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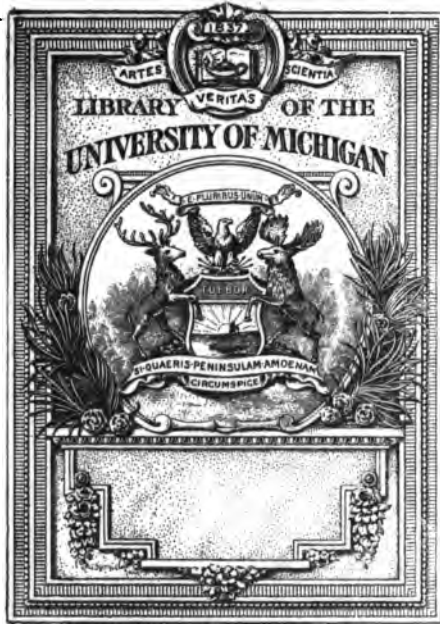


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## CONTRIBUTORS TO VOLUME IX.

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of air and light. For this purpose a lot at least 400 feet square is required. Many of the delegates have departed. At 5.30 the Congress adjourned, and all sorts of complimentary resolutions and singing of the Doxology, and after 6 P.M. the American Institute adjourned *sine die*. It has been a glorious session, full of good, honest work, and is an inspiration to every true homœopath that should cure him of all pessimism as regards the future of our glorious cause. The hand-full of Pharisees who hold themselves apart from this grand body of men in their adhesion alone to infinitudes, present a still more pitiable and microscopic appearance in the light of this session. During the session, five hundred homœopathic physicians were present, and the entire attendance, including visitors, was about 1,000. Homœopathy has attained an impetus in America which nothing can check. All it needs is to demand its rights before the law. It requires no provision to see that another decade will see its approach to an equality with the now dominant school, if it does not surpass them, which in many cases most certainly will. Dr. Amy Bowen has enjoyed the sessions, and is her sole colleague from the Pacific coast.

I sail, on the City of Paris, on Wednesday, at 7 A.M. Au revoir.

H. C. FRENCH

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## Editorial Notes.

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THE Hahnemann Hospital College Dispensary, on Haight street in this city, probably has the largest dispensary in San Francisco. The building was formerly the site of the Cooper Medical College, and when they moved to their new quarters, the masses of students formerly attended their dispensary, as a homœopathic institution as a real advance in the profession, and continued to come, so that to-day it is more than abundant and constantly

---

APROPOS of clinical advancement, a student of a college who had just returned from the eastern colleges, said to us, "Real progress in the little college here are superior to those of many of the eastern colleges." The doctor explains is, that the homœopathic institutions that exist here are better adapted to see anything.

THE  
CALIFORNIA HOMŒOPATH.

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Vol. IX.

January, 1891.

No. 1.

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Original Articles.

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VENESECTON IN APOPLEXY.

BY DR. E. J. FRASER, SAN FRANCISCO.

In this article apoplexy is limited to its original and literal meaning, to wit: a sudden loss of consciousness as from a blow upon the head and its congestion and subsequent hæmorrhage within the cranial cavity. The modern misnomers, pulmonary, renal and retinal apoplexy, and the like, where blood gradually oozes into a cavity or organ, are not considered.

As blood clots are always found in post mortem subjects, the theory has found favor that the coma was caused by the pressure of clots upon the brain. It is quite evident, however, that a violent congestion of blood to the brain often produces coma and that the hæmorrhage succeeds rather than precedes it. It is a fact that recoveries from apoplexy often follow without paralysis. If there was effusion of blood within the cranium, paralysis would necessarily follow from the pressure of clots upon the brain.

Apoplexy is liable to attack two classes of subjects, to wit:

*First.* Those of full habit with short necks and florid complexions. They generally have strong appetites and enjoy hearty food and plenty of it. They are generally looked

of air and light. For this purpose a lot at least 400 feet square. Many of the delegates have departed. At 5.30 the Congress adjourned after 6 p.m. the American Institute adjourned *sine die*. A glorious session, full of good, honest work, and is an inspiring true homoeopath that should cure him of all pessimism as regards our glorious cause. The hand-full of Pharisees who hold the a still more pitiable and microscopic appearance in the light of a session. During the session, five hundred homoeopaths present, and the entire attendance, including visitors. Homoeopathy has attained an impetus in America which All it needs is to demand its rights before the law. vision to see that another decade will see its approval now dominant school, if it does not surpass them most certainly will. Dr. Amy Bowen has enjoyed his sole colleague from the Pacific coast.

I sail, on the City of Paris, on Wednesday

## Editorial

### THE HAHNEMANN HOSPITAL

Haight street in this city, in San Francisco. The building was formerly the site of the Cooper Medical College, which moved to their new quarters. Formerly attended their homoeopathic institution as a hospital and continued to conduct more than a abundant

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The Chairman of the Bureau of Materia Medica for California State Homœopathic Medical Society, has chosen the subject of "California Drugs" for consideration in 1904. This offers a fine field for research, and we shall hope to hear something about Oregon, Wyethia, the California Julia and the California Moltzia. Readers are invited to contribute in any way to the information or illustrations they may have on these drugs.

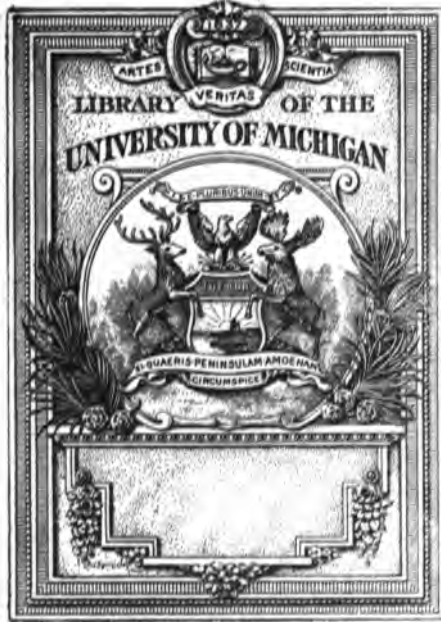
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Editorial Note

Handwritten notes in the left margin, including the name "H. J. ..." and other illegible text.

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ditions, in which the nerve has been divided, there will be no response to either current. In multiple neuritis, as one nerve after another becomes affected, we have degenerative reactions. In lead paralysis, there is loss of faradaic irritability, and increased galvanic, in the nerves affected.

In spinal cord diseases we have reactions of degeneration in diffuse myelitis, affecting the trophic centers of the spinal nerves, and in poliomyelitis anterior. In myelitis diffusa we are able to decide with our current whether nutritive changes are taking place in different segments of the cord or not, and if degenerative changes have taken place we can watch their progress, and so be able to decide about the prognosis. In infantile spinal paralysis, the paralysis usually comes on suddenly, and in a few days degenerative reactions are marked. If after awhile there is faradaic irritability ever so slight, we know that the case will recover. Many severe cases of talipes might have been prevented if attention had been paid to these reactions. In spastic paraplegia, the electrical reactions of the affected muscles are but slightly decreased, while those of the nerves may be diminished to both faradaic and galvanic currents. In pseudo-hypertrophic paralysis, the electrical reactions of the muscles are diminished to faradism.

In progressive muscular atrophy the reactions are normal to both currents, as long as there is a muscular fiber remaining.

In the various forms of paralysis produced by cerebral diseases there is rarely any change in irritability of the muscles. The reactions are usually the same as those on the unaffected side, and are the same to both faradism and galvanism. Of course, whenever the trophic centers of the cranial nerves are affected, we have the same reactions of degeneration that we would have when those of the spinal nerves are diseased. While I have simply mentioned the different conditions of which paralysis is a symptom, I think that these few points are enough to show the value of electrodiagnosis.

Very little could be done in neurology without this aid. By its use we are able to determine upon a course of treatment in these conditions, and how long to continue that treatment. We are also able, in most cases, to decide as to

the prognosis. While electricity is of great value to the neurologist, it is of just as much, and in some cases I might say more, to the general practitioner, for it is into his hands that the patient first falls, and it is not until he has tried all of his methods of cure that the specialist is consulted. In the meanwhile valuable time has been lost, which, if the physician had known how to improve, would have made a vast difference in the final result of the disease. It is the extinguishing of a small fire that prevents a conflagration. It is the treatment of a disease in its incipiency that determines the prognosis, and it depends more upon the physician who is first called to a case, to carry that case through to a final recovery, than upon all of the consultants or specialists who are called in afterwards. On these conditions of paralysis, where there is so much at stake, the physician should be able to decide at once what should be done, and treat the case accordingly, but he cannot do this satisfactorily unless he understands electric diagnosis.

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## Ophthalmology and Otology.

CONDUCTED BY H. C. FRENCH, M. D.

### An Alleged New Method of Absorbing Cataract.

The *Medical Record* of March, 1890, has an article on the above subject by Richard Kalish, M. D. His plan is as follows: Two drops of a mixture of equal parts of glycerine with a one per cent solution of carbolic acid in rose water (prepared in rose water?) are instilled into the eye. The patient is seated in a high-backed chair, with his head thrown backward upon the chair. The operator stands or sits behind the patient and places both hands over the closed eyes, so that the tip of each middle finger rests upon an eyeball at its nasal side, the index and ring fingers falling into place beside the middle ones. Then with slight pressure upon the balls, these three fingers of each hand are drawn outward over each eye to the temporal side. The operation is



repeated twenty or thirty times a minute, the stroke being in one direction only, and continued for ten minutes, when a second instillation is made as before, followed again by ten minutes' manipulation, and the process repeated for the third time. This treatment is continued daily for a week, after which the interval between the instillations is lengthened to fifteen minutes, and repeated the same number of times. The eyes are then to be treated every other day for three or four months. In most cases Dr. Kalish noted increased tension, in each of which it was reduced by the treatment, hence he reasonably puts the question whether it would not be expected that incipient glaucoma might be benefited by this process. If there is any merit in hard work and persistency, this method of treatment certainly ought to succeed.

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#### Color Perception.

We are in receipt of a carefully prepared brochure of some 24 pages, by Dr. V. Wurdemann of Milwaukee, Wis., in which the various theories of the more advanced writers upon the philosophy of color perception are logically and impartially discussed. It would be gratifying if our space permitted to enter largely into the merits of this little work, but a brief quotation must suffice. The author says that "there are certain conditions in which the vibrations fail to excite the cerebral molecules in a full degree. We frequently find individuals who are unable to differentiate the finer shades of the same color. This is called a 'diminished chromatic sense.' Holmgren was unable to make any distinct lines of demarkation between this and what he called 'color blindness.' It is utterly impossible to account satisfactorily for such phenomena on any other basis than that of defective judgment. We therefore look upon 'color-blindness' as an exaggerated condition of diminished chromatic sense. Observers are agreed that the name color-blindness is a misnomer, and that very few cases are really blind to color. It is absurd to believe that because shades of red and green cannot be differentiated, that the person is really blind

to either (*i. e.*, that the patient cannot see them at all). He does see them, and sees them as colors just the same as he sees yellow or blue, but cannot separate the impressions made by the one from those made by the other. We would designate all these cases under the specific heading dyschromatopsia, meaning difficult color vision, to take the place of achromatopsia, which signifies *no* color vision."

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## Colleges and Hospitals.

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### Ladies' Hahnemann Hospital Association.

There has just been published in a neat and attractive dress the constitution and list of officers and members of the Ladies' Hahnemann Hospital Association. The good work done during the three years' existence of this energetic body of prominent ladies of San Francisco is now commencing to bear fruit, and any one who will carefully peruse this pamphlet cannot fail to become impressed with the fact that San Francisco will soon have a homœopathic hospital of which she may well be proud.

Two fifty vara lots have been purchased in a most desirable location at the intersection of Sixth avenue and Lake street, desirable not only on account of its beautiful situation, but also of its healthful surroundings, and we are in hopes soon to announce that the work of actual construction has begun. The building is to be substantial, handsomely furnished, thoroughly equipped with modern hospital accessories, will be devoted to homœopathy exclusively and under the medical supervision of homœopathic physicians. A special feature of this institution is to be a free ward for the treatment of sick and destitute children.

San Francisco, without extremes of heat or cold, with a climate in which out of door life is possible during the greater part of the year, should have very few sick children outside of the poor and destitute, and it is to meet the wants of this latter class that this free ward is to be established, and certainly there could be a no more commendable purpose.

The Ladies' Hahnemann Hospital Association have done and are doing everything in their power to hasten the realization of the aim towards which they are striving, and it is the bounden duty of every homœopathic physician of this city to use his utmost endeavors to aid this association. There are forty or fifty homœopathic physicians in San Francisco, and if each of these physicians would prevail upon two or three of his patients to become members of this association, its membership could be doubled during the year 1891. There are at present ninety-two annual and five life members, and it remains with the physicians of this city to say whether there shall not be two hundred annual members on the first day of January, 1892. Let us see what we can do for the Ladies' Hahnemann Hospital Association in the year 1891.

Copies of the Constitution will be furnished upon application to the President, Mrs. E. E. Caswell, No. 28 Post street, or to the Secretary, Mrs. J. R. Jarboe, No. 917 Pine street.

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#### INTERNATIONAL HOMŒOPATHIC CONGRESS.

The organization and executive management of the Fourth Quinquennial International Homœopathic Congress has been placed in charge of a committee consisting of the executive committee and eight other members of the American Institute of Homœopathy.

The time appointed for the Congress to meet is June, 1891; and the place selected is Atlantic City, N. J.

In carrying out the duties placed on them, the committee desire to make such arrangements as will be most acceptable to those who will participate in this Congress, and will best serve the interests of homœopathy, and contribute to the progress of medical science throughout the world. They hope that every physician will give to it his most active efforts and strongest influence; and that our ablest men will contribute their best thoughts, either in written essays or in personal discussion on the topics selected. The time of this session will be necessarily so limited that many important

subjects cannot be properly considered; yet the committee desire to select those which will prove to be of the greatest service to the profession, and to have them presented by those most competent to the task; to this end they ask suggestions from those interested.

The usual five days session of the American Institute of Homœopathy will give place to this Congress. The institute will assemble, however, on the day preceding the Congress for the transaction of necessary business. The plan now proposed is that the Institute shall hold its session on Tuesday, June 16th, 1891; the Congress will assemble Wednesday, June 17th, and continue one week, namely, Wednesday, Thursday, Friday, Saturday morning (with rest Saturday afternoon, and Sunday), Monday and Tuesday, closing on Tuesday, June 23rd.

The Congress will accept as members all homœopathic physicians in good standing in recognized Homœopathic Medical Societies; and from places where such societies do not exist, physicians with suitable credentials. Delegates will be received from any and all Homœopathic Institutions, and will be expected to prepare reports of them. Visitors will be admitted, whether physicians or laymen, who may be interested in the subject of homœopathy.

The officers of the Congress will include representatives from all the important Homœopathic Medical societies; and the committee request that the names of the president and recording secretary of such societies be forwarded to them before May 1st, 1891.

The Congress will secure statistics of the present status of homœopathy and its progress in the last five years, as far as possible from all parts of the world. This will include the number of its practitioners, its institutions, national societies, state societies, local societies and clubs, general hospitals, special hospitals, infirmaries and dispensaries, colleges and medical schools, training schools for nurses, and medical journals. Their scope, organization, government, how to be conducted, methods of support, form of reports, and various matters of importance to each kind of institution, will be carefully considered. Essays and discussions will be prepared on the *materia medica*, homœopathic therapeutics in

surgery, and in special forms of disease, such as insanity, disease of the nervous system, of women, of children, of the chest, throat, eye and ear, alimentary tract, kidneys, etc.

In arranging these many subjects to the best advantage, the committee ask your suggestions and assistance. All communications may be sent to the chairman, T. Y. Kinne, M. D., Paterson, N. J., or to the secretary, Pemberton Dudley, M. D., cor. Fifteen and Master streets, Philadelphia.

By order of the Joint Committee the Chairman and Secretary are under instructions to make up and submit to the other members of the committee, a list of subjects, and of writers and debaters, to be appointed, at as early a day as possible; this duty will be performed, and in due time, thereafter, another circular will be issued, embracing a programme for the Congress.

*Joint Committee.*—T. Y. Kinne, M. D., Chairman; Pemberton Dudley, M. D., Secretary; E. M. Kellogg, M. D., Treasurer; R. Ludlum, M. D.; J. H. McClelland, M. D.; T. M. Strong, M. D.; I. T. Talbot, M. D.; J. W. Dowling, M. D.; J. P. Dake, M. D.; B. W. James, M. D.; O. S. Runnels, M. D.; T. G. Comstock, M. D.; F. H. Orme, M. D.

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## Editorial Notes.

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THE CALIFORNIA HOMŒOPATH extends a hearty greeting to its friends and wishes them and all the homœopaths of America a very Happy New Year. The growth of Homœopathy throughout the world during the year just past has been phenomneal, and the outlook for our school has never been so flattering as at present. The colleges, societies and homœopathic physicians are doing a noble work in every quarter of the civilized world, and we, in California, can congratulate ourselves that we are well up near the head of the procession.

The HOMŒOPATH, representing as it does the Homœopathic sentiment of the Pacific Coast, asks, and has a right to

expect, the earnest co-operation of all physicians and patrons of our school, and we trust that our confidence in this respect will not be misplaced.

Standing, as we do, on the threshold of a New Year; at that joyous season when good resolutions are so generously made, we ask every homœopathic physician in California and adjoining States to resolve immediately to subscribe for our journal, and to assist us in every way by the contribution of crisp, bright articles on any subject of general interest to the profession. Send along \$2.00, gentlemen, for one year's subscription to the only Homœopathic Journal published on the Pacific Coast, and don't forget in the hurry of professional engagements, that anything you may meet in your daily experience that impresses you will possess an equal interest for your medical brethren.

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IN the December HOMŒOPATH I made the statement, editorially, that no Governor of California had ever had the courage or manhood to appoint a homœopathic physician on any of the State or municipal Boards of Health. In this an injustice was done to ex-Governor Perkins, who was the first and only chief magistrate of California to recognize the rights of our school in the selection of public officers. Upon the accession of Governor Perkins to the gubernatorial chair, he appointed a mixed State Board of Health; Dr. C. W. Breyfogle of San Jose being chosen to represent the Homœopaths, and the late Dr. Mason of Chico the Eclectic school of medicine. These gentlemen served during the term of the Board, and were most efficient members thereof, and no difficulty was ever experienced as a result of their appointment, the State Board of Health as thus constituted working together in perfect harmony. Governor Perkins set an example to his successors which unfortunately they have thus far completely ignored, and so through successive administrations the homœopaths of California have been debarred from any participation in the control of public affairs, though regularly taxed to support men in office who have openly declared their hostility to our school, and who have persistently schemed to undermine our position in the

community. We have asked Governor Markham to act squarely with the homœopaths of California, and have every reason to believe that our cause is in the hands of a just man who will fulfill the ante-election assurances of his many friends.

C. L. TISDALE, M. D.

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## Correspondence.

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EAST PORTLAND, Or., Dec., 15th, 1890.

EDITORS THE CALIFORNIA HOMŒOPATH:—On page 381 of your last journal we read, "ears; one ear, hot, red and itchy, accompanied by gastric derangements." Dr. Schussler asks, "well, now, why should only one ear be red and hot, and not both of them?" We will go down to the feet. When one takes off his boots at night, the ball of the right great toe invariably itches. Well, now, why should only the ball of the right toe itch, and not that of the left? If the doctor will answer, we will also inform him the reason why one ear is red, hot and itchy, and not both of them, and further, we will give him the name of the remedies that will cure in either case.

GEO. WIGG, M. D.,

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### Homœopathic Medical Society of San Diego.

EDITORS CALIFORNIA HOMŒOPATH—The annual meeting of the Homœopathic Medical Society of San Diego County was held in the office of Drs. Morgan & Polhemus on December 19th, 1890. There are ten members. During the past year eleven meetings have been held, six papers have been read, and five clinics have been given. No debts are outstanding. President B. F. Mertzman retired in rotation. The following officers were unanimously elected for the ensuing twelve months: President, Thomas Docking, M. D.; Vice President, W. P. Polhemus, M. D.; Treasurer, Miss S. Evaline Bailey, M. D.; the office of Secretary was left in the hands of the present incumbent *pro tem.*, when the agreeable meeting adjourned.

T. DOCKING, Secretary.

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## Personals.

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DR. GRANT, of Lodi, called while in the city recently.

WE understand DR. SANBORN, of Redding, has been in the city.

DR. F. X. GRANGER has removed from Santa Cruz to Laurel, Cal.

DR. H. DAMBROEGER has removed his office to No. 315 Geary street. Telephone 2178.

DR. J. A. OSTRANDER, of Merced, passed through the city recently on his way home.

DIED.—DR. W. S. GEE, former Professor of Materia Medica in the Hahnemann Medical College of Chicago.

DR. W. A. DEWEY has taken a clinic at the Hahnemann Hospital College Dispensary upon Diseases of Children.

DR. R. H. CURTIS has removed his office and residence to 922 Sutter street, between Leavenworth and Hyde streets.

DR. P. B. MORGAN has opened an office on Powell street, which he will run in conjunction with his San Rafael office.

DR. W. E. ALUMBAUGH recently visited town. The doctor is making it lively for his old-school friends up in Vacaville.

MR. E. W. RUNYON, of the firm of Boericke & Runyon, is on a visit to Oregon and Washington and will call on the homœopathic physicians in those states.

DR. LOW, of Paradise, has been on a visit to this city and to his old home near Santa Barbara for rest and recreation. He reports lots of malarial troubles in Paradise.

THE eighth annual announcement of the Hahnemann Hospital College is out, and extra copies may be had by addressing the Registrar or the editors of the HOMŒOPATH.

DR. SCHUSSLER, says an exchange, lives at Oldenburg, a little old fashioned German town. He was once imprisoned for three months for prescribing for a patient out of his window at night, it being against German law to prescribe for a patient without seeing him.

DR. C. L. TISDALE recently returned from Chicago, where he had been for several weeks taking courses on Orificial Surgery under Professor E. H. Pratt. The doctor is enthusiastic upon the subject, and since his return has performed several important orificial operations with most gratifying success.

THE Medical Board of Montana has recently been knocked out by a decision of the Court that a diploma from a reputable institution was better evidence of qualification than an examination from the board. It seems that the board was allopathic and tried to examine some homœopaths who wouldn't be examined.



DR. E. N. LOWRY has returned from his hurried visit East and resumed practice.

DR. C. S. SARGENT took a much needed but very short vacation, and spent a few days in San Francisco. The Doctor is one of the busiest men, and his practice has increased so rapidly that he had to get the service of an assistant. DR. WEST, a graduate of the Hahnemann Hospital College of San Francisco, now fills that position.

THE December number of the *Southern California Practitioner*, which is by far the best allopathic journal in California, recommends in an editorial that the State furnish aid to the various medical Colleges based, for instance, on the number of students in attendance. An excellent idea; one which would be fair to all. The *Practitioner*, with liberality rarely seen in allopathic journals, even recommends that the homœopathic and eclectic colleges receive their share.

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## Book Reviews.

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**Tuberculosis or Pulmonary Consumption; Its Prophylaxis and Cure by Suralimentation of Liquid Food.** By W. H. BURT, M. D. Chicago, Ill.: W. T. Keener. Price, \$2.50.

This book has a special interest for the physician, coming at a time when the principal topics of the medical world are the researches of Koch on the bacterial origin of tuberculosis and its cure by inoculation. As its title implies it is simply the treatment and prevention of consumption by suralimentation of liquid food, combined of course with the proper homœopathic remedies. As a theory, liquid suralimentation in the treatment of tuberculosis is a most plausible one, far more so than the proposed inoculation theory of Koch. In fact, the latter inclines suspiciously to the elixir of life fraud of Brown-Sequard. It is difficult for any one acquainted with the pathological appearances of tuberculosis to comprehend, even if the disease be of bacterial origin, which is by no means proved, how the killing of these bacteriæ is to cure or even arrest the disease. One might even believe that the dead bacteriæ would do more harm than the live ones.

Dr. Burt claims that bacteriæ are not the cause of disease but the effects—that "They are man's true scavengers and are found whenever there is disease, with inflammation, ulceration, or decomposition in any of its forms. Their food is decomposition, and were it not for these micro-organisms absorbing the poisonous ptomaines and gasses produced by disease, man would be destroyed from off the face of the earth." We commend this book to those who are looking for more light on the subject of consumption, and can assure them they will find it here. The work is gotten up in a neat style by a new Richmond in the homœopathic publishing field, Mr. W. T. Keener, of Chicago.

**A Text Book of Materia Medica, Pharmacology and Special Therapeutics.** By I. J. M. Goss, A. M., M. D., Marietta, Ga. Second edition, 1890, Chicago: W. T. Keener. Price, \$5.00.

This book represents the latest eclectic work on *Materia Medica* and *Therapeutics*, and judging from the number of drugs that it contains, it is a most complete one, and practitioners of any school will find much that is valuable between its covers. For a Homœopathic physician, however, the arrangement is not all that could be desired, for what does a homœopath care about sedatives, restoratives, catalytics, blenorrhetics, aromatics, demulcents, etc. Then again, to get at the action of a drug one has to constantly resort to the index; for instance, capsicum is described on page 61 as a stimulant, on page 383 as a stimulant diaphoretic, on page 463 as an aromatic, while on 493 its irritant properties are given. It seems to us that a much better way would have been to have the action of the drug described in one place and at once. However, probably, our friend Goss did not think of us while he was writing his excellent work, else he would have striven to suit us. The book is an attractive one, thanks to the publisher Mr. W. T. Keener.

**The Ophthalmic and Otic Memoranda.** By D. B. St. JOHN ROOSA, M. D., LL. D. Fourth revised edition. New York: William Wood & Co., 1891.

This edition has been greatly enlarged, and subjected to thorough revision throughout. It constitutes a most concise and reliable epitomé of the subjects upon which it treats, and touches upon almost every point of practical interest in ophthalmology and otology. It was our constant companion during our special studies upon the eye and ear, and we hail it as an old friend with new demands upon our esteem. It is, however, disappointing to find no mention of skiascopy, and such a limited notice of the advancement that has been made towards the discovery and correction of muscular troubles of the eye. The arrangement of the work is admirable, and it will be found a most important aid in the acquisition of accurate and systematic knowledge of the eye and ear. F.

**Transactions of the Connecticut Homœopathic Medical Society, 1889.**

This is an interesting pamphlet and contains some very instructive reading, chief of which is Prof. Wm. Tod Helmuth's address on hysterectomy, and the able address of President Hoag. Our brethren of the *nux moschata* state evidently have not the *nux vomica* symptom of disinclination to work, and this neat pamphlet emphasizes this fact.

**The Physicians' All-Requisite Account-Book.** Philadelphia: F. A. Davis, 1890.

Probably no class of people lose more money through carelessly kept accounts and overlooked or neglected bills than the physician. Often detained at the bedside of the sick until late at night, or deprived of even a modicum of rest, it is with great difficulty that he spares the time or puts himself in condition to give the same care to his own financial interests that a merchant, a lawyer, or even a farmer devotes. It is plainly apparent that a

system of book-keeping and accounts that, without sacrificing accuracy, but, on the other hand, insuring it, at the same time relieving the keeping of a physician's books of half their complexity and two-thirds the labor, is a convenience which will be eagerly welcomed by thousands of overworked physicians. There is no exaggeration in stating that this Account-Book reduces the labor of keeping accounts more than one-half, and at the same time secures the greatest degree of accuracy.

**A Clinical Study of Diseases of the Kidneys.** By CLIFFORD MITCHELL, A. M., M. D. Chicago: W. T. Keener, 1890. Price \$3.00.

We have rarely seen a medical book that presented so attractive an appearance as this one, published by a house comparatively new among homœopathic publishing firms. It is without doubt the handsomest volume on our shelves, and we hope older publishers will follow in the footsteps of this Western firm. Professor Clifford needs no introduction as a writer in this branch of medical science; the present volume includes subjects with which he has made us familiar before, namely: chapters on the systematic chemical examination of urine, systematic microscopical examination of urinary sediments, systematic application of urinary analysis to diagnosis and prognosis. The relation of urinary analysis to diet is explained at considerable length. Particular attention has been paid to the modern treatment of Bright's Disease, with the emergencies and complications that may arise in its course. This is an eminently practical work and we take great pleasure in recommending it to our readers as a valuable addition to every library.

**The Weekly Medical Review Pocket Reference Book and Visiting List.**

A new candidate for professional favor in the line of Physicians' Visiting lists. It is perpetual in its arrangement, convenient in size, good paper and binding, price \$1.00, and is published by J. H. Chambers & Co., St. Louis. We like it.

**The Medical Bulletin Visiting List or Physicians' Call Record.**

This publication appears in a new edition and is arranged upon an original and convenient monthly and weekly plan for the daily recording of professional visits. The usual tables, dosages, etc., form a part of this publication. It is handsomely bound in flexible morocco and adapted to a large clientage. Published by F. A. Davis, Philadelphia.

**Bacteriological Technology for Physicians.** By DR. C. J. SALOMONSON; translated from the Danish by WM. TRELEASE. New York: William Wood & Co., 1890.

This is a treatise on the cultivation, propagation and examination of bacteriae. The work contains 162 pages. There are chapters on Sterilization, Bacteriological Analysis, Culture, Inoculation and the various apparatus employed. It is undoubtedly a useful book for those interested in the subject of bacteria. It is bound in Wood's neat style.

**Officers and Proceedings of the Vermont Homœopathic Medical Society, 1890-91.**

An interesting little pamphlet showing the doings of our Vermont brethren during the past year.

**Transactions of the Maine Homœopathic Medical Society, 1890.**

A neat and interesting volume.

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## Clinical Items.

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**ACETIC ACID.**—*Urine* increased and light colored. *Sexual:* Prepuce thickened, fissured, cannot be retracted, and itches fearfully; very weakening nightly emissions; semen passes with stool; sexual passion, but feeble erections. *Clinical:* Large quantities of pale urine, particularly if accompanied by intense thirst and dry, hot skin, is always an indication for this remedy. In diabetes, with intense, burning, constant thirst, great debility and emaciation, this is the remedy.

*Thlaspi bursa pastoris*, is an old and tried remedy for hæmorrhages, profuse menses and metorrhagia. *Urine has a red sandy sediment.* Strangury, dysuria of old persons, spasmodic retention; excess of uric acid in urine.

*Ocimum* is another remedy for uric acid diathesis. Renal colic with violent vomiting. Large deposits of red sand with pain in ureters.

*Tabacum* has cured obstinate constipation with frequent urging. Stools dark colored. Hæmorrhoids.

*Zincum* is the remedy for neuralgic headaches, from forehead to vertex and occiput, heavy feeling on top, scalp sore, photophobia, restlessness worse, least quantity of alcoholic stimulants.

*Rhus aromatica* Diabetes, incontinence of urine, hæmaturia and catarrh of the bladder. Enlarged prostate.

*Guaiacum*, if given early in the strength of 1x or 2x, will rapidly cure tonsillitis; even sometimes abort it.—*C. S. Pratt.*

## Selections.

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### SOME CURES WITH UNPROVED MEDICINES.

By DR. DUDGEON.

Though our materia medica contains a large number of medicines the study of whose pathogenetic effects, more or less perfectly ascertained by systematic provings and accidental poisonings, enable us to treat with success most of the diseases which we meet with in daily practice, there are yet some diseases for which we often fail to find a satisfactory *simile* in our pathogenetic treasury. It is quite possible that among our proved medicines there are remedies for all cases, but as our provings have not and could not have been carried so far as to produce medical likenesses of many natural diseases, and as amid the crowd of trivial symptoms we are not always able to detect the characteristic symptoms which might give us a clue to the selection of the appropriate remedies for these diseases, we are glad to be guided to the cure in any other way. The *usus in morbis*, when the diseases are of a definite character, is often very useful where the hints of the pathogenesis are obscure, and is, in fact, our only source of information as to the remedial powers of some medicines which have never been proved. The homœopathic therapeutic rule can only be acted on where the medicines have been proved—I should say, thoroughly proved—but in the absence of such provings the *usus in morbis*, or clinical experience, is our only guide. Still, I think that if an unproved or imperfectly proved medicine given in small doses cures a definite case of disease, we may reasonably infer that it cures by virtue of the natural law that underlies the homœopathic therapeutic rule, and, indeed, many medicines which were found remedial in certain diseases before Hahnemann have been shown by his and his disciples' provings to be homœopathic to these diseases. So while we maintain that *similia similibus* is the true and only scientific therapeutic rule, we admit that it cannot always be applied, owing to the imperfection of our materia

medica, and we thankfully avail ourselves of the *usus in morbis*, when this therapeutic rule is inapplicable, in the firm conviction that the cures we effect under the guidance of clinical experience alone will be found to come under the homœopathic rule when the materia medica is perfected by the thorough proving of all remedies. As that will not be the case for some time to come, without further preface I will relate a few cases where the selection of the remedies were not made in the ordinary homœopathic way, but where, in spite of that, I believe the treatment was essentially homœopathic.

SYZYGIUM JAMBOLUM IN DIABETES.

1. A lady, *æt.* about 70, whom I had occasionally treated for various affections, chiefly erysipelas and chronic eczema, the last time in 1883, came to me on the 26th of September, 1887, complaining of intense pruritus vulvæ, which for some days had tormented her day and night. She had also a boil on the back between scapulæ, which, after bursting, had continued to discharge for several weeks. A few spots of psoriasis were to be seen on the upper part of her body. For a few days she had felt a shooting pain in the left flank. She had noticed that for some time she was very weak, and was always thirsty, and passed a large quantity of urine. I examined the urine, and found its specific gravity as high as 1040, and that it contained a large quantity of sugar. I prescribed Pond's Extract externally for the pruritus, and *phos. acid* 1x four drops three times a day, and advised her to avoid sugar, bread, and potatoes.—October 11th. The irritation continues, and she complained of prickling all over. The boil still continued to discharge, thirst and copious flow of urine continued, its specific gravity was 1037, and it contained much sugar; but she felt better and stronger. I had recently become acquainted with the remarkable cures of diabetes effected with *syzygium* in the practice of an Indian doctor, and therefore gave her some of the tincture of that substance which I had myself prepared from the seeds I had procured from India, and directed her to take two drops twice a day in alternation with the *phos. acid*.—November 8th. Specific gravity of urine, which is still passed in considerable quantities, 1037. The thirst is less, and the pru-

ritus greatly alleviated, but not gone. She has still much of the prickling like needles all over body. The boil continues to discharge. Continued medicine.—November 11th. The thirst has increased, but she does not pass as much urine, though the specific gravity has again increased to 1040. Very little pruritus, but considerable leucorrhœa. I now prescribed *arsen. brom.* 3x three times a day.—January 1st, 1888. Passes comparatively little urine; its specific gravity 1032, and the sugar in it considerably diminished. Much less thirst. Leucorrhœa soon went off after commencing the last medicine. I again prescribed *syzyg.* and *phos. acid.* in alternation.—February 2nd. Less thirst, much less irritation, less urine passed, specific gravity 1036. I now gave *syzyg. tr.* alone, two drops three times a day.—March 29th. Quantity of urine passed not more than normal, specific gravity 1033. Boil still discharging. No thirst, much less irritation. Continued *syzyg.* twice a day.—June 11th. Feels very well and strong, no thirst. Urine normal in quantity, specific gravity 1036. Irritation gone. I prescribed *syzyg.* and *arsen. brom.* on alternate days.—July 31st. Feels quite well, but urine still of high specific gravity—1036. The boil has healed up. No more pruritus nor prickling. Directed her to take *syzyg.* once a day.—I saw her occasionally after that, and she always said she was quite well, and had left off the medicine. In November she had again a little return of the pruritus, which was allayed by a few doses of *caladium* 3x. This is, of course, not altogether a satisfactory illustration of the power of *syzygium* over diabetes, but at that time I had not sufficient confidence in the new remedy to trust to it alone. Still there is no doubt it contributed to the cure in this case, though what was its precise share in the happy result cannot be determined. The next case is a better example of its antidiabetic power.

2. Dr. G——, *æt.* 56, came to me on the 5th of September of this year. He complained of what he called “prickly heat” all over the upper part of his body and arms. The skin was covered with small red papules, which he said itched so intensely he could get no rest. He felt very weak, which might be owing to his having for the last week ab-

stained from all animal food, and confined himself to bread, farinaceous food, vegetables, and fruit. He complained of much thirst and a great flow of urine. His mouth is very dry, and he must pass water every two hours day and night. The urine which I examined had a specific gravity of 1036, and was very saccharine. I told him to take chiefly animal food and green vegetables, and very little bread and no sugar. I gave him a phial of tincture *syzyg.* mixed with three times the quantity of alcohol, and directed him to take two drops every three hours.—September 17th. He had taken the specific gravity of his urine every day, and found that it sometimes reached 1045, but had steadily declined for the last few days. It was now 1030. His thirst was less, the prickling itching much relieved, and the quantity of urine passed very much diminished. Continued medicine.—29th. No thirst, no itching, passes very little urine—specific gravity 1025; he told me it had even been much lower. No sugar. His strength and spirits excellent. I told him to continue the *syzyg.* once a day for a short time to confirm the cure.

This is the most striking cure of diabetes I have yet seen by any treatment. I cannot say with preciseness how long the disease had lasted before the patient visited me. It is always very difficult—generally impossible—to fix the date when the diabetes began. It is generally pretty far advanced before the patient thinks it necessary to seek advice. Dr. G—— was chiefly concerned about the tiresome pruritus, which deprived him of rest. He noticed that his mouth was dry and that his thirst was great, but he ascribed this to febrile irritation from the incessant torture of the itching. Though not a medical doctor, he has a fair knowledge of physic, and when I announced to him, after examination of the urine that he had diabetes, he was very much alarmed. The diet he had been pursuing was of course the worst possible for his disease, but he adopted it with the view of allaying the intolerable itching, on which, however, it had no effect—indeed, the itching grew worse every day, and was the cause of his coming to me. He watched his symptoms with intelligence, and carefully tested the specific gravity of the urine from day to day. I was



not very strict in my dietetic rules, only enjoined on him to eat as much meat as he felt inclined for, to abstain from sugar, and to take toast and biscuit in place of bread and potatoes. As the diabetic symptoms declined, I removed my embargo on sugar and starch, so that, in fact, diet had nothing to do with his cure, which was apparently solely due to the *Syzygium*. I had already had some experience of the power of this medicine in several cases of diabetes, but none to such a degree as in this case. This may have been owing to the other cases not having been of quite the same character as this one, or perhaps to my not having relied on it alone for the cure. Of course I know that *Syzygium* will not cure all cases of diabetes, for that is a disease that seems to be owing to many different morbid states; but my success in this case should be an encouragement to others to give it a fair trial in similar cases. The mere diminution in the quantity of sugar excreted by means of a rigorous anti-diabetic diet, cannot be considered as a cure for diabetes, for the sugar, as a rule, returns as soon as the patient resumes ordinary diet. By the way, the cures said to have been effected by *Opium* are illustrations of the homœopathic therapeutic rule, for Levenstein has shown in his work *Die Morphiumsucht*, that acute poisoning by morphia causes sugar to appear in the urine of man and animals.

When I first announced, now some several years ago, that I had made some encouraging trials of *Syzygium* in diabetes, Dr. Swan, of Philadelphia, asked me to send him some of the new medicine; which I did, and some time afterwards he wrote to tell me that he had successfully used it in his own case. He took it in a so-called "high attenuation" made by his own peculiar process, and he was extremely satisfied with the result. I have mislaid his letter, so am not now able to give the details of his case which he kindly communicated to me.

#### THLASPI BURSA PASTORIS FOR EXCESSIVE URIC ACID.

I have elsewhere mentioned the power of this substance to affect the secretion of uric acid,\* and since then I have seen several cases corroborative of its medicinal virtues in

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See *Monthly Homœopathic Review*, xxxii. p. 614.

this direction. One, a gentleman, *æt.* 57, who, in addition to other dyspeptic symptoms, had occasionally large discharges of uric acid, coming away in masses the size of a good big pin's head, but curiously enough without pain. I prescribed *Thlaspi*, which he said soon stopped the uric acid. Nearly a year after this he called on me for a different affection, and informed me that the uric acid reappeared several times in his urine, but that a few doses of *Thlaspi* I soon stopped it, and it never came to the height it attained when I first gave it to him. A lady, near 80 years of age was suffering from pressure of the calculus in the left ureter, which I knew to be of uric acid, as she had previously passed much "sand." The urine showed no sand, and was very scanty. I tried several remedies, among the rest the *Boro-citrate of Magnesia* but it was not till I gave *Thlaspi* I that a great discharge of coarse brick-colored sand took place, with speedy relief to her pain. At the same time, indeed, I made her drink copiously of distilled water, which has a powerfully disintegrating effect on uric acid sometimes, but as she had already been taking this for several days without effect, I am inclined to give the whole credit of the cure to *Thlaspi*.

It is not alone in such cases that *Thlaspi* is useful. Its ancient use as a hemostatic has been confirmed in modern times and in my own experience, and my friend Dr. Harper, related to me lately a most interesting cure he had effected by its means of a very prolonged and serious affection. The case was that of an elderly lady who for years had suffered from a large discharge of muco-pus, sometimes mixed with blood, sometimes apparently nearly all blood, which poured from the bowels after every evacuation. She had been many months under the medical treatment of the late Dr. D. Wilson, who at last told her he considered her disease incurable. She then put herself under the treatment of a practitioner who relies chiefly on oxygen gas for his cures; but she was no better—rather worse—after his treatment. She then came to Dr. Harper, who worked away at her with all the ordinary remedies without doing any good. At last he bethought him of *Thlaspi*, led thereto by my remarks on its anti-hemorrhagic properties in my

"Therapeutic Notes" in *The Monthly Homoeopathic Review* of October, 1888, and he found that from the time she commenced using this remedy the discharge from the bowels gradually declined and ultimately ceased, and there has been no return of it.

No doubt *Thlaspi* is a great remedy, and until it is satisfactorily proved we may employ it with advantage in cases similar to those I have mentioned. But it is to be hoped that some of our colleagues endowed with youth, health, and zeal, will ere long favor us with a good proving of it, whereby its curative powers may be precisionized. At present we only partially know these from the less satisfactory results of clinical experience.

#### CUNDURANGO IN CANCER.

Mrs. B.—, *æt.* 69, had been frequently under my care for various slight ailments in former years, but I had not seen or prescribed for her since 1875, as she had removed to a distant quarter of the metropolis, and had fallen into the hands of an allopathic practitioner. She came to me on the 16th of December, 1886, and told me that for several months past she had been under treatment for an affection of her left breast, which had rapidly grown worse, and her medical attendant, in consultation with an operating surgeon, had frightened her by telling her she had cancer of the breast, and that if she was not operated on for it within a fortnight it would inevitably kill her. I found the breast very tender to the touch all over, the nipple retracted so as to be invisible, a hard, painful swelling of the gland on the outer side of the nipple about the size of an egg; the skin on its centre drawn in, and frequent darts of lancinating pain proceeding in different directions from the tumour. Her health otherwise was not bad, but she was exceedingly nervous, and could get very little sleep at night owing to the darting pains. I prescribed *Phytolacca* 1 every six hours, and an ointment of *Hydrastis* tr. gtt. xx mixed with *Vaseline* ʒj to be rubbed over the tumour twice a day. If the *Phytolacca* succeeded in allaying the general tenderness of the breast, she was to take *Hydrastis* 1 internally three times a day. She came again on the 29th of January, 1887.

She had soon left off the *Phytolacca*, and had been taking the *Hydrastis* internally, and using the ointment as directed. The tumour had not decreased; on the contrary, it was rather larger, and the breast, where the ointment had been applied, was covered with an itching eruption, consisting of small blackish pustules on a red basis, which gave her much pain and discomfort. The shooting pains through the tumour were as bad as ever, and she felt weak and miserable. I now prescribed *Croton Tig* 2 three times a day, and discontinued the ointment. She again visited me on the 14th of March. The eruption had soon disappeared, but the tumour was larger and exceedingly painful and tender. I again prescribed *Hydrastis* 3x three times a day. I next saw her on the 26th of March. For several days she had been spitting blackish lumps of blood. The tumour was still larger, and the shooting pains darted from it to between the scapulæ. No swelling of axillary glands. I prescribed *Conium* 1 three times a day. I did not see her again until the 31st of May. The pain was now very much less, and the tumour seemed to be smaller; the skin over its centre was still depressed. Continued medicine. She did not return till the 29 of September. The pain had increased, shooting through to the shoulders; the hard tumour was as big as before, and in the centre of the depression over it there appeared a red nodule of the size of a threepenny-bit, which was very tender. Prescribed *Silica* 3 three times a day. On the 11th of November, the tumour was less painful, seemed smaller, but the red nodule in the center of the depression was decidedly bigger, and very tender. Continued medicine. On the 1st of February, 1888, I found the tumour very tender. The nodule had grown to the size of a walnut, is of a bright red color, and has a glazed appearance; looks as though it were about to burst. It is the seat of stabbing pains, as if a penknife were thrust into it. It is hard, tender, and evidently connected with the hard tumour in the mammary gland, of which, indeed, it seems to form a part. There is tenderness for some distance beyond the tumour, but the axillary glands are unaffected. Pulse quick and weak, great depression of spirits. I now prescribed *Cundurango* 1, two

drops three times a day. On the 12th of June, the mammary tumour is decidedly less, the pain and tenderness much diminished. The red lump is smaller, and has a crucial depression in the centre. Continued *Cundurango*. On the 6th of November, I found her much better, the original tumour much smaller, not tender or painful, and the red lump has entirely disappeared; where it had been there is now a deep depression in the skin, looking like a contracted cicatrix. Continued medicine. I saw her next on the 26 of July. Hardly a trace of the lump is to be felt. The cicatrix-like depression of the skin is still there, but there is no pain and no tenderness. In short, the disease is gone. She complained of flatulence in stomach and bowels, for which I prescribed *Carbo Animalis* 3. Her last visit was on the 11th of November. The place where the tumour was still presents the cicatrix-like depression, and there is a trace of hardness in the breast below it, but though she does not like the breast squeezed, it gives her no inconvenience. She had not come to see me on account of the breast, but because she was suffering from neuralgic pains in the neck and giddiness, for which I prescribed *Phosphorus*. I have called the disease "cancer," as it was pronounced to be that by her former medical attendants, and it presented all the characteristic signs of malignant disease. Until I gave *Cundurango* it continued to pursue the usual course of such affections, and on the first of February, 1888, it had such a threatening aspect that I feared it was about to become an open cancer, and I was hopeless of being able to arrest its progress. The steady amendment that took place as soon as the *Cundurango* was commenced, was extremely gratifying, and should encourage us to hope that other similar cases may also be benefited by this remedy. *Cundurango* is not an absolutely unproved medicine, but the meagre pathogenesis we have of it gives no hint as to its therapeutic power in malignant diseases, unless, perhaps, the tendency to the formation of large red pimples, like "incipient boils," and the action on congenital warts noticed in Dr. Burnett's proving, may be looked upon as hints for its use in cancerous tumours that seem to be tending towards ulceration as in the case just recorded.

**PEROXIDE OF HYDROGEN AND OZONE. — THEIR. ANTISEPTIC PROPERTIES.**

By DR. PAUL GIBIER, DIRECTOR OF THE PASTEUR INSTITUTE OF NEW YORK

*Read before the International Medical Congress, held at Berlin, Germany, on the 7th of August, 1890. Published by Medical News of Philadelphia, Oct. 25th, 1890. Pp. 416—418.*

GENTLEMEN:—Since the discovery of peroxide of hydrogen by Thenard, in 1818, the therapeutical applications of this oxygenated compound seem to have been neglected both by the medical and surgical professions; and it is only in the last twenty years that a few bacteriologists have demonstrated the germicidal potency of this chemical.

Among the most elaborate on the use of this compound may be mentioned those of Paul Bert and Ragnard, Baldy, Pean and Larrive.

Dr. Miguel places peroxide of hydrogen at the head of a long list of antiseptics, and close to the silver salts.

Dr. Bouchut has demonstrated the antiseptic action of peroxide of hydrogen when applied to diphtheritic exudations.

Prof. Nocard, of Alfort, attenuates the virulence of the symptomatic microbe of carbuncle, before he destroys it, by using the same antiseptic.

\* Dr. E. R. Squibb, of Brooklyn, has also reported the satisfactory results which he obtained with peroxide of hydrogen in the treatment of infectious diseases.

Although the above-mentioned scientists have demonstrated by their experiments that peroxide of hydrogen is one of the most powerful destroyers of pathogenic microbes, its use in therapeutics has not been as extensive as it deserves to be.

In my opinion the reason for its not being in universal use is the difficulty of procuring it free from hurtful impurities. Another objection is the unstableness of the compound, which gives off nascent oxygen when brought in contact with organic substances.†

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\* *Gaillard's Medical Journal*, March, 1889.

† The peroxide of hydrogen that I use is manufactured by Mr. Charles Marchand, of New York. This preparation is remarkable for its uniformity in strength, purity and stability.

Besides the foregoing objections the surgical instruments decompose the peroxide, hence, if an operation is to be performed, the surgeon uses some other antiseptic during the procedure, and is apt to continue the application of the same antiseptic in the subsequent dressings.

Nevertheless, the satisfactory results which I have obtained at the Pasteur Institute of New York with peroxide of hydrogen, in the treatment of wounds resulting from deep bites, and those which I have observed at the French clinic of New York, in the treatment of phagedenic chancres, varicose ulcers, parasitic diseases of the skin, and also in the treatment of other affections caused by germs, justify me in adding my statement as to the value of the drug.

But, it is not from a clinical standpoint that I now direct attention to the antiseptic value of peroxide of hydrogen. What I now wish is merely to give a full report of the experiments which I have made on the effects of peroxide of hydrogen upon cultures of the following species of pathogenic microbes: *Bacillus anthracis*, *bacillus pyocyaneus*, the bacilli of typhoid fever, of Asiatic cholera, and of yellow fever, *streptococcus pyogenes*, *micro-bacillus prodigiosus*, *bacillus megaterium*, and the bacillus of osteomyelitis.

The peroxide of hydrogen which I used was a 3.2% solution, yielding fifteen times its volume of oxygen; but this strength was reduced to about 1.5%, corresponding to about eight volumes of oxygen, by adding the fresh culture containing the microbe upon which I was experimenting. I have also experimented upon old cultures loaded with a large number of the spores of the *bacillus anthracis*. In all cases my experiments were made with a few cubic centimetres of culture in sterilized test-tubes, in order to obtain accurate results.

The destructive action of peroxide of hydrogen, even diluted in the above proportions, is almost instantaneous. After a contact of a few minutes, I have tried to cultivate the microbes which were submitted to the peroxide, but unsuccessfully, owing to the fact that the germs had been completely destroyed.

My next experiments were made on the hydrophobic virus in the following manner:

I mixed with sterilized water a small quantity of the me-

dulla taken from a rabbit that had died of hydrophobia, and to this mixture added a small quantity of peroxide of hydrogen. Abundant effervescence took place, and, as soon as it ceased, having previously trephined a rabbit, I injected a large dose of the mixture under the dura matter. Slight effervescence immediately took place and lasted a few moments, but the animal was not more disturbed than when an injection of the ordinary virus is given. This rabbit is still alive, two months after the inoculation.

A second rabbit was inoculated with the same hydrophobic virus which had not been submitted to the action of the peroxide, and this animal died at the expiration of the eleventh day with the symptoms of hydrophobia.

I am now experimenting in the same manner upon the bacillus tuberculosis, and if I am not deceived in my expectation, I will be able to impart to the profession some interesting results.

It is worthy of notice that water charged, under pressure, with fifteen times its volume of pure oxygen has not the antiseptic properties of peroxide of hydrogen. This is due to the fact that when the peroxide is decomposed, nascent oxygen separates in that most active and potent of its conditions next to the condition, or allotropic form, known as "Ozone." Therefore it is not illogical to conclude that ozone is the active element of peroxide of hydrogen.

Although peroxide of hydrogen decomposes rapidly in the presence of organic substances, I have observed that its decomposition is checked to some extent by the addition of a sufficient quantity of glycerin; such a mixture, however, cannot be kept for a long time, owing to the slow but constant formation of secondary products having irritating properties.

Before concluding I wish to call attention to a new oxygenated compound, or rather ozonized compound, which has been recently discovered and called "Glycozone" by Mr. Marchand.

This glycozone results from the reaction which takes place when glycerin is exposed to the action of ozone under pressure—one volume of glycerin with fifteen volumes of ozone produces glycozone.



By submitting the bacillus anthracis, pyocyaneus, prodigiosus, and megaterium to the action of glycozone, they were almost immediately destroyed.

I have observed that the action of glycozone upon the typhoid fever bacillus, and some other germs, is much slower than the influence of peroxide of hydrogen.

In the dressing of wounds, ulcers, etc., the antiseptic influence of glycozone is rather slow if compared with that of peroxide of hydrogen, with which it may, however, be mixed at the time of using.

It has been demonstrated in Pasteur's laboratory that glycerin has no appreciable antiseptic influence upon the virus of hydrophobia; therefore I mixed the virus of hydrophobia with glycerin, and at the expiration of several weeks all the animals which I inoculated with this mixture died with the symptoms of hydrophobia.

On the contrary, when glycerin has been combined with ozone to form glycozone, the compound destroys the hydrophobic virus almost instantaneously.

Two months ago, a rabbit was inoculated with the hydrophobic virus, which had been submitted to the action of this new compound, and the animal is still alive.

I believe that the practitioner will meet with very satisfactory results with the use of peroxide of hydrogen for the following reasons:

1. This chemical seems to have no injurious effect upon animal cells.
2. It has a very energetic destructive action upon vegetable cells—microbes.
3. It has no toxic properties; five cubic centimetres injected beneath the skin of a guinea-pig do not produce any serious result, and it is also harmless when given by the mouth.

As an immediate conclusion resulting from my experiments, my opinion is, that peroxide of hydrogen should be used in the treatment of diseases caused by germs, if the microbial element is directly accessible; and it is particularly useful in the treatment of infectious diseases of the throat and mouth.

THE  
CALIFORNIA HOMŒOPATH.

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Original Articles.

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HOMŒOPATHY AND PHTHISIS PULMONUM.

