railroad accident in Connecticut, by being hurled against an iron railing surrounding a car stove. Dr. Jernegan said that the question of concussion in railroad accidents was of great medico-legal importance at the present time, and his present purpose was to exhibit a kind of brace which afforded the patient relief. He also spoke of supports in case of hernia, and at his suggestion Dr. Banning, of New York, explained his system of pads for this purpose.

Sullivan Whitney, M. D., of Boston, read a paper giving some of the leading maxims on which rests the Homœopathic theory of attenuation, and urging a re-examination of the theory in the light of modern science. He advised physicians to make their own medicines.

Several members gave the results of experiments into the divisibility of matter, and Dr. Chase, of Cambridge, and Dr. Thayer, of Boston, spoke on the importance of Dr. Whitney's researches, differing, however, from his conclusion that matter may not be infinitely divisible. The speech of the latter gentleman was especially forcible and eloquent.

Papers from the Committee on Pædology were referred without reading, and reports were received from the county societies. Dr. Thayer presented resolutions of sorrow at the death of Drs. William F. Jackson and Francis H. Underwood, which were unanimously adopted. and at 5:05 P. M. the society adjourned with a vote of thanks to the retiring officers.

## Eye and Ear Department.

### *SOME ERRORS OF REFRACTION AND ACCOMMODATION WITH SUGGESTIONS IN TREATMENT.*

BY D. J. M'GUIRE, M. D., OF THE COLLEGE OF PHYSICIANS AND SURGEONS OF DETROIT, MICHIGAN.  
SELECTION OF GLASSES.—MYOPIA.

(Continued from page 348.)

As I have possibly presumed upon a point of knowledge in my auditors which completeness probably forbids, I will state that the treatment of presbyopia is accomplished by means of convex glasses—the action of which is to bring the near point back to a convenient distance from the eye, and in absolute hypermetropia they move the focus of dioptric apparatus forward, so that the image is again formed on the retina, and in old age where the sensibility is somewhat blunted they are used of a sufficient strength to magnify the image so that it covers a larger nerve surface and thus impresses a larger number of rods and cones.

In adjusting glasses to the presbyopic eye many points require attention. In all theoretical calculations the eye is considered simply as a dioptrical apparatus, but in practice, the associations existing between the ciliary and external recti muscles must be taken into consideration. Glasses which would, theoretically, neutralize the errors of refraction are usually too strong; they compel the muscles of accommodation to a relaxation greater than corresponds to the developed circumstances of the association.”

Owing to the increase in the amount of accommodation gained by convergence of the visual axes. the binocular near point is nearer the eyes than the monocular, without convergence, and glasses that would be suited to a single eye are too strong for the eyes in binocular vision.

Glasses too strong suddenly disturb the normal relation existing between accommodation and convergence, thus seriously interfering with the functions of the eye, as is manifested by nervous and vascular irritation of the eye, giving rise to sensitiveness to strong light, ciliary and conjunctival hyperæmia, etc.

The object of convex glasses except in extreme old age, is not to magnify the retinal images but to bring the near point of distinct vision to a convenient distance, and make objects distinct, and appear of normal size. In a word, they simply supply a loss in the power of accommodation and refraction. The experience of oculists, is that

the majority of persons wearing convex glasses for presbyopia have injured their eyes by wearing too strong glasses.

This practice cannot be too strongly condemned, creating as it does, the necessity for too frequent changes. And besides the habitual use of glasses too strong, in the commencement of presbyopia, is a most powerful factor in inducing rapid senile changes in the lens, and muscles of accommodation. The ciliary muscles are *relaxed* and only required to contract to a certain point. They thus soon become enfeebled and lose the power to act beyond their accustomed tension; this state of tension soon indicates their *maximum* strength which cannot long be maintained. Hence, the necessity for a change for a lens of higher power. This substitution of a convex lens for accommodation has the effect to produce more rapid senile changes in the crystalline lens, for as in the normal state, by the action of the opposing forces at work in accommodation, the particles of lens matter are kept in motion. When this necessity is removed by the use of the strong glass the mass is more quiet, thus the particles soon losing their suppleness, greater force is necessary to overcome the resistance which this body offers.

Now what is ordinarily the proper focus of convex glasses suited to one who first notices difficulty in reading or seeing small objects distinctly in dimly lighted apartments, or by artificial light? To state it briefly, but probably in a sufficient manner for present purposes we will say that as we have stated, presbyopia is assumed to begin when the near point of distinct vision is removed beyond eight inches from the eye. Now if we deduct in a given case the near point from this standard, we will have a fraction whose denominator represents the number of the glass to be worn. This will ordinarily, however, have to be proven by experiment. Or we will begin with the weakest glass and increase the power successively until a number is found which renders the letters or object by daylight, distinct at eight inches. And a person making trials for the selection of proper spectacles, without the assistance of the ophthalmic surgeon should be careful to begin with very weak glasses and stop when he finds a pair which brings his near point to about ten inches. Many circumstances, however, in both emmetropia and ametropia modify the degree of the glasses required.

As such, may be mentioned a *range* of accommodation not corresponding to the time of life, induced in some instances, by certain occupations, requiring constant close use, stooping posture, etc., which, while they probably do not influence the emmetropic eye, undoubtedly do produce changes in the myopic eye or the eye predisposed to myopia.

But there are also morbid conditions which cause the range of accommodation, and sometimes also the amount of the refraction, to diminish more rapidly than usual. In the first place general debility, the result of exhausting diseases, is to be noted; premature old age may be mentioned; glaucoma, commencement of cataract. In regard

to the glaucomatous state it will be well to note that when an individual finds it necessary to make frequent changes in his glasses, it is well to examine for glaucoma.

Many are prejudiced against the use of glasses, and decline to wear them when their use is imperatively demanded. This is wrong, for by thus using the eye, the muscles of accommodation are required to act beyond their strength, having an effect which you each can demonstrate for yourselves "by holding a considerable weight in the hand with the forearm flexed at right angles to the arm," in which we have to do with persistent extension of a muscle in a state of contraction. This permanent contraction causes fatigue, and the fatigue produced by the extension of an elastic muscle increases in accordance with a well known law, its extensibility; in consequence of this law, the contraction must be always increasing, in order to keep the muscle equally short, and thus enable it permanently to exercise the same force. Hence, we see it can be a question of time only, when this fatigue will pass into powerlessness.

Therefore to preserve the sight the longest possible time, it is requisite as soon as it begins to fail, to select the weakest glasses that will make near vision easy.

#### MYOPIA.

In our general consideration of the departures from the emmetropic state, or the conditions of ametropia, we said that myopia was that condition of the eye at rest in which rays from an infinitely distant object, and therefore parallel rays, were brought to a focus in front of the retina, and that only rays coming from objects situated at a definite distance, and consequently only divergent rays falling on the cornea could be made to unite at the proper point on the retina.

This is true of the eye in a state of rest; by tension of accommodation the emmetropic eye, and usually even the hypermetropic can unite parallel rays in front of the retina; but it does not properly become myopic, for which we may be allowed to speak of a condition of spasmodic myopia, in which by the spasm of the accommodation the focus comes to lie in front of the retina, and relaxation to emmetropia is not possible. It is not properly myopia, as that state of the refraction must be held to be due to its *anatomical* structure.

In hypermetropia of moderate degree, rays from an infinitely remote object forming a visual focus *behind* the retina, may by the aid of the accommodation see at an infinite distance. But in myopia the action of the accommodation brings the far point still nearer the eye, thus increasing the defect of distant vision; only when the ciliary muscle is completely relaxed, it is at its greatest distance; and in order to see infinitely remote objects, parallel rays must be made divergent by means of concave glasses, so as to enter the eye in the same direction as if they came from infinity. Myopia then consists in an inability to see objects at an infinitely remote distance. But near objects, within the range of accommodation are seen with perfectly, and sometimes

with great distinctness, being able to define small objects with a degree of accuracy not known to a healthy emmetropic eye. The existence of myopia and its degree may be determined by means of trial glasses and *test types*, also by means of the ophthalmoscope.

In general myopia is easily recognized, the rule being that near objects are distinctly seen, while distant vision is more or less diffuse; but many times persons declare that their vision is perfect at all distances, when on examination it is found that they can read No. 1 test type up to possibly twelve inches, but cannot No. 2 at two feet, and can only see No. 20, and probably 30 and 40 at a distance of twenty feet by aid of a concave glass.

They are now convinced that their vision is not what they supposed and that much of what they were able to recognize at a distance was due to habits of close observation of form, motion, etc., and in reading and writing they were in the habit of either stooping, or holding work near their eyes — but now by aid of the proper concave glass they are made to exclaim that they live in a new world, every distant thing seeming so much brighter in color, and more distinct outline. The criterion, then is that by use of concave glasses, distant vision becomes more distinct. This presupposes that the proper concave glass has been selected, for if a glass too strong is used in a slight degree of myopia, vision will not be as good as without glasses and in higher degrees weak glasses will have no perceptible effect.

Testing for distant objects alone, with concave glasses is not always reliable, for instance, in certain spasmodic conditions in emmetropia first pointed out by von Graeffe. And in very high degrees of myopia the patient sometimes finding the magnifying power of convex glasses pleasing will give unreliable answers. Also in enlarged pupil as is sometimes met with, will this method, alone, be unsatisfactory.

Then the reading test will generally throw light on the character of the defect if the test in distant vision is unsatisfactory, as the relative positions of the near and far points will decide between the existence of hypermetropia and myopia.

Next to examination with glasses, the ophthalmoscope is a most useful means of detecting ametropia. As the retina is beyond the focus of the dioptric apparatus, there will be an inverted aerial image of the fundus oculi in front of the eye, at a distance proportionate to the degree of myopia. "Now the observer can see this, and by knowing the adjustment of his own eye, and its distance from the observed eye when in a state of rest, can ascertain the degree of myopia, by subtracting his own adjustment from the distance of his own from the observed eye, the difference representing the degree of myopia."

A better method, however, is that of the erect method, being applicable to all forms of *ametropia*, and for measuring the elevations and depressions in the background of the eye.

The examination is made by holding the ophthalmoscope a short distance in front of the eye to be examined, when if both observed

and observer are emmetropic, the observer will see the retina erect and sharply defined, provided observer relaxes his accommodation so as to adjust his eye for the reception of parallel rays as they come from observed eye. If the observer whose eye is emmetropic, does not get a clear view of the fundus, then ametropia exists, the emerging rays being either consequent or divergent, and must be rendered parallel before entering eye of observer. If this requires the use of a convex lens, then the rays were divergent and hypermetropia exists; but if a concave glass is required in order to give a distinct image of the retina then the rays were convergent as they come from eye of the patient, and myopia exists. Usually several lenses have to be applied before the proper one is found. When found, the focal length of this glass, increased by its distance from the eye, gives the distance of the anterior conjugate focus, which represents the degree of myopia, and this concave lens will be the proper one to correct the error of refraction, however, it will always be safer after attaining a result in this way, and before prescribing glasses, to verify it by the letter tests made with the different lenses placed before eye of alternately weaker and stronger degrees until the proper one is found. In testing for myopia it must not at once be taken for granted that myopia exists because with concave glasses, vision is more distinct. For in certain conditions of the emmetropic eye, as in diffuse opacity of the cornea, or an abnormally enlarged pupil, the contraction of pupil occasioned by the tension of accommodation necessary to neutralize the effects of concave glasses, shuts out the peripheral rays which fall on the retina in circles of diffusion, thus rendering the details of the object more defined. So in ciliary spasm, a concave glass overcomes the effect of this and makes distant vision distinct, although the eye at rest is perfectly emmetropic.

The two eyes should always be examined separately, to ascertain if any difference exists in their refractive condition. The process which I have but imperfectly described, for ascertaining the existence and degree of myopia, will probably seem to you tedious, and possibly unnecessarily so, but whoever will take the trouble to look up the literature of the subject, the difficulty in high degrees of myopia of ascertaining its exact *degree* together with the very great necessity of so doing in order by proper means to preserve to his patient useful and comparatively healthy eyes, together with an investigation of the conditions simulating this anomaly, and which must be distinguished from it, will *begin* to have some appreciation of the difficulties as well as the necessities for a thorough comprehension of the subject feeling only to be enhanced by attempts to apply the knowledge thus acquired, to practice.

The increase of myopia in certain classes and countries has of necessity directed attention to an investigation of the causes operating to produce it. It is found to be more frequent in the older countries, and comparatively infrequent in persons reared in the rural districts, and who devote themselves to occupations requiring but little exercise

of sharp vision for small objects. Among this latter class hypermetropia is more frequently met with. It is not equally prevalent in all countries, nor in all portions of the same country, being more frequent in cities. Donders says "that of the countries of Europe, in no one is myopia relatively so frequently met with, in all classes, as in Germany."

In our own country it is of much more frequent occurrence in the eastern and middle states, than in the south and west. The number of persons in Boston who wear glasses has long been a subject of remark, and is being remarked also in many of our older and more western cities. In all countries it is observed to be of greater frequency among the more wealthy and cultivated classes.

(To be continued.)

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## Medico-Legal Department.

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### *ANOTHER VICTORY.*

Score one more for Homœopathy. Dr. J. W. Primm, our representative at this county seat, Pittsfield, was elected county physician yesterday over both Allopathic and Eclectic competitors.

GRIGGSVILLE, ILL.

T. M. WATSON.

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### *HOMŒOPATHY IN THE WEST.*

A matter showing our progress and victory is interesting. The new order of A. O. U. W. has connected with it an insurance of \$2,000 on the life of each member. Each lodge has one or two physicians, members of the order, who examine the applicants for membership and determine from a physical stand-point, their eligibility.

Some of our Homœopathic physicians have joined the order and been placed on a par with their hitherto more favored "Regular" brothers. For some time past there has been an uneasiness on the part of Regulars at this innovation upon their hereditary rights, but they have kept their counsel and made no open attempt to oust the Homœopaths. The grand lodge met some time since in a neighboring town. In this lodge, in some way turned up fifteen or twenty Allopathic physicians. In arranging for the government of the minor

lodges throughout the state, the question as to the qualification of the medical examiner came up for revision.

These plotting Allopaths caused to be placed in those qualifications the innocent terms "Regular, graduated physician in good standing, etc." The lay part of the lodge saw nothing improper or proscriptive in the character of the qualifications required. They wanted good, educated physicians, and had no suspicion that the term "Regular" meant anything else. They were about to swallow the whole thing (yolk, shell and all) when an astute lay friend of Homœopathy "smelled the rodunt" and went for it. He openly addressed a prominent Allopathic physician with the query, "You are a Homœopathic physician, are you not?" the indignant, (unsuspicious and innocent) reply came back, loud enough to be heard all about, "No sir! I'm a Regular." He made the same query, with the same results to several other Allopaths. These replies opened the eyes of lay members to the fact, that "*Regular*" in the bill of qualifications, was calculated and probably intended to define a *school* of physicians.

The Allopaths who had made their unsuspecting answers to our Homœopathic friend in the presence of witnesses, found that they had laid the basis for thwarting their own proscriptive purposes, and yet in the discussion which followed, with the exception of one man, they *denied* that the word "Regular" defined any school of medicine.

The *falsehood* of this position was soon rendered apparent, and the word "Regular" was stricken out of the list of qualifications, by the almost unanimous vote of lay members, against the physicians present. Thus right, rights itself.

OAKLAND, Cal.

W. N. GRISWOLD.

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### THE STATISTICAL BUREAU OF INDIANA.

Through the kindness of M. T. Runnels, M. D., we are enabled to lay before our readers the statistical law of Indiana:

Section 1. Be it enacted by the General Assembly of the state of Indiana, that a department of statistics and geology is hereby established for the collection and dissemination of information hereinafter provided, by annual printed reports made to the governor and legislature of the state.

Sec. 2. The governor is hereby authorized to appoint, as soon after



the passage of this act as convenient, and thereafter biennially, some suitable person to act as chief, who shall have power to employ such assistants as he may deem necessary, and said officer and assistants shall constitute the Indiana Bureau of Statistics and Geology, with headquarters to be furnished by the state; provided that said chief shall be an expert in the sciences of geology and chemistry.

Sec. 3. The duties of said bureau shall be to collect, systematize, tabulate and present in annual reports, as hereinafter provided, statistical information and details relating to agriculture, manufacturing, mining, commerce, education, labor, social and sanitary condition, vital statistics, marriages and deaths, and to the permanent prosperity of the productive industry of the people of the state.

Sec. 4. It shall be the duty of the several city, incorporated town, county or township assessors, trustees, officers of school boards, and boards of health, in their respective cities, towns, counties and townships, the agents or superintendents of all manufacturing, mining and mechanical establishments, the managers and superintendents of all corporations, manufacturing, mechanical and transportation companies and associations, and county superintendents of schools, to make reports and answer questions relating to the duties of said bureau, upon such blanks as may be furnished them for such purpose by said bureau.

Sec. 5. The chief of said bureau shall be the curator of the geological cabinet, museum, chemical laboratory, apparatus and library, and shall from time to time, as may be practicable, add specimens to the cabinet of minerals, organic remains and other objects of natural history peculiar to the state and of other states and countries.

Sec. 6. The annual compensation of the chief of said bureau shall be \$1,200, to be paid out of the treasury of the state, as provided by law for similar expenditures; and in addition thereto the sum of \$2,500 be, and the same is hereby annually appropriated out of any funds in the state treasury not otherwise appropriated, for two years, to be expended, or so much of it as may become necessary, in the discretion of the chief of said bureau, in carrying out the purposes of said department as herein provided. It shall be the duty of the chief of said department to render annually to the governor a detailed statement, accompanied with the proper vouchers for all moneys expended by him in carrying out the provisions of this act; and provided further, that no greater expenditures of money shall be made than the sum herein provided.

Sec. 7. Any person or persons authorized by the bureau to collect statistics or answer questions relating thereto, who shall neglect or refuse to make true returns, as provided for in this act, shall forfeit and pay a fine not exceeding \$200.

Sec. 8. The fines arising under this act may be recovered in any court of competent jurisdiction, by information or complaint of the attorney-general, and the same shall accrue to the state, and be paid into the treasury thereof.

Sec. 9. The act approved March 5, 1869, establishing a separate department of geology, and the acts amendatory thereof, and in conflict herewith, are hereby repealed.

Sec. 10. Whereas, an emergency exists for the immediate taking effect of this act, it shall therefore take effect and be in force from and after its passage.

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#### HOMŒOPATHY IN SACRAMENTO.

The Homœopathic physicians of our city have just won a glorious victory for our school of practice. We have met the enemy in a fair conflict, and they are ours. During the past all the charities and official positions in this city and county have been in the hands of the Allopathic school; but, as change seems the order of the day just now, we determined to strike for our rights. We have a large county hospital, where some 130 to 150 patients are constantly maintained. The position of superintendent and physician became vacant, and when the County Board of Supervisors met to appoint a successor, we selected one of our number, Dr. George Pyburn, and after a short and sharp fight, were successful, securing not only the hospital, but the city and county dispensary and jails. The salary is \$3,000 per annum, which is worth going for, particularly when in the hands of the Allopaths. Much interest was manifested by the people in the matter, and the general verdict was one of satisfaction.

The following week the Board of City Trustees determined to "go the supervisors one better," and appointed two of us, Dr. W. A. Hughson and myself, members of the City Board of Health, displacing thereby two of the most rabid Allopaths. This was an Allopathic dose even the "regulars" could not stomach, and the remaining three "regulars" indignantly resigned. Their resignations were

promptly accepted, and to-day their places were filled by three Homœopaths—Drs. Pyburn, Henry, and Kellogg, the latter a successful lady physician. We had just enough Homœopaths to go around, and those who know the board as now constituted predict such a reformation in the sanitary regulations of the city as will deprive the Allopaths of much of their former patronage. This is now a thriving city of 30,000 inhabitants, and, as you can see, we have made a clean sweep of the charities (the large Pros't Orphan Asylum is under our control) and official positions, except Commissioners of the Insane, and we are promised this also.

This is as grand and important a victory for Homœopathy as was ever won in this country, and all done in two weeks, previous to which time it was not thought of. Our hospital is the largest on this coast outside of San Francisco, and we all predict that soon all of the important charities on the coast will be under our control.

I enclose a few slips from our daily press, which will give you an extended idea of the movement. [We regret we have not room for these.—ED.] Congratulations are now in order. G. M. DIXON.

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**REPORT OF THE HOMŒOPATHIC RELIEF ASSOCIATION—THEIR LABORS WITH THE YELLOW FEVER SCOURGE—A SPLENDID RECORD AND VALUABLE SUGGESTIONS.**

A report of the Homœopathic Relief Association, showing the work done by that body during the late epidemic, has been received and examined.

The report, properly speaking, is comprised in some twenty printed pages, and relates to the origin of the association and extent of its work. Included in this are extracts of letters from applicants for assistance residing in Dry Grove, Canton, McComb City, Tangipahoa, Bay St. Louis, Cheniere, Canimada, and a number of other inland towns, all narrating the benefits received, and the gratefulness of the donees to the association.

The total number of yellow fever cases treated Homœopathically under the auspices of this association was 5,840; of this number 3,184 were within the city limits, and 2,456 were in towns, villages and hamlets in adjacent fever districts, mainly in Mississippi, on or near the line of the Chicago, St. Louis and New Orleans railroad.

Of these 3,184 cases treated in the city, 164 died, a mortality of 5.2 per centum. Of the 2,456 treated in outlying points, 174 died, a mortality of 6 per centum. Of the entire number treated 2,953 were under fifteen years of age, and the loss was 124, a mortality of 4.2 per centum. Examining more into details, it is found that 231 cases of black vomit were treated by the physicians and laymen of the association, of which 173 recovered.

For assistance in carrying out the relief work special thanks are returned to Hon. W. M. Evarts, Hon. L. W. Ballou, Woowockett, R. I., the New York Chamber of Commerce, Southern Relief Committee, the citizens of Boston, Worcester, Providence, Pittsburgh and Detroit; the Ladies' Southern Relief Society of Newport, R. I.; the Homœopathic medical societies of York and Lancaster counties, Pa.; Drs. Breyfogle and Pierce, Louisville; Dr. Smith's pharmacy, N. Y.; Bœricke & Tafel's pharmacy, New Orleans; Angell's pharmacy, New Orleans; Rev. J. H. McCarthy, D. D.; Gen. Cyrus Bussey, Messrs. J. J. Langles & Co.; Southern Express Company, Western Union Telegraph Company, the agent of the Associated Press, Orleans Central Relief Committee, Cromwell & Morgan steamship line, Chicago, St. Louis and New Orleans railroad, New Orleans City railroad company and Crescent City railroad company.

The receipts, besides donations of food and clothing, were \$12,278.16. The disbursements were \$2,388 to physicians, \$2,322 to nurses, \$1,066.15 to charities, \$1,103.50 to carriage hire, and the remainder to the purchase of medicines, clothing, food, and to the defraying of office, burial and other expenses.

The publication of this part of the report was delayed in order to incorporate therewith extended reports and papers, pertaining to the treatment of the fever, from physicians of the Homœopathic school.

These reports are from Drs. Richard Angell, Walter Bailey, Sr., James G. Belden, S. M. Angell, A. B. de Villeneuve, Walter Bailey, Jr., James Die, Charles J. Lopez, James R. Jones and W. M. Deason, and are followed by two elaborate papers from the pen of Dr. Walter Bailey, Sr., upon the theory of yellow fever poison and upon quarantine.

By the papers of Drs. Bailey, Belden, De Villeneuve and others, the germ theory seems to be entirely rejected, these physicians expressing an unanimous opinion that yellow fever has its origin from special atmospheric conditions, combined with and augmented by local causes, said causes being miasms arising from impurities of the soil and lack of proper hygienic precautions.

They continue and state that while the yellow fever is indigenous to our city and in always possible sporadic form when such special atmospheric conditions exist, but it does not and cannot become virulent and epidemic unless such hygienic conditions of the city is especially neglected and bad; that while yellow fever may be and doubtless often is imported, yet it can and does originate here, and any quarantine, other than of a limited character, is not only useless but an unnecessary bar to the commercial life and prosperity of this city.

This opinion is acquiesced in with more or less earnestness by the majority of the Homœopathic physicians in this city. Such an opinion, coming from such a source, is certainly entitled to earnest consideration, and the book, which the secretary of the association, Maj. C. G. Fisher, has so well collated, should be examined by all residents of the fever district.

It certainly combines more extensive and specific information upon the subject of yellow fever than any other document of the sort yet published, and on this account is valuable and deserves a place in the library of every thinking man.

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## Materia Medica Department.

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### A CASE OF POISONING BY ERGOT.

Mrs. P., aged about fifty, being troubled by a severe and protracted menorrhagia, was ordered to take the fluid extract of *Ergot*. Having taken it for some time increasing the dose to nearly a teaspoonful, and growing worse instead of better, she applied to me for relief. I found her very debilitated, and the flow, which was of black, viscid blood, increased with movement of the body. *Crocus sat.* 200, relieved the flowing. The anæmic symptoms, pulsating arteries and enlarged veins of the neck and debility and noises "as of wind blowing very hard in the ears," were cured by *Opium* and *Phosphorus* 200. After the cure was completed, I sat down with her and noted in Lippe's *Materia Medica*, the symptoms of *Secale* which she had verified by an involuntary proving. These are, so far as I know, and "to the best of my

knowledge and belief," apart from the simple menorrhagia she had at first, and as follows:

Great anxiety; giddiness as from intoxication; dull pain in the back part of the head; obscuration of sight; *humming and roaring in the ears*, with deafness. (Could hear better by pressing on the carotid artery, which she was accustomed to do when conversing.) Pale, yellowish, sunken countenance, with eyes surrounded by a blue circle; *formication in the face*; painful tingling in the throat and on the tongue; swelling of the tongue; violent unquenchable thirst; insatiable hunger, especially for acids; continuous nausea; *worse after eating*; violent pressure in the stomach, as from a heavy weight, with sensitiveness to the touch; hæmorrhage from the uterus of *black liquid blood*; *the discharge is increased by motion*; heavy, anxious breathing with moaning; tingling of the back, which is numb, extending to the tips of the fingers; deadness of the finger-nails; pulse unchanged "even with the most violent attacks;" formication under the skin; aggravation from warmth; amelioration from cold air.

I am sorry I did not examine the urine as it would probably have yielded albumen, but at first was not aware of the *extent* to which the patient was indebted to *Secale* for these symptoms. One-half or two-thirds of a drachm of the extract every few hours ought to give something of a proving. The patient is well now, one year since.

BRIDGEWATER, VT.

A. F. MOORE.

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### A CASE OF POISONING BY ILLUMINATING GAS.

BY C. S. ELDRIDGE, M. D., CHICAGO.

March 13th, at 7 P. M. I was summoned to see a man at one of our hotels, and found that eighteen hours previous he had retired for the night, first having blown out his gaslight instead of turning the key. The man, thirty-two years of age, presented the following condition: Pulse 50, surface cold and clammy; face dark and swollen; mouth open; tongue protruding; constant flow of saponified looking saliva; eyes completely insensible to light and touch. Respirations labored and about five to the minute, with pronounced stertor. Temperature 97. Under such circumstances one would naturally pronounce the man moribund. I pronounced nothing, but as an initial step in the

treatment, increased the respirations mechanically to fifteen or sixteen a minute, and with window and door open, continued the artificial respirations. As a medicament I first gave a teaspoonful dose of aromatic spirits of *Ammonia*. This attempt in which I barely succeeded, so affected the parts employed in the act of deglutition, that I was compelled from fear of strangulation to abandon that method of medication. I was now driven to the alternative of administering medicines and nourishment per anum, and at once threw into the rectum half a tumblerful of milk punch, str ng, to which had been added one grain *Sulphate of Quinine*. At the expiration of half an hour a similar quantity was administered in the same way, meantime the body being chaffed from cranium to toe, by the aid of assistants.

At the end of two hours a slight reaction was apparent, the rubbing was continued, bottles of hot water placed to the feet and limbs. Regarding alcoholic stimulant and *Quinine* as the best promotives of the heart's action, and the latter as the best prop for the vital force, I continued at intervals of about an hour to administer them in small quantities. About midnight a gentle transpiration set in, and continued until the wearing apparel, bed clothes and mattress, were literally saturated through and through. Upon examining the bladder, I found that viscus distended to its utmost capacity, and relieved by catheterization. About this time the breathing became better established evincing something of a response from the pneumogastric. The profound coma continued, a marked hyperæsthesia became established, and any manipulation, such as the necessary handling of the patient was invariably followed by tonic muscular spasms. I was struck by their strong resemblance to the phenomena, we notice in poisoning by *Nux* or *Strychnia*. After the bladder had been emptied of its contents, complete incontinence of urine followed.

On March 14th, the patient's condition was as follows: Pulse 60; temperature 97½; breathing stertorous; jactitation of the muscles; extreme hyperæsthesia, with rigidity of the muscles of the neck. In view of the muscular tension, hyperæsthesia and incontinence of urine, I gave by rectal injection *Nux* second, every hour, and nourished the patient as before.

March 15th. Patient had a restless night, with some muttering and incoherent talk, unable to swallow. Found extremities cold and face cyanotic; perspiration materially abated; pulse weak and thready. Substituted *Arsen. chin.* every hour. Eyes to-day are slightly sensi-

ble to touch. Continued injections using beef tea alternately with milk punch.

March 16th. A slight improvement in pulse; urine still passing unconsciously; eyes respond slightly to light. Hyperæsthesia unabated; a constant restlessness and tossing. To quiet the muscular agitation I administered an eighth of a grain of Magendie's solution of morphia hypodermically, which soon produced a quiescent state of the system and very decided abatement of the hyperæsthesia. A warmth of the extremities came on which we had not previously been able to establish. Six hours later the restlessness and coldness returned, which I essayed to control by the administration of *Ars.*; failing, however, another hypodermic of *Morphine*, one-eighth grain was employed with the same happy effect as before.

March 17th. Night passed more quietly; breathing regular; eyes sensible to both light and touch; patient recognizes his wife, expresses himself in monosyllables occasionally, yet unable to swallow. The coldness of surface not again returning, further hypodermic medication was dispensed with. The bowels seeming to tolerate well the injections of nutritious substances, alimentation was continued in that way.

March 18th. A comfortable night, five to six hours sleep; now speaks an occasional sentence which is coherent; deglutition possible but painful; pulse 70; temperature 98½.

March 19th. Slept well; takes an occasional swallow of beef tea, which is deemed sufficient to nourish, and the rectal injections are discontinued. Calls for a chamber and voids the urine naturally; bowels move in response to an enema; worst feature to-day, muscular jactitation; prescribe *Nux* 3 every hour.

March 20th. Another comfortable night; swallows with less and less difficulty. The muscular jactitations are to-day much abated; continue *Nux* every two hours.

March 21st. Patient narrates his feelings while passing into and coming out of the anæsthetic state, and compares it to the feelings induced by the articles employed in producing anæsthesia for surgical purposes; alleges that it is more of a task to blow out a gaslight than a tallow dip. The only real inconvenience that our patient is now subjected to, arises from two severe burns on the planter surface of each foot, induced by jugs of boiling water placed against them and left there too long by a chambermaid in the hotel. As soon as these surfaces shall have granulated sufficiently the patient will leave for his rural home a wiser man.



## Therapeutical Department.

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### CLINICAL OBSERVATIONS.

#### REPORTS FROM THE FIELD OF PRACTICE.

WAPAKONETA, Ohio, April 18.—Prevailing diseases in this locality are: Influenza, remittent and intermittent fevers. For the former *Rhus tox. Merc.* and *Ars.* proved most efficient, whereas for the latter, many remedies seem to be indicated, but *China Pod.* and *Nux* cures most cases.

C. WILES MEELY.

TERRE HAUTE, Ind., April 12.—A severe influenza epidemic is prevailing here for several days past. In incipient stage, the *Ambrosia artem.* relieves promptly, but later, *Aconite* and *Bryonia* are the remedies which break up the wretched feelings complained of which are oppressive and fullness of the air passages, with discharge variable, aching of bones, and general malaise and stiffness of muscles and joints of the whole body.

W. MOORE.

ERIE, Pa., April 19.—There has been considerable sickness here this winter, mostly chest and throat troubles, with scarlet fever and diphtheria. In the last two months I have treated over one hundred cases of *diarrhœa*, even in the coldest weather; and other doctors say they have had very many cases. Most of mine have been sudden, *painless*, watery and exhausting. Best met by *Croton tig.* 200 and *China* 200 or if *painful*, by *Coloc.* 200 and *Aloes* 200. I have also used, when indicated *Bry.*, *Verat.* and *Ipecac.* Measles are now appearing, and scarlet fever is about gone. Some early intermittents have appeared.

EDWARD CRANCH.

[This diarrhœa looks towards cholera next summer.—ED.]

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### APIS IN CHRONIC CYSTITIS.

G. H. Carr's ungrateful effusion of March 15th prompts me to say a word in condemnation of his "I prescribed *Apis* on somebody else's say so \* \* \* and the result was just what might be expectvd." What

did he attend a college for if it were not to hear experienced teachers. "say so?" Did he not know anything till his *practical* experience taught it to him? If so, surely he must have begun practice as a humbug, though at the expense of his patrons he may have developed into a veritable oracle. I am exceedingly thankful to Dr. Metcalf for his article of February 15th ultimo, on *Apis*, because it cured, for me, a chronic difficulty presenting all the symptoms which it was there claimed a specific for, and *in addition* a chronic pain across loins which had troubled me much for years. In the use of specifics I believe the specific dose *must be* ascertained. I put five drops in aq.  $\zeta$ iv and took a teaspoonful about every two hours and was cured as by magic. Three weeks have passed and none of the symptoms have returned.

W. W. SWITZER.

#### CHRONIC ECZEMA CURED WITH CARBOLIC CERATE.

Mrs. —, aged fifty-five, inherited salt rheum. Hands very sore and wrapped up in cloths. Prescribed *Carbolic* salve, made with *Carbolic tincture* (solution of crystals) and lard, applied twice a day, and was cured in two months. No other remedy was used. It has been as promptly curative in other cases.

P. M. FRISBY.

#### A SPASMODIC HINT—ASAFŒTIDA.

Was once called to see a child suffering from convulsions, which had been cared for by an Old School, until parents were discouraged. I carefully considered the symptoms, and prescribed, then a "fit;" still stuck to my text; another fit, and another, and so on. Becoming discouraged, I resorted to Dr. Ruddock for help; still they came. Dr. O. S. recalled; still they came. Old lady gave a grain of *Asafœtida*. No more spasms. Exeunt doctors in disgrace.

Now, Mr. Homœopathician, stand up. Do you think me an infidel if I think I have learned something? Whenever I am called to see a case of infantile convulsions, I give one or two drops of *asafœtida*, mother tincture, simply to arrest the paroxysms, relieve the suspense of the anxious parents (and anxious doctor), and save my reputation till I can make a careful selection of the true similimum; for I do

believe in the similar remedy to do the real work of removing the disease. And I want to say that the *Asafoetida* has thus far worked just as I wanted, and expected it to do, every time. "If this be treason make the most of it." A. F. R.

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#### INTERESTING MALFORMATION.

A very interesting malformation is to be seen in this vicinity, resulting from the breaking of a tooth (right incisor) in the mother.

The whole course of the nerve from the surface back to junction with optic nerve, is wanting. The roof of mouth on right side from lip which is divided, the opening in the jaw corresponding, to the divided lip, palate, right tonsil, etc. The right eye seems to share in the trouble, as it is at times dull and expressionless.

This may or may not be interesting to brother practitioners. It is certainly so to me, though not under my care. THOS. M. YOUNG.

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#### A CASE OF PHTHISIS.

Was called to prescribe October 23 for a cough. The man had had a slight hacking cough at times for several years. Some of his brothers and sisters were victims of consumption, and his case seemed very serious, so that he arranged his affairs, thinking that his days were few. With two or three prescriptions he improved, however, so that his cough was nearly gone.

Jan. 10th, was called to prescribe again, his cough having returned and much worse. Jan. 17th. No better; temperature, 100.5. Jan. 22. No improvement. Gave his wife but little encouragement. Had daily chills and profuse sweats.

Believed that if he did not soon get the right remedy his case would be hopeless. By the aid of Simmon's Cough Repertory, I decided that *Sulphur* was the remedy, and gave three doses of 200 and placebo. Jan. 27th.—Chills have stopped; night sweats relieved; but had gone out and taken cold, and was not as well, so gave *Sulphur* 200 three doses, and followed with placebo. Jan. 31.—Doing well; placebos. Feb. 21. Came to see me. Cough nearly gone; is able to do most of

his work. *Sulphur* 200, 6000, 100,000 *a a*, two doses; placebo. Have since seen patient, who was then attending to his affairs as usual, and calls himself well.

The question in my mind is whether he would have fared as well had I given him *Aconite*, *Calc. c.* and *Phos.* in alternation, with a liberal use of *Cod liver oil*.

I ought to have stated that the only auxiliary treatment was sponging with vinegar and water for the night sweats. The remedies at first used were in a low potency. I think the case a good illustration of the value of the indicated remedy in contrast to the course so often pursued of prescribing for a name without strict individualization.

A. F. RANDALL.

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#### ARNICA IN HEART DISEASE.

I beg leave to present the following case to the readers of your valuable journal, hoping that it may be of some interest to some who may read it as it was to me, and not only interest but a source of instruction, for it served to impress these facts upon my mind more firmly than ever. First, that disease, cannot be successfully treated by name, but that symptoms are the only true guide in the selection of a remedy; and second, that the failures in our system of treatment are not the fault of our law of cure, but that of the physician in not properly studying the case, or in a careless selection of the remedy.

On March 20th, one year ago I was called at 5 A. M. to see a patient living some twenty miles distant. The messenger stated that the lady had been suffering for years with heart disease, from which she was supposed to be near death's door, and that she would not probably live until we reached there. On arrival, found that she had been under the care of a Homœopathic physician, but with little relief, and the case presenting about the following condition:

Woman, about thirty-five years of age, medium size, dark hair, health previous to marriage, good, had suffered most of her married life from female weakness, (prolapsus and leucorrhœa), palpitation and dyspepsia; found her propped up in bed gasping for breath, this position she had to assume whenever the attacks of palpitation came on. Said that she would smother to death if some person was not on hand to raise her up (being unable to raise herself). She complained

of great weight and distress in the stomach with some eructations, very little appetite; bowels constipated; pain in the small of the back; sharp pain in the region of the heart, with severe palpitation, making it almost impossible for her to get her breath even in a sitting posture; *great deal of heat about the head*, accompanied with *coldness of the body*; this was very marked. Upon examination found the heart sounds normal, but very irregular in action with fluttering and often skipping one or two beats, showing a great deal of functional disturbance; found the uterus prolapsed in the first degree, with profuse white leucorrhœa; on account of her being several months pregnant could not make fuller examination. Upon inquiry, found that the present attack was brought on several weeks previous by a fright which she received, and the fear and anxiety had possessed her mind ever since. After as full an examination as I could well make, the next question was what remedy should I use for the mind symptoms mainly. I concluded to give *Aconite*, but left two other remedies *Nux*, and *Digitalis*, with full directions in case *Aconite* should fail; told them to report in two days at farthest. At the required time the report came, "but little better;" still complained of the intense *burning on the head, with coldness of the body*; (in the meantime I had decided to give *Arnica* in case she was not better), so I gave *Arnica* 3, with instructions to report in two days. I had thought of giving this remedy at first, but knowing that it was scarcely ever used in nervous affections of the heart, and but seldom ever mentioned by authors under that class of remedies, I was afraid to risk it. I heard nothing more of the case until April 8, when the husband of the lady came in, and to my great surprise reported the case as almost well. Said that in half an hour after the first dose of the last medicine (*Arnica*) she began to feel better and had improved ever since. Heat in head and coldness of extremities most entirely relieved, and improving in all other respects. I continued the same medicine, and in a few months after, she was reported in better health than for years before.