By CHIEF MEDICAL COUNSELOR SICK.

By S. L.

(Sick, well known as an author, has just celebrated his silver wedding as chief physician of the House of Diakonesses in Stuttgart; the Queen of Wurtemberg sent him her portrait in oil, and he received many tokens of esteem at this festive occasion).

Schlegel of Tubingen opened the session with an essay, that it is too well known that homœopathy has cured over and over cases of phthisis, not too far advanced, with the remedies selected according to the totality of symptoms and hygienic and sanitary measures, and in far advanced cases, once and awhile we may note an improvement, though a permanent cure will be a rare pleasure, and one may fully agree with Billroth, who in relation of carcinoma recti, said that they give the operator more heart-trouble than pleasure. We must take the patients as they are; for it is to them a solace when we prolong life or when we, e. g., with hyoscyamus, ipecacuanha or some epidemic remedy in higher potencies relieve the harassing cough, without taking refuge to opium in every case. Dr. Loveny, a physician in the same hospital

over which Sick presides, witnessed satisfactory results in discharges of the pulmonary apices with condensation of the trachea and rattling murmurs, so that the patients could be discharged greatly improved. Thus one of the ladies who held an important post in the hospital, suffered from pleuritic exudation, diseased apices, fever, emaciation, diarrhoea, etc., but recovered so far that for years afterwards she attended to her onerous duties. She never was sent to high altitudes nor her mode of life altered, but she received her remedies in high potencies and at long intervals, with rest in fresh air, and well selected food to keep up nutrition.

Another sister, still in the twenties, was admitted from an outside station with the diagnosis pleurisy and pleuritic exudation. She had high fever, 40-41 C., cough, dyspnoea, rapidly increasing emaciation and prostration, inappetency. She also gradually recovered, though it took a full year, and now she is able again to attend to her labors.

In this hospital *calcareæ phosphoricæ* in the sixth potency takes a high rank, a decigram three or four times daily. But high potencies of phosphorus and of *calcaræ carbonicæ* are often necessary, and in many cases one has to study up arsenicum, sulphur, lycopodium, stannum and especially iodum and its salts in the fifteenth to thirtieth potency. Schlegel mentions also *antimonium arsenicatum*. In hæmoptoe he relies chiefly on aconite, arnica, bryonia, ferrum and *miallefolium*, especially where there are frequent bleedings; but not so copious. Hæhne mentions under phosphorus, aggravation by motion, as it increases the hurried breathing and tendency to sweating, especially at night, amelioration by eating. The old-fashioned cod liver oil ought not to be neglected, as it contains minute doses of iod., brom. and phosphor. Schlegel does not believe in too much bathing for such patients, and he always gives to each of them written directions how to live and what to eat. Professor Jaeger advises to anoint the body with fat after each ablation.

Sick mentions that Koch's lymph, or whatever you may call it, against tuberculosis, which acts on the system where the bacillus took up its habitation, and which may be of benefit in improving the constitutional diathesis, in starving

out the bacilli by rendering the soil on which they thrive inimical to them, though we can do the same with our well selected remedies. None of us believes, that with our dynamised drugs we try to attack the hordes of bacilli, we try to make such a change in the whole nervous system, that nutrition in its various phases becomes more normal, and thus a restitution ad integrum more possible. This, homœopathy has done already for the last hundred years.

Let us give Dr. Koch full credit for what he has accomplished and for what he gives to the world with such modesty which stamps the true scientific experimenter and explorer. Though the contents of the fluid are still unknown, we might still compare it with the tenets and experiences of our school.

(1.) The difference in the application of Koch's lymph to man or animal. The lymph acts 1500 times stronger even in a healthy person than in an animal. Hundred years ago, Hahnemann raised his voice against these experiments on animals, and insisted that provings be made on human beings.

(2.) The vastly increased action of the lymph in patients vice healthy persons (Zimssen cannot understand such an affinity!) and still more, this action shows itself specifically only in tuberculous patients. Other patients act against it as though they were well. In tuberculous patients, the fluid acts about hundred times stronger than in well persons. Hahnemann's tenet that the remedy must be greatly diluted, because it acts specially with more force on the patient than on a healthy person, has been so far steadily opposed by other schools.

(3.) The observation of Koch that where much tuberculous living tissue is present, a relatively small dose of his fluid suffices to produce a strong reaction, agrees very well with Hahnemann, who teaches that the more difficult the extension of the disease is, the deeper its location, the more highly diluted remedies are necessary to remove them quickly, safely and pleasantly.

(4.) Medicinal aggravations, which are even disputed in our own ranks, find a splendid acknowledgment in the experience of Koch. The artificial disease produced by it

(fever, nervous symptoms, eruptions, inflammatory manifestations in the tuberculous tissue) belong to the most remarkable manifestations in this new treatment.

(5.) The curative effects of the fever; the stronger it is, in fact, the more the patient reacts to the injection, the more hope for a favorable issue. Hahnemann applied against fevers only such drugs, which shows in the healthy prover fever or febrile states; here the primary effect of homœopathic drugs in fevers is always a slight aggravation, moderate and of short duration, but which in a similar (not same) direction as the natural disease causes an increased reaction of the body to the morbid cause and thus by its removal leads to health. How foolish is that still prevailing notion to suppress the fever by antipyretics.

(6.) Koch proved his lymph on himself, and all honor to this great man for his proving. Our Hahnemann did the same thing a hundred years ago.

(7.) Last, not least, both experimentors agree on the right of self-dispensation. The preparation of the remedy is of such great importance, that not everybody can be entrusted with its manufacture.

(8.) Strict individualization is insisted upon by Koch, and here also he is in full accord with the master.—*A. H. Z.*, 23, 90.

To many of us here in America, tuberculinum and sepoïn are no new remedies, and might we not request Dr. Swan, of New York, to publish his provings and his experience as well, or that of his coadjutors on this new remarkable toxalbumin. Our physicians will now take more kindly to it, since the value of this remedy comes from an orthodox source and has the endorsement of renowned teachers in European universities. It may even teach some of our physicians that there is some latent power in higher dilutions than the twelfth, and for the truth of it, let me refer them to an article in the *New York Medical Journal* of January 10th, 1891: "Does Medical Science Tend to Materialism?"

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*Nux mosch.* Hysteria during pregnancy, with attacks of faintness. Bloating and dryness generally.

## THUJA IN CONSUMPTION.

BY S. L.

## HYPODERMIC INJECTION OF THUJA.

Dr. Neuschaeffer reports: A child, now nine years old, passed through an attack of pneumonia when two years old. Up to her fourth year she had ophthalmia serophulosa. In her fifth year tumors under the skin of the right upper arm, which suppurated, and this suppuration kept steadily on for eighteen months. Similar suppurating tumors on cheeks, neck and under the left knee. The right foot in the tarsus is twice the size of that of the left foot, also ulcerated and suppurating, discharging a foul pus, robbing the child of all sleep. Neuschaeffer injected hypodermically in the back a watery solution of tinct. thujae, 3 drops in a syringe holding one gramme. The injection was very painful, causing intense burning, which the doctor could confirm by making an injection on himself. Since this first injection all suppuration ceased and so far failed to reappear, but the child passes now comfortable nights, is without fever, sleeps well and has regained its appetite. Three days later the injection was repeated with one drop of the tincture, which did not cause any pain. The ulcers are now covered with crusts and beneath them perfectly dry. Though the child appeared well, still the injections were at suitable intervals repeated. The swollen joint of the foot had diminished by half and the patient could now step with that foot, which formerly was impossible. Whether it is tuberculosis or scrofulosis (psora at any rate) is undecided, but since then Neuschaeffer injected into the skin of a consumptive patient the 1 per cent solution of thuja and requests other physicians to make similar trials in suitable cases, and report through the *Allg. Hom. Zeitung*.—*A. H. Z.*, 24, 90.

Hypodermic injections of homœopathic remedies were first recommended by Dr. Fischer, of Australia, especially as Hahnemann already gave his remedies by olfaction, and as the rapid action of drugs is well-known when injected subcutaneously, it is a wonder that this mode of application is not more generally used. There is no need to have a sepa-

rate syringe for every drug, for sterilization and antiseptics have at least also taught us how to remove every atom of the former drug; in fact when carefully done, needle as well as syringe, we have always a quasi new syringe at our disposal. The tree of life is well known as our great antisycotic, and the mischief which a gonorrhœa of the father may produce in the mother and her children, was well-known to the ancients, as shown by Autenrieth and especially by our own Grauvogl, who in his valuable text-book, volume II, page 375, gives a classic description of this pyæmic sycosis: swelling and suppuration of the axillary glands, sores on the outer side of the left leg, tubercular wart-like eruptions on any part of the body; swelling of the ribs near the sternum; rheumatic stiffness of the joints; pains in the bones; cracking of the joints, etc.; and he considers *Thuja occidentalis* and *Natrum sulfuricum* the sovereign drugs to eradicate this sycotic dyscrasia. Really there is more in a gonorrhœa than our philosophy ever dreamed of, and we are very apt to ask our anamnesis about syphilis and neglect to ask about the more sneaking sequelae of a gonorrhœa. Noegerath also deserves great credit to have opened our eyes on the sequelae of gonorrhœa in relation to women and their descendants. We also know that in hydrogenoid constitutions vaccination may rouse up a dormant cachexia, for which *Thuja* and *Silicea* are our great antidotes. Allen in his handbook mentions as characteristics: odor of the prover intolerably increased, unendurable neuralgic pains on any part of the body, worse at night and keeping off sleep; hacking, dry cough in daytime; short, interrupted, convulsive cough at night and on walking; breathing short at night; dyspnoea on going to bed or when ascending stairs, with weak feeling in chest and pressure under sternum; feeling in spots as if chest were constricted; tightness of chest obliging deep breathing—clearly showing its full standing in phthisis pulmonalis, where it is entirely too much neglected, for it is not mentioned by the latest writer on tuberculosis, Burt, in his suralimentation, nor by Brigham, Jousset, Baehr, Kafka, Raue, and others. It may be worth while, therefore, to lead the attention of our brethren to the use of *Thuja* and *Natrum sulfuricum* in phthisis, and it may thus perhaps become the tree of life to many a sufferer of this dire disease.

## Koch's Discovery and Homœopathy.

By DR. MARTIGNY.

[Translated, from *La Revue Homœopathique Belge*, by W. A. D.]

We are at the present time far from knowing the complete effects of Koch's remedy. We know nothing of its composition, nor of its preparation, etc. However, the following facts are now well established:

1. The dose as administered is relatively small, being diluted to the one one-thousandth, the same as are homœopathic remedies.

2. To obtain this dilution of one one-thousandth, the following is the proceeding: One part of the lymph is mixed with nine equal parts of distilled water or carbolized water; this mixture forms the first dilution of the decimal scale; then one part of this first dilution is mixed with nine parts of distilled or carbolized water, and the second dilution of the decimal scale is obtained; finally, one part of the second dilution mixed with nine parts of distilled water forms the third decimal dilution. It is this third dilution that Dr. Koch recommends for the commencement of the treatment. This is exactly as Homœopaths proceed to obtain the third decimal dilution. The method of the division of the remedy is, therefore, precisely the same as that employed in homœopathy.

3. Koch particularly asserts that the action of his remedy is not the same upon man as upon animals, whence the necessity to obtain its physiological action by experiments, not upon animals, but upon man in the health. Hahnemann and his successors have followed this rule for nearly a hundred years. It is one of the greatest glories of Hahnemann that he was the first to announce that to understand the action of a remedy it must first be studied in its action upon the healthy human subject, and not upon animals.

4. In a small dose, Koch's remedy has little action upon the healthy man, while it exercises a powerful action upon the sick. From this procedure it results that, in order to know the physiological action of Koch's remedy upon the healthy, it must be administered in a relatively strong dose, even a



thousand times stronger than the dose necessary at the commencement of the disease. Thus did Hahnemann and his disciples proceed: they administered to the healthy a relatively strong dose of the remedies, in order to know their physiological action, but when it came to employing these remedies in the sick, Hahnemann found, experimentally, as has the Berlin professor, that the dose should be much less, infinitely less, so as not to produce *medicinal aggravations*.

5. Medicinal aggravations under the same conditions were mentioned by Hahnemann, and his successors have daily confirmed this observation of the master. Therefore this fact announced by the Berlin professor did not at all surprise the Homœopaths, while it disconcerted those who knew nothing of homœopathy.

6. Professor Koch says that above the third dilution there is no action produced by his remedy, while Homœopaths pretend that for certain of their remedies the third dilution is too strong, and they often employ in the sick much smaller doses, and at times even these smaller doses produce aggravations. It is quite probable that if enough experiments were instituted with Koch's remedy in smaller doses, not only would a real action be discovered, but also certain aggravations. It seems almost impossible to admit that if a small dose of a substance at times produces grave symptoms—a fever of 40 degrees, for example (104 F.)—a dose ten times smaller would produce absolutely no effect. That is contrary to all natural laws.

7. It is to be presumed that, once the composition of the German remedy is known, the points of contact with homœopathy will be still more numerous,\* but already the facts ascertained on the subject of this remedy only corroborate the propositions advanced by Hahnemann. Even to-day, *apropos* of Koch's discovery, the name of homœopathy comes to the lips of everybody.

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\* This remark has recently been corroborated by the recent publication of the composition of the lymph, which appears to be nothing else but *tuberculinum*, a nosode in use amongst Homœopaths for some ten or fifteen years.  
—Eds.

## Ophthalmology and Otology.

CONDUCTED BY H. C. FRENCH, M. D.

### Removal of the Lens for Relief of High Degree Myopia.

This operation has for a long time, within certain limitations, seemed feasible to us from the good results accruing in cases of accidental discission in highly myopic eyes. Dr. Fukala, of Karlsbad, has during the past three years, operated upon nine myopic eyes in which the myopia reached or exceeded thirteen dioptries. His operation consists in discission, or puncturing the anterior capsule of the lens to promote absorption, hence it must, to secure safety, be confined to young subjects. Dr. F. places the limit at about twenty-four years, and only operates upon subjects with *relatively good visual acuity*, who could read Jager No. 1 at their *punctum remotum*, and in whom there was no evidence of retinal or choroidal disease. In one case vision was increased from one twenty-fifth to one-half, and in another, from one-tenth to one-half, this being a fair average of the improvement. Dr. F. regards the disadvantages attending the operation, including loss of accommodation, as small compared with the advantages accruing, which he enumerates as follows:

- “ 1. Distinct vision in the distance.
2. Enlargement of the retinal images.
3. Manifold improvement of the visual acuity in the distance.
4. The excessive strain upon the accommodation, and its injurious consequences disappear with the recession of the far point.
5. The injurious habit of bending over work is no longer continued, for work can now be done at a proper distance.
6. Binocular vision for the near point, which on account of demands on the convergence, was formerly impossible, is again established.

‘The spasm of accommodation, and the accommodation itself, two disturbing elements in highly myopic eyes, disappear.’”

Concave glasses of over twelve dioptries so diminish the retinal images and bring about so many prismatic effects as to render them, in almost all cases, impractical. But here we find a remedy for these extreme cases.

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#### Quinine in Granular Ophthalmia.

Quinine from the day of its discovery has been the central deity of allopathic therapeutics, and prescribed for every disease in the category of morbid changes. This is no new claim, as it has for years been used topically in these cases with about the same result that has attended almost every form of treatment in trachoma, viz.: *nil*. But our writer in the *Medical Summary* takes a step in advance of all former claimants in the magnitude of the results attained. In two cases, each of a year's standing, the photophobia disappeared in two days, and he leaves us to infer that the trachomatous condition melted away like dew before the morning sun, in the space of a few days. If the writer can establish the validity of his claim, quinine will become a very valuable drug.

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### Colleges and Hospitals.

The American Institute of Homœopathy and the International Homœopathic Congress.—Secretary's Notice.

EDITORS CALIFORNIA HOMŒOPATH:—The American Institute of Homœopathy will hold its forty-fourth annual session and celebrate its forty-eighth anniversary, in conjunction with the Fourth Quinquennial International Homœopathic Congress, at Atlantic City, New Jersey, beginning on Tuesday morning, June 16th, 1891. In accordance with action taken at its last session, the Institute will transact, as far as possible, its necessary routine business on that day, and the International Congress will assemble on the following morning. The sessions of the latter will occupy the morning and afternoon of each day (Sunday excepted) until Tuesday,

June 23d. This arrangement of the business of the Institute makes it necessary that all the standing and special committees should have their reports in readiness before the opening of the session. But it should be noticed that all scientific reports of committees and bureaus appointed last year will be deferred until the session of 1892, thus giving place to the scientific work of the Congress.

All members of homœopathic medical societies will have equal rights as members of the Congress and equal privileges in the transaction of its business and in its discussions, under such rules as may be adopted for the government thereof. The transactions will be published by the American Institute of Homœopathy and furnished to physicians on such terms as may be decided by the Executive Committee.

It is expected that the proceedings of the Congress will be of the most interesting and important character. While general medicine, surgery, obstetrics, and the specialties will have their place in the discussions, the interests of Homœopathy will furnish the main topics for consideration. It is proposed that one entire day—"Materia Medica Day"—shall be devoted to the subject of the homœopathic materia medica, and the consideration of the questions pertaining to its present status and its further improvement. Homœopathic therapeutics will also claim a large share of attention, while some of the subjects upon which the homœopathic school is known to hold a distinctive position, will be presented and considered. The essays and addresses on all of these subjects will be presented by physicians carefully chosen by the committee having the matter in charge, and the discussions will be participated in by some of the physicians most distinguished in each department. Arrangements are in progress to secure reports of condition and advancement of homœopathy in all the countries of the civilized world.

A word as to the place of meeting. Atlantic City, as is well known, extends for a distance of two or three miles along the sea-coast of New Jersey, sixty miles south-east of Philadelphia, with which it communicates by three lines of railway and scores of trains daily, most of which make the dis-

tance in ninety minutes. New York and Baltimore are within four or five hours' ride, while within a radius of four hundred miles there are nearly four thousand homœopathic physicians. Atlantic City has, during "the season," a larger patronage than any other of our sea-coast resorts, her visitors coming from all quarters of the country, but chiefly from New York, Philadelphia, Baltimore and the West and South. She has ample hotel accommodations for twenty-five thousand guests. The United States Hotel, which will be the headquarters of the Congress and the place of its meetings, is a new structure, located one square from the beach and within full view of the ocean. It has accommodations for eight hundred guests, and the "pavilion," in which the Congress will assemble, is a large room on the first floor, with a seating capacity for eight hundred persons. The meeting of the Congress will occur during "the season," but the United States Hotel will be practically at our exclusive disposal.

The scientific and social features of the meeting and the attractions of Atlantic City, as a health and pleasure resort, render it probable that this Congress will be, by far, the largest gathering of homœopathic physicians ever convened. It is especially suggested that the occasion will furnish an unusual opportunity for our physicians to combine the profit of a scientific convention with the pleasures and benefits of a vacation, both for themselves and their families.

PEMBERTON DUDLEY, M. D.

General Secretary, A. I. H., S.W. cor. 15th and Master Sts.,  
Philadelphia, Pa.

#### For Infantile Urticaria.

At bedtime use the following pomade:

R	Chloral.....	
	Camphoræ pulv.....	
	Acaciæ pulv.....	aa ʒ i
M.	Triturate until liquefied, and then add cerate.....	ʒ i

This relieves the pruritus, permits the infant to sleep, and puts a stop to scratching. In the morning anoint with:

R	Acid carbolic.....	gr. viiss
	Amyli glycerol.....	ʒ i

The child must be clad next the skin in linen.—*Am. Med. Digest.*

## Editorial Notes.

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LEGISLATURES may come and Legislatures may go, but our allopathic brethren are always on hand in Sacramento when the law makers convene, to push some modification of the old bill providing for a State Medical Examining Board. In whatever form the bill is presented, and however ingeniously constructed and sugar-coated it may be, the essential feature of the measure is never omitted: To preserve in the hands of the antique school of medicine the sole control of medical affairs throughout the State.

It seems strange that these gentlemen should be continually meddling in State Legislation, unless there is more in it for them than appears on the surface, for men, and especially such men as have been active in this matter, do not usually devote themselves so faithfully to any object from purely philanthropic motives. The gentlemen will pardon us, but we are decidedly suspicious of their good intentions in thus attempting to influence the passage of their very peculiar measures.

The latest form in which this allopathic chestnut is being presented is by a bill just introduced in the Legislature providing for a single Examining Board, composed of seven members, three of which shall be allopathic, one homœopathic, one electric and two to be appointed at large; which, of course, are expected to be of the old-school persuasion.

No disinterested man can consider this a square deal on the thousands of Homœopaths throughout the State, for if the bill should become a law, the liberty of a large class of citizens would be interfered with. The Examining Board once in the control of the Allopaths, insurmountable obstacles would be placed in the path of any homœopathic physician applying for a license to practice, and an unjust discrimination made against the physicians of the old school. The proposed bill is an outrageous attack upon the Homœopaths of California, and an unmanly endeavor to bolster up the steadily crumbling ruins of the once dominant school of medicine. We are confident that this bluff will not work, for

we have faith in the honesty of the men who compose the Legislature now assembled in Sacramento.

All we ask is simply justice; a fair field and no favors. Either allow the three separate Examining Boards to remain as at present—each one having complete control of the candidates of their own school applying for a license, or, if it is thought best to have but one Examining Board in the State, let it be composed of an equal number from the three schools of medicine prominently represented in the community. In this way an unfair advantage can be taken of no man, but every qualified physician whatever his medical faith may be shall have equal protection in the practice of his profession.

C. L. TISDALE, M. D.

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#### Hippocrates and Samuel.

In the opinion of those who are not entirely familiar with the provisions of the proposed bill for the regulation of the State Board of Medical Examiners for California, the opponents of that bill are in some danger of appearing to oppose just and much-needed legislation. As Homœopaths, we *heartily endorse* every proposition in it looking to the elevation of the standard of educational requirement, and for the suppression of all phases of medical quackery; but the relation of Samuel to Hippocrates in the past has not happened to be such as to lead Samuel to look complacently upon the proposition to consign himself for all future time to a position of hopeless minority in relation to Hippocrates, in the Board which is to determine his professional status, if not his very existence as a medical entity. In the language of the comic poet, homœopathy can truly say, "I'm getting a big boy now." Samuel can remember with no great strain upon his imagination when he was a *very small boy*, and this Hippocrates amused himself by making faces at him, and enlivened his not o'er-joyous childhood with sundry cuffs and other modes of caressing that characterize the dealings of a brave big boy with the little weakling that chances to obstruct his triumphant march. As Samuel grew larger, he naturally became resistant, and, as a result of his temerity

in the manly art of self-defense, bears scars the fruit of many fierce battles. In all these years, Hippocrates religiously refrained from the remotest recognition of the professional or ethical rights of the smaller Samuel; and in a moment of arrogance, presuming on the lad's good nature, found that he had waked up the wrong passenger, and, as a reward for his mistaken judgment, bears a permanent discoloration over one of his optics. Samuel is "getting a big boy now," and, besides being abundantly able to take care of his *own*, is doing a thriving business as a legitimate poacher on the domain of his big neighbor; and now comes Hippocrates with this magnanimous proposition, "Let us drop all party names (and hard names, *a la* Holmes), and get together on some common ground of fraternal agreement and create a legal, *just* and *equitable* Board of Examiners to determine the medical status of all comers, as follows: To begin with, we will modestly take three of the Board to your one, and if Samuel will kindly affiliate with Eclectic—another of our favored wards—we shall only have a majority of one over the combination as a start. Now let the Governor appoint the other two, and if he appoints one from S. and one from E., S. and E. combined will have a majority of one in the Board over H. Of course, if the slight advantage which H. has over the combine of five or six to one in numbers throughout the State should chance to influence the Governor's prospective choice to the extent of drawing from him a promise to appoint at least *one* from the ranks of the Hippocrates, then we should have only a majority of one over the other two." A very kind and magnanimous proposition, considering the loving care which H. has exercised over S. and E. during their rocky childhood. The proposition, in the light of our past experience, is equivalent to asking us to consent to being pushed into a bottomless lake without the ability to swim. We prefer to learn the art of swimming in these new waters before we accept the invitation.

H. C. FRENCH, M. D.

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*Phos. acid.* Acid dyspepsia, rising of food half an hour after eating, with cramps in the stomach.—Distension of abdomen.



## Personals.

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DR. C. A. RISDON has removed from Highland Springs to Oakland, Cal.

R. R. BALDWIN, class of '90, Hahnemann Hospital College, has located at 704 Sutter street. Telephone, 2265.

DR. J. J. MILLER, of San Jose, recently paid us a short visit. The doctor is so busy that his trips to San Francisco are too far between.

DR. J. G. NELLIS, of Garberville, gave us a very pleasant call a few days ago. The doctor is doing well and has complete control of his field, there being no other doctor within fifty miles.

A HANDSOME photographic reproduction of Hahnemann, taken from his last picture, is being sent out as an advertisement of the Glenmary Home, a small private homœopathic asylum at Oswego, New York.

BLOCKSBURG, in Mendocino County, on the north fork of the Eel river, has no doctor. It would make a good opening for a young doctor who desires a few years' experience before settling in a more pretentious place.

E. A. CLARK, M. D., the popular homœopathist, practicing in Los Angeles, paid us a brief visit recently while on his way through our city with a patient. The doctor looks well, and betokens the active, busy man we always understood him to be. We learn that our professional brethren have formed the Southern Homœopathic Society, with Dr. ARNDT as President. DR. CLARK promises to send us details of the organization and its work.

## Book Reviews.

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OUR readers will be glad to learn that the long looked for repertory by Boeninghausen is really out, and copies have been received by the pharmacies and booksellers. It is by far, next to the *Materia Medica* itself, the most useful work for the homœopathic prescriber. No one at all laying any claims to individualizing his cases, can afford to forego the aid this excellent manual gives. We trust every student and practitioner will obtain a copy, and with its help, prescribe far more accurately than can possibly be done without it.

Prof. Allen deserves the gratitude of the profession for editing this work in his own admirable and faultless manner. He has added all the remedies introduced since Boeninghausen's day, which has been a laborious task, but which Dr. Allen has accomplished with rare discrimination.

**Text-book of Hygiene; A Comprehensive Treatise on the Principles and Practice of Preventive Medicine from an American Standpoint.** By GEO. H. ROBE, M. D. Second edition. Philadelphia and London: F. A. Davis, 1890.

As the title indicates, the author desires to give to the American student and practitioner a trustworthy guide to the art of preventive medicine. The first edition met with a warm reception, so that this new edition was soon called for; we find additions on every page, new chapters and new illustrations have been added, bringing the book thoroughly up to date in its every department. As a book for ready reference or as a text-book for the student we can cordially recommend the volume.

**The Urinary Symptoms of the Materia Medica.** By W. D. GENTRY, M. D. Philadelphia: Boerhaave & Tafel, 1890.

Dr. Gentry, the well known author of the Concordance, has given the profession in a handy little volume all the characteristic urinary symptoms of the materia medica, so arranged, with spaces between the separate symptoms, that annotations and additions can easily be made by every physician. It is an excellent idea, and if the book only had a good index it would be indispensable to every homœopathic prescriber. But even without it, we trust, the work will find itself on the working table of every practitioner.

**The Practice of Medicine, or the Specific Art of Healing.** By I. J. M. GOSS, A. M., M. D. Chicago: W. T. Keener, 1890. Price, \$5.00.

From our knowledge of the author's work on materia medica and special therapeutics we expected to find more in this work than it contains. It seems to us fragmentary and only suggestive when more thorough handling of its subjects ought to be given in a book professing to be a practice of medicine. Still as a book of reference in order to see the therapeutic resources of the eclectic school, it is of value. We meet in it many references to homœopathic remedies, given as a rule or merely general indications, which must be disappointing in most cases. We trust that readers of this volume will turn to some standard homœopathic practice, like that of Lillenthal, or Arndt, and compare the resources of the two schools and avail themselves of the finer distinctions of the homœopathic materia medica, greatly enlarging the therapeutic application of the remedies.

**Twelve Lectures on the Structure of the Central Nervous System.** By DR. LUDWIG EDINGER, Frankfort-am-Main. Translated by W. H. VITTMUM, M. D. Philadelphia: F. A. Davis, publisher, 1890. Price, \$1.75.

This little work contains in a most concise manner all that has been recently discovered in relation to the finer structure of the brain and spinal cord. It is right up to date, and, unlike most works coming from the German, is not verbose. It is amply and finely illustrated, the bookmaking part of it is perfect, and its price is cheap. We heartily recommend it to all who are interested in the nervous system.

**A Dictionary of Practical Medicine.** By various writers. Edited by JAMES K. FOWLER, M. D. Philadelphia: P. Blakiston, Son & Co., 1890. For sale by The Bancroft Co., San Francisco.

The character of this new dictionary is similar to the well known Quain, but more concise, and hence the editor has given us a much handier volume, more acceptable for constant and quick reference. The more important subjects comprised under the head of Practical Medicine, including also the diseases peculiar to women are included, but all subjects properly belonging to surgery have been excluded. Excepting Quain, we know of no work so generally useful to the physician, since it offers new information, at once concise, clear and comprehensive on most medical subjects. It is a small library in itself.

**Report of the Calcutta Homœopathic Charitable Dispensary for 1889-1890.**

This report shows that our Indian confrères are doing good work, both in the treatment of the sick and in the advancement of the science of homœopathy. It contains the second series of the provings of *ficus indica*, which promises to be a useful drug in the treatment of head and urinary complaints.

**Galaxy of Music.** A Monthly Publication, containing Vocal and Instrumental Pieces. Price, \$1.00 per year. Published by F. TRIFFET, 408 Washington street, Boston.

This is really cheap music, each number containing upwards of 40 pages. Send subscriptions to office of the HOMŒOPATH.

**President's Address** before the Missouri Institute of Homœopathy. By MOSES T. RUNNELS, M. D.

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## Selections.

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**The Influence of Diet in the Development of Non-Hereditary Gout.**

By MORRIS H. HENRY, M. A., M. D., LL. D.

A few years ago a discussion was maintained for some time in England, on the change in the type of diseases in their clinical aspects as then presented compared with the same class of affections and in the same class of persons seen in the previous decade by the same clinical observers. The discussion arose on the value, or, perhaps, to state the case with extreme exactness, on the advantages and disadvant-

ages of blood-letting in certain forms of acute diseases. The disputants were, on both sides, good representatives of intellectual strength and strict integrity. My impression is that the battle was regarded by those who watched its progress as a drawn one. While the discussion elicited many nice and distinctive features of special clinical interest on both sides, there was not enough on either side to induce anything like a compromise on the great question of therapeutics and treatment. The discussion, however, did great work—it sowed the seed of serious thought in many astute observers, and enabled them in their clinical studies to differentiate on the same features as they presented themselves in different individuals. The discussion of the periodic changes in the types of diseases led to the study of the differentiation of the same disease in the one individual under the varied circumstances of his life and his opportunities of living.

It is well known that no two cases of one well-defined disease are exactly alike, and it is also well understood that no one case is in the same condition any two days in succession.

Among the acute forms of disease that deserve especial attention gout is, I think, one of the foremost; while its victims do not often die directly of the disease, many die of other diseases in a gouty condition, enhanced by the conditions of a gouty diathesis. The sufferings of its victims is sometimes beyond description. Sydenham, who was himself a martyr to gout, says: "For humble individuals like myself, there is one poor comfort, which is this, viz.: that gout, unlike any other disease, kills more rich men than poor, more wise than simple. Great kings, emperors, generals, admirals and philosophers have all died of gout. Hereby nature shows her impartiality, since those whom she favors in one way she afflicts in another—a mixture of good and evil pre-eminently adapted to our frail mortality."

Garrod says: "Among nations in an uncivilized state, living chiefly on the produce of the chase obtained by personal exertion, or subsisting on the simplest fare, gout, according to the reports of eminent travelers, is entirely unknown; but in our own country and in many other parts of the civilized world, the case is far otherwise, for not only is gout in its most marked and typical manifestations exceedingly prevalent, but

in its lurking and undeveloped forms it is probably still more so, and exercises a considerable influence over the character and progress of other disorders."

The question so often asked, what is the gout? is difficult to answer. The same may be said of the various forms of rheumatism and so-called rheumatic gout. It manifests itself in certain forms and under certain conditions, and disappears, for a time, with equal mystery, under such influences as diet, rest and a limited administration of drugs. Many suggestions have been made to designate the disease by some other name, but they only serve to express some of the local manifestations. The term "gout," that has its origin in the "humoral" view of the pathology of the disease, based on the theory that some morbid humor existed in the blood and passed into the joints "drop by drop," answers just as well as any of the newer terms until a more distinct and accurate knowledge of the pathology of the disease is discovered and a more rational course of therapeutic measures suggested to eradicate the same. It is a subject of great interest to the public, much more so than it can appreciate. The risks of life to which they are exposed by swallowing large doses of drugs of a dangerous nature, prescribed by ill-educated and irresponsible so-called "specialists in gout and rheumatism," is enormous. The bases of all this class of prescriptions are morphine and colchicum; both good in their way under a wise administration, but exceedingly dangerous to life in the hands of adventurers in the practice of medicine.

There are three classes of persons who really suffer from gout:

I.—Those who inherit the diathesis and show early features of the disease in a marked degree.

II.—Those who inherit the diathesis but show only a slight tendency to the development of the disease until middle life; and—

III.—Those in whom it is freshly developed as the result of a radical change of living at early manhood or the middle period of life.

I exclude, of course, from this account, any reference to a class of persons who exhibit a morbid delight in telling of

their gouty sufferings, whereas they are neither more nor less the victims of neuralgias of specific origin, or addicted to the use of poisonous hair dyes, cosmetics, and other injurious local applications.

I am convinced, from a large and long experience in the clinical observation, study, and treatment of gout, that errors in diet are the main cases of its frequent recurrence in those who suffer from an hereditary diathesis, and especially in those who develop the disease without any hereditary predisposition. I am equally convinced that the failures of successful treatment have been due to the neglect of appreciation of the importance of attention to the proper performance of the functions of the liver, kidneys and skin.

The non-hereditary development of gout in this country exists mainly among those who have suddenly acquired large fortunes; risen in a short time from almost poverty to affluence, and in the changes from poverty and privation have not associated in the acquisition of their freshly acquired wealth any ideas of the conditions of its enjoyments.

In the course of a professional visit that I made one evening, some years ago, to a Californian who was suffering from progressive locomotor ataxia, a visitor was announced who had recently returned from Europe. He was a bonanza king, but a man of more than ordinary common sense and intelligence, and who had made no radical changes in his mode and habits of life since he had acquired his large fortune. After exchanging affectionate greetings and inquiries of mutual friends, he remarked that during his stay in London he consulted Sir Henry Thompson, the distinguished surgeon. In the description of his visit, his Celtic accent and humor added in no small degree to the account of his interview. "When I entered his private office, I put down ten guineas. He glanced at them and said, 'My fee is three guineas.' I said, 'Well, I want that much of your time, and if I stay over that much I'll put down some more.' He smiled, just a little, and gave me a thorough examination. He did overhaul me good. After a few moments reflection he advised me to go to the south of France and abstain from all work and excitement. He concluded I was overtaxed in my mind and body, and told me to keep out of and away from

all mines. I was about to leave—just nearing the door—when he stopped me. He put a question to me at which I laughed heartily. He asked me if me father ever had gout? Bedad, I told him me father never had enough to eat. He joined me in a good laugh, and I left him.”

During the past few years, and since that interview, I have been consulted by many Californians and others who have suddenly become possessed of great wealth, and who have reveled in the luxuries of idleness, *cuisine*, and vintages entirely foreign and unsuited to their natures and previous habits and conditions of life. They are paying the severest penalty for their over-indulgence, in acute forms of functional and organic diseases of the stomach, liver, kidneys and other organs. They are suffering from newly acquired forms of acute gout. Some have the moral strength and purpose to resist temptations, and recover to a good extent. The rest soon follow in the trail of “death from over-indulgence.”

There can be no doubt that the errors in diet and the tendency to over-eating, in this country, is leading to the development of gout in a large class of our population. It is now a mere question of time when the gouty diathesis shall be manifested here as fully and as frequently as in other countries where it has prevailed for centuries.

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#### COMMENTS UPON SOME MEDICINES.

By W. C. GOODNO, M. D., PHILADELPHIA.

##### GELSEMIUM.

The provings of gelsemium indicate its probable value in acute rhinitis, and the train of usual accompanying symptoms. Clinical experience has confirmed the inference as to its value. Nevertheless, its use is only occasional in the practice of most physicians, and many never employ it. Several years since, I suggested it as a remedy of extraordinary value in such cases, and my personal experience since, as well as that of many who have employed it, has fully sustained the estimate of its usefulness expressed at that time. So constant is its favorable action, that it can be regarded as almost

specific in typical "colds in the head." No remedy with which we are acquainted is comparable with it, not even aconite, so much vaunted by some. The sneezing; watery discharge; swollen nostrils; rawness of throat; tickling cough; headache; vertigo; congested; heavy eyes; malaise; general pain; chilliness; slight fever, diminished arterial tensions, etc., in whole or part present in different cases, are met successfully by this medicine. *The best results are seldom attained unless gelsemium is prescribed during the earliest stage of rhinitis.* This statement cannot be too strongly emphasized. After the inflammation reaches the stage of free mucus and cellular development; in a word, where the discharge is becoming thick, gelsemium accomplishes little. This statement limits its use almost to the first stage. It is my custom to furnish my patients who are subject to colds in the head, with this medicine, instructing them to keep it at hand and take it upon the first appearance of symptoms. If such directions are strictly followed, it is seldom that the cold continues many hours. The dose, we think, must be considered. While successful, occasionally, in very small doses, I now seldom administer anything but the tincture, or disks medicated with the same. The want of success reported by some seems to me due to delay in administration and the use of too small doses: The best reports are not from patients whom we prescribe for in our offices, for such usually delay calling upon their physician until the cold is too far advanced, but from those who have the medicine in their possession, and apply it upon the first appearance of symptoms.

Gtt. i.-ij. of the tincture furnished by our pharmacists; gtt. iij.-v. of the tincture procured from the ordinary drug houses are the doses we have found most useful. If repeated hourly until the symptoms diminish, which generally occurs after three or four doses, then two to three hours, until three or four doses more are administered, then three times daily for two days (the latter precaution being important), there is a uniformity in success which helps to dissipate therapeutic unbelief.

If "heaviness of the eyes" or ptosis appear from its use, the first evidence of its physiological action, as occurs in some susceptible persons, all that is required is to stop the



medicine until these symptoms disappear, then resume in doses one-third smaller. We think the best results are obtained with doses falling just short of exciting the evidences of the physiological action of the drug. I believe this to be often true of the action of medicines in the treatment of acute diseases, especially of many of the acute infectious diseases.

#### COLCHICINE.

This is the alkaloid of colchicum. Some years since I made an extended test of salicin in the treatment of rheumatic fever. Its bulkiness, unpleasant taste and probable non-homœopathicity led me, in spite of excellent results, especially in the prevention of endocardial and other serious features of rheumatism, beat about in search of another medicine. Several were studied, the choice finally falling upon colchicine. Of the value of colchicum in gout, and occasionally in rheumatism, we have long been familiar. The alkaloid colchicine however, is a comparatively unused and therapeutically unknown medicine. Its poisonous effects are manifested primarily upon the gastro intestinal tract, collapse symptoms soon developing in serious cases. The intensity of its action can be judged of by the fact that doses of  $\frac{1}{60}$  gr. and, in some persons,  $\frac{1}{30}$  gr. cannot long be repeated without causing nausea, vomiting and diarrhœa, with considerable abdominal pain.

We are cognizant of one case in which doses of  $\frac{1}{20}$  gr., given repeatedly by a physician apparently in ignorance of its intensely poisonous influence, resulted fatally to the patient. These words of caution are necessary, as too many physicians, accustomed to administering, generally, medicines incapable of producing poisonous effects in any dose, grow exceedingly careless in the handling of all medicines. I was told a few days since by a prominent physician of this city that, calling upon a friend one evening lately, who is accustomed to the use of high dilutions of medicine only, he found him handing a five-grain powder of sulphate of morphine to a patient. He hesitated in order to consult the caller about the case, and the mistake was discovered.

Upon relating the fatal case of colchicine-poisoning recently, it was suggested that I ought not to recommend a

drug of such power, as it was certain to be abused. I fail, however, to appreciate the reasoning which limits the use of a most valuable medicine to a few for fear an ignoramus or a careless man may abuse it. There have been equally dangerous medicines in use ever since the days of Hahnemann. The promptness with which colchicine generally relieves the symptoms of rheumatic fever is the greatest drawback to its use. For the reason that patients generally desire to get up, or do that which will expose them to danger of a relapse as soon as they are comfortable, I now make a compact with my patients, to-wit: that they can take the colchicine only upon condition that they promise to obey me, especially in respect to remaining in bed. Experience to this date, and I have now collected almost eighty cases treated by myself and some dozen acquaintances, suggests that the medicine diminishes in value in proportion as the symptoms depart from those of a *typical rheumatic fever*.

Excellent successes, however, are reported in every chronic rheumatic arthritis. Among my own cases I have not yet seen a frank case of rheumatic fever resist its action. Relief of pain follows in most cases within twenty-four hours, and within forty-eight hours the patient is generally comfortable, the swelling, fever, sweats, etc., much diminished. By the third or fourth day it is evident that the case is thoroughly in hand. By the fifth to the seventh day it is difficult to keep the patient in bed. No such uniformity of results is, in my opinion, obtainable through the use of any of the remedies or "methods" in vogue.

Many cases yield quickly to aconite, bryonia, rhus, etc., but more cases continue weeks. The worse the case the greater the confidence with which I prescribe the colchicine. As specifics for disease do not exist, our medicine must sometimes fail. We feel this must be so in spite of the excellent results to this date. The most perfect tool does not achieve the best results unless employed by an intelligent hand. No matter how simple in its manifestations a disease may be, and were its remedy one, there is still necessity for the exercise of the best judgment in the application of that remedy in order to secure the best results.

Seguin recently employed some ten columns of a large

page journal to tell how to administer bromides to epileptics with the best results. A disease, from his standpoint, with one essential symptom and one remedy. The most competent physician must give careful attention to the selection of a proper case and the method of administering the medicine. The greater the pain, swelling, number of joints involved, sweat, etc., the stronger is colchicine indicated.

I make a tincture by adding grs. j. of Merck's colchicine to ʒj. of dilute alcohol. Of this, the maximum dose is gtt. v. In most cases, gtt. iij. are satisfactory; and in children and small people gtt. j. may suffice.

Doses may be repeated every one to three hours, according to the urgency of the symptoms. The lower dilutions often give good results, but they have been found less certain. Pills or disks may be employed, but it is not as easy to regulate the dose. Triturations are more accurate. If nausea, vomiting, pain or diarrhœa supervene, stop the medicine *until all aggravation ceases*, and then begin with half the dose which disturbed the patient.

#### PILOCARPIN MURIATE

has proven useful in *rapidly progressive phthisis*. Pneumonic phthisis, *i. e.*, cases of pneumonia in which resolution fails to occur, and extension of the exudate occurs, with the ultimate presence of bacilli in the sputum, and especially cases of phthisis in which free hæmorrhages occur, followed by the physical signs of rapidly developing and extensive consolidation, seems to be the types most benefited by this medicine. Persons with slight pulmonary lesions may, with or without apparent causes, such as overwork, cold, etc., get hæmorrhages more or less free. If profuse, infiltration of the lung, parenchyma may occur, and putrefaction, with a sequential pneumonic process, develop. Under such circumstances, the temperature range is high, chills may be repeated, prostration and emaciation progress rapidly, and sweating is generally profuse. While the latter symptom is most valuable, it must not be looked upon as an indispensable indication. Grs. iij. of the second decimal trituration, every one to three hours, has seemed the most successful dosage. If sweats are present, they generally rapidly diminish, even

after atropine and agaricin have failed. The fever diminishes, and the general condition is improved. In two or three cases which seemed hopeless, the disease has been, at least for the time, arrested, and with, to me, a surprising degree of clearing up of the lung.

#### BENZOIC ACID.

A medicine but little used except for stinking urine. In the days of Trousseau, a favorable influence upon bronchial catarrhs was claimed, but there are no records of its extended or successful use in the treatment of any special form of disease. Dr. Hering commended it in gout. In gout, rheumatic gout and rheumatism, also in digestive disturbances and some liver diseases, it is useful, and especially so if the urine is dark, alkaline, and contains mucus, phosphates, lithates, etc., and, above all, if strong-smelling, like horse-urine.

But it is upon the respiratory tract that its especial action seems to concentrate, judging from a clinical standpoint. Bronchorrhœa, the ordinary form of bronchitis, with free exudate; asthmas, if occurring secondarily to pulmonary diseases; some renal asthmas; but above all, in the pneumonic conditions occurring in the course of influenza, Bright's disease, cardiac obstructive disease, phthisis, etc. Its favorable action upon these *pneumonias of irregular pathological type* is some times beautiful to observe. One case of asthma which had been continuous for weeks (secondary to slight indication of cirrhotic kidneys, and following an attack of the "grip"), in which cyanosis had been developing for ten days and had become very marked, with rusty sputum and signs of consolidation in the bases of both lungs, was promptly relieved by benzoic acid, 2x trituration, grs. iij., every two hours, after the failure of many medicines, as well as of allopathic treatment previously.

Gonorrhœa, if protracted and presenting a free purulent discharge, is sometimes relieved if associated with alkaline or strong smelling urine, and also if there is an involment of the bladder or higher urinary tract. The 1x trit., grs. ij. every two hours has seemed most beneficial. The benzoate of soda has acted equally well in some cases, especially of

arthritic disease. A woman 49 years of age had been ailing for several years. Upon coming under my care, she presented the following condition: Progressive weakness and emaciation; has been in bed most of time for past three months. Lies upon the back, with shoulders elevated on account of short breath; cannot turn to sides for same reason. Slight cough, some expectoration, which upon several occasions has been rust-colored. Stomach irritable, sometimes vomiting. Slight anasarca, with considerable accumulation in the abdominal cavity and right pleural sac. Heart feeble, dilated, no adventitious sounds. The urine contained albumen in considerable quantity, granular and fatty casts; only about one pint was passed in the 24 hours, with a sp. gr. of 10.22. Signs of consolidation were clearly made out over the posterior and inferior aspect of the left lung, examination of the right being handicapped by the exudate in the pleural sac. Many remedies were prescribed without a favorable result. Various remedies were then given for the support of the feeble heart and for the removal of the anasarca, such as digitalis, strophanthus, infusions of digitalis and apocynum, but with little result. An increase of short breathing and a reappearance of rusty sputum led to the administration of benzoic acid 2x grs. ij. every two hours. Improvement was immediate, especially in the chest symptoms. The anasarca disappeared, the heart strengthened and the patient was carried down stairs in two weeks. Of course the improvement must be but temporary.

#### THE ARSENIATE OF QUININE

I first administered for the hectic of phthisis. Its success in combating this symptom has been considerable, but far more interesting has been the developed fact that it sometimes arrests the progress of the disease in a most positive manner. This might be suspected from the well-known influence of arsenic in the same affection. The first case of the kind which impressed me was that of a bridge-builder living in West Philadelphia. His health had been deteriorating for some time. A slight cough had increased and troubled him much at night. There was considerable loss of flesh and a degree of weakness threatening to prevent his

continuing his work. In truth, more than half of the preceding two months had been spent at home. The occurrence of blood-spitting, chills at irregular intervals, with quite high fever in the latter portion of the day, increased weakness and some pleurisy pain putting him in bed led him to change his treatment and call upon me. Physical examination revealed consolidation of the right apex and slightly of the left. There was considerable cough, especially at night, and free expectoration. To make a long story short, this man took chin. ars. 2x at intervals for several years. Within a month of the beginning of treatment he was able to go to his work, and lost little time thereafter. During two years past he has received little attention. The physical signs remain much the same, but there are no evidences of extension. His weight is not up to the normal, but he has a good appetite, works regularly, and only occasionally develops a little break in health. The sputum contains the bacilli of Koch.

Recently, a prominent horse-shoer of this city came to me for the treatment of phthisis pulmonalis, which seemed to have had its origin in an attack of the epidemic influenza, contracted last winter. Early, his symptoms were treated quite successfully by a brother practitioner of this city, but illness of the latter led to a change of attendants, with disastrous results. When seen by me on the 28th of last July, he presented the general appearance of one well advanced in phthisis; emaciated, pallid, dyspnoea upon slight exertion, annoying cough day and night, with very free expectoration, chilliness in morning, with an afternoon and evening temperature of 101° to 103° F. Entire loss of appetite, constipation, etc. Consolidated areas were discovered in both lungs with suspicion of a small cavity at one or two points in the left lung. Many remedies were prescribed, including, finally, the creosote treatment, by the stomach and by inhalation, with but slight improvement. Early in September, chin. ars., 2x, was administered, grs. ij, every 3 hours, with a degree of improvement which has surprised all concerned. For a month past the temperature has been normal and the patient has been so much improved in all respects as to attend regularly to his business, *i. e.*, in so far as to be present and superintend his men. In two months he has gained

about fifteen pounds of flesh and has acquired a more healthy color and appearance. He comes occasionally for his "white powders," and is free in ascribing his improvement to them alone.

Some years since, an old physician of this city, who, I discovered, possessed some excellent and original indications for the use of medicines, the late Dr. Seth Pancoast, suggested agaricus to me as a useful medicine for the violent delirium of typhoid fever. He said he had used it many years with gratifying results. Since that time, Dr. Hibbard, of the Pacific Coast, has recommended it also, whether as the result of individual experience or not, I cannot say. Dr. Raue mentions it in his work on therapeutics. As compared with our usual medicines, the narcotics, it is much oftener successful; indeed, these medicines almost constantly disappoint me. Occasionally they act well, viz., stramonium, for its peculiar group of indications. But generally the patient worries through, as the result of good care, good feeling, judicious stimulation and in spite of the narcotic. There has always seemed to me a want of similarity between the influence of these medicines and the totality of a typhoid case. The typhoid patient presents an anæmic brain, the individual poisoned by the narcotics, a hyperæmic one. While this is the rule, however, there must be exceptions. Some typhoids may have congested brains, and again the narcotics may exert influences upon the brain substances independent of functionary conditions, for which they may, upon the homœopathic principle, prove useful. But I make bold to assert that they do not and cannot prove the class remedies for the cerebral symptoms of typhoid fever. Judging upon clinical evidence, we have a much better medicine than any of the well known narcotics, in agaricus. I have repeatedly seen the highest grade of delirium quelled within twenty-four hours, after belladonna, hyoscyamus, stramonium, etc., had been given ineffectually for days. Many of my colleagues can certify to this. It seems especially indicated when the pale-faced, thin, haggard-looking patient, looking as if he had been chased by the hounds, talks incoherently and almost constantly, with at times wild efforts to get out of bed and escape.

I would suggest for these cases, tincture of agaricus, gtt. x-xx in ℥ij of water, teaspoonful doses hourly.

#### AGARICIN,

the alkaloid of agaricus, seems to me even more efficient. Of the first decimal trituration give grs. j. hourly.

Of all medicines I have prescribed for night sweats, agaricin, first decimal trituration, grs. j, at bed time, has proven most valuable. A single dose is often followed by freedom from this annoying symptom for days, even in phthisis.

In children who sweat much about the head, especially if nervous and irritable, and restless at night, agaricin, 2x, grs. j. at bedtime, and, perhaps, the routine calcarea carb. during the day, will often help.

Agaricin, 1x trit., grs. i., two to four or six times daily, has given the best therapeutic results I have ever witnessed in the treatment of chorea. The arseniate of strychnine, 3x trit., grs. iij., three times daily, has also given excellent results.—*Hahnemannian Monthly*.

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#### Coffee Inebriety.

Dr. Mendel, of Berlin, Prussia, has lately published a clinical study of this neurosis, which is growing rapidly in this country. His observations were confined to the women of the working population in and about Essen. He found that large numbers of women consumed over a pound a week, and some men drank considerably more, besides beer and wine. The leading symptoms were profound depression of spirits and frequent headaches with insomnia. A strong dose of coffee would relieve this for a time, then it would return. The muscles would become weak and trembling, and the hands would tremble when at rest. An increasing aversion to labor and any steady work was noticeable, the heart's action was rapid, irregular, and palpitations and a heavy feeling in the præcordial region were present, also dyspepsia of an extreme nervous type. Acne rosacea was common in these cases. The symptoms constantly grow worse and are only relieved by the large quantities of coffee,



generally of the infusion, in some cases the tincture was used. The victims suffer so seriously that they dare not abandon it because of the fear of death. Where brandy is taken only temporary relief follows. The face becomes sallow and the hands and feet cold, and an expression of dread and agony settles over the countenance, only relieved by using strong doses of coffee.

In all these cases, acute inflammations are likely to appear at any time. An injury of any part of the body is the starting point for inflammations of an erysipelatous character. Melancholy and hysteria are present in all cases. In this country the coffee drinker after a time turns to alcohol and becomes a hard drinker. In other cases opium is taken as a substitute. Coffee inebriates are more common among the neurasthenics, and are more concealed, because the effects of excessive doses of coffee are obscure and largely unknown. Many opium and alcoholic cases have an early history of excessive use of coffee, and are always more degenerated and difficult to treat. A very wide field for future study opens up in this direction.—*Journal of Inebriety, Country Doctor.*

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#### Age of Fœtus.

It is frequently desirable to be able to state approximately the age of the fœtus in miscarriage cases. The following table from Auvard will be useful in deciding the question:

About the middle of the fourth month, the fœtus is eight inches long.

About the middle of the fifth month, ten inches long.

About the middle of the sixth month, twelve inches long.

About the middle of the seventh month, fourteen inches long.

About the middle of the eighth month, sixteen inches long.

About the middle of the ninth month, eighteen inches

At the end of nine months, twenty inches long.

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I do not approve of your dynamizing the medicines higher—as for instance, up to the 36 and 60. There must be some end to the thing. It cannot go on to infinity.—*Hahnemann—Eras.*

THE  
CALIFORNIA HOMŒOPATH.

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Original Articles.

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The Relations of Homœopathy to Bacteriology.