E. E. W.

## A CASE OF TRICHINIASIS.

BY J. E. SLAUGHT, M. D., HAMILTON, N. Y.

Something so rare (in this vicinity at least) and yet so certain as to its originating cause and terrible results, and the actual proof that it was *trichina spiralis*, has caused no little excitement among the pork eaters here.

Thinking that a brief history of the case might be of interest to some, or, what is to be still more desired, might be the means of bringing to light more information on the terrible malady than is to be found in the meagre descriptions given in our text-books, I present my case and for one would like to see a more complete history of the disease and its treatment, and to hear the experience of the profession with individual cases.

The case in question was a boy four and one-half years old, who had been comparatively a healthy child up to the time he was taken with what I diagnosed in the early stages typhoid fever. But the comparatively low temperature (100 to 100½ Fahr.), joined to the profuse perspiration, the absence of enlargement of the spleen and of an eruption, the swelling of the face, the muscular symptoms, the very red color of the visible mucous membrane, were prominent points which led me to the opinion that it was not typhoid fever.

Then, upon further investigation, I learned that the boy was very fond of sausage, and had at times made full meals of it and nothing else, and, further, that he had at times, two or three weeks previous to his sickness, eaten thin slices of raw ham. I at once made an effort to procure some of the meat for microscopical examination, but unfortunately it was all gone. But the prominent symptoms, such as loss of appetite, nausea, dry, somewhat coated tongue, abdominal pain and meteorism, prostration with a quick pulse and copious sweating, œdematous swelling of the face, sensitiveness of the muscles to touch, and painfulness when moved, dispnoea, sleeplessness and emaciation, together with so probable a cause led me to the decision that it was a case of *trichina* poisoning.

Counsel was called, and three other physicians agreed with my diagnosis. Such Homœopathic remedies were administered as the symptoms called for, but with no marked results further than to partially alleviate his sufferings.

The muscular symptoms were very marked and closely simulated the signs of acute rheumatism, except there was wanting the charac-

teristic articular swelling, redness, and shiny appearance, so common in rheumatism.

The œdema was also prominent, manifesting itself first in the eyelids, and was attended with a catarrhal state of the conjunctiva, pupils dilated, very susceptible to light, power of accommodation somewhat diminished, and pain on moving the eyes. The urine was scanty, acid in reaction, containing an excess of uric acid.

The fever was continuous throughout, pulse ranging from 130 to 150, perspiration at times general and profuse, having a very disagreeable odor, at other times confined only to certain parts of the body.

The general cachexia became more and more marked, the respiratory muscles became affected, breathing became hurried and shallow, respiration at times quite distressing, and at the end of the fourth week a cough set in which indicated very grave pulmonary complications. Pneumonia followed, and the fact that the child was hereditarily predisposed to phthisis made the then doubtful prognosis all the more grave. The pneumonia took on a rather chronic form and gave rise to many signs which simulated consumption. There was no pulmonary hæmorrhage, but the sputa was at times streaked with blood. Thus the little sufferer lingered along until the ninth week from the beginning of the attack. After his death I succeeded in obtaining a piece of muscle for examination. On putting it under the microscope I readily found three of the parasites, one very distinct entirely encapsuled, the others were partially or in the process of becoming encysted. I doubt not there were more not yet encysted, but was not able to find them with the magnifying power at hand (200 diameters), an investigation of the worm itself and its structure requiring at least 300 diameters. Let us hear from others on the subject of trichina.

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### *A CASE OF PARALYSIS.*

#### HYPODERMIC INJECTION OF BLOOD.

I send a report of my case. I do this with great difficulty, for I have been confined to one position by complete paralysis of the right side, involving all the muscles both internal and external, and so impairing the action of the corresponding antagonistic muscles as to render them almost powerless. And now in order to make this report I have my head slightly raised on pillows, with a small board resting

on my right limb, to which the paper is attached by pins, on which I am writing with a pencil with my left hand, which I have drafted and drilled into this service during the last year. Beside me I have a plate of skim milk into which I dip each page as it is written, to fix the writing, else but little of it would ever reach you. And now will you not overlook any deficiencies in this communication and attribute them to my infirmities. I have been gradually failing since my last attack, sixteen months ago, but by meeting promptly every new complication as it revealed itself, I have been able thus far to weather the storm. My bowels were only moved by gravitation, and the elasticity of the integuments of the walls of the abdomen. This occurred once in three or four *weeks*. Once they became completely blocked up and we could find no pulse save in the carotid artery, and then it could not be counted from its frequency. I immediately commenced taking one grain doses of the 1x of crystallized *Arsenicum*. The obstruction was soon removed. My digestion had become so wakened by the paralysis of the muscles of the stomach that I was rapidly sinking from anæmia. At this stage Drs. Dickinson and Stone, of Des Moines, came out to see me (I live four miles north of the city in the woods) and recommended the use of *Lactopeptine* composed of the gastric fluids of the ox. I procured a bottle and found great benefit from it. It changes farinaceous food into chyle, which being absorbed by the use of a gentle stimulus is taken into the circulation and nourishes the body.

The same kind gentlemen visiting me again, for which I am unable to compensate them (for I am a pauper), and gave me two or three applications of the galvanic battery, which aftersome time so affected my bowels that I am able to procure a passage as often as is necessary by injecting strong *Aqua ammonia*. My food for many months (I forgot to say that the *Lactopeptine* does not act upon meats only making them disgusting to my taste) has consisted solely of a small piece of toasted wheat bread soaked in well sweetened coffee. This is repeated at noon, and I take nothing more except a small piece of cheese crumbed finely, in which a few grains of *Lactopeptine* are mixed, this I take after my last food and occasionally through the night. But this you will observe was not sufficient to supply the waste, and I became completely anæmic.

Allow me to go back a little. Soon after my last attack I felt a severe and continuous pain at the edge of the right tibia at its middle third. As I had already sufficient suffering to occupy my mind, I did not give it much thought. After two days it became so severe as to eclipse all my other sufferings, and I discovered a fully developed carbuncle. Here was scope for all my energies. I took an injection of half a grain of *Sul. morphine* hypodermically to deaden the intolerable pain while I should treat the carbuncle. I took one grain doses of the 1st decimal trituration of the crystallized *Arsenicum*, every two hours, until I had taken seven powders. This throttled the carbuncle. This was followed by two more carbuncles. I repeated the *Morphin*<sub>e</sub>



not, however, so much to deaden the pain, but because I found that it was in direct rapport (if you know what that is) Homœopathically with the paralysis itself. I have continued its use ever since, not sensibly increasing the size or frequency of the dose. But now comes the principal thing that induced me to trouble you with this missive. On the 14th instant I felt that a crisis had come. The brains began to show indications of some serious lesion. A ligature placed tightly on my right arm and left leg failed to develop a single vein. Heaven seemed very near to me, and I earnestly desired to be absent from the body and present with the Lord, which seemed to me far better. But God had not done with me yet. He inspired me to make one more effort for the benefit of suffering humanity. I thought of transfusion but there were insurmountable difficulties presented themselves in the way. My dear, self-sacrificing, patient wife has waited on me during all these years (it is now ten years since my first stroke) and since my last attack, sixteen months, has been with me day and night, lifting me out of and into bed alone by her own strength. She is very sensitive to pain, and it seemed too much to ask her to suffer pain voluntarily for my experiments. Again the operation required peculiar and expensive instruments. Moreover a corresponding vein was requisite to receive the transfused blood. This I had failed to find. Where could I obtain the needed assistance. When God requires a duty He removes the difficulties, not all at once but as they face us. Night was coming on, I might not see the morning. I told my dear wife what I had thought of. I explained the nature of the operation, its sufferings, its dangers, if complications should occur, phlebitis for instance, and then its benefits to myself or others.

She listened patiently, and then putting her hand to her sleeve as if in the act of raising it, she said, "If there is anything I can do or suffer that promises you any relief I will do it." How shall I ever show my gratitude to our covenant God for such a gift? I have a hypodermic syringe holding thirty drops, and in using it I had noticed the rapidity with which its contents were absorbed when injected under the integument. No vein would be required. With the assistance of her left hand we put a ligature on her right arm. I inserted the point into the axillary vein and held the syringe while she drew out the piston, thus filling the cylinder. I then withdrew the instrument. I inserted the point under the integument, near the knee joint, and injected the contents, thirty drops of venous blood. What hath God wrought? He was evidently our assistant as we were otherwise all alone. And now for the results. I have never in all my life experienced such marked and instantaneous relief. A thrill of vitality instantly pervaded my whole being. In a short time I felt a novel sensation for me. I felt hunger. My wife soon supplied me with the accustomed toast and coffee, and conversing cheerfully till the usual time, I enjoyed a refreshing night's sleep. The next day I repeated the operation in the presence of another witness, and the next increased the quantity to sixty drops, but think now it was unneces-

sary, as I had passed the crisis making it necessary. I steadily improved from the first until the present. That I must soon be removed from this scene of suffering, seems to be not only probable but desirable.

And then, oh, how pleasant,  
The conqueror's song.

I would refer the sceptical and cautious to the physicians mentioned and J. Miller Smith, M. D., of LaFayette, Ind.

My wife as yet has experienced no unpleasant consequences. If any one is desirous to consult me further, I have stated my poverty and shall pay no attention to any communication that does not contain a remittance sufficient to pay the cost and labor of the correspondence.

R. W. WATERMAN.

EAST DES MOINES, IOWA.

NOTE.—My case was clearly one of anæmia; but what experienced physician has not met with cases where to procure the vitality here promised would be enabled to bridge a crisis that would insure a restoration to health.

R. W. W.

## Consultation Department.

### BENZOIC ACID.

In reference to *Benzoic acid*, see page 191 current volume. Mr. Tafel informs me that the tincture bought of him by J. W. M. was made by dissolving one part of the acid crystals in ten parts pure alcohol.

MEDICUS.

### THANKS FOR COUNSEL.

Thanks to Dr. John F. Wage for his advice in *THE INVESTIGATOR* Vol. VII new series, page 40. I gave the remedy as he advised. Within four weeks she was cured I think permanently.

Z. A. BRYANT.

### A HARD CASE.

Will some doctor be kind enough to help me out of a difficulty. J. R., aged forty-eight, medium size, light hair, blue eyes. Smokes a good deal of tobacco, otherwise is strictly temperate. Was perfectly healthy until thirty-eight years of age. Trouble began with a severe pain across the kidneys. Could only get relief by pressing kidneys. Pain continued about three years, then located in the urinary organs; at this time was bothered with an obstruction of the anus. At stool in straining, he observed a white fluid discharged from the urethra, pro-

ducing severe pain. After two or three years the pain continuing in the urethra there seemed to be an obstruction in the urethra; could urinate with difficulty which sometimes would cause the urine to flow in two streams, at others in a spiral form; again would have to make a continuous effort before the urine would begin to flow. General health became impaired until the last two years. Very little pain at present while urinating. But an occasional obstruction of the urine. In the morning there is a red and white deposit to be found in the urine. Also suffers from prolapsus of the anus. In order to take any comfort whatever, must take diuretics. Treatment: Have prescribed *Phos. acid* 3x, *Cantharis* 30x, and *Nitric acid* 3x. Have had some good results from *Hydrangea arbor*, five drop doses of tincture.

J. W. T.

#### CASE FOR COUNSEL.

Mrs. N., aged thirty-five. Been married twelve years, never been pregnant. Was well in every way till about two years after marriage, then began to have leucorrhœa, and once in a while directly after the menses had ceased would have a sick headache. An Allopathic physician was called in, who examined her, and said she had congestion and ulceration of the womb, for the next five years she was under his treatment, caustics being frequently used, at this time she came under my care; and was having the headache much oftener, a good deal of leucorrhœa, and I found some ulceration. She was under treatment for several months, when the leucorrhœa seemed cured, and during a year she had the headache only after two or three menstrual periods, at this time she moved to a farm, where she had to work very hard, and could not stop her work at the periods, so in a few months her troubles came back. She had an Allopath physician (there being no Homœopath near) and took his medicines some time with no benefit. She then moved from the farm, and the past two years she has been under Homœopathic treatment with only partial benefit, that is sometimes she might get along for two periods without any trouble. For the past two years she has had ovaritis directly after the menses; directly after the flow ceases she feels, as she expresses it, something gathering in one groin (sometimes it's the right one first and sometimes the left), and then the head on that side begins to ache most intensely, and keeps at it till something breaks and discharges from the vagina; in the course of from twenty-four to thirty-six hours the other side gathers, then the corresponding side of the head goes through with the same experience as the former. She is very regular as to time of menses, but the flow has become very much diminished. The vagina is so small, that her husband can make, as it were, only an approach towards connection, and this is attended with intense pain by her. She is willing to put herself under my treatment again if I think I can cure her, but has become utterly discouraged as to ever being any better. Any assistance in this case will be thankfully received and duly credited.

E. D. DOOLITTLE.

## IS IT MANIA, OR WHAT IS IT?

"BOTHERS THE DOCTORS.—Chicago's barking girl has had a third attack of her peculiar malady. She is seventeen, well proportioned and good-looking. When the spasm comes on she barks and gesticulates wildly, then shrieks and becomes unconscious. Her father, a German bricklayer, insists that she is shamming to escape work. A neighbor asserts that he saw a Spitz dog bite her about a year ago. The doctors have not yet arrived at a conclusion."—*San Francisco Call*.

The foregoing case, together with another similar one recorded in back a number of *THE MEDICAL INVESTIGATOR*, have induced me to record the following, which came personally under my care some three years ago, but for want of notes which have been lost, I will report the case alone from memory. It was for want of a proper name for the disease that I did not think it worth while reporting at the time. It bore an assimilation to *epilepsy*, but owing to an insufficiently expressive nomenclature, by way of description, I would here designate it *laryngeal epilepsy*.

The patient was a young girl, aged thirteen, who suffered a period of several months with peculiar kind of fits. Commencing about noon every day, the child was conscious of the approaching attack which invariably started with a kind of dry, tight cough, lasting about half an hour before the attack. The cough then turning into a sort of a bark like a dog, after which she would make a sudden jerk and grasping with both hands towards the throat, keeping up a sort of clawing until everything about her throat and chest was torn off her body. In the meantime she pursued a bouncing and leap-frog like jumping from one side or corner of the room to the other, regardless of any obstacle or consequence; yet during all this reckless daily performance she had never injured herself, and during the most violent part of the attack she appeared to be conscious, because any attempt at holding her down she would dodge, kick, cough and utter a peculiar *who-ah! who-ah! who-ah!* three times the accent being on the *ah!* The duration of the attack was an hour, at the end of which time from prostration her voice grew weaker and she would suddenly collapse into an apparent lifeless condition. She was then wrapped in blankets.

Though entirely insensible she would lie there, eventually breaking out into a profuse perspiration, subsequent to which she would sleep for an hour, and then suddenly awaken from her sleep from a pressure upon her bladder would forcibly throw off her wrapper, turn for the chamber and evacuate a quantity of urine. She then remained well until the following day. The treatment I pursued the first few days was tincture of *Chamomilla* mxx in a glass of water, constantly sipping during the day, this produced favorable effects breaking up the regularity of attacks, and delaying them for one-half or three-quarters of an hour later. I was present at all attacks, and when the spasms were on, I put into her mouth a small bottle of pellets of *Lac caninum* 1000,

many of which were ejected during her spitting movement, after which I treated her with tincture *Aca samoa* from small doses up to one drachm during the day. In five or six weeks she was perfectly well, and in six months menstruated and has since become a healthy woman, and can be interviewed if required. D. A. HILLER.

## Obstetrical Department.

### VERATRUM VIRIDE AND QUININE IN OBSTETRIC PRACTICE.

FROM NOTES TAKEN BY MRS. CLARA STACY WOODWORTH, STUDENT CHICAGO HOMŒOPATHIC COLLEGE.

The value of *Veratrum viride*, and *Quinine* in the treatment of functional dystocia was never better tested clinically than at the "Erring Woman's Refuge," October 11th and 12th.

Bridget, primiparæ, aged 18 years, having arrived at full term, was taken sick at noon October 10th with chill, nausea, severe backache. Slept poorly that night, and sent for me October 11th at noon, the pulse was 136, full, bounding, incompressible; temperature 103, skin very moist, tongue thickly coated, face dark red, pupils dilated, patient indifferent and apathetic. Examination showed a rigid os about the size of a ten cent piece, anterior obliquely of uterus, head presenting.

The exhibition of *Bell.*, *Nux*, *Gels.* produced no effect. The case at 7 P. M. remaining in *statu quo*, ordered *Veratrum viride* in drop doses every half hour. Three doses brought down the pulse to 120, and the cervix began to relax. Continued remedy at intervals of an hour until 3 P. M., when temperature was 101, pulse 110, pains bearing down. Ruptured membranes, and at 5 A. M. delivered the patient of a full size fœtus nearly asphyxiated, with the cord (not very long), wound round the neck. The hæmorrhage was excessive, the pulsations in the cord full, bounding, incompressible. Placenta found to be partially detached. It was quickly removed, hips elevated, the flooding stayed with cold applications, and at 7 A. M., October 12th, patient slept—temperature 99°, pulse 100, compressible respiration natural, skin moist, uterus firmly contracting—continued *Veratrum* twelve hours when pulse was reduced to 80. Patient made good recovery, child died.

At 3 A. M., October 12, Hattie, primiparæ, aged 20 years, was taken in labor; pains severe but irregular, accomplishing nothing; skin cold, clammy; pulse 64; no courage. Examination showed head presenting os size of silver quarter. Dr. Ellen M. Porter suggested *Qui-*

nine, ordered grain doses every hour. Three doses were given; characteristics all changed. Ruptured membranes at 7:30, in one hour large child was born. Secundines came away naturally. After woman was put to bed found pulse to be 78, temperature normal; the patient demanding breakfast. Both mother and child are well.

MRS. SABINE SMITH, M. D.

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### A RARE CASE OF PROCIDENTIA UTERI.

BY E. M. HALE, M. D., PROFESSOR OF MATERIA MEDICA, CHICAGO  
HOMŒOPATHIC COLLEGE.

The patient was an old woman, aged seventy, of German descent, had been accustomed to work out of doors, in the garden principally. She was very small of stature, had *never been married, never had children*, and had *never been ill enough to call a physician* before.

Several years ago she noticed a dragging feeling in the pelvis, which was aggravated by her out-door labor. A year ago she observed that when lifting any heavy weight, or pulling, something would issue from the vagina to the extent of an inch or so, but would go back again when lying down. A few months ago she came to the city to live with a niece, and while engaged in lifting a heavy tub of water, the "tumor," as she supposed, protuded more than ever before, and she could not push it back. Several days elapsed before she would consent to an examination. It was badly inflamed, swollen, apparently ulcerated, and the seat of burning, throbbing pain. Flax-seed poultices medicated with *Calendula* were ordered, and after a few days an examination showed the inflammation subdued, and the extruded uterus presented an interesting appearance. It was pear-shaped, about two and a half inches long, a short cervix, os of the usual size seen in the virgin uterus, the surface (vaginal) smooth, glossy, destitute of rugæ, even on the under side. A sound introduced showed the interior of the organ, from opening of the os to fundus to measure only *two inches*. The uterus was apparently not more than an inch and a half in diameter. Notwithstanding its small size, it required careful and persistent pressure for ten minutes before it could be put up into the vagina. The appearance of the hymen showed that it had never been ruptured. It still formed a firm semi-lunar fold in the inferior border of the vagina, and when the uterus was returned into the vagina, the hymen sprang upward and the vaginal orifice presented the appearance which it does in the *virgin* subject. I then observed an occurrence pointed out by Klob, namely: that the uterus on being replaced, appeared to rise to *an unusual height in the vagina*. This elevation was not permanent, however, for upon the woman assuming the standing posture, the os could be felt resting on the perineum. In order to prevent the occurrence of the procidentia, I introduced a small Jackson's pessary, which she has worn several

months without the slightest inconvenience or irritation. This case appears to me to be a unique one. It was due to the *senile* atrophy for the uterus was not atrophied; nor was it due to relaxation of the vagina, for the vagina was small and contracted.

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## Medical News.

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I am off May 1st for Europe to spend some time in the hospitals of Edinburgh and London.  
E. A. GATCHELL.

The thirteenth annual session of the Minnesota State Homœopathic Institute, will be held at Minneapolis, Minn., May 13th and 14th, 1879.

The annual meeting of the Nebraska State Homœopathic Medical Association will be held in Omaha, May 20. You are invited to be present.  
H. A. WORLEY, Sec.

The Michigan Homœopathic State Medical Society meets in the City of Detroit, May 20th and 21st. A large number of papers are promised, and an interesting session is expected.  
R. B. HOUSE, Sec.

Prof. W. Danforth, has removed from 1224 Wabash Ave., Chicago, to 470 Jackson St., Milwaukee, to succeed to the large practice of Drs. Leuthstrom and Carlson, who retire from business.

The American Institute of Homœopathy meets this year at Lake George, N. Y., June 24th. This will be one of the most important sessions as we are informed that there will be rallying of the older members and the air is full of rumors. The western members are particularly "urged to be present."

The *Journal of Physiology* announces that the classified list of titles of books and papers on subjects of physiological interest published during the year 1878, has been issued to subscribers. Any subscriber not having received his copy is requested to communicate with Messrs. Macmillan. A few extra copies are on sale. Price \$1.25.

Prof. Ludlam closed his Sixth Annual Private Course on the Diseases of Women, on the evening of April 24th. The course for this year, consisted of thirty lectures, twelve of which were didactic, and eighteen were clinical. The class numbered sixty physicians and students.

*Society Meetings.*—What is the subject of your paper? Have you been honored with a position on a committee? Then fill it to the best of your ability, like an honorable member. Attend the meeting of your society, if possible, otherwise send your regrets, any way, send a case, report or something practical. You owe that much to the profession.

"*Chloral in Crystals* is not subject to changes in its chemical composition even when kept for a long time, or exposed to the air; *Chloral*, in crusts or cakes, on the contrary, after a certain length of time, or when exposed to the air, becomes decomposed, forming free *Muriatic acid*." This hint may be of service to some who may have cases of poisoning by this drug.

The bureau of organization, registration, and statistics appeals to the Homœopathic Profession for assistance in carrying out the object for which the bureau was established, viz.:

*First.* To encourage the thorough organization of our societies and institutions, that we may do efficient work. *Second.* The accumulation of statistics of the status and progress of Homœopathy. This is a work of great importance alike to the scientist and the physician, and it properly comes within the province of our national association. A special effort will be made the present year to carry forward this work. Let every society, whether state, county, local association, or medical club, select some one of its members who shall furnish its statistics; such as, the number of enrolled members, time and place of meetings, and any important action taken, whether of a professional or public nature. Reports of the

present condition and work done by our hospitals, dispensaries, infirmaries, homes, and by our colleges, schools, and journals should be made. Each and every one of these should be fully represented, and contribute its quota to the aggregate of work done by progressive medicine for the advancement of science and the benefit of humanity. The bureau solicits aid and information from every reliable source.

I. T. Talbot, 64 Marlborough Street, Boston; H. M. Smith, 107 4th Avenue, New York; Jona Pettit Cleveland, Ohio; E. M. Kelogg, 257 Broadway, New York; T. Franklin Smith, 62 E. 123th Street, New York; J. B. Bell, Augusta, Me.; B. W. James, 18th and Green, Philadelphia.

The bureau of General Sanitary Science, Climatology and Hygiene, in the American Institute of Homœopathy has chosen for its special subject for discussion in June meeting, 1879: Drainage of Cities and Houses. Several divisions of the subject have been assigned to members of the bureau, and papers promised, from which synopses will be made and submitted as a basis for discussion by the Institute. All the information that can be gleaned that is useful, new and novel upon this topic is desired by the bureau. Should you know of any improved method of drainage, or should you have any ideas in advance of the old methods, will you be kind enough to communicate them to the bureau at once, or at an early day, so that they may be made available and submitted to the institute at its forth-coming meeting.

Philadelphia, Pa.

BUSHROD W. JAMES, Chairman.

The Freeport physicians and their friends are doing all in their power to give the Homœopathic profession of Illinois a grand welcome. The Brewster House will be the headquarters. Rates \$1.50 per day for good accommodations. The Ogle County Medical Society (Allopathic) has appointed delegates to attend this meeting and the Freeport (Homœopathic) physicians welcome them and passed the following:

*Resolved.* That a cordial invitation be extended to the Allopathic physicians of Stephenson County to attend the meetings of the Illinois Homœopathic Medical Association to be held in this city.

The society meets May 20-21. We hope to see a large attendance. J. C. Burbanks, J. H. Beaumont, F. B. Hayes, J. F. Beaumont, E. H. Taylor, Committee of Arrangements.

The Fifth Annual and Sixth Regular Session of the Western Academy of Homœopathy will be held at St. Louis, Mo., May 7, 8, and 9, 1879, in connection with the Missouri Institute of Homœopathy.

The arrangements are now perfected for all to put up at the Lindell Hotel. The proprietors have agreed to put the charges at \$2.50 per day to each person whether a doctor or a member. We are to have our meetings in the Hotel. Ample room for both societies and committees will be furnished by the Hotel, so you will not have to leave the building to attend the meetings.

A grand reception by the ladies of St. Louis will be given at the Lindell Hotel, on Thursday evening followed by a hop and supper. Tickets furnished free to doctors who are guests of the Hotel. We expect to have 300 or 400 of the *élite* of the city present on that occasion; we will have a *jolly* time. Bring your wife or some lady and urge the physicians to come and bring their wives with them.

Committee of arrangement G. S. Walker, M. D., Chairman, T. G. Comstock, M. D., Wm. Collinson, M. D., Chas. Gundelach, M. D., J. H. Campbell, M. D., S. B. Parsons, M. D., W. A. Edmonds, M. D.

The following are the title of papers as far as received: G. W. Foote, Galesburg, Ill., "The Air We Breathe;" S. B. Parsons, "Sanitary Arrangements of School Rooms;" N. A. Pennoyer, M. D., Kenosha, Wis., "Rest in Nervous Diseases;" J. Martine Kershaw, M. D., St. Louis, Mo., "Spinal Curvature, Nervous Symptoms and Their Treatment;" E. Parsons, M. D., Kewanee, Ill., "Diseases Origin, Psychological;" T. P. Williams, M. D., Chicago, Ill., "Crude Drugs and Their Triturates, Tinctures and Their Dilutions;" J. F. Geppert, M. D., Cincinnati, Ohio, "Selection of Crude Drugs and Their Menstrua;" W. John Harris, M. D., St. Louis, Mo., "The Time for Gathering and Preparing Indigenous Medical Plants;" W. T. Virgen, M. D., Burlington, Iowa, "Pharmacy in its Relation to Medical Therapy;" F. B. Hoermann, M. D., St. Paul, Ill., "Pharmacutic Law, Its Necessity;" A. C. Cowperthwait, M. D., Iowa City, Iowa, "The Mercuries;" M. M. Eaton, M. D., Cincinnati, Ohio, "Practical Hints in the Diagnosis and Treatment of Uterine Diseases and Displacements;" E. M. Hale, M. D., Chicago, "Therapeutics of After Pains;" J. R. Pollock, M. D., Galesburg, Ill., "Insanity from Menstrual Derangements;" A. McNeil, M. D., New Albany, Ind., "Cured Cases of Worms and Nocturnal Euresis;" T. C. Duncan, M. D., Chicago, Ill., "Enters Colitis vs. Cholera Infantum;" G. S. Schuricht, M. D., Effingham, Ill., "Clinical Cases;" J. R. Hayes, M. D., Indianapolis, Ind., "Infantile Food;" W. A. Edmund, M. D., St. Louis, Mo., "Infantile Eczema;" G. B. Sarchet, M. D., "Mental Symptoms of Children;" T. P. Wilson, M. D., Cincinnati, Ohio, "Studies in Asthenopia;" C. H. Vilas, M. D., Chicago, Ill., "Gleanings from European Hospitals;" M. Ayers, M. D., Rushville, Ill., "Fissure in Ano: Remedial and Surgical Treatment;" J. Martine Kershaw, M. D., St. Louis, Mo., "Recent Advances in Diseases of the Nervous Symptoms."

Still there are more to follow. We will have a grand time in St. Louis. Come!



THE  
UNITED STATES  
MEDICAL INVESTIGATOR.

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Children's Department.

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*INFANTILE PARALYSIS.*

My observation in infantile paralysis is, that it is cured in the early stage, by *Gels.* 1000, four doses. J. C. MORGAN.

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*LACTIC ACID OF MILK CAUSING DISEASE.*

The *Lactic* idea is very probable. Shall we not use lime water prepared from the oyster shell? Hahnemann cured thousands with the low. *Magn. carb.* must also be remembered. C. B. KNERR.

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*ACETIC ACID IN SCARLET FEVER.*

Dr. Geo. Lade (*Homœopathic World*) advises an application of one part *Acetic acid*, to five or six parts of water as warm as can be borne to the whole surface of the body of scarlet fever patients throughout the entire progress of the disease, as a preventive of desquamation and

thereby spread of the infection. He applies the lotion with a sponge three times daily, a few seconds each time, and then carefully wipes, but not quite dries the surface with a soft towel. Undue exposure of the body should be avoided.

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*PHOSPHORUS FATTENING.*

On the 7th of November, I sent you a letter from a patient describing the effects of *Phosphorus* on a nursing infant, and you suggested the proposition of inquiring what effect it had on the child's growth. I have done so, and the parents say that it has improved very rapidly since the effects of the drug passed off; and it has fattened up and grown rapidly in comparison to its previous condition, which was small and puny.

POUGHKEEPSIE, N. Y.

JOHN HORNBY.

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*TABLE-SALT IN MILK FOR CHILDREN.*

Dr. Q. C. Smith, of Cloverdale, conveys a valuable hint in the following note:

"When cow's milk is found to disagree with hand-fed children, it may, in many cases, be rendered entirely wholesome to them by adding to it a small portion of table-salt; just enough to be perceptible to the taste. I have for years directed the practice of this expedient among our people, and know it to be of real value."—*Pacific Med. and Surg. Journal.*

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*DIPHTHERIA OF THE GENITAL ORGANS OF A LITTLE GIRL.*

BY W. W. DAY, OF DAYTON, WASHINGTON TERRITORY.

Nov. 2, 1878. Was called to see a little daughter of C., five years old, nervous temperament predominant. She had complained with the usual premonitory symptoms of diphtheria the day previous to my visit, and upon examination of the throat I found redness and swelling of both tonsils and both were nearly covered with the diphtheri-

tic exudation. There was great difficulty in swallowing fluids, little thirst, pulse 110 per minute. Gave *Merc. bijod.* 3d trit., and *Bell.* 3d dil. every hour in alternation. Left a weak solution of *Chlorate* and *Bichromate of Potash* to be used as a gargle, also applied a thin slice of fat bacon to the throat externally.

Nov. 30. Called and found my patient better, pulse 98 per minute, skin cooler than the day previous, no thirst, throat nearly clear of exudation, swelling of tonsils subsiding, redness disappearing and to all appearance my little patient was approaching convalescence.

Next morning, Dec. 1st, her father called at my office and informed me that her throat was well, but she complained of an itching and burning of the genital organs, and had not been able to void urine since the day before, and that she was in great distress in consequence.

I prepared myself with a small catheter, and visited my patient, whom I found in paroxysms of agony. I examined the throat which was nearly well. I then examined the genital organs and found the external parts in a high state of inflammation, extending over the labia majora and labia minora and the orifice of the urethra covered with the same kind of exudation that had pervaded the throat in the attack. I came to the conclusion that the disease had metastasized, and had selected this location as being the most favorable one to run its course.

The first indication that presented itself, was to relieve the suffering caused by the distended bladder, the orifice of the urethra being in a high state of inflammation, rendered it almost impossible to introduce the catheter, my little patient made several trials to urinate, but to no effect. I then told her I should have to use an instrument, the sight of which frightened her, and with screams and in proxysms of agony the urine was voided without the instrument. She was able to evacuate the bladder twice every twenty-four hours thereafter, but with considerable pain. I did not think it expedient to use the catheter, except as a dernier resort, for fear of carrying matter from the orifice along the track of the urethra to the neck of the bladder, and thereby increasing the danger. I immediately put my patient on *Canth.* 3rd every hour, and applied a cloth wet with a solution of *Plumbi acetat* to the external parts, and gave her freely of demulcent drinks.

Next morning found her better, voided urine with less pain, the redness and swelling subsiding rapidly. Continued *Canth.* 3rd, but

changed *Plumbi acetus* for *Phytolacca dec.* with *Glycerinc*, which did not agree with her.

Next morning changed to *Plumbi acetus* again, followed the old maxim, to let well enough alone, and continued the former external application together with *Canth.* until my patient was well, which from first to last was about nine days.

### APHTHOUS SEPTICÆMIA.

The following report of a malignant apthæ, characterized by typhoid complications may be of interest to the readers of THE UNITED STATES MEDICAL INVESTIGATOR.

The patient, aged nine months, Danish parentage (female), was treated Allopathically for ten days. Tonics, anti-spasmodics and laxatives were given, also *Bi-sulphite of Soda* and anti-zymotic remedy. However *Quinine*, *Bismuth, Sul., nit.* *Bi-sulphite of Soda mixed* was the remedy (?) while *Tinct. Opii.*, *Camph.* and *Calcine, magnesia* were used as adjuncts.

I was called during the evening of August 15th. I found the child, a nursing infant, greatly emaciated, having dysenteric diarrhœa (fifteen stools during that day): the discharges were greenish white, indigested, streaked with blood and watery. Pulse 140; temperature 102: tongue covered, as was also the soft palate and tonsils, with apthous formations; the edges of tongue, mahogany color. Had continuous nausea, and had been without sleep for several hours. The buccal cavity being very dry, she almost constantly desired her nurse. I gave *Hypo-sulphite of Soda* (anti-zymotic) one scruple in two-thirds of a glassful of water, one teaspoonful every hour.

Aug. 16. Found condition of tongue better, otherwise no apparent change. Situated upon the upper posterior third of the left thigh. I found two tubers shaped like unto a split kidney bean; these were very hard and intensely black and were movable like wens. I gave *Ars. alb.* 2d trit., five grains in two-thirds of a glass of water, one teaspoonful every alternate hour, with the *Soda*. On this date the extremities both upper and lower, were exceedingly cold and clammy.

Aug. 17. Pulse 136. Anterior third of tongue clean although of a dark color, it having recently sloughed. The tubers are less dark although still hard; several new ones have made their appearance;

they are situated upon left side of body upon limb and arm (upper) and over left iliac region; they in no wise differ from the first two. Gave *Ars. alb.* 2d and *Merc. dulc.* 3d alternate every hour. For restlessness gave *Coffea* tincture, five gtts. in two-thirds of a glassful of water. Dose one teaspoonful as required.

Aug. 18. Very restless during night; pulse 120; temperature normal. Stool natural, although occasionally containing small pieces of decomposed membranes (sloughing of the aphthous sores). To-day only one or two deposits to be seen within the buccal cavity, these are back upon fauces. Continued *Ars. alb.*; giving tinct. *Opium* five gtts. in two-thirds of a glassful of water, one teaspoonful as required for restlessness.

Aug. 19. Slept well during night. No signs of aphthæ. The tubers almost invisible and at present having the appearance of a bruise. Continued *Ars. alb.* 2, alternate with *Quinine* 2, (two grain doses of latter) every two hours. Have given for the past three or four days, one teaspoonful of sugar of milk, dissolved in one-third teacupful of water in one-half pint of milk in quantities as was required.

Aug. 21. Discontinued visit, as it is evident the patient is convalescent.

Aug. 17. A sister, aged four years, contracted disease from using spoon used in administering medicine to the baby. A brother, aged seven years, also contracted disease from the elder sister from eating candy which had been in the sister's mouth. To the sister I gave *Merc. iod.* 2, and upon Aug. 18th, *Muriatic acid* ten gtts. in one-half glassful of water, one teaspoonful every two hours. To the brother the acid in same doses. Both brother and sister convalescent (Aug. 21).

CHICAGO.

T. D. WILLIAMS.

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### CHILD FEEDING IN RUSSIA.

Dr. C. Bojanus, of Moscow, in an article on Uro-lithiasis to the World's Homœopathic Convention, says:

“The nurture of the children is worse than that of the adults. The peasant women, who, in every respect, share the life of the men, all nurse their children; but as this takes time and is difficult, especially in summer, when they are at work in the fields, the “sucking bag” is in constant use for nurslings. This sucking-bag, in its influence on

nutrition, is the most abominable apparatus that human brutality has ever contrived for the misery of the race. Imagine a cow or ox-horn perforated at the end, to which is attached a nipple cut from the udder of a slaughtered cow; used often for months, never washed, and finally becoming a disgusting, putrid, offensive mass. In this apparatus, which is rarely washed, a ferment forms, which at once makes the milk sour that is poured into it, even if it was not sour before. The unhappy child has this apparatus continually in its mouth to keep it from crying, and sucks away at it whether it be full or empty; taking in, in the former case, the sour milk; in the latter, the septic poison of the decomposing nipple, and with it the seeds of an early and painful death. The following statistics, covering a period of ten years, from 1838 to 1848, show that this is no exaggerated statement:

Children born in Nishny-Novgorod, males.....	29,059	
Children born in Nishny-Novgorod, females.....	28,303	
		57,362
Died, males.....	22,778	
Died, females.....	25,607	
		48,385
Remained alive.....		8,977

That is only 15.65 per cent.; while the immense proportion of 84.35 per cent. perished. If the child survives the period of dentition, often even earlier, it shares its parents' fare, and must, *volens volens*, keep the fast days which are obligatory at the age of six to seven years, although before that age milk is allowed. [The exceedingly strict religious observance of the Russians allow them animal food (meat, milk, eggs, butter) only 167 days of the year; on the remaining 198 days they live on a vegetable diet prepared with hemp or linseed oil, viz, rye bread, barley, buckwheat, millet, cabbage, red beets, potatoes, and occasionally rare fish.]