By DR. J. KAFKA, PRAGUE.

By S. L.

We live in an age where views constantly change, and for the last sixty years one saw at the university natural philosophy triumphant, only to give way to the pathologico-anatomical doctrine, which again had to yield to the physiological school. Virchow then preached cellular theories, only to be cast aside by antipyresis and antiseptis, and at the present moment bacteriology sits high on the temple of medical lore, and the contagium vivum seu animatum, these microscopic organisms are zealously searched for in all external and internal diseases, and the poor animal creation, cats, dogs, rabbits, guineapigs, rats and mice must be sacrificed for the elucidation of this theory. Pasteur proved the presence of a contagium vivum for the process of fermentation, of decomposition and sepsis, also for infectious diseases, and demonstrated by experiments that fermentation, decomposition and sepsis as well as infectious diseases can be prevented if microbes are prevented entrance. Lister built on it his antiseptic treatment in surgery and midwifery, and Koch and Broegen introduced the antibacterial treat-

ment for internal diseases. Thus specific microbes were detected for typhoid fever, croupous pneumonia, cholera, tuberculosis, malaria, gonorrhœa and syphilis; for many skin-diseases, for tetanus, but Metschnikoff clings to his phagocytes as the destroyers of many microbes, namely the liberated white blood-corpuscles, which oppose bacterial organisms. When the microbes, who exert at the expense of albuminous matter, produce a decomposition of these albuminous substances, ptomaines are formed, a poison of which minimal doses suffice to cause dangerous symptoms and even fatal results.

How does homœopathy relate itself to this new doctrine? Can it oppose successfully the action of the microbes and render them innoxious, can it restore health so that no noxa for the organism is left to trouble the sufferer, or is homœopathy defenseless against bacteriae, and our remedies can they cope or not with the diseases resulting from their entrance into our bodies? What can we do to counteract ptomaines and all similar inimical factors, which cause so many infectious diseases, inflammations, etc., or lay the foundation for scrofulosis, rachitis, etc.?

That excellent clinician, Prof. Nothnagel of Vienna, answers it for us. He says (*Med. Klin. Rundschau*, 24, 90): "Typhoid fever belongs to the acute infectious diseases, produced by bacteriae. According to our notion it is not a direct action of this bacteriae, which causes the disease, but the poisonous substances originating from the bacteriae in the body, the ptomaines and toxias; and Briegen demonstrated the toxias for several infectious diseases. Thus tetanine is the specific poison for tetanus. Lately the poison for diphtheria was found, and we may therefore also claim a toxine for typhus, produced by the presence of microorganism characteristic for typhoids. This typhoid toxine acts on all organs and there is not an organ where not in some case functional or anatomical changes may happen, and these anatomical and functional disturbances are to us the characteristic symptoms from which we diagnose the case as typhoid fever. In relation to the *indicatio morbi* we might try to destroy the carrier of the disease in the organism, as syphilis by mercury, malaria by quinine, articular rheuma-

tism off and on by salicylic acid, and then the question looms up whether we can do the same in typhoids, and we have to acknowledge that so far we know of *no remedy which in typhoids would correspond to the indicatio morbi. We must rely therefore on the indicatio symptomatica. We must be satisfied to battle with the symptoms, in order to be of benefit to the patient.*

The same symptomatic treatment I already recommended over twenty years ago in my *Therapie II*, 570, and as there is perfect agreement on this point, we go one step further and affirm that we leave entirely alone the bacteriae, cocci, and other microorganisms, which are the cause of so many different diseases, that we do not trouble ourselves about the ptomaines and toxins, and that we treat, as of old, each and every disease according to its symptoms homœopathically, without considering our drugs bacterocides, for, though our treatment may lead to a rapid cure, we still fail to prove at oculos the destruction of the bacteriae. We might again ask whether bacteriae originated in the present age, and whether they were not always present in ages past, for millions of patients have recovered from diseases, without that any physician had suspected bacteriae. Now, at once, the greatest stress is laid on their presence, and their destruction the essence of all treatment. After all, perhaps Metschnikoff is right that the phagocytes destroy the microbes.

According to my personal opinion the theory of bacteriology is entirely at fault: the parasites and their poisons do not endanger life, but the high degree which a disease may assume. Antipyresis has failed, for in spite of thermometers and curves our school remained true to its *materia medica* and treats cases according to the totality of the symptoms, but not according to the rise of temperature exclusively. Let us remain true to ourselves and to our school, and in closing cheer with me: *Vivat et crescat homœopathia!* in spite of bacteriae and ptomaines, or any other *fad.*—*Berl. Hom. Zeitschr.*, X, I.

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*Causticum* is useful in laryngeal affections, especially in aphonia with nervous weakness. Patient is worse morning and in dry cold weather—*Van. Baun.*

## AN EXPERIENCE WITH A COUPLE OF QUACKS.

BY E. STEVENSON, M. D., VANCOUVER, B. C.

It was in the fall of 1864. After drifting about on mining excitements I had located in The Dalles, Oregon. I had got nicely fixed with new furniture in an office; nearly all my capital was in the furniture. During several weeks no patients presented except a chance case of surgery kindly sent me by an allopath. I rode forty miles at a gallop. It was a pistol wound, the ball entering in the lower right breast and presenting just under the skin between the spine and scapula. There was more trouble than money in the case as usual. The case recovered.

Meantime two or three persons in succession called and asked me why I did not go to Blank City, as a doctor of my school was just about to leave after making a fortune.

I wrote him and got an evasive answer commencing thus: "I do not no how a dals is for hompathy." The balance I forgot but the spelling was worse to the end. Hearing that he had abandoned the place I sold my new furniture at auction and hied away.

On my arrival everybody confirmed what I had been told, so I announced myself as successor to Doctor Duncce. It took about a month for the thing to get around, but after that I was moving night and day. Money-gold dust was plenty so I raked it in. But after eighteen months Dr. Duncce returned, disowned my acquaintance and went to work.

Many had complained that I was so young and had longed for the old doctor. I defended myself by publishing his letter verbatim. Blank City itself was on the down grade and so was medical practice generally. My hero undertook everything. His forte was not the church or society trick but *gas* straight, wonderful cures, great operations. After a threshing machine accident he cut off a hand, put it in a jar in his office window, causing thereby an abortion. His office was flush with the side walk.

But he ran foul of a malpresentation, another hand which pointed to his ignorance, and the mother's life was only saved after his long continued assurances that "all was

right" by instruments in other hands. He had talked the ensuing uproar pretty well down when he fell into another ditch.

A man caring for an "entire" horse had him out for exercise, when rearing high he came down with a hoof on each arm, dislocating both bones downwards into the axillar. Our hero treated the case with splints and brass buckle bandages exclusively for nine weeks, when the patient stepped into my office saying that although the swelling was gone he could not use his arms.

I soon told him that they were all right excepting that they were both out of joint still. One of these arms was successfully treated, the other could not be reduced. Our hero now took his departure but had eventually to pay nearly 4000 dollars for malpractice. A couple of years afterwards, owing to this and the morebund condition of the town itself I left also.

About sixteen years later I again visited Blank City which had meantime been revived by railway influence, and I found another quack sweeping the country medically. He was about as ignorant as the other but much more cunning. He was very skillful in running churches and societies, very affable, a great hand shaker. His ability was in "catching the hare," but he took the precaution of employing two educated doctors to prompt him in cases of any difficulty, which to him were numerous. "I staid out all last night," one of these confessed to me, "in the darkness and storm to prompt Dr. ——— in a tedious case."

Under the caption of "THREE CARD MONTE IN THE MEDICAL PROFESSION" I wrote and had printed a dodger which heavily scored the community and let the wind completely out of the sails of my hero No. 2. The lawyer can choose his jury, but the medical man has to submit to the grossest injustice from a "catch as catch can" tribunal, the catch being commonly a solid extract of stupidity and ignorance. This injustice, too, is inflicted at a terrible cost to the public in deformed limbs, uncured diseases, vacant seats by the fire-side, a cast of blood. Will not a hint be taken and skill in running a church or society, tooting one's own horn, and other tricks not longer be considered equivalent to skill at the bedside in curing or relieving the sick!

A doctor whom I met on the street yesterday and of whom I made the usual inquiry about business said it was dull and he thought that the new doctors were most busy. You know why I suppose said Dr. Blank is running the methodists? O yes, said he. A lady of my acquaintance and one of my patrons told me that a *deputation* (women of course) had called on her to patronize their (methodist) doctor!

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### A PECULIAR CASE.

By F. W. SOUTHWORTH, M. D., TACOMA, WASH.

On Sept. 20th, was called to attend a lady client of mine in her fifth confinement. She is a young woman of 26. No predisposition to any particular form of dyscrasia.

On my arrival I found she had been in labor about two hours. Examination elicited a left occipital posterior presentation,—os dilated about size of a half dollar. Pains regular and expulsive. On sweeping my finger around external os to test its distensibility, I encountered a sensitive point on the anterior lip, with a corrugated like feel to the mucous membrane. As she had had ulceration of the os a year before, I thought it probably the remains of some such condition. I said nothing about it and labor progressed rapidly—two hours later giving into the nurse's care a 10-lb boy.

The placenta came away freely all but a small piece, and going in after it with my fingers, I encountered something which caused me wonderment and surprise. This peculiar something protruded from the ostium vagina and lest it should get away, I tied a string about it and traced it up and found it adherent to the anterior lip of the womb. (See cut.)

The patient was somewhat uneasy with my investigations and complained bitterly whenever I accidentally drew on the string, but I assured her everything was all right. She made a good reaction, and in two months, an examination, found the process of involution had completely absorbed the hypertrophy.

Though this case presented to me very interesting points, and may be comparatively common—though I find little if

anything said in regard to these elongations or hypertrophies of the cervix—it may be of use to a young practitioner who may encounter just such a case and get scared. To all such I would say, “say nothing and leave it alone, nature will take care of it.”

I would suppose, from a physiological standpoint, that these hypertrophies were the result of over activity in the formative elements, and becoming displaced, so to speak. These conditions of abnormal growths are the result.

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#### A CASE.

BY J. L. COOMBS, M. D., GRASS VALLEY, CAL.

Four years since I saw a young lady who had driven a needle into the deep muscles of “ball” of hand, back of thumb, and showed the eye-end. Extraction proved nearly impossible at this time, so I resorted to this method:—a thick corn-plaster, perforated, was placed over the point of entrance, and fortified in position with flexile collodion; absorbent cotton placed in the center with instruction to keep moistened always with a mixture of glycerine and water medicated with calendula; requested her to call again on the fifth or seventh day, or at any time when exposure of needle was made. She was shown how to make pressure in proper direction by pressing upon her knee, or a chair, etc. Not having heard from her in about ten days, called upon her mother, a quasi-nurse, who said they had removed it the next Sunday—the sixth day.

Simple as such a method seems after having been thought of, it is worth noting.

The young lady’s mother advised me that her daughter was advanced in pregnancy to between three and four months, and that was one reason why more active method was not attempted. Heard no more then for some months, until a funeral notice mentioning the name, attracted my attention. After a reasonable time, called upon the mother, midwife-quasi-nurse and was told that her daughter had died with or in, puerpural convulsions. Upon inquiry as to whether



the physician who was called had been informed of the punctured wound, caused by needle; she replied, "What could that have to do with it?"

So do I inquire for a description of the spasms given me by the mother-nurse—plainly pointed to tetanus, or that the eclampsia were of that form.

When called upon to remove the needle, the woman was usually sensitive to pain, and received a dose of cham, 3x; and when in two hours I returned to attempt removal of needle-point, was much more calm. She took *hypericum* home with her for use.

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## Ophthalmology and Otology.

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CONDUCTED BY H. C. FRENCH, M. D.

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### SKIASCOPY (or The Shadow Test.)

In a former article in these columns we gave a brief history of skiascopy, with the contradictory statements in relation to the method of using the system that have characterized our literature on this subject. By the kind courtesy of Dr. H. V. Wurdemann, of Milwaukee, we are permitted to present our readers with illustrative cuts of his skiascopic disc, which is doubtless the most complete, practical and convenient instrument of its kind known to the profession to-day. The apparatus consists of a hard rubber disc, 4 mm. in thickness, and 30 cm. in diameter, and bearing in its periphery 24 lenses: 12 each, plus and minus, in dioptries, as follows: .25, .50, .75, 1, 1.25, 1.50, 2, 2.50, 3, 4.50, 6, and 8. The disc revolves on a movable pivot attached to a brass rod, which is fastened to the wall of the dark room, and can be swung to the wall when not in use. It can be adjusted to the sitting or standing posture, and to the height of any patient, by means of a screw fastening it to the vertical rod. Across the back of the disc will be seen a piece of hard rubber covering three lenses at each of its broader extremities, with an aperture in its center through which only one lens

can be seen at a time, and, being stationary, the disc revolves before it. It has a clip in which extra lenses from the trial cases can be used; and a flange fitting the eye of the observer, which shuts out all peripheral rays of light, thus avoiding confusion. A tape measure is attached to the front and center of the disc for determining the distance between the observer's eye and that of the patient. The room should be perfectly dark, and an argand burner placed over and just behind the head of the patient. The examiner then reflects the light into the patient's eye by means of a concave ophthalmoscopic mirror held at a distance of about forty inches from the examined eye. The patient then revolves the disc under the direction of the oculist, using the right hand for the right eye and the left for the left.

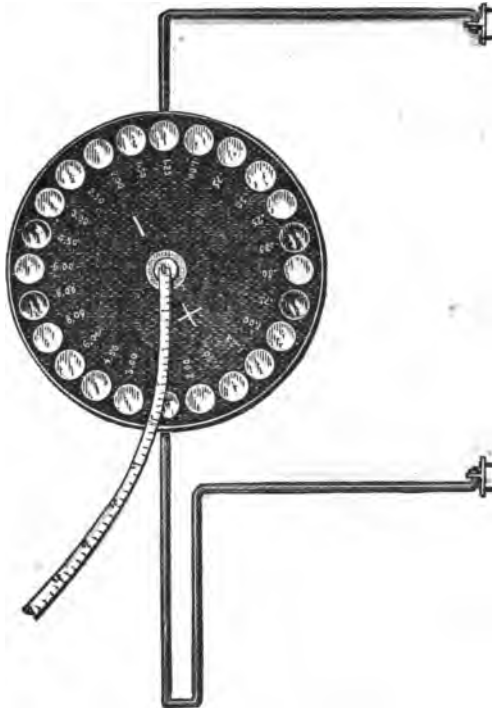


FIG. 1—FRONT OF SKIASCOPE.

Dr. Wurdemann claims the ability to measure by the skiascopic test as low as .25 D. of ametropia, and gives the following rules:

"1. Inspection.

"2. In the dark room at 1 m. distance from eye of the patient, I observe the *apparent brightness* of the lighted area of the fundus (using the *concave mirror*), then the *movement* of the shadow (against or with the mirror), the *rapidity* and the *angle* at which it appears to move.

"3. Examine the fundus by the indirect method.

"4. Examination of the anterior structures by oblique illumination.

"5. Examination of the fundus by the direct method, in which the refraction is determined and noted.

"6. Examination by skiascopy. Swing the disc on the arm from the wall and commencing with .25 D. plus or minus (according as the shadow moves with or against the

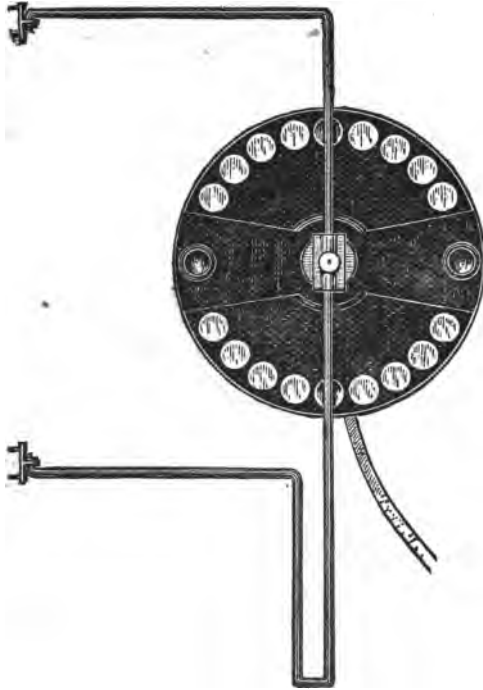


FIG. 2—BACK OF SKIASCOPE.

mirror); I proceed till a lense is reached that *neutralizes*, the next lense *reversing* the movement. In case of myopia this lense is .75 D. weaker than the refraction of the eye. In

hypermetropia it is the same degree stronger. For instance, a myopia of 1 D. will be neutralized by  $-.25$  D., while a hypermetropia of 1 D. will require  $+ 1.78$  D. Thus in hypermetropia we *subtract* .75 D., and in myopia *add* .75 D. to the strength of the neutralizing lense. The vertical meridian is first examined and the result committed to paper, then the horizontal meridian, and lastly the oblique ones. One meridian must be dealt with at a time or confusion will result.

"7. Examine with the trial lenses, test letters and diagrams in the light room, (a procedure that has been greatly facilitated by the previous methods).

"8. Correction by skiascopy, of lenses found, the patient wearing them in the trial frame.

"9. Correction by the direct ophthalmoscopic method.

"10. Trial by patient for reading and distance. The objective method (direct examination and skiascopy), and the *subjective* method of examination are direct checks upon each other."

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## Colleges and Hospitals.

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### THE INTERNATIONAL HOMŒOPATHIC CONGRESS.

The American Institute's Committee on the International Homœopathic Congress is endeavoring to give direction and character to the essays and discussions of the Congress and to the consideration and accomplishment of this object, more time and energy have been devoted than to any other part of the committee's labors. It would seem that as the themes and discussions of a national medical association naturally take a broader scope than those of a local society, so the work of an International Congress should be more comprehensive and far-reaching even than that of a national convention. This committee is seeking therefore to bring before the approaching Congress some of the highest and broadest questions that confront our profession in all its departments. It is important that the Congress should dis-

cuss, for instance, some of the broad and imperative issues of modern surgery, rather than the technical details of some minor or major operation; the influence of the law of cure in a whole realm of maladies, rather than the indications for this or that remedy in some particular disease; the construction and promulgation of a materia medica, rather than the symptoms of an individual drug. To this end our committee has labored and, thus far, with most flattering prospects of brilliant success. Papers bearing upon these classes of subjects, are in course of preparation by physicians selected from among those best qualified for the work, while others equally distinguished in the various departments have consented to take leading parts in the discussion of these papers.

In order to correct a misapprehension it may be stated that the object of the committee is to serve the Congress, not to control it. Undoubtedly the Congress will adopt and enforce rules of its own, those governing the reception and discussion of essays included. This committee does not deem itself authorized to reject any paper that may be offered on any medical or surgical topic whatsoever. Its object is to include papers of a certain character, but not to exclude anything. All essays, whether prepared at the instance of the committee or as voluntary contributions must be passed upon by the Congress itself or by its delegated authority. But the committee will probably recommend and urge that such of the essays as are more or less in harmony with the above mentioned views shall take precedence of others, and it is quite likely that these will occupy nearly all the available hours of the session.

Notice is hereby given that to insure the publication of the title of *any* paper in the "Annual Circular and Programme" said title must be in the hands of the undersigned on or before Monday, April 5th, and the paper itself should be sent to Dr. T. Y. Kinne, of Paterson, New Jersey, Chairman of the Committee, as soon as practicable thereafter in order that provision may be made for its discussion.

PEMBERTON DUDLEY, M. D.,

Sec. of Com. and General Secretary, A. I. H.,  
S. W. Cor. 15th and Master Sts., Philadelphia, Pa.

## Editorial Notes.

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THE medical "Cinch" bill which the Allopaths of California are striving so pugnaciously to have made a law is without doubt one of the greatest outrages ever attempted in even this law-cursed State. At every session of the Legislature, Sacramento is overrun by a hungry horde of unprincipled wire-pullers, but at no previous time has more brazen gall been displayed than by the men who conceived the bill which Assemblyman Hawley introduced a few weeks ago. It is a gross insult to the intelligent citizens of California, and has called forth such a storm of adverse criticism from the press of this State that we are confident it will meet ignoble defeat should its patrons have the hardihood to bring it to a vote. The original bill bore upon its face its own condemnation, so that even the cheeky sponsors of this medical inquisition were forced to modify their first demands. The bill as it now stands, however, is little improved, for should it become a law, the entire control of medical affairs throughout the State would still be in the hands of the self-styled "Regulars."

California is not really suffering for any sort of medical legislation. The law as it now stands is working in a perfectly satisfactory manner, no injustice is being done to anyone, and if the men who are wasting their time and money in the contemptible endeavor to influence legislation in Sacramento would go home and attend to their own private affairs, everyone except a few unregenerate and hide-bound allopathic fossils would be better satisfied.

From a score of editorials, which have appeared in the daily press since this infamous bill was first introduced, we clip the following:

Under the head of "A Medical Joker," the San Francisco *Examiner* says:

Certain "regular" physicians of this State, unable to reconcile themselves to the spectacle of cures effected by the unorthodox means, have moved upon the Legislature for the purpose of securing a law under which heretical practitioners may be shut out. Assemblyman Hawley has been honored with the privilege of taking charge of the necessary legislation, and he has introduced a bill (A. B. 240) embodying the ideas of his patrons.

At present each school of medicine has its own Board of Examiners, empowered to grant certificates of competence, the fee for which is the moderate sum of \$5. This system has worked well so far as the public is aware, but it has the fatal defect of making homœopathic and eclectic physicians independent of "regular" control.

Mr. Hawley's bill corrects this fault. It places the whole medical profession of the State in the power of a new Board of Examiners, consisting of seven members, to be appointed by the Governor, one from the faculty of each regularly incorporated medical college in operation on the 1st of January, 1891, and the remainder from the profession at large. There are five medical colleges in the State—three "regular," one homœopathic and one eclectic. That leaves two members to be appointed at large. Should these belong to the dominant school, as they naturally would, the board would consist of five "regulars" and two irregulars.

The bill further provides that every person desiring hereafter to begin the practice of medicine in California must not only be a graduate of some established medical school, but must personally pass an examination before the new board. He must pay \$20 on filing his application, and should he fail and try again, he must pay \$10 on each subsequent trial. No certificate is to be issued without the affirmative votes of at least five members of the board.

If the "regulars" are successful, therefore, in securing five members to start with, they can license all applicants of their own school and refuse to license any others. But what if at any time they should fall short of the full five required to license their own men? That is thoughtfully provided for. Under such circumstances the President and Secretary of the board may issue a "temporary certificate," good until final action.

Physicians already provided with certificates from the present Boards of Examiners are not required to obtain new ones, but they need not congratulate themselves that they are forgotten. The new board is empowered to revoke their certificates for "unprofessional conduct," and the heretic who is always professional in the opinion of his orthodox rival must be a remarkably discreet practitioner.

The bare recital of the provisions of this impudent bill is enough to condemn it. It should be suppressed with as little compunction as a "regular" physician would feel in extinguishing a homœopath.

The *San Francisco Chronicle*, under date of February 2d, very justly remarks:

The reasons given by Judge Reynolds against the bill introduced by Mr. Hawley to regulate the practice of medicine and surgery in California should be conclusive, and should put a summary end to the seeming attempt to establish a corner in the art of healing. It has been pointed out that the board of examiners provided for in the act would be vested with almost despotic powers, and would sit as a court of morals, of professional ethics and of medical and surgical inquisition, with power to render decrees which would be far reaching and from which there could be no appeal.

It is always a question whether the law-making power should concern itself in such matters as medicine and surgery, and it is certain that it should not where the effect of its action would be to set up a preferred guild

or caste. Medicine is not a science, the best that can be said for it, and if a doctor can aid a man with bread pills he ought to have a chance to do so, even though another doctor may declare that nothing but calomel and jalap will suit the invalid's case. The bill under consideration seems to put a premium on intolerance and to afford an opportunity for persecution or something very like it, and for these reasons it should not become a law.

After the bill, as originally presented, had received a decided frost in the Committee on Public Morals, it was tinkered up to assume a more decent appearance, and in its revised form was again urged for adoption. The daily papers, however, declare that in any shape the bill is an outrage.

We quote again from the Examiner:

The medical trust has plenty of determination in a bad cause. The check met in the committee last Tuesday only served to arouse the men who are resolved to rule the doctors of California, and they have brought influences to bear that have restored all the worst features of the bill.

The Senate committee has decided to recommend the passage of the bill and is ready to turn the doctors of the State over to a medical despotism of four "regulars," so-called, and three others.

We are at a loss to see what argument could have influenced the committees of the Legislature to favor this bill. It is impossible to see what gain they can expect to the State or even to the medical profession by setting up a Medical Inquisition of seven members, with absolute control over every doctor in California. And if such regulation should be considered necessary, why should a single school be given a majority that can control every physician of every school?

The heat of the quarrel between the different schools of medicine is notorious. The "regulars" on a municipal Board of Health resigned in a body because a homœopath was appointed as a member. Doctors of one school have left the bedside of a patient with angry words and thrown up the case because a doctor of another school had been called in his absence.

By what right is the State to put one of these schools above the other? On what ground can the Legislature say that the "regulars" are the only authorities in medicine and should have the control of those who practice the profession?

Not even the most violent of the "regulars" can assert that the last word has been said in medicine. It is the most backward, if the oldest, of the sciences. Its greatest triumphs are in the future. But they are not to be brought about by chaining doctors to a single school and bringing the power of the State to see that according to this and no other shall they believe and practice.

If such a commission were needed at all each school should have equal representation. But it is not needed. There is a good law on the statute books now. There is no complaint from the public of its operation. The public is not asking for an autocratic board of seven to regulate the practice of medicine by an unknown and arbitrary standard of "ethics." Nobody



wants it but the board of men who think that their profession can be made a close corporation under their own control.

California wants no Medical Star Chamber of seven, or any other number, of members. If there are abuses and crimes for which doctors are responsible, strengthen the laws so that they may be convicted and punished. For instance, last year a doctor was proved to have committed an abortion, but when tried the Court had to instruct the jury to acquit, because another medical trust had induced a former Legislature to declare that the proof was not evidence. There is the place to amend the laws to keep wicked doctors from injuring the people.

If the Legislature will restore the old law of evidence against physicians charged with crime or malpractice it will do more to protect the State against bad doctoring than if it had set up a dozen Medical Inquisitions with summary power to burn quacks at the stake.

We have quoted thus at length from the secular press as reflecting the honest opinions of the intelligent taxpayers of California. Without an exception, the unbiased citizens of the State pronounce it an unjust measure. There is no use trying to amend the bill to make it acceptable. It is a bad bill in its nature. It gives powers that ought not to be given; it raises up censors of opinion in matters where opinions should be unfettered. It is meant to bind by authority in a science that still has its greatest progress to make. There is an excellent law in force now in this State, and under it the Supreme Court has decided that a physician cannot be debarred from practicing his profession because of a breach of what other doctors consider professional ethics, so long as he does not commit a criminal act. This is sound law and sound policy, and it should not be departed from. No medical inquisition is wanted in California, and no trusts for cinching a particular school of doctors should be established.

C. L. TISDALE, M. D.

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## Personals.

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DR. WILLIAM SIMPSON, of San Jose, was up a few days ago.

DR. J. P. FULLER, of Modesto, has been in town recently for rest and recreation.

A HOMŒOPATHIC practice is for sale in San Luis Obispo. For particulars address the editors.

DR. MAX J. WERDER will shortly undertake a trip to the southern part of the State on account of his health.

DR. WILLIAM BOERICKE is fixing up his new residence, 1812 Washington street, and will occupy the same before long.

AMONG those who went to Sacramento to look after the interests of Homœopathy in the Legislature are, DR. J. M. SELFIDGE, of Oakland, and DR. H. C. FRENCH, of this city.

DR. A. B. NORTON, brother of the late GEORGE T. NORTON, and associated with him for the past ten years, has succeeded to his business—a worthy successor of his illustrious brother.

NUMEROUS applications for announcements for the coming session of the College have already come to the hands of the Dean and Registrar, and the prospect for a full class is very flattering.

THE Fifteenth Annual Session of the Missouri Institute of Homœopathy will be held at Kansas City, Tuesday, Wednesday and Thursday, April 21, 22 and 23, 1891; T. GRISWOLD COMSTOCK, M. D., is president.

WE have received several important books for review recently, among which are the "Principles of Medicine," by our Eclectic friend, DR. H. T. WEBSTER, and "A System of Practical and Scientific Physiognomy," by MARY O. STANTON, both of which we shall review in our next.

WE understand that our publishers, the enterprising firm of Boericke & Bunyon, will shortly open a fully-equipped homœopathic pharmacy in Portland, Oregon, which is to be an exact counterpart of the one in this city. This will be a boon to our brethren of the north, and a good thing for the cause in general.

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## Obituary.

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### GEORGE S. NORTON.

George S. Norton, M. D., who died of pneumonia recently at his home, 154 West Thirty-fourth Street, was, although but a young man, already regarded as one of the best-posted oculists in the city. He was the son of the late Salmon K. Norton, of Great Barrington, Mass., and was born Dec. 8, 1851. He was educated at the South Berkshire Institute, at the Sedgwick Institute of Great Barrington, and took special courses at Dartmouth College. After coming to New York he entered the New York Homœopathic Medical College, where he was graduated in 1872. He at once began what has been a remarkably successful career.

Dr. Norton devoted himself after few years of general practice to the study of diseases of the eye and ear, and it was in this branch that he attained particular note. He was house surgeon for several years of the New York Ophthalmic Hospital. He afterward became first assistant surgeon and senior surgeon, and four years ago was made director of the same institution. For

the last fifteen years he had occupied the position of Professor of Ophthalmology in the College of the Hospital, and for about four years he had been Professor of ophthalmology in the New York Homœopathic Medical College. He was consulting oculist at the Ward's Island Homœopathic Hospital and at the Laura Franklin Free Hospital for Children. Last year he was made President of the Homœopathic Medical Society of the County of New York, and he was President of the Alumni Association of the Homœopathic Medical College.

As a writer on ophthalmological and otological subjects, Dr. Norton was extremely well known and prolific. He was editor of the *Journal of Ophthalmology, Otology and Laryngology*, and was the author of a standard work on ophthalmic therapeutics, the second edition of which was published in 1881.

Dr. Norton was well known socially as well as professionally. He was a member of the Jahr Club, of the Manhattan Athletic Club, and of the Driving Club. He married in September, 1875, Miss Kate Graham, who, with two children, survive him. He also leaves a younger brother, the oculist Dr. Arthur B. Norton.—*N. Y. Times*.

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## Book Reviews.

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**Boenninghausen's Therapeutic Pocket-book.** T. F. ALLEN, H. P. H., 1891. **Rubrical and Regional Textbook of the H. M. M. Section on Urine and Urinary Organs.** By W. D. GENTRY, M.D. H. P. H., 1890.

Passing our well known pharmacy of Boericke & Runyon, I saw the above works on their counter and ordered them immediately, hoping and trusting that now I am one step nearer the goal in order to find the Similimum. I sighed deeply and commiserated my fellow beings for the up hill work to become a true and honest follower of the Master. Side by side I also put upon my table Lee's and Lippe's Repertories, and now I began to study in earnest some hard cases to which I was called in consultation, and telling my colleague that I go home and study the case up before prescribing, for the good book teaches us to wait and not spoil the case by a false prescription. I looked in vain in Boenninghausen for the symptom food will not go down as if prevented by spasm till after several attempts, and fluids return by the nose, as if squirted out. Lippe comes closest to it, but the remedy most suitable did not harmonize with the other symptoms, and for cough with tenacious expectoration these diverse repertories did not agree. In another consultation in a case of Bright's disease, the genuine one, with the albumen in the urine suffice for the indication, for many an albuminuria is a symptom of very little importance after all, we candidly acknowledge that we have found more solid comfort from Allen's Handbook and Allen's Symptom Register, in studying up a case, than from all other works in our rather extensive library. We beg the Allens, Kent, Wesselhoft and others to teach the old and young how to use this celebrated Pocket-book, for after

all it will be found difficult to get from it enough hints in order to find in the *Materia Medica* the totality of the remedy corresponding with the case. Here the study of the organon needs commentation and even Dunham or Farrington are not satisfactory. Help the rising generation to become earnest followers of Hahnemann and his spirit will bless you forever more. I fear that we will have to wait a good while till we get from the publishers the Concordance Repertory to Gentry's *Materia Medica*, purified from all drugs and till then what will the poor searcher do to prescribe the right remedy? Life is short, but art is long, and there are so many rubrics and organs, that years may pass by before this stupendous undertaking is finished. Leaving the large amount of hard-earned dollars out of the question, still it will be a tax to the young practitioner, who has no fixed income, if the parts should follow one another too fast, while the more favored brothers will anxiously wait for each rubric and region. But the question hinges on the moment, and will Brother Gentry kindly teach us to what use we might put this first part in curing the afflicted. It will be the greatest boon to own an ideal *Materia Medica*, every attempt is a step forward, and therefore nil desperandum the parole. We want in the lecture room more teaching how to select the remedy, and in the clinique the practical application of the rules taught before, though after all the practitioner must rut out his own salvation to the best of his knowledge and instinctive insight in the case before him. Charity may cover a multitude of sins, but it will never cover the sins of the doctor.

S. L.

**Transactions of the Homeopathic Medical Society of the State of Pennsylvania.**

Page 72, Dr. Martin of Pittsburg says: "*If our school of medicine is to survive it must survive upon its own merits.* Its prosperity and growth will result only from a constant exemplification of the truth of the law which was adopted as the motto of our school."

Here we have all in a nut-shell, and in homeopathic transactions the touchstone of their value consists just in the proportion of the verification of this law in the daily practice of its adherents. This twenty-sixth report shows that at least in the State of Pennsylvania, the Mecca of American Homœopathy, the organon holds its sway to-day as it did in the good old times of Allentown, and let this State pride itself that it remains the Keystone for us all. It would be wrong to select papers out when we find so many valuable ones in the clinical bureau, teaching the proper and improper mode of prescribing. Let us all take the lesson to heart, for there is a great deal too much of that improper prescribing in the Homeopathic profession.

S. L.

**Transactions of the American Institute of Homœopathy. 1890.**

Sectional Bureaus, and sectional meetings, in fact medical art and science is nowadays too much divided off and thus has lost its unity, for after all the patient is a unity, and in his individuality has the keynote to remove his ailment. Specialists nowadays rule the roost and we feel sorry that such division became a detriment to pure, unadulterated Homœopathy. Looking at the report of the Gynæcological bureau, we find Surgery triumphant,

while even the old school calls for a halt in that direction. We did not expect much Homœopathy from the surgical bureau, though we thought that conservative surgery might include more reports of the action of Homœopathic remedies than is found in the transactions. Would that our surgeons had more faith in the application of the similar, and a better knowledge of our *Materia Medica* with its little wheat and many tares. So at least is the cry, raised everywhere, but we do not see that the *Materia Medica* and the Repertory of the future offers a solution. We always hear of the faulty arrangements of our *Materia Medica*, and though the cyclopædia of drug pathogenesis, as far as it dares to go, offers a solution, nobody has as yet formulated a better plan. We might just as well acknowledge that the study of *our* *Materia Medica* is up-hill work, a life-long study, hence that is some excuse for shortcomings, and still many physicians have mastered this art and cure their patients without having recurrence to the knife. We justly blame Peters & Potter and others for being renegades; we blame the editors of the N. Y. Times for the stand they occupy, and still there are too many members of the Institute who in their daily practice are not a whit better, and people must lose their confidence in our school, when they see so many allotria in vogue and when they see the failures of the prescribed, so-called, homœopathic remedies: Watchman, what of the night? It is better to raise the warning voice than to sit silent by and think: *Apres moi le deluge.*

AN OLD GRUNTER.

**Transactions of the Homœopathic Medical Society of the State of New York. Oct. 25, 1890.**

"Auld lang Syne," and though absent in body, mind and heart reverts to the State and city where I passed most of my professional life and among the physicians I count so many familiar names, who do honor to the profession. Looking over the transactions I do not feel like grumbling and let us take the essays as they are. My dear old friend, the Dean of the New York College, hits the nail on the head, when he considers and teaches the treatment of patient and not of the disease, the alpha and omega of *similia similibus curantur*. The care of our school, as well as that of other schools, are specialties, for the specialists are very apt to neglect the patient in treating the specific case in hand, and the study of M. M. is neglected or slightly spoken of, as Dr. A. B. Norton does in his article on Glaucoma. Buena praises his antiseptics in the maternity, when high old school authorities insist upon that all antiseptics is needed for the accouchant and his instruments, and absolute cleanliness suffices for the mother. Extravagant antiseptics and unnecessary antipyresis are acknowledged to be unnecessary, but still our members are very apt to take up these fads to the detriment of honorable Homœopathy. Give our remedies a chance and you have no need of mercurial poisons and diabolic acids. Dr. Decker ought to join Egbert Guernsey; I like the frankness with which they state their case, and with Peters, Potter & Co., they ought to start a new school or join the ranks of the irregular regulars. How does my friend, Miss Grady, M. D., come to use such polypharmacy in ear affections? She certainly did not learn it from Drs. James or Houghton, but it is the care of specialism to lead to such outgrowth. These are the weeds in Homœopathy, but they are not found in the *Materia*

**Medica.** No proving, no reproving? I nearly feel ashamed to acknowledge such an oversight. Try, try again, and may the transactions of 1891 be the true exponents of the Homœopathy of Hahnemann and your children will call you blessed. S. L.

**Headaches and their Concomittant Symptoms; with Repertory Analysis.**  
By JOHN C. KING, M. D. Second Edition. Chicago: W. A. Chatterton & Co., 1891.

King on headaches has always been a useful manual to the Homœopathic practitioner, in fact it is one of those rare birds known as a good book; we have always respected it and have recommended it to our students. The present edition differs in contents but little from the first edition, some additions and some omissions. We cannot understand why the author should have completely ignored the tissue remedies, especially as he states in the preface that remedies "clinically tested" as well as those "proved" have been included. We believe that many of the tissue remedies omitted would be found indicated fully as often as drugs like ginseng, formicagamboge or stillingia, which are included. To look at the book, however, gives one a headache. It is cheaply and poorly bound, the paper is poor, the type is small and dirty and it is full of typographical errors. We do not know the price of it, but we have bought books for two-bits whose book making part was superior to this one. We are sorry to see such a good book in such a poor dress.

**Secret Nostrums and Systems.** Compiled by CHAS. W. OLESON, M. D.  
Chicago: Oleson & Co., 1891. Price, \$2.

This little work is a book of formulas of secret nostrums and systems, and as such it will commend itself to every practitioner. To illustrate its use: the book had not laid an hour on our table when a patient remarked that she had been using "Thompson's Eye Water," and asked: "Do you know what that is, Doctor?" Turning to page 178 we found the formula in full. It seems to us as Homœopaths that the book has an especial value. Oftimes we are called to cases where the system has become poisoned by the constant use of some quack nostrum and in order to properly antidote its effect it is necessary to know its composition. This book fulfills this requirement and we find in it formulas of such well-known preparations as "St. Jacob's Oil," "Castoria," "Perry Davis' Pain Killer," "Piso's Cure," for consumption, "Ayer's Cherry Pectoral," "Garfield Tea," besides a complete exposé of such systems as Brinckerhoff's and Mitchell's pile cures etc., etc. We can commend this work as one which will not only be of interest but of practical use to the physician.

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A CHICAGO PHYSICIAN states that Dr. J. A. Biegler, a homœopathist of Rochester, N. Y., discovered the Koch lymph many years ago, and has since been using it. He declares that he will not permit Koch to exclude Biegler from the fame attached to the discovery.

## Clinical Items.

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*Erythoxyl. Coca*, as coca wine, is of much benefit in long-standing laryngeal affections, and will assist the action of the chosen homœopathic remedies. In repeated attacks of hoarseness, a wineglassful of coca wine before using the voice to any extent.—*Ibid.*

*Collinsonia* is a valuable remedy for gravel. Should be given in mother tincture three times a day.

*Hypericum* administered in minute doses and applied as a lotion, 10 to 20 per cent. solution in water, is the best possible treatment for sprains involving the nerves, and pains after amputation; neuralgia in the seat of old wounds; pains from bites of animals or mangled wounds; threatened lockjaw.

*Aranea*—Intermittent fever with double chill, 9 A. M. and 9 P. M. Cold is excessive.

*Kreosot*—Spasmodic, moist cough, as if caused by something crawling behind the sternum.

*Oxalic Acid*—Numbness, tingling and pricking in the lower part of the spine.

*Phosphor.*—Vomiting in young children within a few minutes after drinking.

*Scutellaria* has been very efficacious in chorea, nervous excitement and tremors. Nervous irritability with want of sleep and restlessness. Cerebral and intestinal irritation during teething. Cardiac irritability, nervous palpitation.

*Prunus Spinosa*, for deep seated eye pains and inflammation of internal structure of eye.

*Spongia*—Valvular affections of heart, patient wakes suddenly with suffocating feelings.

## Selections.

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### TO STUDY NEW DRUGS.

#### A New Kind of Laboratory to be Established in this City

A novel experiment to be tried in connection with the New York Homœopathic Medical College and Hospital, and one having a counterpart only at the University of Strasburg, is the establishment of a laboratory for the purpose of analyzing drugs and testing their effects upon human beings. The originator of the plan is Dr. T. F. Allen, Director of the Laboratory of Experimental Pharmacology at the College.

It is a principle of homœopathy not to use in cases of sickness drugs which have not been tested on human beings in their normal condition. While at one time or another in the history of medicine the standard drugs have been so tested, there are to-day many newly-discovered drugs and many eclectic remedies that have come to light in family practice that might prove of vast benefit to the world if there were institutions to analyze them and extract their curative principles. Within a short time, Dr. Allen has interested a wealthy New York gentleman in the plan and has secured an endowment for the building and thorough equipment of a laboratory, which will at once be built in connection with the New York Medical College, in Sixty-third street.

This laboratory will establish a rather unique industry in this city—that of “drug provers,” as they are called. They are the persons upon whom Dr. Allen will experiment. There will be no danger involved in these experiments, for the dose administered will be very small at first and will always be kept well within the safety limit. Dr. Allen says that wherever such tests have been made in the past (at Strasburg) it has been found that the general health is improved by these experiments. In order to secure systematic reports to be presented by the provers personally for criticism, a pecuniary reward will be offered, amounting to about \$5 a week. Both men and women are needed, and young physicians are preferred. At first not more than half a dozen of these



provers will be employed, and Dr. Allen says that he is already overrun with applications.

A good example of the work that is intended to be done is the series of experiments now being carried on by Dr. Allen on the Cedron nut, which is found on the Isthmus of Panama. It is used by the natives and has proved very efficacious in curing virulent fevers and malarial affections. Dr. Allen is having it carefully analyzed and is testing it on different persons, thus obtaining precise knowledge of the way it acts. He has secured about twenty-five pounds of the nuts by means of an expedition sent from Panama to Darien, and when he extracts the curative principle which is within the nut he feels confident that it will outstrip quinine in the medical world. It should be said that the experiments will be given to the world and published in the medical journals as soon as performed.

There is another drug—Alettris—which is known to be very efficacious in diseases of women. Then there are lichens. It is known that rock lichens and tree lichens have different properties. Experiments will determine these, and an important catarrhal remedy will probably be the result.—*N. Y. Times.*

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#### COMMENTS UPON SOME MEDICINES.

BY W. C. GOODNO, M. D., PHILADELPHIA.

##### GUAIACUM.

Although guaiacum has recently attained quite a reputation in the old school as a remedy for tonsillitis when of rheumatic origin—by the way, an undoubted common cause of tonsillitis—I am not aware that we have profited by their experience. Its value in this affection should be more generally understood. Those who limit its use to sore throats with such an ætiology, however, miss much of value. In the ordinary forms of pharyngitis, such as so frequently develop after cold, it is nearly a specific remedy, much superior to belladonna and other medicines which are generally prescribed. In chronic pharyngitis I have found it of decided value, enabling me to cure several cases which had heretofore defied my efforts. In most nasal catarrhs, especially those

slight but persistent cases with a sense of obstruction, as from a quantity of tough mucus behind the soft palate, with frequent efforts to expectorate it, but with poor results, it has proved beneficial, especially locally. In nasal catarrh, acute and chronic, if of the superficial variety, it is often beneficial if blown over the affected surface several times daily. While occasionally brilliantly successful in tonsillitis if given early and in a proper dose, I have been more impressed with the action of guaiacum in the other affections mentioned. This may be due to their greater frequency and consequently to a larger experience with the medicine in the treatment of that class of troubles. While the evidences of a rheumatic diathesis strengthen the indications for guaiacum it must not be reserved for cases presenting such a history, as at present seems the custom.

The dose and manner of use seems to me important. It is best administered in the form of disks saturated with the tincture, each disk absorbing about 1 minim. The tincture being purely alcoholic does not soften the disk. Two to four of these disks may be given every one-half to six hours, according to the nature and acuteness of the case. For local use it is best prepared by thoroughly moistening with tincture a quantity of the finest powdered gum acacia in a mortar, dry in a warm place, triturate finely and add an equal quantity of the dry powdered gum acacia to reduce the strength of the preparation one-half. Full and half strength, as just described have been the preparations I have employed most. The powder is so fine that it can be blown into every part of the upper respiratory tract with the utmost ease. The dissolved gum arabic holds the remedy for a prolonged time in contact with the mucous membrane, and is far superior to the spray or any other mode of application. Occasionally it causes considerable sneezing and irritation if used in the full strength, but this result is exceptional. With most there is for a short time a slight smarting sensation which, however, quickly disappears. The tincture referred to is the tinctura guaiaci, U. S. P. For the inflation of powders, use a short glass tube, about two or three inches long, and small enough to be introduced into the nostril a distance, when the desire is to medicate the post-nasal space

especially, and when the application is to be made by the patient. To one end of this tube a piece of rubber tubing six inches long is attached, securing a size which will allow of its being readily slipped over the end of the glass, thus permitting the glass tube to be readily removed and washed. The end of the dry tube is inserted into the vial containing the powder into which it is pressed sufficiently to take up a couple of grains. The tube is then wiped off externally, introduced into the nostril, and the patient is then ready to blow with his own mouth the powder into the region desired. I may be seeming to dwell too much upon details, but attention to minutiae is necessary to success.

#### PERMANGANATE OF POTASH

has afforded me the best results in protracted or chronic "cold in the head"—*i. e.*, a blenorrhœa of the nasal mucous membrane, with free thick yellowish or greenish discharges. Irrigation of the nose once a day with a light lilac-colored solution in water will, in a few days, control the discharge thoroughly. Success is even better if used in trituration with gum acacia. I had much trouble in procuring such a preparation, as the permanganate of potash adheres to the pestle when triturated with gum. If the drug is not finely subdivided, it causes irritation. Several pharmacists to whom I applied supplied me with an article of this character, not only useless but harmful. After several trials, I have hit upon the following plan of preparation: Triturate one grain of permanganate of potash most thoroughly with two drachms of fine sugar of milk; then add six drachms of gum acacia. First, mix thoroughly, then triturate until a fine mixture is apparent. It can be further reduced by adding more gum if a weaker strength is required. In ozena, this powder can be blown over the nasal surface, preferably after cleansing, with the effect of removing the unpleasant odor, and soon reducing greatly the amount of discharge. This often proves a comfort to a whole family. I am satisfied that any one who will use this preparation of permanganate of potash in diphtheria will become enthusiastic respecting its value. No local treatment I am acquainted with—indeed no treatment of any character—has approached in results the

benefits derived from the local use of this drug. I have seen the swollen and obstructed nose discharging freely quantities of irritating fluid, the throat and communicating cavities containing large amounts of diphtheritic exudate, foul, and emitting a most offensive odor, transformed in a day, the discharge and odor ceasing and the inflammatory process rapidly diminishing, thus preventing or lessening the intensity of the "secondary poisoning," *i. e.*, the septic. Even if the nose is not apparently involved, it is well to treat these surfaces also; the inflation does no harm, and may prevent extension from the throat. When it is difficult to apply the powder to the pharynx or larynx, or both, I have succeeded by spraying the nasal surfaces with a one-per-cent. solution of cocaine, which permits the easy passage, in most cases, of a tube into the posterior nares or pharynx, through which the powder can be easily blown. The greater the amount of membrane and degree of tissue changed, the stronger and oftener can the inflations be made without irritation being excited; whereas, when the change is slight, as in the nose before involvement is marked, weak triturations only should be used, not stronger than one-half grain to the ounce. I would urge those who attempt this treatment to carry it out thoroughly. The result is almost certain if the powder is brought well in contact with the affected surfaces. Apparent failure I have seen converted into prompt success when the treatment has been applied afresh by an intelligent and fearless attendant. Children are inclined to resist much, which is neither distressing or even truly annoying, and thus intimidate a weak-hearted attendant. Insubordination should be checked at once in the beginning of the case. For instance, if the child objects to the inflations, the attendants should, without show of preparation, seize the child in such a manner that neither the body or hand can be moved. The grasp should be of such a character as to suggest, even to the mind of a child, that resistance is hopeless. This can be accomplished with all kindness and a smiling countenance. If this is properly done, the child is not terrorized, but simply discovers that it cannot resist. The fight is soon over, and the child is conquered as certainly as the horse that is thrown by the trainer in the ring. None of the pre-

parations for treatment should be made within view of the patient. When the patient is old enough to co-operate with the attendant, it is well to cleanse the surfaces before the inflations. The frequency of the inflations will depend upon their influence. They must be often enough to destroy the offensive odor and rapidly diminish the discharges and inflammatory action. During the first twenty-four hours I have made use of from three to eight or ten inflations at intervals of two to six or eight hours. By an "inflation" is meant a thorough application of the powder to the whole extent of the diseased surface, which may require the use of the tube several times. The very rapid decomposition of this drug, when in contact with organic matter, interferes with its use as an internal medicine.

#### COCAINE,

so valuable as a local anæsthetic, has as yet been but little used as an internal medicine. The well-known stimulating properties of the plant from which it is derived have suggested its value in various prostrating diseases. I have thus far attained an encouraging degree of success in the treatment of the condition called "heart-failure." Failing heart is due to so many causes that the term is indefinite, *i. e.*, in an ætiological sense. Cocaine seems to be most valuable in such cases as are due to the depressing action of poisons upon the pneumogastric nerve, resulting in rapid, weak pulse. Such is pre-eminently the character of the failing heart so frequently found in diphtheria. So often we find the child suffering with this affection quite bright, with strength apparently good, inclined to, or actually, playing, often insisting on sitting up in the lap, and yet, upon feeling of the pulse, we are astonished to find it very rapid and feeble, perhaps with disturbed rhythm, perhaps intermitting. We have all seen these cases die, few indeed surviving this impending paralysis of the heart. For several years past I have used and recommended kali cyanidum 3x for this condition, and feel it to be a remedy of power, but think that in cocaine we have a remedy of greater value. My experience, however, is as yet limited. A case illustrative of its value I saw during the past fall, the subject being a child four

years of age. When seen it had been sick for five days. The pharynx, nose, and in some degree the larynx and mouth, were involved; pulse feeble and rapid, seemingly out of proportion to the degree of general prostration. Within twenty-four hours kali permang., blown over the involved surfaces, removed the offensive odor and almost entirely stopped the ichorous discharge from the nose. The breathing was also much easier, but the pulse weaker. Cocaine 1x trit., in grain doses every two hours for six hours, then three to six hours, rapidly improved the pulse and removed all dangerous features. Less conspicuous results have been attained in three other cases somewhat resembling this one, but other remedies were given in two of them, and the effects of the medicine cannot, of course, be stated with the same certainty.

Since writing the preceding I have corroborated the statements made relative to the value of cocaine in diphtheria in a most striking case. Last Monday, January 5th, Dr. Ayres asked me to see with him a case of diphtheria of five days' standing in a little girl of five years. The symptoms were those of a malignant case. The entire throat was intensely inflamed, and contained considerable membranous exudate, widely distributed. The lymphatic glands at the angle of jaw much swollen. The nose was greatly obstructed and discharging freely an irritating, yellowish fluid. The upper lip and all the region about the nose and mouth with which the irritating discharge came in contact was very sore. Breathing through the nostril was so difficult that the mouth was kept widely open. There was some cough and laryngeal obstruction. The breath was offensive. The membrane broke down easily upon manipulation, and was darkening in color and growing foul from the admixture of food, etc. Prostration was marked. The pulse rapid, about 130, and easily compressed. The heart's impulse was feeble and the first sound short and strikingly valvular in quality, indeed much like the second sound. The child was restless and much distressed. We administered kali cyan. 3x trit., inflations of kali permang, and all the brandy which could be taken. Rectal alimentation the doctor had kept up for two days past. On Tuesday, January 6th, the discharge from the nose had almost ceased, as had the offensive odor. The

irritated face was dry and scabbing; the breathing through the nose quite easy; throat swollen less, and diminished indications of involvement of the larynx. But from the afternoon of the 5th stupor had gradually increased, and during the forenoon of the 6th it had been impossible to arouse the child by calling and disturbing it in various ways. The pulse was more frequent, and heart's first sound still more shortened and valvular in quality. Very slight pressure obliterated the radial pulse. On the 5th I had made a most unfavorable prognosis. On the 6th we had scarcely a hope of recovery; it seemed that the child must soon die from the general poisoning and heart failure. We now substituted cocaine 1st dec. trit., grs. i every three hours, for kali cyn. 3x, continued the inflation less frequently, and ordered all the brandy which could be administered. This proved to be little, not more than a teaspoonful every two or three hours. Within four hours after commencing the cocaine the friends noticed improvement. By evening consciousness returned, and upon my visit Wednesday noon the child was wide awake, taking in all the surroundings, and constantly in fear of being disturbed by the inflations or the giving of food. The pulse had doubled in volume and the element of impulsion was again added to the heart's first sound. We lengthened the intervals between the doses of cocaine from four to six hours, as well as between the inflations. A little milk was taken. This morning, at 12 o'clock, I found the child asleep on the right side, her knees drawn up, both hands under the face, breathing quietly. The pulse was good, the sore face had nearly healed, and the discharge from the nose almost gone. The mother said that yesterday afternoon the child asked for toast and tea and ate considerable. Recovery is undoubtedly assured.