The results of such a physical (not to say bestial) education must be evident, as well as the impossibility of professional help under such circumstances; and so, among the Russian peasants, diseases otherwise unimportant become serious, and easily surpass the resources of art.

The most prevalent diseases in a ten years' experience in Nishny-Novgorod, arranged in percentage, are as follows:

Arthritis and rheumatism.....	8.61 per cent.
Catarrh of respiratory, digestive, and urinary organs.....	9.89 per cent.
Chronic dermatoses.....	6.01 per cent.
Chronic ulcers.....	5.20 per cent.
Intermittents.....	2.90 per cent.
Secondary syphilis and mercurialism.....	1.91 per cent.
Uro-lithiasis.....	1.35 per cent.

Here the carbo-nitrogenoid constitution has a contingent of 30 per cent., and the hydrogenoid only 4.81 per cent.; for secondary syphilis belongs rather to the sycotic form. Considering, however, that, for so large an area and population, ten years is much too short a period of observation, and considering the dread which the peasants feel of a physician, especially an official one, and which makes them only exceptionally seek his aid, when their condition is beyond the resources of the village quack, a fact which the small number of intermittent fevers in the above table clearly shows, it is plain that the above statistical ratio should be greatly increased.

The intermittents of all types which prevail in Nishny-Novgorod are peculiarly obstinate; and those which occur in the autumn are generally quartans, which, treated in the usual way (if treated at all), by being suppressed, favor the establishment of the carbo-nitrogenoid constitution.

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#### *BOOKS ON DISEASES OF CHILDREN.*

Having been desirous for some time to pay special attention to the study of children's diseases, and being somewhat at a loss to know what books to select upon the subject I avail myself of your proposition to furnish a list of the best literature upon the subject, "and also the address of laborers in the same field." If I may lay you under tribute to that extent I shall be much obliged.

W. E. RUCKENBROD.

In reply, would say that it is difficult to select one or more from the over one hundred books on Diseases of Infants and Children, and say that this, or that, is the best. The U. S. Army supply their posts with Vogel and Meigs & Pepper. The choice among modern works would lie perhaps between those two and Smith's (J. L.) and West's. Vogel is comprehensive but brief, and again American children and Russian children differ somewhat. The same is true of British children, so the choice would lie between the American works, with perhaps a preference for Smith's. But neither of these works are complete. Smith's is based on a course of lectures like West's, and therefore elementary and incomplete. Meigs & Pepper's book is made up of elaborate articles, and hence not nearly so comprehensive as Vogel's. There are some good books among the older ones. About forty years ago

there was quite an epidemic of books on children so we find Bouchut, Condie, Churchill, Dewees, Eberle, Stewart, Colby, Evanson, and Munsell, Billard, Gervino, etc., and the ancient ones of Underwood, (1806), and Moss (1794). Of the special ones we have Scudder (Eclectic), Shaw (Hydropathic), both elementary. Hartmann (1853), and Teste (1863), (Homœopathic) are incomplete, out of date, and full of chaff as well as good wheat.

We have a few works on special subjects: The chief ones are Holland on Physiology of the Fœtus; Tiedmann on Anatomy of Fœtal Head; Mere on Development; Quin (1790) on Hydrocephalus; Smith (E.) on Wasting Diseases, and also, Clinical Studies; Hillier's Lectures on Special diseases; Parrott on Urine, and also on Athrepsia (not translated); Beck on Therapeutics; Jacobi on Infant Diet and on Dentition; Moss on Feeding; Bœninghausen on Whooping Cough, etc. Billard (long since out of print) is the only one exclusively on diseases of infants.

Of works on domestic management, the chief of which are Donne, Combe, etc., there are a host. Ruddock's is the only domestic work on Homœopathic principles, but it contains so many errors that our best physicians hesitate to endorse it.

The works on practice that contain chapters on Diseases of Children are many, from Hufeland to Hughes. The best of all, are those by Guernsey, although those in Williamson's are good. But these are necessarily very incomplete by the side of the exhaustive work of Bouchut, new edition (1873), and the cyclopædia of Gerhardt, (6 Vols.) In Great Britain there is not an exhaustive work on Diseases of Children. They attempt to compress this whole subject into small compass to suit students who are cramming for examinations. So we have manuals by Tanner, Ellis, etc. To this class belong Steiner's Compendium. A manual may do for a student, but is no sort of satisfaction to a practitioner, with obscure cases to study and treat. From all these works however, many valuable ideas may be gleaned.

In the preparation of my work on Diseases of Infants and Children, I have endeavored to make it exhaustive and comprehensive, (gleaning from many sources), and at the same time condensed and so conveniently arranged, and so practical that it would satisfy the demands of daily practice, as well as make a text-book, better than the best Allopathic work. An Allopathic professor of Diseases of Children, is frank enough to say: "Your work is ahead of anything we have yet."

Those interested in the Diseases of Children number hundreds, and



include nearly, if not quite, the entire Homœopathic profession because "Homœopathy is so well adapted to children." If we can secure all the children to treat, the next generation will be Homœopathic exclusively. As the drift of inquiry is toward the prevention of disease, the prominent inquiry in this department is, the feeding of children. "Errors in feeding rank first among the causes of infantile disease and mortality." Therefore, the fifty pages devoted to Food for Infants and Children, and the large part of Vol. I, taken up with Diseases of the Digestive Organs, will be appreciated by those interested in pædiatrica.

### ON CHOLERA INFANTUM.

BY W. T. BRANSTRUP, M. D., VINCENNES, IND.

Read before the Homœopathic Medical Society of the Wabash Valley.

Having been appointed one of the members of the bureau of diseases of children, I have prepared a paper on cholera infantum, a disease coming under the observation of every physician to a greater or less extent during some part of the summer.

The true pathological condition of uncomplicated cholera infantum, consists primarily in intestinal obstruction, characterized by irritation and congestion of the mucous membrane, followed by exudation, purging of whitish or greenish discharges, and with rapid exhaustion and general anemia; watery, sour smelling substances, and sometimes coagulated lumps of milk are vomited, neither food or drink is retained. In other cases the disease is accompanied by hepatic disorders, the discharges are more or less mingled with bile, becoming greenish and much altered in smell, or there is perfect want of excretory power of the liver, hepatic, gastric or enteric irritation, or congestion is increased in worse forms, the disease is complicated with cerebro-spinal derangements, often with hydrocephalic symptoms or convulsions. The little patient grows more and more restless, or falls into a stupor, with rolling of the head, and convulsions of the eyes, the abdomen sinks, the patient becomes emaciated and weaker, until death closes the scene.

As this disease almost invariably occurs during the second year of life, and in the period of dentition, and at the season when the days

are hot and the nights cool, its diagnosis is not difficult; in determining which we are aided by the violence of the symptoms and tendency to collapse, the character of the emesis and the discharges from the bowels.

In regard to the prognosis of cholera infantum, it may be said that every practitioner looks with apprehension upon the disease, and if he be a conscientious student of the healing art, will leave no means untried to acquaint himself with the proper remedy to arrest it in its course, and to produce a speedy reaction, the hereditary tendency, the possible complications, the condition of the child, in regard to the process of dentition, its surroundings, the attention of the mother, or the nurse, its diet, all become matters of importance in considering the question of the prognosis of the disease; only the careful attention of the physician and the nurse, and the intelligent application of the principles of the true science of medicine, Homœopathy, give us ground for hope, and it is here as in others of the more serious ills that afflict humanity, that our system has gained its greatest triumphs.

Let us consider the treatment systematically in pure gastro-enteritis, its simplest form.

*Ipecac* frequently suffices to bring about a change for the better, especially where the prominent symptoms are persistent nausea and vomiting, with catarrh of the chest, and that peculiar appearance of the half closed eye, so familiar to the practitioner.

*Cham.* where the discharges are greenish, or mixed green and white, mucous, watery bilious or slimy, corroding the anus, with colic preceding the stool, where the little patient crying loudly is relieved by being carried, with redness of one cheek and paleness of the other, moaning in sleep, restlessness and convulsions in the limbs. A prominent remedy often following *Cham.* is *Merc. sol.* Indications: Urging and nausea, with chilliness before stool, violent tenesmus during and after the evacuation, cutting colic and hot sweat on the forehead, changing to cold after the evacuation of the bowels, with yellow face, dull eyes and spongy gums; ptyalism; bitter vomiting; sour smelling night sweats, notably of the head and restless sleep.

*Podo.* is sometimes a valuable remedy, where there is a heavy yellowish coating of the tongue with bitter vomiting and profuse gushing, painless stools, borbyrigmus with prolapsus ani and exhaustion.

*China.*—Has its effects in cases characterized by great weakness,

where the stools are watery, undigested and painful, preceded by colic and distension of the abdomen.

*Bell.* is useful where there is dry heat, great thirst aversion to light, quick, small pulse, starting spasms, with great heat of head, which is rolled from side to side, dry red tongue, small sour smelling stools and tenesmus.

*Ars.* is indicated where there are dark, slimy, offensive stools, with anxiety, chilliness, unquenchable thirst for water in small quantities, and restlessness; great exhaustion and scarcely perceptible pulse.

*Verat. alb.* for fainting excessive weakness, great thirst, violent vomiting, pinched face, sunken eyes, and profuse blackish or greenish watery discharge. In cases where there is reason to infer hereditary tendency to the disease, and where the characteristic symptoms indicate their use, much benefit will be found in giving alone or in alternation, with some of the afore-mentioned remedies, *Sulphur*, *Calc. carb.*, or *Hepar sulph. Canth.*, *Apis*, *Nat. mur.*, *Croton. tig.* have been used successfully but are rarely indicated. In the last or hydrocephaloid stage cures have been affected by *Æthusa cyn.*, *Cuprum acet.* or *met.*, and *Creosotum*.

Finally, strict attention should be paid to the comfort, cleanliness and diet, of the little patient, with care to have a properly ventilated room, and freedom from every kind of excitement.

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## Consultation Department.

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### MORE TAPE WORM.

Having seen in your journal a number of inquiries relative to treatment of tapeworm, I will give what has never failed with me. Take enough pumpkin seed to fill a common tea-cup *after* they are *peeled* and broken into small bits. Mix this well with granulated sugar, enough to make it palatable. Now let the patient *fast for twenty-four hours*, then let him eat *all* of this pumpkin seed preparation that he can possibly get down. If he eats *more* than the tea-cup full all the better. In about four hours after eating the pumpkin seed give enough *Castor oil* to move the bowels. Soon after the evacuation of the bowels the

patient can take a light meal. Should this fail it will be the first failure from this treatment I have ever known.

Would like to hear through THE INVESTIGATOR what cures L. P. Bumstead's case of tapeworm.

I. H. LEWIS.

#### SURGICAL QUERY.

Four months ago Mrs. P. ran a needle, eye first, into the palm of her hand and a piece half an inch long yet remains, causing much pain, especially at night. There is numbness of the fingers, and the hand is almost useless. The needle entered the hand at or near the plexus of nerves, and palmar-arch.

Will some of our experienced surgeons tell me what can be done, and give a prognosis, and oblige an anxious woman and an interested doctor.

A. F. RANDALL.

#### WATER AND HEART DISEASE.

In your work on "How to be Plump," you recommend the free use of water. Hale on "Diseases of the Heart," says: "Water in dilatation and other organic diseases of the heart is contra-indicated." Do you agree with him? Must such patients remain poor?

H. W. MILLER.

[In 1863, I left the army to die with hypertrophy of the heart. The best surgeons thought I would live about a year perhaps. I was lean then—"Poor as a crow." Weight, one hundred and ten pounds. I ate fluids; drank water. I became plump, weighing about one hundred and fifty-five pounds. My heart does not trouble me much now except when very tired, then *Arnica* relieves the bruised ache. I do not wish to dispute Dr. Hale. I only give my experience. Water is a valuable physiological adjuvant, but may do harm in a fleshy person. Then I interdict its use. Water may be obstructive as well as constructive. A careful reading of the little work will discover other fattening elements besides water. These may be freely indulged in should water prove harmful. When the blood is anæmic milk may be used, especially after dinner and supper. Plumpness is the normal standard of health. Yours for plumpness.]

T. C. DUNCAN.

## Society Proceedings.

### THE WESTERN CONVENTION.

ST. LOUIS, May 9.

The meeting of the Western Academy of Homœopathy with the Missouri Institute proved, as was expected, one of the events not soon to be forgotten by those in attendance.

THE UNITED STATES MEDICAL INVESTIGATOR representative found himself May 6th, being whirled on toward St. Louis in an elegant special Pullman Palace car, richly finished in natural woods, in company with a bevy of physicians from the Northwest, and the city by "the great unsalted sea." We talked, slept, and awoke in time to see the Father of Waters (dirty as ever) and the grand iron bridge that spans it. Over the bridge we rushed and plunged through under a portion of St. Louis, and arrived at the Lindell in time for breakfast.

St. Louis has changed, grown, and improved wonderfully since we trod her streets as a "bold soldier boy," and visited her as a delegate to the meeting of the American Institute in 1868. The whilom Benton Barracks are transformed into extensive fair grounds and zoological garden. The hills that were dotted with troops are now extensive gardens and parks connected by grand boulevards. The most notable change was observed in the residences. The old broad, low mansion has given place to the modern, tall, palatial residence. This style of building is without doubt the most healthful for a large city. Although the long stairs are hard on the women, who do not know how to climb, except doubled up like a jackknife, instead of throwing the body into the position of a person running.

St. Louis is situated on high undulating ground and is well drained, ventilated, and ought to be healthy, except, perhaps, during the very hot months. The large reservoir for settling the muddy river-water for drinking purposes is a great improvement. A great change noted was in the daily press. Most of the papers have two names, a combination of two journals like THE UNITED STATES—MEDICAL INVESTIGATOR. In the front rank is the *Globe-Democrat*, so conceded on all sides. Upon this we found our old Chicago friend, Wood, who fires

up this lively sheet till things smoke. On the street and in the shops we observed the same quiet, careful leisure as of yore. "The large proportion of old men in business may help to account for this peculiarity, quite as much as the enervating climate.

St. Louis physicians must be busy, for there were few present to welcome the new arrivals. Homœopathy is well represented in this fair city. We missed the venerable Temple and Vastine, the genial Luyties and Hoffmann, these are "gone over there." We also noted the absence of the captivating Helmuth and dignified Franklin. The former was transplanted by Gotham, while the latter presides over the destinies of Homœopathy in Michigan.

Notwithstanding these changes the college here has an able faculty, and peace reigns. The specialties are well represented by our physicians, *e. g.*, Diseases of Women interest Drs. Comstock, Walker, Richardson, Pearman, etc. Ophthalmology, Campbell. Pædology, Edmunds, Sanborn, etc. Chest Diseases, Valentine. Surgery, Parsons, Everett, Vastine, Goodman, etc. Nervous Diseases, Kershaw. *Materia Medica*, Uhlemeyer, Harris, etc.

This does not conclude the able list, for Drs. Cummings, Collison, Ehrman, Gundelach, Conzelman, Frohne, Grevenad, Knox, and others, do honor to the cause they ably represent.

Homœopathy has creditable representatives in Missouri, and, as far as we have seen, they will compare favorably with those of any state or any school. They are wide awake, practical and scientific physicians.

The meeting was a large, enthusiastic and very harmonious one. The many papers represented a wide range of thought and experience, and the discussions were lively and very practical. It was a happy idea to have the sessions in the immense Lindell Hotel where all the delegates were quartered. The reception given by the ladies of St. Louis was a most enjoyable occasion. The report of the progress of Homœopathy presented the first evening by the various delegates was most enjoyable. From the north to the south, from the east to the far west the welkin rang out: "Homœopathy, the Science of Therapeutics, Excelsior!"

The success of Homœopathy in yellow fever was ably presented by many papers and reports, and is glory enough for one year. These papers were all printed entire by the St. Louis press and will be circulated far and wide in the Mississippi Valley. Thanks to the Academy.

Minneapolis was selected for the next place of meeting and the following officers were chosen :

PRESIDENT.— George S. Walker, M. D., St. Louis.

FIRST VICE-PRESIDENT.— C. H. Vilas, M. D., Chicago.

SECOND VICE-PRESIDENT.— J. T. Boyd, M. D., Indianapolis.

THIRD VICE-PRESIDENT.— R. L. Hill, M. D., Dubuque.

GENERAL SECRETARY.— C. H. Goodman, M. D., St. Louis.

PROVISIONAL SECRETARY.— H. W. Robey, M. D., Chicago.

TREASURER.— G. W. Foote, M. D., Galesburg, Ill.

BOARD OF CENSORS.— E. A. Higbee, M. D., Minneapolis ; R. F. Baker, M. D., Davenport ; P. G. Valentine, M. D., St. Louis ; J. A. Campbell, M. D., St. Louis ; T. P. Wilson, M. D., Cincinnati.  
But more anon.

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## Hospital Department.

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### HAHNEMANN HOSPITAL CLINICS.

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#### *A MEDICAL CLINIC.*

BY W. J. HAWKES, M. D., PROFESSOR OF PHYSIOLOGY AND CLINICAL MEDICINE IN HAHNEMANN MEDICAL COLLEGE  
AND HOSPITAL OF CHICAGO.

CASE 6844. L. S., Chicago, aged forty-seven years, dark hair and eyes, and bilious temperament ; carpenter by trade. Twenty-two years ago he had typhus fever, which was followed by erysipelas of the face and wrist. Eight or nine years ago used a patent medicine called the " Life-giver," applied externally. This removed the evidences of erysipelas, no external signs of which have since appeared. Has always been and is now troubled with sore eyes, the lids having been granulated. Eyelashes almost gone, especially on the lower lid. About three years ago he was taken with a " numbness " through the body, which settled in his left hip. While working at his trade he was exposed continually to drafts and changes of temperature. The " numbness " came on gradually, and was felt most on going to bed at night.

He had a peculiar pain which would begin in the left foot, and pass up that side of the body and across the shoulders to the right side; thence down to the right hip, and across the pelvis to the left or lame hip again. This pain was at times so acute that the bed clothes falling upon it would cause most intense agony, and even render the limb powerless. When the pain was at its worst, the hair of his head and his moustache seemed to stand erect, and his leg would feel as though it was coming off.

The "numb" feeling usually began to come on about seven to eight o'clock in the evening, at which time there would be "a dripping as of water, which would shock the whole system." After the "dripping" sensation the head (mind) would become dull and stupid. As the pain passed around the body as described, it left sore spots on the way. As soon as perspiration set in, these "sore spots" became icy cold. Sometimes there is a drawing sensation in the hands, when if he takes hold of anything he cannot let go. The feeling in the hips is as cold marble, and when it goes through some parts it "nips," just as though done by a pair of pincers. The patient's mind was rendered almost useless by the stupefying effects following the severe paroxysms of pain. He was bodily and mentally a wreck, although giving evidences of having at one time been above the average in both.

The bowels were inactive, moving but once or twice a week with artificial help. Some palpitation of the heart, aggravated by excitement or fright. He now feels worse about nine or ten o'clock in the morning. His pains are and have always been relieved by gentle motion; better in dry, clear weather; worse before a storm, and about midnight. He could foretell the coming of a rain storm sometimes as long as three days; pain somewhat relieved when the storm had fully set in.

This is a case of so-called rheumatic partial paralysis. The characteristic indications for the remedy are the time and conditions of aggravation and amelioration. The remedy is *Rhus tox.* On January 30, the 200th potency of that remedy was given him. Once in two weeks from that date until April 10, he reported steady improvement. On the latter date he said he was feeling almost well—certainly much better than he had ever expected to be. The remedy was repeated but once or twice during that time.

NOTE.—May 15, the patient reported himself *well* except a slight



headache. He had gone to work — the first he had done for over two years.

CASE 6927. Woman, aged thirty-five. Headache of fifteen years standing. It came upon her suddenly in the night, waking her from sleep. It felt just as if something had struck her a severe blow upon the head. She has had paroxysms of headache ever since at intervals of from six to ten days, averaging about a week's interval. The headache commenced always with a flushing of the face, and would gradually increase in intensity until the pain would be unbearable; the head would become very hot, especially on the "top," at which point was the centre of the severest pain. Her feet during the paroxysm were cold; they were usually cold, even when she was free from headache; but sometimes at night the soles thereof would be uncomfortably hot, so that she sometimes pressed them against the cold wall for relief. She frequently had weak spells through the day, especially in the forenoon. Two or three doses of *Sulphur* in a high potency were given the patient on the strength of the vertex headache, with great heat there; the "hot and cold feet," the faint feelings, etc.

An interval of three weeks passed without a paroxysm, although, as she said, "it would feel just as though it was going to come on," but did not come. At the end of the three weeks she had a paroxysm which was not nearly so severe in intensity nor so long in duration; the patient felt better generally. The paroxysms have been gradually becoming less severe for a period of about four months, although the interval between them has remained about three weeks. There has been steady improvement since she first came before the class, although the remedy was not repeated.

This was made a test case for the benefit of the class on the important points, viz: First, whether it is best to often repeat the dose in a case when improvement has unmistakably set in, and while the improvement continues; and second, are high potencies really potent to cure. The case if cured was considered not open to the objection that it was self-limited, or was about to get well of itself. All the evidence tended to prove the opposite. And the remedy was very clearly indicated.

There were three points of great importance to the therapist to be decided as far as one case could decide; the two points named above, and the value of the characteristic symptoms. The evidence of the results has been so far altogether in the affirmative.

CASE 7098. Woman aged fifty, neuralgia of the right side of the head and face, which she has had over fifteen years. She says she is never rid of the pain. She can tell us nothing of the origin of the trouble. The pain is located principally in the right temple and cheek. The face on that side is dirty, because, as she says, she cannot bear the least touch on the painful part, and cannot therefore bear the friction necessary to cleanse it. The pain is described as of a darting, *burning* character. Touch and the motions of the face in talking cause her the most excruciating pain, so that she cries out.

She is particularly nervous and restless at night, and especially from twelve to three o'clock. She says she cannot sleep at all lying down, and what little troubled sleep she gets is when sitting up, and even then it is disturbed by horrible dreams of dead persons and the like. She says she is sensitive to cold air, especially *about the head, neck, and shoulders*, which she keeps well wrapped up. Sometimes she thinks warm applications relieve, but the pain is usually so very severe that nothing seems to have any effect upon it.

*Arsenicum* was prescribed for the patient on the strength of the symptoms: *neuralgia* in the head and face; the extreme restlessness at night, and especially after midnight; inability to sleep lying down; and the desire to have the head and neck "wrapped up warm."

The patient has reported from week to week, steady improvement, first indicated by better sleep and less nervousness and pain. The improvement has been marked but gradual, until now, some two months since first receiving the *Arsenicum*, she sleeps as well as the average person of her age, and the pain has been very much lessened, and there seems no reason for doubt that she will go on improving to health.

The three foregoing cases have been selected from among scores of others because they were regarded as such severe and difficult ones, and had been under the care of so many physicians, also because of their long standing and apparently incurable character. They illustrate what the carefully selected remedy can do.

They are cases that, unless *the* remedy had been found, no impression would have been made upon. The improvement already made in either of them is worth days and weeks of hard study; and hard study is the only way to master the *materia medica* so as to be able in such cases to know the right remedy, and to be sure of it, so as not to be tempted to change before the medicine shall have time to do its work.

In neither of them has the medicine been changed, and in only one

has it seemed necessary to repeat the dose. The rule being that it is worse than useless to repeat the dose while improvement continues.

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## Therapeutical Department.

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### CLINICAL OBSERVATIONS.

#### REPORTS FROM THE FIELD OF PRACTICE.

AMITY, Oregon, April 27.—THE INVESTIGATOR comes regularly Prevailing diseases throughout the valley are whooping cough, typhoid pneumonia and a little diphtheria. Since my return from Chicago to this place the Old School physicians have plenty of leisure time.

A. E. SANDERS.

SANTIAGO DE CUBA, Island of Cuba, April, 1879.—Prevailing disease is: Small-pox of a very malignant type. Grown up people and those already vaccinated are attacked also. In January 38 deaths of this disease; February, 78; March, 104; the present month so far at the rate of four daily. Remedies used: *Vaccinin*, first stage; *Hepar*, period of suppuration; *Causticum*, dessication; *Mercurius*, *Belladonna*, *Stramonium Sulphur*, *Nux*, *Hyoscyamus* sometimes indicated. Had cases aged twenty-nine, eighteen, twenty-one and thirty-three, all of which proved fatal. Had two cases of negroes, a man and woman, aged respectively eighty-two and one hundred and four years, from Africa, both cured. Saw a girl aged eighteen, who had been successfully vaccinated twice; had had confluent small-pox twice, took it now and died. Mortality under Allopathic treatment is dreadful; Homœopathy more successful.

JOSE J. NAVARRO.

PINCKNEY, Mich., May 9.—Have had during the last winter, (1) bronchitis; (2), pneumonia; (3), laryngitis and recently (4), remittent, and (5), intermittent fevers. Remedies: (1), *Aconite*, *Bry.*, *Bell.*; (2), *Aconite*, *Phos.*, *Rhus*; (3), *Bell.*, *Phos.*; (4), *Bryonia*, *Gels.*; (5), *Gels.*, *Nat. mur.* Recently verified a symptom which I first saw in THE INVESTIGATOR, viz.: “*During hard coughing small, round lumps size of a pea fly out of the mouth.*” The patient, (a lady), was troubled with

suffocative attacks during the night, often awoke with a sensation as though she was dying, and sprang out of bed. *Kali carb.* 3x trit. relieved in a few days. Had, during the coldest weather, two sporadic cases of dysentery, bloody mucus stools with much pain and tenesmus. *Merc. sol.* 3x cured rapidly. Do you consider it instructive to give list of remedies used in diseases, as above, without symptomatic indications? It seems to smack too much of the routine practice of the Old School, and like *Asafetida* in the convulsions of children (see page 432, Vol. 9, No. 9), of comparatively little value therapeutically. There is a prevailing opinion among aunts and grandmothers that this remedy is "good for worms" and I have been called to a number of cases of convulsions, where it had been administered, and I believe without effect in any case. I do not say "this is treason," but it *smells strongly* of it.

W. T. THATCHER.

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### FRACTURE OF THE SKULL.

BY O. T. EVERHART, M. D., HANOVER, PA.

Dec. 6, 1878. Albert B., aged thirteen, while riding on a wagon with which they were dragging saw logs, was struck on the head with a fence rail that was used to fasten the log to the wagon. The rail becoming loose, "flew up" and struck the boy on the left side of the head, causing a fracture of the parietal and frontal bones. A portion of the skull about three and one-half inches long and two inches wide, was depressed fully one-tenth of an inch. The whole extent of the fracture could be distinctly detected by the abrupt and rather rough edge all around the depression, so that there could be no doubt about the fracture. The central portion of the depression was filled with an effusion, but there was no rupture of the skin. The boy was insensible for a short time, and delirious for about four hours after the accident.

I gave him *Aconite* 1x *Arnica* 3x alternately every hour for twenty-four hours, then every two hours for two days, and then four times a day for a week. Applied tincture of *Arnica* three times a day externally, and also cloths steeped in cold water for three days. At the end of four weeks the skull was raised to its normal position, and you

could no longer detect the fracture. There is still a slight "flattening" of the skull in the central portion of the late depression.

Will some of our surgeons please explain what caused the skull to resume its normal position? Was it from the effects of the remedies administered, or was it an effort of nature to correct an abnormal condition?

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### WEATHER PROVING AND DISEASE TENDENCY.

BY BUSHROD W. JAMES, A. M., M. D., PHILADELPHIA, APRIL 1879.

Local weather report as recorded by C. A. Smith, Sergeant Signal Corps U. S. A. "Highest barometer 30.422 (24th). Lowest barometer 29.388 (3rd). Average barometer 29.935. Monthly range of barometer 1.0. Highest temperature, 80 (26th). Lowest temperature, 25 (5th). Average temperature 40.1. Monthly range of temperature 55. Greatest daily range of temperature 31 (26th). Least daily range of temperature 6 (17th). Mean of maximum temperature 57.6. Mean of minimum temperature 40.4. Mean daily range of temperature 17.2. Total rainfall and melted snow 4.21 inches. Prevailing direction of wind, northwest. Total amount of wind 8991 miles. Maximum velocity of wind 50 miles per hour (W. 3rd). Number of foggy days, none. Number of clear days 12. Number of fair days, 8. Number of cloudy days on which rain or snow fell 7. Number of cloudy days on which no rain or snow fell 3. Total number of days on which rain or snow fell 13.

Temperature fell to freezing on the 3rd, 4th, 5th and 6th. About  $\frac{1}{2}$  inch of snow fell on morning of 4th, but melted soon after sunrise. Lightning and thunder occurred on the 23th.

#### COMPARATIVE TEMPERATURE.

April,	1871,	58.4 inches.	
"	1872,	51.6 "	
"	1873,	45.3 "	
"	1874,	42.5 "	Average for } 49.7 nine years. ;
"	1875,	45.5 "	
"	1876,	49.1 "	
"	1877,	50.0 "	
"	1878,	55.9 "	
"	1879,	49.1 "	

## COMPARATIVE PRECIPITATION.

April,	1871,	1.83 inches.	
"	1872,	2.60 "	
"	1873,	3.57 "	
"	1874,	9.76 "	Average for } 3.54. nine years.
"	1875,	2.80 "	
"	1876,	2.16 "	
"	1877,	2.66 "	
"	1878,	2.55 "	
"	1879,	4.21 "	

## DISEASE TENDENCY.

The tendency to catarrhal diseases, laryngitis, bronchitis, sore throat, rheumatism, neuralgias and acute conjunctivitis continued throughout the month.

At the beginning of the month angina pectoris, very acute neuralgias in different parts of the body, especially about the head and chest were observed. A pain in the left side of the chest at the lower part and extending to the spleen was a peculiar feature in many cases.

Diarrhœa, enteralgia, headache, gastric and hepatic derangements were more than usually prevalent about the end of the first week and during a northwest and a west wind, about this time there was a great tendency to congestion of the brain, paralysis, apoplexy, sudden weak spells, spinal congestions and sudden deaths. Then followed attacks of headache with languor, sore throat, erysipelas and diarrhœa.

On the 10th there was a light rain (wind being in the south and northeast and northwest successively), during which time coughs increased. Then gastric derangement, headache, croup, bronchial catarrh, diarrhœa with watery stools and rumbling prevailed. Afterwards came diphtheritic sore throat, general prostration, hæmorrhages and hepatic derangements with an increase of aches and muscular pains in the right chest and neck, rheumatism, diphtheritic sore throat, and depressed feeling continued.

At the middle of the month neuralgia, headache, fevers, general debility, drowsiness and languor were the principal features. Then came an increase of hæmorrhages, hemorrhoids, enteralgia, gastralgia, rheumatism and conjunctivites, while nervous cases were more restless and worse generally.

Coughs, pulmonary complaints, diphtheria, sore throat and rheumatism were also worse. About the 20th, while diphtheritic sore throat was increasing, there was also a tendency to fatigue, general debility and diarrhœa, which tendency lasted for five days.

Epistaxis was quite prevalent about the 25th, as was also languor,

headache, glandular swellings of the neck. Biliary vomiting, gastric hepatic and enteric derangements were more numerous toward the close of the month while general prostration, neuralgia, pleurisy, watery painful diarrhoea, bronchial and other catarrhs, and conjunctivities were the main disease features at the end.

*Belladonna* was the remedy called for in a large number of the cases, especially in the tendency to brain congestions observed in the early part of the month, also for some of the neuralgic pains.

The croup was mostly of a catarrhal character calling for *Tartar emetic*, in fact many of the catarrhal inflammations were met by this remedy.

*Arsenicum* and *Veratrum* came in for the debilitating diarrhoea.

Number of deaths from consumption of lungs.....	208
Number of deaths from inflammation and congestion of the lungs..	142
Total.....	350
Number of deaths from old age.....	68

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#### AN ALLOPATHIC VIEW OF SMALL DOSES.

It is well known that many of the more advanced physicians of the Old School are becoming more and more Homœopathic in their prescriptions; but it is not often that any credit is given to our system of medicine.

The smallness of doses which has been the subject of severest ridicule, is by scientific experiment becoming somewhat more "rational." A paper on the "effects of medicine in small doses" appeared some months since in the *Scientific American Supplement*. It was written by John Morris, M. D., (Baltimore) and read before the American Medical Association. The paper is worthy of consideration because it shows the superiority of small quantities of medicine even in the hands of an Allopathist. In introducing his subject the author says: "We have been for years gradually lessening the doses of medicine that we administer to our patients. A lesson has been furnished us by Homœopathy, however irritational it may be, as far as the matter of giving less medicine is concerned, and many of us who have studied the effects of remedies in different doses, have discovered that very small quantities will produce very striking results."

The writer takes up some of the most common remedies, and shows

how shamefully they have been abused, and yet how beautifully they will act when administered in "very minute doses." In speaking of *Calomel*, he says: "No one who has had any experience can be in doubt as to the power of *Calomel* in the treatment of diseases. To secure however, its just and true influence, it must be administered with great care and in small doses." He calls attention to its "potency in dysentery," and quotes Headland to say that, "Very minute doses can be given in debility and even in scrofula," and also "in chronic syphilitic affections, if we wish to secure the special blood action deemed necessary to destroy the poison in this disease."

The teaching of Allopathy has been and is now to a great extent that the poison of syphilis can not be destroyed except by the long continued use of *Mercury* in very large doses.

The writer disposes of *Iron*, *Quinine*, *Opium* and other remedies in a similar quite Homœopathic manner. In conclusion the doctor gathers up some facts quite familiar to us. Of combinations he says: "The action of many remedies is greatly modified or increased by combination with other drugs." He mentions trituration as a means of increasing the power of medicine and remarks that "this is a means very little understood." He should inquire of some good Homœopath the best mode of increasing the power of drugs.

The following are his deductions: 1. "That the true physiological effect of remedies may best be obtained by the administration of small doses frequently repeated. 2. That remedies thus given are accumulative in their operation. 3. That the effect of remedies is greatly increased by combination, the manner of preparation, the time and mode of administration, etc. 4. That large doses of medicine frequently act as irritants; that they produce an abnormal state of the blood, as is evidenced by such conditions as narcotism, alcoholism, iodism, ergotism, bromidism, etc. 5. That more special attention should be given at the bed-side to the influence of remedial agents to the end that greater certainty may be exercised in their prescription."

The paper shows the tendency of Allopathy. It is drifting, it may not be to similia, but certainly to a more reasonable system of medicine. Individualization is becoming of more importance. It is not enough for an Allopath of the present day to make a correct diagnosis he must observe the patient's general condition, habits, temperament, together with the type of disease and its manifestations in the individual case. In other words, he must note the symptoms and prescribe accordingly. The writer well remarks that "a lesson has been fur-



nished us by Homœopathy," but it is not the only one that must be learned from the same teacher before Allopathy becomes truly scientific.

E. L. CASSEL.

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### APIS IN CYSTITIS.

DEAR EDITOR: When we sent you our notes about *Apis*, we did not imagine it would stir up so much controversy. We dislike much, to put in print, anything, for this reason.

Our honored preceptor, Prof. J. C. M., who, by the bye, is one of God's noble men, always urged upon us to send notes to the journals for publication. But we have a chronic fear of being picked at, or having our articles dissected by older, and more learned practitioners, so we mean to "keep on the back seats." As to the merits of *Apis*, we mean to say this, we have seen it used for the past nineteen years, and as yet have *never seen it fail*. Of course the *indications* pointing to its use must be followed, we did not give them in extenso, for each one can read them for himself in the *materia medica* of Allen, and others. We spend but little time theorizing, but claim to spend all the time we can get, studying *materia medica*, the sheet anchor of Homœopathy. We take off our hat, and make our profoundest bow to Dr. Switzer for his flattering words, in May 1st number. J. W. M.

### CASE FOR COLOCYNTH.

J. G. P., age twenty-eight, undertaker, black hair and eyes, rode up one night in the winter about six o'clock. He came into the office *stooping* like an old man, both hands clasped across his stomach, and in great pain. On inquiry, said he was on his way home to apply a mustard blister to the stomach, as the *only* remedy he had ever found. We laughed at him, and told him we had a remedy that would cure when mustard was forgotten. We gave him four drops of *Coloc.* 8th dil., on one-half drachm of No. 8 pellets. He took one dose in office, and got into the sleigh to ride home — eighty rods — before he arrived home the colic had left him, and he said afterwards, he would not sell the remaining pellets for \$100, if he could get no more. Since then, he had another attack lasting about ten minutes, as he had the remedy ready. Previously he had been a great sufferer. Now he swears by Homœopathy. J. W. M.

*EXTRAORDINARY PRECOCITY.*

The *Gazette Hebdomadaire* reports a case read by M. Lefebvre to the Belgian Academy of Medicine, noting the extraordinary precocity met with in a girl eight years of age, born at Oberpallen, Luxemburg. The child was born very fully developed, having hair on the pubis. She menstruated at the age of four, and became pregnant at the age of eight by a cousin thirty-seven years of age, who was sentenced to five years imprisonment for her seduction. The pregnancy terminated by the expulsion of a mole containing a well-characterized human embryo.—*Med. Press and Circular.*

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*A PROTEST.*

BY H. R. STOUT, M. D., JACKSONVILLE, FLA.

On page 20, of the report of the Homœopathic Yellow Fever Commission, it speaks of the free use of *Quinine* in malarial diseases, by Homœopathic physicians of the south. For one, I am disposed to protest against any such statement. Whatever may be the practice of the Commission, they have no right to commit the entire profession to their mode of treatment. I rarely use *Quinine* in any form of malarial fever, and when I do, I generally have cause to regret it, and I could mention other physicians who are as averse to it as myself. I apprehend, that the fevers we meet here are quite as severe, and of as grave a character as will be found in many portions of the south. It is a standing argument against us as a school that we cannot cure fevers without *Quinine*, but I have demonstrated to my own satisfaction, and I think I may safely say, to the satisfaction of my patients, that it can be done, and much better, than by its use. It is of course sometimes Homœopathically indicated, where one or two grain doses, or the 2x trituration of *China* will do better than larger doses, but in my experience it is less frequently indicated than almost any other remedy. When I am tempted by a tough case to resort to the *Quinine* plan, and not be bothered, I find that a resistance to the temptation, and a square settling down to the study of my materia medica, will bring my patient through triumphantly. When I add, simply as evidence in the case, that in a practice of nearly four years I have lost but three cases of fever, it will hardly be urged that massive doses of *Quinine* would have done much better.

The report is admirable in every way, and I have circulated it largely as a campaign document. It is cause for regret that this report, and the one of the Homœopathic Relief Association, could not have been published together, and thus have reflected still greater lustre on Homœopathy.

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## Obstetrical Department.

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### *PHLEGMASIA ALBA DOLENS.*

BY JOSEPH C. LEWIS, M. D., PHILADELPHIA.

This is a troublesome disease, one that gives much uneasiness of mind to the practitioner and extreme pain to the one afflicted with it. As with other diseases, so here there have been many theories advanced as to its pathology and etiology. Many of these being mere speculations of visionaries, have been advanced only too soon find their deserved oblivion, while others have held a more lasting place in medical literature. It has only been a comparatively short time since men began to study carefully and scientifically in the art of healing. Of course the history of medicine in earlier ages tells us of Hippocrates, Galen, Paracelsus and Harvey, names that will ever adorn the scroll of honor, but it has been reserved for the moderns to make the grandest discoveries and innovations in the cause. So that knowing the true pathology of disease, and thereby rightly appreciating the symptoms presented, we, through the labor and research of our professional brethren, can better prescribe for and cure our patrons.

The disease under consideration has been a source of great annoyance and care to physicians for many decades. It is not necessarily confined to the lying-in woman as has been supposed, but may appear at any period and in any subject, men even having been known to be thus afflicted. Neither is the disease proper confined in its range to the lower extremities, but sometimes attacks the upper. It may result from an attack of typhoid fever. Necroscopies show that the causes of the violent symptoms are free serous effusions; inflamma-

tion and sometimes suppuration of the lymphatics, they being plugged by plastic lymph, and inflammation and obliteration of the larger veins, notably the femoral. The venous obliteration seems to be the most constant and prominent cause of the disease.

Although the disease does not essentially depend on the lying-in state for its occurrence, it most often appears at that time. The symptoms that are observed we will enumerate. We have swelling, especially of the thigh, which is white, tense, shining and extremely sensitive, but which does not pit on pressure or at any rate but very slightly. It is generally ushered in by a chill, followed by fever. There is then experienced a pain in the calf of the leg, which proceeds to the thigh and abdomen. Especial attention should be called to the fact, that although there is much swelling and intense heat in the limb, yet it is *not* red but retains its natural appearance or color. The lochia may or may not be suppressed as is also the case with the milk. The tenderness is most intense in the course of the femoral vein, with a sense of hardness best expressed as a cord-like sensation under the skin, (resembling somewhat the feeling of an injected artery in the cadaver). The course of the inflammation is sometimes indicated by a red line. Sometimes there are no premonitory symptoms, and then the disease progresses with wonderful rapidity, the limb doubling in circumference in twenty-four hours. But in subjects predisposed to its occurrence, when there is great irritability, weakness and depression of spirits, with transient pains in the uterine region, we may suspect its onslaught. As the trouble advances we may observe difficulty in evacuating the bladder. The inguinal glands may enlarge and suppurate and abscesses may be formed in the affected limb. In favorable cases the symptoms subside in two or three days, the pain becoming less, the fever abating and the limb decreasing in size and feeling more doughy. But this is not invariably the case; for in some, the period of recovery may extend to weeks or even months; in such cases the limb remaining stiff for a longer or shorter period. In rare cases we have hectic, gangrene and pyæmiæ. The prognosis is generally favorable.

Before proceeding to mention the remedies useful in this affection, we might notice the distinctions between it and anasarca and rheumatism, two diseases with which it may be confounded.

First, in relation to anasarca, we will venture a few remarks. Anasarca is a general accumulation of serous fluid in the areolar tissues; œdema is a more localized collection in the same tissues.

Now we know that anasarca is generally dependent on heart or kidney disease, hence in cases where it is localized the unheeding medical attendant may ascribe the œdema to either cardiac or renal disorders and thus make a grave blunder. We will have œdema if a vein is compressed in a limb, if a bandage is applied too tightly, or if enlarged glands bind the vein too close to other structures. A limb whose nutrition has been lowered by paralysis will also be œdematous. But in all these cases the cause is remote from the thorax or abdomen. Hence we must be guarded as to diagnosis in this particular.

From rheumatism, particularly acute rheumatism, we can easily diagnose this affection. The two diseases arise from different causes and yet are alike in some particulars. The poison that is thought to produce acute rheumatism is lactic acid, and during an effort by the system to eliminate it, we observe the symptoms of the above mentioned disorder. The rheumatic poison has a special action on the fibrous, serous and muscular textures. Hence it attacks the joints, fasciæ, endocardium, pericardium and muscles. The swollen, red, hot joints, the predisposition of the inflammation to shift from one to another, fever, full bounding pulse, profuse, sour perspiration, turbid, acid urine, and a peculiar expression of suffering, present a fair picture of acute rheumatism, effectually distinguish it from phlegmasia dolens. In both we have intense pain and difficulty in moving the affected parts, but in acute rheumatism the joints are the principal parts involved and in phlegmasia dolens only one limb generally, and that in its full extent. And while in the first mentioned, the skin is red and hot, and there is danger of metastasis to the heart, in the latter the integument is of its natural hue though hot, and we do not perceive the danger of heart trouble. Some of the remedies found useful we will now enumerate:

*Aconite.*—Fever, in the first stages; heat all over and violent pains.

*Arnica.*—After difficult labors, violent manipulations. From mechanical injury of the vessels.

*Bryonia.*—Drawing, lancinating pains from the hip to the foot, with copious perspiration and extreme sensitiveness to touch or motion; sensation as when the menses are about to appear, rigidity and tension in limb.

*Belladonna.*—Stitches as of knives; heaviness in thighs and hypogastrium; creeping sensation in limb; fever with burning thirst; violent pains disturbing sleep.

*Hamamelis vir.*—Swelling of labia, groin and thigh; difficulty in moving the leg; painful and benumbed sensation in the limb; swelling commences at ankle; difficulty of moving the limb from stiffness and a pain in the hip. *Extreme sensitiveness.*

*Cantharis ves.*—Where there is difficulty in urinating *Arsenic, Puls., Rhus tox., Nux vom.* and *Sulph.* have also been of use in cases where the symptomatic indications corresponded to the pathogenesis of the particular drug.

Of all the remedies above mentioned, *Hamamelis vir.* most clearly is the one that is calculated to do the greatest good and be indicated more frequently than any other.

In addition to internal medication we would mention the application of a dilution of *Hamamelis* or *Arnica* to the affected limb, either of which will materially relieve the pain consequent on the disease, and thereby prevent that loss of sleep that is so debilitating.

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## Surgical Department.

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### *AMPUTATION OF THIGH FOR REMOVAL OF TUMOR.*

BY J. M. W. CANNON, M. D., CAMERON, MO.

In the early part of last March, Dr. J. H. Snyder invited me to accompany him on a visit to a patient who had just come to town for his advice concerning a tumor of the knee. I accompanied the doctor, and we soon reached the house at which the patient was stopping, and the following is a brief history of the case:

Mrs. M., aged about thirty years, of slight build, and dark complexion. About five years ago, after a hard day's work at the sewing machine, she noticed a small lump on the inner side of the right knee-joint. No pain accompanying the enlargement, it gave no inconvenience, and but little attention was paid to it. However, it continued to increase in size, but so slowly as to excite alarm only in slight degree. For four years, during which time the tumor kept on growing, the patient, owing to a singular delicacy, never applied for medical advice. About one year ago her husband took her to St. Joseph, and while there called in a surgeon of considerable reputation

in that city, who examined the tumor with a view to its removal. He decided that it could not be removed, and the lady returned to her home somewhat discouraged, and awaited "further developments," which came fast enough. The growth of the tumor from this time was much accelerated, and because of its size and weight was quite an inconvenience. Besides this her general health began to decline, and she commenced having night sweats which reduced her strength very much. This, as we learned it from the patient and friends, is the history of the case till the time of my seeing it in company with Dr. Snyder, at the above mentioned time.

We found the tumor about as large as a common wooden pail; extending from midway between the knee and ankle to above the middle of the thigh, the most prominent portion being opposite to knee joint on the inner side. Surface appeared tense, shining, and dusky; superficial veins enlarged and plainly discernable. Outline pretty regular, except at most prominent part, where were several protuberances, each about as large as a hen's egg. Palpation showed the tumor to be dense and not easily compressible, except in the region of the protuberances above mentioned. These were slightly elastic, and one of them seemed to indicate the near approach of ulceration. Dr. Snyder pronounced the tumor to be of "fibro cystic" variety, and I readily agreed in his diagnosis. Treatment prescribed was amputation of thigh. The sure prospect of death in her present condition, and the slight chances of recovery from the operation were pointed out to patient and friends, and the decision was left to them. In a few days they decided in favor of removal of the limb. It was deemed prudent to defer the operation until the patient had received some treatment for her general health, which was very feeble, but, although this course was pursued, she continued to decline, until for two weeks previous to the operation she was confined to her bed.

On the 9th of April, Dr. Snyder, assisted by myself and others, amputated the thigh, cutting the lateral flaps and sawing the femur a little above the junction of the middle and upper thirds. The friends of the patient having refused to allow us to carry away the limb, a hasty examination of the tumor was made on the spot. The integuments were found firmly adhered to the mass throughout its entire extent, and its attachment to the periosteum was complete, all the vessels and nerves of the region being included. Weight of tumor twenty pounds. On section it was found to consist of a num-

ber of cysts, somewhat larger than a goose egg, and separated by fibrous walls. These cysts presented a variety of contents, some containing a cheesy material, some a jelly-like substance; others decomposed blood and broken down vascular structure; while the contents of one was putrescent and almost black, it being that one which on our first examination we considered liable to soon ulcerate.

The amount of blood which the patient lost during the operation was small, and she bore the *Chloroform* well. Nevertheless, reaction was quite tardy—so much so that Drs. King and Tiffin, two gentlemen of considerable ability and experience, who assisted at the amputation, did not think the patient would survive twelve hours. But she passed the night in comparative comfort, and by the next morning we considered her condition hopeful. Her general health at once commenced to improve and after the first night the sweats, which had been so debilitating, ceased, her appetite improved, etc.

The stump for awhile presented some rather unfavorable signs, discharging for about eight days a thin, dark, and foetid fluid and small gangrenous spots appeared on the edges of the flaps. A free use of *Salicylic acid* soon produced a healthy action, and soon a better looking wound could not be wished for. *Throughout one-half of its extent union by first intention has taken place*, and the remainder is suppurating, and granulating beautifully.

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#### SUPPURATIVE CHOROIDITIS—PYÆMIA.

REPORTED BY GEORGE R. STEARNS, M. D., INTERNE HOMŒOPATHIC HOSPITAL, WARD'S ISLAND, N. Y.

J. A. S., (colored) aged thirty-one, single, native U. S., occupation waiter, entered the hospital March 22, 1879. He was brought in on a stretcher in a semi-comatose condition, the right eye-ball very much enlarged, the conjunctival membranes intensely congested and evidences of extensive suppuration between the layers of the bulbus, especially in the upper portion where there was a tendency toward bursting of the walls. The patient seemed barely conscious, but could comprehend the questions asked him and answered them, though in a very slow and imperfect manner. He states that his eye has been sore for one month, having began at night, apparently from taking cold, without any blow or injury of any kind. He had suffered



intense pains in and about the eye, less severe now than formerly though still felt much at times. Says he has been feeling really sick for a week with sensation of general weakness and dull, aching pains felt all over the body. The most severe pain seems now to be located in the occiput and shooting thence forward into the head and down the spine. He denies all syphilitic history. He now lies perfectly quiet, wants the head low and does not want to be disturbed. Has no appetite, no thirst, bowels have not moved for some days, the urine passes freely and at times involuntarily. The lips are dry and parched and covered with sordes as are also the teeth. The tongue (thrust out very slowly) has a thick, yellow coating down the center, with white edges. There is no external tenderness of the abdomen or of any part of the body and no marks of injury of any kind. The pulse is 68 and weak, the temperature 101°. Ordered hot flax-seed poultices to the eye and gave internally *Ars.* 1 cent. and *Merc. prot.* 3 cent. hourly in alternation.

March 25. General condition much the same. The abscess within the layers of the choroid has burst, discharging a large amount of thick, yellowish pus and affording much relief from the pains about the eye. The pains about the occiput remain the same, stupor, condition of tongue and lips, etc. the same. Will eat when fed, but asks for nothing. Diet, milk, rice and eggs. Pulse 84, temperature 101.2°. Prescribed *Rhus tox. tinct.* 12 P. M. slight convulsive fit; worked himself around till his head was at the foot of the bed and then fell out of bed. The hands and lower jaw worked convulsively; there was no frothing at the mouth and he did not bite the tongue. This soon passed off and was followed by the same condition of stupor as before.

March 27. Patient is slightly more rational if anything; pays more attention to what is going on and answers questions more readily. The eye looks better and the discharge is diminishing. Pains about the eye are less severe, as are also those in the occiput and down the spine. Does not ask for anything, no thirst, no appetite, but will eat when fed. The temperature has not been over 101.2°, pulse ranging from 80 to 90.

March 28. After passing the night in a sleeping or comatose condition, he died very quietly at 5:50 A. M. The autopsy is very interesting as showing the condition of pyæmia and an unusual relative distribution throughout the body of the suppurative foci.

Autopsy held March 29, 11 A. M. Height five feet eight inches; weight one hundred and thirty-five pounds; head twenty-one and a

half inches; chest thirty-one inches; abdomen twenty-five and a half inches. Body well developed; rigor mortis marked. No extravasation or external marks on any part of the body.

*Brain*, weight forty-nine ounces. Calvarium normal. Dura mater thickened and tough, not especially congested; strongly adherent to brain substance along both sides of the great longitudinal sinus. Considerable venous congestion of surface of the brain. Brain substance moderately firm in consistency and not congested to any great degree. Small amount of greenish pus in the anterior horn of both lateral ventricles; brain substance somewhat softened about the anterior and posterior horns of the lateral ventricles on both sides, the softening being of the white variety and more marked on the right side. All the parts lining the third ventricle markedly softened. Fornix very soft in texture. Large abscess the size of a filbert, situated at the base of the right posterior lobe and filled with thick, greenish pus. A number of small abscesses about the base of the left hemisphere, mostly in the cortical substance, and also filled with this thick, greenish pus. Three large, and numerous small abscesses scattered through the substance of the cerebellum on both sides.

#### THORACIC CAVITY.

*Pericardium*—markedly congested externally; no increase of fluid. *Heart*: weight nine ounces; walls of left ventricle much hypertrophied, those of right ventricle slightly so. Valves all normal. Foramen ovale imperforate. Large ante-mortem clots in cavities of the right side; no clots in left side. Numerous small atheromatous spots over the walls of the aorta; blood thick and very dark. *Pleurae*, left, no adhesions, no fluid; right universal adhesions easily broken up; no fluid. *Lungs*, left, weight sixteen ounces. Both lobes much congested. Numerous small masses, light in color, apparently minute abscesses, scattered through the entire substance, but more marked in the upper lobe. Right, weight twenty ounces. Slightly emphysematous over the anterior and lateral surfaces. Same appearance of minute abscesses as seen in the other lung all through the three lobes.

#### ABDOMINAL CAVITY

*Stomach*: very much distended, extending downward to a point half way between the umbilicus and the pubes, and filled with dark, thin fluid and partially digested food. *Omentum*: dark (venous conges-

tion) thin, and markedly devoid of fat. *Small intestines*: congested (venous) filled with soft feces and packed low down into the cavity of the pelvis. Small abscesses, from the size of a pin-head to that of a pea scattered here and there through the mesentery. *Large intestines*: distended with gas and semi-solid feces. *Liver*: weight two pounds twelve ounces; tissue congested, otherwise normal, capsule non-adherent. *Pancreas*: weight five ounces; normal in appearance and texture except at the head which contains a large abscess the size of a walnut and holding about one and one-half drachms of thick, yellowish pus. *Spleen*: weight five ounces; contains a large number of abscesses, varying in size from a pin-head to a filbert, scattered all through the substance and all filled with the same thick, yellowish-green pus. *Kidneys*: left, weight five and one-half ounces; right, weight four and one-half ounces. Tissue of both congested, otherwise apparently normal; capsule not adherent.

#### CAUSES OF DEATH.

*Primary*. Pyæmia from suppurative choroiditis (Idiopathic.) *Immediate*. Paralysis of the pneumogastric.

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## Medical News.

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T. D. Williams, M. D., office and residence, No. 89 Aberdeen street.

*Died*.—Of phthisis, March 22, 1879, at Westminster, Los Angeles, Co., Cal., C. L. Porter, M. D. A member of the class of 1873, Cleveland Homœopathic College.  
W. H. K.

W. C. Doane, M. D., of Syracuse, N. Y., sends us a protest against his expulsion from the Central Society. He was about to resign, he says, and did not fancy being kicked out while absent visiting a patient. A fair trial is one of the privileges of American citizens.

American Institute of Homœopathy.—Tuesday June 24th has been fixed upon as the day for the opening of the meeting of the American Institute. The meeting will be held in the parlor of the Fort Wm. Hy-Hotel, Lake George. The price of board has been fixed at \$2.50 per day, for members and their friends. From all directions west, south and east, the route to Lake George is by way of Albany and Saratoga Springs. Tickets can be purchased on all the leading routes, directly to Lake George, via Saratoga and Glens Falls, thence by stage a distance of nine miles through a beautiful section of country. Glens Falls is but one hour's ride beyond Saratoga. Passengers from the west can come by way of Lake Champlain, and through Lake George to the hotel.  
J. W. DOWLING.

[For the benefit of those going via Chicago, we have secured "a through car"

at reduced rates. Let the west rally and bring the Institute to Chicago next year.  
-- Ed.]

A. Shiland, M. D., sends us a "*Speculum* which seems to answer all the requirements, and has not the objectional features of instruments now in use. The blades are only about one-third the width of the ordinary speculum and are connected by a series of rings in such a manner that the instrument may be opened or closed by a small handle connected with the primary ring. Depressing the handle, on the blades, or elevating the same, opens or closes the instrument, as desired. When the rings are horizontal and the blades vertical, the *Speculum* remains open and retains its position. It may be rotated as desired, exposing readily every part of the vaginal walls, and os uteri, thus affording the greatest facilities for making applications. This *Speculum* may be introduced or withdrawn, without causing pain, when partially closed, changing the positions of the rings to give a better view of the different parts. I have used all specula recommended by best authors, but during the past year I have used this which I have invented and perfected, and I now find it preferable to any speculum now used, where examinations and applications are required."

The idea is a novel one.

The Bureau of Surgery of the American Institute of Homœopathy is to report at the annual meeting in June next upon the surgical diseases of the genito-urinary apparatus. It is not too early to assure the members that the several divisions of this subject will be carefully and practically presented, and that the report of this bureau promises to be of more than ordinary interest. It is here suggested that the members living in the vicinity of Lake George, N. Y., and others who can conveniently do so, who are treating anomalous and complicated cases, present them in person before the special division of surgeons, so that it can hold during the session at least one grand clinic, in which all concerned may be profited.

G. A. HALL, M. D., chairman.

Surgical Monographs. The unknown critic of my friend Helmuth's grand text-book, calls for "special treatises." Allow me to announce at this time, that I have in press an entirely new edition of my "*Surgical Diseases*," fully written up to date, and composed of new matter almost entirely. I am also engaged on a companion work of about 500 pages, on "*Accidents and Surgical Emergencies*," which I hope to have out next fall. It was proposed to add two more volumes on minor surgery and surgical operations, but I am willing to divide this work with any of our surgical practitioners who wish to aid in giving us a complete surgical work as proposed. The set will make four volumes of 2000 pages in the aggregate, and I cordially invite the correspondence of any who wish to aid me in the work.

DETROIT, Mich.

J. G. GILCHRIST.

We give below a list of locations without a Homœopathic physician, and we hope the doctors will send in any they may know of. Nebraska: Crete, number of inhabitants, 1,800; Fairmount, 1,000; Kearney, 800 to 1,000; Brownville, 1,800; Perne, 800; Wahoo, 500; Friendville, 400; Hastings, 1,500; Ashland 1,000. Address, Dr. B. L. Paine, Lincoln, Neb.

Illinois: Auburn, Sangamon Co., number of inhabitants, 1,400; Albion, Edwards Co., 1,000; Ashland, Cass Co., 800; Ashton, Lee Co., 1,000; Anna, Union Co., 1,400; Alexis, Warren Co., 1,000; Altona, Knox Co., 1,000; Altamont, Effingham Co., 1,200; Addison, DuPage Co., 500; Albany, Whiteside Co., 800; Blandinville, McDonough Co., 1,500; Barry, Pike Co., 2,000; Benson, Woodford Co., 700; Burnside, Hancock Co., 800; Chandlerville, Cass Co., 1,400; Clifton, Iroquois Co., 800; Carlyle, Clifton Co., 2,000; Carthage, Hancock Co., 2,500; Camp Point, Adams Co., 1,500; Clayton, Adams Co., 1,000.

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Eye and Ear Department.

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LOSS OF VISION FROM GUNSHOT WOUND.

BY A. C. JONES, M. D., CONNERSVILLE, IND.

Read before the Indiana Institute of Homœopathy May 1, 1879, at Indianapolis.

MR. PRESIDENT AND GENTLEMEN OF THE CONVENTION: Henry W., aged twenty-four, while out hunting January 3, 1876, was accidentally shot by a gentleman who was out hunting with him, and who was about forty-five yards distant. The shot which were No. 9, birdshot, entered the left side of the neck and face, being well scattered. The left side of the face was almost completely filled with the shot, so much so that when he came to me two hours after I hardly knew where to commence picking them out. The face and neck were badly swollen, and the left eye was completely closed, upper lid so badly swollen and sensitive as to preclude an immediate examination of the eye. After local and internal treatment of the injured parts for two days, the inflammation and swelling had sufficiently subsided to make careful examination of the eye-ball, when I discovered that my fears were realized, viz., that my patient had sustained a serious, if not lasting injury. I discovered that not only was the sight of the left eye fast disappearing, but of the right also. This failure of vision set in with alarming rapidity. Having through exceeding carelessness caught cold in his face, I did not succeed in getting the swollen and inflamed condition sufficiently reduced to make a final and decided examination or *exploration*, if you choose, until eight days after receipt of injury. When at last I was able to do

so, I found many shot imbedded beneath the scalp and the integument of the face on the left side; some were imbedded in the eyelids, and others appeared to have passed entirely through the lids to the eye-ball, on which they left very distinct ecchymosed marks. Green discoloration followed ecchymosis, extending some distance from and completely surrounding the left orbit. Three or four shots could be felt in right lid, and I thought that I could feel one or two on the eyeball beneath; and when the lid was raised and the patient turned the eye downward, the trail of one could be distinctly seen upon the sclerotic which was contused and swollen in a line which extended almost to the equator of the eye-ball. He had not the slightest perception of light in the left eye, and could barely see one's fingers with the right eye, and they had to be held in a certain position on the temporal side to be seen at all. The pupil of the left was rather larger than that of the right eye; it did not act directly, but responded consensually, to a very bright light; that of the right eye was very active. And here allow me to digress a moment to say that the right thing at this point in my case would have been to have had my patient visit some eminent oculist, our St. Louis friend for instance, but I was 309 miles from St. Louis, and half as far again from Cincinnati, and my patient was a poor man. Let this then suffice for doing the best I could in the premises.

But to proceed with my case. Upon examining the left eye, an extensive hæmorrhagic exudation could be seen in the fundus, especially in the region of the macula-lutea and papillæ, covering the latter so completely as to prevent its inspection. I advised local cooling applications, prescribed *Bell.* 6th internally, gave a very careful and guarded prognosis, told my patient to avoid all mental excitement, take to stimulating beverages and report to me in ten days.

In ten days patient reported, and I found his left eye presenting the same condition that it did when last examined, with the exception that the inflammatory condition was much subsided. The shot spoken of could still be felt in the right sclerotic, and the intra-ocular appeared more dense than at first. Now I began to get scared, to tremble in my boots, in short to distrust myself. But my patient had some faith in me, and still more in Homœopathy; so I again prescribed *Bell.* and ordered him to report again in ten days. Owing to severe February weather I did not see my patient again for twenty-eight days, when he remarked "I should not have come so soon only my drops have given out, and I think I am improving."

Upon examination, however, I could see no improvement unless it were a commencing atrophy of the left papilla. As the exudation was not yet sufficiently absorbed to admit of a thorough inspection of the fundus to enable one to base a prognosis as to the ultimate result, he was requested to call again in thirty days; *Bell.* 30th.

March 4th. The left eye is very much the same as when seen first of February, with this exception, atrophy of the papilla is present and decidedly evident. The right eye has much improved being barely, if

not quite well. The sclerotic, the upper part of which was so badly swollen and which I supposed contained a shot, had entirely disappeared. There was no hæmorrhagic exudation, and the fundus looked normal in all its parts. During the past two weeks he had read considerable. I gave him a good piece of my mind and *Bell.* 300th, and orders to return as soon as the *Bell.* was gone. Three months after saw my patient thirty feet under ground delving for lead ore. I wanted to know why he had not reported to me as directed. His reply was that his left eye commenced to improve so very fast almost immediately after receiving the last vial of *Bell.*, that in eighteen or twenty days it was entirely well, and as he had no money he thought he would not go back. Now gentlemen you may say, "Well, what are we to learn by all this?" To be frank, I hardly know myself. And yet the case is instructive in many particulars. To be sure it opens a field for discussion, and admits of wide differences of opinion. Very often have I wondered what caused the sudden blindness of the left eye, and very often too, have I chided myself for not prescribing *Bell.* 300 in the first place. Was this sudden blindness caused by a severe blow from the shot against the eyeball which caused a paralysis of the retina, or did the shot penetrate to the posterior part of the orbit and contuse the optic nerve?

I think that either of the above views are tenable, but prefer the latter. When we remember that spherical projectiles change their course after striking spherical bodies, when we look at the peculiar shape of the orbit and its contents, the wonder is that the optic nerve ever escapes. My notion is, that the hæmorrhagic exudation must have been from the retinal vessels; had it been from vessels beneath the retina, changes would have taken place and would have been seen with comparative ease.

Now for my *moral!* If you cannot get your patient to a specialist in an emergency, do the best you can, but "do not give up the ship." Study your case carefully and prayerfully if necessary, remembering that our *materia medica* will rarely if ever fail to help us out of many a bad scrape.

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### **SOME ERRORS OF REFRACTION AND ACCOMMODATION WITH SUGGESTIONS IN TREATMENT.**

BY D. J. M'GUIRE, M. D., OF THE COLLEGE OF PHYSICIANS AND  
SURGEONS OF DETROIT, MICH.

(Continued from page 421.)

#### **CAUSES OF MYOPIA.**

We may divide the causes into hereditary and predisposing, myopia being almost universally regarded as a hereditary disease some observers taking strong grounds on that point, and claiming that it is never developed where no predisposition exists. But I think the number of

those who believe in the possibility of it being developed from emmetropia is large and increasing.

The causes operating to bring about these changes may be various, among them may be mentioned, long continued use of the eyes in study, especially with imperfect or small print and imperfect light, too much study at a tender age, as in children between the ages of six and fifteen years. The stooping posture frequently assumed under these circumstances compresses the abdominal organs thus obstructing the free return of blood from the head, while the bending of the head over the page and its near approximation, favors by the former the increased flow of blood to the head, and the increased visual angle through the near approach of the book, produces increased pressure of the lateral recti muscles on the equator of the globe, thus increasing the intra-ocular pressure. The congestion thus occasioned in the fundus oculi may induce softening of the scleral tissue, which no longer able to resist the pressure of intra-ocular fluids gives way at its least protected position, producing an elongation of the antero-posterior diameter of the organ backward, or a posterior staphyloma. The lateral portions of the sclerotic coat being protected by the broad lateral muscles. This backward elongation produces the typical myopia.

The above mentioned predisposing causes would lead us to expect to find myopia developed most easily at an early age while the tissues are yet soft and yielding. Myopia is almost universally regarded as a hereditary disease, the hypermetropic eye never, and the emmetropic one rarely becoming affected with near sight where a predisposition thereto does not exist in the ancestors. But having once appeared the myopia is frequently transmitted as a predisposition to posterity, when with fresh exciting causes it may be developed to a high degree. In this manner the hereditary principle accumulates in the posterity, so that when a young person presents with a high degree of myopia, it is safe to expect to find it also in one or more of his ancestors, and also among his brothers and sisters. "When once developed in youth even in a slight degree, its tendency is to increase."

The prevailing opinion that it diminishes with age being incorrect; true, all eyes, myopic, hypermetropic and emmetropic, undergo the usual senile changes, and if in *middle* life the one is of low degree, these changes will cause the near point to recede but the abnormal elongation of the eye does not diminish.

The changes necessary to the production of this state of the refraction, have been sought in the different or increased refractive power of the media of the eye, increased convexity of the lens, and this was by Donders for a long time thought probable as the tension of the accommodation, giving rise to the convexity of the lens surfaces, was so almost constantly in operation, it seemed probable that the form of this body might undergo a change, but more extended observation has led him to abandon that theory. An explanation was thought to exist in an increase of convexity of cornea, but Donders (?) has



shown that the cornea of myopes instead of being more curved was in fact flatter than in emmetropia. But since the invention of the ophthalmoscope, changes taking place in the fundus of the eye are readily detected, and their progress carefully observed. By means of this instrument it is clearly shown that the myopic is a diseased eye, and that its grade is proportioned to the degree of extension caused by these morbid anatomical changes. Hence myopia and staphyloma posticum are nearly synonymous terms. The extension of the sclerotic coat at its posterior part is generally uniform in all its parts. The extension taking place at the expense of the scleral tissue, so that in high degrees of the trouble this coat becomes very thin, so much so that the choroid may by its dark pigment be seen shining through, giving it a dark appearance. As the sclerotic coat gives to the eye its form, and retains the different tissues in their proper place, it follows that when this distension takes place, the adjacent parts must be correspondingly changed in position as well as similarly distended by which occurrence the choroid coat becomes distended and atrophied, particularly on the outside of the optic disk, with sometimes diffuse atrophy of other places, leading also to morbid changes in the region of the yellow spot. While the sclerotic attains its greatest thinness around the posterior scleral pole, the choroid becomes thinnest around the outer edge of the optic disk, forming in advanced degrees of myopia, a white, shining concentric disk, somewhat resembling a half moon, although not uniform in contour in all cases. Peculiarities of form peculiar to families, being observed by von Jaeger, who claims to have noted marked family varieties of form, sometimes the distension extends entirely around the optic nerve, the atrophic crescent becoming annular. The extension of the parts surrounding the optic nerve entrance enlarges the blind spot, by increasing its non-sensitive nerve surface. In myopia the retina undergoes fewer marked changes than either the choroid or sclerotica. The position of the yellow spot changes so that the visual line corresponds more nearly with the ocular axis.

#### VISION OF MYOPES.

It often happens in the lower grades of myopia where the error of refraction is not more than 1-18 or 1-20 that its existence is unknown to the person himself, and in such instances if it remain stationary he will probably be able to read fine print without the aid of glasses (convex) at the age of sixty. The tardy recession of near point compensating for the diminished range of accommodation due to senile changes until a late period in life. Persons with higher grades of myopia acquire a habit of bringing the book much nearer than is really necessary, and as it is inconvenient to bring object to eyes, they assume a stooping position.

Again, the pupils of myopes is usually larger than that of emmetropes, and as distant objects are seen in circles of diffusion, they acquire the habit of partially closing the lids, thus making a steno-

paic apparatus by means of which a part of the diffusion circles are shut out. This, with wrinkling of the forehead, gives the features a peculiar expression. As in myopia, small objects are by being held close to the eye seen under a large, visual angle, a larger image is formed on the retina, thus impressing a larger number of percipient elements; they thus see small, fine objects with great minuteness. They prefer for reading small print. They write a fine hand, make fine stitches in sewing. Owing to their larger pupil they see small near objects with feeble illumination; on the other hand they see distant objects better under bright light; as by this means the pupil is contracted, and the size of the diffusion circles diminished.

When the degree of myopia is greater than 1-6, the changes which almost of necessity have taken place and are still progressive, give rise to more or less disturbance of near vision. *Muscæ volitantes* (floating dark spots) make their appearance in the field of vision, and although they may exist in a healthy eye, in myopia they are apt to be larger and more numerous, this increase in size and numbers being due to morbid changes in the vitreous. These are to the patient, generally very alarming symptoms, and when accompanied by sparks, luminous chains, flashes of light, brightly illuminated white or colored rings, more frequently seen in the dark than in daylight, their appearance is an indication that serious morbid changes have taken place in the fundus of the eye.

Myopia is also the most frequent cause of *divergent squint*. The cause of its frequent occurrence in myopia must be sought in the elongation of the antero-posterior axis, and on account of the ellipsoidal shape thus given the globe, its range of mobility is much diminished, so that it cannot be so freely moved outward and inward, the inward limitation causing a severe tension of the internal rectus in viewing near objects by which this muscle becomes fatigued and strained. Symptoms of *asthenopia* appear to relieve, under excessive muscular effort, the eye is allowed to deviate outward, thus permitting the work to be continued without difficulty.

#### TREATMENT OF MYOPIA.

Can myopia be cured? The answer must be in the negative for such conditions as the one we have described, as myopia proper.

That some forms of near-sightedness are amenable to remedies together with proper use and management of the eye, I think cannot be denied, with our *Physostigma*, *Gels.*, *Calc.*, *Nux.*, *Apis*, and many others having a greater or less spere, the modern oculist has achieved too many satisfactory results not to rely on their efficacy. But to suppose that the softened and distended, only slightly elastic fibrous coat of the sclerotic can be changed and made to assume its normal form would be only too absurd; and without reviewing the different theories and plans of treatment of this anomaly adopted at different times, among which were *compression*, to reduce the supposed too great convexity of the cornea, and the still more hazardous one of

removing the lens, on the supposition that it was the offending part. We will pass on to a brief consideration of the most important remedial measures in the treatment of short sight, namely the proper adaptation of concave glasses. In cases of myopia of low degree, one-eighteenth to one-twentieth or less, glasses need only be used for viewing distant objects, it being better not to use them for near work, as the disturbance of the relation of relative association may lead to progressive myopia. In the higher degrees as one-twelfth, to one-sixth or one-fifth, neutralizing glasses must be worn, the proper strength of which must be carefully determined in each individual case, for, in myopia is the prescribing of glasses a matter of particularly great importance. The prescribing of glasses too strong may be the means of exciting serious diseases in the fundus, and by giving those that are too weak nothing is gained and therefore any previously existing tendency to disease is not remedied. As a general precaution we might say, in myopia be careful not to give glasses which are too strong, and in hypermetropia don't give them too weak. The medium grades of myopia may as a rule be neutralized, then the work can be held at a convenient distance from the eyes, by which convergence is diminished, pressure from the lateral muscles removed, and the tendency to assume the stooping posture remedied.

In the higher grades greater than one-fifth where acuteness of vision usually is diminished, it is only practicable to partially neutralize the error.

As a cause operating to favor the increase of this difficulty, I must mention the faulty light and improper seating arrangements too frequently found in our school rooms. In too many instances the talent of the architect is spent in outside embellishments to the almost utter neglect of the points of practical and vital importance, light and seating. The teacher being ignorant or careless on these points also, we find the children obliged, in order to see distinctly, to bend closely over the page on a low desk by which posture the free return of blood from the head is interfered with, thus favoring the congestion of the tunics of the eye, and at this tender age establishing disease condition in this organ which will last for all time; besides as Liebreich has by his observations established in very many of these cases, deformities, such as spinal curvature with its attendant evil results.

The treatment as here given is intended only to be suggestive. The prescribing of glasses was illustrated in the delivery.

(To be continued.)

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*Balsam of Peru* is the dressing applied to the surface of amputations, etc., in Bellevue Hospital, N. Y.

## Surgical Department.

### ALVEOLAR ABSCESS.

BY DR. E. W. SAWYER, KOKOMO, IND.

Read before the Indiana Institute of Homœopathy, May 1, 1879.

MR. PRESIDENT AND GENTLEMEN OF THE INDIANA INSTITUTE OF HOMŒOPATHY: My excuse for presenting a paper upon a subject that properly belongs to the dental profession exclusively, is, that surgeons of the various schools have presumed to teach where they were as well qualified to handle the subject, as a loghouse carpenter would be without special training to teach how to treat diseases of the eye.

It strikes me that there is too much of that sort of thing in Homœopathic literature. All that is indispensable for a physician to know upon the subject of alveolar abscess, is how to diagnose it, to know that the consequences may be *very serious* to the excessively nervous, or where there is a tendency to consumption or during pregnancy—and that no one but a *skillful dentist* is qualified to treat it.

Few physicians take the trouble to ascertain what dentist they can safely recommend their patients to. I knew a case where an eminent surgeon treated a lady all winter for "neuralgia," caused by an exposed pulp which, with his medicine, had pretty nearly finished her; she was permanently relieved in less than an hour by removing the pulp and filling the cavity.

Prof. Taft, in his second edition of "Operative Dentistry," page 297, says that "alveolar abscess is a result of periostitis, and consists of a pus secreting sac, on the root, but sometimes upon one side.

The secretions of these sacs differ in character, according to the different conditions of the parts, together with systemic influences. Sometimes the discharge from these sacs is through the root; sometimes from between the tooth and alveolus, and sometimes, directly through the alveolus and gums.

"There are occasional cases in which the discharge will be at a very considerable distance from the point of secretion; but in such cases, the secretion always follows some natural avenue that affords a facility for its passage; as for instance, along a suture. There are cases recorded where the issue from an abscess of the central incisor was near the posterior portion of the hard palate; and in these, the channel of the pus, lay along the suture of the palate bones.

"Sometimes the opening from an abscess of the first or second molar will be opposite the bicuspid on the buccal portion of the gum. Alveolar abscess is exceedingly variable in character, according to the constitutional peculiarities and susceptibilities of the patient, the

condition of the parts immediately adjacent, and, to some extent the cause which has produced it.

"In a good constitution, after an abscess is formed, it will discharge healthy pus. Occasionally, yet very seldom, does nature alone effect a permanent cure. In constitutions of a cachectic diathesis, alveolar abscess is liable to constant discharge of an unhealthy pus, or purulent acrid matter; and the parts about it are usually in a diseased condition.

"The cases in which alveolar abscess is most likely to occur are those of a manifest inflammatory diathesis, or those in which there is considerable local inflammation, from some local exciting cause. In the cases of constitutional predisposition, the abscess after a time assumes chronic character, constantly secreting and discharging pus, but does not usually cause much pain, though the tooth from which it proceeds will experience some soreness and an uneasy sensation. In the acute form of it, however, there will be intense pain. In some cases the sac will be formed without much irritation of the surrounding parts; while in others, irritation and inflammation will extend to parts more remote, especially if there are any irritating agents at work. Usually the sac is formed at the point of the root; but, sometimes it is located on the side, the point remaining comparatively free. In the molars, particularly the superior ones, the sac will frequently be found in the bifurcation, often occupying the entire space between the roots. When it is on the point of one of the roots, this is usually the palatine," and after giving the "regular scientific treatment," closes thus:

"In a treatise of this character, it is impracticable to enter into the details of the pathology of this affection, or very minutely into the *rationale* of its treatment, a thorough knowledge of these involves a wide range of pathological knowledge."