This is the most brilliant cure of diphtheria it has been my fortune to witness; indeed I look upon this case as quite a remarkable one. The mortality among this class of diphtheritics is almost 100 per cent. under any treatment whatsoever, and I am sure all will hail with pleasure a remedy which promises anything for their relief. The mortality is especially high among young children who cannot be persuaded to take food and stimulants, and all medicines have seemed to fail quite regularly, whether well selected ones on the homœopathic principle or heart stimulants prescribed for their physiological action.

### Proving of Ammonium Bromatum.

Dr. John C. Morgan took ammonium bromatum, 3x trituration, several times daily for three days. The first symptom noticed was a feeling of malaise and fatigue, worse on lying down, and worse after the emission of flatus while urinating. Tickling in the trachea and bronchial tubes, attended by cough and slight scraping in throat while coughing. Sneezing on moving about in a cool room, or on raising the arms; slight thin discharge from right nares (next day this was thicker); sensitive to cold air; chilly feeling in back of chest and nape of neck; increased mucus in pharynx causing cough.

Second day, 10 A. M.—Voice changed as from obstructed nose, in a warm room; when walking in the open air, the nose smarted as if raw; worse when inspiring; later sneezing; in the evening cough dry and irritating. Woke at 3 A. M., with cough, increased by pressure on throat; increased discharge from bronchi and nose.

Third day—Mind more resolute and active; coughed but little, and that was loose. At 4:30 P. M., sneezing on going into a warm room; in the evening, difficult vision and hemipopia, followed by coughing and right-sided headache increased by coughing.

Fourth day, 3 A. M.—Waked with pain from sternum to spine, relieved by changing position. Later, while writing, misspelled words or numbers; persistent disposition to stoppage of the nose in a warm room; felt timid, discouraged, lacked self-confidence; also considerable malaise and languor, with nervous restlessness; desire for external warmth and for hot drinks; pains in legs at intervals; worse from motion. After a fatiguing walk late in the evening, irregular action of the heart; 1 A. M., whistling respiration, apparently from left nostril; sticking pains in the right ear.

After these symptoms there occurred for some days frequent attacks of colicky pains in the lower abdomen, also a thick discharge from the nose. During the whole of the latter part of the proving there was an irritable feeling under finger nails, relieved only by biting them.—*A. I. H.*, 1890.

### Pædiatric Hints.

Always teach a nurse that a child cannot swallow as long as the spoon is between the teeth; that it is advisable to depress the tongue a brief moment and withdraw the spoonful at once, and that now and then a momentary compression of the nose is a good adjuvant.

The rectum of the young is straight; the sacrum but little concave, the sphincter ani feeble, and self-control is



developed; but gradually, for these reasons, rectal injection is allowed to flow out or is vehemently expelled. Therefore, one which is expected to be retained must not irritate. The blandest and mildest is a solution of six or seven parts of chloride of sodium in a thousands part of water [teaspoonful salt to quart water], which serves as a good vehicle for medicine unless incompatible with the latter. The injection must be made while the child is lying on its side, (preferably the left side), not on the belly, over the lap of the nurse, for in this position the space inside the narrow infantile pelvis is reduced to almost nothing.

In many cases of intense intestinal catarrh, large and hot (104 degs. to 108 degs. F.) enemata will relieve the irritability of the bowels and contribute to recovery. They must be repeated several times daily. When there are many stools, and these complicated with tenesmus, an injection, tepid or hot, must, or may be made after every defecation, and will speedily relieve the tenesmus.—*Dr. Abraham Jacobi, in Arch. of Pediat.*

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#### Cereus Bonplandii.

Dr. E. M. Hale, reviewing the medicinal qualities of this drug, speaks as follows: The symptoms are not the same as those of cactus. *Cereus bonplandii* has "convulsive pains at the heart," but the prover does not mention the "sensation as of a hand" about that organ. It has also the feeling "as if the heart was transfixed by some blunt instrument," "sensations as of a great stone laid upon the heart," and "pricking pain in the heart." These symptoms show that it causes, like cactus, some kind of spasmodic action in the heart, but with a distinction sufficient for us to differentiate the two remedies. *Cereus ponblandii* has "difficult sighing respirations, as from some great oppression of the chest." Dr. Hale states that he has used the drug in many cases where the symptoms were not clearly enough described to indicate cactus, yet indicated a weakness and spasmodic irritability of the heart. This drug has a group of mental symptoms differing much from those of cactus. The prover had a "great desire to work" "and to be doing something useful," indicating a stimulating action on the cerebrum. Cactus has inconsolable melancholy, and fear of death, with weeping, a condition resembling aconite and indicating an entirely different cerebral condition. *Cereus bonplandii* may prove a remedy equal to spigelia for pain in the eyes, and, like it, may be indicated in exophthalmus. The headache of this remedy is not as severe in the vertex as that of cactus, but it has a similar occipital pain.—*Transactions of the A. I. H., 1890.*

THE  
CALIFORNIA HOMŒOPATH.

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Original Articles.

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WATER.

BY A. AUCHIE CUNNINGHAM, F. C. S., ETC.

Water is an article with which no animal can tamper with impunity. Nor can the human race dispose of it and pick it up again at any time.

When we remember that, approximately, three-fifths of our body is composed of water, and it is this liquid which conveys to every part of our frame the nitrogenous and non-nitrogenous substances which sustain animation. Moreover water is the solvent for various salts which require to be removed from our body as waste matters. This substance is constantly being given off by the skin, the breath, the urine and fæces, and must therefore be taken into our systems in varying proportions in accordance with climate, occupations and general conditions.

Water pure and simple, is never met outside of the chemical laboratory, and even there what is commonly called pure or distilled water, is not chemically pure, although for all practical scientific purposes, it is pure enough, notwithstanding it usually contains one-tenth grains per gallon of total solids, and sometimes more.

Rain is the purest form found in nature; but it contains various gases as, carbonic anhydride, carbonous oxide, am-

monia, sulphuretted hydrogen, nitric sulphurous and sulphuric acids, in various proportions, collecting these from the atmosphere, and forming acids with the anhydrides, and hydrate with the ammonia, and as the last three are mixable with water they unite. The quantities of these ingredients are in proportion to the composition of the atmosphere where it falls, as in cities the acids are high, while in the country it is comparatively pure. As soon as it reaches the earth, it dissolves small particles of the solid materials it comes in contact with, to an extent varying in quantity and quality with the nature of the rocks and soils it has touched, and increasing in amount, until it reaches the sea, which contains a larger proportion of saline matter than water from any other natural source; with a few exceptions, as Salt Lake and the Dead Sea.

It is therefore apparent that it is not the water which requires to be examined, but the percentage and kind of matter it holds in suspension and solution.

An average man consumes daily from three and one-half to five pints of water; one being taken in the form of solid food, leaving from two and one-half to four pints to be taken in the liquid form as tea, coffee, milk, beer, water, etc. It is therefore a matter of no small importance that the quality of this substance has much to do with the general health of a community, and of particular households controlling their own water supply.

This substance is responsible for much unhealthiness, and many a family in the country is always ailing, because of the water supply. As for example a well is often less than twenty feet from the house, and the cesspool not twenty feet from it; and thus all manner of decomposing animal and vegetable matter is constantly finding its way into the water supply, both in the liquid and solid form, the former by percolating through the soil, and carrying with it the organisms and poisonous matters, while though in a very small proportion, they are not sufficiently diluted to lose their poisonous power.

Surface wells are the source of much sickness at the present day, and many are but dilute solutions of urine and drainage from excrement; not that I believe urine in a dilute form

never to be drunk without bad effects, because cases are known, but I believe this matter may be taken internally in a dilute form if it be that of a healthy person, but when the water supply is changed, the effects show themselves in various ways, just as morphine and other alkaloids may be taken regularly and systematically, and it is only when the patient ceases the use of the drug entirely, that the symptoms show themselves, to a degree varying with the condition, and strength of the whole system.

When water is suspected and a chemical examination considered advisable, the first thing to be done is to have a fair and good sample taken. The quantity required is about one gallon, and it must be taken in a glass bottle or bottles, metallic or earthenware vessels should never be used, as many waters contain substances which dissolve metals, thus rendering the sample impure; moreover they can't be seen into, and a definite conclusion come to, regarding cleanliness. A good bottle is the Winchester quart which holds about half a gallon. In order to be sure the bottle is clean, rinse out with about an ounce of sulphuric or hydrochloric acid, seeing that the acid is allowed to run all over the interior, then wash free from the last traces of acid, by filling with water at least four times. Then when taking the sample, rinse out once or twice with water requiring examination, and take sample, if from a pipe, let the water run a few minutes first, so as to remove any stationary matter, or if from a well, pond or river, take it with the mouth of bottle about three inches below the surface, and thus avoid any scum getting in; fill to about an inch from the top, and stopper or cork, seeing that they are clean; cover with linen or calico and tie down, attach label and seal so that it cannot be opened without breaking seal. Lutings of linseed, or plaster paris, must never be used. Keep in a dark place and dispatch to the analyst as quickly as possible.

Write the chemist if unable to see him personally, giving reasons for examination being considered advisable, also give full particulars as to surroundings and weather, if wet or dry, about time sample was taken. This enables him to be guided in the examination, and saves useless estimations being made, which only means expense.

The first thing necessary is a qualitative examination as to the presence of decomposing organic matter by smell, on heating about a pint in a flask, closed, shaking and noticing odour, then the same test is made with permanganate of potash; secondly, we determine whether animal or vegetable impurities are present, by the bulk of chlorides shown with argentic nitrate, and thirdly we test for mineral poisons, as copper, lead, iron, arsenic, etc. When it is advisable to make a quantitative analysis for sanitary purposes the estimation of total solids, chlorine, free and albuminoid ammonia, oxygen consumed by moist combustion, poisonous metals, is necessary before a report can be made on the water, as to its quality for consumption.

The total solids in a water may vary in amount, but must never exceed forty grains per gallon. As an example, some of the water supplied to London contains twenty-six grains per gallon; while the Manchester water contains only four grains per gallon, and the water of Glasgow (Scotland) only two grains per gallon. From this we see that a high total residue can have no very injurious effects on public health, as London is healthier than either of the other two cities, other things as drainage, etc., being taken into consideration.

I have examined several samples of waters taken from wells in and near San Francisco; one contained 15.53 grains total solids, another 13.09 grains total solids per gallon, while a third 64.00 grains per gallon. In the latter, the water was condemned as it had a large amount of chlorine, and was contaminated with animal organic matter.

Chlorine in water is usually combined with sodium but sometimes we find it combined with magnesium and lime. The presence is very important although a small quantity is beneficial rather than otherwise. But when high it is an indication of sewage. However, this is only in the case of animal impurities and its absence is no guarantee of the absence of vegetable matter, which is certainly to be avoided. Therefore a mere examination of the amount of chlorine is no proof of the purity of water should it only be found in small quantity. The only time the estimation of chlorine is all that is needed, is in the case of an outbreak of cholera,

or other epidemic, and the general characteristics of the water in the vicinity are known, and many samples require examination as quickly as possible, to determine the quality of the wells or springs in the district. Over five grains of chlorine will always cause suspicion, and a fuller examination is necessary, before any definite conclusion can be arrived at by the chemist. This further examination is the estimation of free and albuminoid ammonia. When over eight-tenths parts per million of free ammonia is the result of the analysis, it usually proceeds from the fermentation of urea into carbonate of ammonia, and the water in question is contaminated with animal matter, in which case, the percentage of chlorides is also high.

However, much albuminoid ammonia, and little free ammonia, and absence of excess of chlorine is an indication of vegetable impurities.

The oxygen consumed by moist combustion, is the complete oxidation of organic bodies, by means of permanganates; and a report stating that a sample does not contain over .0005 grms. per litre, means, the water is of first-class quality, while average water contains less than .003 grms. per litre, and bad water over that. The actual weight of organic matter in a water, is approximately equal to the weight of O. in the water, treated in this peculiar manner.

Lastly, good water never contains over .2 grains per gallon of iron, and less than .1 grain per gallon of lead, copper, etc.

Without a good laboratory, the necessary apparatus, and sure chemicals, it is utterly impossible to make even a qualitative examination, as to purity of water for domestic purposes. Good water, is a clear, transparent colourless when in small bulk liquid, and should have no smell, and very slight agreeable taste.

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VERY little blood circulates in the muscles when they are at rest, but the quantity is largely increased by exercise. In diabetes the blood conveys sugar to the muscles, where much of it probably becomes broken up by the action of a ferment, and this is supplied by physical exertion. In this way active exercise proves beneficial in such cases, when employed advisedly, and under due precautions.

## DEBILITY OF ACIDS DIFFERENTIATED.

By WILLIAM BOERICKE, M. D.

All acids produce debility, languor, weakness. This is in consequence of the impaired nutrition they cause.

*Acetic acid* is indicated in the most profound forms of debility in the course of diseases that tend deathward. Not only the profuse perspiration, the hemorrhage, the diarrhœa, the hectic fever, but also the cold extremities, dropsical effusion, great emaciation and marasmus, indicate the serious type of disease for which it is indicated. The general anemia with waxy skin, anasarca, emaciation and sweats, call for it.

*Sulphur acid* debility shows itself more as a *tremor*. There is a sense of tremor all over, not necessarily accompanied by objective trembling. This trembling sense is very characteristic. Frequently in women at change of life, and with it also the hot flashes, relaxed cold feeling at stomach, causing a craving for stimulants. This trembling weakness is also associated in sulph. ac. with a quick, hasty movement; everything must be done in a hurry.

*Oxalic acid* produces great muscular prostration, weight and powerlessness of limbs. This weakness here is especially seen in the backache the drug calls for; back feels too weak to support body; great lassitude and weakness of limbs; acute pain in back, extending down thighs, seeks relief by change of posture; numb feeling, blueness, coldness, stiffness and immobility of limbs accompany the backache; pains worse when thinking of them; pain in spots; aphonia and alteration of voice.

*Benzoic acid*. The debility is less general and more local in its manifestations, as seen in its action upon the urinary organs. The weakness is shown in the irritable condition of the bladder that is produced, going on to enuresis. Irritable bladder with muco-purulent discharges, enlarged prostate, often found in old persons, who complain of dribbling of strong-smelling urine. The guiding symptom to its use, is always, no matter what the disease, the character of the urine; it is high-colored and *very offensive*; the odor is exceedingly strong, pungent and offensive, and is present when the urine

is voided; it is not the ammoniacal odor of decomposing urine. Gouty patients, especially, are apt to be benzoic acid candidates; much pain in the joints, with gouty concretions or nodes.

*Carbolic acid* debility is associated with headaches, spinal pain and tenderness. The headache is congestive, like a band around the head, or neuralgic over right eye and often accompanied by *great acuteness of smell*. Symptoms of acute dyspepsia, much flatulence, acidity, burning in stomach, showing its weakening effect upon the digestive tract. In flatulence of old age, depending on imperfect digestion, it is indicated.

*Lactic acid* shows its debility in the stomach. Morning sickness in pale anemic women who lose large quantities of blood during menses, which usually last long; acid and profuse perspiration all over.

*Muriatic acid*. The greatest *general* prostration is met with in *Muriatic acid*. It is of such a character as is found in low fevers, where the debility is so great that the patient slips *down toward the foot of the bed* and must be lifted up every little while. Again another accompanying symptom of the great prostration is inability to void urine unless the bowels are moved. He needs the rectal stimulus in order to get the bladder to act.

The debility of *Phosphoric acid* is like that of china and calc. phos. resulting from loss of fluids and after sexual excesses. It corresponds more to the chronic effects, while China meets the acute symptoms. Sometimes after mental emotions, grief, sorrow, homesickness or disappointments, a profound debility sets in with emaciation, night sweats, drowsiness, etc., congestive headaches, etc. This calls for phosphoric acid. Children who grow very rapidly, feel tired and as if beaten in back and limbs, need phosphoric acid. The debility of phosphoric acid is more of a nervous character. Indeed, the very sources of ordinary loss of strength, diarrhoea, perspiration, polymia, etc., do not seem to weaken the patient as much as you have reason to expect. For instance, in diarrhoea, though the discharges are frequent,



profuse, etc., and have continued a long while, still they do not debilitate so much. *Phosphoric acid* does not cause serious blood changes, therefore it does not give us the putrescent symptom that call for Mur. acid. Bapt. Ars., etc., in typhoid, and in the action of phosphoric acid upon the nervous system, we fail to find a profound, disorganizing influence. It is indicated in the *functional debility* from various causes. Here it helps to restore normal functional activity.

*Picric acid.* Back aches, is numb, loins weak, numb limbs, legs blue and cold. It causes almost complete immobility of lower extremities. Remember its paroxysms of dyspnoea (as in spinal meningitis).

*Nervous exhaustion* in its sphere. A remedy that causes much deeper effects upon the nervous system, whose symptoms indicate very serious lesions there, is *Picric acid*. Everything points to a profound depression and anemia, going on to softening. The remedy produces a weariness, from a slight fatigue on motion to paralysis, a mental inactivity with indifference, want of will power to do anything, and a desire to lie down and rest. It corresponds to symptoms of *neuraesthesia*—Brainfag. It has severe headaches, beginning in occipital region and then extending forward and downward worse, slightest use of brain better, pressure. *The slightest exertion brings on speedy exhaustion.* This is the grand characteristic of *picric acid*.

*Phosphor.* resembles picric acid in causing fatty degenerations and in softening of brain and spine. Similar also in the sexual symptoms, but in phosphor. the *lasciviousness* is more marked. Similar also in brainfag, from study, etc., but *phosphor.* has more *irritable weakness* as is shown by oversensitiveness to external impressions. Hence the senses are very acute, sensitive to noises (music), odors, electric changes, excitability.

Picric acid and these similarly acting remedies are frequently indicated in overworked patients, especially if mentally overtaxed. Men whom close study or perplexing business matters have broken down. As Dr. Sam Jones, the

prover, admirably puts it, *picric acid* extinguishes that quality we call *grit*, physiologically *grit* being volition compelling function, matter obeying mind. Akin to *picric acid* in brainfag is *silicea*, but the *silicea* patient *has* *grit*; though he feels "played out," he can become interested, and then he works and works so thoroughly that bye and bye he gets exhausted from overwork. In short, the *silica* patient, though he dreads exertion, mental or physical, will warm up to it when once started.

*Picric ac.* has marked excitement of the sexual organs, shown by priapism and profuse emissions. Erections very violent, a common symptom in spinal diseases, and it is in chronic cerebro-spinal disease that *Pic. ac.* will come into play. It has cured Loco-Motor Ataxia. The sleep of such patients is disturbed by the most violent erections. *Legs heavy*, weak, numb, trembling—*prostration from least exertion*. General sense of lassitude. Difficult to move limbs.

Both Acetic and Sulph. *ac.* have profuse perspiration with great debility, both have cough with hemorrhage from lungs, both have diarrhoea with great weakness, and both are useful in hectic fever. Acetic acid has in addition the swelling of the lower extremities, the cold extremities, greater emaciation and marasmus. It is indicated in a more advanced stage.

Sometimes after injuries, bruises to soft parts, when *arnica* proves insufficient, soreness and stiffness remains, *Sulphuric acid* will follow well. Skin shows blue spots—*ecchymoses*, *Livid spots*, scars turned red and blue and hurt.

It is complementary to *Pulsat.* Cases but partially relieved by *Puls.* may require *Sulphuric acid*.

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*Chelidonium*—There is a class of patients who frequently need *chelidon*. They are those sallow faced individuals who have attacks of liver troubles every little while, with awful constipation, loss of appetite and rapid emaciation. They wither in a day. Such patients are frequently found among women who have passed the menopause.—*Kent*.

## Ophthalmology and Otology.

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CONDUCTED BY H. C. FRENCH, M. D.

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### IN MEMORIAM.

DOCTOR GEORGE SALMON NORTON.

It is with a deep sense of personal bereavement that we pay this small tribute to the many virtues of our departed friend. At the time of his death Dr. Norton was the recognized head of the ophthalmological department of our school, the world over, and he had few peers in the entire domain of his chosen specialty. He was born at New Marlborough, Mass., Dec. 8th, 1851, and died of pleuro-pneumonia, at his home in New York, on January 31st of the present year (1891). He wrung from adversity a professional career of the brilliancy of which more favored aspirants might well be proud. He was Professor of Ophthalmology in the College of the New York Ophthalmic Hospital, also in the New York Homœopathic Medical College, succeeding Dr. Liebold in that position in 1886. He was ophthalmic surgeon to the Free Hospital for Children, and a member of the surgical staff of Ward's Island Hospital for many years. Besides these and numerous other evidences of his recognized worth, he honored almost every society of our school in his State and the nation with his membership, and in all was an unquestioned, and almost supreme authority upon all questions of ophthalmology. A profound and indefatigable student, his modesty and gentleness of character won for him a warm place in the hearts of his admiring collaborators. His chair in the ophthalmic clinic was always the center of a group of hungry minds, eager for the ordeal of his merciless quizz because in it they found the door to true knowledge. He impressed all alike with his earnestness, sincerity and conscientiousness as a tireless delver in his chosen field of scientific labor; and as a result of his fidelity and self-sacrifice, he has left, in his "Ophthalmic Therapeutics," the most complete and reliable work upon the eye that has thus far found a place in homœopathic literature. As a teacher

he was earnest, sincere and ever faithful; requiring of his pupils that perfection of knowledge which was his own ideal. It is seldom that in an organization of such physical frailty we find contained so much mental and moral force and endurance. His services to science and humanity deserve a higher tribute than it is in our power to bestow; and as with fraternal affection we place our poor memorial over against this bright name in the annals of our infant school, the sad query comes to our mind, who shall be able quite to fill the vacant place? It is pleasant to express the assurance to his bereaved family, that they have the sincere and profound sympathy of the entire homœopathic profession in this mutual and irreparable loss.

Good-night! Lie down in peace, thine earth-life done,  
 To-morrow thou shalt rise again, to find  
 Release from bands that held thy prisoned soul,  
 And soar to heights, before by thee unknown.  
 Through death's dark door we pass to life and light—  
 And hope's fruition under warmer skies;  
 Through death alone thou findest relief from pain,  
 And all the hampering forces of the flesh;  
 Freed from the leash of dull mortality,  
 Thy regal spirit rests at last in God.

HAYES C. FRENCH.

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## Colleges and Hospitals.

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### The State Homœopathic Society of Washington.

Our state society convenes this year at Spokane Falls, May 12th, and I want *you* to feel that you are personally invited and are expected to be present. If you are not a member, you are most earnestly requested to join with us and add your efforts to make this our infant society a vigorous one to the end, that its growth may be healthy and its age enduring. We have made a good beginning and our showing very creditable, but it is necessary to successful growth and progress that you give it your individual efforts in all legitimate ways to further its highest and best interests.

Meet with us—Give us a paper, enter into discussion, and in all ways make the session interesting and instructive. Do not forget this is a duty you owe your principles and school of practice. Our president has suggested making this a vacation. Why not act upon it and “do good while you have opportunity?”

Should this meet the eyes of any of our homœopathic brethren in Oregon it will be an invitation to attend also. As both our societies are not overstocked, an interstate society might be considered in order, the combined strength of the two would be of much importance in matters of legislation and mutual aid.

Come and meet with us and let us all enjoy this season—come together with the earnest purpose of mutual enjoyment and profit.

Reduced rates will be arranged for over the N. P. R. R. to those desirous of attending. F. W. SOUTHWORTH, M. D.

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#### Los Angeles County Society.

The semi-annual meeting of the Los Angeles County Homœopathic Medical Society, assembled in Dr. J. Mills Boals office, February 18th, 1891. The following officers were elected for the ensuing term: President, E. W. Clark, M. D.; Vice President, C. B. Dickson, M. D.; Secretary, F. P. Hoy, M. D.; Treasurer, A. E. Wheeler, M. D.; Censors, Drs. Lummis, Salisbury and Shorb.

We gladly welcome Dr. J. W. Reynolds who has returned to our city and opened an office 125 W. 1st street.

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#### Oregon State Society.

The Homœopathic Medical Society of the State of Oregon will hold its Fifteenth Annual Meeting May 13, 14 and 15th, in the parlor of the Hotel Portland. It is the duty of every homœopathic physician in the State to be present to take a part in the important business that will come before the Society. The officers mean to do all they can to make this the most interesting and instructive meeting ever held in Portland.

## Editorial Notes.

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GOVERNOR MARKHAM has failed to realize the very reasonable expectations of the Homœopaths of California. He was elected to his position by the Republican party without reference to sect or school, but it seems that he deliberately ignores a large and influential homœopathic sentiment in the State and is willing to be known as the Governor of but a portion of the people.

We hoped for better treatment from Governor Markham, but the same fear that has made moral cowards of his predecessors has evidently been too strong for this latest aspirant for gubernatorial honors.

These remarks are induced by the announcement of the appointment of the State Board of Health, every member of which is an Allopath. In the face of the fact that the Governor is a firm believer in Homœopathy, and employs a homœopathic physician in his family, this action is perfectly unaccountable except on the supposition of cowardice. The CALIFORNIA HOMŒOPATH worked earnestly and conscientiously for the election of Colonel Markham believing that we as Homœopaths would receive that honest recognition which is our just due. That we are disappointed is a mild statement of our feelings. A magnificent disgust for Henry Markham fills our soul, and the belief has settled into a conviction that no man occupying a high elective position in California dares emancipate himself from the degrading bonds of established customs. In making up the Board of Health the Governor unable apparently to find seven Republican Allopaths competent for appointment deliberately chose a Democrat of the old school rather than yield a place to the Homœopathic physician. This is an emphatic disregard of justice as discreditable to Governor Markham as it is insulting to the Homœopaths of the State, and we frankly confess that we did not believe the Governor capable of such an act of unwarranted favoritism.

We apologize to the homœopaths of California for the part we took in the election of Henry Markham to the position

he has shown himself so conspicuously unfit to hold, and trust that the day is not far distant when our beautiful State may be blessed with a chief magistrate who possesses at least the courage of his convictions.

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THANK Heaven the medical "cinch" bill died a natural death in the Legislature. We are glad that the gentlemen in Sacramento recognized the infamous intent of this effort of the allopaths of California to arrogate to themselves the entire control of medical affairs in the State. It is fortunate for us that the bill was killed in the Assembly, for had it passed, we fear that it would have met with the approbation of the Governor. Any man who is so blind to the best interests of his constituents as Governor Markham has shown himself in the selection of the State Board of Health, would certainly be capable of signing any bill however unjust that was proposed and championed by the sect whose servant he has proved himself to be.

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ON May, the 15th annual meeting of the California State Homœopathic Medical Society will be held in San Francisco. We trust that every member of the Society will avail himself of the opportunity to meet his brethren in a harmonious and instructive session. There are scores of homœopathic physicians in the State who have never joined the Society, and this disinclination on their part has been a loss to the Society as well as to themselves. If every one of these gentlemen would come into the fold, attend the meetings and take an active part in the proceedings, the California State Homœopathic Medical Society would occupy a conspicuous place among her sister associations. Don't hold back any longer gentlemen, but come down to the Bay next month and we guarantee that it will be one of the most interesting experiences of your life.

C. L. TISDALE, M. D.

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*Magnes. phos.*—Ague with violent cramps and blueness of extremities.

## Correspondence.

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### LOS ANGELES LETTER.

LOS ANGELES, CALIFORNIA, March 22d, 1891.

EDITORS CALIFORNIA HOMŒOPATH.—Although late, I will, according to promise, briefly as possible give you the details of the organization of the Southern California Homœopathic Medical Society.

For some time past there has been a growing sentiment among the physicians of Southern California that we should form a society. This portion of the State comprises such a vast extent of territory, we are necessarily separated by long distances. By organization we can the better co-operate in all matters concerning our common cause, and the mutual advantage of acquaintance, thereby increasing a closer and more sympathetic relation with each other. It has been a source of surprise, and no little criticism, that so few of our southern physicians have not identified themselves with the State society. It is chiefly because of distance, loss of time and no little expense for us to leave our work and go to San Francisco, where most of the sessions held, making it difficult to take an active part in its proceedings. To wait for the physicians of this section to join the State society means, we fear no organization for a long time. For this, and many other reasons, on December 9th, 1890, in the City of Los Angeles, several of our practitioners from various sections of Southern California met and formed the Southern California Homœopathic Medical Society.

Dr. E. A. Clarke was chosen president *pro tem*, and Dr. E. C. Buell, Secretary. The permanent organization resulted in the election of the following:

President, Dr. H. R. Arndt, of San Diego; First Vice-President, Dr. E. A. Clarke, of Los Angeles; Second Vice-President, Dr. J. B. Stiles, of San Bernardino; Secretary, Dr. J. J. Bleeker, of Pasadena; Corresponding Secretary, Dr. D. Lummis, of Los Angeles; Treasurer, Dr. H. S. Stambach, of Santa Barbara; Board of Censors, Drs. Hodge, Van Norman, Shay, Salisbury and Johnson.

There will be an annual and semi-annual meeting each year, the first taking place in Los Angeles, April 8th and 9th, 1891. An inviting program is being prepared. The chairmen of the various bureaus are making special effort to have interesting papers.

To members of the State society I reiterate the sentiment, most emphatically expressed at our organization, that we do not intend to conflict or oppose you in any respect. On the contrary, we hope to be the means of aiding the State society and act in conjunction with you in matters educational, legislative or any other way to advance our common interests. We shall send delegates to the May session, and trust at our semi-annual meeting in October to see a large delegation from the State society.

Through our State Journal, the California Homœopath, we extend a cordial invitation to all Homœopathic physicians to attend our first meeting next month, and help by your presence and good cheer to make this gathering what we all most earnestly desire, pleasant and profitable to all.

E. A. CLARKE.



## A CORRECTION.

GRASS VALLEY, CALIFORNIA, March 17th, 1891.

EDITORS CALIFORNIA HOMŒOPATH.—Will you please have, under "errata," in next number, attention called to the following typographical errors:

In third line from top of article, read "covered" instead of "showed"; and in line fourth from last, "unusually" instead of "usually."

J. L. COOMBS.

## Suggested Topics.

PATERSON, N. J., January, 1891.

EDITORS CALIFORNIA HOMŒOPATH:—I send you list of topics simply as suggestions from the committee for work to be done in the sections of *Materia Medica* and Therapeutics.

*Materia Medica*.—"The Demands of Modern Science in the work of Drug Proving." "Improvement of our Present Symptomatology—Is it practicable and to what Extent?" "Arrangement of Drug Symptoms for Study and Reference." "Repertories and Indexes." "The Pharmacy of Triturations."

*Homœopathic Therapeutics*.—"Homœopathic Therapeutics as Affected by Recent Development in Bacteriology." "Homœopathic Therapeutics of Constitutional Predispositions." "The Probable Homœopathic Uses of new but Unproved Drugs."

If any additional subjects occur to you, please write me to that effect. Awaiting an early answer, I am,

Yours truly,

THEO. Y. KINNE.

## Personals.

MR. E. W. RUNYON has returned from his trip to Portland, Oregon.

Don't forget the meeting of the State Society on the 15th day of May next.

DOCTOR LAIN has located in Vallejo. We wish her the success she deserves.

DR. J. W. REYNOLDS has returned to Los Angeles and opened an office at 125 West First street.

DR. H. N. CROSS, of Stockton, made a brief visit to this city and called at the publication office of the HOMŒOPATH.

THE *Southern Journal of Homœopathy* has a kind word to say of the HOMŒOPATH's labors to have a representative on the State and City Board of Health.

DR. CHAS. L. TISDALE has been nominated for a position on the Board of Education of Alameda. We congratulate that city.

SOME HOMŒOPATHS of Texas are talking of starting another journal. What's the matter with *The Southern Journal of Homœopathy*?

DR. HOLYOKE, of Ontario, Cal., has been in town for a week or so spending his honeymoon. The doctor reports business as flourishing in that part of the State.

THE *Journal of Homœopathics*, a journal devoted to Fincke-ism first, and Homœopathy next, is dead. In many respects it was an excellent journal and we mourn its loss.

WE recently had the pleasure of meeting DR. CROSS, Jr., of Stockton, during the doctor's brief visit in San Francisco. We hope to see more of him next time he comes to the city.

A. A. CUNNINGHAM, F. C. S., the author of the interesting paper on Water in the present number of the HOMŒOPATH, makes chemical analyses of all kinds, and also instructs students attending medical colleges for their professional examinations in chemistry.

R. B. BALDWIN, M. D., Class of '90, H. M. C., has located at Iowa City, Placer County, about fifteen miles from Colfax. Iowa City is an enterprising place of about one thousand population, without a physician. We congratulate the Doctor on his wise selection.

THE first meeting of the new Southern Homœopathic Society will be held on April 7th and 8th in Los Angeles. (See letter in present number.) We hope the physicians in the northern part of the State will send representatives. They will be treated well in every way.

THOSE INDEBTED TO THIS JOURNAL,—and they are very numerous at the present time, will please send in the amount of their indebtedness at once. From the first of May on, we shall send monthly statements to every one owing us a cent. So, to avoid being dunned, please send on your postal notes.

DR. SAMUEL S. GUY, of Visalia, Cal., desires a successor, as he will remove to San Francisco before many months. He has a good patronage in Visalia, and his remarkable success in establishing homœopathy in that vicinity makes the place a desirable one for some younger man. Address as above.

THE CALIFORNIA HOMŒOPATH is anxious to represent the Southern Homœopathic Society of this State, and we hope to have for our next, not only a complete report of their meeting, but some of their most interesting papers. Why not publish them entire in conjunction with the State Society proceedings?

REED & CAENRICK, the enterprising manufacturing chemists, have opened an agency in San Francisco, owing to the large demand for their excellent preparations. They have recently introduced several new preparations; also really fine toilet soap and delicate velvet skin powder, which we can cordially recommend.

DR. H. M. SMITH, of New York, paid us a visit during his flying California tour, and we were glad to see him. DR. SMITH first visited California twenty-one years ago, when there were but about ten homœopathic physicians in San Francisco, and he sees a great change both in homœopathy and in San Francisco, showing evidence of much prosperity.

A. AUCHIE CUNNINGHAM, F. C. S., a talented analytical chemist, has opened an office in No. 14, Chronicle Building, San Francisco, where he devotes himself to all kinds of analytical chemical work, such as the examination of food, oils, water, poisons, etc. Physicians desiring the services of a competent man to examine urine, etc., will do well to employ Mr. Cunningham.

THE last we heard of our own State medical bill was from *The Examiner*, which had this item: "Barnard, of Butte, endeavored to move a consideration of the medical 'cinch' bill but was met with a storm of objections." We presume the bill has been tabled or waste-basketed, and will remain so until the next annual allopathic attempt to have it resuscitated. The bill failed to pass we have just heard upon going to press.

ALLOPATHIC legislation has received some knock down blows of late. Their bill was vetoed in Washington, knocked out in Louisiana and Texas. The Homœopathic substitute bill was adopted in New York. Their bill was defeated in Alabama, while in Montana an allopathic board was ordered by the court to grant a certificate to a homœopathic physician who refused to submit to an examination, the court holding that a diploma from a reputable college was sufficient evidence of qualification.

THE Portland Homœopathic Pharmacy, a branch of Boericke and Runyon's San Francisco establishment, has been opened during the past month and meets a long felt want in that community. The entire support of the homœopathic profession in the North west is promised. It is strictly a first-class establishment and complete in every respect. The manager, Mr. Breckenfeld, has for many years, been identified with homœopathic pharmacy and will make an able representative of Boericke and Runyon.

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*Nitric Acid*—Constant eructation, violent cramp like pains as if the abdomen would burst.

*Phosp. Acid*—Urine milky, with jelly-like bloody pieces and pain in kidneys. Passes much at night.

## Book Reviews.

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**A System of Practical and Scientific Physiognomy; or How to Read Faces.** By MARY OLMSTEAD STANTON. In two volumes, profusely illustrated. Philadelphia and London: F. A. Davis, 1890.

For persons scientifically inclined, and physicians should be such, there can be no better investment than to procure these two handsome volumes, gotten up in the best style of our friend F. A. Davis, of Philadelphia. Not only will they form a pleasing addition to the library, but a most interesting and useful one. Physicians should be good physiognomists, and it is especially notable that physicians of the homœopathic school have paid far greater attention to this interesting science than have those of the allopathic school. Our materia medica is full of symptoms relating to the countenance, not only to the varied signs that disease imprints thereupon, but the appearance of the face in health, the complexion, the eyes, mouth, nose, etc. The author of the above work sets forth many interesting theories, which, although perhaps not satisfactorily proved, are at least very plausible, and furnish a new field for investigation and study. We have heard it stated that some Oriental physicians are able to diagnose any disease by simply looking at a patient without asking any questions. If that be true there certainly is much for our own physicians to learn in the line of physiognomy. Indeed the author claims that the work is of special value to the physician, enabling him to "understand by a glance at the face the inherited strength or weakness of all the internal organs, thus assisting him in his diagnosis of disease." We can heartily commend the work.

**Diabetes; Its causes, Symptoms and Treatment.** By C. W. PURDY, M. D. Philadelphia: F. A. Davis, 1890.

This little work contains the present status of knowledge of the subject of diabetes in a most practical and concise form.

The chapter on the treatment is an exhaustive one, and embraces in a thorough manner the question of diet and general hygiene, which the physician of any school can study with benefit. The work forms number eight of the physician's and students ready reference series which are neatly printed and handsomely bound, and as a series they are a most desirable acquisition to the library of the physician.

**The Evolution of Sex.** By PROF. GEDDES and J. ARTHUR THOMPSON. Humboldt Publishing Company: New York, 1890. Two double numbers, at thirty cents each.

This is the latest publication of the Humboldt Library, and is up to the former issues, if it does not surpass them. It is finely illustrated and treats the subject in an exhaustive manner. The Humboldt Library is an excellent institution and every physician should keep on hand a catalogue of their publications. The prices are cheap; single numbers, 15 cents, and double numbers, 30 cents each. And they have published some excellent scientific

works, among them are several by Herbert Spencer, Charles Darwin, Prof. Huxley, Tyndal, Proctor, Ribot, etc. Send to 28 Lafayette Place, N.Y. for list of their publications.

**Principles of Surgery.** By N. LENN, M. D. Philadelphia and London: F. A. Davis, 1890.

This enterprising publisher has added another volume to his valuable publications, which seems to us to be a very timely book. Prof. Lenn is well known as an able teacher and surgeon and this work on the Principles of Surgery bears testimony of a thorough acquaintance with the most advanced knowledge of surgical and pathological knowledge. The recent great discoveries relating to the etiology and pathology of surgical diseases have made the text books of only a few years ago old and almost worthless. It has been the aim of the author to fill the want for a modern treatise on the principles of surgery, and take into account the vast advances made in the past few years—advances that have well nigh revolutionized the practice as they have overthrown the old theories that ruled but a few years ago. The work is illustrated by 109 wood engravings, carefully drawn and executed.

**The Guiding Symptoms of our Materia Medica.** By C. HERING, M. D. Volume VIII. Philadelphia: Published by the Estate of Constantine Hering.

The peculiar excellence of Hering's Guiding Symptoms is acknowledged by all who have used the previous volumes. The last volume issued contains the remedies from Nat. phosph to pulsatilla inclusive. We are very grateful to have so large an addition to the materia medica and trust that the succeeding two volumes which will complete the work will soon be ready for subscribers. As our readers know, Hering's Guiding Symptoms contain all the characteristic and also *clinical* symptoms of the materia medica; the latter not being included in Allen's encyclopædia or hand-book, making this complete record of them almost indispensable to every homœopathic physician. The work of the editors, Drs. Rane & Knerr, is an arduous one, but most ably performed, and they deserve the grateful appreciation of the whole profession.

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## Clinical Items.

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*Guaiacum*—Pleuritic stitches between the scapula; worse in spring; stiffness of left side of neck and shoulders.

*Eupator. purp.*—Suppression of urine with restlessness. Burning and smarting in urethra with constant desire; incontinence in women.

*Conium*—Violent vulvar pruritis with pressing down of the uterus.

*Allium Cepa*.—Ciliary neuralgia following cataract extraction. Profuse lachrymation with the pain.

*Paeonia*—Pasty diarrhoea, followed by anal burning and internal chilliness. Haemorrhoids and ulcers. Fissures with exudation of offensive moisture. Ulcers on perineum near anus. Dr. Murdock has secured results by the use of sweet oil medicated with *croton tig.* in anal fissure.

*Petroleum*—Neuralgic occipital headache extending forward. Vertigo with numbness, stiffness and nausea.

*Kali Hyd.*—Ptyalism with irregular ulceration of the mucus lining of the mouth.

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## Selections.

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### ON THE USE OF REMEDIES IN BLEPHARITIS MARGINALIS.

By H. H. CRIPPEN, M. D., NEW YORK CITY.

When invited to furnish a paper for the Southern Homœopathic Association, my first intention was to cover the whole ground of diseases of the external parts of the eye, those diseases with which the general practitioner meets in his every-day work. But, on looking over my headings, as I collated them, it was at once apparent that too much time would be consumed. Therefore, I confine myself to pointing out, in a practical manner, those remedies which I have found most efficacious in blepharitis marginalis, or inflammation of the margins of the eye-lids, hoping that from the few hints given under each remedy you may be able to reason to its further application in ocular diseases.

Let me premise a little more by begging you to remember, on the one hand, that, though here *local conditions* are

largely dealt with, constitutional symptoms, if clearly marked, are of *first importance*. Do not allow a local objective symptom to blunt the keenness of your discrimination in the recognition of those signs which point to well-marked dyscratic conditions. On the other hand, if you would be successful in the treatment of blepharitis marginalis, it is essential to relieve all strain upon the eyes, whether this be due to an error of refraction or whether it be caused by muscular insufficiencies. If you fail in this, the removal of the cause, your patient will be the subject of repeated attacks, even under the most careful prescribing.

With this brief introduction we will proceed to consider the following remedies:

*Antimonium crudum* has rarely been used in inflammation of the margins of the eyelids, but from the prompt manner in which it cured a very long-standing case of blepharitis, I am convinced that it deserves more careful study. The case to which I refer was that of a young girl who had suffered from red and swollen eye-lids for many years, following a bad attack of small-pox. The margins of the lids were swollen, red and marked here and there by small pustules, which, on breaking down, were covered with crusts. The external canthi were roughened and tended to crack, and about the nostrils and mouth she was affected by an occasional crusty sore eruption. Her family physician advised bathing the eyes with cold water, and she found from the first application that this greatly increased the tendency to soreness and cracking in the canthi. *Antimonium crudum* 6 very speedily relieved all the eye symptoms, and within a few weeks the eyes were entirely normal.

The prompt action of the remedy in this case points out, it appears to me, that we must class it as a valuable remedy for blepharitis. I would sum up its indications briefly thus: eye affections arising as sequellæ of the exanthemata; redness and inflammation of the margins of the lids, with vesicles which break down, forming crusts; eczematous crusts about the angles of the nose and mouth, all aggravated by bathing the face and eyes with cold water.

Here, perhaps, it will be noted that I differ from Farrington, who says *Antimonium crudum* "is distinguished from

*Graphites* by the fact the rawness is confined to the canthi, whereas under *Graphites* the inflammation involves the whole border of the lid." From what I have said it is evident that both *Graphites* and *Antimonium crudum* are indicated in marginal inflammation, but *Graphites* will be differentiated by pale, red margins with a crusty, scaly condition, while *Antimonium crudum* corresponds better to thickened, swollen, deep, red margins, with vesicles here and there.

*Alumina* is the second remedy for discussion. If we remember the characteristic dryness produced by the action of *alumina* upon all mucous membranes it will not be at all difficult to fix in mind those symptoms which point to this remedy in blepharitis. There is redness and thickening of the margins of the lids with excessive itching in the canthi, which, as under *antimonium crudum* and *graphites* have a tendency to crack here, particularly on account of the dryness of the lids in this portion. The blepharitis of *alumina* is always accompanied by the peculiar dryness of the conjunctiva which this drug produces, and this is usually described by the patient as a stiffness of the lids. Further than this, we may differentiate from *graphites* by the fact that the *alumina* blepharitis lacks the scaly eruption, which, in the former drug, accompanies the cracking of the canthi and extends downward and outward toward the external margin of the orbit.

*Argentum nitricum* we use for blepharitis marginalis when the edges of the lids are thickened and indurated, when they are covered with thick crusts and are of a very deep red color. Since induration is here the characteristic of *argentum nitricum*, it is evident that this remedy is particularly adapted to very old cases of marginal inflammation. There is also marked relief in the open air. Noting the similarity of the symptoms of this remedy to those of *pulsatilla*, Farrington says, "when *argentum nitricum* ceases to act, a dose of *pulsatilla* interpolated helps," but this remark applies rather to conjunctival affections than to the indurated condition of the margins of the lids. Here we would prefer to follow *argentum nitricum* by *hepar*, *petroleum*, *silicea* or *sulphur*.



*Graphites* is one of the best remedies for those slight degrees of marginal inflammation of the eyelids where the change progresses but little beyond a hyperemic condition. There is only slight discharge which dries into the flaky scales that we see among the cilia. Don't forget that, in a scrofulous child, when there is an eczematous condition of the outer canthi, with a dry, cracked, crusty appearance extending outwards towards the external margin of the orbit, *graphites* is very characteristically indicated, no matter what the ocular disease may be. In the clinic here, where we see many scrofulous, ill-nourished children, I have succeeded in curing in a wonderfully prompt manner, some very grave eye lesions by prescribing *graphites* upon this objective symptom coupled to a dyscratic constitution.

Under *mercurious* we find thickening of the edges of the lids, a scrofulous constitution, aggravation at night and from heat, as from the heat of the lamp in the evening. Characteristic object symptoms are, that here and there on the margin of the lid, amid the scurf, are found small superficial ulcers, and with the marginal inflammation there is a flow of excoriating acrid, mucous discharge from the conjunctiva.

*Petroleum* is one of our newer remedies for blepharitis marginalis. Under this remedy the edges of the lids appear red, raw, and moist. When we consider that *petroleum* contains a large proportion of carbon, it is not surprising that it approaches closely to *graphites* in its action on the margins of the lids.

Both remedies correspond to these troubles in dyscratic conditions. Both have, characteristically, an eruption behind the ears of those children who are subject to these eye-troubles. But, remember that the marginal inflammation of *graphites* only just passes beyond the hyperemic condition, the lid-margins are only slightly red, though they may be thickly covered with scurf; while under *petroleum* we have deeply red, raw, moist margins, approaching more toward an *argentum nitricum* condition. *Graphites*, too, exerts a greater effect on the external canthi.

*Sepia* has "scaly eyelids," and is not to be neglected in the treatment of marginal blepharitis when occurring among

women. Together with *Ulium tig.* and *cimicifuga*, it forms a group of remedies exceedingly valuable in the marginal inflammation of the eyelids, that arises from asthenopic troubles reflexly produced by uterine disease.

*Hepar sulphur* I have come to regard, as indicated by red, thick lid margins, where little points of pus appear at the roots of the cilia. These minute abscesses are raised only slightly above the level of the surrounding swollen tissue, but are collections of pus apparently in the hair-follicle, for if an eye-lash be removed a portion of the contents of the little abscess clings to it. Perhaps you have prescribed other remedies apparently with some effect for a time, for the pustules come and go in crops, a characteristic of *hepar*. Withal the lid is sore and *sensitive to the touch*, and warm applications afford relief.

*Natrum mur.* is particularly useful for that form of blepharitis arising from the constant congestion of the eyelids which depends upon the "*eye-strain*," especially if the strain is caused by muscular insufficiency. In addition to this, it is indicated in scrofulous children with inflamed, glutinous eyelids, who are affected by moist scabs in the angles of the lips and nose, eruptions at the border of the hairy scalp and general emaciation.

*Calcarea carb., sulphur* and *arsenicum* are more particularly indicated in blepharitis marginalis by their constitutional symptoms than by any local objective condition.

Still we may say, in a general way, that *arsenicum* is indicated where the edges of the lids appear excoriated and where there is considerable burning, from which the patient finds relief in warm applications; that *calcarea* is best suited to the chronic thickening of the lids which often remains in scrofulous children after the acuteness of the marginal inflammation has passed; and, in conclusion, that *sulphur* should precede *calcarea* in beginning the treatment of a long-standing case of blepharitis where the child seems to lack power of re-action.—*Proceeding of Southern Homœopathic Medical Association.*

## HYOSCIN,

the active principle of *hyoscyamus*, has recently been isolated, and has come into quite general use in the old-school as a remedy for mania. Its value in acute mania I have corroborated several times.

Recently a lady, *æt.* 36 years, who had been suffering from acute mania for several weeks, resisting the prescriptions of two excellent physicians, was found greatly prostrated by the violent delirium, loss of sleep and insufficient nourishment. Hyoscin hydrobromate, grs. *iiij*, of the third decimal trituration, secured sleep after three doses at intervals of three hours. The mania was promptly controlled, the patient passing into a state of quiet delirium, which gradually disappeared with returning strength.

The principal uses I have made of hyoscin has been in the treatment of the violent form of delirium so frequently associated with typhoid fever, and less often with pneumonia. I have suggested it in half a dozen cases, seen in consultation with physicians in and about Philadelphia, with excellent results. The favorable influence is so uniform that the tendency will undoubtedly be to the too frequent administration, the customary abuse of a valuable medicine to which we must all plead guilty. We are warranted, I think, upon clinical grounds, in considering the action of hyoscin as differing from that of *hyoscyamus*. In support of this statement, I would say that, in the cases just referred to, *hyoscyamus* had been given to five of them, and in three it was given in material doses, of course with failure, hyoscin then proving successful.

In the remarks upon *agaricus*, it was suggested that the narcotics were probably not thoroughly homœopathic to the cerebral condition present in these cases of typhoid fever.

The far greater degree of success following the use of hyoscin in the treatment of this group of symptoms strongly supports the hypothesis of diversity of action. The third decimal trituration of Mercks' hyoscin hydrobromate, grs. *j-ij*, every one to three hours, repeated according to the urgency of the symptoms, is the preparation recommended. As soon as the delirium becomes quieter in character, the doses should be administered at longer intervals. After it

is well controlled, it is sometimes necessary to give a dose or two during the evening and night, the usual period of aggravation. I have been impressed that hyoscin acts particularly well in connection with alcoholic stimulants; also, an ounce of clear, strong infusion of coffee occasionally is a most valuable stimulant in typhoid fever and acts well in connection with hyoscin. The green preparation, made by Keith and called hyosciamin, has proven more useful, I think, in cases having prominently pulmonary, intestinal or other features of the disease; hyoscin acting better when the whole brunt of the disease is borne by the nervous system. This preparation has also done good service in typhoid pneumonia, manifesting marked control of the cough as well as of the delirium. The latter symptom, however, is the one which has led me to prescribe in each case. The preparation used has been the first decimal trituration, grs. j, one to three hours, according to the urgency of the symptoms, promptly diminishing the dose with improvement. It is highly important to remember the number of derivatives of hyoscyamus in use, their widely differing strengths and doses. I have used two preparations bearing the same name, but manufactured by different chemists—one with a maximum dose of  $\frac{1}{2}$  grain, the other 1-100th grain.—*W. C. Goodno, M. D., in Hahnemannian Monthly.*

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#### Clinical Observations on Some New Pharmaceutical Preparations.

In a paper read before the Thirty-fourth Quarterly meeting of the North Central Ohio Medical Society, held at Mansfield, Ohio, September 16, 1890, Dr. R. Harvey Reed, of Mansfield, says:

“Every age in medicine and surgery has had its fanatics, who seem to live for little else excepting to ride some particular hobby to death; whilst, on the other hand, every age has had its old fogies who would rather perish than turn an inch to the right or left of the old time-worn rut of their forefathers.

“The hundreds of worthless ‘new remedies’ that are placed before the profession for their patronage from year to

year, is enough to disgust them with all new remedies. It seems to me that many of our manufacturing chemists spend the bulk of their time seeking for something that is *new*, regardless of its real merits or value.

“If only they can strike the profession with a ‘new remedy’ of some description or other, they are perfectly happy.

“But with all these criticisms we must admit there is now and then a new remedy comes to light which has real and lasting merit, which in a large degree atones for the defects of many of its worthless compeers.”

Then after referring most favorably to the non-irritating preparation of cascara sagrada, prepared by Mr. J. Le Roy Webber, Ph. G., the author makes the following statement as to his experience with pancrobilin:

“In this direction, however, we have another ‘new remedy’ which has gradually engrafted itself into my good graces, which is becoming more and more permanent the longer I use it. This is what is known as ‘pancrobilin’ and it is a combination of pancreatin and bile, and placed upon the market in form of a liquid and a pill, of which two I consider the latter more preferable.

“In cases where there is a diminished quantity, or even an absence, of these natural products, especially the bile, resulting in the distressing complication of intestinal or duodenal indigestion, I have found this preparation of decided value by assisting the intestinal digestion until the normal functions of the liver and pancreas, but especially the former, could be established.

“In constipation attended with flatulence, the result of an inactive liver, I have found this remedy of great value, promptly relieving the flatulence, and producing natural colored stools of a normal consistency, in place of the pale ash colored fæces, or the dry, hard scybala, of the chronic dyspeptic.

“After a careful trial of some three years in a variety of cases affected with constipation resulting from congestion of the liver, and in cases in which there is an atonic condition of the coats of the bowels resulting in intestinal indigestion, I am frank to say that I know of no two remedies that will

give as prompt relief to these conditions as the ones under consideration.

“ In the one class of cases the pancrobilin supplies the intestine with an artificial supply of bile and pancreatin, which digests the food that otherwise would not be digested, thus giving relief until the real difficulty with the liver can be overcome. In the other class of cases the cascara sagrada tones up the intestine, increases the secretions, which in turn facilitate digestion, and relieves the constipation.”—*American Lancet.*

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#### The Muscles of Expression.

The muscles that give our features their multiform expressions arise from the bony structures of the face, and are inserted into the nose, lips and angles of the mouth. But they also enter into the skin of the visage in every conceivable direction, moulding it into all sorts of folds, dimples and furrows according to the impulse that happens to set them in action. The nerves that supply the feature muscles are mostly derived from the tempero-facial and cervico-facial branches of the facial nerve, or *nerve of expression*; and the contraction of these muscles, either singly or combined, develops ever varying changes in the human countenance, ranging from the simplest forms of expression to hideous facial distortion. In proportion as the muscular development and consequent expression of passion in the features is less perfect, the facial nerve is of smaller size. In elephants it is very large; in birds it is minute, and has no existence as a nerve of expression. When the muscles supplied by the facial nerve are paralyzed, there is total loss of expression on the affected side, and the mouth is drawn in the opposite direction; this becomes more marked when the patient smiles.