Prof. Harris, in the "Principles and Practice of Dental Surgery," ninth edition, says, "The periosteum of a tooth having become the seat of acute inflammation, plastic lymph is effused at the extremity of the root. This is condensed into a sac or cyst, which closely embraces the root near the apex, and as suppuration takes place, pus is formed in its center. The inflammation in the meantime, having extended to the gums and neighboring parts, they swell and become painful, and as the pus accumulates in the sac, it distends and presses upon the surrounding walls of the alveolus, which by a sort of chemical vital process, are gradually broken down. By this means an opening is ultimately made through one side of the socket, when the pus coming in contact with the investing soft structures, presses upon them and causes their absorption. Thus an outlet is effected for the escape of the accumulated matter.

"The opening which gives egress to the pus, is usually at the gum opposite the extremity of the root, but the matter may escape from some other and more remote point. It may make for itself an opening through the cheek or through the base of the lower jaw, and be discharged externally; or it may pass up into the maxillary sinus,

or through the nasal plates of the superior maxilla, or form a passage between the two plates of the bone, and escape from the center of the roof of the mouth. The formation of abscess in the alveolus of an inferior dens sapientia, is sometimes attended with inflammation and swelling of the tonsils and of the muscles of the cheek and neck. The author has known trismus to result from this cause." "In the extraction of a tooth which has given rise to the formation of abscess, the sac is often brought away with it." Prof. Harris says also that the time required for the formation of alveolar abscess, varies from three to fifteen days, according to the violence of the inflammation, and that the immediate cause of alveolar abscess is inflammation of the alveolo-dental periosteum, and this may arise from inflammation and suppuration of the lining membrane and pulp, or form an accumulation of purulent matter at the extremity of the root, the egress of which, through the natural opening has been prevented. It may also be produced by mechanical violence, the irritation of a dead tooth, or by the presence of a portion of a gold filling forced through the fang of the tooth, etc." He says further, that "where the inflammation of the alveolo-dental periosteum results from inflammation of the pulp and lining membrane, the formation of an abscess may be prevented by the prompt destruction of the latter with *Arsenous acid*, *Cobalt* or *Chloride of Zinc*." Prof. Dunglison, in his *Medical Lexicon*, edition of 1865, has taken the trouble to say "small abscesses are so called which generally form in the alveoli and involve the gums, sometimes without any known cause, but which often depend upon carious teeth."

Prof. Ericksen in his work on surgery, says that "abscess of the gums is of very frequent occurrence, from the irritation of decayed teeth. Here a free and early incision should be made; which, by giving exit to the pus, will afford immediate relief."

Prof. Gilchrist in "*Surgical Diseases*" says "abscess of the gums is caused by the roots of the decayed teeth, cold, or some other inflammation, resulting in the formation of pus. It is of trifling moment, although it gives rise in many instances to considerable suffering. Remedies act very well. Evacuate the pus. Remedies: *Calc.*, *Caust.*, *Silic.*, *Staph.*, *Sulph.*, *Nat. mur.*"

The above remedies *may possibly* have aided some recoveries.

The above quotations, with the *exception* of those from Profs. Taft and Harris, are chiefly interesting from the lofty manner with which they assume to teach where they evidently know next to nothing.

#### CAUSE.

Alveolar abscess may be caused by forcing any insoluble substance through the apex of the root of a tooth and allowing it to remain there as Prof. Harris says, with the exception of mechanical causes, or *Phos.* poisoning or *possibly Mercury* poisoning. *Alveolar abscess is simply septemia from a putrid tooth pulp.* It matters not whether the pulp was killed by some local application when exposed

by decay, or from the irritating effects of food, or sudden changes of temperature upon a pulp nearly exposed by decay, or from a blow upon a healthy tooth, or from too great disturbance of a tooth by a mechanical appliance for the purpose of regulating it during the menstrual period, the result is the same. If the pulp is removed immediately after its death and the cavity perfectly filled to prevent the accumulation of food or other matter in the pulp cavity to putrify and poison the tissues at the apex of the fang through the foramen, there will never be an alveolar abscess. Alveolar abscess is most likely, "other things being equal," to occur with teeth having the largest pulp, and the reason why in the superior molars it is most likely to be attached to the palatine fang, is that generally its pulp cavity and foramen is largest.

If the septic element is not removed from the pulp cavity inflammation followed by suppuration takes place at the apex of the fang, and on account of the great vascularity of the alveolar process very nearly resembles the same process when taking place in the flesh, it distends like a bladder and usually discharges where the wall is thinnest, unless it finds some softer route, as the superior incisors sometimes do when they discharge at the posterior margin of the hard palate, or into the posterior nares, or on the outside of the face as the inferior teeth do sometimes, when it is usually mistaken by physicians for necrosis of the jaw, or not unfrequently for cancer.

I believe pathologists agree now that the purulent accumulation constituting an abscess, is always retained in healthy states of the system, by a boundary of consolidated lymph, which extends itself by fresh deposits on the outside, and by the liquefaction and metamorphoses of its interior, as the central formation of pus increases.

Before proceeding with the treatment, I wish to refresh your memories slightly regarding the anatomy of the parts involved. You remember that the alveolar process which surround the roots of the teeth is exceedingly vascular, and that each tooth contains a cavity corresponding in shape with the outline of the tooth in which are arteries, veins, nerves, etc. which constitute the pulp. Should a Spanish inquisitor have witnessed the regular method of treating alveolar abscess, it would have caused a grim smile. Thousands of pages have been written throwing a flood of light upon the subject only equaled by that of a fire-fly upon the dismal swamp. I will not disgust you with the details.

No alveolar abscess ever formed at or near the apex of the fang of a tooth until after the pulp of said tooth was *purid*, since Adam's head was the size of a buckshot.

#### TREATMENT.

Septemia from putrid contents of the pulp cavity being the cause of alveolar abscess the treatment is obvious. Evacuate and disinfect the pulp cavity and fill it perfectly and the abscess will get well unless the periosteum for more than half the length of the fang is dead. A

strong solution of *Chloride of Zinc* is the best disinfectant. After removing the dead pulp apply the *Chloride of Zinc* on a piece of cotton or in any way to the pulp cavity, and with a fine steel broach or in any other way work it through the apex of the fang, when through it will cause a stinging or burning sensation, then fill the pulp cavity with dry *Chloride of Zinc*, and complete the filling with gold foil, never with any abominable mixture of lead, tin, bismuth and mercury labelled "Silver." The dyestuff school of medicine will deny that any horn can come from such fillings. After filling the tooth, dry the gums about the abscess and saturate a ball of cotton about the size of a marrow fat pea with tinct. *Aconite rad.*, and apply it immediately over abscess and retain it there for five or ten minutes, instructing the patient not to swallow until after the mouth is rinsed with water. The *Aconite* removes the pain, and enough is absorbed to overcome the inflammation.

If the patient suffers from swallowing any of the *Aconite* the liberal use of black coffee will soon remove it.

Give the patient a half drachm vial of No. 20 pellets medicated with any potency of *Mezereum* from the first centesimal to the five thousandth, with the instructions to take one every two or three hours until the tooth no longer feels sore or too long from pressure. *Merc. viv.* is almost worthless in this case. If the patient is syphilitic, give him half a drachm of *Nitric acid*, first centesimal potency, one drop to be taken in soft water, on rising daily, and any potency of *Sulphur* to be used in same way at bed-time.

Between 1862 and 1871 I treated a great many cases, and during the last two years of that time, I treated about two hundred with two failures, and they were found to have lost more than half their periosteum. The first centesimal potency of *Fluoric acid* internally comes nearer curing alveolar abscess than any other remedy that I know of. But of course no remedy will cure until the cause is removed; when it will get well the same as abscess in any other part of the body.

*Recoveries* follow the extraction of the tooth or fang from which it arises; or when the pus finds free exit through the pulp cavity.

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POISONING.—In one dozen cases of poisoning from the bite of the rattlesnake, *Iodine* proved curative, given in one or two drop doses of the tincture every hour according to the severity of the case. In one instance where the patient was "swollen terribly, mottled spots appearing over the entire body, breathing with great difficulty, and apparently near death," four drops of *Iodine* were given every hour with entire recovery.—DR. E. F. BROWN, in *Cincinnati Medical Advance*.



A CASE OF FISTULA IN ANO, WITH A FEW PRACTICAL  
REMARKS REGARDING THE SURGICAL OPERA-  
TIONS FOR ITS RELIEF; AS ALSO THE  
ACTION OF THE SPHINCTER TER-  
TIUS DESCRIBED BY HYRTL.

BY T. G. COMSTOCK, M. D., ST. LOUIS, MO.

Cases of fistula in ano, or more correctly fistula in recto, occur so frequently in surgical practice, that I shall take occasion to call the attention of the profession to a few particulars regarding the surgical anatomy of the sphincter muscles.

Some years ago, when a pupil at the University of Vienna, while attending the lectures of Prof. Hyrtl, I first learned the existence of a *sphincter tertius*. It is remarkable that this sphincter is not mentioned by Gray or other English anatomists. That such a muscle, (whose action is really that of a sphincter), does exist, is to me a matter of no doubt; and if such were not the case, the radical operation for fistula, (dividing the lower sphincters), would be followed by very unpleasant consequences — in other words we should have as a result, involuntary fecal evacuations. That such an untoward result fortunately does not often occur, every experienced surgeon knows, but the reason for this we shall give by quoting the following, which we have translated from Hyrtl's Anatomy.\*

“The older surgeons were astonished after having divided the sphincter muscles in operations for fistulæ, that no involuntary discharges of fæces follows. Faget found after removing the lower end of the rectum from a patient, that he could retain his fæces and flatus, and he explained this upon the hypothesis that a new sphincter must have subsequently formed. Houston was not disinclined to believe that the lower portion of the rectum, where a fold occurs as it passes through the pelvic fascia, was surrounded with a development of circular fibres. Lisfranc, who many times extirpated the terminal portion of the rectum, noticed that such patients were not deprived of the power of holding back their stools, and declared it as his opinion, that as a positive necessity a superior sphincter must exist. Likewise every unprejudiced observer must allow of the existence of such a muscle, for the reason that in prolapsus ani, where both the external sphincters are paralyzed, no involuntary stools occur.

“In rupture of the perineum and congenital opening of the rectum into the vagina (cloaca) the same thing happens. Ricord cites the case of a woman aged twenty-two, where the rectum opened into the vagina, yet the bowels acted regularly, and what is more remarkable, the husband after having been married three years, had no conception of this abnormal condition in his wife.

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\* andburch der topographischen Anatomie, Von Josef Hyrtl, Zweiter, Band, p. 141, 5te Auflage, Wien 1865.

“When the index finger is introduced into the rectum of a patient who has had no action from the bowels for a few days, as a rule, just above the anus, no *fæces* will be found, and yet the column of *fæces* would naturally sink down to this point, if not held back by an opposing circular muscle. Kohlrausch opposed this view, which presupposes the existence of a third sphincter, because he found upon ‘head subjects, as well as in patients, hard scybala in the lower portion of the rectum; but I take occasion to mention that the existence of *fæces* in the rectum upon subjects, simply proves that the sphincter tertius no longer acts, and the same thing in the living, (in patients), may be the result of diseased conditions, and which affords an example of an exception, to the rule. Enemata which are not introduced high enough into the rectum, are liable to come away immediately; on the contrary, if the canule (extremity) of the syringe is pushed up sufficiently high the injection will be retained a longer time. Dr. O’Beirn called attention to the fact that an elastic tube can be introduced quite a distance into the rectum, before any flatus is given off, and then the discharge comes suddenly. All these observations make it probable, *a priori* that at a certain distance above the internal sphincter ani, a third sphincter must exist. Nelaton, and Velpeau have demonstrated the existence of it, as a thickened band of muscular fibres, four inches above the anus. This muscular development, is not always easy to find. To find it upon the cadaver, care should be taken that the rectum is not forcibly distended with air.

“In order to demonstrate it well, the rectum should be cut upwards longitudinally, and stretched upon a board, and the several layers carefully dissected off, until the muscular layer is reached, when the sphincter tertius, if present, will be seen as a broad bundle of thickly conglomerated muscular fibres. Not unfrequently this investigation will be fruitless of a result, but the physiological fact that there are developed muscular fibres encircling the rectum at this point, is not to be doubted. In one instance I have publicly demonstrated the existence of the fibres of the sphincter tertius taking their origin from the sacrum.

“This third sphincter does not permit the excrements, (*fæces*), which are in the sigmoid flexure and are pressing down, to reach the lower rectum. Only when the desire for an evacuation exists, does it relax and allow the *fæcal* column to come down on to the lower sphincters. These latter can voluntarily keep back the stools for a long time, and are assisted in their efforts by the levator ani muscle, as likewise by the buttocks, (*nates*), firmly pressed together, so that when one is unfortunately in such a critical situation, (for obvious reasons) he takes care not to take long steps, or to run. At last these muscles from having such an unusual strain upon them, become paralyzed, and then follows, what, under such circumstances is of course unavoidable. When the lower end of the rectum is removed, or the sphincters are divided as in the operation of rectal fistula, then the patient will not be afflicted with the most hopeless and disgusting

of all ailments, viz., involuntary stools; for when the slightest desire for a stool is experienced, and the upper sphincter is relaxed, the evacuation below is being accomplished, because simultaneously the two lower sphincters will involuntarily be relaxed."

I should perhaps mention that Dr. James R. Chadwick, of Boston, in a very elaborate article,\* regards the sphincter tertius, as "a collection of constricting bands, and a part of the general circular layer of muscles, whose function is to *dilate before*, and *contract behind* the scybala, thereby propelling them on their way, and not retarding them." He proposes to call this sphincter, a "*Detrusor fœcium*." I did not intend to discuss Dr. Chadwick's essay, but the facts adduced by Hyrtl are undoubtedly true. I was called in consultation in May last, to see a gentleman, who, to avoid a collision, jumped from a railroad train going at the rate of forty-five miles an hour; he struck with great violence upon the end of a railroad iron, which seems to have raised up, and which penetrated him in the region of the perineum. The injury was so great, that it seemed almost as if he was cleft in twain; suffice it to say, the lower end of the rectum was so contused and injured, that it sloughed away. Fortunately the patient had a short time previous to the accident, passed a large stool, and notwithstanding the severity of the shock and loss of blood, with the subsequent surgical fever, he had no operation from his bowels for some seven days. This gentleman has recovered, but the lower portion of the rectum is quite gone, and yet he can control his stool. Is not this an instance of the existence of Hyrtl's sphincter? When we have a fistula of the rectum, why is it necessary to divide the sphincter in order to enable the parts to heal.

1st. Because all efforts at healing as a general rule fail, unless we can expose the pyogenic membrane which often lines the fistulous tract. 2d. The healing process is prevented by the constant motions of the sphincter and levator ani muscles; because with every act of respiration they contract, and thus prevent healing; and to do away with this effectually we must make a section of the sphincter. Occasionally cases are reported where a cure results without dividing the sphincter.

Sir Astley Cooper mentions two cases; Ashton † mentions several in his large experience; Dr. Ordway, of Boston, ‡ reports that he has cured many cases by injection with *Sesqui-Carbonate of Potash*, (vegetable caustic); however, such cures are in the experience of the profession, exceedingly exceptional. In my own experience I know of only one case thus cured—it was a clergyman, who refused to be "cut," and after one year reported to me that he was cured by injections and pressure combined; the pressure was by means of a compressed sponge introduced from time to time within the anus. Patients fear the knife, and willingly resort to salves for relief, and in

\*Transactions of the American Gynecological Society, Vol. II, p. 43. Boston 1878.

†Fistula in Ano, and Hemorrhoidal Affections, London, 1873.

‡Boston Medical and Surgical Journal, Vol. XCIX, p. 657.

this respect history repeats itself for the past two hundred years. Louis XIV, King of France, was so unfortunate as to be afflicted with a fistula. His medical attendant seems to have been a real practical surgeon, versed well in surgical pathology, as well as therapeutics. He diagnosed the ailment of the king, and informed his royal highness that the cure could be accomplished only through a surgical operation. The king was very shy of being cut, and as various methods of treatment had been proposed for him, "without any resort to the knife," he was shrewd enough to object to have them tried upon his royal person, until he should have seen their good effects upon others; and he accordingly ordered a number of his subjects suffering from fistula to be treated in accordance with the different plans which had been suggested. Among other cures, the mineral springs of Barege, as also the waters of Bourbon were proposed, and to these springs he sent the patients accompanied by a physician, whose province it was to observe the results of the drinking of, and the bathing in the waters, as well as the injecting of the same waters into the fistulæ. After some months, these invalids were all brought back to Paris, and the fistulæ were nearly as bad as when they went thither. Next, chambers or wards were fitted up at royal expense, and the patients with fistulæ were there carefully treated in accordance with the various methods of cure of pretenders, who recommended ointments, salves and solutions for injecting, as likewise internal medicines. A whole year was spent in this way in experimenting, but not one of the patients was cured by any of these means. At last the king gave in to his surgeon, Mons. Felix, who operated upon him Nov. 21, 1687, making the identical operation of the present day—freely opening the sinus into the gut, and cutting through the sphincter. The operation was a success, and the king was, in a short time, perfectly cured. I have taken the liberty of calling attention to the above case, which may be of historical interest to the surgeon of the present day, and may be regarded as classical.

Fistulæ of the rectum may occur in the young or old, and may accidentally happen to those leading a pure and regular life; but high livers and those who are intemperate are especially liable to them.

The following case came accidentally under the attention of the writer: In August last, while on a visit at Le Roy, N. Y., I was consulted by Miss —, a young lady aged twenty-six.

She informed me that some eighteen months previously, from the effects of a fall, she had suffered from an abscess in the ischio-rectal region, which had finally terminated in a double fistula. For this affection she had been to a "Cure" for five months, and was there treated by the lady physician in charge, who had improved her general health very much, and had endeavored to heal the fistulæ by various injections, and other applications, but without effect. Upon examining the case, I found two fistulous openings upon each side of the posterior commissure of the vagina, extending into the rectum. I introduced a probe into one opening, and found a fistulous tract ter-

minating in the rectum, at a distance of over two and one-half inches above the anus. I then introduced a second probe into the opposite opening, and succeeded in passing it through the tract of the same opening also into the rectum; with one index finger in the rectum, I made the end of each probe impinge upon it. Here then was a double fistula with one common opening in the rectum. After this diagnosis, I announced to the young lady's mother that her daughter's ailment could be easily relieved by a surgical operation, the nature of which I explained to her.

Several objections were made to the operation, and I was solicited to try and cure it by other means.

The first objection was, that such an operation was not approved of by her last medical advisor, who proposed to cure the fistulæ by placing the patient under the influence of *Ether*, and then forcibly distending the sphincter, to paralyze the same, and afterwards to treat the fistulous tracts by injections, and thereby hoped ultimately to affect a cure.

Second, her last medical adviser regarded the patient as "a bad subject for the healing process, should any surgical cutting be done."

Third, the patient herself objected to the knife. As I had firmly stated that no cure could follow any procedure whatever, short of a radical operation, and as the patient was a near relative of mine, and therefore feelings of delicacy were involved in the matter, I proposed that the young lady and her mother should accompany me to Buffalo, to consult Dr. J. F. Miner.

They accordingly did this, and Dr. Miner was consulted Sept. 23d, and he quite agreed with me in the diagnosis, and approved of the treatment as above proposed;—in other words Prof. M. said, "it is a case to be treated in accordance with the principles and practices of surgery," that the pyogenic surface of the fistulous tracts should be freely and completely exposed, and incision into the common opening in the rectum, and the sphincter divided. As the patient had at all hazards objected to the knife, as a *substitute*, I suggested to Dr. Miner the feasibility of operating by ligature, to which he assented. The principle of this operation by ligature is as old as Hippocrates, who used the *seton* in fistula. For improvements in the use of the ligature, we are indebted to Dr. Dittel, of Vienna, who first proposed the *elastic ligature*, which is made of india-rubber, the size of a small whip-cord. The end of the ligature, is split with a pair of scissors; then it is threaded in the eye of a good sized silver probe; then the probe is introduced into the fistula and pushed into the opening in the rectum, and brought out through the anus; then the two ends are passed through a little leaden ring (not unlike to a good sized buck-shot with a hole through it), and stretched to its maximum tension, then the ring is crushed or clamped with strong forceps or pincers in such a wise, that the fistula is included or strangulated within an elastic noose, and this tension steadily maintained until the ligature in time performs the part of a knife by cutting through the sphincter, when

it is discharged. This new method by the elastic ligature has not only the sanction of Dittel the inventor, but of Allingham and Sir Henry Thompson.\*

Having given my reasons for using this ligature, supported by surgical authorities, I accordingly made trial of it in this case.

I returned to Le Roy with the patient, and, assisted by Dr. R. Williams, proceeded to make the operation, Sept. 26, 1878. The bowels were evacuated early in the day with an enema, and Dr. Williams administered to her, by inhalation, a mixture of three parts of *Ether* to one of *Chloroform*; she soon came under its influence, when I introduced an elastic ligature into each sinus, and passed them through the common opening into the gut; the ends of each were then brought through the ring of lead and each one separately clamped, as I have above described. The patient, although delicate and nervous, had no untoward symptoms after the operation, with the exception of a diarrhoea on the fourth day, which soon subsided. One ligature cut through on the eighth day, and the other ligature on the tenth day. The patient was quite comfortable through the whole time of treatment, excepting the slight looseness of the bowels above mentioned, and made a rapid recovery. A little gap or cleft made by the division of the sphincter did not entirely heal for some weeks, but she always had perfect control of her bowels, and at this time, three months after the operation, she is quite well. After the operation I was obliged to return to St. Louis, but left the patient in charge of Dr. R. Williams, a resident practitioner in Le Roy for twenty-five years past, and to whose careful attention the favorable issue of the case is not a little due.

I am quite certain that experienced surgeons will not give up the knife for the elastic ligature, and the writer of this does not wish to be considered as recommending it above the knife; but it certainly has its advantages, and these I shall take the liberty to enumerate.

#### SUMMARY OF THE ADVANTAGES OF THE ELASTIC LIGATURE.

1. Applicable as a substitute for the knife when the patients are delicate, timid, possibly phthisical, and positively decline "to be cut."
2. Appropriate when the opening in the gut is situated unusually high up.
3. Operation followed by no hæmorrhage.
4. Patients not necessarily confined to bed after the operation, but may go in the air, and in some instances, even pursue their ordinary avocations.
5. Little suppuration after the operation.
6. Recovery usually rapid.
7. Operation in many cases may be performed at the surgeon's office, and the patient get up from the operating chair and go home without discomfort.

Lastly, Dr. Wm. Allingham says: "I do not consider the elastic ligature can ever supplant the knife in the treatment of fistulous sinuses.

\* See Braithwaite's *Retrospect*, Part LXIX, 1874, page 108 and 179. Also *Elastic Ligature in anal fistula. Directions for its Use*, by Allingford. *Phila. Med. and Surg. Reporter*, Vol. XXXIII, p. 153, and 110.

In complicated cases the knife must be depended upon mainly, but I am of the opinion that the india-rubber ligature is valuable in many cases as a substitute, and in others as an auxiliary, to the usually employed method of excision."

[This is a very valuable article and will be of interest to every reader of THE UNITED STATES MEDICAL INVESTIGATOR, for it calls particular attention to the sphincter tertius, whose existence has been only demonstrated in the last few years. Even Gray's Anatomy fails to call attention to it. Yet the presence of such a muscle is a fact that can be proven by any surgeon. Who has not seen cases where the internal sphincter has been cut through, yet the bowels remain under control of the patient? The operation of using elastic ligature is a very easy and a very successful one. For several years I had been deterred from using the elastic ligature for the fear that the constant pressure of the ligature would produce severe pain, from which there would be no relief, but was prevailed to try it; and was astonished that it produced so little pain—one of my patients was about his work all the time.

M. AYERS.]

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#### *A COMPLICATED CASE OF LACERATED PERINEUM WITH OPERATION.*

BY PROF. C. H. VON TAGEN, M. D., CHICAGO.

Was called early in September, 1878, in consultation with the Drs. Pardee, of South Norwalk, Conn., to operate in a case of lacerated perineum. The history of the case is as follows: Mrs. S. D., aged nineteen, married at sixteen, had a miscarriage November, 1876. During the first week in April, 1878, when between her fourth and fifth month of her second pregnancy, she met with an accident, falling from a high stool while in the act of hanging up clothes, striking with full force and weight of her body upon the gluteal regions, the right perineal and gluteal regions coming in contact with a projecting stone, upon the ground. She was somewhat stunned from the force of the concussion, from which she recovered sufficiently to arise without help, after the lapse of some twenty minutes, and proceeded to finish her work, still suffering from the effects of the injury which continued for several days afterwards. She made no mention of the mishap to any of her family, nor did she pay any attention to nor examine the parts. Pregnancy proceeded without any further disturbance, until the third of the following September, when her family physician was called to deliver her. After the birth of the child, and the removal of the placenta, the usual attendance being given to the case, an examination revealed a complete rupture of the *perineum*, commencing in the posterior vaginal wall three inches within the pos-

terior fourchette, thus implicating the mucous and sub-mucous coats. It thence extended through the raphæ to and implicating the perineal body down to the anterior rectal wall and sphincter ani muscle. Another laceration extending from a point midway, obliquely into the right gluteal region to a point corresponding with the tuberosity of the ischium, and the right of the ruptured raphæ, embracing the structures as large as the palmer surface of an adult's hand, which was very much tumefied, ecchymosed and infiltrated, which condition or appearance was due, and tracible no doubt, to the injury she received from the fall she sustained in the preceding month of April. There were also minor lacerations diverging at various points on both sides of the last-named seat, distributed over the swollen locality.

The question here presents itself to the mind of the writer, why this remarkable condition just described, should have undergone no apparent change, by absorption or otherwise, during the long period that existed between that of the accident and her delivery, after which the rupture occurred, (upwards of four months). Usually accidents attended with results of the nature we have just described, will take one of two courses; either the injured parts will break down under a suppurative process through formation of abscess, or else by resolution, in which latter event the tumefaction and discoloration (ecchymosed condition) would have disappeared, the injured parts would then resume their natural condition. It is a rare circumstance for parts so severely injured, remaining in "*statu quo*," and taking on neither of the before mentioned processes. The patient was of a phlegmonous temperament, long, lank, and lean in her proportions, with a pale, waxy hue of the skin over the entire body, even to paleness of the lips, circulation was slow and somewhat sluggish, disposition seemed irrepressible; all the functions of her body seemed to be performed rather tardily. She had lost considerable blood on the day following her delivery, and the time which the writer was called was the day succeeding this, that is two days after her delivery. This may have accounted in a measure for the anæmic condition, the low vitality of her general condition of system, may possibly had some influence in maintaining and keeping up such a condition of local affairs, and is found occurring only in isolated instances. Further inquiry into her case, revealed the fact that she had for some time prior to this event been laboring under a malarial condition, which would tend no doubt, to lower the energies of her system.

An operation being decided upon by the writer, and concurred in by the attending physicians, notwithstanding the unpromising condition of the parts, and a strong probability of failure; the chances being as it were nine out of ten against a favorable issue.

#### POSITION OF THE PATIENT.

Operators differ in their opinions in regard to the position of the patient. Busch & Maser recommend the patient to be placed on her side, with the nates extending over the edge of the bed and the thigh



fully flexed on the body, and the legs flexed upon the thighs. It is claimed by these authors that this attitude forms a complete relaxation of the perineal structure, and that there is less likelihood of the patient taking cold from exposure. There is a second position, recommended by Lewis, in which the patient is placed in a kneeling position, with the body well inclined forward, with the forehead of the patient resting on the arms folded, and the abdomen supported upon pillows or a folded mattress, the thighs being abducted. There is a third position known as lithotomy or dorsal position. The patient being placed upon her back, with hips well over the edge of the bed or operating table; the thighs abducted and flexed upon the abdomen; the legs upon the thighs; the arms extended toward the feet, and these secured with roller bandage; the *head only resting upon a rough pillow*. The italics are our own and we lay considerable stress upon this feature; a long experience having proved it to be a nice precaution, for the reason that the patient passes under the influence of the anæsthesia with less struggling and more speedily than if the head and shoulders are placed in a more elevated position. Since adopting this precaution, I have never in a single instance had any interruption or symptoms of asphyxia occur. The securing of the hands also prevents the patient from resisting and interfering with the administration of the anæsthesia. Of these various attitudes we decidedly advocate the last named, which was adopted in this instance. The patient should be *fully* under the influence of anæsthesia before commencing

#### THE OPERATION.

The bowels were evacuated early during the morning of the day of operation. The urine was also drawn; the vagina was washed out with tepid carbolized water and lochial discharges were thus cleansed away. The left margin of the laceration was now freshened along its entire extent, which was slightly impaired in its integrity, some suppuration having set in, there having been an interim of about forty-eight hours between the time of laceration and operation.

We proceeded to prepare the parts for co-aptation. It was found necessary to remove, by means of a knife, a considerable portion of the implicated structures on the right side, where suppuration had also by this time done its work, thus considerable of a gap existed, which when co-aptated, by bringing the limbs together, it was only with difficulty that the parts could be brought in close contact which would naturally produce considerable tension on the lateral margins. The ruptured vaginal mucous membrane was then freshened, and four superficial wire sutures were entered at equi distant points along its margins as far as the posterior fourchette, these were left inverted until all the rest were placed "*in situ*." The sphincter stitch consisting of double wire was introduced next in order; following this a deep stitch (double wire) was introduced one inch from the right margin at a point corresponding the posterior fourchette, past down

deep into the perineal structures to the full depth of the perineal body, just escaping the anterior rectal wall, thence through the lateral wall of the opposite side, emerging at a corresponding point on the left side by means of a long curved perineal needle. Two other deep perineal (double wire) sutures were introduced in like manner at equal distant points, through the intervening space, between the posterior fourchette and sphincter ani sutures. The parts were again coaptated in same manner as described before, and sutures were drawn, and the parts were found to gap some, which was finally overcome by the introduction of three intervening superficial wire stitches. The patient's limbs were slightly parted and the process of securing the stitches and sutures was commenced. The upper and innermost vaginal stitch was first twisted, the remainder in this order as far as the posterior fourchette, their ends being severed a half-inch from the mucus surface, their projecting ends were enveloped in carbolized cotton, then turned down flatwise to one side; this precaution is deemed necessary, and was done to prevent the excoriation of the adjacent parts. All the deep perineal sutures at their looped ends were armed with a quilled, hard rubber support, likewise were the free ends and the tightening up process of the last named ends was accomplished, this process serving to draw the prepared surfaces of the rupture together, finally the intervening perineal, single wire stitches were twisted, which completed the approximation of the gaping parts. The protruding ends of all the deep and superficial perineal wires were cut, and their ends protected as before described for the purpose of preventing irritation.

To test the result of the operation, the operator placed the index finger, first oiled, within the rectum, and the corresponding finger of the left hand likewise prepared within vagina, passing it along what had been the torn parts, and finding all snug within, the patient's limbs were bandaged together with a compress between the knees to prevent any ill effect of friction, likewise another on the perineal surface, together with some carbolized *Oakum* dressing, which was secured by a T bandage passed around the abdomen and along the perineal. The necessary precaution was also taken to bind the patient's bowels, by means of a suppository of cocoa butter and one grain of *Opium*, together with the introduction of a soft catheter into the bladder, and properly secured and furnished with a wooden stopper, by which means the nurse was enabled to relieve the patient when she desired to pass water. Patient was now placed on her left side and allowed to sleep off the effects of the *Chloroform*. The patient was visited each day in succession, and the parts dressed for a period of a week. No untoward symptoms were noticed except a tardiness of union about the points where the two intervening, deep perineal sutures were introduced, this was evinced by the presence of a slight quantity of escaping *pus*. This was cleansed away and the parts well stimulated with strong carbolized water (one part to thirty) and the dressings reapplied, the patient's appetite was rather poor, beef-tea

milk-punch, and strong broths were her diet, of which she partook of very sparingly. This change was noticed on the third day, the parts were re-dressed on the fourth day and presented a better appearance; patient's appetite was better. All passed well until the sixth day, (the dressings being renewed daily). The two intervening, deep perineal and vaginal stitches were now removed, and the two lateral sides were found to be in a promising condition of union. The patient manifested throughout her illness, and prior to this time as it appears from the statement of her attending physician the existence of a malarial invasion of her system, for which *China* 30th was given, and repeated four times daily. The case was now passed into the hands of the attending physicians, the writer having to absent himself, but returned about ten days later, and found the patient had progressed very favorably, the balance of the stitches having been removed during his absence by the attending physicians, the parts being firmly united, having also resumed their normal condition, much to the gratification and agreeable surprise of the writer and friends, whose anticipations, to say the least, were by no means very promising. Never was an operation undertaken with less hope of success than in this instance, which serves to show how much can be successfully accomplished, when perseverance and skill are exercised. In Prof. Agnew's Monograph on Laceration of the Perineum, he cites a case in which suppuration existed to such a degree as to amount to sloughing, and threatened gangrene, in which he had a successful issue. It was from the recollection the writer had of this case that he was encouraged to make an effort in the present instance, as also from some other complicated cases he has had in his own field of practice. The writer will also take occasion to add that it is his usual custom in this form, as well as all other major surgical operations, to give a few doses of *Arnica* 30th immediately after the operation, with the view of overcoming any evil effects that may follow, such as traumatism or shock to the nervous system.

#### A CAUSE OF DEATH DURING TRACHEOTOMY.

Dr. Richard C. Brandies, (*Medical Press and Circular*, Feb. 13, 1878,) relates a fatal case, the cause of which was revealed by a post mortem. "It was found that the incision had divided five of the rings of the windpipe, but the knife instead of dividing the lining mucous membrane had separated it from the anterior and lateral walls of the trachea, and the more I cut the more I pushed the membrane before me, and thus cut off the supply of air; the introduction of the tube merely capped the climax. \* \* \* Taught by experience, since that time I never fail in tracheotomizing to secure a firm hold upon the mucous membrane by plunging a tenaculum into one of the upper inter-cartilaginous membranes as soon as the trachea is exposed. By so doing the windpipe is steadied and the division of the cartilages and the lining membrane can be proceeded with at leisure."

## Society Proceedings.

### ERIE COUNTY HOMŒOPATHIC SOCIETY.

The regular monthly meeting of the Erie County Homœopathic Medical Society was held May 7, at the pharmacy of H. T. Appleby. The president, Dr. A. R. Wright, occupied the chair, and Dr. D. B. Stumpf acted as secretary. There were present Drs. H. A. Foster, N. Osborne, A. T. Bull, A. R. Wright, D. B. Stumpf, J. F. Wage, G. W. Lewis, A. L. Hinckley, J. D. A. Phole, W. B. Kenyon, J. L. Halbert, F. Park Lewis, J. W. Mower, H. J. Beals, and Miss Abby J. Seymour. A number of visitors were also present, among them being Dr. N. J. Lincoln, of Olean, C. C. Curtiss and E. H. Emerson, of Dunkirk, and Mrs. Dr. C. L. Parker, of Chicago.

Propositions for membership from members of the faculty of the new college, which were presented at a previous meeting, were voted upon and rejected. We understand that a mandamus, compelling the society to show cause for its action in this respect, will be obtained.

The committee, consisting of Drs. Osborne, Wage and Stumpf, appointed at the last meeting to prepare and report a preamble and resolutions expressive of the feeling of the society toward the proposed new medical college, presented the following, which were read by the chairman, Dr. Osborne :

WHEREAS, The Homœopathic Medical Society has learned through the daily papers and otherwise that certain individuals have promulgated the scheme of an institution to be established in this city under the title of the Homœopathic College of Physicians and Surgeons—Modern School; and

WHEREAS, Such assumption of pseudo Homœopathic principles is reprehensible in those who by their acts and theories show forth an inclination to subvert and degrade the therapeutic law of Homœopathy. be it

*Resolved*, That we, ignoring and discountenancing this ill-starred project, fostered by men, the majority of whom are not recognized as Homœopathic practitioners by this society, most earnestly protest against the usurpation and adoption of the name of Homœopathy in this connection; and be it

*Resolved*, That we warn our professional brethren in Homœopathy and Homeopathic patrons generally, against this attempt, as being uncalled for, deceptive and non-Homœopathic; and be it further

*Resolved*, That the project for a proposed college assuming to represent Homœopathy does not receive the approval of the Homœopathic Medical Society of Erie County.

On motion the report was received and after some discussion the preamble and resolutions were unanimously adopted as the sense of the society. After the transaction of some routine business the meeting adjourned.

D. B. STUMPF, Sec'y.

**THE HOMŒOPATHIC INTER-COLLEGIATE CONGRESS  
OF THE UNITED STATES.**

The Congress met at Indianapolis, Ind., April 30, 1879. The following colleges were represented by delegate. The Homœopathic Hospital College, Cleveland, O. The Pulte Medical College, Cincinnati, O. The Chicago Homœopathic College, Chicago. The Hahnemann Medical College and Hospital, Chicago. The Homœopathic Medical Department of the State University of Iowa, Iowa City, Iowa.

Constitution and by-laws of a permanent organization were adopted. The object of the congress is to "be interchange and comparison of views on the part of the different colleges, promotion of unity of matriculate and doctrate requirements, and improvement of the modes and standard of medical education." Any recommendation adopted by the congress shall be binding upon the individual colleges, provided that said recommendations shall have been ratified by a majority of the several faculties and within notice of such ratification shall have been sent to the secretary of the congress.

The following recommendations were unanimously adopted :

1. That the time of study required of candidates for graduation shall have been three full years. (It was moved and carried that it is the sense of this congress that the words "three full years" required that the applicant for graduation shall give authentic evidence from one or more reputable physicians that he has prosecuted the study of medicine three (3) full years including three (3) courses of lectures in a reputable medical college.)

2. That all matriculates, except graduates of regular colleges and high schools, shall be required to pass a preliminary examination upon English scholarship, elements of chemistry and physics.

3. That the annual course of lectures previous to graduation be three in number, each course to be graded, with a minimum session of twenty-two weeks in each year.

4. That an examination be instituted at the end of the first and second year's courses, and no student be permitted to enter the succeeding year until he has passed a satisfactory examination in the curriculum of the preceding year.

The officers for the ensuing year are :

PRESIDENT.—Prof. J. C. Sanders.

VICE PRESIDENT.—Prof. A. C. Cowperthwaite.

SECRETARY AND TREASURER.—Prof. W. H. Woodyatt.

The congress adjourned to meet at Lake George, N. Y., June 25th, at the time of the meeting of the American Institute of Homœopathy. An urgent invitation is extended to all Homœopathic colleges to be represented by delegates at that time.

90 E. Washington St., Chicago.

W. H. WOODYATT, Sec'y.

*THE ILLINOIS ASSOCIATION.*

The meeting at Freeport this year was the largest, most harmonious and interesting one that has been held in the state for some time. Freeport is a city of about 12,000 inhabitants, beautifully situated on undulating ground, giving ample drainage. There are many fine residences and buildings. It has a healthy, wealthy and cultured appearance. Homœopathy has always been well represented by able physicians. Drs. Beaumont, Burbank, Hayes, Stearns, Taylor and Beaumont are an honor to their profession and city. As committee of arrangements they were a success and well merited the hearty thanks of the Association. The citizens did what they could to give us a cordial welcome, and the press vied with each other in reporting our proceedings.

There were not so many papers as usual, from the necessary absence of essayists, but those read were better digested, and called out some very practical discussions. The full report will appear subsequently. The two evenings being public, interested the people and we are assured that the influence would be salutary and not soon forgotten.

The American Institute of Homœopathy was invited to meet next year in Illinois, in our commercial metropolis, Chicago.

The following are the officers :

PRESIDENT.—Dr. J. H. Beaumont, Freeport.

FIRST VICE PRESIDENT.—Dr. F. L. Bartlett, of Aurora.

SECOND VICE PRESIDENT.—Dr. Julia Holmes Smith, Chicago.

THIRD VICE PRESIDENT.—Dr. T. C. Duncan, Chicago.

SECRETARY.—Dr. E. A. Ballard, Chicago.

TREASURER.—Dr. A. G. Beebe, Chicago.

BOARD OF CENSORS.—Drs. N. F. Cooke, R. N. Tooker, E. S. Bailey, of Chicago, M. C. Sturtevant, of Morris, and R. F. Hayes, of Freeport.

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

The regular monthly meeting was held May 6th, at the Grand Pacific Hotel. The newly elected president, Dr. I. B. Talcott, read his inaugural address on A Retrospective History of Medicine. This was followed by the Report of the Bureau of Clinical Medicine, by A. E. Small, M. D., chairman.

REPORT.

The diseases which have prevailed of late in Chicago, so far as the knowledge of the writer extends, have been pneumonia, scarlet fever, Bright's disease, inflammatory rheumatism, catarrhal diseases of various kinds, and occasionally cases of dysentery and cholera infantum.

tum. From this variety I have selected a few cases of interest, for the special consideration of this society.

I. POST-SCARLATINAL DROPSY IN AN ADULT.

A lady, unmarried, was seized with pain in the head and vomiting, with acute pains in the back and aching of the lower extremities. March 24th. Scarlet fever having been in the house, an invasion of this disease was apprehended. March 25th, an eruption was discovered on the face. *Bryonia* 6 was given to promote its perfect elimination. March 26th. Found the eruption generally upon the surface,—the patient complains of great soreness of the throat, which on critical examination was found to be severely congested, tonsil and uvula badly swollen. *Belladonna* 6x was given in powder. March 27th. The eruption was apparently at its height; the head was relieved, the irritable condition of the stomach soon passed away, but the throat was badly swollen and the parotid glands began to enlarge and manifest signs of inflammation. March 28th. Gave *Merc. viv.* 3 trit., dose every two hours. March 29th. Patient was much relieved; eruption was fast disappearing; the throat was better and the patient was able to swallow emollient articles of food, the appetite having returned. March 30th. Still better; eruption nearly gone. The coating upon the tongue was cleaning off, and from all the observable signs, it was evident that convalescence was established. March 31st. Great debility, and yet unable to leave the bed, complained of some thirst. Gave *Ars.* 6th April 1. Much improved; pulse reduced; tongue clean; appetite good; no thirst; countenance pale, indicating *anæmia*. Gave *China* 3. April 2d. The tenth day of the disease the patient seemed quite well. She complained of nothing except that her strength had not fully returned. April 3d. The patient was discharged, and the next day she left her room, but not the house. She was cautioned against exposure, fearing that she might provoke a relapse.

After an interim of four days she had a violent congestive chill, attended with vomiting, severe pain in the occiput, stiffness of the neck, and great distress. *Chinin.* in grain doses was given every hour for six to eight hours, when a febrile reaction occurred, and this was attended by delirium, moaning and signs of distress. April 8th. She seemed much relieved, although her heart beat violently, and her pulse 120 a minute. Temperature 103½. Gave *Cactus* 3 in water, every hour. April 9th. Better. April 10th. Complained of severe pain in the back; the urine seemed to be normal, her legs and feet began to swell, and her breathing short; she complained of great weakness, and expressed doubts of her recovery. For fifteen days after she appeared to gain strength. On April 24th, which was a warm and pleasant morning, she walked out on the stoop, apparently much better. On the 25th and 26th she relapsed and suffered intensely with pain in the region of the kidneys, swelling and stiffening of lower extremities. On April 27th consulted with Dr. R. Ludlam, and on the 28th at 8 A. M. she suddenly expired. After counseling with Dr.

L., and agreeing that the heart was in all probability the most seriously implicated, we gave *Spigelia* 3d in water, after which she slept gently until about one hour and a half before she died.

The two cases of scarlatina which had occurred previous to the 25th of March, were that of a boy and a girl, aged respectively six and eight years. Although quite severe, both recovered fully after about three weeks suffering. Otorrhœa was the most troublesome sequel to manage in these children. They suffered intensely for a few days with earache which *Macrotm* 3d trit. relieved, after which there was a copious discharge of pus which entirely disappeared under the use of *Calc. c.* and *Pulsatilla*.

## II. SPORADIC CHOLERA.

A lady aged forty-six was seized with severe pain in the stomach, attended with cramps and vomiting followed by colliquative diarrhœa; for two days she suffered intensely from muscular cramps in the lower extremities, and diarrhœic stools about every half hour. The food which she took in the meantime, passed undigested, and each stool was preceded by severe colicky pains. She complained of great thirst and extreme prostration. *Arsenicum* 3d controlled the vomiting, after which *Nux v.* 3d was given, and this relieved the cramps. The diarrhœa finally yielded to *Pulsatilla*, after which she rapidly recovered.

## III. PNEUMONIA.

A lady aged thirty-five, married, was first taken with a severe chill about the 15th of February, which was followed by a severe pneumonia affecting both the right and left lung. She complained of great pain in the superior portion of the chest, with severe pleuritic stitches which seriously obstructed respiration. *Aconite* 3d was the first remedy employed. This was given in water every thirty minutes until a copious warm perspiration appeared on the surface of the chest and face. But the pain and difficult breathing continued, for which *Belladonna* 3 was administered in water, doses repeated every hour. She experienced relief from this remedy, the sense of constriction was relieved, and she began to cough and expectorate a rusty sputa. The *Belladonna* was followed with *Phosphorus* 6 which greatly relieved the pain, but the cough became more violent and each paroxysm of coughing was attended by severe pain in the head as if it would split open. *Bryonia* was selected to follow the *Phosphorus*, and this was productive of great relief; from the first she had no inclination to take food; her tongue was heavily coated and the pulse was about 120 a minute. After taking the *Bryonia* for twenty-four hours, the character of the expectoration changed, and the cough was less painful, she raised more freely; mucus streaked with blood. *Bryonia* was continued until the expectoration was a profuse secretion of yellowish or greenish mucus, almost to suffocation. *Tartar emetic* 3 was given at this stage with good effect. This painful feature of the disease passed off, leaving the patient very weak, with a cough which



seemed necessary to free the bronchial tubes from adventitious matter which had collected upon the mucous surfaces. The case seemed promising, but she complained of a confused sensation of the head, noises in her ears, and at times a dull, stupefying headache; her pulse became weak and quick, and she gradually sank into a coma. In this state gave her a mild stimulant and beef tea, prescribed *Rhus rad.* 3, after which this typhoid condition passed away and the patient gradually recovered.

#### IV. SYPHILITIC RHEUMATISM.

Inflammatory rheumatism has prevailed quite extensively during the latter portion of the winter and so far during the spring. Of fifteen or twenty cases I will only mention two which have been exceedingly obstinate. The first a young man aged twenty, employed in a hardware store. He was taken about the 15th of February with chilliness and fever, loss of appetite and general sleeplessness, and soreness of the muscles. He had been under treatment for urethritis of a serious character, attended with a copious discharge of purulent matter, and was just recovering from this malady at the time chilliness and other febrile symptoms became apparent. Feb. 16th, he began to complain of pain in his eyes, both of which became seriously inflamed, at the same time he had pains in the knees and ankle joints; his pulse was full and rapid, skin dry and hot, and a very offensive odor exhaled from his mouth. Tongue heavily coated; no appetite. Up to this time his skin had been hot and dry, and his thirst so great that copious draughts of water failed to satiate it. *Aconite* 3, ten drops in half a goblet of water, and a dessert spoonful every hour. Feb. 17th. Found an increase of fever and pain; some moisture upon the head and cheeks. The pulse beat about the same. On the night of the 17th, he broke out in a colliquative sweat, so as to wet the bed clothing, but instead of relief from pain his suffering was aggravated in his shoulders, hips, knees, ankles and feet. The acid odor of the perspiration was quite apparent. On the 18th, crying with the most agonizing pains in the knee indicating a severe synovitis. Gave *Puls.* 6, every hour. Feb. 19th. He had no sleep; could not bear to be touched or moved; fever high; urine deposited a pinkish sediment which adhered to the chamber with great tenacity. Gave *Bryonia* 3 every hour. Feb. 20th. The patient still restless and without sleep; fever intense; mind confused and full of imaginings; continued the *Bryonia*. Feb. 20th, 9 P. M. Still restless, sleepless and full of inquietude. Gave *Caffeine* hoping to promote sleep. Feb. 21st. No sleep, distracting pain in the head; knees and feet much swollen, arms heavier and stiff; less pain in the knees and feet. Gave *Macrotin* 3 every hour. Feb. 22d. Somewhat relieved and begging for an anodyne; continued the *Macrotin*. Feb. 23d. The acid odor of the perspiration show that the materies morbi was being eliminated, and that words of encouragement might be spoken to the patient. Feb. 24th. Still improving under the use of *Macrotin*, in some respects and

worse in others; the *urethritis* seemed aggravated. Gave *Cannabis sat.* 3, to be taken every hour except when asleep, for the next twenty-four hours. Feb. 25th. Patient's condition more tolerable; urethritis better. Feb. 26th. Still better; *Cannabis* continued. Feb. 28th. Had rested better; knees still painful, and ankle joints stiff. Gave *Puls.* 3, and 30; no better. Gave *Phytolacca*. April 1st. Crying out with pains in the back. Gave *Nux v.* April 3d. Found the patient in bad humor and disposed to be pugnacious. *Nux* continued. April 6th. Could bear to be moved gently, to bend his knees and toes. He cried out with pain about his arms, shoulders and inter-costal muscles, and a sore stiffness in the lower extremities. *Rhus tox.* was prescribed. April 9th. His fever seemed to have disappeared, and all he complained of was a sore feeling all over him. *Kali hyd.* was given him to be taken three times a day. Under this remedy he has been rapidly recovering, and is now quite relieved. For the last three weeks he has taken this remedy. He has no pain; the swelling has disappeared from his joints; he can use both upper and lower extremities with ease; his eyes are well, his urine clear and normal, his tongue clean, and a good appetite, and he is fast recovering his strength. We have treated several other cases of this disease, and have found even a wider range of remedies necessary.

#### V. BRIGHT'S DISEASE.

Bright's disease of the kidney which is characterized by profuse losses of albumen found in the urine, has baffled the best skill, and we can say but little of interest about it. We have several cases under treatment, and with a skim milk diet and *Conium* we have in one case seen great improvement. As a general thing in the treatment of this disease, the group of remedies which has been found most useful are *Galium*, *Asclepius*, *Terebinth*, *Helleborus*, *Carbo veg.*, and *Pulsatilla*. with an albuminous diet, to compensate as far as possible for the loss of this element from the albuminous tissues.

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### THE WESTERN CONVENTION.

#### FIRST DAY.—MORNING SESSION.

The joint convention of the Western Academy of Homœopathy and the Missouri Institute of Homœopathy met May 7th in the Lindell hotel. At the opening of the morning session there were present about sixty members, comprising gentlemen of some distinction in the localities represented by them.

The following were present during this session: Drs. J. Harts Miller, Abingdon; P. G. Valentine, St. Louis; T. C. Duncan, Chi-

cago ; P. Frohne, St. Louis ; B. J. Bristol, Webster ; M. V. Allen, St. Louis ; W. N. Bahrenburg, St. Louis ; L. A. Simons, Mount Pleasant ; W. R. Elder, Terre Haute ; J. D. Boyd, Indianapolis ; M. M. Eaton, Cincinnati ; Peter Nelson, Minnesota ; A. E. Higbee, Minnesota ; R. F. Baker, Davenport ; E. M. McAfee, Clinton ; R. L. Hill, Dubuque ; Chas. Sebat, Troy, Ill. ; W. L. Hedges, Warrensburg ; D. T. Abell, Sedalia ; C. J. Burger, Boonville ; T. P. Wilson, Cincinnati ; C. H. Vilas, Chicago ; Louis Sherman, Milwaukee ; N. A. Pennoyer, Kenosha ; W. D. Foster, Hannibal ; G. W. Higbee, Sullivan, Ind. ; G. W. Foote, Galesburg ; J. A. Campbell, S. B. Parsons, W. A. Edmunds, Adolphe Uhlmeier, A. S. Everett, J. C. Cummings, Mrs. S. J. Johnson, Mrs. E. M. E. Sanborn, J. Martin Kershaw, Mrs. A. E. Scott, P. A. Terry, Chas. Vastine, St. Louis ; W. H. Steel, Boonville ; Mrs. M. B. Peirman, St. Louis ; William Collison, St. Louis ; J. A. Wakeman, Centralia ; C. W. Enos, Jerseyville ; A. Holland, Denmark, Iowa ; Alex. Feckete, E. St. Louis ; P. B. Hoyt, Paris Ill ; W. D. May, St. Louis ; Mrs. A. L. Wilson, Terre Haute. Guests who are not doctors : Wm. Backstruck, pharmacist, St. Louis ; T. E. Halsey, pharmacist, Chicago.

The Western Academy of Homœopathy was first called to order by the president, Dr. J. Harts Miller, of Abingdon, Ill. An auditing committee consisting of Drs. Vilas, Boyd, Eaton, Hill, and Parsons was then appointed. The joint session was then called to order by Dr. Miller. On motion the printed programme was adopted with the exception of making the report of the Bureau of Registration, Legislation, Statistics and Education the special order for the evening. A committee on credentials was named, Drs. Valentine, Ayres, Kershaw, Buck, Elder, Hill, Murphy, Morse, Wright, Franklin, Campbell, and Burger being the gentlemen selected.

#### ADDRESS OF WELCOME.

Dr. Ambrose S. Everett, the president of the St. Louis Society of Homœopathic Physicians and Surgeons, delivered the address of welcome. He opened by extending a cordial greeting to the assemblage at their joint meeting, and bid them a most hearty welcome to St. Louis. He said : We honor and welcome you as the representatives of that renowned philosophy in medicine established by Dr. Hahnemann ; we honor and welcome you as the representatives of the most advanced thought in the domain of medicine ; we honor and welcome you because you represent so large a proportion of the culture of the west. We honor and welcome you because in the face of the fiercest opposition and the vilest ostracism, you have nevertheless made your influence felt throughout the entire valley of the Mississippi, and given both shape and direction to medical thought. As St. Louis is the birth-place of the Western Academy of Homœopathy, it gives us special pleasure, I can assure you, to welcome its return in this the seventh year of its age.

This number, as you know, is ominous of great strength. Is it too

much to expect, therefore, that your deliberations will be characterized by strength and power? The energy which this association has exhibited during the seven years of its existence amazes our own judgment, while the extent of the influence which it has acquired fires our own imagination. Its past is full of pride, and its future boundless in its promise and power. If the opportunities which it presents be improved for making public our experiences and investigations, the extent of its influence and power will be almost beyond conception. I take it that it is exceedingly fortunate that the Academy should have had its birth in a city of such commercial power and mutual culture as St. Louis—for this fact alone may so fill us with enthusiasm as to insure its perpetuity. It will be a matter of pride with us that the progress of the society shall keep pace with the growth and prosperity of the city. The society is certainly as much a matter of pride and interest to us as is the growth of the city itself.

The number of Homœopathic physicians in the city is steadily on the increase, and so the number of families employing the system. This advance is being made, notwithstanding the Old School have two powerful medical colleges and three medical journals here. Their colleges are officered by men of culture, who, as physicians, possess both skill and experience in the treatment of disease. Their journals are ably edited, and in dress and appearance, compare favorably with any similar publications in the country. Then, again, the Old School has possession of the medical department of the city, and of all the offices in the gift of the administration in this department. In numbers they greatly exceed us. From this it will appear that the field of their influence is not only wider than ours, but that their agents for making this influence felt greatly outnumber ours. We are without political patronage, or wholly destitute of an outside influence, yet we have gained for our system of therapeutics an entree to the homes of culture. The work which it has accomplished and the advance which it has made rest upon no other foundation than the intrinsic value which Homœopathy possesses over Allopathy in the treatment of disease. Upon its merits we have carried it into all classes of society, from the home of the poor to the palace of the wealthy. \* \* \* The address concluded by extending a most heartfelt greeting to the delegation, and hoping that their stay would be both pleasant and profitable.

RESPONSE BY PRESIDENT MILLER.

A response was made by J. Harts Miller, President of the Western Academy of Homœopathy. He stated that in October, 1875, the Western Academy of Homœopathy met upon the banks of the Great Father of waters; and again in this month of May, 1879, it convenes within site of the same majestic river. Then it numbered but a few resolute and enthusiastic workers. Now from half a dozen or more great states its members gather a host whose united effort means advancement to the science of medicine and strength to the cause of Homœopathy. Here, in this metropolis of the Mississippi valley and

of the northwest, in the city of its birth as an organization, it will not be amiss to take a brief retrospect of its history thus far.

The speaker after reviewing the history of the association, adverted at length to the prevalence of the yellow fever epidemic, when "never had Homœopathy more nobly and markedly asserted her superiority over other systems of medicine than in this epidemic." Among those communities ravaged by yellow fever the past summer, the triumphs of Homœopathy will not soon be forgotten, even physicians of the Old School being constrained to bear testimony to the efficacy of her practice.

It was his purpose to have had an exhaustive report upon this epidemic and its experience brought before the convention, but the commission appointed by the president of the American Institute which has so thoroughly covered the ground that the plan was mainly abandoned.

The address dwelt at some length on the epidemic, and offered some suggestions. In concluding he said: While all that is desirable in medical education has, perhaps, not been attained, the good results of agitation are certainly already becoming apparent. Our colleges are no less interested in the work than are our physicians and patrons and he believed they would gladly keep up to the requirements of the times. The address also alluded to legislation which is crystallizing into more definite shape, and laws for the regulation of the practice of medicine are being enacted by one state legislature after another.

#### A COMMITTEE

was appointed on the president's address, consisting of Drs. Eaton and Wilson.

The next in order was the presentation of reports and papers from the various bureaus.

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## Medico-Legal Department.

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### ILLINOIS STATE BOARD OF HEALTH.

#### HAHNEMANN COLLEGE CASE.

Under the Act to Regulate the Practice of Medicine in Illinois, the State Board of Health is required "to issue certificates to all who shall furnish satisfactory proof of having received diplomas or licenses from legally chartered medical institutions in good standing." (Section 3). In order to define the term "good standing" used in the law, the State Board of Health adopted, Nov. 15, 1877, the following resolutions:

*Resolved*, That on and after July 1, 1878, the board will not consider any medical school in good standing which holds two graduating courses in one year.

*Resolved*, That on and after July 1, 1878, the board will not recognize the diplomas of any medical school which does not require of its candidates for graduation the actual attendance upon at least two full courses of lectures, with an interval of six months or more.

Under these resolutions, a complaint was made to the Board of Health through its President, Dr. Wardner, before the quarterly meeting held in Chicago, April 11, 1879, that the Hahnemann Medical College of Chicago had issued diplomas to three persons who had not attended two full courses of lectures at the college, since July 1, 1878. Also, that a certain F. John, a practicing physician, was offered a diploma on condition of his passing the required examination, without attending any lectures whatever.

At the board meeting aforesaid, held in Chicago, April 11, 12, and 13, the complainant, F. S. Whitman, M. D., appeared before the board in person and by counsel, and presented his charges, the accused college being also represented by one of its faculty, Dr. Hall. After a patient hearing of the witnesses on both sides and of the arguments of counsel, the board adjourned, to give time for a more full and careful consideration of the case. On a full examination of all the facts put in evidence, the board pronounce as follows:

1st. In the case of F. John, it appears that no diploma has been issued, the candidate having been rejected by the faculty on examination. There was a confessed irregularity in the offer, but the case was wholly exceptional, the said John being a German physician of good reputation, with a creditable claim to a medical education received in Europe, and warmly recommended by physicians in good standing, who urged the college to grant him a degree. But as no diploma was issued, the college, on its own motion, having refused it, the case does not come properly under the resolutions of the board.

2d. In the case of F. M. Hintz, to whom it was complained, a diploma was issued upon only one course of lectures, it appeared that he is a man of good character, who has practiced medicine over five years and has a large practice in the city of Milwaukee, Wisconsin; that he had attended lectures at Lutze's Clinic, in Germany, and was recommended by reputable physicians; that he had matriculated regularly as a student at Hahnemann, and had passed satisfactorily the final examinations.

3d. In the case of Mrs. Sarah C. Harris, to whom, it was alleged, a diploma had been granted after a single course of lectures, it appeared that she had practiced medicine more than five years; that she had attended medical lectures on anatomy and physiology several years previous, to fit herself as a lecturer on these subjects, and that she had given public lectures thereon. She had matriculated and attended a course of lectures at Hahnemann College, and passed creditably the final examination. She also was recommended by reputable physicians. The testimonials presented by her were exceptionally strong and full.

4th. In the fourth case presented, that of Dr. W. A. Whippey, it appeared that he had practiced medicine ten or twelve years, that he was recommended by respectable physicians, and that only an *ad eundem*, or honorary degree was conferred upon him.

Some contradictory evidence was offered in these last three cases, but the foregoing appears to be substantially the view of them placed before the faculty of Hahnemann College and acted on by them.

It was alleged by the Faculty of Hahnemann, that they, in common with some other colleges of good standing, had always counted five years of reputable practice as an equivalent for one course of lectures; and that the *ad eundem* degree, according to their usage, had been sometimes conferred upon meritorious practitioners, without any lectures, as in the case of Dr. Whippey, this degree being considered as a merely honorary degree. The faculty furthermore announce their intention to comply, in good faith, with the resolutions of the Board of Health, and to abandon this doctrine of equivalents on the determination of the board that such equivalents cannot be considered as a fulfillment of the requirements of the resolutions.

As the real question at issue before the board was the "good standing" of Hahnemann College, claimed to be injuriously affected by the issue of these three diplomas, the board took notice that it appeared in the testimony of the witnesses on the side of the complaint, most of whom were former graduates or professors of the college, that the college was of recognized good standing, at least up to the time of the secession of a part of its faculty in 1876. It appeared also that no changes have since been made in its published rules and regulations, nor in its usages or character, unless it be in a general advance in the quality of its instruction, and in the thoroughness of its examinations; upon which latter point direct evidence was offered in the lists of questions used, and in the testimony of officers and late graduates.

It was the purpose of the board in adopting the resolutions of Nov. 15, 1877, to take the ground occupied by the best medical colleges, and thus to aid in maintaining and making more general the highest standard of medical education thus far reached in this country. It was aware, however, that there were variations from the rule in many colleges of good standing, and hence time was allowed, that notice of the action of the board might be given to the medical colleges of the country. The board cannot refrain, therefore, from expressing its dissatisfaction at the tardiness of the officers of Hahnemann College in taking notice of the resolutions of the board, but, after a full consideration of all the testimony offered, and of the cases of violation charged, as also of the past and present standing of the college, and the avowed purpose and determination of the Faculty to accept the doctrine, and conform their action to the resolutions of the Board of Health, the board believe it would be unjust to discredit the entire work and to refuse the diplomas of the large body of graduates who have fully complied with the requirements of the resolutions of 1877. But, in case they are offered, the diplomas of the two persons which have been given contrary to the requirements of the resolutions aforesaid, will not be accepted by this board.

In conclusion, the board re-affirms its resolutions of Nov. 15, 1877, and furthermore declares that no prior practice or proof of qualifications, will be accepted by it as an equivalent for actual attendance upon the two full courses of lectures, or any part thereof. The board is well aware that this, like all general rules, may work seeming hardship in a few special cases; but it believes that the good it will effect for the medical profession and for the public well-being, and for the advance of medical science and education, demands that the medical colleges shall maintain with the utmost stringency their requirements for graduation, and that these shall include not less than actual, faithful, and regular attendance on the two full courses of lectures. The more of preliminary and concurrent reading and practice, in hospital or under the eye of an experienced physician, the better. There is no danger that the young physician's studies will be too thorough or extensive.

The cases of those who make their professional studies outside of the colleges, under the direction of private preceptors, or otherwise, is sufficiently provided for by law, authorizing the State Board of Health to examine and license practitioners of medicine.

The good standing of Hahnemann Medical College is therefore affirmed by the Board of health.

Members of the Board.	{	W. M. CHAMBERS, M. D., Charleston.
		J. M. GREGORY, LL.D., Champaign.
		JOHN H. RAUCH, M. D., Chicago.
		NEWTON BATEMAN, LL. D., Galesburg.

A. L. CLARK, M. D., Elgin, Secretary.

HORACE WARDNER, M. D., Anna, President.

## Medical News.

The Indiana Medical bill was vetoed by Gov. Williams.

W. J. Earhart, M. D., from 1,839 Arch St., to 23 N. 19th St. Philadelphia, Pa.

A. C. Pope, M. D., senior editor of the *Homœopathic Review*, has sailed from London to attend the American Institute

J. S. Dale, M. D., graduate of the class of 1878-9 of Cleveland Homœopathic Hospital College, has located at Ashtabula, Ohio.

The new speculum described in last number, is for sale at our office. Price, \$5.00, sent free.

Part IV. on Diseases of Infants and Children with their Homœopathic Treatment, is ready for delivery. Price, \$1.00.

Dr. E. N. Harpell has removed from Shenandoah to Kutstown, Pa. Dr. J. S. Kistler, of class of 1879 of Hahnemann College of Philadelphia, succeeds him at Shenandoah.

Dr. G. E. Husband, of this city, has been elected to a seat in the Council of the College of Physicians and Surgeons of Ontario, rendered vacant by the death of the late Duncan Campbell, M. D.—*Hamilton (Ont.) Evening Times*.

*Died.*—Wednesday, May 21st of meningitis, Mamie, oldest daughter of Dr. J. W. Dowling, of New York City, aged eleven years and six months.

L. Elvira S., wife of H. C. Con. M. D., April 20, 1879, of cancer of the omentum, involving all the abdominal organs, aged 54 years, 8 months, and 24 days. A lovely life has passed (through much suffering) to the heavenly rest.

At 8:30 o'clock, Saturday morning, May 24, 1879, Maggie A., wife of Dr. J. C. Campbell, of St. Louis, with congestion of lungs.

[We all sympathize with these bereaved families.]

Any Homœopathic publisher, any member of sanitary board or commission, secretary of any Homœopathic medical society, chief of any college, hospital, or infirmary, or others desirous of obtaining the circulars of the "National Board of Health," will please send their address to T. S. VERDI, M. D., Member of the "National Board of Health."

Dr. Holcombe writes: "The terrible fatigues of the last epidemic brought on what my doctors pronounce to be a dilatation of the left ventricle with very little compensating hypertrophy. My out-door labor has become quite fatiguing to me. I have determined on taking a long summer rest, and have chosen Waukesha, Wis., as the place. I hope to see you in June.

American Homœopathic Ophthalmological and Otological Society. The third annual meeting of this society will be held at the Fort William Henry Hotel, Lake George, June 24th and 25th. The sessions will begin each day at 2:30 P. M. A large number of valuable papers have been promised and all interested in the study of diseases of the eye and ear, are urgently invited to be present. By order of the president. F. PARK LEWIS, Sec'y.

Any physician holding, or knowing to be held by a Homœopathic physician, any position of honor and trust under municipal or state government, will please notify the undersigned, giving full name of the officer and the office he fills before the 15th of June next. T. S. VERDI, M. D., Chairman of the Legislative Com. of the Am. Inst. of Hom., Washington, D. C.

The idea of the American Institute meeting in Chicago next year is very generally approved both east and west. Give us good officers and bureaux—men of national reputation and we will shake this nation. One of our immense hotels offers to care for the entire Institute at greatly reduced rates—the State of Illinois acting as committee of arrangements. The last time the Institute visited Chicago she wed the young Western Institute, but we cannot spare the Academy. The state societies in the west need his concentrated vigor to help "push the battle" on the frontier. And there is plenty of room and work for all.

Lake George and the Institute are the chief topics of conversation among conventional medical men. From a volume sent us labelled "Lake George," we are already enchanted. The Fort William Henry Hotel, with room for 600 guests, managed by Messrs. T. Roesale & Son, of the popular "Arlington" of Washington, D. C., will be able to give the Institute most ample and elegant accommodations. It must be a delightful place to send patients. Those who know report that the prospect is for a very large meeting. We had hoped to give the programme, but it has not reached us as we go to press. As the transactions are not out, we cannot give the Bureaux except those already printed. But if the chairmen do their duty we may expect very full reports. Each physician should arrange with his local papers for reports, so that the world may know that Homœopathy is alive and "marching on, conquering, and to conquer."



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Consultation Department.

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ON BILIOUS FEVERS.

The particular attention as to treatment and course of bilious fever seems to me to be one of the most neglected matter in our medical papers, as I have never read anything in the journals devoted especially to this subject. Though I have been very successful in treating bilious fevers, I should like to see some one of the profession write on this subject, especially as the time for this trouble is hastily arriving again now, giving not only symptoms course and pathology of this disease but also the best mode of treating the same. Will cathartics and the administration of *Quinine* as a *rule*, be a matter of necessity, or can we do without them in this trouble, and yet effect a speedy, permanent and sure cure.

C. H. VIEKE.

LEL US HAVE LIGHT.

Will you please get some one to come to the front, that will tell what is meant by 200, 500, 1,000, 10,000, 100,000, 10,000,000, 15,000,000, and so on. Are we to understand that these remedies have undergone that many reductions, decimal or centesimal, from the first or elementary principle of the parent drug? In perusing the reports of cases very interesting, that appear in your journal from time to time, we are most always met with the cure performed with one dose 500,000 or something just as ridiculous to my understanding. When a case is reported cured by a remedy that we can comprehend or that can be prepared inside of six months, constant labor, then there is some satis-

faction that there has been something achieved with something very thin. Now the reading of the cases reported is fine, but the remedy, there we are stuck.

H. C. H.

#### BEEF TEA.—DIPSOMANIA.

1. What part of the beef is the best for making beef tea? 2. How is the best way to prepare beef tea? 3. I see a Chicago doctor who claims to cure the taste for alcoholic drinks by the use of triturated red *Cinchona* bark, says alcohol when taken into the system goes direct to the brain, is that true? 4. Will the habitual use of alcoholic beverages cause hardening of the brain substance so as to lose that natural softness to such a degree, that on post mortem it can be handled roughly without danger of breaking down the brain substance? 5. A man fifty years of age who has been a hard worker and is a hard drinker has had a weak stomach for twenty years. At present has gastritis. A doctor seventy years of age tells him that he should not drink coffee, tea, lager beer, or liquors of any kind with sweetening in them, as fermentation is set up in his stomach by the sugar being combined with the liquid, the same as cider undergoes. Is this correct?

J.

#### A NEW REMEDY FOR CONSTIPATION.

I will call the attention of the Homœopathic profession to a new remedy, I think first introduced to notice by Dr. Bundy, (Eclectic) of Oakland, Cal. He gave me a handful of the bark of *Cascara sagrada* (chittem bark) [*Rhamnus parishiana*.—ED.,] from which I prepared a tincture with dilute alcohol. I having at the time several cases of chronic constipation which had resisted all remedies from the infinitesimal dose of our school to the massive dose of Allopathy with only temporary relief. I commenced with five drop doses of the tincture after meals, increasing in some cases to twenty drops; and in case of scybala I have given a teaspoonful upon retiring, with no unpleasant symptoms; in the morning, followed by a free, painless evacuation, after which I continued the smaller dose, and in some cases the twenty drop dose until no longer necessary, varying the dose as the case required. I have thus treated more than a score of cases with most happy results — without a failure. It seems to act as a systemic tonic, not as a cathartic, increasing the appetite from day to day. I have been using this remedy over a year with the above results.

W. H. RICE.

#### COUNSEL WANTED.

Mrs. R., aged eighteen, blonde, seemingly a perfect picture of health and plumpness. When she was twelve days old her mother died and she was taken to a neighbors to be taken care of until a wet nurse could be found. Her father going in next morning, found they had

given her a piece of salt pork to suck. Took her to another place where she was fed on milk from a sick cow. Had much difficulty in raising her, being a very puny child. Since she was three or four years old has had spells of vomiting, lasting perhaps from twenty-four to forty-eight hours, five or six times in a year, until she menstruated. Her menses came regularly, and with them, for the first six or eight times, a terribly agonizing pain in her stomach, radiating to between the lower part of her shoulder blades. The stomach felt as though clutched in a vise, as she expressed it, and the pain would dart to the back, and so intense that she was obliged to take *Morphine* or *Chloroform* to relieve it. There seems to have been an alternation between her "vomiting spells" and the pain in her stomach every month. Since last Christmas she has been troubled with only headache and vomiting, sometimes twice or three times a month. Her menses are normal and no uterine trouble whatever as far as I can determine. The symptoms of her headache are: Gets quite blind in one or the other of her eyes, and sometimes in both; intense pain over both eyes, worse over the eye that gets blind; vomits perhaps a teacupful of bile, after which her headache and blindness disappears and she feels well again. She has taken all sorts of Allopathic doses without any relief. Can Homœopathy do for her what Allopathy has failed to do? That it may is the earnest wish of the patient and her doctor.

F. C. RANDALL.

#### WANTS TO KNOW?

Am a graduate of an Allopathic school, practiced that system about four years, during which time concluded to make myself conversant with other schools of medicine, rather quietly, contribute anything that might be thought of service and call it regular. My first effort was to subscribe for an Eclectic journal (Scudder) from which my ideas were greatly enriched, and being further desirous ordered "Scudder's Specific Medication," this book I thought solved the whole query and was a bonanza to the truth seeker. In accordance with this version of the story, obtained a few green tinctures such as *Cactus*, *Bry.*, *Puls.*, *Rhus*, etc., (remedies not known to Allopathic orthodoxy) and used them in the small dose with a marked degree of satisfaction; this was my unintentional step toward Homœopathy. Dr. Scudder receiving the credit, since it was through argument gleaned from his writings that I felt able, and a curiosity to scalp the first Homœopath that came before my knife; the opportunity was afforded in a distant town, (none here, majority of people don't know what it means) to whom were put what I thought unsurmountable questions, they were answered in a manner that could not be gainsaid, leaving me in the lurch with my scalping knife in the other man's belt; and can now plainly see that Scudder is grasping at the tail of the great beast with a good intention of getting a higher hold.

To cut the matter short can say briefly, after reading the "Organon" and a due amount of squirming and discussion, the scales of preju-

dice dropped from my weak eyes, a cloud of ignorance gradually disappeared and gave place to the beauties and glories of the great truth, of the natural, the rational, and I believe the only law for the selection of remedies, "*similia similibus curantur.*" Now then all stand up and hear the sentence, my desire for truth and success has placed me among the persecuted; *am called a quack*, (which, however, only serves to intensify my waywardness), have reigned from the State Medical Society, thereby cutting off my association with the so-called regular fraternity, who have leveled their guns at me, and are watching and praying for some mishaps to occur in my practice; hence the necessity of my caution and wanting to know my land marks.

There are undoubtedly some who have had a sufficient amount of experience to demonstrate positively the place of the low and high attenuations; and for the benefit of the young profession who have not had the advantages of a great amount of reading coupled with experience, who cannot afford to take many chances, and want to know? with some degree of certainty when prescribing, whether to use the tincture or cm. Will some good brother speak right out on this and kindred points, nobody will get mad if you all speak at once or if you disagree. If the low potencies should be used in the secondary symptoms (Hale, article on *Strychnia*) and the high in primary (looks a little like *contraria contraries*) I want to know it? Should the latter be determined as correct, then all the recorded symptoms of Hering, etc., a mixture or not; these things must be, if possible, reconciled in the mind of one who wants to know? And again, if a man comes in your office with a chew of tobacco in his mouth and wants medicine, what would be your procedure; in short do you restrict the use of coffee, tobacco, and spirituous liquor during treatment of chronic troubles. What is the treatment for *Rhus tox.* poison, my authorities are "mum" on this? Would you ever give *Rhus* internally? Want a work written on ague, one that will tell a fellow exactly how to act when a case presents, must differ from Bœnninghausen. The editor of our local paper says he has been attacked twice with congestive chills, during the second attack called a Homeopath who gave him one dose of globules and said there would be a reaction in five minutes, which proved correct and took nothing more, has had none since several years past; what was the remedy used? The battle here rages fierce and warm, have to fight alone and want plenty of ammunition, therefore will somebody please help me on these vital points.

WIDE WEST.

OREGON.

#### WHAT WILL CURE?

Emma H—, ten years of age, slight form, brown hair, blue eyes, nervous temperament. Spring of 1876 had scarlet fever; was attended first by a Homeopathic physician; he leaving the city an Allopath was called. Child had not been hard sick but was showing some signs of dropsy, which the physician (Old School) put great stress

upon, saying that "the kidney must be got to work" and probably medicated accordingly, though it is not known what was given. Child recovered in due time, leaving only a urinary weakness, which has persisted ever since. There is a call to urinate about every half hour during the daytime and more frequently if the child is subjected to any excitement. Never speaks of pain or burning except from too long forced retention. At night there are two or three passages; most always during first sleep and once or twice after that. Urine is apparently perfectly normal in quality and quantity. Appetite irregular; wants to eat frequently between meals; desires to drink often and considerable at a time. Have given *Bell.*, *Sepia*, *Puls.*, *Ferr. phos.*, *Equisetum*, *Benzoic acid*, *Caust.*; some of them both high and low. If some of your readers will give diagnosis and mention remedy and potency which will cure, a perplexed family and doctor will all feel under many obligations. W.

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## Therapeutical Department.

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### CLINICAL OBSERVATIONS.