The occipito-frontalis muscles, when moderately contracted, causes an expression denoting *attention*; when further contracted, it wrinkles the brows transversely, and expresses *astonishment* or *surprise*. The pyramidalis gives an aspect of *menace*. The superciliary muscle denotes *pain*. The orbicularis palpebrarum indicates *disdain*; its superior

orbital portion, *reflection*. (In facial paralysis, this muscle is seldom affected). *Laughter* is illustrated by the great zygomatic; and *grief* by the lesser zygomatic and corrugator supercillii combined, which wrinkle the forehead in a vertical direction. The compressor nares puckers the skin of the cheeks towards the side of the nose, and is said to betoken *sensuality* and *lechery*, especially when associated with contraction of the frontal, great zygomatic, and transversus. The triangular muscles of the lips signifies *contempt*; and, when powerfully contracted, *discontent*. The depressor anguli oris portrays *disgust*. The platysma myoides, by depressing the angles of the mouth, helps to mark *melancholy* and *hypochondriasis*, and its contraction is often diagnostic of thoracic and abdominal diseases. The buccinator muscles draw the cheeks inwards, giving a characteristic appearance of *hunger*. The levator labii superioris alæve nasi often gives the face a characteristic expression in peritonitis. It elevates the upper lip and side of the nose, and illustrates *weeping and wailing*; but it needs the aid of the masseter, temporal and pterygoid, to demonstrate the "gnashing of teeth." L. L.

**JAUNDICE.**—When the flow of bile within the hepatic duct is mechanically obstructed, as by gallstones, solidified bile, hydatids, foreign bodies from the intestines, swelling, constriction, or ulcer of the duodenum; or when it is arrested through compression of the duct from without, as by tumors, enlarged glands, abdominal aneurism, pregnancy, or accumulations of fæces, the bile-ducts and gall-bladder become over-full, and excessive bile is absorbed by the veins and lymphatics, producing pigmentation of the skin or jaundice. When the obstruction is not mechanical, it is due to poison circulating in the blood, as in malaria and the various specific fevers, snake-poison, pyæmia, etc.; mercury, phosphorus, copper, antimony, chloroform or ether; or to mental emotions, concussion of the brain, congestion of the liver, cirrhosis, constipation, or deficient oxygenation of the blood. In all these instances of jaundice *without* mechanical obstruction, the bile is obviously free to pass through the intestines; but that portion which is absorbed apparently remains in the

blood unchanged. Therefore jaundice from obstruction is usually the more intense variety, for the absorbed bile is then but slowly changed by the nutritive process. In all forms of jaundice, the ingredients of bile are invariably found in the urine.

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THEINE IN NEURALGIA.—Prof. J. K. Bauduy, of St. Louis, (*Weekly Med. Review*, Aug. '89), finds this drug curative of sciatica and supraorbital neuralgia, the dose being from one-fourth to one-half grain, hypodermically, as near the seat of pain as possible, even down to the sheath of the nerve. This was his result after all "classical remedies" had been tried. He says farther, in conclusion:

"It is strange that the potency of this drug should be so little known to the profession. It certainly produces more permanent effects, the treatment of this affection, without superinducing any unpleasant or even noticeable systemic manifestations, than any other remedy with which I am acquainted. I can honestly recommend its trial to those of my professional brethren who have had no previous experience with it, believing that the result which they obtain will not be very dissimilar from those which I have just related."

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VERTIGO.—Salicylic acid and its salts, belladonna and atropia, coculus indicus, gelsemium, sempervirens, cannabis indica, opium, alcohol, and nitrate of silver, when administered in large doses, are all capable of producing vertigo. Some of them, especially gelsemium, coculus, and the salicylates, also occasion fantastic and inco-ordinate bodily movements, such as falling over to the right or left side, (usually to the right), or spinning around in circles. Vertigo is also excited in some persons by tobacco-smoking, violent sneezing or nose-blowing, by syringing the ears with cold water, and by the abuse of tea or coffee. Many cardiac, hepatic, renal, and gastric derangements may excite vertigo, notably gout, lithæmia and liver troubles; or any disturbance of the cerebral circulation or brain. Disease of the semi-circular canals in the ear is also a frequent cause.



**A SIMPLE CURE FOR NOCTURNAL ENURESIS**—According to Dr. Van Trenton, of La Hayne, in a paper before the International Congress, nocturnal enuresis of children is due to the insufficiency of the spineter vesicæ, which allows the urine to flow into the upper portion of the urethra from which it is then expelled by the reflex action of the detrusor urinae. It cannot be due to distension of the bladder, because children wet the bed two hours after retiring. His treatment consists in preventing the urine from running into urethra by raising the foot of the bed. He has made fourteen cures in this way, taking the additional precaution of having them empty the bladder just before retiring, and of giving them no liquid at this time.—*Practice.*

#### PARTHENIUM HYSTEROPHORUS.

A proving of *parthenium hysterophorus* by Dr. B. H. B. Sleight, of Newark, N. J., was published in the May number of the *Recorder* of the year 1886. It excited but little attention at the time, and to-day, probably nine out of ten physicians know nothing about the remedy, for it is not mentioned in any of the text-books. It has one very marked symptom that should commend it to every practitioner and rescue it from oblivion, for the simple reason that no other remedy has the same symptoms so prominent, if at all. The marked symptom is "teeth on edge." We cannot reprint the entire proving, but the following is a sketch of it: Five drops of the tincture produced at once a full feeling in the head, pressing from within. Ringing in the ears followed; then, "upper teeth feel 'on edge.'" "Upper incisors tender at socket when biting." "Sudden pain in upper teeth." "Pain 'in frontal eminence has returned and continued. Teeth 'on edge' and tenderness in sockets. Upper incisors ache as after filling. Teeth feel too long." On the following day; "Same tenderness at sockets of upper incisors when biting." "Upper teeth ache and feel too long." "Aching in lower left molars." "Teeth 'on edge.'" Again, after three days, on taking two and a half drachms: "Upper incisors commence to ache. Aching and bursting pain in nose remains; nose feels swollen." "Teeth 'on edge.'" There were, of course, other symptoms. but the one noted stands out with peculiar prominence. *Parthenium hysterophorus* is a Cuban plant.—*Recorder.*

THE  
CALIFORNIA HOMŒOPATH.

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Original Articles.

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INSOMNIA (Sleeplessness).

By S. L.

In the New York *Medical Journal* of March 28, 1891, Dr. Ambrose L. Ranney publishes an article, "Some facts relating to the causes and cure of sleeplessness," and proves by clinical evidence that a large proportion of subjects affected with persistent insomnia of long standing suffer from some congenital defect of the eyes themselves or from an improper adjustment of the muscles that move the eyes, and he recites case after case where eminent physicians were unable to combat successfully a persistent tendency to insomnia, and with the removal of the eye-strain, sleep returned and other serious nervous conditions disappeared. In most of his cases he especially mentions that no internal medication took place.

In the March number of the *Chironian*, Professor Selden H. Talcott publishes also an article on the same subject, saying sleeplessness is an evidence of cerebral disturbance and mental distress, such as may follow profound brain exhaustion, or general nerve shock. Loss of necessary sleep soon produces that bankruptcy of the nervous system which is the almost inevitable forerunner of mental unsoundness. As causes which tend to prevent sleep, he mentions: 1. Cerebral hyperæmia and its opposite, excessive anæmia. 2.

Overwork of the brain. 3. Over anxiety of the mind, unwise worrying. 4. The bilious and the nervous temperament. 5. Localized disease in some portion of the body other than the brain, may, by reflex influence tend to wakefulness. *All causes which prevent sleep must be systematically removed*, hence for hyperaemia of the brain as a dérivation the filling of the stomach with plain food before retiring, and for anaemia the administration of liquid food, such as hot milk, beef tea and broth, about an hour before sleep is intended. Another natural means for inducing sleep is massage, as a remarkable promotor of sound and healthful sleep, also warm baths, fresh air, comfortable beds, sufficient and proper clothing and proper position in bed.

I cannot see why several physicians of our school speak so sneeringly about the old proverb, *sublata causa tollit effectus*, as by speaking of the causes of diseases we meant an alternate cause which nobody can know, just as little as we can ever fully understand what life is and what death is. Such hairsplitting definitions caused many an eager enquirer in the doctrines of Hahnemann to turn his back on homœopathy, and I always felt sorry that many a healer pins his whole faith on medical treatment, and will fail in some cases till the cause of the evil is removed. Insanity is steadily increasing in spite of the therapeutical measures of all schools, the causes which produce such a fearful number of lunatics must be taken hold off, and here again prophylaxis and sanitation take front rank to prevent the disease. How interesting such works are as Ireland's Blot upon the brain, Tulle's Insanity and Its Prevention, Wynter's Borderland of Insanity, for they show the truth of the old adage that prevention is better than cure, and insomnia is one of the first symptoms of the brewing storm, and which must be headed or reason will be dethroned. Remove the cause of this sleeplessness and all will be well again.

Even the old school begins to fear the effects of narcotics and hypnotics in treating insomnia, and these very failures led them to the study of the causes and how to remove them. Here we stand on equal footing, here we all can work together and let even here again therapeutical measures take their subordinate rank. The simillimum will always do its

work faithfully, and will support us in eradicating the blot upon the brain. It is really astonishing what quantity of remedies Boeninghausen gives us for sleeplessness. In Allen's Boeninghausen we read: acon., agar., alum., ambr., *ammon carb.*, *ammon mur.*, anac., ant. ars., ant. tart., *arg. nitr.*, am., ars., asaf., aur., bap., bar. c., bell., bism., bor., *bry.*, calad., *calc. c.*, camph., cann. s., *canth.*, caps., carb. an., carb. veg., caust., *cham.*, chel., *chin.*, cic., cimicif., cina., clem., coca, cocoi., *coff.*, coleh., con., cupr., cycl., dig., dros., diosc., euphr., ferr., *graph.*, guai., helleb., *hep.*, *hyosc.*, ign., ind., ipec., kal. brom., *kali carb.*, kal. iod., kal. nitr., *kreas.*, *lach.*, laur., led., *lyc.*, magn. carb., magn. mur., mang., mar., *merc.*, mez., mosch., mur. ac., natr. carb., *natr. mur.*, nitr. ac., nux. m., *nux vom.*, oleand., op., petr., phos., phos. ac., plat., plumb., *puls.*, ran. bulb., ran. sc., raph., rheum., rhod., rhus., ruta., sabad., sabin., sang., sars., secal., selé., senec., *sep.*, *sil.*, spig., spong., squill., stan., staph., stram., stront., sulf., sulf. ac., tarax., tarent.; thea, thuja, val., ver. alb., verb., vial. o., viol., viol. t., zinc.!!! It is fearful to contemplate how to select!! when the symptom register of Allen gives *two hundred and eighty odd remedies* for sleeplessness. Constantine Lippe in his repertory is more considerate and is satisfied with eighty remedies, mentioning nearly the same as Boeninghausen, but at any rate we find here very satisfactory indications which may aid us in the selection of the simile. We expect here a great deal from Gentry, and look forward with hope that he will ease the searcher in his tedious labors. It is nothing astonishing that nearly every homœopathic physician has his own way to study out the remedy from a certain work, which, so to say, he made his own, while to another one it remains a *terra incognita*. Thus, to me, my homœopathic therapeutics, notwithstanding all its imperfections, often suffice in finding the suitable remedy, while closer prescribers prefer to rely on their repertories. All of us then have to go to our *Materia Medica*, not condensed, to demonstrate that our choice is justified by the provings, and this in reality is the happy moment, the climax which satisfies our ambition.

Taking the six cases in consideration which produce so often insomnia, Ranney's improper adjustment of the muscles

that move the eyes, and Talcott's hyperæmia and anæmia of the brain, over work of the brain, unwise worrying, the bilious and nervous temperament and insomnia by reflex from bodily affections, we find, in re Ranney's, that many remedies recommended for insomnia have also asthenopia in their symptoms; thus, *aconite*, a kind of spasmodic asthenopia from over use of the eyes, and sleeplessness from a nervous fear that he was not going to sleep, especially after midnight.

*Agaricus*. Weary and worn out by overwork at desk, dim vision and flickering before eyes when reading or writing, diplopia from night work, muscular asthenopia from uterine or ovarian troubles, drowsy by day and sleepless at night. Poor book-keeper and sewing-woman, no rest for you in your treadmill work.

*Alumina*. Loss of power over internal rectus (Ranney found this muscle often affected in sleeplessness); feeling of dryness and stiffness in lids, faint and tired, must sit down, unrefreshing night sleep, with feeling in the morning as if he had not slept enough, on awaking weak and faint, must eat something.

*Argentum nitr*. Ciliary muscles weakened by overwork, blurring and constant pain when using eyes, insomnia after long, wearisome, fatiguing night watching, cannot sleep on account of nervousness.

*Apium and aurum* have sleeplessness, but the loss of sleep causes no fatigue, but very little about asthenopia, hemipia and dyscrasia inflammation prevails in gold.

*Calcarea*. In all the lime salts, weariness prevails, dim vision after fine work, objects run together, desire to close eyes, sleepy in daytime, but restless sleep at night from many thoughts crowding his mind, from mortification at trifles, night mares, pregnant awaking from frightful dreams and fears to go to sleep, irritable debility.

*Carbo veg*. Internal recti affected, bad effects from night watching and reading, respiration stops entirely on falling asleep, great bodily uneasiness, night full of dreams, unrefreshed after sleep.

*Causticum.* Ptosis, paralysis of eye muscles, bad effects from night watching, cannot sleep in any position, must sit up, feels uneasy all night on account of dry heat.

*China.* Muscular asthenopia from exhaustion, which also causes insomnia or unrefreshing sleep.

*Cimicifuga.* Insomnia from night watching during pregnancy, from affections of ovaries and uterus in drunkards or after protracted muscular strain from toil, watching and exposure, hence also muscular asthenopia.

*Cocculus.* The slightest loss of sleep tells on him, insomnia from night watching, from mental overexertion from nervousness, causing headache, as if the eyes would be torn out or forcibly closed, dim-sightedness while reading.

*Hyoscyamus.* Spasmodic action of internal rectus, myopia, hemeralopia, twitching in eyes, dim vision, as if a veil before the eyes. Long continued insomnia, restless, turns from one place to the other, intense sleeplessness from worry, often from imaginary business troubles in irritable, excitable persons.

*Ignatia.* Asthenopia in nervous, hysterical people, flickering zigzags before eyes, sleeplessness from grief, fright, hysteria, sleep very light, hears everything, even distant sounds.

*Kali. carb.* Muscular asthenopia, with puffiness of the upper eyelid or between the brow and lid, vision weak. Insomnia from gastric ailments, wakes after midnight and cannot sleep any more.

*Lachesis.* Asthenopia, many pains and sensations around eyes, very nervous, worse thinking of eyes, using eyes and waking in the morning. Sleepless from anxiety, especially before midnight, with talkativeness, internal restlessness all over, afraid to go to sleep for fear he will die before he wakes.

*Lilium tigr.* Spasms of ciliary muscles, aching tired feeling in the eyes as if they must be closed and pressed upon with the fingers to get relief and see better. Eye symptoms and insomnia from ovarian or uterine irritation, tries hard to sleep, but slumber will not come to the weary patient.

*Natrum mur.* Muscular asthenopia, the stiff muscles ache in moving the eye in any direction, after associated with spinal irritation in women suffering from displaced womb. Tormenting sleeplessness after grief, or from simple wakefulness, without feeling sick, but only despondent and full of worry.

*Nuc. vom.* Hyperaesthesia of retina, diplopia from muscular asthenopia, from paralytic strabismus, weakened power of accommodation from overexerting eyes. Constantly sleepy in the midst of his work, but as soon as he lies down sleep is gone; dyspeptic insomnia.

*Phosphorus.* Muscular asthenopia from hyperaesthesia of internal eye, stiffness of eyeballs and pains on motion with smarting and burning in eyes after attempting to use them. Insomnia after mental overexertion or from physical nervous exhaustion, from spinal troubles or hepatic affections.

*Physostigma.* Weakness of rectus internus, with diplopia, asthenopia in myopic people. Awakes at night in fear from horrible visions and cannot go to sleep again.

*Rhododendron.* Insufficiency of internal recti, darting pains through eyes and head, worse before a thunderstorm, cannot get asleep unless her legs are crossed, insomnia after midnight.

I am advised to stop or else this article takes up too much space, but at any rate, homœopathy shows that Ranney is right when he considers defective vision not only one of the great causes of insomnia, but also of other nervous disorders, as he has clearly demonstrated in his valuable work on nervous diseases. Though his own school will again repudiate his ideas, just as they did on former times, still our provings show conclusively the coincidence of eye symptoms with sleeplessness. Ranney and Talcott show that a sound mind can only exist in a sound body and a good conscience, free from real or imaginary trouble, is the best aid for healthful sleep. Work, mental or romantic exercise, regular hours in eating and sleeping, avoidance of all luxurious idleness, a cheerful mood which looks even upon troubles with a steady eye and fixed determination to overcome every obstacle;

these are the chief and most important remedies recommended for sleeplessness, but above all, avoid alcoholic beverages and narcotics; do not allow yourselves to use such harmful palliatives, if you must have medicine, our *Materia Medica* is rich in helping the sufferer and strict individualization will show you the way to find the simillimum.

### SOME USES OF CONIUM

By WILLIAM BOERICKE, M. D.

We know that every drug has its own mode of action, has certain conditions, certain bodily and mental constitutions, which, if present, offer the most favorable ground for manifesting its peculiar action. This is the drug's environment. Just as a plant chooses a certain soil and special climate for its full development, so every drug shows its perfect action only in such constitutions and stages of life as correspond to its genius, and offer full play for ultimating its characteristic effects. We have remedies that require for their operation a comparatively pure blood, a full-blooded, young individual; here they manifest their disturbances suddenly and violently, sweeping through the system like a storm. Such a remedy we have in aconite. But there comes a time in the life of the individual when the blood courses more placidly through its arteries, when the contractility of the vessels becomes impaired, when tendencies to local congestions occur—a time of weakness languor and sluggishness. It is *old age*. In this sense old age is a disease, and *conium* is a remedy often called for. We remember it in the debility, hypochondriasis, urinary troubles, coughs, etc., of old age. Old men, but especially old women, who cannot take the least alcoholic stimulant without getting dizzy, headachy, etc., whose memory is getting impaired, easily disturbed by trifles, morose mood, don't want to be alone and yet averse to company; for these conium will do good work. In these cases conium has an able ally in baryta, which corresponds to those who suffer from gouty complaints, are inclined to



get stout, take cold easily, for old men with enlarged prostate and general mental and bodily weakness.

There is another condition where conium is a great boon. When the special sexual life of women ceases, and especially if she remained unmarried or been denied the blessing of motherhood, then at the change of life we will frequently meet with conditions produced and therefore cured by conium. Among these are notably the mental depression, hypochondriasis, hysteria, dread of being alone and of society as well, the local congestion, engorgements and tumors which all more or less indicate conium. This, either alone or preceded and followed by other anti-psoric remedies will often produce gratifying changes in the physical and mental conditions of such patients. Again, not so frequently, but at times we will meet with men with similar mental symptoms. They are hypochondriacal, timid, taciturn, depressed, averse to society. They are unmarried. They lead chaste lives. They cannot account for their condition. Some of these states may be due to suppressed sexual instinct or non-gratification of the sexual appetite. Such patients demand our highest respect, truest sympathy and—conium. This trio will do much to dispel the mental gloom and restore our patient.

*Conium* is useful also in enfeebled states of the sexual organs, whether resulting from self-abuse or excesses, especially when with the weakness there is much erethism and erotism. Deficient virility, and corresponding with this, in the female, conium is one of the remedies to be remembered in unready conception. Menses are delayed and scanty, mammæ lax and shrunken, but becomes enlarged and painful at every period. There may be much sensitiveness of the parts, itching and eruption and acrid leucorrhœa, induration and ulceration. Clinical experience has shown the power of conium to arrest the growth of fibroid tumors of the womb, and to absorb inflammatory products of chronic pelvic peritonitis.

We possess in conium a precious remedy for the removal of tumors. *Conium* tends to engorge the glands and homœopathically it dispels such engorgements. It causes the glands to grow smaller in size and allays pains in them. Now, such

engorged glands may result from injuries, scrofula, cancer—in all of which conditions *con.* is useful when there is *considerable hardness of the infiltrated gland and flying stitches in it.* This forms the principal indication for its administration.

Tumors of a suspicious nature in the mammæ have been caused to disappear by the use of conium. Injuries of the glandular structure, followed by induration with sensation of numbness or flying, piercing pain, worse at night, with the rest of the gland abnormally tender, yield readily to this remedy. I have repeatedly succeeded with the thirtieth potency alone in these cases. It is especially indicated in the scrofulous and cancerous diathesis.

The sphere of conium in these affections is the sub-acute and chronic inflammation with sanguinous engorgement of the parenchyma; in duration, and even subsequent ulceration of the tissues; affections that were primarily inflammatory. It is the chronic aconite. *Carbo animalis* goes beyond conium—it often follows it, especially when the stony hardness of the tumor and venous plethora are marked.

Conium is one of the most useful remedies for certain coughs. It is always a dry cough. It is spasmodic, hacking almost continuous, worse in evening and at night, greatly fatiguing the patient. In old people, on lying down a night. Even if a little mucus can be loosened, it cannot be expectorated but must be swallowed. Such a dry hacking cough, when chronic, must often be referred to enlargement of the bronchial glands, in which case, conium would still more certainly cover the ground.

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*Dulcamara.*—Nettle rash, with much itching; after scratching it burns; worse in warmth, better in cold; with gastric fever.

*Chamomilla*—Gives great relief in ordinary inflammatory and rheumatic face-ache. The pain causes hot sweat about the head and extorts screams.

*Eupatorium perf.*—Retching and vomiting of bile preceded by thirst.

## Ophthalmology and Otology.

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CONDUCTED BY H. C. FRENCH, M. D.

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### COLORED GLASSES.

We are more and more impressed with the evil growing out of the habit amongst people, of the careless and constant use of all grades of these optical evils. The cheaper variety are full of refractive flaws technically known as "water lines," and the best are not free from grave defects. We sometimes find the most incorrigible headaches resulting from an astigmatism of less than a quarter dioptré. Then what shall we say to a habit that is tending to induce this very evil, though usually in a worse form than in which we find it naturally? It has been found that very few of these "eye shades" are free from either spherical or cylindrical refraction, and the axis of the cylinders are, unfortunately, most frequently found in the oblique meridians. Many of them present compound refraction, that is, a combination of spherical and cylindrical. Before adopting a pair of tinted glasses for constant wear, be sure that they are perfect; for the eye will, more or less, adapt itself to any imperfections that may exist. The worst form of cheap glass is the "Coquille," the concavo-convex, which have almost all, more or less, concave refraction. Intolerance of light, for which shades are almost universally adopted, is often due to some refractive defect which, if corrected by the selection of suitable glasses, would obviate the necessity for any shade. If the use of shades is commenced, it becomes difficult to again adapt the weakened eye to the solar light. We admit that there is a sense of pleasant independence in the ability to be your own oculist, if it is only in the selection of colored glasses, but when the danger thus incurred is considered, we fear it will be found an expensive sort of luxury to cultivate, after all.

H. C. F.

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*Eryngium aquat.*—Sexual desire suppressed, then excited with lewd dreams and pollutions; gleet.

## Colleges and Hospitals.

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### THE STATE MEDICAL SOCIETY.

As this will be the last opportunity previous to the meeting on May 13th, of reaching the members of the Society through the HOMŒOPATH, we desire to impress upon every member of the profession a sense of personal responsibility for the success of our coming meeting. While our membership is voluntary, the moral obligation to cherish and enhance by every legitimate means, the interests of the Society, is binding upon every professional adherent of homœopathy. We have the numbers, the intellectual force, and a versatility of literary talent that should insure for us the largest success as a medical society. Have we the unselfish and self-sacrificing spirit, the unity of purpose and loyalty to the great principles of our school which belongs to true disciples of Hahnemann? The personnel of the coming meeting will be to the world, our most eloquent response to this question. Be assured, that whatever standard of *commercial* prosperity we may set up, the true measure of broad *medical success* along the lines of scientific progress, and organic strength, will be found in the size and tone, and unity of our State Society. "A house divided against itself cannot stand." Our southern colleagues have shown most commendable wisdom and enthusiasm in their recent organization at Los Angeles. Let us extend to them our hearty congratulations for their zeal for homœopathy, and emulate their heroic example with our greater advantages. Let every one come with his own peculiar experience boiled down, and red hot for the occasion.

HAYES C. FRENCH, M. D., President.

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### THE PACIFIC HOMŒOPATHIC DISPENSARY.

The annual meeting of the Dispensary Association was held April 13th, at the Dispensary rooms, 943 Howard St.

A good attendance of the members of the Association were present and listened with interest to the Annual Reports of the Secretary and Treasurer, and the address of the Presi-

dent. These reports all agreed perfectly on one point, viz: That this had been a year of *success* for the Dispensary in every respect.

The number of prescriptions had increased from 750 in 1890, to more than 2000 in '91. The attending physicians have been constant and punctual, and their large clinics prove in what esteem their services are held.

The deposit in the bank has increased from \$217.00 at the beginning of the year, to \$731.00 at the close of the year, and all current expenses have been met as rapidly as they accrued. The small fee charged for medicine to patients has amounted to enough to cover running expenses.

The Dispensary has no *debts*. The \$731.00 in the bank has been gathered in small amounts from annual memberships, life memberships, donations and entertainments—a dollar here and a dollar there, carefully watched and guarded. The Directors are justly gratified at the success that has attended their work. The Dispensary fund will continue to grow by small accretions, and, we hope, by larger gifts, until the Association is pecuniarily able to maintain a thoroughly organized Dispensary, fully equipped to extend its benevolent work to a class of cases it is not now prepared to receive. In order to secure more room, a removal from the present location is immediately necessary. No. 843 Howard Street, where the Dispensary began its work in 1876, has been secured, and the rooms will be opened there.

A letter from Mrs. George Hearst, was read to the meeting, expressing her kindest interest in the work of the Dispensary, and promising her co-operation, both personal and financial in the present work, and in the larger field which it is hoped will soon be covered. The Association was also notified that it would receive a bequest from the late Geo. Hearst.

The ladies who are maintaining this work, know that they are doing a great deal of good in a quiet, straight-forward, unadvertised way, in helping the poor bear up under the affliction of sickness, and in advancing the science of Homœopathy; and they ask the aid of every Homœopath in distributing Dispensary cards among the poor, and in securing for the Institution moral and pecuniary support.

The Annual Membership fee is \$2.50; Life membership is \$25.00. Either of these, or donations of any amount left at the Pharmacy of Boericke & Runyon, 232 Sutter Street, will be thankfully received. The name of ladies willing to act as managers will receive immediate attention. Homœopathic ladies working for charity in allopathic Institutes, are respectfully solicited to give their labor and influence in the line of their medical preference, and thus *sooner* will the way appear to inaugurate that sweetest of all charities, a "Children's Hospital," under Homœopathic auspices, toward which longing hearts have long been turned.

The Annual election of directors, officers and physicians, resulted as follows: *Directors*—Mrs. John McKee, Mrs. C. E. Gibbs, Mrs. Wattson, Mrs. W. H. Martin, Mrs. Thomas Denigan, Mrs. J. K. C. Hobbs, Mrs. Dorville Libby. *Officers*—Mrs. John McKee, President; Mrs. R. R. Haskell, Treasurer; Mrs. Dorville Libby, Secretary. Mrs. Gibbs, Mrs. Hobbs, Mrs. Geo. Hearst, Vice Presidents. *Managers*—Mrs. Frank Sumner, Mrs. T. J. Haynes, Mrs. C. J. Dempster, Mrs. Geo. Hearst, Mrs. James Denman. *Auditors*—Mrs. W. T. Reid, Mrs. Ira G. Hoitt, Mrs. A. M. Jewell. *Attending Physicians*—Dr. Laura A. Ballard, Dr. Alice M. Goss, Dr. A. L. Cunningham, Dr. A. S. Larkey, Dr. E. N. Lowry, Dr. J. Stow Ballard, Dr. Grant Selfridge. *Consulting Physicians*—Dr. J. N. Eckel, Dr. J. A. Albertson, Dr. E. S. Breyfogle.

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## Editorial Notes.

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Don't forget that the Annual Meeting of the California State Homœopathic Medical Society will occur in San Francisco, May 13th. Leave your patients to their own devices for a few days—you will be surprised to see how well they will get along—and come down to the meeting. Each one of us knows something new or interesting which would be of value to our brethren if we would take the trouble to present it to the Society. Long winded or elaborate articles are not what is wanted, but short crisp, pithy papers can not be

presented in too great numbers. Our State Society can easily become one of the leading medical organizations in the world if the Homœopathic physicians in California would each lend a helping hand, so arrange your business gentlemen and come to the Annual Meeting, on the 13th, and the result will be a mutual gain to every one of us.

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The Hahnemann Hospital College of San Francisco opens its doors for the eighth time on June 1st. The indications are that the coming year will be the most successful in the history of the institution. Every Homœopathic physician on the Pacific Coast should have a personal pride in the College and use every endeavor to increase the usefulness of this, the only school West of the Rocky Mountains, where the glorious truths of the immortal Hahnemann are taught. Instead of permitting your students to go to Eastern colleges; it is your duty and should be your pleasure to advise them to remain at home where equal and in some respects superior facilities are offered. With the loyal support of the Homœopathic fraternity of California and neighboring States, the Hahnemann Hospital College of San Francisco will soon be universally recognized as one of the foremost educational institutions of the world.

C. L. TISDALE, M. P.

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## Personals.

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DRS. BALLARD have removed from 205 to 219 Powell street, below Geary.

J. W. MOLIERE, M. D., has removed from 531 Sutter street to the Phelan building, Market street.

DR. A. J. HOWE, has removed his office to No. 2306 Mission street, near Nineteenth.

DR. H. S. PELTON, formerly of Bakerfield, has located in Oakland. Oakland is a good field for a young man.

DR. G. E. MANNING has opened an office at No. 335 Geary street.

DR. W. N. GRISWOLD has removed to No. 106 Eddy street, San Francisco.

THE St. Louis Homœopathic College graduating exercises were held on March 12, 1891. Fifteen graduates.

DR. C. L. TISDALE was elected as a member of the Alameda Board of Education. This time we congratulate the doctor.

DR. KELLOGG, Treasurer of the American Institute of Homœopathy, is at present visiting the southern part of this State.

GEO. F. WHITWORTH, M. D., formerly of Los Angeles, has located in Berkeley; a fine field, and we wish the doctor success.

DR. C. V. C. SCOTT has removed her office and residence to No. 727 Geary street, between Leavenworth and Hyde streets.

WE are indebted to D. J. MILLER, of San Jose, for some genuine Koch's Lymph, which the doctor has just received from Berlin.

DR. R. A. GRAHAM, formerly of Elsinore, has returned to Wisconsin. Elsinore ought to be a good place for a homœopathic physician.

WE understand that DR. J. NICHOLSON, of Oakland, has retired from active practice, and now devotes his time to mining. We hope the doctor will strike it rich.

DR. RODES, of San Diego, passed through the city on his way home from a visit East. The doctor was much gratified at the success of the meeting of the Southern Homœopathic Association, which he attended. We understand this journal will have several of the papers read at that meeting for early publication.

AMONG the changes in the faculty of the Hahnemann Hospital College are the following: FRANK L. PLATT, D. D. S., has been appointed to the chair of Dental Surgery, DR. C. W. BRONSON to that of Microscopy and Histology, while A. AUCHIE CUNNINGHAM, F. C. S., England, takes the chair of Chemistry and Toxicology.

At the April meeting of the Rhode Island Homœopathic Society, it was unanimously voted to invite the American Institute of Homœopathy to hold the session of 1892 within the boundaries of that State. It is understood, accidents excepted, that the particular place will be the Ocean House, Newport, and the time the fourth week in June.

In a recent lecture at the City and County Hospital, DR. J. O. HIRSEFELDER recommended nitro glycerine in a case, not as nitro glycerine but as *glonoin*. We wonder whether the doctor knows the derivation of the word. If HERING were alive he could probably inform him, not only that, but many uses of the drug as yet unknown to the antique school of medicine.



THE commencement exercises of the Cleveland Homœopathic Hospital College were held on March 24th, 1891. A brilliant occasion and eight graduates. The old college seems to be holding her own.

The "*Medical Argus*" formerly published in Kansas City, Mo., has removed to Minneapolis, Minn. DR. F. F. CASSEY still continues to be the editor.

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## Book Reviews.

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**Heredity, Health and Personal Beauty.** By J. V. SHOEMAKER, A.M., M. D. Philadelphia: F. A. Davis, 1890.

This enterprising publishing house has again furnished the profession and public with an interesting volume. It is evidently intended for both physicians and the laity, treating of the general laws of health, laws of life and growth, evolution, environment, source of beauty, the training of the body, the art of walking, care of the skin, hair, hands and feet, baths and bathing, clothing, ventilation, etc.

A very excellent chapter on cosmetic treatment and articles, and a list of medicated soaps and household receipts concludes this unique and really practical volume. Price, cloth, \$2.50.

**The Post-Graduate Clinical Charts.** Drs. J. H. LINDSLEY and WILLIAM C. BAILEY. New York: 1891.

This is a convenient and useful book, arranged in chart form, for the complete record of cases. The price of each book is twenty cents, or two dollars per dozen. Each book is for the record of one case, and, for those who have interesting cases and desire to keep an exact record of them, it is all that could be desired.

**The International Medical Annual and Practitioner's Index for 1891.**

Edited by P. W. WILLIAMS, M. D., Secretary of Staff, assisted by a corps of thirty-eight collaborators—European and American—specialists in their several departments. 600 octavo pages. Illustrated. \$2.75. New York: E. B. Treat, Publisher.

This is the ninth yearly issue of this valuable reference series. Its arrangement is much the same as that of previous years, though the illustrations are more numerous and of better quality. It gives the handiest and best resumé of medical progress in the past year as well as a record of the various facts and fashions that ruled in that time. The one that assumed well nigh universal sway for a few weeks—Koch's lymph treatment—is fully treated of in this volume. When the next craze comes over the profession, a reading of this chapter may possibly have a wholesome restraint to the wild burst of enthusiasm with which every new therapeutic procedure, so

long as it is not of homœopathic origin, will be welcomed. Among the "new" remedies introduced during the past year, homœopaths will recognize old and tried friends, and we heartily congratulate the old school on their adoption. The book is divided into four parts. Part one comprises the new remedies, together with a review of the therapeutic progress of the year. Part two is devoted to special articles on diagnosis: the first on deformities of the hand, and their diagnostic value in nerve lesions; the second on the character of the sputum as an aid to diagnosis. Part three, comprising the major portion of the book, is given to the consideration of new treatment; and is a retrospect of the year's work, with numerous original articles by eminent authorities. The fourth—and last part—is made up of miscellaneous articles, such as recent improvements in sanitation; concerning climatology and hygiene; alcoholic inebriety, and the results of asylum treatment; improvements in pharmacy; books of the year, etc. The arrangement of the work is alphabetical, and, with its complete index, makes it a reference book of rare worth.

**Catalogue of Physicians and Surgeons in the State of California**  
holding certificates from the Board of Examiners of the California  
State Homœopathic Medical Society, 1891.

Our Board of Examiners have done a wise thing to throw off the allopathic yoke, and, instead of contributing to enrich the allopathic board, as the *Homœopath* showed has been done in former years, published their official list themselves, in a neat little pamphlet, and we hope the board will continue to publish the same each year. The book gives the laws of the State, and the full record of each licentiate. Some of the statistics are very interesting. In San Francisco there are sixty-nine homœopathic physicians in active practice, in Oakland twenty-nine, in San José nineteen, in Los Angeles forty-two, and in San Diego thirteen. There is a total of three hundred and seventy-seven in active practice in the State. Among the list of institutions we notice, as most conspicuous by its absence, *The California Homœopath*. This certainly was a grave oversight for the board to make, and we can only account for it by thinking that, in their professional lives they are so much in the habit of making grave oversights, that they think the *Homœopath* is, in reality, deceased. However, by referring to page second of the cover, one can see how we loom up finely in a *paid* advertisement. We also believe that there are several dispensaries in this city, notice of which would have added *éclat* to the catalogue. The pamphlet as a whole is a neat one, and every physician in the State should have one. The members of the society will receive one gratis, and we believe a limited number can be had upon application to the Secretary of the Board, Dr. A. C. Peterson, 319 Geary Street, for a nominal price.

**The Daughter. Her Health, Education, and Wedlock.** By W. M. CAPPE, M. D. Philadelphia: F. A. Davis, 1891.

This little book gives much needed information to a young wife in a short and concise way, and it should be in the possession of every woman that is at all ignorant of her duties as a wife or mother. In fact every mother's son could read the book with benefit.

## Clinical Items.

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### ELECTRICITY FOR GENERAL NEURASTHENIA.

Joseph Adolphus, M. D., of Atlanta, Georgia, writes to the Jerome Kidder Manufacturing Company, at 830 Broadway, New York City, December 15th, 1890: "I have your machine bought in 1874. It is a ten current and is to-day as good as ever. I have used it almost continuously since then. \* \* \* I have used other machines, but yours is *decidedly the best*. The A. B. and C. D. currents I use very frequently and find them real nerve soothers and tonics. They afford the best currents for general faradaic tonic effect on the system in the treatment of nervous women and general neurasthenia.

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*Eupatorium purp.*—Gnawing in the hip bones with numbness of legs and severe bone pains.

*Ferrum met.*—Marked swelling of the liver which is sensitive to touch; pains along back, particularly in places upon which she must lie; can not lie upon either side; with white stool.

*Kali hyd.*—Ptyalism with irregular ulceration of the mucus lining of the mouth.

*Oontum.*—Violent vulvar pruritis with pressing down of the uterus.

*Nitric acid.*—Constant eructation, violent cramp-like pains as if the abdomen would burst.

*Magnes. phos.*—Ague, with violent cramps and blueness of extremities.

*Natrum ars.*—Nasal catarrh, discharge yellow and tough mucus drops from posterior nares; compressive pain at root of nose; pharynx purplish and oedematous; sensitive to cold air.

*Mephitis*—has been frequently verified in the treatment of spasmodic coughs. Says Dr. Neidhard: "If the facts collected since 1851, which are numerous, do not prove that mephitis will supercede all other remedies in whooping cough, it certainly may be considered a valuable specific. In order to ensure its full success, it should be given in lower dilutions, from first to third, at least in severe cases."

*Cepa*.—Thread-like pains about the face, temples and ears, worse evenings.

*Platina*.—Sensation of coldness; tingling and numbness in face; cramp-like pain and boring in malar bones. Constipation, stools adhere to rectum and anus like soft clay. Itching, tingling and tenesmus at anus.

*Ferrum iodat*.—Constant bearing down sensation in female organs, as if something was coming away while sitting, feels something pushed up. Leucorrhœa like boiled starch, with itching and soreness of the parts.

*Cedron*.—Headache is principally adapted to persons of a voluptuous disposition of an excitable, nervous temperament. There is marked periodicity, pains are shooting and are located in the orbital region. Headache deep in the orbits, obliging him to shut his eyes, and extending to the occiput.  
—*Underhill*.

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## Selections.

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### TOO MUCH SURGERY.

#### A Protest Against the Reckless Use of the Knife.

By M. YARNALL, M. D., St. Louis, Mo.

A hecatomb of women survive to tell the story of innumerable operations that have been performed on their wombs; they are heroines, benefactors to their sex. Scalpel's modification of Bisturie's operation has saved their lives, one

week longer and they would have perished but now they are useful members of society, all from the phenomenal skill of Dr. Volsella, the great gynaecologist; "God save the mark." Not one in a hundred are necessary; these operations on the womb are devised and perpetrated on the willing victim causing not a few deaths, invalidating many and seldom doing good. In three-fourths of the cases treated by the gynaecologist, the local treatment is unnecessary. With bated breath the patient will describe her imaginary suffering; the Doctor with "wise saws and modern instances" will review the case; how he acted; what he said and a lot of exaggerations, while in truth there is little aside from the aches and pains coincident to disturbed functions. The practitioner is not altogether to blame, the patient will have the operation "Nolens volens," it is done to satisfy the morbid craving for some uterine treatment, the fashionable craze is yet on, and it will require time to modify it, the yearning of many women perhaps, never will be satisfied until they are operated on. Let it be fully understood that the writer does not condemn surgical methods when necessary, but we will without fear assert, that nineteen out of twenty of the gynecological operations are unnecessary; many are criminal because the operator knows they are uncalled for; let us enumerate a few of those procedures that are to a greater or less degree passing into oblivion. "The bilateral" section of the os the "antero posterior" section, the almost countless cases of laceration of the neck, all to be sewed up, "the murderous sponge tent," the elytrorrhaphies, etc., all of which are dead or dying except in rare cases. Many operations are performed by the desire of the patient, her condition is morbid, her nervous system disordered, some aches or pains in the pelvic region, some slight lesion, and the knife must be used; the gynaecologist yields, she tells her friends she must be operated on, the Doctor has given her that chance to live and become once more a useful woman. She is a heroine, in ninety-nine out of one hundred no operation is necessary or justifiable, I tried an experiment sometime since, I selected a number of uterine cases consecutively not one of whom an operation upon was really necessary, but I suggested to each that perhaps an operation would be necessary, or that it pos-

sibly would benefit them, and almost without exception they were willing, in some cases determined to have something radical done "at once," "how soon will you operate." And I may add that several have been operated on but not by the writer. A year or two ago, an eminent surgeon stated that he had never, or had his father, a large practitioner, met a case that the laceration of the os was severe enough to require operative procedure. Now I regard this view as an error on the conservative side. There are many cases that it is absolutely required, in one notable instance occurring in my own practice, the woman had become insane, was from time to time placed in an Asylum, she was radically cured by closing the lacerated margins of the os and is now a useful and happy woman.

It is to protest against these indiscriminate operations, that I am prompted to write. Only a few days since a splendid woman, healthy, and with few aches or pains, consulted me as to whether she should have an abdominal section performed. The only lesion was some slight deposits that were being absorbed, the remains of an old pelvic cellulites. This woman was almost ready to submit and yet she asked, "why should I have this done; I am not suffering to any great extent; I am in better health than for years?" This is an example. The suggestion was infamous, while the woman was intelligent, she was almost ready to have this formidable procedure take place. Perhaps she would become a heroine. The proud thought that she, too, had had one of these great capital operations performed on herself. The abdominal surgeon should devote himself exclusively to that work and should be patronized, assisted and sustained by professional men. Above all he should be honest and if it be possible to have relief afforded by other means, it should be done. At last when the operation is required beyond all question, let it be performed, not before. Now then, what shall we do to relieve these patients before the knife is resorted to. Treat the moral as well as physical condition; resort to every known method before you mutilate, injure or perhaps destroy your patient; adopt all the various treatments, including electricity and placebos, change of the mode of living, if it be possible, and try the

various tonics that direct their action principally to the uterine system, and there are a number of excellent ones. I have no hesitation at this time in recommending "Dioviburnia." This useful combination stands first of all that we now have, and like all tonics, no matter for what object they are exhibited, it will take time, and time is often the best adjuvant. A little less surgery; a little more conservatism.

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### SOLANUM CAROLINENSE IN EPILEPSY.

By N. EMMONS PAINE, M. D., WESTBOROUGH INSANE HOSPITAL.

What is *Solanum Carolinense*? Wood describes it as a herbaceous plant allied to such genera as *hyoscyamus*, *belladonna*, *stramonium* and *tobacco*, and to such species of *solanum* having great value, as the common potato. The common name of this plant is horse-nettle, and Wood says it grows along the road sides from New York to Illinois and Georgia; a rough weed, one or two feet high, with white flowers. Gray describes it as growing in sandy soil from Connecticut to Illinois and southward, with a pale blue, or white, large blossoms, in simple loose racemes, from June to August.

During the spring of this year, I read in some medical journals of the use of a tincture of this plant in epilepsy. One journal said it was a common remedy among the negroes in the South. The writer's manner of prescribing was to produce head-symptoms, such as dizziness, confusion of ideas, headache, etc. He claimed for it great efficacy.

Let us now turn for a moment from the drug to the disease. What is epilepsy? Our patients say it is "fits," and up to the last few months this answer is about as intelligible and valuable as the pathological descriptions of this disease by many of the medical writers. Gowers, in his book on nervous diseases, which is only two years old, after describing the many causes and different forms, says that "the naked eye appearance of the nerve-centres in epilepsy is, for the most part, that of healthy organs." I can testify to the truth of this statement after the autopsies we have made upon those dying with this disease. The only unnatural

appearance was the large quantity of blood in the vessels of the brain. Gowers says further, "in the absence of any help from anatomy and histology, the pathology of idiopathic epilepsy is a matter of hypothesis." He believes, however, that the seat of the disease, whatever its nature, is in the cortex of the brain. The last book on the subject, by W. Bevan Lewis, throws more light on the subject. He dissents from the "opinion that the pathological anatomy of epilepsy is the expression of a grave nutritional disturbance of cell-protoplasm, a nutritive disturbance which need not express itself in palpable morbid change, even to the higher powers of the microscope," and he further says that with the fresh methods of research, and by staining with aniline blue-black, the nucleus of the affected cells show an "extremely bright, highly refractile spherical body, obviously of a fatty nature." The location of these cells, according to Lewis, is in the second layer of the cortex. At a later stage the fatty material has burst out of the cell, it becomes "vacuolated," and finally the cell itself disappears. Before leaving this division of the subject, I will add the definition of epilepsy as given by Dr. Hughlings Jackson, the best authority on the subject, which is, "a sudden, rapid, excessive, occasional and local discharge of cerebral cortex.

Before describing our use of solanum in epilepsy, I wish to tell what we had previously done for epileptics. We have always had about five per cent. of epileptics in our population. Just at present the exact number is twenty-nine. Probably no one would expect a cure of any of the cases who come to the hospital. They have, however, received medicines prescribed homœopathically, according to the symptoms. All the well-known remedies have been tried, and also many of the new remedies, and others not in general use. Probably no one medicine has shown more efficacy than belladonna. As individualization of remedies has shown scarcely any cures, I decided to experiment with all the cases at once, by giving all of them one remedy for a definite period, and keeping a record of the attacks. Last November the epileptics were given artemisia absinthium ix, and that was continued until April. After that time, glonone 3x was given until July, and then we began solanum Car.



tincture. Out of all the patients treated, I have selected fifteen cases for tabulation. These have been taken for this purpose, because they have remained the whole period, and because their fits were more or less regular in their appearance.

The average number of fits for each one of the fifteen patients during the five months from November to April, when receiving *absinthium*, was 13.7; while under *solanum*, the average from July to September was 10.1, or about three and one-half fits less a month, for each patient.

A further verification of these figures was made during the month of October. For nineteen days the ten women had no medicine, and the five men had none for seven days. The average number of fits in all these cases during the time they were without the medicine was 12.5, while under *solanum* from July to November 1st, deducting the days when not receiving the medicine, the average is 10.3.

It is evident from these figures that *solanum* has reduced the number of fits about twenty-five per cent. It has not prevented that dangerous condition called *epileptic status* occurring in some of these patients. None of them have had any bad effects, or have shown any drug effects. Most of them have appeared better, and in some cases the improvement has been noticed by the nurses. Two of our male patients have left the hospital after taking *solanum*, but I am unwilling to ascribe a cure to that medicine, although both showed decided improvement immediately after beginning the medicine.

Our manner of prescription was to give ten drops of the tincture in a glass of water, two teaspoonfuls to be taken four times a day. On the first of October those names falling within the first half of the alphabet had the quantity of medicine doubled, receiving twenty drops in a glass of water, and those in the last half of the alphabet have been given the first decimal instead of the tincture. It is too soon yet to give any results, or to show the average of the different quantities of medicine prescribed.

In calling your attention to this drug, it is not with the claim that it will cure all cases of epilepsy, or that it will cure any case of epilepsy, but only to state that in our hands

it has ameliorated the condition of chronic patients. We have not used it in acute cases, because we had no opportunity, but judging from its beneficial effects in our hands, I feel it is safe to recommend its use in general practice, where the disease has only recently begun. (*New England Med. Gazette.*)

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### DIET IN THE TREATMENT OF SKIN DISEASES.

By GEORGE HENRY FOX, M. D.

The importance of regulating the diet in the treatment of skin diseases, though never denied, is seldom fully appreciated. The mere statement that dieting is an important element of dermatological therapeutics, is neither novel nor startling. We assent to it, and yet go on with our routine administration of drugs and use of local applications without the slightest disposition to put in practice what we are so ready to preach. A somewhat more novel and startling, though not less truthful statement, would be that every physician who treats a case of inflammatory skin disease without a most careful inquiry into the diet of the patient, is guilty, in a mild degree, perhaps, of malpractice, and I will venture to assert that such malpractice has occurred not infrequently both in your experience and my own! For many years I have been theoretically an advocate of dieting as an important adjunct in the treatment of many skin diseases, but it is only of late that I have come to a full realization of the fact that in many cases diet is of far more importance than drugs. Inasmuch as imperfect digestion or improper food, or both, constitute the *fons et origo* of so many cases of cutaneous disease, it is evident that a modification of the patient's diet strikes directly at the root of the malady, and that much of our ordinary treatment is merely palliative. There are many cutaneous affections, it is true, which have no connection whatever with the state of the digestive apparatus or the character of the food taken, but the affections which are most frequently met with, viz.: those of an inflammatory character, are invariably aggravated, if not primarily caused, by errors of diet. In these cases a strict regimen will

often suffice to cure, while without attention to the diet, the most approved medicinal treatment will frequently prove of little or no value. The amount of food which is desirable both in health and disease is a question upon which extreme opinions are common. While some physicians claim that a generous diet is conducive to the highest state of physical health, and are inclined to regard the majority of diseases as due to imperfect nutrition, others are of the opinion that most people eat and drink far more than is good for them, and hence demand of their patients the most rigid abstemiousness. I believe in a generous diet as I believe in gymnastics. In the ideal type of health a man ought to be able not only to turn a hand-spring and run a mile in five or six minutes, but should also be able to eat three or four hearty meals a day and digest them without difficulty. But how few of us, although in ordinary health, are able to lift a very heavy weight or run a mile at full speed without suffering a temporary discomfort, perhaps sustaining a permanent injury. And how many of us with our present habits of life, are able to eat three hearty meals, day after day, without overtaxing our digestive powers, and sooner or later suffering in mind as well as in body. In spite of the great value of gymnastic training, when judiciously prescribed, it is generally understood that the average man, with his share of inherited organic weakness, and with advancing age, cannot strain his heart and lungs and muscles with impunity, and so, too, in spite of the desirability of keeping one's tissues well nourished, it remains a physiological fact of every day experience, that there are certain men, women and children who cannot crowd their stomachs or even eat enough to fully satisfy their appetites without paying a penalty. The common practice of many physicians to urge their patient to eat more in order to build up the system, is often thoughtless and frequently harmful; one might as well advise a patient with weak or diseased joints to take plenty of exercise in order to get strong. In a condition of absolute health, there is no doubt as to the desirability of a generous diet. But in the average condition of health, and particularly in case of patients suffering from inflammatory skin disease, a restriction of certain kinds of food becomes imperative. The ques-

tion now naturally arises, what are the kinds of food which should be restricted, and what are the reasons for such restriction?

The comparative value of a meat and vegetable diet has long been a theme for discussion, and extreme views have been advanced; especially as regards vegetarianism, these views being based upon physiological, hamane and economic grounds. The practice of all civilized countries seems to support the theory that a mixed diet is the most desirable, and against this I have nothing to urge. But against the very common idea which prevails not only among the laity, but also among physicians, that meat is absolutely necessary to promote health and strength, I would most earnestly protest. While admitting that well-cooked and savoury meats are most agreeable to the palate, and as a rule more readily digested than fruits or vegetables; it remains a fact that in many countries the inhabitants attain the highest degree of health and strength upon a purely vegetable diet. Among the lower animals, the grammoora, though lacking the ferocity of those which feed on flesh, are by no means lacking in strength, as is evidenced by the common expression, as "strong as an ox," and in spite of the different construction of the human digestive apparatus, there is no proof furnished by observation that the vegetarian is at all weaker than his carnivorous neighbors. On the contrary, how often it is noted that the roast beef and beef steak prescribed by the physician with a view to build up his patient's strength, fails utterly in effecting the desired result. Indeed, my experience and observation have seemed to teach that much of the lassitude, biliousness, headache, constipation and depression of spirits from which many individuals suffer, is directly caused by an excessive ingestion of the albuminoid elements of food, such as meat, milk and eggs. I frequently have occasion to see weakly girls, with a trifling ache, perhaps whose medical advisers have urged them to eat plenty of meat, and to take tonics of beef, wine and iron, etc. In such cases, I commonly expect that a change to a frugal farinaceous diet, with an increased amount of exercise, will not only increase the strength, but will also relieve the patient's headache, foul breath and constipation from which they may have

suffered, and at the same time raise their spirits, brighten their eyes and clear their complexion. I would not cite Rider Haggard as a medical authority, but those of you familiar with his popular romances, may call to mind the statement that "She," of the transcendent loveliness, was in the habit of living exclusively on fruits."