#### REPORTS FROM THE FIELD OF PRACTICE.

NEW ALBANY, Ind.—*Rhus tox.* is the remedy for the intermittents and occasional bowel complaints that occur. Not much of any sickness. I see some indications that a change of the epidemic remedy is impending, and that it will be *Arsenicum*. A. McNEIL.

NEWTON, Mass., May 15.—We have no prevailing diseases or epidemics now. Rheumatism and erysipelas come the nearest to it. The first yields steadily to *Bry.* and *Cimicif.*, and when about the chest or heart to *Verat. v.* Erysipelas to *Bell.*, *Rhus*, *Apis*, etc.

EWD. P. SCALES.

HAMPTON, Iowa, May 29.—I like your *Sulphur* card, also *Pulsatilla* and *Bryonia*; they are very impressive. I am having a little storm of scarlet fever. It has attacked the throat first in every case; wet packs, *Bell.*, *Gels.*, *Merc. bijod.* have with frequent bathing helped each case up in a few days. I think cold water nearly a specific for scarlet fever. G. A. CORNING.

SANDWICH Ill., May 26.—Prevailing diseases are of a catarrhal and inflammatory character. A good deal of sore throat bordering on diphtheria, with influenza connected (loss of voice). Remedies used:

*Aconite* 3x, *Causticum* 3x, *Gelsemium* 3x, *Lachesis* 6x and 30th, *Merc. proto iod.* 3x and 30th, *Sticta* 3x, *Silicea* 30th and 200th, *Apis* 6x, *Arsen.* 3x and 30th. Have had good luck with *Sulph.* 200 in some severe cases where it seemed to be on the lungs. C. L. M.

MT. VERNON, O., May 26.—Prevailing diseases are: "Rotheln," of which there are many cases. The cases answer perfectly the description of Prof. Thomas, of Leipsic, (see THE INVESTIGATOR, Vol. 1., 1875, p. 312 and following). Remedies used: *Aconite*, *Bry.*, *Bell.*, *Merc. sol.*, meet its indications. A section ten miles south is sorely afflicted with a malignant form of scarlatina; many deaths. Its management is perfectly "regular." EGGLESTON.

PLYMOUTH, Cal., May 14.—We have had all winter a severe epidemic of typho-remittent fever and lately influenza, pneumonia, with typhoid complications in many cases. Homœopathy has not had a single death here since I began—June 10th last. In consequence, much talk, etc., and it stands honorable, *right honorable*. I shall have some reports of *Alianthus* soon. I value THE INVESTIGATOR very highly indeed, and it is constantly improving.

S. F. STIMPSON.

MANITOWOC, Wis., May 20.—We have had considerable sickness of one kind or another all last winter and this spring. The weather has been quite variable and the cause of much of the sickness which has prevailed. I have never seen so much acute bronchitis and bronchopneumonia among children as we have had this spring. The treatment has varied much, no two cases being alike or requiring like treatment. *Aconite* has been used most frequently. *Apis mel.* has been used frequently where there was a tendency to convulsions, having found the kidneys at fault in such cases. R. K. PAINE.

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#### DIPHTHERIA IN CEDAR RAPIDS.

During the past year our little city has been visited by a severe and extensive epidemic of diphtheria, and we have been called upon to test our faith in and knowledge of Homœopathy. In no case have we flinched or moved and the results prove our success. The disease began as an epidemic the last of July and raged extensively, attended by great mortality until the first of October, two weeks after the schools closed when it abated more than one-half and thus remained until after the vacation began December 17, when it again raged until February, some two weeks after the schools again opened, when it finally died out in March. A canvass of the city was recently made through one of our leading Allopaths by visiting each house.

The result shows total number of cases from April 1878 to April

1879, 1,033; total number of deaths, 132. The Homœopathic physicians here treated 405 cases, with twenty-three deaths, giving average mortality of five and one-third, the remainder of cases 635, with 109 deaths under Old School treatment, gives average mortality of seventeen and two-thirds. Our chief remedies at first, were: *Kali bich.* 2x, *Merc. proto iod.* 2x, *Bapt.* 2x, *Bell.* 3x, with *Ars. alb.* and *Aconite*; later in the epidemic, *Nitric acid* 200, *Merc. proto iod.* 200, *Ars.* 200 were our chief remedies, and as we lost but two cases out of the last 100, must give due credit to the higher potencies. It is doubtful if there is a place west of the Hudson River where the prejudice is as strong against Homœopathy as this, still it has stood the test as usual in all epidemics, and came off victorious. DRs. COGSWELL BROS.

### A CLINICAL CASE.

BY M. PRESTON, M. D., NORRISTOWN, PA.

Read before the Semi-annual Meeting of the Homœopathic Medical Society of Chester Delaware, and Montgomery counties, Pennsylvania.

In the case of a lady aged sixty-eight, who was the subject of a gastric disorder of long standing, for which numerous remedies of various potencies had proven insufficient to give material relief; *Carbo veg.* 4m came in play and produced a happy result after lower potencies had been of no avail.

Among the other medicines that had been administered were, *Ars.*, *Bry.*, *Phos.*, *Phos. acid.*, *Carbo an.*, *Kali carb.*, and *Carbo veg.* low, these were given persistently at different stages of the disease, so that the insufficiency to produce a successful issue with each medicine was entirely and satisfactorily determined.

The symptoms for which *Carbo veg.* 4m was given, and which were substantially the same that in the course of the treatment had suggested the other remedies mentioned were as follows:

Nausea and extreme bitterness of the mouth; flow of bitter water from the mouth; vomiting of food several hours after taking it, subsequently every mouthful of food was expelled immediately or very soon after swallowing it; burning in the pit of the stomach reaching as far as the root of the tongue along the œsophagus, always worse when the least food was in the stomach; eructations of tasteless gas from the empty stomach but of sourish and bitter fluid after food had been taken, temporarily relieving the nausea and distension which was always produced by eating; distension of the whole abdomen at night, with tenderness of the right hypochondrium, causing sleeplessness. During these sufferings a morning diarrhœa which had been an old habit was replaced by entire inactivity of the bowels; no motion in two weeks time; she grew exceedingly emaciated and weak, and

the color of the face was dark and sallow, like jaundice, but the eyes were clear. The urinary secretion was almost suppressed; dark in color and thick with a stale odor. The tongue was coated with a thin whitish fur, and a persistently bitter taste was referred to it, also a burning acrid sensation pervaded the whole mouth.

These symptoms grew gradually worse during three months of treatment, and after *Carbo veg.* 200 had proven of not the least avail, I had decided to resort to *Kali bich.*; but without much hope of effecting anything I bethought me, however, to try the former medicine in a higher potency first, before changing it, in order to test the question whether a higher potency of an apparently well selected medicine might not accomplish what lower preparations had failed in, not for my own satisfaction entirely, but to answer the objections I have often heard raised in this society by gentlemen who doubt the efficacy of any high potency. My own doubt arose not as to the potency to be administered but as to the correct selection of the medicine. A review of the symptoms was therefore made, and *Carbo veg.* found to cover every essential feature of the case while a review of the pathogenesis suggested some questions which still further served to confirm the selection, and satisfied me of the folly of the proposed change to *Kali bich.* *Carbo veg.* 4m was administered and its continued use resulted in complete recovery in an amazingly short time.

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### NEURALGIA OF MALARIAL ORIGIN.—NATRUM MURI- ATICUM.

BY J. MARTINE KERSHAW, M. D., ST. LOUIS.

CASE I. II. N—, a girl of fifteen years, had had neuralgia in region of right eye, down the right side of the nose, and also in the right frontal region for two weeks. The left eye was also affected for about one week. She has had nasal catarrh for one year. The pain first began in the regions mentioned at eight o'clock in the evening, accompanied by high fever, great thirst, and some nausea. As the fever passed off the pains abated, to return again the next evening at eight o'clock. Besides the symptoms given above, she had tenderness of the scalp, tenderness to pressure of the fourth cervical vertebra, and also of the inferior dental or third division of the fifth pair. Prescribed *Natrum muriaticum* 200. The next evening she missed the usual attack, nor had she a return of the difficulty, although under observation for several weeks after taking the medicine.

CASE II. S. M—, Sharp darting pains in left supra-orbital region which continues day and night with such severity that he can neither rest nor sleep. When the pain is at its height, there is dimness of vision of the left eye. Tenderness of the upper cervical region, no



appetite, nausea. Shortly after, he had a severe chill at twelve o'clock, followed by high fever, great thirst, and profuse perspiration. The neuralgia was greatly aggravated during the attack and it was accompanied by a distressing and painful cough. The next day he had another chill with the same accompanying symptoms, the neuralgia, however, continuing during the intermission, I prescribed *Natrum muriaticum* 200. He had no chill afterward, and in a few days the neuralgia had entirely disappeared.

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#### A CASE OF BILIARY CALCULI.

I was called, on the 28th of Nov., 1878, to see Mrs. E. M. Pawling, aged twenty-six, who had taken cold which soon located itself in the liver in the form of congestion; region of the liver swollen, heavy and sensitive to contact; constant desire to take a full breath; constant nausea as if she would vomit; pain in left side of back, lumbar region; throat sore on left side. Gave *Ipecac* 30 in water, and in the evening, nausea being relieved, I gave a dose of *Lach.* 2c. Next day everything better; the pain had shifted to left side of abdomen.

December 6th, pain in liver had returned, with swelling across the epigastrium; feels constantly too full and would like to belch but can not; worse after eating. *Lyc.* 30, in water relieved these symptoms in twenty-four hours, so that I considered her convalescent and discontinued my visits. Two weeks later she was again attacked with similar symptoms of hepatic congestion, when she called on Dr. J. W. Pratt, of Coatesville, under whose treatment she had two congestive chills and the disease then assumed the form of remittent fever, the congestion of the liver had returned with some nausea and vomiting, but no pain to indicate anything more than a general hepatic congestion. She remained under Dr. Pratt's care about five weeks when she again fell into my charge in the following condition.

Very weak and considerably emaciated; no appetite; remittent fever; rheumatism of left thigh which was swollen to double its natural size, and also in the articulations of the jaws so that she could not open them more than a quarter of an inch; liver very much congested; could not sleep on account of rheumatic pains; very nervous and despondent. I gave her a number of remedies of which *Lach.* 2c, and *Ars.* 3c and 200 only, seemed to do her much good; under their use the rheumatism was almost entirely relieved, but she gradually sank and died on Feb. 11, 1879.

A post mortem was asked for and granted, as Dr. Pratt and I both admitted we did not know the true cause of death.

The examination was performed by Dr. Pratt and myself about six hours after death, with the following result.

Upon opening the abdomen the first thing that attracted attention was the congested liver which weighed six pounds. Upon opening

the gall-bladder it was found to contain *four hundred and eighteen* calculi, ranging in size from a grain of white mustard seed to two and three quarter inches in circumference and three quarters of an inch in diameter. These calculi appear to be composed chiefly of cholesterolin, though I have not yet had them examined under the microscope. The lining membrane of the gall-bladder was highly inflamed and the cystic duct completely occluded by adhesive inflammation. The kidneys were somewhat congested and enlarged. The ovaries were considerably atrophied.

To my mind the most singular feature of this case is that such a number of calculi could exist in the gall bladder and produce so much inflammation in that organ without developing symptoms pointing directly to it as the seat of the disease. The patient had previously experienced several attacks of congestion of the liver, but in none of them had biliary calculi been suspected.

DOWNINGTON, Pa.

L. HOOPES.

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## Materia Medica Department.

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### *THE THERAPEUTIC USES OF PICRATE OF AMMONIA.*

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

Written for the Illinois State Homœopathic Medical Society, 1879.

Several years ago a fragmentary proving of *Picric acid* was presented to the Homœopathic school. It had some very prominent and characteristic symptoms, mainly of the head, which led me to think it would prove a very useful remedy. But, notwithstanding an extensive theoretical analysis of its symptoms by one whom our school then supposed to be a man of science, the use of *Picric acid* has not justified the deductions and therapeutic indications based on the aforesaid analysis. The history of the use of this *acid* is somewhat similar to that of *Bromine*. *Bromine* has some very suggestive cerebral symptoms, but it was never used with any success as a curative agent in cerebral affections. But when its *acid* was united with alkalies, forming *Bromides*, those salts at once took high ranks in diseases of the brain and nerve centres. So I predict it will be with *Picric acid*, that the *Picrates* will prove more useful than the *acid*.

The study of the provings of *Picric acid* and the cases of poisoning from the picrates, apparently indicate that the primary effects are to cause *congestion of the brain and spinal cord*. This congestion is not of an active sthenic character like that caused by *Glonoine* and *Belladonna* but of an asthenic or passive nature. Concomitant with this

asthenic congestion it inaugurates an injurious effect on the red corpuscles of the blood, so that when the *secondary* effects appear they take the form of cerebro-sthenia and neuro-sthenia, with general (pernicious) anæmia. Acting upon this theory, I have used the *Picrate of Ammonia* for several years in a class of diseases, ranged under a nomenclature now quite popular, having names such as mentioned above.

I will briefly mention the disorders in which I have found it efficient: (1). In passive congestion or stasis of the brain, especially the medulla and cerebellum and cerebro-spinal centres, especially when due to dissipation, exhaustion from mental or physical labor, or both combined. The special symptoms indicating its use are, heavy pressive pains in the back of the head and neck, (occiput and mastoid region), and also on the sides of the head to the temples and eyes. The face is somewhat flushed, a dark dusky color, and some unnatural heat in the head. The mind is obtuse, heavy, and indisposed to mental labor, and the whole body is in the same condition. The heaviness of the legs are quite noticeable, as is also the peculiar abnormal turgescence and irritation of the sexual organs. It may even be indicated in some of the primary stages of "*cerebro-spinal fever*,"—so-called. Not only in acute attacks having the above symptoms, but in many cases of chronic headache, have I found it curative. The *dose* I have found most efficient for these symptoms and condition ranges from the 6th to 10th of *Picric acid*, and the 3d to 6th of *Picrate of Ammonia*. Larger doses might aggravate because these are *primary* symptoms. (2). In *cerebro-sthenia*, *neuro-sthenia* and *anæmia* with profound asthenia and semi-paralysis or paresis of the whole physical and mental organism, with symptoms somewhat resembling its primary ones, but *conditions* widely different, *Picric acid* and the *Picrates* are among our most valuable medicines. Among the most characteristic symptoms of cerebro-sthenia are: Headache, and confusion of mind from intellectual effort, stupid, heavy slumber which does not refresh, also headaches from going into public meetings, from going shopping, or on a journey. All these symptoms and the condition itself are readily removed by the use of *Picrate of Ammonia*, in doses of the 1-100 of a grain four times a day, for weeks. I have never seen any unpleasant effects from its continued use.

In headache having a kind of periodicity this remedy acts very satisfactorily. Biliary, nervous, and even gastric headaches are apt to recur every four, seven or fourteen days, and often once a month in women, just before or after the menses. Unless some other remedy is specially indicated I have lately prescribed *Picrate of Ammonia* and with very happy results. The symptoms which yield to its administration are quite similar to those of *Sanguinaria*, *Cimicifuga*, *Chelidonium*, *Solanum*, and even *Pulsatilla*. If, with the headaches I have mentioned, we find *chlorosis* or anæmia, the *Picrate of Iron* can be substituted for the ammonium salt, with great advantage.

Several years ago the *Picrate of Ammonia* was praised for its anti-

periodic power—in the treatment of malarious intermittent fevers. But it was used so indiscriminately by the Old School, that not coming up to their expectations it has been abandoned by them. There are, however, many Allopaths who pronounce it excellent in a certain class of old intermittents, probably those which have been maltreated with *Quinine*, and have a *Quinine* cachexia engrafted upon the malarial. The *Picrates*, like *Arnica* and *Sulphur*, are among our best antidotes of the *Quinine* cachexia, and they also correspond closely to the profound neuro-sthenia and anæmia, caused by chronic malarial poisoning. During my residence in a malarial district, many years ago, I saw many cases, which, were I to meet them now, I should treat with the *Picrate of Ammonia*, and expect to cure them.

Among the protean form of chronic ague are the periodic headaches, which strongly resemble those which the *Picrates* cure. In some foreign journals I have seen mention of the alleged good effects of this drug in *diphtheria*. It was used internally and topically as a gargle. A study of the symptoms of *Picric acid* show considerable resemblance between some of the initial symptoms of diphtheria and that poison. Its profoundly prostrating effect on the nerve centres, remind one of those nervous lesions which often follow diphtheritic diseases.

It has been used successfully in whooping cough. Last winter I cured several obstinate and distressing cases, both in adults and children. The treatment of whooping cough has not covered Homœopathy with glory, notwithstanding Dunham's excellent monograph. I am sorry to say I have never seen any brilliant curative results from remedies selected after his plan, any more than from remedies selected from Bœnninghausen's plan, in the treatment of ague.

In some of the above cases of pertussis I gave *discs* moistened with *Picrate of Ammonia* with results which surprised me. The paroxysms grow less in violence and in the frequency of recurrence, and in a few days disappeared nearly altogether. Before closing I will mention a method of administration of this salt, which is superior to ordinary methods. It has such an intense bitter taste, so pungent and persistent that even in the third attenuation it is quite repulsive to most patients.

The manufactured sugar-coated pilules are very eligible when we wish to give it in doses of one-fourth, one-half, or one grain, as is sometimes required in chronic agues. But in most cases these doses are too large. The triturations are the worst form in which we can prescribe it, unless we use as high as the 3c and upward. The mother tincture should be made by adding to one drachm of the salt to an ounce of pure alcohol. It will not take up all that quantity, but we have a definite saturated tincture of about one-fiftieth of a grain to each drop. This should be run up to the third or sixth. My favorite preparation is the tincture for adults and the 1x for children. For the administration of the tincture I prefer the *disc*, a delicate lozenge composed of sugar of milk and albumen. They are insoluble in pure

alcohol, and each will contain just about two drops of liquid. Ordinary pellets answer very well as vehicles for the higher dilutions. In illustration of the action of this drug in some obscure disorders of the cerebro-spinal centres, it may be of value to mention a few cases treated with it.

CASE I. A middle-aged woman, short, stout, and florid, troubled with acne and retarded menstruation had been treated unsuccessfully for years for a kind of *sick headache* presenting the following symptoms: Every six or eight days she would wake in the morning with a violent pain in the occipital region, heaviness of the head and vertigo when rising. This pain increased on getting up, and it extended over the sides of the head to the temples and eyes. In the afternoon nausea and vomiting of sour bilious matters occurred. *Sepia*, *Iris*, *Sang.*, *Nux* and *Bryonia* had been tried with but little relief. I prescribed *discs* saturated with the tincture of *Picrate of Ammonia*, one every six hours, and every two hours during the pain. In six weeks she reported only one attack of headache, during that time, and that a mild one. Several similar cases have since been treated successfully in the same manner.

CASE II. A physician in Wisconsin applied to me for a supposed affection of the heart. On physical examination I found no abnormal conditions, except a feeble impulse, and occasional intermission. The history of the case was peculiar. Several years before I saw him his horse ran away, throwing him out of his carriage, when he received a blow on the back of his head. He was also badly frightened, but his injury was not severe enough to prevent his repairing his carriage and driving home. But he observed in a few days that on turning over in bed, or stooping, or any sudden motion, he would be seized with a "wild feeling" in the occiput, a trembling beating of the heart, with intermittent action, great alarm, and anxiety of mind. He became very melancholy and thought he could not live long. He had been treated by several of our school without benefit. I at first gave him *Arnica* and *Aconite*, each in the 3d and afterward in the 30th. I also tried *Nux*, *Conium*, and *Digitalis*, but he received no benefit. He then took *Picric acid* 6th, with some slight amelioration, but improved rapidly under the use of *Picrate of Ammonia* tincture, one disc, (two drops) three times a day. My last report from him was that for the first time in years he felt quite free from all his unpleasant symptoms.

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#### ACCIDENTAL PROVING OF BROMIDE OF POTASSIUM.

BY THOMAS A. CAPEN, M. D., FALL RIVER, MASS.

Some two years ago, I took under treatment, a lad seventeen years of age, presenting all the symptoms of an epileptic. He had been having the attacks every month quite regularly. I treated him with

*Belladonna* 1st and 30th, followed at times with *Kali brom.* tincture and two grains a day. I kept the paroxysms at bay for three months at a time, but in the course of time losing track of him, the case fell into the hands of an Allopath in a distant place. This morning he came into my office looking dejected, and as he said, cured of his fits, but in a worse condition than ever, and tired of his physician and anxious for a change. Upon examination I found his body covered with great sores; skin brownish; body somewhat swollen; very nervous; his face appeared scaly; not much sexual power, nearly impotent; in fact his condition was deplorable; he informed me, by the advice of the Allopath, he had bought the drug by the pound, and just fed on it continually. It illustrated to my mind the fact that many of the Allopathic fraternity cannot, or do not distinguish between the provings of their drugs and the symptoms of the disease they are treating.

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## Etiological Department.

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### CONCERNING THE GERM THEORY OF CONTAGION.

BY R. N. TOOKER, M. D., PROFESSOR OF PHYSIOLOGY IN THE  
CHICAGO HOMŒOPATHIC MEDICAL COLLEGE.

Read before the Illinois Homœopathic Medical Association, and referred to THE  
UNITED STATES MEDICAL INVESTIGATOR for publication.

There are two problems which are at the present moment absorbing the attention of scientists, both lay and professional the world over, the evolution of life, and the germ nature of contagion. The first of these problems is older than medicine; the other is one of the problems bequeathed to us by the discoverer of the microscope. While both of these questions are of absorbing interest to every lover of science; the question of the true nature of contagion is of paramount interest and importance to us as physicians, for no matter what our theories may be regarding the origin of life, we may still live; but upon the correctness of our theories regarding the origin of disease, the continuance of our lives to a certain extent depends.

I propose in the following paper to consider briefly certain phases of this problem in the light of the most recent and authoritative statements of its advocates and in the light of the more recent facts as observed in late epidemics.

Briefly stated, the position of the advocates of the germ theory is this—the epidemic infections or zymotic diseases as they are variously

called, are due to the presence and propagation in the system of minute living organisms which are received from without, and have no part or share in its normal economy. These living organisms are regarded as the products of animal or vegetable development being propagated in and given off from the bodies of the sick and capable when received into a susceptible healthy body, of producing in that body, a disease similar to the one during whose course it was formed. It is stated that the characteristic quality of these organisms or germs is the capability of undergoing almost unlimited multiplication when introduced into an appropriate medium; so that their effects are to a great extent independent of the quantity introduced into the system. A few of these living organisms derived from a scarlet fever or typhoid fever patient and received into a susceptible organism will therein speedily multiply until the entire system is permeated with their presence when the characteristic phenomena of the particular disease will be manifested; the effect being modified by temperament or constitutional peculiarity on the part of the recipient, and ultimately if the patient recovers, the substance is eliminated from the system. As to the manner in which these organisms operate in producing disease and death, a recent and high British authority says, "The nitrogen essential for the vitality of the contagious particles is derived from the constructive store (of the system) the albumen of the tissues, and this consumption of nitrogen by the contagium particles is the primary cause of the rapid wasting of the nitrogenous tissues which takes place during fever." "Blood continues," he says, "to be supplied to, and to circulate through the tissues, but it is blood charged with an organism which utilizes for its own ends the material which ought to go to nourish and build up the body. Moreover, not only do the contagium particles use up an excessive amount of nitrogen in their growth and thus deteriorate the blood, but they also consume large quantities of water, thus deranging nutrition and diminishing the bulk of the tissues." In other words, these contagium particles act as parasites to the organism consuming its most highly vitalized and essential juices, and thus by sapping its vitality, jeopardize its existence.

According to this theory a definite living and visible contagion is the long sought for *entity*, which, though hidden from the naked eye, is revealed by the microscope, so that by its aid we are taken into the very penetralia of the temple of death. We seem to have found the key that unlocks the mysteries of epidemics and pestilences, and to have uncovered the most covert and subtlest enemies of the human race. A step further and we ought to be able to strangle contagium, even as the infant Hercules strangled the serpents which jealousy sent to destroy him.

But thus far the hopes based upon this the most plausible of all the theories which have thus far been advanced to account for the origin and prevalence of the so-called infectious or contagious diseases, have proved delusive. The most expert chemists have thus far failed to

find substances or materials either simple or compound that can be taken into an infected system which will destroy these germs and leave the body harmless. Recent experiments have demonstrated that the germs or their spores will endure the greatest extremes of heat and of cold without injuring their powers of propagation. Tyndall found certain of these organisms to survive the ordeal of being boiled in absolute alcohol, while if a certain variety of them are a cause of yellow fever, they must have survived the rigors of a winter in Boston Harbor and afterward infected the susceptible crew of a vessel after entering the tropics, but before touching at a single port.

The steamer Plymouth came to Boston last fall from a cruise among the West Indies with yellow fever on board, and if there is any truth in the theory that frost is fatal to the yellow fever contagium, no cases should have occurred on that vessel without reinfection for the vessel had been subjected not only to freezing but to thorough fumigation. Yet as soon as the steamer, which left Boston, March 15th, had arrived in southern waters fever broke out and the vessel was forced to return. But this is only one of a multitude of facts that tend to discredit the truthfulness of the germ theory, or more properly speaking, the germ hypothesis.

Against this hypothesis considering the matter *a priori*, there are many weighty objections. If it were true that living germs possessing an independent growth and vitality enter the animal body, and that every communicable disease is due to its own external living germ and that these germs continue to multiply within the body by an independent action of their own—if this be indeed true why do the germs after a certain time cease to multiply and allow the sick person to recover? It is conceded by the advocates of the germ theory that so far science has failed to find a reliable *germicide*, that can be safely taken into the human body in doses sufficient to act as such. In epidemics of yellow fever of ordinary severity, it is stated by expert Allopathic authorities that 80 per cent. get well no matter what the treatment, or without any treatment at all. Now accepting this germ theory we must believe that these living germs after finding a lodgement in the body propagate and multiply until the person is seriously stricken with disease and then in cases which recover germination suddenly and *spontaneously* ceases. But why should it cease in one body and go on to the destruction of another?

If there are no known means of killing the germs after they have entered the body of what use is medicine? That they have the power of living on indefinitely outside of the body, either in an active or dormant state is relied upon to explain the phenomena of sporadic cases of disease and of the reinfection of localities after an epidemic has once left it. If the life of germs is unlimited outside of the body why should they cease to live within the body? If proliferation is so active and extensive outside of the body, why should it be less so within the body, and why greater in one body than in another?

Mr. Dallinger an expert experimenter and firm believer in the germ



theory has demonstrated by a series of ingenious experiments that after an atmosphere has been purified of all living organisms within the ken of the highest available powers of the microscope there are still other organisms remaining, capable of vitalizing a putrescible, fluid; organisms or rather the spores of organisms so exceedingly minute as to require two days to fall to a few inches in a perfectly still atmosphere, so that the distance to which they could be carried, and as he states, to which they could spread contagion, is practically unlimited. If contagium germs are so minute and omnipresent; the inference is forced upon us that in the absence of epidemic diseases germs enter the body at every breath and are constantly present in the food we eat, and in the water we drink,—while during the prevalence of any of the so-called zymotic epidemics, the atmosphere would be so impregnated that no human being could fail to be thoroughly infected, and, if so infected, ought to manifest the usual phenomena of disease.

This view of the case, however, needs to be somewhat modified by some recent experiments which go to show that the human body when in health and under favorable circumstances is very tolerant of certain animal parasites such as for instance, the *trichinæ spiralis*; the *tenieæ solium*, etc. Here we have parasitic forms readily discernible and easily studied which are known to produce disease, and death, under certain circumstances. Prof. Chandler of Columbia College says, "When these minute worms are set free they attach themselves to the walls of the intestines and develop with frightful rapidity in five or six days." "Each family," he says, "produces from 500 to 1000 worms." As one ounce of pork sometimes contains a quarter of a million of worms, it is no wonder that a meal of raw pork should prove a very serious indulgence. As soon as the young worms are born they eat their way all over the body, get into the blood vessels, and are carried everywhere. "Death," he says, "generally ensues in from fifteen to fifty days."

But this statement is entirely at variance with the experiments recently made by the health department of Chicago, under the able direction of health commissioner DeWolf. In September last, Dr. DeWolf requested Mr. H. F. Atwood, vice president of the State Microscopical Society, and Dr. W. T. Belfield, Assistant Pathologist at the Cook County Hospital, to undertake an examination of our city pork supply. These gentlemen after a careful and extensive investigation found that eight per cent. of the hogs received in our market are infected with trichinæ; that the trichinous hogs were in good condition in every other way and apparently did not themselves suffer in the slightest degree from the presence of these parasites. They state that it is the normal condition of every animal to harbor one or more varieties of parasites; and quote this passage from Van Beneden's work on "Animal Parasites and Messmates." Speaking of parasites in general, this author says: "They are not more abundant in delicate individuals than in those who enjoy the most robust health. On the contrary all wild animals harbor their parasitical worms, etc."

Messrs. Belfield and Atwood commenced at an early stage of their work to feed trichinous pork to a white rat then three weeks old. He received a liberal supply of this pabulum from every sample that was found infected. The animal grew rapidly and always enjoyed the best of health; his excellent condition being a subject of remark by visitors at their laboratory. After several months subsistence on this kind of diet the rat was killed, and its muscles were found to be literally alive with trichinæ, from ten to thirteen appearing in every field of the microscope. Every muscle was infected from the tip of his nose to the end of his tail. It was estimated that the carcass of the rat, which when dressed weighed one ounce, contained not less than one hundred thousand worms.

Since these gentlemen found 8 per cent. of the inspected hogs trichinous, and since pork from its cheapness is so largely consumed by the community at large the question suggested itself to them, why cases of trichinosis were so rare, and they answer the question by saying, that the ingestion of a certain number of living trichinæ is followed by no unpleasant results. In proof of this assertion they cite the case of the white rat above referred to, and the fact that, in cases where an entire family have partaken of trichinous pork, while some members have experienced serious or perhaps fatal illness, others have escaped with little or no indisposition. So firm were these gentlemen in their belief in the harmlessness of a few trichinæ that one of them, Dr. Belfield, ate, on November 20th, a portion of the rat, which was demonstrated under the microscope to contain twelve living trichinæ. Since that date, Dr. Belfield has continued at intervals to eat small portions of raw meat containing these parasites, and thus far has experienced no inconvenience from so doing.

The report of these gentlemen to the health department says, "That the prevalence of trichinæ in the human family is more extensive than is generally supposed is proven by the researches of Turner, Wagner, Virchow and others. Indeed there seems to be no limit to the number of trichinæ that a man may sustain with impunity, for in numerous instances, the bodies of patients never suspected of having suffered from trichinosis, have been found *post mortem*, to contain enormous numbers of these worms." What has been said of trichinæ may be said with equal truth of other forms of parasites. Whether we eat pork, beef, fish or fowl, we are certain to partake of food containing at times, at least, enormous quantities of different kinds of either parasites or fungi. During the last year the Chicago health officer condemned nearly 250,000 pounds of meat so far decomposed as to be utterly unfit for food, and this by simple ocular inspection. The force of inspectors consisted of only three men. The inadequacy of such a force, and the absence of other tests of its healthy condition than those afforded by sight and smell, renders the inference valid that at least ten times—probably a hundred times this amount of fungous meat passed inspection and was consumed by the unsuspecting public with accustomed relish, and in most cases without

injury. Indeed the French *haut gout* (high game), Rochefort cheese, vinegar pickles and many other kinds of food notoriously swarming with living fungi, are eaten with impunity by whole classes of people.

Bad drinking water, so much decried as unsanitary does not contain any products of decomposition other than those in the foods just referred to. Yet there are examples of people in large territories, as in the Kerat who drink throughout life bad water exclusively and yet infectious diseases are almost unknown among them.

In all epidemics one fact stands out with unquestioned prominence. Certain individuals take the disease, sicken and recover; others sicken and die; others again pass through the epidemic, as Shadrach, Meschach and Abednego passed through the fiery furnace, unscathed and untouched. And again, persons who have passed through one or several epidemics of an infectious disease without taking it, finally take the disease and die from it as happened in numerous instances during the late epidemic of yellow fever in the south. Such cases however, as these, and such facts as I have narrated above are utterly, or at least seem to be utterly inconsistent with the so-called germ theory of contagion.

If fungi or living parasitic organisms are the prime cause of any specific form of disease, since these organisms are practically universal, such forms of disease as they produce ought to be universally prevalent. Yet such is not the fact. Epidemics come and go leaving sometimes a century of time between their visitations.

But the argument which to my mind bears with greatest force against the germ theory is that drawn from clinical experience. Take any epidemic of any of the infectious or contagious diseases from cholera to infectious ophthalmia in which, or from which, statistics are obtainable, and the fact stands out prominently that the remedies which prove most useful in staying the epidemic and curing the sick are not those which are regarded as antiseptic antizymotic or germicidal. Drugs destructive of parasites do not cure the infected. *Sulphur*, *Chlorin.*, *Carbolic acid*, and a long list of remedies of known power to kill germs outside of the body are powerless to cure the diseases which are presumed or believed to be caused by these same germs after they have found a lodgement within the body. Allopathic authorities are almost unanimous in discarding the so-called anti-zymotic remedies in the treatment of zymotic diseases.

On the other hand, the triumphs of Homœopathy have nowhere been more signal and satisfactory than in epidemics of this character.

The infinitesimal dose of the clearly indicated remedy has shown its curative power here, as elsewhere; and cholera, scarlet fever, typhoid and yellow fever, have offered no exception to the great Homœopathic law of "Like curing like." No matter what the severity of the epidemic or the symptoms in an individual seizure, the symptoms have indicated the remedy and the disease has vanished with the symptoms. That Homœopathic treatment is pre-eminently successful in the treatment of yellow fever is clearly demonstrated by the comparative

and personal statistics of the Homœopathic Relief Association of New Orleans, and the admirable report of the Yellow Fever Commission appointed by the American Institute of Homœopathy. These reports show that the average mortality from yellow fever,—the statistics being taken from different localities, in some of which it was unusually severe and others where it was comparatively mild, was 5.4 per cent.; this includes cases attacked of all ages; while the report shows that among children under fifteen years of age, treated Homœopathically, the mortality was only 4.4 per cent.

Taking the statements of the authority before cited that if no treatment at all was used, the mortality would not go above 20 per cent., and this estimate is confirmed by authorities other than the above—and we find that Homœopathy cures—cures absolutely and unmistakably at least 14 per cent. of the cases treated in accordance with its principles and according to Hahnemann's law of cure. Among a hundred cases stricken with the disease, eighty would recover under any form of treatment or without any treatment at all. Under Homœopathic treatment, ninety-four recover; and these fourteen cases which recover and which would have died but for the Homœopathic remedy or remedies are not cured by any drug having any known power to kill living germs, but by the subtle and mysterious power of the attenuated drug over a diseased body, whose dynamic powers are perturbed in a peculiar manner.

That these cases of reputed cure are not merely accidental—that they are genuine cures—cases that would inevitably have died but for the treatment received, is evidenced by the report of Dr. Angell, of New Orleans. Speaking of his success in the treatment of Italian residents of New Orleans, during the last epidemic there, Dr. Angell says: "So virulent and fatal has been this disease with that nationality—heretofore under Allopathic treatment, that all such had an abject dread of a physician, and were universally disposed when attacked to hold themselves aloof from all medical treatment, and let the fever take its (with them) universally fatal course; hence it was only with the most strenuous exertion that I could induce them to accept and apply our treatment, but when this was accomplished it proved highly efficacious, as out of forty-nine cases of said nationality I lost but one." This is a mortality of but a little over 2 per cent.

No matter what the conclusions may be from a *priori* reasoning, the touchstone of truth is clinical experience and the statistics derived therefrom. Statistics furnish the balance in which our theories may be most accurately weighed. The germ theory was not born at the bedside but in the chemist's laboratory. In cases of zymotic disease germs of various kinds are found in the blood, in the tissues and in the cavities of the body. But so they are also found many times in the same localities when the body is in perfect health.

A serious objection to the germ theory, therefore, is that while it explains satisfactory perhaps why the infected sicken and die, it utterly fails to explain why anybody escapes infection. A single

germ or spore may be the parent of myriads of others. The air is always full of infectious matter. One of the most difficult things in the world to accomplish, next to producing a perfect vacuum, is to get an atmosphere entirely germ free. Some of the most ingenious contrivances ever invented have had for their object the securing of an air positively devoid of germs or their spores, and yet the opponents of the theory of spontaneous evolution are not satisfied that such an atmosphere has as yet been obtained.

To show the density of the fog into which the germ theorists beguile us, take the following statement of Dr. Maclagan: "From the presence of bacteria in a germ fluid, we can postulate nothing as to its disease producing properties. The fluid may be full of bacteria and yet be incapable of causing disturbance; it may contain few or none at all, and yet a single drop introduced into the circulation may give rise to a most virulent disease."

The inference, therefore, seems warranted that when germs are found to pervade the body in sickness, they are not necessarily nor even probably the primary cause of the illness but rather an accidental or incidental accompaniment thereof. Surely there must be other elements or factors in the production of the infectious diseases to explain the phenomena of epidemics as we find them. Just what these factors are and how they operate; just what conjunction of circumstances unite to produce such an epidemic as that of yellow fever last year or of scarlet fever, such as prevailed in Chicago, two years ago, cannot be told in the present state of our knowledge. That an allotropic condition of the atmosphere, produced most likely by peculiar electric conditions, has something to do with it; that a vitiated state of the glandular system by which the secretions are rendered poisonous has perhaps still more to do with it; these hypotheses are to my mind quite as plausible as that presented to us by the advocates of the germ theory.

That the millionth or even the thousandth of a drop of *Arsenic* or *Rhus tox.* should speedily destroy a half million of living organisms, each one of which is capable of becoming the parent of millions more is somewhat of a tax upon the faith of the most orthodox Homœopath. And yet we appeal to clinical experience to prove that these remedies do cure.

If, however, the cause is an electrical disturbance of the atmosphere, deranging the dynamic relations of the vital forces, or if the cause is a subtle lifeless poison, affecting the nerve centres, and through them the glands vitiating their secretions; if, in other words the infectious diseases are as the Master has taught us, *dynamic* in their origin and effects, then we can understand the potential energy of the dynamized drug. If the disturbing cause is a living visible, prolific entity, I fail utterly to comprehend the action of our system of practice and Homœopathy becomes doubly a mystery.

While admitting the plausibility of the germ theory, and while I would not deny that in a modified form, it may yet lead us to the true

cause of the diseases under consideration. I do aver that in its present form and with our present knowledge of the phenomena of infectious epidemics, we shall do well to continue as we have done in the past, to study these diseases as we do others in their *expressed symptoms*, not as an entity, a thing to be killed or exorcised, or neutralized, but rather as a spiritual or vital disturbance to be met by a spiritual or dynamic remedy.

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## Medico-Legal Department.