It is well to remember that the albuminoid elements of our food are mainly of value in the building up of tissues, while the carbo-hydrates serve as fuel-food, and through their combustion are converted into heat and energy. Now in the case of the growing child, the athlete or the day laborer a good supply of the tissue forming elements of food is of the highest importance, but in the case of the great majority of adults whose tissues are fully formed, and whose habits of life are such as occasion but little tissue change, the diet most desirable is that which can be converted into heat or vital force. This indication is best fulfilled by restricting the amount of nitrogenous food, and by increasing the amount of carbo-hydrates and fat. Some eminent dermatologists have accepted the theory advanced by Bence Jones, that gout and rheumatism are largely due to a sub-oxidation of the saccharine and amylaceous elements of food, and believing that eczema and psoriasis are frequently of gouty origin or dependant upon the same systemic conditions which predispose to gout and rheumatism—they are in the habit of advising their patients to live almost exclusively upon a meat diet. This sub-oxidation theory is a very plausible one, and is doubtless the basis of the advice so frequently given to patients with skin diseases to avoid the free use of bread, potatoes and fruits. But, in my experience, this plan of dietic treatment has frequently failed, and where the digestive powers of the patient are not such as to contraindicate the free use of starch and sugar, I have prescribed them in preference to a highly nitrogenous diet, and, I think, with good results. I have repeatedly seen patients with proreans of long standing who had been subjected to various plans of dietetic treatment, and who had carefully observed the effect of diet upon their eruption. Such patients have almost invariably stated that an exclusive meat diet would increase the redness and itching of the patches of psoriasis in a notable degree, while a simple fari-

naceous diet would improve the appearance of the eruption. I have myself repeatedly observed the tendency of a meat diet to increase the congestion of the skin, while I have yet to see the first case of skin disease which seemed to be caused or even aggravated by oatmeal or buckwheat cakes. These articles of food may produce indigestion, and secondarily induce rash and general erythematous eruptions, but the common idea that they "heat the blood," and thus cause skin disease, appears to me to be groundless. Cases of chronic dyspepsia I have known to be cured by a prolonged diet upon rare beef-steak and hot water, but I have also seen this diet followed by a general outbreak of eczema.

Of the value of fats and oils in furnishing food to the nervous system and in subserving the general nutrition of the body there is no room for doubt. In the dietetic treatment of skin diseases this is the one element of the food which is most frequently lacking. There are few skin diseases which are not more or less neurotic in their character, and in the case of many patients an increased supply of fat meat, cream, butter, or cod-liver oil will do much towards restoring a healthy nutrition of the skin. Of course there are many patients who have or claim to have a decided aversion to fats, and it is not the amount of oil which is taken into the stomach, but the amount which is digested that produces the beneficial results. With children and delicate women who cannot take a lump of fat into the stomach without a feeling of nausea, the desired end can be attained by finely comminuting the fat of beef and mixing it thoroughly with bread or potatoes, and in the administration of cod-liver oil it is always well to avoid administering the dose immediately after a meal, but to wait for a half or three-quarters of an hour until the gastric digestion is nearly accomplished, when the oil will pass immediately into the duodenum and be acted upon by the biliary secretion.

The amount of fluids which we are in the habit of taking with our meals and between meals is largely a matter of habit. With many persons of sedentary habits, the sensation of thirst is rarely experienced, and it is astonishing how small an amount of fluids is consumed by such in the twenty-four hours. Others are in the habit of consuming tea and

suffered, and at the same time raise their spirits, brighten their eyes and clear their complexion. I would not cite Rider Haggard as a medical authority, but those of you familiar with his popular romances, may call to mind the statement that "She," of the transcendent loveliness, was in the habit of living exclusively on fruits."

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beer to an extent which is equally astonishing. The exact quantity of water necessary to keep the bodily functions in their best working condition is difficult to state, inasmuch as the quantity must needs vary constantly in accordance with changes of temperature, increased exercise, etc., but it is quite certain that few people drink too much water, however frequently they may suffer from over feeding. On the contrary, it has seemed to me that many suffer in various ways from an insufficient supply of liquid food, and I feel sure that many unpleasant feelings and symptoms of actual disease would quickly disappear if the sufferers only appreciated the value of this best and cheapest of all remedies. Our works on hygiene lay great stress upon the healthfulness of frequent bathing, but, however agreeable and desirable our daily ablutions may be it is an undisputed fact that many of our fellow creatures maintain not only an excellent physical condition, but a healthful activity of the skin without wetting more than their hands and face from January to December. But the interior of the body needs cleansing as much as the exterior, and a liberal supply of water in the treatment of our patients will often bring about the desirable results which drugs have failed to accomplish. During meals the supply of water should be restricted, as it is very apt, especially in the case of children, to interfere with the process of digestion. But, taken two hours or more after a meal, when the digestion of food is in great part ended, or upon going to bed, it cannot be too highly recommended.

One very important point to be considered in preparing a diet list for patients with skin disease is the effect of alcohol, tea, coffee and tobacco in retarding tissue-metamorphosis. To improve the nutrition of the skin, it is desirable that the process of waste and repair be carried on without cessation. When alcohol or other stimulants are consumed to any extent this desirable change or reconstruction of tissue is arrested, and the various organs of the body are impaired in the performance of their functions. The effect of beer upon an eczema is as marked as it is upon gonorrhœa, and I have sometimes thought it better for a patient to drink a whole bottle of whisky than a single glass of malt liquor. The effect of tobacco and coffee is frequently in cases of pruritus, and

in private practice I have fallen into the habit of forbidding all stimulants on the ground that they do no good and may do harm. In charity practice it has often struck me as the height of folly to prescribe medicine for patients who are living largely on tea and beer, and whose symptoms would speedily disappear under a judicious regulation of diet. Indeed, it is difficult to appreciate what dietetics will do in the treatment of cutaneous and other diseases unless we move, for the time being, a suspension of the Pharmacopœia.—*Dietetic Gazette.*

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#### BROMIDE OF ARSENIC IN DIABETES.

*Arsenic* has long been used in the treatment of diabetes. Its use was first suggested from the fact noted by Salkowsky, that when animals were given large doses of arsenic, glycogen greatly diminished in their livers. More recently bromide of arsenic has been strongly recommended in doses of one-forty-fifth of a grain, which may be increased to one-twentieth of a grain or more, if no toxic symptoms are observed. There are two standard solutions of bromide of arsenic in the market,—Gilford's of which the dose is ten drops to begin with, which may be increased to twenty drops, or over; and Clemen's solution, which is considerably stronger, and the dose of the latter, to begin with, should not be over five drops. A few years ago it was thought that bromide of arsenic promised brilliant results in diabetes, but it must be confessed that it has disappointed expectations. In one of my cases Gilford's solution was given for a long time, in twenty-five drop doses three times a day, but during all this time the patient continued to excrete urine that contained thirty grains of sugar to the ounce. Upon withdrawing the bromide of arsenic, and placing the patient upon a restricted diet, I had the satisfaction of seeing the sugar speedily reduced to two or three grains to the ounce. I have given the bromide of arsenic treatment a thorough trial in at least ten or twelve other cases, without obtaining any result which could be called satisfactory; certainly, it has not materially lowered the percentage of sugar in the urine. In conjunction with lithium, as suggested by Rouget, arsenic has

attained some popularity, being especially lauded by Martineau, who claims to have cured sixty-seven out of seventy cases of diabetes by this treatment. In other hands, however this treatment has not been attended, by appreciable benefit; at least, such is the report from Bordeaux, where opportunities for trying it on a large scale have been carried out. The chief benefits I have obtained from the use of arsenical preparations in diabetes have been from arsenite of iron, in cases complicated by anæmia or malaria. In such cases I often employ the latter, in pill form, beginning with one-sixteenth of a grain, and gradually increasing the dose to one-eighth or one-sixth of a grain.—*W. C. Purdy, M. D.*

**ACTION OF NAPHTHALINE UPON THE EYE.**—Naphthaline exhibits a most marked affinity for the eye, and is capable of exciting very serious lesions of that organ. Under the influences of toxic doses of this drug there soon develops a serious effusion between the retina and the vitreous; later the effusion appears between the pigmented epithelium of the retina and the conical and striated elements. There is then loosening of the retina which floats between the two liquids. Very soon white umbilicated patches are seen deposited upon the retina, and these are not formed of naphthaline, but consist of oxalate, sulphate, and carbonate of calcium. Again, in the body of the vitreous are seen floating numerous brilliant bodies; these likewise are not due to deposits of naphthaline. At last the crystalline lens itself is affected, and in space of time ranging from three to thirty days, a soft, grayish cataract is formed. Naphthaline then is capable of producing:

1. Detachment of the retina.
2. Papillo-retinal infiltration.
3. Deposits in patches upon the retina.
4. Amblyopia and consecutive amaurosis.
5. Sparkling synchysis.
6. Soft cataract.

Should these effects of the drug lead to a successful employment of the drug in the conditions above named, then will our armamentarium be made richer.—*Transactions of the International Congress of Homœopathy—Hah. Monthly.*

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Original Articles.

THE PRESCRIPTION.

By M. F. GROVE, M. D., HEALDSBURG, CAL.

[*Read before the California State Homœopathic Medical Society.*]

In homœopathic practice of medicine the choice of the drug to be given, and the quantity to be taken are the matters of paramount interest. This is a theme that cannot grow old and uninteresting because it must be always in the mind of him who attempts the healing art. We may use topical applications for ulcers, wounds, hypertrophies or neoplasms; or in internal disorders we may use dry or moist heat or cold; but still these things, by those who use them, are considered mere adjuvants—simply helps. Some physicians do not use them at all, relying entirely on their ability to choose the needed internal medicine and its healing effects. Thus it is seen that the question of greatest concern to us in treatment of the sick is what medicine shall we choose and how much of it shall we give? In other words, what shall be our prescription?

The rules for reaching the answer to the first portion of this question are laid down with care and minuteness in the writings of the founder of homœopathy; and the only difficulty is, in following the directions. In the organon, paragraphs 83 to 104 inclusive, we are told how to find out and

even write down the symptoms of the patient, and then we are to select the remedy of the materia medica most similar in its symptoms to the symptoms obtaining in the patient. If we find a remedy including all the symptoms, we are to give that; if this all-inclusive drug can not be found, we are to give the one containing the greatest number—this will be the most similar remedy. While there is much art in taking the case, our chief trouble lies in finding the most similar remedy after the case is taken. Now, if our materia medica had reached perfection, all the symptoms, pathogenetic and clinical, had been collected and properly arranged and a comprehensive repertory published, the selection would be easy work and quickly done. But the conditions are far from being met. The foundation, the materia medica is not yet perfect.

While I do not pretend to be fully conversant with the process of collecting our schemes of drugs now in use, and will not therefore undertake to say how reliable they are, yet I am confident that there are many peculiarities of our remedies not incorporated into our commonly received text and reference books. I recall now a case of intermittent fever for which I was consulted, after the fifth paroxysm had occurred. As well as I now can state it, *memorita*, it was an anticipating tertian, the first paroxysm having occurred at 1, P. M., and the fifth, at about 5, A. M. There was much thirst during the chill, heat and sweat; considerable nausea and vomiting; severe headache gradually getting better during the sweat. There was much jaundice and some tenderness in the hepatic region. There was one striking peculiarity—he was nauseated all the time of apyrexia. I gave ipec. 30. one dose, followed by placebo. Not feeling at all satisfied about the prescription, I turned to Lippe's & H. C. Allen's repertories and worked out the case. Not more than two-thirds of the symptoms were embraced by ipec., while nat. mur. if not covering the entire case, was most strongly indicated. He returned in a few days to say that no more chills had occurred, and I noticed that the jaundice had disappeared. Another case—a gastric catarrh and ulcer, following La Grippe, points to the same conclusion, of more than ten or twelve symptoms. Merc. sol. had perhaps one

half as found in Lippe's & Allen's Boeninghausen's repertoires, while verat. alb. had them all and Hering's condensed pointed most strongly in the same direction. The vomit, thirst, sensations, prostration and excessive saliva were all embraced by verat. alb.; yet I could not see that a low dilution of this drug was followed by the least improvement. But when I gave merc. sol. 30. in water, the beneficial effect could not be doubted.

Cases of this character doubtless frequently occur in every physician's practice, and they unmistakably show that mere symptom, covering device or methods, is not such a success as some men would have us believe.

As an improvement upon the first promulgated method, there has come into use the employment of characteristic symptoms or keynotes. These are symptoms most frequently found in the provings, or among the symptoms found and cured at the bedside, or are rarely or never found in other drugs. The heavily white coated tongue calling for ant. cr.; the thirst for frequent small drinks calling for ars.; the quickly coming and going pains of belladonna, the irritable morose disposition of nux vomica, the intolerance of constriction of lachesis; the sadness and despondency of sepia. and the heat and intolerance of bed covering at night in sulphur patients, are fair examples of this class of symptoms. An attempt is now being made to estimate the proportionate amount of this peculiarity in all, or nearly symptoms produced or cured by the various remedies. The latest thing in this line is a so-called pocket repertory, a revised edition of Boeninghausen, with additions; the work of Dr. T. F. Allen. In this work, the grading is carried to a fine point, according to the scheme of the original author, no less than four kinds of type being used. After almost daily use of this work in intricate cases for a few months, I am satisfied it has but little value beyond mere suggestion as to the choice of the remedy.

There are combinations of symptoms arising in cases, which will far outweigh the aggregate valuations of these separate symptoms as found in disconnected phrases hunted from the pages of a repertory. Take this case as a sample: "Mr.— had for two or three years been troubled with jerking and

twitching in the soles of his feet and under part of his toes when sitting or lying, but disappearing on walking. For two or three weeks this had ceased, but every night he had been worse afflicted with neuralgia along the left clavicle to the point of the shoulder. For two nights he had not slept, having spent most of the hours walking the floor and using liniments of various kinds for relief. Sometimes the pain extended down the arm to the fingers, with numbness and tingling. Turning to this new work and writing the various regions, sensations, aggravations and ameliorations and expressing the proportion in numbers, the relation existing between the drugs was expressed thus: ars. 32, con. 33, puls. 38, rhus. 34, sulph. 40. Lippe's repertory still further aided in the problem, and it finally stood: ars. 34, con. 35, puls. 39, rhus. 35, sulph. 42. Although pulsatilla and sulphur stood higher, yet the peculiar combination of aggravation from rest and at night, and amelioration from motion and using the part, gave an undeniable call of rhus. tox., which was administered in the 30 cent. potency. He slept well and professed satisfaction. "Those little pills," said he, "did me lots of good." This work is so deficient in many of its parts, so abstruse and general in other statements and sections, that conclusions wrought out by its pages must be viewed with caution.

Another great difficulty in prescribing by keynotes is that sometimes there are entirely too many of them. Although we may often prescribe with satisfaction, guided by the appearance of the tongue, the peculiar thirst, a desire in a sick child for being carried, etc. What are we to do when a patient presents symptoms which are keynotes of bry., nux. v., nat. mur., sep. and sulph.? We may exhort to patience and expect great things from the "tincture of time," but these cases prove the futility of key notes as an all-around system for prescribing.

Then there is another method of prescribing, for which some seem to have almost unvarying predelection; they desire to have a pathological basis for their prescription. For a full outline of this method I will not refer you to the organon, as Hahnemann is not the author of it.

While the man who must treat, among a diversified pat-

ronage, many Spanish, Italians, French and Germans, from whom no fair statement of symptoms can be elicited, and he is thus compelled to prescribe upon this, as in many cases the best method, yet no severer statement can be made against this system than by asking the question, "what is pathological action?"

The theories of one decade are discarded by the next. Thus we are led in answer to our question, to say that the doctor who goes out to hold his own against severe competition, and advance in his profession, must be the master of all methods of prescribing, and it is equally true he must be the slave of none.

After we have determined upon the remedy to use, how much of it shall we give? And before passing on further, I must say that I can not believe Hahnemann's statements that the thirtieth dilution is any weaker, or contains any less crude drug than the sixteenth or twentieth. By every known test of taste, touch, smell, chemical reaction and microscopic vision, there is no more salt in a tablespoonfull of natrum mur the twentieth, than in the same amount of the two hundredth dilution, because there is none whatever in the former.

When we reach the fifteenth dilution, we have reached the limit of the appearance of the atoms of the crude material. When we dilute to the fourth centesimal, we go so far from the crude drug, and begin to develop the "dynamis," that it is questionable if the sixth is appreciably stronger in this sense, than is the tenth dilution. Hence I prefer to consider the second part of question under the subject of the "repetition of the dose." How often shall we give the remedy in a case? The answer is again easy to find in the organon and writings of the leaders of our school, and again the difficulty is in following the directions. We are told to repeat when the effects of the first dose have ceased. "So long as improvement continues, discontinue the medicine," writes the doctor to his patient. Paragraphs 246 et. seq. with note 26, of the organon, cover the whole question, according to the author. And though in general leaning to the repetition of the single dose at very long intervals, he says in some cases we may be required to repeat in five minutes, and in chronic diseases the most rapid progress will be



gained by administering one dose every week or ten days. And surely this latitude is needed for us, if my experience be an average one in the profession. My cases persistently refuse to fall into categories of other men's making, and I do not see how I could practice medicine with the single dose once a week in acute, and once in two months in chronic cases. The master himself says that sometimes it is best to dissolve a single pellet, moistened with the thirtieth dilution, in water, and then take this latter in three or four different doses.

Now, what is this but three or four doses of the thirty-second or third dilution? And while I have seen the effects of the single dose extend over several days in acute and several weeks in chronic diseases, yet by experience I have been led, as a rule, to give at least four or five doses in succession before ceasing the remedy, and sometimes continue for a long time at regular intervals. Just now I recall a lady's case who suffered from hoarseness, dyspnoea and a sensation of a heavy weight on the chest. Phos. thirtieth, one dose, did her scarcely any good, and not till it was given every half hour was anything gained.

A baby suffering from eczema capitis was effectually cured by lye. 30, after continuing it morning and night for four days, although the first single dose did no good beyond two days.

But another difficulty arises; we cannot see our patients in the majority of cases with sufficient certainty and frequency to determine the exact time when improvement ceases. We must rely upon the judgment of patient or nurse, which usually is not a good plan, or else make assurance doubly sure by forecasting the case and prescribe for the contingencies likely to arise. This, in most cases, will require more than the single dose.

Thus I have written, in accordance with my experience, not so much to teach as to manifest my desire to do my duty as a member of this society. With this humble purpose confessed, I hope you will excuse "the pronoun of the first person, singular number." Let us also hope that wiser heads will not withhold the stores of their experience, or the methods by which they best succeed.

## A CASE OF SPINAL IRRITATION.

BY GEORGE H. MARTIN, M. D., SAN FRANCISCO, CAL.

[Read before the California State Homœopathic Medical Society.]

In September, 1884, I was called to see Miss M——, a young lady nineteen years of age, who was suffering with intense pain in the head, photophobia, pain in the chest, cough, loss of appetite, and much pain the whole length of the spine. There was also a marked anæmic condition, great heaviness of the limbs, and the least muscular exertion with the arms caused great exhaustion, with violent palpitation of the heart. She had been fairly well until within a few days of the time I was called, when she suddenly gave completely out. The exciting cause of her immediate break-down was a severe nervous shock, her father having been thrown from his carriage, sustaining injuries from which he died within a few hours. She had never, however, been a very strong girl, having had typhoid fever a few years before, from which she had not fully recovered, and suffered frequently from severe hemorrhage of the bowels, as well as menorrhagia. To the latter fact I attributed the main cause of her trouble. Upon closer examination I found great sensitiveness over all of the vertebræ, but more particularly over the seventh cervical and upper dorsal. The slightest pressure upon these would cause faintness and nausea. There was a frequent, sharp, shooting pain in a small circumscribed spot just under the left breast, also constant and severe pain over the left ovary. The lower extremities were cold to the knees, and even artificial heat did not make them wholly comfortable. When lying perfectly quiet she could get some slight relief of these symptoms, but if she attempted to sit or stand she would faint. During menstruation all symptoms were aggravated, flow was very profuse, and usually lasted from five to seven days. This was the case, as I found it: I examined all the organs of the body as far as possible, except the uterus. I did not examine that as she complained of no pain during menstruation, nor backache. I concluded that I had a case of spinal irritation due to excessive hæmorrhage of the bowels, as a result of typhoid fever. There were no hæmorrhoids. I gave the indicated remedies, as

they were suggested to my mind, for three months without any change in the condition of affairs. I tried various potencies from the third to the two hundredth. I then gave hamamelis tincture for the hæmorrhages, for a month, with great benefit, so that she did not have them but once a week. Then I would change for some remedy for the other symptoms, but coming back to the hamamelis during menstruation.

I used general faradization for three months to see if I could stimulate the circulation, and in that way, general nutrition. There seemed to be some good results from that source, but not very satisfactory. After some months, the hæmorrhage was finally stopped, and then I felt sure that she would recover. But no; the anemic condition remained about the same, the headache was still severe, sleepless, no appetite, and a very sensitive spine.

As what I supposed was the cause of the disease had stopped, and still the patient was no better, I determined to make a vaginal examination, and find the condition of the uterus and its annexa. I found the uterus enlarged to three times its normal size, retroverted, with the fundus lying upon the pelvic floor. The left ovary was very sensitive and prolapsed. The uterine cavity was about normal in size, but the posterior wall of the uterus was very much thickened. I concluded from this examination that I had an interstitial fibroma to deal with. I at once commenced giving hypodermic injections of ergot in the abdominal parietes over the uterus, every fourth day. This did not cause the uterus to diminish in size, but did control the hæmorrhage during menstruation.

I continued this for two months, and then gave it up. Next I used galvanic electricity, I placed a large pad over the abdomen to which was attached the positive pole; the negative I attached to an intra-uterine electrode which I placed within the uterine cavity and allowed as strong a current as the patient could bear to flow uninterruptedly for fifteen minutes. I gave these treatments every other day for three months, except during menstruation. At the end of that time, my patients general condition seemed to be somewhat improved; but I noticed that the uterus began to be a little

sensitive to the treatments. I therefore stopped them for two months, and then repeated them for three months more. Both during the periods of rest, and during the electrical treatment, I continued my Homoeopathic remedies, as they were indicated. After following this course for a year, I found that the uterus had decreased nearly half in size, and my patient was much more comfortable, yet she could not sit up. I then introduced an Albert Smith retroversion pessary. The vagina was so sensitive that although the pessary was not felt by the patient, still she could not keep it in but three days before ulceration would commence, and then I would have to remove it for a week.

When it was in position, she could sit up a few moments a day, and felt some better. From this time on, she began to improve more rapidly. After a while she was able to retain the pessary for three weeks at a time, and then would make great improvement. I also kept up my electrical treatment, and during the intervals when not using it, I used tampons saturated with glycerine, for the purpose of reducing the size of the uterus. The patient finally began to sit up longer each day, commenced to walk a little, until at last, after an illness of five years and a half, she was pronounced well, and thus ended one of the most discouraging cases, it had ever been my misfortune to meet. As soon as I had determined that the uterus was the cause of all her trouble, I knew that it would be years before the patient would be well, if ever, unless hysterectomy was performed, and that, neither the patient or her friends would listen to, and I did not advise it either. But with the most patient fortitude, she bore her troubles until she was fully rewarded. As soon as she was able to go out, I had her eyes examined, and found that she had compound astigmatism. The proper glass was applied, and her headache all passed away. She has been up and about eight months now, and is perfectly well and strong; not an ache or a pain anywhere.

There are two points I wish to call your attention to particularly, in this case; first: the mistake in thinking it a case of spinal irritation, and second: the use of electricity in the treatment of uterine enlargements. I am frequently called to diagnose cases which the attending physician has pro-

nounced spinal irritation. Now, spinal irritation, or anæmia of the spinal cord, as it is often called, is not a primary trouble, and when we have such a case, we must search carefully for the cause of the condition, and in the majority of cases, we will find it to be from some uterine trouble. The pain in the spine is neuralgic, due to anæmia of the cord, which in its turn, is due to a lowered tone of the nervous system from some cause.

In this case, I am sure that I could never have accomplished the results that I did, without the use of electricity. The current was a mild one, but it was enough to do what was required of it, with the aid of my homœopathic remedies. There are many patients like this one, who will be helpless the remainder of their lives, because their condition is not recognized and properly treated.

When we take hold of our cases analytically, and appreciate fully the value of cause and effect, more cases will be cured, and more suffering people will be made happy.

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#### A CASE OF EPILEPSY,

By B. MYERS, SEATTLE, WASHINGTON.

Maud H. appeared before the King County Medical Society, June 6, 1890, with the following history:

Blonde, well nourished, fine appearance, aged 11 years. At the age of 3 years epistaxis appeared. Profuse discharge of dark blood every week, with spitting blood. These frequent attacks lasted one year, then every three or four months up to eight years, when epileptic seizures appeared with gradual decline of the hemorrhage in frequency. The convulsions always appeared during sleep, generally during first sleep, increasing in frequency, till at present they are appearing every week, several in one night. She is seldom free from them many days in succession. The hemorrhage is rare, but still appears at intervals. An examination of the nares and fauces fails to detect any morbid growth or anything more than simple congestion of the membrane. She has been treated extensively by the regular school in different cities

of the south without any trace of benefit. Her mind seems reasonably bright, yet the severity of the seizures has made any attempt at education impossible.

A case of epilepsy in the practice of Doctor John Baker, of Batavia, N. Y., was mentioned; that of a boy 12 years of age, in which the seizures were severe and occurred generally during sleep. Lachesis 200th relieved the case promptly and permanently, and at present the subject is a prosperous business man and man of family.

After some discussion, with the sanction of the members of the Society, Dr. B. Myers, who had presented the case, prescribed lachesis 6th every two hours, which was continued for several weeks, decreasing in frequency. There has been no seizure since the first dose and no hemorrhages. A little nervous feeling during the first few weeks excited some alarm, but even that has disappeared. The child, since a few weeks after being treated, has been in constant attendance at school, and is becoming a bright and successful scholar, and the mental and bodily restoration seems absolutely complete.

This case is reported as another instance of the positive and wonderful results obtained from the homœopathic administration of drugs. It seems much to be regretted that with large masses of such material in existence drug therapeutics should still be in a somewhat chaotic condition.

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### ANTIPYRIN.

By F. G. OEHME, M. D., ROSEBURG.

[*Read before the Oregon State Homœopathic Society.*]

The following poisonous effects from antipyrin have been collected from allopathic journals within the last few years, and make no claim to completion.

Doses from 3-5-10 grains, from 2-4 hours apart had been given, frequently 30-35 grains a day. There is the same great diversity in the violence of its operations and in the selection of the organs of the body, as in those of other drugs. In some cases the system rebelled only after frequent and large doses, in others, very serious symptoms ap-

peared from one or two comparatively small doses, and even death resulted. In some patients, certain organs were seized, in others, different, while in some the drug produced more of a general effect.

We have, as far as practicable, not separated the symptoms, and not classified them *strictly* according to the organs, but kept them together, hence there will be occasionally a repetition of a few symptoms.

As a *general* effect we find: Drowsiness, sopor, confused ideas, great weakness, great nervousness, excitement, tingling and numbness.

In one case we find: Pressing pain in the occiput, dizziness, roaring and singing in the ears, very violent palpitation of the heart (200 a minute), dyspnoea, cold perspiration in the face; sensation of great heat in the whole *right* side and of numbness in the *left* side of the body, complete amaurosis, difficult speech.

Large doses produce: Vomiting, cerebral depression, trembling all over the body, shivers, chilly cyanosis, syncope, collapse. It lowers the temperature and reduces the pulse and respiration sometimes to a dangerous extent. Excessive and frequent cold, perspiration for several hours. In one case paralysis of the *left* side. In other cases, haematemesis, convulsions and death.

These symptoms would justify its administration in paralysis, and particularly in threatened collapse in many acute diseases. Antipyrin has a cumulative power.

*Head.* Headache, with snapping in the head, pressure.

*Eyes.* Loss of vision for several hours. Red spots before the eyes.

*Ears.* Pain under and in the ears; excessive secretion from the ears; itching and bleeding.

*Nose.* Very violent and frequent sneezing; running of a very copious, watery, sometimes acrid fluid from the nose and eyes; itching and pricking in the eyes; itching and burning in the nose; the mucous membrane so swollen that breathing through the nose was impossible; eyes, nose and lips swollen; stupid, tormenting feeling in the head, pain over the frontal sinuses; flashes of heat, alternating with chills.

*These symptoms are observed very frequently, and represent a complete picture of a violent coryza.*

I aborted lately a violent coryza within an hour in the following way. I mixed in the palm of my hand a little vaseline and about one-quarter grain of antipyrin, and applied it with the little finger in both nostrils as far up as I could.

*Mouth:* Pain in all the teeth in the lower jaw; burning and itching in the mouth, especially in the roof of the mouth; salivation.

*Throat and Lungs:* Burning and itching in the throat; severe fits of dry cough; severe cough with an abundant mucous discharge; hoarseness; pressure in the chest, sense of suffocation; dyspnoea; quick labored respiration.

The symptoms of the nose and chest clearly indicate Antipyrin in *influenza*.

*Alimentary Tract:* Burning sensation in the oesophagus, violent pain in the upper part of the bowels, going upward.

*Female Organs:* When antipyrin is given the first two (2) or three (3) days of the menses, it arrests them, and causes fainting, violent chill with trembling of the limbs, and cyanosis of the face, in one case repeated attacks of syncope. Watery leucorrhœa. It arrests the flow of milk, if given when the flow first fills the breasts.

What better adapted remedy could one wish for re-establishing the suddenly suppressed menses?

*Skin.* Oedema of the face and limbs. After three (3) doses of ten (10) grains each, hourly, there appeared on the eighth day, a papular eruption on the face; the next day all over the body; eyes suffused, much congested; ears swollen and covered with papulæ, exactly like *measles*. In over fifty (50) cases antipyrin produced an eruption like *measles*; some of these eruptions appeared with gastric symptoms, tightness of the chest, etc. The rash was usually on the exterior side of the limbs, not on the palmar and plantar surfaces, and lasted from 4-8 days. Adding to these symptoms those mentioned above under "*nose*" and "*chest*," a greater similarity between the antipyrin *measles* and the genuine ones, can be found. In other patients antipyrin produced *urticaria*



and in still other *erythema*. As they can produce *different* skin diseases on one and the *same* person at the *same* time, it is less strange that it should cause different skin diseases on different persons. When I proved *rhus venenata* some thirty years ago, I would frequently have eruptions like *urticaria*, *measles*, *eczema* and *erythema* at the *same* time and in close proximity to each other.

Antipyrin is, certainly, a very powerful and far-reaching drug, which deserves our full attention and should be proved. We have, of course, not mentioned for what diseases the old school uses, or rather abuses it, as their use is at utter variance with ours.

In closing, I would like to ask one question. Has anyone given it to make labor painless in child-birth? If so, have any ill effects been noticed at the time or afterwards?

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## Colleges and Hospitals.

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### THE STATE SOCIETY.

The Fifteenth Annual Meeting of the California State Homœopathic Medical society was called to order by the President, Hayes C. French, M.D., in the Hahnemann Hospital College, San Francisco, Wednesday, May 13th, at 10 A. M. Besides the usual number of members from San Francisco, and surrounding cities, there were Drs. H. R. Arndt and E. V. Van Norman, of San Diego, and Drs. Kirkpatrick, Clarke and Buell, of Los Angeles. This addition of Southern members placed all on a footing of good fellowship, which continued through all the meeting: The usual routine of business was soon disposed of, and after the opening of the afternoon session the bureau of Chemical Medicines and Electricity, Dr. J. E. Lilienthal, Chairman, reported. Dr. H. R. Arndt read a most excellent paper on a "Case from Practice," which was warmly greeted. Dr. A. McNeil presented some "Clinical Cases," as did Dr. Ledyard. Dr. J. M. Selfridge presented an excellent paper

on "Morbus Brightii." Dr. Samuel Lilienthal sent in a very interesting article on "Homœopathic Therapeutics," which was read by Dr. J. E. Lilienthal. Dr. Moliere made some remarks on electricity, and gave a new remedy for La Grippe. Dr. George H. Martin reported "Case of Spinal Irritation," and Dr. J. E. Lilienthal presented "A Case for Diagnosis."

There was not much discussion upon any of these papers, as all felt that the time was not long enough to get through\* with all the work on hand.

#### EVENING SESSION.

At 8:30 p. m. the election of officers took place, which had been made a special order of business for that hour which resulted as follows: Dr. H. R. Arndt, of San Diego, President; Dr. J. T. Martin, of Woodland, First Vice-President; Dr. Alice Burritt, of Oakland, Second Vice-President; Dr. George H. Martin, of San Francisco, Secretary; Board of Censors: Dr. S. Lilienthal, of San Francisco, Laura A. S. Ballard, M. D., of San Francisco, A. McNeil, M. D., of San Francisco, J. M. Selfridge, M. D., of Oakland, C. W. Bronson, M. D., of Alameda.

Board of Directors: J. M. Selfridge, M. D., Oakland, W. A. Dewey, M. D., San Francisco, C. L. Tisdale, M. D., Alameda, Sidney Worth, M. D., San Francisco, E. S. Breyfogle, M. D., San Francisco.

Board of Examiners; A. J. Howe, M. D., San Francisco; G. E. Davis, M. D., San Francisco; George H. Martin, M. D., San Francisco; A. C. Peterson, M. D., San Francisco; C. L. Tisdale, M. D., Alameda; Geo. H. Jenks, M. D., Berkeley; J. Stow Ballard, M. D., San Francisco. Alternates: J. M. Selfridge, M. D., Oakland; E. S. Breyfogle, M. D., San Francisco.

After the election of officers, the meeting adjourned until Thursday, at 10 A. M.

#### SECOND DAY.

The meeting was called to order at 10 A. M. by the President. The Bureau of Obstetrics was called, and Dr. L. Pratt

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\* [It is an error to come to a medical meeting simply to get through.—Eds.]

read a paper written by Dr. Laura A. S. Ballard on "Complications of Gestation." Dr. W. A. Dewey reported a case of obstetrics then in progress, and asked advice. This brought up a discussion as to the advisability of using morphine to quiet pains when they seem to be doing no good, and the patient was becoming exhausted.

Dr. Alice Burritt, Chairman of the Bureau of Diseases of Women and Children, read an interesting paper on "Cases from Practice." Dr. G. M. Pease another on "Intra-uterine Meddling." Other papers were read by Drs. Bradley, Peterson, Grove, Dewey and Tisdale.

At the afternoon session, various points were brought up for discussion, which were very enjoyable as well as profitable.

Upon motion, it was decided to hold the next meeting for three days instead of two, as more time would be allowed for discussion.

Great interest was manifested all through the session, and the attendance was large. Before adjourning, Dr. French, the retiring President, made a few remarks, thanking the members for their consideration and kindness to him as the presiding officer, and then Dr. Arndt, the incoming President, was escorted to the chair. After a little speech, in which he said he hoped that all would join hands in trying to make the next meeting a success, and thanking the members for the honor which they had bestowed upon him, he gave the following names as Chairmen of the different Bureaux:

J. T. Martin, Woodland, Clinical Medicine and Electricity; Sydney Worth, San Francisco, Obstetrics; G. M. Pease, San Francisco, Diseases of Women and Children; E. C. Buell, Los Angeles, Surgery; Jos. Rhodes, San Diego, Ophthalmology and Otology; C. L. Tisdale, Alameda, Physiology, Anatomy and Pathology; W. A. Dewey, San Francisco, Materia Medica; J. C. Kirkpatrick, Los Angeles, Medical Education, Statistics and Neurology; J. T. Martin, Woodland, Legislation.

There were twenty new members joined the Society, and the outlook for the next year is most favorable. The north and the south have united, and the watchword is "Onward."

GEORGE H. MARTIN, M. D., Secretary.

## THE SAN FRANCISCO HOMŒOPATHIC POLYCLINIC.

## Secretary's Report of its First Year's Proceedings.

The San Francisco Homœopathic Polyclinic was formally opened at No. 220 Montgomery Avenue, in this City, on April 21st, 1890, under most favorable auspices and at once attracted the attention of both the press and the suffering public. This Polyclinic, being purely the product of individual effort at once took high rank among the active benevolent institutions of the city, and although no specific advertising has ever been done, its efficiency and usefulness has steadily increased and it has daily advanced in popular notice and favor. This practical result has been achieved, in no small degree, through the kindly voluntary notices of the City Press, until, at the present time, patients from all parts of the City, adjacent Country and from many points on the Coast, are enrolled on its records and are its beneficiaries; a result peculiarly gratifying to its originator and manager.

Many patients from a distance have never visited the Dispensary, having been treated through correspondence, and the appropriate medicines being forwarded by mail or express on receipt of a complete diagnosis of their respective symptoms and a small remittance for the actual outlay incurred; all expense beyond the cost of the remedies themselves being donated by the management.

During the year ending April 20th, 1891, (309 working days), this Polyclinic has enrolled upon its books, and has treated medicinally the number of individuals following, viz:

Number prescriptions made and filled.....	5342
“ patients enrolled.....	1336
“ “ treated..... Males.....	575
“ “ “..... Females.....	539
“ “ “..... Children.....	222.....1336

Respectfully submitted,

By THEO. A. BLINN, Sec'y.

*Quillaya*.—Severe influenza; violent coryza, with loss of smell and taste; sore throat.

## OREGON STATE HOMŒOPATHIC SOCIETY.

The fifteenth annual session of the Homœopathic Medical Society of the State of Oregon was held in this city at the Hotel Portland, May 12th and 13th. The session throughout was well attended, harmonious, enthusiastic, and the time occupied with papers and discussions of unusual interest.

The officers elected for the ensuing year were as follows: B. E. Miller, M. D., President, Portland; Osmon Royal, M. D., First Vice-President, Portland; H. C. Jefferds, M. D., Second Vice-President, Portland; Orpha D. Baldwin, M. D., Recording Secretary, East Portland; H. F. Stevens, M. D., Corresponding Secretary, Portland; C. L. Nichols, M. D., Treasurer, Portland.

Board of Censors: Geo. Wigg, M. D., C. E. Geiger, M. D., H. B. Drake, M. D., S. A. Brown, M. D., C. A. Macrum, M. D.

Executive Committee: Orpha D. Baldwin, M. D., C. A. Macrum, M. D., J. J. McMicken, M. D.

Committee on Legislation: Geo. Wigg, M. D., C. E. Geiger, M. D., S. Lewis King, M. D.

New members elected: P. L. Mackenzie, M. D., J. J. McMicken, M. D., and R. Cartwright, M. D.

The Society banquet which was to have been held at the close of the meeting, was postponed until November, when a mid-winter meeting and grand banquet will be held. The plan includes a large gathering of both physicians and patrons of homœopathy, and will doubtless prove the beginning of an important era for homœopathy in this city and State. It will be the first gathering of this character ever held here.

At the close of the State Society, a brief session of the Multnomah County Homeœopathic Medical Society was called, and the following officers elected: President, Osmon Royal, M. D.; Vice-President, E. C. Brown, M. D.; Secretary and Treasurer, C. L. Nichols, M. D.; all of Portland.

There are now more than twenty homœopathic physicians in Portland and East Portland, and it is confidently hoped that they will unite in supporting a county society, through which they can do very much, both for themselves and the cause of homœopathy.

OSMON ROYAL, M. D.

**The International Convention.—Final Notice.**

The Annual Circular of the American Institute of Homœopathy will have reached the profession before this article appears in print. If any homœopathic physician has failed to receive a copy, the undersigned will mail one on application.

There is not a single indication pointing to a failure of the Convention in any important respect. The fear that it might be international only in name has no longer any warrant in fact. There will be representatives present from England, France, Germany, Russia, and probably some other European countries, and of our distinguished Trans-Atlantic brethren, there will be at least twenty-five of them represented either by essays, or reports, or by their personal presence.

A casual examination of the list of papers and addresses to be represented will show that the Convention is not likely to follow, altogether, the well-beaten track of the typical society meeting. In its efforts to secure the discussion of broad and comprehensive questions and issues, the Committee has not labored in vain. The profession has approved and supported the effort.

It is requested that the instructions for securing reduced rates on railroads shall be read with great care. Every direction necessary will be found there. Also that physicians not members of the Institute act promptly on the suggestions about uniting with that body. And also that each of those who attend shall, before leaving home, decide which of the essays he or she can discuss to the greatest advantage of the profession and come *prepared* to do so.

PEMBERTON DUDLEY, M. D.,  
General Secretary, A. I. H., Philadelphia, Pa.

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**Washington State Homœopathic Medical Society.**

The Second Annual Meeting of the Washington State Homœopathic Medical Society convened at the Auditorium Building, in Spokane, Washington, at 8 P. M., May 13th, 1891. The meeting was called to order by the President, Dr. Bagley, of Seattle. In the absence of Secretary Dr.

Southworth, of Tacoma, Dr. Grove of Spokane was appointed Secretary pro tem.

The minutes of the last meeting were read and approved. The Executive Committee reported that all the necessary arrangements had been made for the meeting of the Society, and that they regretted very much that not more of the members from without the city were present.

The Committee on Nominations was next appointed by the chair, consisting of Drs. Gundlach, Olmstead and Gerlack. The report of the Board of Censors was then called for but was not ready. Drs. E. P. Penfield and H. W. Andrews, of Spokane, and Sophie F. Perham, of Kelso, were proposed for membership. Report of Treasurer was then called for but as he was absent no report was given.

The annual address of the President was then given by Dr. Bagley. This was an able message and was well received. The Doctor outlined the history of Homœopathy in the State, and especially with reference to the legislative enactment; and an interesting account of the various medical bills which had been introduced. He gave a sketch of the State Board of Examiners and advised that our school advocate separate boards for the different schools. He recommended that a provers' union be formed, and advised the printing of the Constitution and By-Laws and made other valuable suggestions.

The report of bureau was taken up, first, *Materia Medica* and Therapeutics. Dr. Gundlach, of Spokane, read a paper on *Sanicula* Mineral Spring water, found near Ottawa, Ill. The paper was a careful report of a proving of the substance made by himself in 1883-4 and reported to the International Hahnemannian Association in 1887. He also reported several clinical cases in his paper when *Sanicula* was the remedy used and brilliant cures were the result.

Dr. C. S. Penfield said he had made some remarkable cures with the remedy and reported several cases, verifying many of the symptoms of Dr. Gundlach's proving.

Dr. Andrews next reported a clinical case in her hospital practice where phosphorus saved a case of hemorrhagic diathesis in a new-born child. This paper called up several similar cases in the experience of those present.

Dr. C. S. Penfield, Chairman of the Bureau of Surgery, presented a paper on Fractures, which called out considerable discussion as to the best method of treating several varieties of fracture.

A paper on Typhoid Fever, by Dr. Sherman, of Seattle, was presented and referred to the previous bureau, but read at this time. The paper was of a theoretical nature, dealing with the cause of disease, especially the germ theory of typhoid, and the various pathological changes. But when the doctor undertook to say "the drug treatment of typhoid and other continued fevers is not satisfactory," he had the whole society "on his neck," so to speak, and the members expressed themselves well pleased with the results of homœopathic treatment in typhoid. Dr. Gundlach also opposed his views in regard to gelsemium being the best remedy in typhoid, and baptisia being well-nigh useless. Several members reported excellent results from the use of baptisia. Dr. Olmstead said that the treatment of typhoid was simply a matter of knowing materia medica, and that results were very satisfactory indeed in his experience.

Dr. Grove reported a case where hyoscyamus had done wonders in a case of perforation of the bowel as a complication in typhoid, where the action of the remedy seemed almost instantaneous.

A paper from Dr. Baker, of Walla Walla, giving a very interesting clinical case, was read and followed by a short discussion.

The meeting then adjourned until ten o'clock the next morning.

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The second session of the society was called to order at ten A. M., May 14th, by Dr. Bagley. The Committee on Nominations reported the following officers for the ensuing year: President, Dr. Bagley, of Seattle; Vice President, Dr. Baldwin, of Port Townsend; Secretary, Dr. Grove, of Spokane; Treasurer, Dr. Churchill, of Seattle; Board of Censors, Dr. Selfridge, of Port Townsend; Dr. Carpenter, of Seattle; Dr. Meisner, of Tacoma; Dr. E. P. Penfield, of Spokane; Dr. Young, of Seattle. The report was adopted.

The Board of Censors reported favorably on the names proposed for membership and the applicants were received.



The Bureau of Obstetrics was called, but neither the chairman nor his associates were present. Dr. Grove presented a report of a recent case of rupture of uterus which called forth considerable discussion whether laparotomy should have been performed.

"Sanitary Science" was the next bureau called and a very interesting letter was read from Dr. Higbee, of St. Paul.

"Anatomy, Physiology" and "Hygiene" were represented by Dr. Olmstead, who read a very interesting and instructive article on Hygiene.

Three of the members of the bureau of "Gynæcology" were present, and after the appointment of a Committee on Publication the society adjourned until evening.

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The third session, May 14th, 1891, was called to order at 7:30, P. M., by the President.

Dr. Grove presented a paper on paedology, which was followed by a discussion in which the important points were emphasized by several members. A paper by Dr. Myers, of Seattle, was read by the Secretary, containing a report of some cases of epilepsy.

Next followed a paper by Dr. Kellogg, on "congenital cataract," and one by Dr. Gerlach, on compresses in ophthalmological surgery."

It was to be regretted that several of the bureaus were represented neither by those appointed to serve thereon nor by paper.

A report was read from Secretary Southworth in which he made several timely suggestions for the good of the society. Among others he suggested the formation of an Interstate Society, and also the matter of making the CALIFORNIA HOMŒOPATH our official exponent and giving it our support.

The Legislative Committee reported that a history of its work had already been given by Dr. Bagley in his address, and a repetition was unnecessary.

Seattle was decided upon as the next place of meeting.

After several minor items of business, the society adjourned to meet in Seattle the second Tuesday in May, 1892.

C. E. GROVE, Secretary pro tem.

## Correspondence.

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### ARROWHEAD HOT SPRINGS.

The summer season at this well known summer resort has opened under the most favorable auspices. Dr. H. C. Royer, who was for several years medical director of the Hammam Baths, Los Angeles, where he made hosts of friends by his genial manners, executive ability and skill as a physician, has leased the hotel and springs for a term of years, and has made such improvement in the cuisine and service as has placed it in the very first rank among the health and pleasure resorts of California.

The hotel contains over one hundred rooms, and is lighted throughout with incandescent lights generated by water power. The rooms are arranged en suite or single and all are handsomely furnished and provided with electric bells. A number of the suites have hot and cold baths. The kitchen is under the supervision of an accomplished *chef*, and the table is furnished with the profusion as a first-class city hostelry. Fresh vegetables are obtained from the hotel farm and milk from Arrowhead dairy.

The medicinal qualities of the hot mineral waters are unsurpassed. Taken internally they immediately relieve and speedily cure the most obstinate cases of stomach, kidney and liver troubles; while the mud, vapor, and mineral water baths are remarkably efficacious for rheumatism, gout and blood and skin diseases. The building devoted to mud and vapor baths is immediately contingent to the hotel, and is built directly over a group of boiling springs. The mud used is thoroughly impregnated with chemicals, it having been subjected for ages to the action of the hot mineral waters which are constantly washing through it and renewing its virtues. Separate quarters are provided for ladies and gentlemen, with special attendants for each, and comfortable couches on which patients may recline for a time to recover from the natural relaxation of the bath, and obviate the danger of catching cold. The cures effected in a brief period of time are almost incredible. To give a single instance, I may mention the case of Mr. H. Cropley, of Los Angeles, which has come under my own observation in the few weeks I have been here. Mr. Cropley came here about a month ago, after having been confined to his bed eleven weeks with rheumatic fever. He was so helpless at that time that he had to be lifted from the stage and carried to his room, yet in about two weeks after taking ten mud baths, he returned home completely cured. This is only one in many similar cases. Of course, when the disease has become chronic, the effects are less startling; but very few patients can remain here even a short time making use of the waters and mud baths without noticeable improvement.

The scenery here is remarkably beautiful; and especially so during the present season, when the surrounding landscape is clothed in a mantle of spring greenery, and wild-flowers bloom in richest profusion. The house stands on a plateau, several hundred acres in extent, situated about six miles north of the city of San Bernardino. This has an elevation of one thousand feet above San Bernardino, and two thousand above the sea, is triangular in shape, and almost surrounded by an amphitheater of mountains, which converge on its southern side, forming a frame work for a charming vista of the

beautiful and fruitful valley below, the towns of San Bernardino, Colton and Riverside, amethystine hued mountains, and the pale, azure-tinted coast line in the distance. On the east and west sides are deep canons, through one of which runs an ice-cold mountain stream, its banks shaded with spreading live-oaks, clumps of wild laurel and a tracery of tangled vines, wild flowers, of varied hue and tint are blossoming on every side. In the other are numerous boiling springs, filling the air with steam and sulphurous vapors and discharging their waters into a tiny rivulet which is thus kept constantly heated. This joins the other stream in the narrow pass at the base of the hill.

The place derives its name from the figure of an Indian arrow-head one thousand three hundred and fifty feet in length and six hundred and sixty in width, outlined on the face of the mountain in the rear of the hotel. This differs from various natural formations, bearing more or less striking resemblance to artificial objects when seen from a certain perspective, in being absolutely perfect in detail from every point of view. It is not composed of a peculiar combination of rock or earth, but simply of a different growth from the surrounding vegetation, and has the appearance of having been carefully grubbed out to conform to the contour of the figure. Its origin has been the subject of much speculation, some authorities attributing it to the aborigines, while others contend that it is merely a freak of nature.

The cost of a prolonged stay at Arrowhead, including mud baths and medical treatment, is very small compared with the benefit to be derived. Its charms of scenery, pure mountain air and other attractions, make it a delightful resort for those seeking rest and recreation, as well as the source of the priceless boon of health to hopeless invalids. It is not too fashionable to be pleasantly homelike, and the older habitants welcome new comers with the greatest cordiality. There are a number of attractive drives and rambles in the neighborhood, and fishing and hunting excursions may be made among the surrounding mountains. In the evening the guests find amusement in music, dancing, and games.

J. D. STEELL.

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## Editorial Notes.

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THE fifteenth Annual meeting of the California Homœopathic State Medical Society held in San Francisco last month, was a decided success. The attendance was large and the interest in the proceedings was maintained throughout the entire session. A number of excellent papers were presented from the different bureaux, and the spirited discussion called forth from the members of the society were of incalculable benefit to the physicians who were fortunate enough to be present. This year for the first time in the history of the Society, the

Southern Counties of the State were well represented. A number of the leading Homœopathic physicians of Los Angeles and San Diego were present and contributed largely to the success of the Convention. We were glad of the opportunity to make the acquaintance of the genial gentlemen from the "Back Counties" as Brother Kirkpatrick insisted on designating them. The CALIFORNIA HOMŒOPATH congratulates the members of the State Society, on the good judgment displayed in their choice of a president for the ensuing year. Dr. H. R. Arndt, of San Diego, is a jovial gentleman, a ripe scholar, and a successful physician, a combination of qualities preeminently fitting him for the high honor conferred upon him by his fellow practitioners of California.

Slake, Brother Arndt, may your expansive shadow never grow less.

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WE wish to heartily commend the action of the State Society, in establishing a three day session for its future meetings. The increasing work of such an association cannot be compressed within the narrow limits of two short days. The hurry and excitement incident upon the attempt to close up the business of the Society on the Second day, always detracts from the value of the meeting, but under the new rule of a three day session, much increased interest will be obtained.

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WHILE on the subject of medical societies, we must not forget to call attention to the meeting of the International Homœopathic Medical Congress, to be held in Atlantic City, N. J., the middle of the present month. Every physician who can possibly attend, will certainly be fully repaid for the trouble and expense of the trip. Hundreds of the brightest men in the profession will be there, and with the free and general interchange of ideas that will be evolved this meeting of the Medical Congress, will be rich in practical results.

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How much longer are the Homœopaths of California going to sit calmly down and permit themselves to be ignored

in the distribution of the medical offices throughout the State? We can hope for no recognition while we remain inactive, for no one will take the trouble to hunt up and discover our manifold merits. The physicians of the old schools have proved themselves "hustlers;" night and day, in season and out they are indefatigable in the pursuit of every position however unimportant. Their very industry has created a public sentiment in their behalf that makes it difficult for the men in power to do otherwise than recognize their apparently superior claims. If the homœopaths of the State expect to obtain any of the loaves and fishes they must "get a move on," and when once started never rest a moment until the Governor and all the lesser lights in the political firmament awaken to the fact that there exists in California a large and powerful body of Homœopaths that *demand* official recognition

C. L. TISDALE, M. D.

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THERE is one official in California who is entitled to the respect and gratitude of every Homœopathist in the State, and that gentleman is Mayor Chapman of Oakland. Mayor Chapman has appointed a Homœopathic physician, Dr. H. L. Bradley, upon the Oakland Board of Health, and the Allopaths of Oakland are "up in arms." They do not deny that Dr. Bradley is a gentleman, a scholar, an intelligent physician, or a skillful surgeon, but he is a *Homœopath*, and that is what causes their distress. They have tried their level best to intimidate Mayor Chapman, hinting that it was an unheard of proceeding to appoint a Homœopath *without first consulting them!* and have made sundry threats of resignation. Mayor Chapman, however, looks calmly on the sore heads of these wrangling allopaths and intimates very clearly this sentiment! Gentlemen, resign if you choose, that is your privilege, there are plenty of good Homœopathic physicians in Oakland, in whose hands the health of the city could be entrusted, and there is no law against having a Board of Health composed entirely of Homœopathic physicians. The allopaths have not resigned.

Mayor Chapman is a man we should remember; we hope to see him some day a candidate for the gubernatorial chair,

if he ever is, he will be elected. We need a man of such character for Governor of California; a man who is not afraid in making his health appointments, to take into consideration the advancement of the age. If Governor Markham had a tenth part of Mayor Chapman's manliness and courage the Homœopathic physicians of California, at least, would have been spared the stigma of insult. D.

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## Personals.

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DR. R. R. BALDWIN, of Iowa City, was in town recently and reports business as flourishing up in the mountains.

A FINE class of students was on hand at the opening lecture of the College, June 1st, with more to come during the first week or two of the session.

DR. H. C. FRENCH, our able Ophthalmic Department editor, leaves shortly for the East. The Doctor expects to attend the International Homœopathic Congress at Atlantic City. Happy man!

A LETTER from DR. C. E. FISHER of Texas says that things are booming in San Antonio. However, we cannot help thinking that the Doctor sometimes has a far-off-California-look in his eye.

THE California State Homœopathic Medical Society has now what it never had before, that is a perfectly legal Constitution and set of By-Laws, thanks to our energetic friend across the bay, DR. J. M. SELFREDGE. The Board of Directors, of whom Dr. SELFREDGE is President, DR. C. L. TISDALE, Secretary, and DR. W. A. DEWEY, Treasurer, now manage the affairs of the Society as they should be managed.

THE rooms in which the State Society met were to our visiting physicians somewhat of a miniature world's fair, there being several exhibits in the medical line. Boericke & Runyon our publishers, as usual, were entitled to the gold medal. Their exhibit was a most tasty one, and appreciated by all of the members. Professor Runyon was on hand with his fine binocular microscope and showed us some trituration of mercurious biniiodide, which looked so fine that it almost tempted us to give low potencies and buy medicines, instead of filling up our bottles with alcohol. MR. GILMAN, of Gilman Brothers, had an attractive exhibit of books and surgical instruments. MR. BROOKS was at hand with a fine exhibit of Halsey Brothers' goods, while the Charles H. Phillips Chemical Company was represented by the genial DR. WELSH in his inimitable manner.

THERE is an excellent opening for a Homœopathic Physician in Lakeport, California.

THE *Southern Journal of Homœopathy* in its new dress, and regularity of appearance is a great improvement over the same journal of a year or two ago. Brother FISHER now devotes his whole time to editing, leaving the business management to some one else.

MR. MOSES HOPKINS lately donated \$7,000 of a total of \$14,000 raised for the purchase of block J., on Lake Street, between Fourteenth and Fifteenth Avenues, as a building site for a Homœopathic Hospital. The title of the property has passed, and is now in the Hahnemann Hospital Association, of which Leon Sloss is president. This block is liberal in dimensions and very slightly, and accessible now by good road and car line. Directly opposite and adjoining this block is the United States Marine Hospital.

AN enjoyable dinner was given to our Southern visitors at the Bohemian Club in this city by DR. WILLIAM BOERICKE and MR. E. W. RUNYON, of the firm of BOERICKE & RUNYON, both of whom are members of that club. There were present DR. H. R. ARNDT, of San Diego, whose fund of anecdote seemed inexhaustible, DR. E. P. BUELL and E. A. CLARKE, of Los Angeles, DR. J. N. ECKEL, of this city, who kept up his reputation as a *bon raconteur* and expert billiardist, and DR. BOERICKE & DEWEY. MR. E. W. RUNYON looked after the physicians' supplies in a pharmaceutical manner, and although his compounds were not strictly Hahnemannian—that is, a single dose and let it act—there was nothing low about them, even if they were frequently repeated. A most pleasant and enjoyable evening was passed.

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## Book Reviews.

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**Transactions of the Homœopathic Medical Society of Michigan: 20 and 21 Annual sessions, 1890. Detroit.**

A number of interesting papers on a great variety of subjects, by men well known in the profession, are to be found in this publication. Only such papers as have not already been published elsewhere appear in the present volume, this gives the profession a series of original papers of much value.

**Materia Medica and Therapeutics; with especial reference to the clinical application of drugs. By J. V. SHOEMAKER. Philadelphia and London: F. A. Davis, 1891.**

This is the second volume of a treatise on materia medica, pharmacology and therapeutics, being, however, an independent volume upon drugs, complete in itself. It includes most, if not all, the latest additions to the materia medica, which is saying a good deal, as new remedies are added

almost daily fresh from the synthetical labors of the chemist. The characteristics of the present volume is its practical usefulness, and that it is no mere compilation, but reflects the author's own experience. A succinct account has been given of the latest contribution of experimental medicine to therapeutics, Koch's Tuberculin, but already the much vaunted remedy has fallen into disuse and will soon be forgotten. It will continue to be so until the old school is ready to acknowledge the one true guiding rule for the selection and application of drugs to disease—the rule of procedure that characterises the homœopathic method of drug study and drug selection.

The present volume is published in attractive style; paper, print, etc., are all that the publisher's art can make them.

**The Daughter; Her Health, Education and Wedlock.** Homely suggestions for mothers and daughters. By WILLIAM M. CAPP, M. D. Philadelphia and London: F. A. Davis. 1891.

A very dainty little book to put into the hands of those for whom it is written, especially the young woman about to be married or young mother. The topics discussed in very simple and chaste language are such as need to be brought to the notice of our daughters, and we know of no book that fills the want so well as this one. It is arranged in disconnected paragraphs which entice the reader into interest almost on every page. We cordially recommend it.

**Sexual Neurasthenia.** Its Hygiene causes, Symptoms and Treatment with a chapter on Diet for the Nervous. By GEORGE M. BEARD, M. D. Edited by A. D. ROCKWELL, M. D. Third edition, with Formulas. New York: E. B. Treat, 1891. Price, \$2.75.

We had occasion to speak favorably of the first edition of this work. The publication of a third edition within a few years shows appreciation of the work by the profession, which we think it fully deserves. We note but few changes; the curative sphere of electricity has been somewhat enlarged—almost to the exclusion of remedies. The author's idea of a proper diet for the nervous if logically carried out would lead, without question to cannibalism. We beg to be excused for our part.

**Diseases of the Eye.** By HENRY C. ANGEL, M. D., Professor of Ophthalmology in the Boston University of Medicine; John Wilson and Son, Cambridge, publishers. 357 pages; seventh edition.

In general arrangement this edition resembles its predecessors, though the printing and binding are a great improvement upon the older editions. The work is well illustrated, and provided with the usual test types. In glancing over the book, the most striking defect is the paucity of homœopathic therapeutics, and the absence of any definite indications for the use of the few remedies named. In fact it would require more than a passing glance through its pages to determine that it did not belong to the older school of practice. Speaking of glasses for hypermetropia the author says, "Spectacles for *distance* should not be prescribed for hypermetropia if the patient can see well, and without fatigue." It is doubtful whether with marked hypermetropia the patient can ever "see well" without a certain



degree of fatigue attending the constant effort to overcome the refractive defect, and there are many cases of even low degree of hyperopia, in which the *constant use* of glasses will be found the only means of relieving strain, and securing normal function. We should take issue with the author in his advice to cover an eye that has been operated upon for converging strabismus. We have found the effort to blend the images attending the immediate attempt at binocular vision, a great advantage in such cases, and when proper aseptic measures have been employed, provided the weather was suitable, have found no bad results from leaving the eyes uncovered. In the clinical cases cited in this work the record seems too loose and general to meet the necessities of the class of readers who would naturally seek aid from such a source. There is, however, enough good material in the book, if it were coupled with a more accurate and pains-taking homœopathic treatment, to render it a valuable acquisition to the general practitioners of our school of medicine.

**A Practical Manual of Gynecology.** By G. R. SOUTHWICK, M. D. Boston: O. Clapp & Son. 1891. Price, \$4.

This is the second edition of the best textbook on Gynecology in our school. It has been carefully revised and several new chapters added. It is an indispensable book for the general practitioner, for every physician must do more or less gynecological work. The indications for the remedies are clear and concise and full enough to satisfy even the moderate purist. The work is profusely illustrated. We cannot sufficiently praise the work of the publishers. They have given the Homœopathic profession its handsomest book so far—it is a pleasure to take it up, and is a model to all other publishing firms of the kind of dress a good book should receive.

**Six Centuries of Work and Wages—A History of English Labor.** By J. E. THOROLD ROGERS, M. P., late professor of Political Economy in the University of Oxford. Abridged. With Charts and Appendix by the Rev. W. D. P. BLISS. Introduction by RICHARD T. ELY, Ph. D., Associate Professor of Political Economy in Johns Hopkins' University. Price, 25 cents. New York: The Humboldt Publishing Co.

This is the first number of the SOCIAL SCIENCE LIBRARY, which puts at the disposition of the public a record that is invaluable. It is the story of the struggle of the English poor against the avarice of priest and king, landlord and capitalist; a story told by the records of thousands of court rolls, and stewards' accounts, compiled by unconscious historians who little dreamed of the tale the figures they so patiently added up would one day be made to tell. From the beginning of the thirteenth century, when almost every one not only possessed land but cultivated it; when a landless man was looked on as an outlaw and a stranger; when the use of the common pasture was without stint, and the arable land of the manor was usually communal; from that remote date to modern times, Prof. Rogers, conducts the reader through the successive stages of a drama whose motive was the cheapening of labor for the benefit of the monopolist. And surely no time could be more fitting than the present for publication of this work which, with its special charts, clear type, good paper and elegant make up, is destined to have an extensive sale.

**Annals of the British Homœopathic Society and of the London Homœopathic Hospital.** London: Keene & Ashwell. 1890.

Readers of the *Monthly Homœopathic Review*, will recognize many of the articles that form part of this valuable publication, and will appreciate having them in this form for ready reference. Our British brethren are thorough in whatever they undertake, and it is a pleasure to read these papers and follow their discussions in the "*Clinical Evening*." The "*Annals*," form an invaluable library of Homœopathic practice and show us British Homœopathy at its best.

**The Pocket Materia Medica and Therapeutics; a Résumé of the Action and Doses of All Official and Non-official Drugs Now in Common Use.** By C. HENRI LEONARD, A. M., M. D., Professor of Medical and Surgical Diseases of Women and Clinical Gynæcology in the Detroit College of Medicine. Cloth, 12 mo., 300 pages; price, postpaid, \$1. *The illustrated Medical Journal Company* publishers, Detroit.

This volume, so the preface informs us, has been in preparation for the past four years. The drugs of as late introduction as 1891 are to be found in its pages. The author claims to have incorporated everything of merit, whether official or non-official, that could be found either in standard works or from many manufacturers' catalogues. The scheme embraces the pronunciation, official or non-official indication (shown by an \*) genitive case-ending, common name, dose and metric dose. Then the synonyms, English, French and German. If a plant the part used, habitat, natural order and description of plant and flowers, with its alkaloids, if any. If a mineral, its chemical symbol, atomic weight, looks, taste, and how found, and its peculiarities. Then the action and uses of the drug, its antagonists, incompatibles, synergists and antidotes. Then follow its official and non-official preparations, with their medium and maximum doses, based, so far as possible, upon the last United States Dispensatory. Altogether it is a handy volume for either the physician, student or druggist, and will be frequently appealed to if in one's possession. It is the most complete small book on this subject now issued.

**The "Official" Register of the Physicians and Surgeons of California** is out. As usual, it is made up of advertisements of Allopathic Colleges, Board of Health, and any other sources, except Homœopathic pharmacies, Dispensaries or Colleges, whence an income could be derived. The Homœopathic State Board were very wise in heeding the hint thrown out by the HOMŒOPATH two years ago, namely: to publish their own register which they have done in a neat style, and not to contribute to enrich an Allopathic Board. The "*Official*" Register contains, to be sure, the names of the Homœopathic licentiates, but very incorrectly. The numbers in each large city of the coast are misrepresented, and we recommend those who wish to enquire into the status of Homœopathy in California, to procure the Homœopathic Register. The HOMŒOPATH, however, would still like to undertake the publication of this "*Official Register*," in which our friend Parkinson, of Sacramento, says there is no money made. We would be willing to take our chances if we were allowed the income from some forty pages of advertise-

ments, the publication of the office hours, etc., of some five or six hundred physicians, and the quota furnished by the Eclectic School, all of which would probably come near to \$2,000.

We noticed by the Report of the Treasurer at our last State Society, that the printing of its transactions which were bound in *cloth*, and contained as many pages of material as this Register, cost less than three hundred dollars for 260 copies. Probably the Allopathic Board is getting up a fund to carry a single board bill through the next Legislature.

**Annual Address** of the President of the Homœopathic Medical Society of the State of Oregon. By GEORGE WIGG, M. D.

This able and interesting address was delivered by Dr. Wigg at the Fifteenth Annual Session, held at Portland May, 1891.

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## Clinical Items.

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*Aurum brom.*—Night terrors of children—they must be fully aroused before they can be quieted.

*Kali phos.*—Crying of children from oversensitiveness, easily frightened by every noise.

*Vipera* has swelling of the extremities with the feeling as though the tissues would burst.

*Strych. phos.*—Useful in degenerative changes of brain or cord in stage of depression or paralysis—useful as a tonic in spinal neurasthenia.—*E. V. Moffat.*

*Kali carb.*—I do not know any remedy more likely to ward off heart failure than this one. Where *nux* has been the acute remedy, especially in stomach and bladder troubles and has accomplished its mission, *kali carb* may come in and complete the cure.—*Kent.*

*Asarum.*—Intense erethism — cutaneous hyperesthesia; vomiting of pregnancy.

*Zizia.* Effects of self-abuse, even epilepsy.

# THE CALIFORNIA HOMŒOPATH.

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## Original Articles.

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### THE TREND OF MODERN ALLOPATHY.

BY PROF. W. E. LEONARD, M. D., MINNEAPOLIS, MINN.

The time-honored story of the Knights who disagreed over the color of the shield, each having observed it from opposite sides, has some parallel in the field of modern medicine, as viewed by contestants in the opposing hosts. But the figure is not strictly an accurate one as a description of the differences of medical men to-day.

The profession of medicine in America may rather be likened to a grand army\* doing battle against disease and death in three divisions or batallions, viz.: the old school (over 40,000), the homœopathists (over 12,000), and the eclectics and various stragglers of various names, who complete the full complement of 85,671 (or one to every 585 persons in the United States). While each of these divisions is under its own generals and leaders, and while among these generals and on down to officers and privates there are some unseemly bickerings, the main efforts of the army as a whole are being honestly directed to savé human life and dam back the pressing tide of disease.

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\* Polk's Med. Register, 1890, finds 85,671 physicians and contains the names of 100,000 practitioners of medicine.

testify to their strength, even of 1-1,000 part of a grain of these preparations. My class at the university all experienced some immediate effects from their 1-32 of a grain of nitro-glycerine. The system is a step toward homœopathy, although too much emphasis is placed by its followers upon the alkaloids, resinoids, and other chemical derivations of nature's compounds. Our homœopathic preparations of vegetable remedies are far superior to these, in my opinion, both in certainty of action and accuracy of preparation.

The leaven of homœopathy has to some extent penetrated old school literature, even its standard text-books, for instance, Ringer's Hand Book of Materia Medica (London), is very largely filled with homœopathic indications; Phillip's Materia Medica, written by a physician who was once a homœopathist plagiarizes even more from our literature. In William Wood's series, in 1879; Ellis on Diseases of Children has a strong bias towards homœopathy, although deliberately denying any intention of the same.

Koch's discoveries and Pasteur's as well, have given our old school brethren an inkling on what very small doses of animal poisons can do. Everywhere in this country the tendency is towards smaller doses of medicine. This is demonstrated by a careful perusal of the price list sent out by leading manufacturing pharmacists. From New York, Philadelphia, Cincinnati, Detroit and all leading drug centers, the trade lists are creating a constantly increasing demand for simpler and purer preparations, and old school teachers are advocating the use of these preparations in smaller doses.

While the mania for "fads" in therapeutics is alarmingly epidemic in the entire profession, especially if the fad has a European label, the use of drugs is each year being simplified, not according to physiological or pathological theories as taught by the schools, but according to the needs of each patient individually, as observed by the thoughtful and conscientious physician. This is a decided step towards the individualization of Hahnemann and homœopathy, something for which our school has always contended.

The people have adopted the saying of Shakespeare, "Throw physic to the dogs," in the sense of using drugs after preconceived theories and notions, and slowly but

surely the profession must follow in their lead, or be starved out. Only as "scientific medicine" demonstrates itself to be such will it be adopted. Homœopathy, as a real beginning in that direction, is decidedly in the ascendent, and will "go from strength to strength" until the principles of "similia" becomes universally recognized.

The union of the old and new schools in several State universities, while frowned upon by conservative allopathy as a "political move" of very doubtful expediency, is in itself evidence of the popular strength of the medical minority, nor will these "expedients" fail, nor do they show any sign of failing in Michigan, Iowa or Minnesota. Each teaching center of this dual nature becomes a center of influence tending to purify and improve therapeutics, provided the faculty of the minority are honest and consistent. Among such university students there is continual comparison and discussion, which does not fail to make strong impression upon the young old school practitioner when he begins his labors.

Everywhere the same quiet weighing of facts and results is going on, for homœopathy literally a fire of constant criticism, from which I believe is resulting an increasing adoption of homœopathic methods among both the people and the profession.

As in religious matters, the clergy are generally the last to accept an innovation, so in medicine, the trend of allopathy is more and more toward the new school, because the people are gradually, but surely forsaking the old methods.

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## SANICULA MINERAL SPRING WATER.

BY J. G. GUNDLACH, M. D., SPOKANE, WASH.

[*Read before the Washington State Homœopathic Medical Society, 1891.*]

In calling your attention for a short time to the consideration of another new remedy I am well aware that some at least will think, if not say, What! Another new remedy? Have we not enough, and is not our *Materia Medica* over-



time is known as the Sanicula Mineral Spring Water, a brief outline or history of this wonderful spring may not be without interest to you. The spring is situated on the south bank of the Illinois river, at Ottawa, La Salle County, Illinois, somewhat of their thereapeutic properties have been known in that region for many years, but nothing of a definite character until the years of 1883-4, during which time the first proving was made by the writer of this. About two years previous to my taking charge of the spring, a chemical analysis of the water was made by Professor B. Silliman, A. M. M. D., of Yale College. The Professor coming to Ottawa and obtained the sample from which the analysis was made.

The results of this important step are given in the following extract taken from his written report by myself along with the analysis.

#### EXTRACT FROM REPORT.

“The spring has a flow of 100 to 120 gallons per minute, or about 3000 barrels daily. \* \* The properties of those potent elements, Bromine and Iodine to the total solid contents in the Sanicula water is considerable. This is particularly true of the iodine, which exists in larger proportions to other mineral contents in the water of the Sanicula Spring than that of the far-famed Saratoga or Ballston waters of Saratoga County, New York. (Here follows a comparison with ten of the most prominent mineral springs in the East.)

“It is evident from this comparison that the Sanicula waters are exceptionally rich in iodine in comparison with other mineral waters renowned for their supposed pre-eminence in this particular constituent. \* \* \* Of the therapeutic powers of the Sanicula Mineral Water it is not my province to speak. The constituents speak to the intelligent physician and invite his study of their actions in specific cases. It is a saline water of varied and simple constitutions and must be regarded as a great boon to your regions of country, and likely to remain of constant composition for an unlimited time.

“Your obedient servant,

“B. SILLIMAN.”



## ANALYSIS.

BY BENJAMIN SILLIMAN, A.M., M.D., of Yale College, New Haven, Conn.

Chemical constitution of the water of the SANICULA SPRING, stated in grains per gallon, viz.: In column A the number of grains in one U. S. standard gallon of 231 cubic inches; in column B the number of grains in one imperial gallon of 277.274 cubic inches:

	A	B
Sodium chloride.....	92.7995	111.3264
Calcium, chloride.....	23.5699	28.2338
Magnesium, chloride.....	23.2687	27.9214
Sodium, bromide.....	.3220	.3964
Sodium, iodide.....	.0826	.0991
Lithium, bicarbonate.....	trace	trace
Sodium, bicarbonate.....	.9776	1.1723
Calcium, bicarbonate.....	14.3494	17.2193
Iron, bicarbonate.....	.0979	.1175
Potassium, sulphate.....	5.1246	6.1495
Calcium, sulphate.....	9.6236	11.5483
Sodium, phosphate.....	.0045	.0054
Borax.....	trace	trace
Alumina.....	.0117	.0140
Silica.....	.5394	.6473
Organic matter.....	trace	trace
Total solids upon evaporation.....	170.7734	204.9333
Carb. acid, cub. inches at 60 deg. F.....	25.6	30.72
Density of water ..	1.0022	

It was by reading over this report that I was impressed with the great importance of this spring water. Noticing that a number of its compounds and all of its elementary principles were among our best provers and most useful remedies, and that five of Dr. Schussler's Twelve Tissue Remedies are in the water in their exact chemical combinations. From all of which I was led to make my proving. The full report of which will be found in I. H. A. Transactions for 1887, with the results of this proving I am more than satisfied, having been fully repaid for all the pains and discomfort it has produced by the lives of the many little ones that have been spared to their mothers by its potent and timely application. Besides all this, there's no little comfort, I can assure you, in the thought, that perhaps after we are all dead and gone, Sanicula will continue on its blessed commissions of all that its name implies, viz: *I Heal*. So that many yet unborn will have occasion to rise and call us blessed. In view of such hopes, while the old school are looking for germs and germicides, let us, as homœopaths, work away at our materia medica, and time will surely show who are on the right track.

And now, with your further, kind indulgence, I will outline, as briefly as possible, the characteristic actions of the Sanicula; any time you may expend in the study of it, will more than repay you.

*Mind.*—All the mental symptoms of the Sanicula are very marked and of great importance.

“Has no stability of purpose; constantly changing his work; impossible to keep his mind on one subject, even while in conversation.” Along with this there is “a feeling of depression; no energy; tired feeling of the lower limbs especially; feels better in the open air, and worse in a close, warm room.” This changing of work is not a confused or muddled up feeling as some have supposed. The person would start to write a letter or read a book, and would hardly get started when some other matter would come to his mind, and without thinking he would drop the work in hand and take up the other.

The proper idea is given in the next symptoms:

“She never finishes any one part of her house-work; always jumping from one part or thing to another; gets them all mixed up.” That is she has begun a number of things and has completed none of them. This prover, also with this condition, had the lack of energy; tired feeling in the lower limbs; wanted to lie down; feeling better in the open air and worse in the warm, close room.

“Great forgetfulness.” “Forgets what she had started to go for, had to stop and think before she could remember what she wanted.” “He forgets the most common things of the day before; what remedy he gave his patient

holly, sadness, depressed spirits.”

state of children the symptoms are very been verified many times.

ate and headstrong.” (sil. in the water.)

is every which way; crying, kicking,

it.” Sometimes like cham., it wants

move all the time. Is worse at

antimonies; does not want a

it).

“Child cries; is cross and headstrong one minute, laughs and plays the next.”

Along with the above mental state the child has bowel trouble.

*Sensorium.*—We have here the well known conditions of borax, which is in the water.

“Child fears a downward motion; clings to the nurse; it seems to catch its breath in going down stairs or laying it down in its bed.” (Verified many times.)

Prover number one up to time of proving, could not ride in a street or steam car, nor in our modern elevator without getting sick, with nausea and vomiting, but since the proving, has been cured of that condition.

“Vertigo while sitting at desk or table; while kneading bread; after eating.”

“Vertigo with nausea on going into a dark place; riding in the dark.”

*Head and Face.*—“Dull, heavy feeling in the head; felt first on waking in the morning, with feeling as if she had laid with head on a board or hard substance.”

“Dull frontal headache, with sharp, shooting pains from right side of the occiput to the front part of the head and eye of that side. The shooting pain ends with a feeling as if the eye was clutched and pulled backward, lasting but a moment

“She wakes in the morning with a dull pain under the occiput, going forward to the eyes. As the pain gets worse, it has a sensation as if the eye or eyes were being drawn back into the head—sometimes one, sometimes both eyes. The whole head is sensitive to pressure; sight dim, at times sees double, or things run together.

Has a feeling as if drunk, and is very nervous. Pain is made worse from motions, noise, draught of air, especially cold air; feels as if her head was open and the wind went right through it. The dull pain is also worse from the heat of stove. Better from rest, warmth, out of draught. Sometimes wraps the head up, even in summer, to protect from the wind.”

It will be noticed that from the above there seems to be

two sets of symptoms. One set dull and made worse from the stove or close, warm room, and better in the open air.

The other are sharp and are aggravated from the cold, especially draught of cold air. There is also a dull ache or pain along the superior maxillary bone on both sides of the face. This later pain, like the sharp pains, are worse from the cold and better from warmth. To better illustrate these pains I will give a recent case.

#### CASE.

Mrs. B— had been sick with what she termed a cold. On asking how she suffered, she replied: "I have two kinds of pains in the face and head. One is a dull, constant, sore pain, which is made worse by being in a warm room or over the stove; feels better in the open air or cool place; but when I go where it is cool or in the open air (this is winter), the other pains get worse, which are of a sharp, darting nature, coming from the temples down along the face. The wind seems to go right through me, sending chills down my back, and I want to get where it is warm again. I feel chilly all the time, and like the warm. Yet the other pain is made worse by it." She had also some rheumatic pains in the shoulders; bad taste in the mouth and coating on the tongue. I gave her sanicula 10 m., as it was the only remedy I knew that covered these symptoms. The next day she was much better, her lips having broke out with a large number of water blisters or fever sores. These fever sores are as marked an indication for sanicula as they are for nat. m. hep. sul. (both in the water), ign. nux or rhus. t.

*External Head.*—"Great accumulations of dandruff, with itching on getting the head warm."

"Can not tolerate any wind about the head, especially about the back of the head."

"Sensations as if the wind passed right through the head."

"Child sweats about the back of the head profusely. During sleep wets the pillow all around."

(Cured many times after calc. sil., both in the water had failed.) It will pay you to remember this.

*Mouth and Tongue.*—Many marked symptoms under this heading.

“Awakes in the morning with a dark brown streak down the center of the tongue, which is furred and very dry. ‘Yet have no desire for water.’ Have recently verified this symptom in a severe case of gastroenteralgia.

Thick, yellow coating on the back part of the tongue, with pappy, bad taste, lasting for days; no thirst.

Not much appetite yet can eat.”

Mouth and tongue full of ulcers; very painful; child protrudes the tongue; cannot take nourishment on account of great pain; child is very much emaciated, cross, irritable; cries day and night; will not let strangers touch or look at it.” The above conditions result from inanition in bottle fed babies. This is *Sanicula*’s strong hold. It has done wonders in these cases.

*Desires and Appetite.*—“Great craving for salt in children.”

Child craves meat, fat bacon, but cannot digest them; they aggravate the bowel troubles; child is emaciated; nothing but skin and bones; skin dry, shrunken and flabby.”

“Child wants to nurse all the time, (bottle fed); never seems satisfied; shortly after nursing it all comes up with one gush, and he drops off into a stupid sleep.”

*Digestion.*—“Digestion slow; can taste the food for hours after eating.”

“Food turns sour and rancid, with burning, desire for water; which seems to relieve the burning for a short time.”

*Stomach.*—“Stomach bloats soon after eating, with tasteless eructations of gas which give him relief.”

“Stomach and abdomen bloated or distended and hard. Child looks all stomach. Rest of the body emaciated.”

*Nausea and Vomiting.*—“Nausea comes on soon after eating. Vomits all the food; better after vomiting.

“Shortly after nursing, child vomits all up with one gush, and drops off into a stupid sleep, from which it awakes to repeat the same process. The milk is sour and looks like *schmier-kase*. At times it will come up in large tough curds, like the white of hard boiled eggs; so large are these curds that they nearly choke the child.”

“Nausea; cramp in the stomach on awaking at night, or after arising in the morning. Just like morning sickness; better after breakfast.”

*Stools.*—The stools of *Sanicula* are very marked and characteristic in both constipated and diarrhoeic conditions. All of the symptoms have been verified many times.

Under the head of constipation we have a combination of the symptoms of nat. mr., mag. m., alumina and sil. All of which are in the water. A four-in-hand as it were. In the *sanicula*, we have the “no desire for stool for days,” of nat. m. The “crumbling stool at the verge of the anus” of mag. m.

The inactivity of the rectum “the soft stool even requiring great effort to expel.” Of alumina and “the slipping back of the partly expeled stool” of sil.

I will give symptoms which have been verified many times in the constipation of children:

“Child cannot evacuate the contents of the bowels, which consists of grayish white balls, looking like burnt lime, are hard and crumble to pieces when pressed, and smell like *rotten cheese*. This odor is only found in two other remedies, bry. and hepar. sul. I have verified it under both. The hepar. is in the water in the form of cal. sul.

The loose stools consist of large lumps of undigested casein, smelling like rotten or limberger cheese. The lumps are large and rugged, looking like eggs mixed up while frying, along with these lumps is a thin frothy substance, sometimes watery, at others slimy, green as grass, reminding one of the magnes. ‘scum of frog pond’ conditions, and smelling either like the rotten cheese or like rotten eggs; sometimes both odors are disgustingly mingled, if you can imagine that. The whole mass turns green as verdigris after standing. These stools you will find in children suffering from inanition and marasmus, and to cure them you will want to know *Sanicula*. I have reported a number of these cases in the I. H. A. transactions, 1887. You will find these children much emaciated, cross and irritable, suffering much from colic, like cham., want to be carried or on the go all the time. While the body and limbs are emaciated as in nat. m. and iodine (both in the water) the abdomen and stomach are

distended and hard, reminding one of the well-known cal. carb. (in the water) conditions, of "stomach like a saucer turned bottom side up." In *Sanicula* it is the whole abdomen and stomach. The child sweats profusely about the head and neck, while asleep wets the pillow all around. I hope I have impressed these important points on your minds.

"The child's parts smell of fish brine, no matter how clean the parts are kept."

"A few hours after intercourse an odor about the glans of fish brine."

"A few hours after intercourse a slight watery discharge from the vagina, smelling like fish brine." (Verified.)

"Leucorrhœa smells like *strong* fish brine." Womb sore, worse from jar or misstep, with bearing down and pains in the back; all better from rest or lying down."

Menses suppressed for three months at a time with symptoms of morning sickness."

"Menses always irregular as to time and appearance."

As I find my paper getting lengthy, I shall only call your attention to the rheumatic symptoms of the body. They are also very marked and have been verified. The most marked of these pains are those of the neck and shoulders, and lumbar regions. Those of the neck are brought on by exposure to draft, and come on very suddenly, making the muscles of the neck and back very sore. The pain is aggravated very much by motion; has to hold the head in a certain position all the time; when he wants to look or turn around, has to turn the whole body in order to do so.

The shoulder pains are located in the deltoids; can move the arm in back and forward motion, but cannot place the hand behind the body or on top of the head, without great pains. I have met and cured both acute and chronic conditions of the above symptoms many times. We have two remedies that effect these deltoids especially: *ferrum met.*, left shoulder; *sanguinaria*, right shoulder; *sanicula* has both.

The pain in the lower portions of the back was very constant, lasting for weeks.

"A weak, tired feeling as if the back would break."

The peculiarity of the pains was in its time of agg. and amel. The pain would come on just after rising in the morn-

ing, getting gradually worse until noon-day, at which time it would reach its height, and then begin to subside, and by sundown be free from pain. With this pain there was restlessness, as long as on the move did not hurt so much; there was a desire all the time to press against the back with the hand, and lean back while walking; while standing would lean against some hard substance and press hard for relief.

A few words and I am done. Here we have the well known symptoms of nat. m., dreams of robbers being in the house and so vivid are all the dreams of Sanguis that like nat. m. he gets up and makes search for them.

This dream symptom I have also verified in a case of long standing amenorrhoea. Sanguis cured both the amenorrhoea and the dreams.

“Children kick off the cover; feet and hands burn.”

“Children sweat profusely about the head during sleep.”

*Don't forget this.*

In closing this paper, I would most earnestly urge the close study and use of this very important remedy. If this proves the result, I shall consider myself well paid for this effort in behalf of the Sanguis Mineral Spring Water in particular, and of the Homœopathic Materia Medica Pura in general.

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## Ophthalmology and Otolology.

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CONDUCTED BY H. C. FRENCH, M. D.

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### CONGENITAL CATARACT.

By FRANCIS B. KELLOGG, M. D., O. ET A. CHIR., TACOMA, WASH.

[Read before State Homœopathic Medical Society of Washington, May 12, 1891.]

Congenital Cataract is rare as compared with the senile variety. Its cause is necessarily obscure, but it is most frequently ascribed to syphilitic parents or to some intra-uterine accident. In character it differs materially from the more common variety, and its distinguishing features effect much



the facility and prognosis of the operation. As it is almost always unilateral it is only when the sound eye is injured or diseased that operation is called for.

The Congenital Cataract is usually of the soft variety during its youth, and while passing through this stage is most successfully treated by decission or needling. This consists in passing a needle through the cornea at the sclero-corneal function, abrading the capsule of the lens and breaking up its substance. The lens then gradually passes into the aqueous humor and, after many repetitions of the procedure, and the lapse of several months' time, may become entirely absorbed. From the aqueous humor the detritus of the lens is eliminated by the canal of Schlem. A frequent contra-indication to this measure, even when the cataract is soft, is the opacity of the capsule, which is a common complication in these cases. When this condition is present more radical measures are required. As the Congenital Cataract acquires age it becomes shriveled up and presents to the eye of the examiner the appearance of wrinkled buckskin. At this stage the capsule is generally involved in the opacity, and needling or the ordinary cataract operation will be of little use. In the latter operation, after the primary incision in the corneo-scleral junction and iridectomy, an incision is made in the capsule through which the lens is pushed, leaving the capsule *in situ*. In mature Congenital Cataract, involving the capsule, it is necessary to remove the whole lens system. Instead, therefore, of opening the capsule, a shallow cataract spoon or scoop is passed behind the lens which is then pressed forward against the cornea and brought out through the incision, capsule and all.

As the spoon passes directly into the vitreous humor the loss of more or less of that substance is unavoidable. Loss of vitreous is always a grave complication, and hence the operation above described is the most serious one among those undertaken for the removal of cataract.

The following case will be of interest, as illustrating this condition and its treatment:

Anton Joaquin, a portuguese laborer, came under my care in the summer of 1890. The right eye had been blind from birth with a Congenital Cataract. The left eye had been

Prof. D. R. Smith, deceased, was eulogized by Drs. J. P. Dake and S. Leavitt; Dr. J. A. Sawyer, by Drs. Pratt and D. H. Beckwith; Dr. George E. Belcher, of New York City, by Dr. S. V. Wilder; Dr. George S. Norton, by F. Park Lewis, of Buffalo, and Dr. H. C. French, of San Francisco. Dr. N. Holcombe, of New Orleans, spoke most feelingly of the "unnamed dead." Dr. B. W. James, of Philadelphia, closing the speaking, when the services closed by the singing of "Nearer, my God, to Thee," and the Benediction. It was an occasion never to be forgotten by those who participated in its solemn exercises.

June 22nd.

After an address by Dr. Thomas F. Smith, of New York, on "The Growth of Homœopathy in the United States for the Past Five Years," reports were given on the growth of homœopathy in other countries. Dr. Hughes reports a new Hahnemann Hospital, in Liverpool, that cost \$80,000, mostly the result of the liberality of a Mr. Taite. He spoke of the recent effort of the old-school to throttle personal liberty and suppress homœopathy in England, and the opening of the columns of the *London Times* to free discussion, and as a result the exhibition of allopathic contempt and hatred, and homœopathic justice and reason. The discussion had a wonderful effect upon the public mind, and £10,000 as a result was subscribed to the London hospital fund, which has now reached £27,000; £30,000 being needed. Melbourne, Australia, has a hospital with sixty beds. Reporting for the foreign members who failed to materialize, reports twenty homœopathic physicians in Calcutta, and numerous hospitals and dispensaries. New Zealand has five homœopathic physicians, and a recent attempt there to exclude homœopathy from recognition as a reputable practice only resulted in its firmer establishment. Homœopathy, in general terms, is holding its ground in Great Britain, and is ready to fight. Our school, like the Jews, is having tribulation in Russia. A Dr. Garsol, who delivered an address, had received the pledge of sixteen allopathic opponents to reply to his claims, including six professors, notwithstanding the disparity in numbers, found that his foes had sneaked away without venturing to reply, and the public journals commented upon their unmanly course in no complimentary terms. About one-fifteenth of the Russian priests are said to dispense homœopathic medicine to the best of their knowledge. One hundred thousand rubles have been raised in St. Petersburg for a homœopathic hospital. There are about two hundred homœopathic physicians in Russia. In the discussion of the status of homœopathy in the world, our Republic looms up in all the grandeur of its vast proportions, as the foster-ground of all progressive and humanitarian measures. Dudley says: Homœopathy has not reached allopathy directly, but has modified public sentiment, which in turn has forced changes in the allopathic methods of medication. In discussing the subject of hospitals, the point was made that while an excess of doctors, as trustees on hospital boards, could only work harm, it is never good policy to have no medical representative, though all such should be broad men, and above the suspicion of personal jealousy, or turning their position to personal profit. Dr. Wright, of Buffalo, New York, read a valuable paper, subject: "Hospitals—their construction, maintenance, management, &c," in which he advocated the pavilion style of building as securing the maximum degree

## Correspondence.

## Letters From Doctor French.

ATLANTIC CITY, NEW JERSEY, June 16th, 1891.

EDITORS HOMŒOPATH:—After a very hot journey we arrived here at 10.30 this morning. The change of temperature between Philadelphia and Atlantic City, which is a ride of an hour and a half, is about what would be experienced on a hot July in passing from Sacramento to San Francisco. Atlantic City has a legitimate population of about 12,000, but during the hot season and period of rush from the great cities, is fed from New York, Philadelphia, Baltimore, Washington and Pittsburg, to the extent of from 100 to 175,000 people, and at such times any kind of accommodations command fabulous prices. It is fortunate that the institute meets here so early, for when we contemplate the patronizing and gratuitous air with which these people with empty houses receive delegates at from 2 to 4.50 a day it is hard to conceive the limit of their extortion during the rush of the season when all choice is gone. We were not quite in at the opening of the American Institute, but had the pleasure of voting for Denver as the next place of meeting. We had a very interesting meeting of the Inter-collegiate Committee. It seems that while this committee was the first by several years to inaugurate a four years' course, placing the limit at 1892, some of our Western law makers have tried to discredit homœopathy by requiring that the four-term qualification should begin the present year. Some of the committee believed in standing by our first decision, but others thought it would lead to litigation, in which our enemies would make it appear that it required litigation to compel us to adopt the advanced standard. It was finally decided to change the date of recommendation from 1892 to 1891, and you will be duly notified of the new requirement, which, of course, does not affect the present class of our college. The congress is looming up in very encouraging proportions. We met the Ubiquitous Texan Fisher, who accosted us with, "Well, you've gone and done it. Here I was taking the credit of being at the head of the delegation in point of distance, and you had to come and take the wind out of my sail, but shake," and we shook. Dr. Hughes arrived this afternoon from London, and Dr. Marshall P. Vidder, of Dresden. Washington, D. C., was chosen as the place of the next meeting of the American Institute of Homœopathy, by a majority of 51. On Tuesday evening, the close of the first day, there were present 210 delegates, and they have been steadily coming in in great numbers by almost every train since. We shall have a most gratifying representation of homœopathy, especially in the United States, both as to numbers and *personelle*, and the tone of the papers thus far look towards a stalwart and aggressive homœopathy. The first regular paper of the session was that of Dr. Asa S. Couch, of Fredonia, New York, Wednesday noon, subject: "The Ethical Basis of the Separate Existence of the Homœopathic School." It was replete with cogent reasons why we should maintain our independent existence, and was vociferously applauded throughout. The speaker, however, could have made his address

much more forcible if he had curtailed it one half. Dr. Hughes, of London, has lost none of his Anglo-Saxon force and cleverness, and gave a most admirable abstract of Dr. S. Lilienthal's paper on "Homœopathic" therapeutics, supplementing the abstract with well chosen remarks. Dr. T. Y. Kinne, President of the American Institute, read an abstract of a very able paper, subject: "How to Cure Backache," by Dr. Edward T. Blake, of London, which stimulated a lively discussion, participated in by numbers from many States and some of the territories beyond the Atlantic. A case of chronic spinal trouble of months standing was suddenly cured by a new corset string, and a large knot in the old one pressing upon a filament of spinal nerve was found to have been the cause of the trouble. A Saturday backache was changed in one case to a Sunday one, by changing sweeping-day from Friday to Saturday, and by these examples the necessity of a careful and searching diagnosis was emphasized. The Mercury has been pretty high for Atlantic City, and is still aspiring. Hope that this may reach you in time for your next issue. I will complete my report in another letter. The Atlantic looks awfully tempting to a fellow who knows what good things lie beyond, and we are seriously consulting the habits of the Ocean Grey Hounds.

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ATLANTIC CITY, NEW JERSEY, June 18th.

EDITORS HOMŒOPATH:—The terrific thunderstorm of last night has left the atmosphere full of clouds, and fog rests over the city, but the sessions go on with unabated enthusiasm. A fine portrait of Hahnemann hangs over the speaker's chair, and a large streamer bearing the inscription of Hahnemann is stretched across the back of the stage; and just in front our great motto, *Similia, similibus, curantur.* The number in attendance has reached nearly 400. An excursion was taken to Longport, which was free to members of the Congress, and in which several hundred took part, making the morning session rather thin. Dr. J. P. Dake, of Nashville, opened the subject of *Materia Medica*, with a paper entitled "Practitioners of Homœopathy always the Defenders of Medical Freedom." It was an able and brave paper, one of the divisions of his subject being "The police power and personal liberty." He advocated the inalienable right of all to personal liberty, in the choice of a system of medicine, or a medical advisor. It was an admirable defense of the rights of associations, and the just claims of the homœopathic school to the title of "Defender of medical freedom," and was most heartily received by the entire body. Dr. Hughes, of London, followed in a clear and forcible discussion of the subject, "The improvement of our present symptomology—Is it practicable, and to what extent?" He paid a glowing tribute to T. F. Allen's *Cyclopedia of Materia Medica*, and eulogized in unstinted terms the "Cyclopedia of Drug Pathogenesis." Dr. Hughes' text was "What shall be proved; and how shall it be proven?" Not prove everything, but consider the usefulness of drugs as determined by our present knowledge, and prove those of *real value*. He believes in still working on the old Hahnemannian stock, eliminating from provings all merely incidental (?) symptoms. The Schussler remedies should be most thoroughly proved. There should be a great number of provers of each drug, perfect in physical health, and of fair intelligence. Aggravations and ameliorations

should be specially noted. Ophthalmoscopic examinations should be made from time to time, and effect of drugs upon weight of provers should be determined by frequent weighing. He thinks that all potencies should be used, and while in the "drug pathogenesis" the 6th is the maximum potency used, for prudential reasons the higher ones should be also tried. A paper, by Dr. Wesselhoeft, of Boston, displayed profound and laborious research, and made a deep impression on the congress; its title was "The demands on modern science in the work of drug proving." He criticised what he reverentially characterized as "certain errors inaugurated by Hahnemann," and while he would faithfully follow the spirit of the Master, he would not admit into the provings symptoms which occurred in only an unimportant minority. To this proposition Dr. Allen and others took emphatic exception claiming that *all* effects of the drug should be noted. Doctors Dake, Mohr, and Mack, with others, joined in the discussion. Dr. Allen gave some insight into the work and expense of thorough drug proving, by an account of a New York laboratory and corps of provers, inaugurated and supported by himself and a number of his wealthy clients. A variety of opinions was expressed on the paper entitled "The Pharmacy of Triturations," some advocating the old school method of the uses of dry, but a majority, the use of fresh plants. In the afternoon Dr. Allen opened the subject of "Indexes and Repertories," which soon elicited the fact that every member of the congress had a plan that was superior to that of every other. In the discussion Doctors Mack, Vandenberg, Church, Korndorfer, Morgan, Dake and Hughes, took part, advocating very diverse methods which shows the great field yet open for ambitious aspirants to the best method. The cosmopolitan air of this congress, contact with the eager workers in my speciality, and the solemn music of the great Atlantic in its tidal ebb and flow have, together with a prospect of special Eye and Throat study in London, induced your correspondent to book for Liverpool, on the City of Paris, to sail Wednesday morning, the 24th inst.

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ATLANTIC CITY, June 20th, 1891.

EDITORS HOMŒOPATH :—The Morning Session opened with a paper by Dr. Charles Gatchell, of Ann Arbor, subject: "The influence of Homœopathy on recent Medical Literature and Practice." He emphasized the uncredited stealings of old-school text books on *materia medica*, but that profession are making no *practical* use if our law of cure which is essential to a successful employment of the stolen agents.

Antiseptic and Aseptic methods were then discussed by Drs. H. Packard, of Boston, Lungren, of Toledo, Sheedon, of Chicago, Helmuth, and others. Dr. Van Lennep, of Philadelphia, then read a paper, subject: "Inflammation of the Right Iliac Fossa."

SUNDAY, June 21st.

A most solemn and impressive memorial service was held this evening, at eight o'clock, Dr. T. Y. Kinne, of Patterson, New Jersey, presiding. A mixed quartette rendered beautiful and appropriate music for the occasion. The President opened with a beautiful tribute to our dead.

Prof. D. R. Smith, deceased, was eulogized by Drs. J. P. Dake and S. Leavitt; Dr. J. A. Sawyer, by Drs. Pratt and D. H. Beckwith; Dr. George E. Belsher, of New York City, by Dr. S. V. Wilder; Dr. George S. Norton, by F. Park Lewis, of Buffalo, and Dr. H. C. French, of San Francisco. Dr. N. Holcombe, of New Orleans, spoke most feelingly of the "unnamed dead." Dr. B. W. James, of Philadelphia, closing the speaking, when the services closed by the singing of "Nearer, my God, to Thee," and the Benediction. It was an occasion never to be forgotten by those who participated in its solemn exercises.

June 22nd.

After an address by Dr. Thomas F. Smith, of New York, on "The Growth of Homœopathy in the United States for the Past Five Years," reports were given on the growth of homœopathy in other countries. Dr. Hughes reports a new Hahnemann Hospital, in Liverpool, that cost \$80,000, mostly the result of the liberality of a Mr. Taite. He spoke of the recent effort of the old-school to throttle personal liberty and suppress homœopathy in England, and the opening of the columns of the *London Times* to free discussion, and as a result the exhibition of allopathic contempt and hatred, and homœopathic justice and reason. The discussion had a wonderful effect upon the public mind, and £10,000 as a result was subscribed to the London hospital fund, which has now reached £27,000; £30,000 being needed. Melbourne, Australia, has a hospital with sixty beds. Reporting for the foreign members who failed to materialize, reports twenty homœopathic physicians in Calcutta, and numerous hospitals and dispensaries. New Zealand has five homœopathic physicians, and a recent attempt there to exclude homœopathy from recognition as a reputable practice only resulted in its firmer establishment. Homœopathy, in general terms, is holding its ground in Great Britain, and is ready to fight. Our school, like the Jews, is having tribulation in Russia. A Dr. Garsol, who delivered an address, had received the pledge of sixteen allopathic opponents to reply to his claims, including six professors, notwithstanding the disparity in numbers, found that his foes had sneaked away without venturing to reply, and the public journals commented upon their unmanly course in no complimentary terms. About one-fifteenth of the Russian priests are said to dispense homœopathic medicine to the best of their knowledge. One hundred thousand rubles have been raised in St. Petersburg for a homœopathic hospital. There are about two hundred homœopathic physicians in Russia. In the discussion of the status of homœopathy in the world, our Republic looms up in all the grandeur of its vast proportions, as the foster-ground of all progressive and humanitarian measures. Dudley says: Homœopathy has not reached allopathy directly, but has modified public sentiment, which in turn has forced changes in the allopathic methods of medication. In discussing the subject of hospitals, the point was made that while an excess of doctors, as trustees on hospital boards, could only work harm, it is never good policy to have no medical representative, though all such should be broad men, and above the suspicion of personal jealousy, or turning their position to personal profit. Dr. Wright, of Buffalo, New York, read a valuable paper, subject: "Hospitals—their construction, maintenance, management, &c," in which he advocated the pavilion style of building as securing the maximum degree

of air and light. For this purpose a lot at least 400 feet square is required. Many of the delegates have departed. At 5.30 the Congress adjourned, after all sorts of complimentary resolutions and singing of the Doxology, and soon after 6 P.M. the American Institute adjourned *sine die*. It has been a glorious session, full of good, honest work, and is an inspiration to every true homœopath that should cure him of all pessimism as regards the future of our glorious cause. The hand-full of Pharisees who hold themselves aloof from this grand body of men in their adhesion alone to infinitudes, present a still more pitiable and microscopic appearance in the light of this grand session. During the session, five hundred homœopathic physicians were present, and the entire attendance, including visitors, was about 1,200. Homœopathy has attained an impetus in America which nothing can stop. All it needs is to demand its rights before the law. It requires no prophetic vision to see that another decade will see its approach to an equality with the now dominant school, if it does not surpass them, which in many sections it most certainly will. Dr. Amy Bowen has enjoyed the sessions, and was my sole colleague from the Pacific coast.

I sail, on the City of Paris, on Wednesday, at 7 A.M. *Au revoir*.

H. C. FRENCH.

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## Editorial Notes.

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THE Hahnemann Hospital College Dispensary at 115 Haight street in this city, probably has the largest clinic in San Francisco. The building was formerly occupied by the Cooper Medical College, and when the latter institution moved to their new quarters, the mass of patients who formerly attended their dispensary, accepted the homœopathic institution as a real advance in the order of medicine and continued to come, so that to-day clinical material is more than abundant and constantly on the increase.

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APROPOS of clinical advantages, a former student of our college who had just returned from one of our large eastern colleges, said to us, "Really the clinical advantages in our little college here are superior in many respects to those of many of the eastern colleges." The reason for this, as the doctor explains is, that the classes are so large in eastern institutions that each individual has very little opportunity to see anything.

THE Chairman of the Bureau of Materia Medica for the California State Homœopathic Medical Society, has chosen the subject of "California Drugs" for consideration in 1892. This offers a fine field for research, and we shall hope to hear something new about oreodaphne, wyethia, the grin-delias and the eschscholtzia. Our readers are invited to send in any contribution or experience they may have had with these drugs. D.

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## Personals.

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W. N. GRIEWOLD, M.D., has removed his office to 106 Eddy street.

DR. C. W. BRYFOGLE has returned from Europe and located again in San Jose.

DR. LEDYARD has removed to 223 Post street, between Grant avenue and Stockton street.

DR. E. T. BALCH is located in Summerland, California, and reports business as thriving.

DR. E. ULRICH, of San José, has been confined to his bed for sometime, but is now on the fair way to recover.

DR. A. B. JORDAN has removed from Madera to Winters, California. We wish the Doctor success in his new field.

DR. CARRIE B. FLOWER, formerly of Los Gatos, is about to remove to a new field of usefulness somewhere in Nevada.

DR. C. L. TISDALE is taking a much needed vacation at Echo Lake. We shall expect some fish stories on the Doctor's return.

DR. F. C. FREEMAN, of Redwood City, was in town a few days ago. The Doctor is so busy that we do not see him very often.

MR. E. W. RUNYON recently took a run to San José and called upon the physicians of that city. He reports them universally busy.

DR. A. McNEIL has been appointed one of the honorary professors at the Philadelphia Homœopathic Post-Graduate School. We congratulate the Doctor.



DR. SELFRIDGE, the oculist and aurist, has taken new offices at Sutter street. We hope the Doctor will build up a large business.

DR. J. W. GUNST, founder of the Melbourne Homoeopathic Hospital, Australia, has opened consulting parlors at 125 O'Farrell street, this City.

For sale at a bargain, five volumes of "Pepper's System of Practical Medicine." For particulars, address Boericke & Runyon, 234 Sutter street.

DR. S. S. SALISBURY, of Los Angeles, has been appointed physician and surgeon to the Whittier State Reform School, by the Board of Trustees of that institution.

DR. HENRY L. STAMBACH was married to Miss HELEN W. KNIGHT at Santa Barbara, Wednesday evening January 24th. Our warmest congratulations to DR. and MRS. STAMBACH.

PROFESSOR JOHN CALVERT, the genial and classical chemist, has assumed the management of the Baldwin Pharmacy, corner Powell and Market streets, San Francisco. Success to him.

DR. O. W. SWAYZE, formerly of Lakeport, has come to the city to locate, and has opened an office at 522 Sutter street. The doctor expects to devote his attention to surgery, especially orthopædic surgery. There is a good field for the doctor in that branch, and we wish him success.

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## Obituary.

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P. K. GUILD, M. D., died at Santa Barbara, June 13th, 1891.

DR. GUILD was born at West Halifax, Vermont, March 9th, 1827; studied medicine and graduated at the University of New York in 1853. In the fall of 1861 he joined the 52nd Illinois regiment as assistant surgeon, but resigned on account of ill health in the spring of 1862. In the fall of '62 he was commissioned surgeon of the 120th Illinois regiment, but was again compelled to resign. In 1864 he commenced practice at Jamaica Plain, Mass., where he enjoyed the confidence and patronage of a large and influential class of citizens. Ill health again caused a break in his labors, and he removed to Santa Barbara where he has practiced ever since against odds that would have daunted any but a strong brave soul. Few appreciated the extent of the infirmity which bore him down, but suffice it to say that with the constant horrors of asthma for fifteen or more years, and possibly no comfortable night's rest during ten of them, the doctor maintained his ground sturdily, and continued his daily round of practice until within a few weeks, when a sharp attack of "acute pleurisy with rapid effusion, some consolidation and a weak dilated heart soon brought the end." DR. GUILD

was a man of fearless honesty and stern integrity. Broadly intellectual, he was gifted with a keen insight in diagnosis, and early a convert from the old school, he tried to "prove all things and hold fast that which was good." Handicapped with disease from almost the commencement of his career, he made such a gallant struggle against adverse fate, that when the books of life are made up, his name will doubtless stand in the roll of heroes, for though the battle seemed ever a losing one, he never gave up the fight until his forces were utterly routed. He leaves a widow, DR. CAROLINE L. GUILD, and five children, who, forgetting the pain, will enshrine him in their hearts, learning the lesson of a life of brave endurance and rare fortitude.

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## Book Reviews.

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**International Clinics; a Quarterly of Clinical Lectures on Medicine, Surgery, Gynæcology, Etc.** Edited by DRs. J. M. KEATING, J. P. C. GRIFFITH, J. M. BRUCE, and D. W. FISLAY. Philadelphia: J. B. Lippincott & Co., 1891.

This ambitious publication purposes to give clinical lectures on practically the whole field of Medicine and Surgery, by professors and lecturers in the leading medical colleges of the United States, Great Britain, and Canada. In order to make it truly representative, it ought fearlessly include among its contributors some of the leading homœopathic lecturers, and we can assure the editors it would greatly add to the usefulness and practical advantages of this publication. Especially would this be true in the field of medicine. The present volume contains a great variety of subjects of very varying interest and value; some of great merit. In order to give our readers some idea of the wide scope of subjects, we quote from the table of contents a few. There is an admirably practical lecture on Sore Throat, by Christopher Heath; another on Uræmic Convulsions; Epilepsy, by F. C. Shattuck. Modern methods in Surgical Operations are discussed by Professor Keen; Ulcers by Professor Cheever, of Harvard; The Early Diagnosis of Pregnancy, by M. D. Mann; Alcoholic Paralysis, by D. Ferrier; Stricture of the Larynx, by John Cohn; and Functional Nervous Troubles, by B. Sachs. These are a few of the many interesting subjects ably discussed. The book is well illustrated.