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### AN ADDRESS,

DELIVERED IN FREEPORT, ON THE OCCASION OF THE MEETING  
OF THE ILLINOIS HOMŒOPATHIC MEDICAL ASSO-  
CIATION, MAY 21, 1879.

BY R. LUDLAM, M. D., OF CHICAGO.

LADIES AND GENTLEMEN: It is understood that the address which I have the honor to read to you, is given in response to an invitation of the physicians of this city, and that the Illinois Homœopathic Medical Association is in no wise responsible for it.

In the early history of the society which is now celebrating its twenty-fifth anniversary in Freeport, it was the custom to have an annual address in explanation and defense of Homœopathy. In the month of May of each year, the camp of its followers was pitched here and there in different parts of the state, and its banner was unfurled to the public gaze. At that time there were a great many people in Illinois who had never heard of this comparatively new system of medicine; while there were a great many more who had been misled, or who were mistaken with regard to its claims upon their confidence.

But now, my friends, the times are changed. In this same commonwealth, the little band of its adherents has grown to a grand army, and there is scarcely a man, woman, or child within our borders who has not seen its flag and heard of its victories. There is not an hour in the day, or the night, nor a minute in a month, in which some sick and suffering person is not being blessed through its instrumentality. Under the circumstances, therefore, and especially in this city, there is no further need of a strictly doctrinal sermon on the occasion of our yearly meeting.

Like every new thing that is good for anything, Homœopathy has had to contend with two obstacles, which have lain in the way of its

introduction and adoption: First, the behavior of its over-zealous friends; and, second, the conservative prejudice of its foes. Between the distorting power of actions as well as of words, on the part of the former, and the ill-natured persecutions of the latter, she has had an eventful history. In every American community those who have represented and those who have misrepresented her have made her local reputation what it is to-day.

Some one has said that "patriotism is not the incessant assertion that our own country is the greatest and the best; it is incessant vigilance to make it the greatest and the best." There is a period in the development of new doctrines in which the stoutest asseverations are most apt to take root. And there is a strange bias in the minds of the apostles of reform for pounding away at the same old rate perpetually. Professional characters of all kinds are slow to learn that a change of tactics is sometimes best, as soldiers break step whenever they cross a bridge, or when they enter a hall like this.

The young doctor who is so timid that he can not look a needle in the eye, will never get on. But if he knows it all at the beginning, and never changes his opinions, he will never learn anything, and never correct any of his mistakes. If he is a fossil in the outset, he will not have softened in a hundred years; and if he is a narrow fanatic at twenty, the chances are that he will be narrower still at fifty or sixty. In either case every little turn in professional affairs will revive the old bitterness, and the mischief that results will be proportioned to his prominence and to his persistency in defending his faith. If he stands still while the world moves on, he will soon be like the old wind-mills of Normandy, of no earthly consequence unless it be to give variety to a dreary professional landscape. It would be a great deal better if he were as active as Paddy's race-horse, which, as you remember, "pushed everything before him."

Hazlitt remarked that he "should like very well to pass the whole of his life in traveling, if he could anywhere borrow another life to spend afterward at home." Considering that life is so brief and uncertain, it is very strange that so many sensible people should be willing to spend the whole of it in warfare. If we could always be successful, and always win our battles, we should require another span in order to be reconciled, and to make certain of the best fruits of our victories.

How many of those who happen to have fallen into the calling of a doctor, keep themselves, and really delight to be in a perpetual scrimmage! They will need another life, if they can find it, in which to demonstrate their gifts instead of their grit, their faculty for curing disease in place of their fondness for controversy. When we must box the denominational compass every time that we prescribe for a patient, or put pen to paper to write for the press, or open our mouth in public, we prove ourselves to be technical fence-builders and not physicians in the best sense of the word.

Regular, irregular and defective, as they say of verbs, these doctors

(present company excepted, of course), are a queer lot. I shall not turn states' evidence — bad luck to the fellows who abuse their own household — but tell you something about them, who they are, and where they came from. Where they will go to, is no affair of mine. For, while we make their acquaintance at a very early period of our lives; and, although they follow us almost as far at the last as the lawyers who share our estates, yet the people really do not know them very well. Some of them have a good reputation; others have an excellent character; a few have both. Some have been made by circumstances; some may be said to have made themselves; but others never were made — to be doctors.

It is one of the inscrutable mysteries of Providence that our bodies, which are so wonderfully organized, and our health, which is so delicately balanced, should, in the natural order of things, be left to the tender mercies of so many miserable tinkers. If only the brutes, or as Lord Erskine preferred to style it, "the mute creation," were thus exposed, it would seem bad enough. But that men, and women, and children, with all their finer sensibilities; their varying hopes and relations with this world and the next; their capacity for usefulness; and their love for the good, the beautiful, and the true should not be guarded and shielded in an especial manner, is something very remarkable.

That God has given to my brethren on this platform, and to many others also, such endowments as suit them to the needs of their patients, and make them successful in their life-work, there is no question. That the sum total of human misery has been greatly lessened and mitigated, and the physical burdens of many a poor creature made light by the men and women of our calling, the world over, is morally certain.

But that so many thousands of our fellow mortals, who live within the pale of civilization, should sicken and suffer, and die because the wrong thing was done for them; or because they live on a mountain and not in a valley, or *vice versa*; or because some crotchety old fellow, with too many bees in his bonnet, holds that disease, can be exorcised with drugs that would ruin a copper kettle, or kill a crocodile, is an incomprehensible mystery. It is a crying shame that anything so precious should be left as it were to accident, or placed in the charge of incompetent persons.

Every man is at the mercy of his physician. But, while most men in community could recount the points of a good horse, not two in a hundred could tell you what a good doctor should be. If the women, God bless them, had not as many lives as a cat, the half of them would be killed by their doctors. But, while they continue to choose their medical advisers for trivial reasons, and to place themselves in the care of this, or that one because he has a neat hand, or a narrow boot, a big nose, or a bald head, they are largely responsible for the consequences.

There are some very clever and earnest people who cannot under-



stand why the doctors should not all think and practice alike; and who can see no reason for so many schools of belief among medical men. They are sick of our antagonisms, and of our uncharitableness, and suspicious of the "cloth" because it is not of the same uniform pattern throughout. They insist that, in matters of science, there should be no very wide discrepancies; and that, concerning medical faith and practice, men of thought, of reading, and of experience, should not be so very far apart. But they forget that medicine is not one of the *exact* sciences; that its results vary with the temperament, and with a thousand-and-one peculiarities of him who gives, as well as of him who takes its remedies; and, more than all, that its ministers are fallible, and without an inspired book for their especial guidance. They do not realize that, while drugs are given with the most varied intent, and according to the most opposite indications, their curative action may be similar, or even, perhaps, identically the same; that nature does as she pleases when our doses, large or small, have been swallowed; and that our bodily organisms are wonderfully adapted to resist and to reject what is harmful, and so to overcome the effects of poisons as that patients often get well in spite of what they have taken. Or, possibly, they do not know that, in whatever concerns the public health and the prevention of disease — which is really more important than its cure — the best physicians of all schools are working together, as all the religious sects, whatever their differences of belief in minor matters, keep one and the same code of morals as the basis of their Christian character. We are not so very far apart after all.

The most of you, ladies and gentlemen, have heard of the Illinois State Board of Health. I happen to be the only "quack" on that board, and have been greatly interested in its workings. From the date of its organization, two years ago, it has been managed on the broad principle of professional liberality. The question of the different schools of medical practice is not considered; and even those enterprising cork-screws of the daily press — I mean the reporters, have never yet drawn a syllable of discord from the mouths of its members.

At the meeting of the American Medical Association held only last week in Atlanta, Ga., the section on State Medicine discussed the workings of the Medical Practice Act of Illinois. In the course of the debate the fact was elicited that no discrimination was made between the different schools of medical faith, but that candidates for the license were passed upon their merits alone — just as they are in the appointment of surgeons in the United States Navy. This information, which was confirmed by physicians from the neighboring states, was received by the large body of members present with very general satisfaction and approval. And, instead of carping on account of the mixed complexion of our State Board — as under ordinary circumstances they surely would have done, nobody had an unkind word to offer.

This is an unmistakable evidence of progress. For, if the author of the very able report on the *Regulation of Medical Practice by State Boards as exemplified in Illinois*, and the representative of our board at that meeting also, had been heard from on the same subject, in the the same liberal way, only five years ago, they would have been "churched" for heresy! So the world moves; the old ladies of both sexes to the contrary, notwithstanding.

This same Board of Health has done the people of our state a service in which every good citizen is or should be interested. As a board, consisting of five physicians and two laymen, or if you prefer, of five doctors and two gentlemen, we have been very busy with the work before us. For example, we have compelled about 1,400 half-breeds in medicine to quit the practice, or to leave the state; at least 100 more have been prevented from coming into Illinois and from commencing practice here; we have stopped eight colleges from giving two graduating courses in one year; have totally refused to accept the diplomas of nine colleges; have examined over 400 candidates for the license to practice, of whom we rejected 60 per cent.; we have revoked ten of our own certificates for unprofessional conduct on the part of those to whom they had been given; we have nearly extinguished the itinerant system of practice and of peddling medicines within the state limits; have inaugurated and put into operation a thorough system of registration of births and deaths, and have made the necessary arrangements to carry out and complete a sanitary survey of the state.

Beside all this, the measures adopted by this board, and applied in southern Illinois during the months of August, September and October last, were to a great extent effective in preventing the introduction and spread of the yellow fever within our borders.

I think you will agree with me that these combined results are more creditable than any amount of professional intolerance, or of class-legislation could possibly have been. For it proves that we can have harmony of action if not of opinion.

We have distinguished authority for saying that: "Forces, no matter what their difference of magnitude may be, will exert their full influence conjointly, each as though the other did not exist. \*

\* \* \* In their intermingling there is no deterioration; each produces its own specific effect."

The forces of the social and the scientific world are operated in a similar way. And not only are they carried by separate conductors which, like the nerve-filaments, are insulated and independent, but the currents often run both ways. Indeed, in some cases, they act conjointly, as electricity aids the transmission of sound through the telephone.

Separate as they are, and wonderful as they are, each of these forces has its own work to do, and, so to speak, its own load to carry. The telegraph beside the railway outruns the train, but it cannot transport either the passengers or the freight. The signal service which warns

us with almost unerring certainty of the approach of a storm, and which can measure the speed of the wind, telling us whence it cometh and whither it goeth, takes no note of the rise and fall of ideas, or of the currents and the counter-currents of opinion and belief.

So is it with individuals who have a moral character and purpose, and whose capacity and fitness for a calling, like that of medicine, are unquestioned. Each must act in his own way, and all for the common good. If we all should see, and feel, and think alike, and perform our duties in a particular manner, the world would be too stupid for human endurance, and our influence would be crippled amazingly.

No, no, my friends while we take the hint from the forces of which I have spoken, and do our own work, and do it well, there will be no time nor disposition for interference with that of others. We may help each other mutually, but we shall not hinder our neighbor. The sailor has no fear of squalls while a stiff breeze is blowing. With a division of labor there must always be differences of opinion and liberty of choice in the mode of doing it.

About thirty years ago the son of a good old deacon sailed from Buffalo for Milwaukee. But, before he was really afloat, one of his friends asked him where he was going? "I am going out west, said he, where the gospel is dispensed with!"

I do not know what ever became of the young scamp, but I have often thought that his rough criticism might apply to the narrow code of the medical church, and to the old cast-iron method of training its children. Is there any good reason why a young and liberal spirit should be kept within the range of a certain class of ideas and of authors, and forbidden to associate with those who do not think and practice as his father did? Is there nothing beyond the length of his little tether that he might mentally digest and assimilate with profit to himself and with benefit to mankind? Shall he stay at home forever, with the same old neighbors, and the same old notions, or look around him for what is newer and more attractive?

At the same meeting of the Old School National Society to which I have already referred (Atlanta, Ga., May, 1879), a test-question was put by the judicial committee in the form of an amendment to the code of ethics, declaring it to be "against the ethics of the profession for any physician to teach or encourage any student of an irregular or exclusive system of medicine." Realizing the injustice of this rule, if it were adopted, and its narrow spirit also, one of the most eloquent members of the society made a rousing speech against it. In this speech he said that he "feared the amendment would bring dishonor and disaster on the profession. The code says medicine is a liberal profession, but this amendment makes it close and exclusive. Its whole spirit is opposed to the broad principles of true science. He attacked the amendment on various grounds, and said it was impossible to enforce such a statute. It would be a dead-letter law, a reproach to the wisdom of the body that enacted it. A thorough enforcement of this law would close every clinic in the land, for in

nearly every clinic in large cities are found Homœopathic students. He said in the leading Homœopathic colleges text-books by leading Allopaths are freely used. This is teaching the students of an "irregular" system, as it is called, and you can't help it. Legally, the amendment will be futile. If the student of an "irregular" system, as it is called, were to apply to a state school and be refused, he could obtain a mandamus in any state of this union to give him an entrance and provide him tuition. What is the use of setting up limitations which cannot be carried out? He argued also on the merits of the question. It is based on an assumption of a most fallacious character. It assumes that the teaching of the students of irregular systems will tend to build up these systems. This is folly. It declares that the teaching of science leads to error—a proposition to which no man in his senses will give his endorsement. Such a principle carried out would prevent a minister of Christ from preaching the gospel when there were atheists or sinners in his congregation."

I have quoted the newspaper account of that remarkable speech, which had the effect to arouse the audience and to table the resolution; but, in justice to the chairman of the council who moved its adoption, it should also be stated that the resolution was reported as a mere matter of duty.

Concerning the result that was reached the remarks of the New York *Medical Record* for May 17th, are very sound and sensible:

"It could hardly have been supposed that the Association would be prepared to commit itself in favor of the amendment, inasmuch as such action would be in conflict not only with common sense, but with the individual rights of students and teachers, and the chartered privileges of all institutions of learning. The regular medical colleges have no more right to deny instruction to any one who is capable of receiving it, and who is willing to pay for it, than have any other institutions of learning. The trustees and professors of any of these schools have no more right to impose any conditions as to the subsequent use of instruction thus given, than have any other venders of raw material. As well might the lumberman refuse a sale for his logs, unless the same were to be subsequently fashioned after a particular model which he might prefer, and be subjected to a use which from his standpoint, was the only proper one. It must be admitted that from a purely selfish aspect, the question has its serious objections, but when we elevate it to a principle, there is but one view of the matter to be entertained—a view which, we are happy to state, was taken by the Association."

This brings me to state my conviction that, among physicians, distance and separatism have done more than anything else to obstruct the development of Medicine. The doctors have been too far apart, and earnest workers on all sides have known too little of each other. There has been a criminal lack of union, participation, contact and co-operation among us. "The line must be drawn somewhere," as Dickens said to his barber, and why not draw it as is done by our State Board, so as to include the best of all the schools of practice, and leave only the incompetent and the irresponsible out in the cold?

"Come and dine with me to-morrow," said Mr. Jefferson, in 1790, to one of the foremost men in American affairs, concerning a bill cov-

ering \$21,000,000, "and I will ask a friend or two to meet you, and we will talk it over." And that dinner removed the national capital from Philadelphia to Washington, and also assumed the \$21,000,000 debt incurred during the Revolutionary war. There was wisdom as well as "wittles" in that bill of fare.

In our moral anatomy the nerve of generosity lies somewhere in the gastric region. There is no spur to liberality which compares with getting our feet under the same table and our fork into the same dish. It was no exception that Peeksniff should feel a pious delight when his digestive machinery was wound up and going.

If some of the good people in every community would see to it that all the decent doctors in town should break bread together every month, or even once in a year, they would do a great deal to bring about the millenium. The idea is not that these doctors are starving at their own boards, but that the professional voracity is sharpened when they are denied the hand-grasp, and the hearty, wholesome society and intercourse of their brethren. For lack of this very companionship they grow sour and selfish, cross, captious, cynical, suspicious, distrustful, abusive, and peppery. Bring them together and they would all feel better; for if they would hob-nob a little more, they would not raise hob as they do.

Professional character is a plant of a slow growth. You cannot hasten this growth any more than you can hurry up the process of crystallization, or push the sun along in its course. The passport to real distinction in Medicine does not lie in the direction of mere literary ability, nor in the possession of any number of sheep-skins and goat-skins, but, other things equal, in downright personal honor and character. "In the list of men who have attained success or contributed notably to the world's advance, it will not be found that those who have exhibited remarkable mental power and intellectual self-command are specially on the side of the university class."

Is he honorable in his dealings with each and all of his fellow men; a lover of truth and a hater of shams; careful to mind his own business; kind to the poor, and watchful especially over the door of his own lips? These are questions the community will insist upon asking. Such a man may have but little to say at our meetings, and you will very seldom see his name in the newspapers; for he would rather live in the heart than in the eye of the people.

I am sure you will permit me a personal reminiscence. For many years after I entered the office of my young friend, Dr. D. S. Smith, of Chicago — who was the first Homœopathic physician in the northwest — and who, I am happy to say is with us to-night, there were two towns in Illinois in which I was particularly interested. These towns were Belvidere and Freeport

Belvidere was noted for this, that its two Homœopathic doctors lived and labored together, and loved each other like brothers. I visited one of them yesterday,\* and, in his beautiful home we talked

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Dr. A. W. Burnside.

of days that are gone and of nights that have fled, and of a kindly intercourse and companionship that have now been sealed by the hand of death. Dr. J. R. Söule was an honored and an honorable Member of our State Association.

Freeport was a busy city and a representative one; and we all have been delighted to be here. I have visited the homes of some of its best people, and am proud to say that some of its good citizens are my personal friends.

But this place has a charm for me that is sweeter than the note of the robin that sang in my window this morning; or even than the music that has cheered and encouraged me to-night. And that charm, God bless you, is the after-coming, perpetual aroma of a reputation that was silently, quietly and carefully made in this city by one of our Members who lived and died here. You all remember our good friend, Dr. N. F. Prentice. Brethren! If you would see his monument while you are here, *look around you!* And, if you would know how the system that we preach and practice may be built up by earnest, honest, patient and persevering endeavor, take his life and his labor for an example.

We called him to our college that he might stamp the impress of his character and experience upon our classes. He accepted, and then he called another honored friend and Member of this Association also, Dr. N. D. Beebe, from Wisconsin, to take his place among this people. But, in a few short weeks, both these friends had passed away to the better land.

"So brief our existence, a glimpse, at the most,  
Is all we can have of the few we hold dear;  
And oft even joy is unheeded and lost  
For want of some one that could echo it, near.  
Ah, well may we hope, when this short life is gone,  
To meet in some world of more permanent bliss;  
For a smile, or a grasp of the hand, hastening on,  
Is all we enjoy of each other in this."

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### PRESIDENT'S ADDRESS.

DELIVERED BY W. DANFORTH, M.D., OF MILWAUKEE, AT THE MEETING OF THE ILLINOIS HOMŒOPATHIC MEDICAL ASSOCIATION, HELD AT FREEPORT, MAY 21, 1879.

OFFICERS AND MEMBERS OF THE ILLINOIS HOMŒOPATHIC MEDICAL ASSOCIATION: The lines have fallen in pleasant places to us who have assembled in convention to-day. Another year, big with events and rich in the fruits of experience, has come and gone, and we stand here to reassure one another of devotion to our noble profession and fixed determination to keep alive its memories and perpetuate its blessings.

The husbandman is abroad in the fields scattering the seeds of

tubers and cereals in the reasonable expectation of harvest in the autumn. The tidal wave of the seasons comes and goes with the regularity of a clock striking the hours of events and fixing the duties of the day; but in the medical profession there is neither spring-time nor autumn. Our work is one ceaseless endeavor to regulate the perturbed lives of those about us—by appointment and usage only our harvest comes in the spring-time. It is now that we come bearing our sheaves of professional experience to lay them on the altar of our state convention.

There is something grand in the idea and imposing in the event of our meeting. We represent the third state in the great republic. We convene in this beautiful city of Freeport, the honored guests of its common council and mayor. No pestilence, famine, or war menace our deliberations. Peace, and for the most part prosperity, attend our people. We have reason for thankfulness to God that in all things it is as well with us as it is.

This convention may very properly be called a deliberative body, deliberating on the best means of ameliorating the condition of mankind, and devising the best means of curing the many maladies to which flesh is heir—and it is to be hoped that a spirit of toleration may characterize our proceedings, which shall comport with the freedom of the great republic in which we live, and give evidence of that catholicity of spirit which the medical profession should possess.

Bigotry in medicine like bigotry in politics or religion is always born of ignorance and narrow-mindedness. The sentiment that all men were created free and endowed with certain inalienable rights—life, liberty, and the pursuit of happiness,—was and is an abstract truth; but when you come to incorporate this grand central truth into our national law and life, you find that it must be redefined, adjusted to a state of life under law, not national law, but civil law which comes of civil government, in which every citizen is required to yield something of his natural rights as a compensation for the protection enjoyed by the general government—while possessed of the inalienable right to liberty, yet he forfeits that right if he trespass upon the rights or property of another. The inalienable right to life is forfeited if he kills his neighbor. He is not at liberty to so improve his estate as to injure his neighbors. He cannot establish a glue, soap, or rendering factory in the midst of a city to the detriment of those about him.

He finds that if he was born in China that although now under our flag, which is the symbol of freedom and equal rights, that he has no right to citizenship, to vote or hold office, to do anything indeed but to cook and wash for American gentry. Shou'd he have the good fortune to have been born in England, in fact of the royal household, still he cannot be president. So that in fact he is not born free and equal, or possessed of any alienable rights, whatsoever, but is borne into certain civil rights and privileges, dependent upon parentage, place of birth, color of skin, governmental peculiarities, etc.

Parallels may be found in the profession we represent, for centuries the motto of not only colleges but conventions was "contraria, contrariis curantur," under this banner the Esculapian hosts made war on disease and mankind also, and paradoxical enough slew both, but not all of either. Finally, Samuel Hahnemann promulgated another motto, the exact antithesis of the former, *i. e.*, "similia similibus curantur" under this banner we convene to-day. As between the two there is no doubt of the superiority of the latter, it is infinitely better than the old. No better watchword can be spoken to-day. Since its introduction, and particularly on account of it, a great improvement in the practice of the healing art has occurred, the lancet has been discarded altogether, blisters have retired to the extreme background, purgatives are now seldom used, drugs are prescribed in much smaller doses in retail instead of wholesale quantities, in fact the expectant practice is now strenuously advocated by our opponents which means, and means only, to allow the disease and patient to float along, keeping careful watch to see which lands first. It is only the old doctor of the house of Bourbon who would bleed him to death on the way, and that old doctor is either dead or out of town now. One or two more decades and the leading men of both schools will agree in almost everything relating to medicine; all this change results largely from the spirit of toleration now pervading the public mind.

Opposition to this progress comes, in the Old School, from the house of Bourbon, still presided over by Esculapius himself, who believes, how could he believe otherwise, that no mistakes have ever been made by a regular doctor; that bleeding to the point of relief is still the best means of arresting inflammation; that *Calomel* should be given after the pulse is reduced as long as the patient has any teeth; that active purgatives should be used daily and bi-daily to remove impurities, and that when (if happily the patient lives) he has been reduced to a skeleton, that he should be put upon a regular course of alteratives and tonics, including *Sarsaparilla*., *Quinine* and *Iron* by the pound, so that he may regain his former health after six or twelve months probation in the house of "David the doctor."

A strange feature of this excruciating experience is that the patient often praises and pays his physician liberally for saving his life of a sickness which under judicious Homœopathic treatment, he would have recovered from in six days. Verily, verily, there is no accounting for "tastes."

Allow me now to turn the mirror gently around upon our own school, and bring under observation the antipode of our friend Esculapius. He is a doctor who believes in the law of "similia" and believing this has no disposition to question further. He studies symptoms only, and affiliates his remedies so as to cover what he believes to be the most characteristic one present. Having done this he continues his treatment for days, months, it may be years, and if no satisfactory improvement follows, it is not his fault, his patient



has the right remedy and ought to get well. It may be he is suffering from hip disease or stone in the bladder, it matters not so that his pains are covered by the right remedy. The doctor believes in the law of "similia," what more could he believe? or ought he to?

The politician believes in certain equal and inalienable rights, he can see nothing, knows nothing else, if all men are born in such rights, why not say so? Why not give them their rights? It is an outrage on the higher law to deny them, and yet if you make this pseudo-philosopher responsible for good government on earth, he will soon learn the absolute necessity of a re-examination of his theory which if absolutely true, cannot be satisfactorily applied to society as we find it, he will of necessity come to about the same conclusions that are already entertained by a majority of our legislators of to-day.

He still believes in his theory, but says there are so many things in the way of its general application that it is impracticable as a whole. So of the doctor, his theory of "similia" is true. (I yield to no man in loyalty to it) it is true as relating to disease in the abstract in the general; it is entitled to full credit as a central truth around which all other things in medicine should cluster; but it cannot be applied to every condition of life or disease; and for the simple reason that we have to contend with many morbid conditions which no drug will produce or cure.

Take the case of stone in the bladder, no medicine will cause or none cure it. Necrosis of bone cannot be caused or cured by medicine, intus-susception of the bowel, ovarian tumors, cancers, tubercular phthisis, psoas abscess, and many other morbid conditions, might be mentioned, requiring not only a knowledge of symptoms, but of pathology, also of actual destructive disease; so that to our knowledge and medicine we may add, poultices, tonics, cataplasms, surgical remedy, change of climate, or anything that promises relief to our patient.

Bad as any individual case may be, both mankind and medicine have very much less to fear, from the practice of these antipodal doctors, than from the favorable reception of their theories. Though one may drug you to death, and the other may allow you to die for the want of sufficient remedy, the loss of a few lives, even though they be valuable ones and perish untimely, may be recovered from (witness the late rebellion, etc).

But what the public needs most, and what our profession will profit by most, is the cultivation of a spirit of toleration, the disposition to look the facts fairly in the face, and to admit that there may be bigotry and narrow-mindedness in our ranks as well as in the ranks of our brethren. Happily for all interests the disposition is rapidly gaining ground. Clinging with the tenacity of desperation to our central law of "similia" as embodying in a single sentence the greatest and grandest truth ever spoken of medicine, still it is noticed in all our colleges and conventions that there is a growing disposition to incorporate into our curriculum of study and practice, everything

of recognized value, from whatever source it may come. Our system of practice is new, it is only a few years since it was born; its first advocates were extremists, it is always so. When universalism first appealed to the public favor, it promised universal and unconditional salvation as opposed to almost universal damnation; but now men are saved by good works sometimes (and women also). One of the pioneers of our system who was an extremist, a radical tried a long time *in vain* to reduce a dislocation of the hip by the use of *Nux* high; it covered the symptoms well but did not accomplish that whereunto it was sent. The patient died also, but in the blessed expectation of a cure. Such is life or rather was life.

We are just emerging from our swaddling clothes. The bigots and extremists are growing beautifully less, though not less potent. They are still dangerous men, not because of having a large practice, or of killing many patients, because most of them go on foot and cover but a small area of territory, but dangerous mainly on account of their claims, teaching, etc. There is still danger that some, here and there a traveler, may believe on them and follow after them, may go and do likewise and that their philosophy, their creed, may live and flourish in after years to the detriment of the best interests of our school and of mankind also.

But as opposed to this danger there is the spirit of progress, that mighty stream which gathers into itself, the rivulets from mountain top and meadow, all the rivers of the land, yea the mighty tide of time which comes down through the lapse of ages past. This spirit of progress which embodies the best thought, candid judgement, and consideration of men, recognizing all valid claims to truth, and brushing aside, as with my lady's fan, the mosquitoes and fleas of bigotry and fanaticism. This spirit may be trusted to garner and crystallize the pure gold of science and experience, and preserve and present for the approval of the world, all of the real discoveries and valuable gains in human experience.

But while this spirit of progress is so potent for good, it must be seconded and supported by the candid thinkers of the times, and particularly it is to be hoped that the proceedings of this convention, our deliberations, essays and resolutions may evince that high order of practical thought which should characterize a state convention.

The man is still living who read an essay before this honorable body on the probability of cosmic dust (sun dust) being the cause of catarrh and other maladies. Essays advocating the value of potentized sunlight, moonlight, starlight and skim milk have been from time to time presented to our conventions for approval and endorsement. It is earnestly hoped that these days are about past and that we are now to emerge from this spiritualistic, diaphenous, windy atmosphere into that of practical thought. Looking back over the field of our development we can see how it is that we have been loaded down with so much of the impracticable and unwise. Our learned, patient, heroic army of drug provers, toiling day and night to establish a new and

better system of therapeutics, appeared as making war on orthodox medicine, the furies were invoked, and the two systems driven to opposite extremes. The new originally composed of eminently logical and scientific men were reinforced by many of the chimerical philosophers of the times, who tinged its doctrines and reports with much of the ludicrous, and gave more or less warrant for vehemently abusive attacks. Time, however, has opened all our eyes, toned down our opponents, and brought them to acknowledge our just claims to recognition as an improved system of medical practice. And I am fully persuaded that if we can now rid ourselves of transcendentalism and of the superciliously impracticable in our own experience that the chasm which has heretofore separated the schools would narrow down to a span, and physicians of all creeds would shake hands in fraternal council. Then, indeed, would a nation be born in a day and peace and good will reign among doctors, with no regrets from the people. Happy as this millennial event would be, it would be bitterly opposed by the extremists, for once the war of the pathies is over and their occupation would be gone. A successful politician is he who keeps up a lively interest in the supposed difference between himself and his adversary, at least one healthy personal devil is essential to a working church.

It is impossible to effect any considerable reformation without stepping on somebody's toes. It was remarked during the late rebellion that one rebel would complain more seriously against the injustice of the government than ten thousand union men; from all of which it follows that whosoever undertakes to reconcile the difference between doctors and more especially opposing schools of medicine, must not expect to be believed by all of the parties in interest. Nevertheless it is a much needed work and one that will warrant the sacrifice of personal feeling that may be engendered by it. I earnestly hope that this convention will speak in no uncertain terms on this subject, for I consider it one most vital in its consequences to our future well being.

It is a matter of regret that our National Institute has discriminated against the west so much of late as to stimulate a counter organization under the name of the Western Academy of Homœopathy. While no one should entertain any unkindly feeling toward this organization, it is a fact that its operation so far as it is successful tends directly to weaken our state societies. The average doctor finds barely sufficient time and material to make one creditable report a year, and I think all will agree that he should make that to his state society. If now any considerable number of our members should join the Academy and work for it, we should certainly be weakened, and that is precisely what has happened. The Missouri State Society is practically dead. The Iowa Society is seriously crippled and our own very much injured also, by this new organization, not that it is such a grand success, but then the loss of only half a dozen reports materially weakens a state meeting.

It is clearly my opinion, therefore, that any multiplication of general

societies beyond our national and state organizations is not only unnecessary but calculated to seriously interfere with their effectual and harmonious operation. I, therefore, recommend that this convention respectfully petition the American Institute to adopt such a course of action as will satisfy western interests and ensure a better state of feeling on this subject. It seems to me that this could be done by reducing the annual dues from seven to three dollars, distributing the papers to the journals for publication, resolving to hold each alternate session at the west, and electing a western man treasurer occasionally. As the matter stands now, a western member is asked to spend fifty dollars and a week's time in attendance upon each session, and then pay seven dollars dues, to be entitled to a copy of the report which reaches him so long afterward that he has forgotten all about it, and much of the matter has become obsolete. This is too much for good nature to bear, too much for the honor of a membership.

Our State Board of Health seems to be working well. It has completed a registry of all the practicing physicians of the state, about 5,000 in number, and is now ready to bestow attention on the more important matters for which it was created, namely ventilation and drainage as the best means of preventing disease. The board should supervise the ventilation of every habitable building in the state, not because they may know more than anybody else, but because the average builder constantly overlooks or neglects such matters; an established regulation compelling good ventilation should be put in force at once.

So far as sewerage is concerned, if we have any, it should be complete and perfect. In flat cities like Chicago, sewerage is a necessity, absolutely indispensable to the continuance of the city at all. And it should be regulated in such a manner as to admit of ventilation of the main sewers on every block. In which case sewer gas fever would not be known. It is not enough that an opening should exist, but such opening should communicate with a tall chimney which should be so constructed as to draw, by means of a windmill or other contrivance the putrid gases out of the sewer and throw them into the upper atmosphere; then and then only will the system be safe.

It is a noteworthy fact that zymotic diseases are almost unknown in Canton and Peking (in China) and that neither of these cities have any sewers whatever, but open drains which are washed out only when severe storms prevail.

When we reflect that Peking is as large as New York, Philadelphia, Boston and Chicago combined, we must confess that open drains work very well indeed, quite as well as any system of sewerage we know of. Our resident physicians say that scarcely a case of typhoid fever is known in either of these immense cities. The inference then seems plainly warrantable that danger exists only in the concentrated gas which we get quite enough of in our at present defective system of drainage. Diffused gases though not always the most pleasant are nevertheless as a rule harmless, I have seen citizens of Bridgeport

whose noses were turned up almost to the point of fracture by the great strength of the smell there, at the same time enjoying most excellent health. In fact Bridgeport is one of the healthiest wards in Chicago. It seems that the outer atmosphere will not contain a sufficiently concentrated gas to poison the blood. It is to be found in the holds of ships, in lecture rooms and illy-ventilated human abodes. If now our state board instead of fighting doctors for advertizing or wrangling over the quality of a diploma, would endeavor to perfect our system of ventilation and sewerage, they would certainly do the public a much greater favor and service.

Since the discovery and general introduction of *Carbolic acid* and other disinfectants, the world including the medical profession seems to have gone well over the subject. Experience, however, is a great corrector, and it proves that the disinfection of atmosphere for prevention of contagion is altogether impossible, and that no actual benefit has been derived from any disinfectant outside of that trinity of elements which we must, while life lasts, have so much to do with, i. e., earth, air and water. These are cheaper and infinitely better than all others.

If our State Board will direct us how best to use these, we shall not suffer for want of disinfectants. It is a matter of congratulation that our school of medicine is not only holding its own, but making rapid strides to general favor. Our journals and colleges are increasing in number, and on the whole are improving in the quality of their teaching. In our own state in particular, we are blessed with two medical colleges and journals, and though there is no known partnership between them, they each seem to be doing well which argues that they are all needed to satisfy the spirit of progress among us. No greater misfortune could befall us than to have one grand university of medicine at the west presided over by a limited faculty of bigoted doctors, all of which would be possible if we had but one; infinitely better to allow our school interests to shape themselves in accordance with the law of supply and demand. Liberty and liberality are indispensable to a healthy growth; centralization of power fossilizes and stereotypes all teaching we must admit of the possibility of any of our members becoming editors, authors or professors, withdraw this stimulus and decay commences at once.

Finally I congratulate members upon the general outlook with all propriety it may be regarded as sunny. No potential clouds darken our future. The world if not on wheels is still in a state of progress and we are hand in glove with it, a progressive system of medicine. Never in all the experience of the past were there such incentives to action as are now before us. Standing here in the free state of Illinois, made illustrious by its elastic growth and wonderful political history, including almost every climate and disease. With many questions of gigantic import and far reaching consequences still awaiting settlement, the average doctor of this convention may aspire to grand achievements. May study the cause, prevention and cure of almost

every malady on the very field of its birth, and through this convention promulgate to the world, results which if happily conceived will entitle him to everlasting honor.

## Medical News.

L. S. Ordway, M. D., of Hot Springs, Ark., was recently elected member of the Board of Health.

Dr. Danforth writes: "I have the first successful ovariectomy ever operated on in Milwaukee. Tally one for us."

The marriage of Dr. J. Pettet, of Cleveland, and Miss Delia Wolke was consummated at Christ Methodist Episcopal Church parsonage, by Rev. T. M. House, May 24.

The New York Ophthalmic Hospital report for the month ending May 31, 1879: Number of prescriptions, 3,818; number of new patients, 456; number of patients resident in the hospital, 36. Average daily attendance, 147; largest daily attendance, 212.  
J. H. BUFFUM, M. D., Resident Surgeon.

The "Union with the enemy" wave has reached California. It seems that the president of the state society advised union with the regulars. "Pull down the flag indeed as the enemy is wavering—retreating! Away with such advisers, and away with such nonsense!"  
E. STEVENSON.

Chas. H. Long, M. D., received on the 26th of May, the appointment of United States Examining Surgeon for the district of Pontiac, Ill. Homœopathy is gaining ground there, though that place has always been strong against it. The above appointment will help the cause in that vicinity.

Delegates from the west to the American Institute, via Chicago, can get round trip tickets from Chicago to Saratoga and return to Chicago for \$30.00. It will be necessary to start Saturday, June 21, at 5:15 P. M. to get through in time. The route will be via Michigan Central and New York Central to Schenectady, thence to Glen's Falls, thence by stage to Lake George. We hope the managers of the Institute will get over their hunting and fishing epidemic, and hereafter attend strictly to business.

Homœopathic Medical Society of the State of New York. Bureau of Clinical Medicine. As chairman of the above named Bureau, I take this method to ask you earnest co-operation. Will you prepare one or more papers? Papers on any branch of the subject will be gladly received and presented. It is desirable that efforts be directed, first, toward supplying material for the semi-annual meeting to be held at Rochester, September next; and secondly, for the annual meeting, February, 1880. Please signify your willingness to aid the Bureau as soon as convenient, and send in your communications at least two weeks before either meeting.  
E. HASBROUCK, 253 Thirteenth St., Brooklyn, N. Y.

*Newest Remedies.*—*Cascara sagrada* (see page 520 of THE UNITED STATES MEDICAL INVESTIGATOR). A new remedy for obstinate constipation. We have reliable tincture.

*Wyethia.*—We have a large supply in tincture or dilutions. It is highly recommended by those who have used it.

*Ozone.*—Powders put up in drachm packages to make *Ozone*. Full directions.

*Boracic acid.*—A valuable remedy in pruritis, or intolerable itching.

*Picrate of Ammonia.*—(See page 528 of this journal for indications).

Full directions accompany the medicine.  
DUNCAN BROS.

*Lactopeptine.*—This important addition to our list of remedies has found much favor with the medical profession of all schools of practice. Certainly, as its formula would indicate, it can but relieve an over-tasked stomach, and give time for nature to recuperate. There is a class of cases in which this remedy has, in our experience, been particularly useful, viz., workmen who have been forced to be quite irregular in their habits of eating, and who *fee* greatly hurried when they do eat, and in consequence have acquired the habit of "bolting" their food, until nature rebels decidedly at the outrage. *Lactopeptine* here enables them to keep at work, while the Homœopathic remedy, specific to the constitutional condition, is sent on its mission, and good advice warns the patient to beware of further transgression of nature's law. In all cases where there is deficiency of the digestive juices, *Lactopeptine* will be found to be a valuable adjunct to the Homœopathic remedy. *American Homœopathist*, February, 1878.











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