**The Principles of Medicine, as applied to Dynamical Therapeutics.**  
By H. T. WEBSTER, M.D. Published by the Author, Oakland, California, 1891.

Dr. Webster is connected with the California Medical College, and this volume is designed as an introduction to the study of Eclectic Medicine, and is a part of a larger work that will appear later. As a presentation of the principles guiding the practitioner of Eclectic Medicine, the book is clear and exceedingly well done, and we are glad to have so excellent a statement

of the position occupied by the Eclectic School. The author does not believe in the "dual action of drugs." Like our own Hughes in his Pharmacodynamics, he holds that a drug invariably acts in one direction and in the same manner, except that in a large dose, through *excess* of action, it may become a disturber of function or structure to the extent of arrest or impairment; while in a small dose, it may produce the proper disturbance necessary to healthy re-arrangement of molecular elements, and thus result in favorable change when disease is present. The long chapter on the principles of selection is exhaustive, and gives much interesting information, presented in simple language adapted to the student and contains much admirable teaching. We wholly agree with the author's showing-up the pernicious features of much of the modern medication, not only of the old-school, but unfortunately of the men as well. Of such is the indiscriminate use of cathartics to relieve constipation, astringents to arrest diarrhoea, pepsin and its allies for indigestion, opiates for pain, &c. The pepsin delusion has many followers, possibly exceptional cases are benefited by its administration, but as many are aggravated as are bettered. Indigestion cannot be favored materially by the artificial supply of digestive ferments when the apparatus which ought to secrete them is in an abnormal condition. The chapter on the science and art of prescribing is full of practical suggestions, and were it heeded by all physicians, there would result greater faith in the efficiency of drugs. The author speaks highly of the value of triturations as a method of administering drugs, and approvingly quotes Hahnemann's own directions for their preparation. We also think his remarks on the question of the dose very sensible and fair. On the whole, we are much pleased with this book, and cordially recommend it to our readers. It is excellently adapted as a text-book for medical students.

**Fever; its Pathology and Treatment by Antipyretics.** By H. A. HARE, M.D. Philadelphia and London: F. A. Davis, 1891. Price, \$1.25 net.

This is one of the popular Physicians' and Students' Ready Reference Series published by this enterprising house. The author is well-known as the Clinical Professor of Diseases of Children in the University of Pennsylvania. The little volume contains a concise summary of the conclusions of the best observers on this interesting subject. We do not believe in the value of the so-called antipyretic treatment; we question very much its rationality, even including here the indiscriminate use of aconite, as is so common with most homœopaths; but we can commend the volume for its interesting *resumé* of the use of antipyrin, phenacetine, and others, of the latest fads of modern therapeutics.

**Practical Treatise on Electricity in Gynæcology.** By EGBERT H. GRANDIN, M.D., and JOSEPHUS H. GUNNING, M.D. Illustrated. Octavo, 180 pages. Muslin, \$2.00. New York: William Wood & Company.

This work gives a very satisfactory account of the various apparatus required for the application of electricity, and of the methods of using them in the treatment of diseases of women. It is thoroughly practical and really fulfills a much needed want. Separate chapters on Electrolysis, Electricity

and Obstetrics; treatment of Malignant Growths by the Galvano Cautery, and on Static or Frictional Electricity, give very thorough information on these various subjects. The book is profusely illustrated and elementary enough for the student and general practitioner.

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## Clinical Items.

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*Adonis*.—Diminished arterial pressure and shortened diastole.

*Caffein*.—Dropsy from cardiac, insufficiency and renal torpor.

*Hydrastis* is an excellent remedy in uterine hæmorrhages, due to inflammation and abnormal positions of that organ, as well as the hæmorrhages incident to the menopause and in menorrhagia.

*Oleum Croc. tigl.*.—One drop dissolved in chloroform and mixed with an ounce of glycerine, is a specific for tape-worm. —*Electric Medical Journal*.

*Nux Mosch.*.—During pregnancy, extreme flatulent distension of the abdomen, with fainting and drowsiness.

*Tuberculinum* is indicated where the patient shows a constant disposition to catch cold. Catches cold, but does not know how.—*Homœopathic Physician*.

*Medorrhin* is an excellent remedy for headache of exhaustion, or from hard work.—*Homœopathic Physician*.

*Mephitis*.—Whooping cough or any kind of violent spasmodic cough with soreness of chest and suffocative feeling, exhalation almost impossible.

## Selections.

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### HOMŒOPATHY DEFENSE.

BY PROFESSOR ARNDT, M. D., OF SAN DIEGO.

The necessity of maintaining an organization for mutual protection against encroachment upon our rights as citizens and as physicians is obvious to those who are familiar with the attitude of the dominant school of medicine toward all practitioners who refuse to subscribe to its teaching or submit to its claims as the governing body of the entire profession. Certainly, if it can be shown that the old school deliberately and persistently misrepresents our position as an aggregation of medical men, and that they seek to deny us, and if in their power do deny us, representation and professional recognition, we, on the other hand, being able to show that as a school we are worthy of confidence and respect, then the most benighted and prejudiced must in honor admit the wisdom and the necessity of our organizing for the purpose of maintaining our civil and legal rights.

That we are denied official recognition by those high in authority is a notorious fact. It is the more remarkable that it gives the lie direct to the presumably hostile attitude of this government to everything partaking of the nature of State medicine or State religion. As a nation we utterly disclaim the establishment of State medicine or State religion. It would then be supposed that, as a matter of course, applicants for positions in the medical department of the United States army or navy would be admitted to examination before the proper board, if graduated from a legally chartered college, and would be admitted to the service if they prove themselves masters of a good general medical and surgical education. Such is not the case. Not an examining board has yet been convened but that some contemptible pretext has been found for refusing to recognize diplomas issued by our school, and his majesty the Surgeon-General has never yet hesitated to throw against us the full and overwhelming weight of his official power. As yet, no

President of the United States, Secretary of War, or National House of Representatives has had the moral backbone to protect us against the official arrogance of the men whose salaries we help to pay, and who in private practice can at best do no more than hold their own against us. Even during the late war, when the demand for surgeons was so imperative that anything in the shape of a doctor was welcome; provided his skirts were clear of the odor of homœopathy, some of the ablest medical men in the country, being homœopaths in therapeutics, could only enter the service on the strength of old-school diplomas, or were forced to endure annoyances and persecutions which still remain a blot upon the claim of American love for fair play.

The patronage of the State governments is wielded almost as powerfully in behalf of our opponents. Occasionally some Governor has sufficient firmness of conviction to appoint as Surgeon-General of his State a practitioner of our school, just as occasionally the Commissioner of Pensions establishes a board of pension examiners composed in part or entirely of homœopaths; but it is safe to assert that even in State appointments every political, social and professional weapon has been used against us in a spirit of uncompromising hostility and meanness, which, under any other circumstances, would long ago have aroused the indignation and the sense of retributive justice of the American people.

We, as a school, have been obliged to fight for every inch of ground which we now occupy in an official character.

The few State insane asylums now under our homœopathic control have made records not surpassed in any country; yet when, as a matter of justice, we humbly asked for a chance to show what we could do with and for the insane, our old-school colleagues and their friends held up their hands in holy horror at our presumption—prophesied evils innumerable, failure utter and irrevocable, and only yielded when every weapon at their command had been used in vain.

When we demanded representation in the medical departments of State universities supported by a general taxation, we met equally bitter opposition, and were berated and belabored because we objected to paying taxes for the support of State institutions which not only deliberately ignored us,

but in nearly every instance sanctioned methods which savored of the Spanish Inquisition rather than of true, enlightened civilization; and yet, once admitted to the campus of a State university, we overcame obstacles which had seemed actually insurmountable, and I am not the only man connected with such an institution whose audiences were thickly sprinkled with old-school students, who showed a decided liking for homœopathic cereals as compared with the dry husks of modern allopathy.

Thus it has been all along the line; and when our old-school colleagues opened their eyes to the fact that all we needed to protect our own interests and to hold our own was a chance and a fair field; when they saw that in the South as well as in the far West the hated homœopathist was getting into his hands more than his share of the most desirable practice, then the grandest of all farces was projected in the shape of medical enactments, fair and plausible on the surface, seemingly directed at the vagabonds in medicine, and at them only; but, like the sword-cane, bearing in the heart of the thing the sharp dagger with which to kill the unsuspecting fool who has trusted to fair words and fair appearances. In pursuance of the policy of the National Medical Association, hardly a Legislature has met in this country during the past twenty years but has been asked to pass some bill for the protection of the dear public, so shrewdly worded that it looked like the blandest, the most innocent and the most honorable of bills, and yet so framed that its passage would have put it into the power of the dominant school to license any person, learned or ignorant, who is ready to stand by orthodoxy in medicine, and to knife every man, regardless of qualifications, if he dares avow himself a homœopath. If these efforts have proved dismal failures, it is only because our appeals for fair play found a response at the hands of just executives and of legislatures who were sharp enough to see through the game played and fair-minded enough not to become a party to so questionable a procedure.

That I am not charging too much upon the leaders and wire-pullers of the dominant school is proved by the fact that in no instance have our opponents been satisfied with the establishment of separate boards for each school of practice, or with a mixed board which on a joint ballot failed to give them a working majority.

The question arises: What have we done to deserve this treatment? The chief and only crime of which we stand convicted is the crime of existing when our old school friends do not wish us to exist, and of making, generally

speaking, good livings which in the aggregate greatly lessen the "material" enjoyment in life of our orthodox friends. The cry of ignorance, of dishonesty, of lack of proper qualifications, and of a thousand "etceteras," is still kept up; but it has become perfectly harmless; even children of average brightness no longer mind it, and the few old-school doctors who still raise it at certain recurring periods do so as a mere matter of habit; there is no heart in it.

What then, is the trouble? Only this: The practitioners of homœopathy first driven from out of the ranks of the profession, after vain attempts to starve and beat them into subjection, made good their right to exist; proved exceptionally successful practitioners, and as such secured an enduring hold upon the respect and hearts and, worse than all, upon the pockets of a laity which cares more for health than they do for idle theories; when they had thus learned to stand upon their own feet, and had found ground upon which to place them, and had discovered that life is sweeter without persecution than under the scourge of intolerable censorship, they received unofficial notice that they might return into the bosom of the family, with the distinct understanding that they might do and practice as they liked, but should say about it just as little as possible, and that little must be spoken in a whisper. Homœopaths refused to throw up all they had suffered for, and worked for, and hoped for, and prayed for, and that is the chief reason why our friends of the old school want to get at our throat and by legislative enactment show us that we are also "done for."

And, let me ask, are we right in maintaining an organization of our own, a "school" or 'pathy in medicine? Could we not remain homœopaths in practice, and still accept fair and reasonable terms of surrender? I think we cannot be even honest men and seriously think of a compromise. We cannot be both right and wrong; we are right or we are wrong. If the law of the similars is a safe guide in therapeutics; if it is more generally applicable and reliable than are the many and ever-changing theories of other schools, then we, by forsaking it, would not only be moral cowards, but would do an incalculable harm to the advancement of the science of therapeutics. Schools in medicine are not the humbugs people at times are made to believe they are; on the contrary, they are a great blessing to the world, because they are the organic embodiment of a thought, of a principle, and are devoted to its elaboration and to its practical application in caring for the sick. We as homœopaths, have accepted a mission of great practical importance to all who are ill, to determine by actual, persistent and honest experimentation whether there is such a thing as rational



therapeutics, and whether or not, "like cures like." No other body of medical men will, or can, undertake to determine this question; if we throw it up, there is lost to the world a very large portion of a century's honest intellectual toil; and if we solve it it makes little difference whether affirmatively or negatively, we shall have accomplished in practical therapeutics more than enough to amply repay for all the energy and labor expended. We, as a school, are simply an organization of specialists in therapeutics, and it would be a matter of common sense on part of the dominant school, were they to treat us as such; whatever the outcome, the sick must be gainers. Nay, I am proud to affirm my conviction that we cannot over rate the good already done; a very large per cent. of successful old-school treatment at this date is but the "natural" offspring of homœopathic teaching engrafted upon the progressive wing of the old school. If our friends of the dominant school were really as bright as they fancy themselves and as fair minded as they wish to appear before the public, they would recognize the unselfishness of our position, and, even though unable to endorse our views, would bid us an honest "God speed you." There is nothing in our attitude toward the dominant school as worthy of condemnation. We not only revere their great teachers and leaders, but we claim them as our own. We are physicians before we are homœopaths; our students, although expecting to practice homœopathically, are thoroughly grounded in all the cardinal branches taught in any of the best medical schools of the country. And the fact, capable of historical proof, that the American Institute of Homœopathy was the first national medical society which demanded from colleges under its jurisdiction three full terms of lectures of six months each as a condition for the final examination for the degree of Doctor of Medicine proves: (1) That we as a school fully recognize the vast importance of a thorough knowledge of all the branches which constitute the science of medicine; (2) that the claim so regularly made by the so-called regular school that we homœopaths are less thorough than themselves in all matters pertaining to medical education is either a deliberate misrepresentation of facts, or is based upon an inexcusable degree of ignorance of them.

In view of these considerations it appears to me a matter of common sense to accept as wise the conclusions of the projectors and founders of this society that our interests as medical men and as homœopaths demand an organization wholly devoted to this purpose; and I am ready to express my belief that an early day will fully demonstrate the wisdom of this step.

THE  
CALIFORNIA HOMŒOPATH.

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Original Articles.

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SOME OF THE TISSUE REMEDIES IN DISEASES OF  
CHILDREN.

BY WILLIAM BOERICKE, M. D.

The permanent place of the so-called tissue remedies in our materia medica can only be determined by applying the law of similars to their selection as curative agents. No matter how first introduced, be it by the orderly method of proving on the healthy, or by discriminating observation on the sick, as most of Hahnmann's great anti-psorics have been, or finally, by illustrating some theory like Schuessler's contributions—the final relegation of any remedy amongst its peers into the homœopathic materia medica depends entirely on its usefulness when chosen homœopathically. Schuessler's theory of the tissue remedies is certainly defective, if not entirely fallacious, nevertheless, the remedies he has introduced in support of that theory have developed curative powers of the highest order; and the more thoroughly each one is proved, the more reliable and accurate will be the indications for their use, and the more speedily will the mere pathological indications of Schuessler be displaced. This is the goal to be desired, and we trust that carefully conducted provings of such important remedies as kali mur., nat. phos.,

kali phos., &c., &c., will be forthcoming. Still, while we acknowledge the provings of drugs on the healthy as the only reliable method of studying a drug in regard to its usefulness in disease, we must, in justice to past experience, bear testimony, that other ways—mere makeshifts to be sure—are not wholly to be discarded in the present imperfect development of our art. For instance, the pathological indications of Schuessler for ferr. phos., kal. mur. and kali sulph., for different stages of an inflammatory process, have had such abundant clinical verification that it is futile to deny their worth. I lay stress upon distinguishing between Schuessler's *theory* and the twelve remedies he has wisely chosen to incorporate that theory. We certainly have a right to avail ourselves of the latter without endorsing the former, and hence we cannot at all agree with a recent writer who blames Dr. Hering for lending his high authority to their first introduction to homœopathy. Most of the twelve tissue remedies have come to stay—they are polychrests—notwithstanding their plebeian origin as servants to a questionable pathological theory.

Especially useful are they in treating disease in children where, as a rule, objective symptoms alone are our guide, where of necessity we must generalize more frequently than is necessary with our adult patients. Again, the rapid involvement of a tissue throughout its whole extent that is so characteristic of childhood's diseases, hereditary manifestations and developmental disorders, offer enticing opportunities for employing them on general principles and according to general indications. Theoretically this may not be desirable, but practically and for the time being, it is certainly a valuable aid.

Among these twelve remedies, the one for the constitutional troubles of childhood is of course *calcar. phosp.* It is especially indicated in the dyspeptic and consequent atrophic conditions during dentition, and especially when a scrophulous and tuberculous tendency predisposes to glandular disorders. Such children have a poor constitution, although, as we all know, they may be fat and heavy, and with large and dimpled limbs, but the bones will be soft and friable and their fibre weak and flabby. Such children have but

little power of resistance—they readily succumb to disease, and surgical operations are more hazardous, slight injuries result in serious disorders. Here is the field for calc. phos., and it will do all that medicine can accomplish. I give it frequently during the teething period in artificially fed children as an occasional addition to the milk. It is my custom to have tablets of the 3x trituration, of which I dissolve three or four in a bottle of the food, and add thereby a very necessary constituent of the body. If it is remembered how necessary the phosphate of lime is to the developing and growing organism, how, indeed, its presence is essential to the *initiation* of growth, supplying the first basis for the new tissues, promoting cell growth, its importance as a constituent of the food becomes evident. This method of administering calc. phos. is of special benefit in weak, scrophulous subjects, where digestive difficulties and bowel irritability result in mal-nutrition. In older children, after acute diseases, administered in the same way, it proves to be a real tonic. I think there is an increased activity to be obtained at times by giving a constitutional remedy like this *with* the food—it is then that the organism is peculiarly receptive, its whole absorbent and glandular system intensely active, and therefore offering the best conditions for appropriating the remedy. The symptomatic indications are so well known that I need not repeat them here.

Later in life we find *calc. phos.* an excellent remedy at the time of puberty; girls who are anæmic and have much headache, especially on top of the head, are much troubled with acne and flatulent dyspepsia, the distress in stomach temporarily relieved by eating.

The intestinal symptoms have often been verified. The diarrhoea calling for calc. phos. occurs most frequently during the teething period; the stools are hot, undigested, sputtering, offensive; the child shows a craving for indigestible things, ham, smoked meat, &c.; the region around the navel seems very sore. This condition may develop into a hydrocephaloid, for which state calc. phos. becomes an admirable nutrition remedy.

*Ferrum phos.*—This is in some respects the most important of these remedies. I wish to emphasize its remarkable power

in all respiratory affections of children. I do not think it well to give it too low, it seems to act best when not given lower than the sixth potency. If after a cold, we have a dry cough, congestion to the chest, oppressed, hurried breathing and there is a possibility of development of pneumonia or bronchitis, the timely administration of this remedy will do all that drugs can do. It generally cures the case alone, though at times bryonia follows well, indeed the two remedies seem to be complementary—Bryonia extending apparently the curative range of ferrum phos. I have had some satisfactory results of the use of ferr. phos. in nose-bleed of growing children, here again, working harmoniously with bryonia. Others report its successful employment in enuresis, but personally I have no experience with it in this trying affection.

*Kali mur.*—The adaptation of this remedy to many catarrhal processes in the later stages is one of the certainties in medicine. My experience with it in chronic catarrhal conditions of the middle ear and throat, eustachian swelling, with deafness, although limited yet fully confirms that of our specialists and general practitioners. In ulcerated sore throat, diphtheria and tonsillitis it has gained its greatest laurels.

*Kali phos.*—One undoubted case of somnambulism was readily and permanently cured by a few doses of the sixth trituration of this remedy. It deserves trial in night terrors of children as well as in morbid fears and oversensitiveness and in the whining, fretfulness and sleeplessness of nervous children.

*Kali sulph.*—In the later stages of catarrhal cough, when there is much loose phlegm, great rattling of mucus in chest, this remedy is to be remembered with antim. tart., ipecac, etc. Its symptoms are apt to be worse in the heated room.

*Natrum sulph.* is unquestionably a valuable remedy in asthma in children. I have entirely cured by means of this remedy several cases that had always had an attack from any change of weather or gastric disturbance. Almost invariably I found a history of eczema (*tinea capitis*) in these cases, which would guide to some other of the anti-psoric remedies when the action of this seemed to be exhausted.

## PALLIATIVE MEDICATION IN COUGH.

BY DR. MARTINY OF BELGIUM.

BY L. S.

*(Revue Hom. Belge Dec. 1890.)*

Palliative medication uses narcotics to calm the cough, and one might well ask the question whether it is always advisable to calm that cough, which shakes up the sufferer and disturbs his night's rest, and as it might increase the congestion or inflammation, they think these coughing spells the very essence of their disease and its removal the chief point of treatment, which can be easily done by a narcotic, and thus the susceptibility of the nerves of the larynx and chest are blunted, but the cause of the cough remains undisturbed, though some temporary, evanescent benefit might be claimed by the patient. Let us ask what is the cause of a coughing spell? There is some obstruction in the respiratory function, perhaps caused by an afflux of blood to the chest and bronchi, with the result of overloading the bronchi with mucus secretions, or the cough is a spasmodic effect of the organism to remove that which obstructs breathing; this cough gives to the chest the power to rid itself of the obstruction, the congestive bronchi secrete more serum which dilutes the thick phlegm and this is more easily expectorated. Hence such a cough is useful and necessary, and to suppress it may cause grave consequences. The cough is stopped which favored bronchial secretion and thus hastened a return to the normal state, but nothing prevents then the congestive state to spread to the bronchioles; it is a fact too well known that narcotics diminish the secretions, a constant increase of the dose becomes necessary, and inappetency and oppression of the chest follows. Observe one who coughs and you find that the cough is interrupted by deep inspirations which allow the air to penetrate into the finest bronchioles and such pulmonary gymnastics aid hematoris, favors circulation and a more free expectoration. Deep breathing is acknowledged to be one of the reasons why consumptives are sent to high altitudes. To talk in the fashion of the day, a free expectoration removes enormous

quantities of microbes; which otherwise multiply fearfully and find more places to invade, that know that pure air and oxygen are able to destroy them. Consumptives must cough to get well, only thus their cavities can dry up and pulmonary hæmorrhages are rare where the cough is not interfered with. Give your patient his much desired narcotic, and the dyspnoea is thereby increased, the gross cavernous rales reappear, the appetite diminished and the blood shows itself again in the sputa. Let them cough, if they only increase thereby in appetite and strength, give them iodide of arsenic and phosphate of lime in alternation or any other remedy according its indication. The more the patient coughs with his serious lesions, which cannot be removed in days or weeks, the more his cavities will show a tendency to dry up, cicatrization steadily progresses, and with returning appetite emaciation ceases, while narcotics rob the patient of his digestive powers; proving the old proverb that a consumptive who gains weight, is on the road to get well again. The easy physician will give way to the solicitations of his patient, who considers the teasing, tormenting cough his chief trouble, of which he wants to be relieved, and while you give way to their wishes and give narcotics, consumption steadily progresses, for the force of reaction is abolished, and they are certainly the most undesirable patients, who for a long time accustomed themselves to the use of calming potions, pills or powders, and they will take them in spite of the prohibitory advice of the physician, and thus all treatment fails to benefit them. Perhaps you may be persuaded to allow narcotics during the last stage of the disease, and ever then they hasten only the fatal result. The conscientious physician will plainly tell to the patient that his tormenting cough is a necessary evil to aid the cure, and that it must not be stopped under any consideration. Formerly Martiny hated to treat a consumptive, while now he delights to treat such patients, as long as they strictly obey his orders, especially the one which forbids a narcotic at any time. Jacoud wrote a splendid work on the durability of phthisis pulmonalis, and he also condemns the habitual practice of so many physicians to suppress the cough by their narcotics. Remain true to the law, as given by Hahnemann and his disci-

ples and do not swerve therefrom by relying on mere palliative treatment, and if you cannot cure, at any rate do not injure the possibility of it. "Non nocere" must be your device.

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### SOME NOTES ON THE PATHOLOGY AND THERAPEUTICS OF FEVER.

BY ARTHUR T. SHERMAN, M. D., SEATTLE, WASH.

[*Read before the Wash. State Hom. Med. Soc., 1891.*]

I think it is generally admitted that the drug treatment of typhoid and other continued fevers is not satisfactory. The treatment by drugs chosen homœopathically probably does not give an average result surpassing the purely expectant treatment in some public institutions.

There are reasons for the belief that, save in some isolated cases or stages, the true homœopathic remedies are not found. So far as the pathology of these diseases is understood, there is nothing in their nature that would place them beyond the reach of drug action, or even absolute cure; and there is less reason to feel content since other diseases, in which very similar morbid elements appear, are unmistakably arrested in their course by drug action. For example, diphtheria, puerperal metritis, or intermittent malarial fever. The developments of recent years in the domain of physiology and pathology are deeply interesting and should not be ignored in our search after more efficient therapeutic measures. I refer especially to facts well established concerning the minute organism accompanying the diseased condition; the ptomains proceeding from them; the action of these poisons, especially on the nerve centers, their destruction in the liver, the parallel action of certain vegetable alkaloids like veratrine, etc.

In this connection reference should be made to those still obscure products and by-products appearing in nutritive material on its way to the cell and in process of elimination. The albumoses, choleic, glycocholic and uric acid, though best understood, are perhaps but part of a more extended



scale for the carbonaceous and phosphatic elements are still little explored; then our increased knowledge of the control of the central nervous system over protoplasmic changes.

It has long been well known that muscular action does not result in the immediate production of urea, and that carbonic acid, heat and force may be set free in the muscle during contraction without the consumption of oxygen. If you will take pains to grasp this seemingly obscure statement you will appreciate the necessary inference that heat and force already manufactured and stored in the tissues are set free by some process of explosion under nervous control. Not only is this production and setting free of heat within the system regulated by the nervous system, but heat dissipation also, and the functional centers have been definitely located in close proximity to the centers of motor and vaso-motor action. This is not vague theorizing, but the facts are established by accurate scientific research.

As causes of disease I have referred to bacteria and ptomaines accompanying processes of decay; to the leucomaines closely allied, but appearing in the disintegration of nitrogenous tissue; to pepsine and other unorganized ferments, and the various forms assumed by the nutritive material on its way to the cell. I have mentioned the wonderful resemblance between these substances, and the various vegetable alkaloids, in their effects on the system, and the most important function of the liver, standing, as it does, like a sentinel at the portals of the system, to render these poisons inert like by its alchemy. There is good reason to believe that this power is shared also by the white blood corpuscles and other cells while their vitality is unimpaired.

Then I have called attention to the inhibitory centers of the nervous system and their relation to the production and elimination of heat. If a needle is passed to the base of the brain in the rabbit, and irritation produced at certain points, without proportionate tissue change, heat is set free in the tissues sufficient to raise the temperature several degrees. Irritation of adjacent points might so far increase heat dissipation, the temperature might materially decline even with increased heat production. It is readily seen that the clinical thermometer at best only records a disturbance

in the normal relation of thermogenesis to thermolysis, or heat dissipation, and an abnormally low temperature is not to be separated by any broad lines from the condition we commonly regard as fever irritation of these heat centers, and at the same time of the closely adjacent motor and vaso-motor centers by disturbed circulation, reflex action, or probably often direct action of the same poison, explains the convulsion often attending a disturbed temperature, or the enormous rise of temperature following the epileptic seizure, or the hysteric state. We can see, too, how vaso-motor paralysis and profuse perspiration may be found with the surface temperature above or below normal. Infantile convulsions, commonly supposed to be reflex from intestinal irritation, are doubtless frequently due to direct action of certain poisons that reach the brain when the liver fails to do its duty. Recent developments in the physiology of the nervous system make clear many other phenomena of disease, though I cannot follow out the details too closely. The necessities of therapeutics justify us in accepting any hint that may be made practical, though we should not attempt to formulate general laws till a mass of facts accumulates sufficient to make the deductions clear. It would seem that with such facts as I have mentioned, at our command, with the disturbing factor traced actually to the doorway of the cell, we are almost in a position to bring order out of chaos in the application of drugs to disease.

In Minnesota I was called to see Mr. Nesbit, one of Mr. Washburn's mill hands, and found the following condition: Soon after a light lunch of stale cakes profuse diarrhoea appeared; discharges pale, watery, violent vomiting of large quantities of water, white, pasty tongue, thirst for draughts of cold water, skin cold and wet with perspiration, intense cramping abdominal pains and painful spasm of almost every muscle in the body. As an experiment the attendants lifted him from the bed with hands under the feet and occiput. Pulse rapid and weak, sublingual temperature at least 1.3-1.0 subnormal. My description does not express the severity of the case. Camphor spirits and verat. album first, in drop doses, were administered alternately every five minutes with artificial heat. This was not the best possible prescription, but the

severity of the case gave little time for thought. In about ten minutes the watery contents of the intestines passed off, but there seemed to be no further effusion, and relief was practically complete in fifteen minutes. I purposely refer to this case in connection with the subject of fever. I am authorized in supposing an increased heat production in connection with the intense muscular action, while dissipation was proportionately much greater.

Some specific poison acting on the heat mechanism of the brain also reached the motor and vaso-motor centers, as shown by the muscular spasm, the disturbed circulation and profuse sweat. Even the most superficial observer familiar with the action of certain vegetable and mineral poison could not fail to be impressed with the close resemblance to this train of symptoms. A closer study of the finer shades of drug pathogenesis makes the resemblance still more astonishing. It is a shame to the general profession that this well known resemblance should be so persistently ignored as accidental and unimportant. The fortunate disciple of Hahnemann would seize upon it as a providential guide. In the case mentioned quite a numerous group of drugs come to mind, but a little comparison showed in veratrum an exceedingly exact similarity. In three succeeding attacks almost equally severe this remedy was administered alone, even the artificial heat being omitted, and the relief was equally prompt. In the last attack, being sick myself, I sent the remedy by messenger, but the result justified the confidence placed in it. I do not mean to say such cases are isolated; their variety and number is without limit, and they bear witness to the value of this method of drug selection.

As for typhoid proper and certain allied fevers, an extended observation leads me to suspect that the most efficient remedies are not yet discovered. I am inclined to accept Gelsemium. As for Baptisia, I have never seen a case in which the homœopathic indications seemed to be clear or one in which it produced anything like undoubted belief; but even with the present vague knowledge of the drug, if a parallel train of symptoms should present themselves I should expect to see them promptly disappear from its ad-

ministration, for I have an increasing and positive confidence in the Homœopathic law, and perhaps it is for that reason I am not satisfied with the half-way results usually obtained in the treatment of this disease. From comparison with other diseased conditions I think we are warranted in believing that more efficient remedies will be applied, perhaps yet unknown, or perhaps, for instance, allied to that class of coal tar derivatives so powerful on their action on the heat centers, already so widely and universally administered and already so promptly discarded.

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### PÆDOLOGY.

By C. E. GROVE, M. D., SPOKANE, WASH.

The bureau of Pædology properly embraces not only a study of the *diseases* of childhood, but also a consideration of the characteristics and idiosyncrasies of the *healthy* child, as the word comes from the Greek pais, a child, and logos, a discourse. And, indeed, it is very important to study the child in his natural state and become familiar with all his movements and efforts to express the various conditions of his mind and body, for all this helps in diagnosing the case and getting at its pathology. There is a meaning in every feature of the little one, which, to the initiated, speaks more clearly and forcibly than words could. Thus, the upper part of the face changes most in brain diseases, as contractions of the muscles and wrinkling of the brow, rolling of the eyeballs, strabismus.

The middle part of the face is most changed when the trouble is located in the chest, in heart and lung troubles. Flapping of the alas nasi shows weakness of the respiratory organs.

The lower part of the face especially is changed in abdominal troubles, and particularly the mouth and lips. The lower jaw falls as a sign of exhaustion. The mouth is kept open when there is inability to breathe through the nose, especially in syphilis and enlarged tonsils. But a child may lie with his mouth open and get breath through

the nose, as we sometimes find when lycopodium is indicated.

Besides being of great service in assisting to diagnose the disease and to understand the pathology, a close attention to the physiognomy often leads us to a proper selection of the remedy. For instance, a flapping of the wings of the nose leads us to think of lycopodium. Picking and boring the nose suggests cina, etc.

The character of the cry is important. If a child cries for a long time without cessation it is generally from hunger. A muffled, labored cry indicates catarrh. Hoarse, croupy, crowing cry indicates some affection of the larynx. In cerebral diseases, as hydrocephalus, meningitis, etc., we generally hear a sudden, shrill, shrieking cry, which may cease for an hour and then burst out again in the same way, especially at night, and for this condition apis is a valuable remedy.

In marasmus and peritonitis we have a wailing, moanful cry. Moaning indicates disease of the intestinal canal or cerebral compression. A peevish cry, with suppressed cough, suggests pneumonia; but if pleurisy exists the cry is peculiarly sharp, with sudden checking of respiration, which checks the cry. Under three or four months a child never cries tears nor secretes saliva.

The over-anxious mother, accustomed to associate the idea of pain with the exercise of the function of crying, often becomes alarmed if her new-born pedigree continues to cry for any length of time, and inquires with great anxiety for the reason even of the most natural cry; but she is satisfied if we stop to explain the difference in the child's environment. Before birth the child was constantly living in a warm bath, which served (1) to preserve the child, as much as possible, from external accidents; (2) to give entire freedom to all its movements; (3) to maintain it in a medium of uniform temperature; and (4) to preserve the suppleness and sensitiveness of the skin. But at birth it is ushered into an atmosphere which is generally considerable lower in temperature. This makes a painful sensation upon its delicate and extensive surface of skin. Its little muscles are thrown into action, and, as a consequence, its chest becomes

expanded, and the air by which it is now surrounded rushes into its collapsed lungs, and the cry is instituted.

Crying is to be looked upon as an exercise of much importance to the new-born child. (1). It facilitates the passage of blood through the lungs. (2). It serves to further the expansion of the air-cells of the lungs, thereby presenting a larger surface for the action of the atmospheric air, which cuts an important figure in the child's economy—as, the due oxygenation of the blood on which depends, to a greater or less extent, every healthy function of the system; the unloading of certain materials, the retention of which is highly injurious to the system; and thus contributing either to the direct or indirect production of animal heat.

Crying is not always an expression of pain; it is intended, very often, as an appeal to the tenderness of the mother, for hunger, or thirst, or change of posture, for a constrained position renders the child not only uncomfortable, but is really injurious to it if too long continued, by impeding the circulation on the side on which it lies; and the limbs are unequally exercised, especially if the mother or nurse has a "favorite side" for the child to rest on. Another purpose of crying is to restore the equilibrium between excitement and excitability. Even in an adult a good cry often relieves the feelings decidedly.

The new-born child ought to sleep almost constantly; and this is a wise provision of nature, since it permits a removal of the excitability as soon as it is expended, and much excitability is required for the various contingencies of digestion, secretion, and deposition, or growth.

It is some time before the nerves of hearing appear to be affected by sound: hence we see children almost insensible to loud noises even weeks after their birth. This seems to be a special provision of Providence that the important state of sleep should not be too easily interrupted. This sense, however, after a time becomes extremely sensitive, and when it is too much indulged, by not permitting the child to become familiar with it, and that as early as possible, it occasions much trouble. Over-careful mothers think that sleep should never be abridged or interrupted: they

therefore keep their nurseries so extremely quiet during the sleep of the child that it is constantly awakened in much alarm whenever any sudden or unusual noise assails its ear; it is aroused by even a light tread upon the floor, and when a louder noise is made it awakes almost in convulsions, and always in extreme fright and with loud crying. To guard against these evils—and they are evils of greater magnitude than might at first sight appear, since in many instances they have been perpetuated through life—it is best to let the child fall asleep in the midst of noise, and never to consign the room to strict silence during the whole of the nap. If children be habituated to fall asleep while surrounded by noise in the nursery, and not have the noise interrupted by design during the continuance of sleep, they will soon support any common degree of it without the least agitation or other inconvenience.

The profession is coming more and more to appreciate the importance and success of preventive medicine. "An ounce of prevention is better than a pound of cure" is quite an ancient adage, but the trouble was they knew very poorly how to avail themselves of the ounce of prevention. But by making a thorough study of the needs and inclinations of the child, and observing closely the external evidences of its physiological and pathological functions, and inquiring carefully into the habits, diet, etc.—in short, by exercising a complete supervision of the child's home, which is a part of the family physician's duty, we, as a school, have put ourselves on record as having greatly reduced infant mortality. In fact, by keeping the delicate organism of the infant from the horribly baneful effects of the old school system of active and heroic medication, as well as from the often no less harmful effects of the various teas and stuffs of the nurse and the neighboring women, and by giving the properly indicated Homœopathic remedy, we have not only greatly reduced the rate of infant mortality, but have correspondingly increased the prospects of longevity as well as comparative immunity during their lifetime from many attacks of sickness to which people whose systems have been racked with strong medicine fall so easy a prey.

Yet even in our school there is too strong a tendency to

diagnose the pathology and treat that instead of studying the cause of the disease. It is easier to form our opinions as to the pathological conditions and then prescribe for that than it is to study closely for the similimum. Even among our otherwise closest prescribers there is a marked lack of careful discrimination in the realm of Pædology between several apparently indicated remedies. The fact that in these cases we are compelled to depend entirely on objective symptoms, and the further fact that the infant organism is so sensitive, and that a few hours' delay in getting the similimum is so grave a consideration, that every physician ought to be exceedingly solicitous how he prescribes for the infant.

To sum up the points of this somewhat general and disconnected paper:

(1) It is important that the physician be a close observer and familiarize himself with all the various manifestations of child-life in health as well as in disease, so that all the child's efforts to express himself be weighed and all morbid symptoms may be given due consideration; so that, by expression of countenance, position, gesture, cry, sleep, and what not, we may be led not only to a correct diagnosis, but also, and especially, to the similimum in treatment. (2) Crying is not always an expression of pain, but often indicates hunger, thirst or uncomfortable position. Crying serves a useful purpose in the economy of the child in helping it to become adapted to its changed surroundings, especially in starting respiration and the new form of independent circulation. Crying also aids in restoring the equilibrium of excitement and excitability. (3) The child needs a large amount of sleep, say twenty hours out of twenty-four. And it is important to accustom the child to fall asleep, and continue to sleep, in the midst of noise during its early weeks, so as to prevent that morbid sensibility of the organs of hearing with all its attendant evils, as well as the interruptions of the various functions which are incident to the repeated wakings of the child. (4) It is the family physician's duty to supervise the child's home; and, by paying close attention to his diet, surroundings, ventilation, habits, etc., many attacks of sickness may be pre-



vented. (5) There is a laxity in prescribing for children even among our best physicians which is not seen in other departments of medicine, due partly to the difficulty in getting symptoms and partly to the habit of falling into routine practice. This is an error which a careful consideration of the subject may help to correct.

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## Editorial Notes.

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### Dr. Hughes on the Drug Proving of the Future.

One of the most interesting papers presented to the International Homœopathic Convention at its last session in Atlantic City was by Dr. Hughes, of England, on the above subject. Everything that comes from Dr. Hughes' pen bears the stamp of scholarly and critical workmanship, and this paper like all previous ones by this champion of Homœopathy shows a master mind. Dr. Hughes endeavors to answer two questions: What shall we prove and how shall we prove? In answer to the first question we have first of all the old Hahnemannian stock, much of which might be reproved and thereby greatly 'enrich' our therapeutic resources. Then there is the Schuessler addition to our *Materia Medica* and in the same category the remedies employed by Count Mattei for his secret preparations. Besides these three groups the doctor suggests the following as deserving a more thorough proving: *aralia*, *ceanothus*, *guaco*, *hydrocotyle*, *lachnantes*, *naphthalin*, *prunus spinosa*, *quebracho*, *salicyl. ac.* and *symphytum*.

In answering the second question, Dr. Hughes shows that the requirements for the proving of drugs at the present time are far greater than in Hahnemann's day on account of the progress in chemical and physiological and pathological knowledge. As the symptomatology of disease has been definitely widened so must that of drugs be. Physical examination by every available means must be brought into use; the test tube, the microscope, the sphygmograph, the ophthalmoscope, etc., must all be brought into play and ex-

tend and deepen our knowledge of drug action. Again, allowance must be made, for what astronomers call the "personal equation" in our provers. This seems to us a very important point. We are glad to notice that Dr. Hughes recommends provings to be made with all doses, in single, large, in repeated small, and in infinitesimal doses. Only in this way can all the different shades of drug action be discovered, and thus utilized in the treatment of acute and chronic disease. Certain drugs develop their action more in one way than another. Thus the so-called Schuessler remedies show no special effect in single full doses, but develop remarkable symptoms in divided and continued smaller or infinitesimal doses. What Dr. Hughes has to say about infinitesimals is entirely sound, and considering the iconoclastic tendencies of many of our school in this respect, it is timely and coming from so critical and scientific a man, it has especial weight. He advocates provings made with high potencies, not to the exclusion of substantive quantities, but in addition to these. And he goes on and makes this emphatic statement: "I do so deliberately on the ground that Hahnemann's dynamization, however baseless the theories about it, is a fact; that attenuation when conducted according to his methods, does more than simply weaken virulence, and that at least in some cases develops energy, and that such energy cannot be limited to the therapeutic sphere, but may display itself pathogenetically also." And again, "It remains that potencies will produce medicinal effects which crude drugs cannot excite, and which we of all men, heirs of this great discovery of Hahnemann, must not neglect."

The paper is very valuable in its suggestions and puts the whole question of drug proving upon a strictly scientific basis in harmony with the advances in other branches of science.

W. B.

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The attitude of the Life Insurance Companies of the United States toward the Homœopathic profession is both unjust and unbusinesslike. Their discrimination in favor of Allopathic physicians as medical examiners, is a direct insult to the Homœopaths of the country. The American Institute

of Homœopathy, the Oldest National Medical Organization in America, has done a wise thing in starting a crusade against this unfair treatment by the Life Insurance Companies, and we believe it the duty of every state society and of every journal to take vigorous action in this matter and bring it to the notice of every Homœopathic physician in the land, and urge it upon them to influence their patrons. By concerted action in this line, we shall be able to force a recognition of ourselves here as we have done in other fields.

The Chairman of the Committee on Life Insurance Examiners of the American Institute of Homœopathy has been in personal correspondence with the various Life Insurance Companies of the Union.

The replies to his letters have in the main been very unsatisfactory.\* The Aetna Company of Hartford, Conn., says: "We have no intention of discriminating in appointment of Medical Examiners. \* \* \* \* \* It is not the duty of the Company to uphold one or another theory." As the Aetna is one of the leading Life Insurance Companies of the World, it seems that we should be satisfied with the statement of their position in this important matter, but unfortunately it is an absolute falsehood as is proved by a perusal of their blank form No. 56, known as the Medical Examiners Blank, which says that to become a medical Examiner for the Aetna Company, the physician "must be a regular, or Old School physician."

The Massachusetts Mutual makes the insulting statement that "We appoint 'Regular' physicians only, because they are the best educated;" a lie so conspicuous and ridiculous that it is best answered by silent contempt.

These are but two instances among a number that show the feeling of certain companies against the Homœopathic school of medicine and the sooner they are made to realize the strength of the Homœopathic influence in the United States, the better it will be for all concerned. If every physician or patron of our school would absolutely refuse to insure with any company holding views similar to those expressed by the Aetna and Massachusetts Mutual, such companies would soon be brought down from their perch and made to realize that Dr. Jalap is no longer the Poo-bah of the medical world.

C. L. TISDALE, M. D.

## Personals.

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DR. SWAYZE has returned to Lakeport, Cal.

DR. R. H. CURTIS spent a few weeks in Santa Barbara.

DR. JESUS GONZALES AMESCUA, of Mexico, recently gave the *Homœopath* a call.

DR. MINNIE C. T. LOVE has gone East, en route for Europe, we understand.

DR. T. P. TISDALE, of Alameda, is taking a well-earned rest at Lake Tahoe.

DR. M. E. EDMONDS has spent a few weeks at Lake Tahoe, for rest and recreation.

DR. HENRY DAMEROEGER has removed to Modesto, associating himself with DR. J. P. FULLER.

DR. JOS. RHODES, of San Diego, was married to Miss Josephine F. Keenan, April 2nd, 1891.

DR. IDA V. STAMBACH, of Santa Barbara, spent a few days in San Francisco, enjoying a much needed vacation.

ANY ONE HAVING a copy of *Hilton's Rest and Pain*, can find a purchaser by addressing Boericke & Runyon, San Francisco, and stating price.

DR. G. E. DAVIS, Dean of the Hahnemann Hospital College, of San Francisco, recently made a tour throughout the States of Oregon and Washington, in the interests of the college.

We were much pleased to meet Dr. Alumbaugh, of Vacaville, recently. The doctor was laying in a stock of remedies, which showed that homœopathy was popular in his town, owing to the doctor's skill and large experience.

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## Clinical Items.

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*Ulmus*.—Rheumatic pains above the wrists, numbness, tingling and formication in feet, and dull soreness where gastrocnemius gives off its tendon.

*Natrum phos*.—Inside thighs draw, sore ham-strings.

*Phellandrium* is a good palliative in the last stage of consumption. Everything tastes sweet. Extremely offensive expectoration.

*Alumina*.—Tensive pain in articulation of jaw, when chewing or opening the mouth.

*Naja*.—Sense of contraction or drawing together between organs, especially between heart and left ovary. Mental depression—aversion to talking. A kind of angina pectoris, acute pain, with loss of breath.

*Thapsia*.—Tumors in stomach and liver—cancer of stomach. Use both plaster and 6th dilution.

*Magnes. phos.*—Vertigo and headache, from optical defects.

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## Selections.

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### RELATIONS OF NUTRITION TO MENTAL HEALTH AND MENTAL DISEASE.

BY SELDON H. TALCOTT, M. D.

Goethe, the German Shakespeare, once propounded a question which may be rendered into English as follows: "Why are people so busy, and what are they roaring about?" And he answered his own question by asserting: "They want to feed themselves, to beget children, and to feed them as best they can."

Nutrition is always a matter of prime importance to the existence, development, growth and continuance of the human body, and likewise the health and activity of the human mind. In embryo, the foetus feeds upon the mother; in its primal, separate and independent existence the child likewise pastures upon the sacred mounds of motherhood. In still later development, the products and inhabitants of earth and sea and air are used for man's general nutrition.

And when a ripe and sound body has been produced by the alchemy of an established evolution, then we observe not only the presence, but likewise the supreme activity of that which is highest and best in the wonderful works of God, namely, the human mind. In early life, food is the chief factor in the production of an ample and tense bony system. And it is a builder not only of bone, but of ligament, of muscle, of sinew, of cellular tissue, of fat, and of an all-enveloping derma. And when, by means of the marvelous chemistry of nature and the influence of nutrition, you have a fully outlined structure, a structure that is sustained by its internal framework of bones and ligaments; a structure that is moved or restrained by muscles and sinews; a structure that is made comely by its shapely padding of fat and its smooth covering of skin; a structure that is stirred and controlled by those electric motors called nerves, and which is animated in its supreme perfection by an immortal spark of the infinite; then you have a being that is fitted to dance in a ladies' chamber to the bewitching breathings of an Egyptian lute. Now the question arises: What are the relations which exist between the function of nutrition and the health and activity of the mind, and how may these relations be best sustained by the individual? And, again, how may the forces of the mind be disturbed and turned from their normal courses by the effects of imperfect or malnutrition? And, still again, with what manner of nutrition may the exhausted forces of body and mind be recuperated?

Almost everyone recognizes the fact that the brain is the chief and most important organ of the body, because it is the seat and the center of mental activities. Almost everyone recognizes also the fact that unless the brain is fully and properly nourished mental activity weakens and deteriorates. The same relationship exists between a healthful supply of blood to the brain and a high grade of mental activity that exists between a full supply of steam in the boiler and great speed of the locomotive. Again, nutrition sustains the same relation to the nervous system that the Leyden jar, with its imprisoned but all-compelling powers, sustains to the electric currents which bear their messages of peace or war in continued and active circuits around the world.

Nerve exhaustion is the antithesis of a full-charged and active nerve power. The nervous system in a state of health may be compared to a strong electric force acting upon a complete circuit and sustained and impelled by an abundance of imprisoned reserve. While such a condition exists there is a capability for active and continued work. But if the forces are diverted from their regular lines by outlying wires their energies are scattered until the primal circuit is so much impaired that action becomes feeble, intermittent and uncertain. The condition of so-called "nervousness" is a result of a too free escape of nervous energy through the divergent lines of unwise dissipation, and through an inability on the part of the function of nutrition to make good the wastes which have been too rapidly superinduced.

The effects of nutrition of various kinds may be seen both in nations and in individuals. The Chinaman eats rice, drinks tea, warms the cockles of his heart with curry, flavors his dinner with the burned souls of rats and birds' nests, and becomes a small, imitative and short-lived, yet industrious and peaceful citizen of the Flowery Kingdom.

The Italian, more luxurious, but less muscular than his Roman predecessor, eats his wheat refined and bolted and prepared in the form of maccaroni, instead of masticating it in the raw state; and from a conquering soldier he has degenerated to a lover of ease, of filth, and of hand-organ music.

The German takes kindly to cabbage and cheese, pretzels and beer, and is slow, substantial, meditative, and given to complex speculations and philosophical deductions:

The Englishman eats beef and bread and drinks beer, and under the influence of food and drink and climate he becomes both phlegmatic and irascible, both liberty-loving and domineering, both philanthropic and crusty.

The Scotchman eats oatmeal, and believes strongly in Calvinism and in the stability of the Grampian hills. Under the influence of diet, the Scotchman is strong in body, metaphysical in mind and confident in himself. The self-satisfaction of a Scotchman under the influence of his selected food was happily expressed when an English lord declared that in Scotland the men lived on oats, while in England

they fed that grain to their horses; and a Scotchman retorted, "Yes, that is true, and where in the world will you find such men and such horses?"

The Irishman subsists on potatoes and "poteen," and is sanguine in temperament and sanguinary in daily practice.

The American feeds upon the collected products of every clime; and from ocean and river, from rocky hill-top and alluvial prairie, from southern slope and northern acclivity, he draws his food resources. Especially is the American addicted to the use of every variety of stimulating meat, whether it be bird or bear, sheep, hog or ox. He also takes his food in a concentrated form, using the "active principle" preparations of grain and vegetables and fruit. The result is an activity of the body and a brilliancy of mind which surpass the developed powers of all other nations on earth. But in the wake of this rare and costly development we find thousands of hyper-sensitive beings, whose refinement of feeling is so extreme that they suffer excruciating agonies if they are touched by a breath of unfriendly air, and their brains and mind reel before the faintest shadow of earthly disappointment. In this rare-ripe throng we find thousands of broken, disgruntled, ruined wrecks, the unfortunate victims of excess in the use of hyper-stimulating nutriment.

Concentrated food stimulates the activities of the nervous system, of the brain, and the mind; and under the effects of such food a larger amount of brain work may be done in a given time than by the use of plainer and coarser foods.

But the use of concentrated and stimulating food, while it develops a lofty activity and excessive refinement, results finally in the premature wearing out of the nervous forces, and causes disintegration, disease and death. Concentrated food stimulates and develops the brain, while it shrinks and shrivels the stomach, and disturbs the action of the intestines, the liver, the kidneys, and all excretory organs. Stimulating and concentrated diet, while producing active effects at first, tends steadily to derangement of the organs of digestion and assimilation, and leads almost inevitably to malnutrition and to consequent loss of mind and nerve power. The philosophy of all this leads us to reconsider and accept the truth embodied in the old adage, "Every man must eat his peck of dirt."



The tendency of the times has been to gratify an ambition for intellectual keenness and power. The brain, in its frantic efforts to get ahead and keep ahead, has overlooked the interests of the other members of the human United States, and has sought to rob these local communities, which have been named the heart, the lungs, the stomach, the liver, the bowels and the kidneys of their rights and prerogatives. The mind has entertained the conceit that all roads lead to the brain, and has acted upon the principle that all must be grist that comes to its mill. But the wisdom of local self-rights, as well as the wisdom of eternal unity and general harmony, must be recognized. The hands can not flourish without the arms, nor can the legs make progress without the feet, nor can the head maintain its imperial position without the aid of the neck and trunk. Human development must be systematic, symmetrical and cosmopolitan in order to be successful, and the rights and necessities of each organ must be conserved, or a retribution involving the entire mass will follow. Nutrition, to promote mental health, must be general, uniform, regular and appropriate for the entire system. There are two classes of individuals whose peculiarities in the matter of nutrition render them worthy of notice at this time.

(1.) We have a class of men who consume large quantities of lean and stimulating meats, who drink much coffee, and who imbibe more or less wine and stronger stimulants. These are the active workers of the great city centers. Many of them came originally from the farm, with robust health, and, as they believe, with rational habits. They enter with consuming activity upon the great projects and achievements of life. They build railroads, they dig canals, they spread their sails upon every sea of commerce, they buy and sell and get gain; they grow rich, they travel, they see the sights of every land; they dip their hands in every seething caldron of activity and accomplishment, and they often rise to sublime heights in the fields of learning and statesmanship and modern invention. They become great lawyers, statesmen, inventors, theologians and physicians. But they bring upon themselves and upon their posterity dangers which are likely to destroy the benefits which, by tireless energy, they have attained.

(2.) There are individuals, oftentimes the products of the preceding class, who are light and dainty eaters, and whose food consists of too small quantities of that which has been robbed of its natural and necessary dross. Concerning this class, Dr. Fothergill says: "They are quick as lightning, acute, sensitive, high-strung, high-minded and quick-tempered. They are energetic and industrious. They are neat in their attire, intolerant of dirt; the sight of a cob-web is agony; their sense is highly strung, and, when suffering with migraine, on the stretch it is scarcely exaggeration to say that, when lying in their bedroom, they can hear the cat walking across the kitchen floor. They complain of palpitation, and also of an opposite condition of heart failure, which differs from syncope in that there is no loss of consciousness. Such persons eat sparingly and suffer intensely with neuralgia. They will take drugs freely, but seem to have an antipathy to food. In their ignorance and misery they forget the golden assertion of Romberg, that "pain is the prayer of a nerve for healthy food." These small eaters of dainty food are intellectually bright and active; "they will be the soul of a party one day, ending up with a night at the theater, the gayest of the gay. Next day is spent in bed in a darkened room, with a raging headache, the brow contracted with pain, begging to be left alone in their misery, the saddest of the sad. At other times they are wakened with a sharp headache, which improves as the day goes on, and they dine out in the evening with a sense of enjoyment. Ardent, enthusiastic, capable of great self-denial, generous and kind to others, but forgetful of their own best interests, they are a race by themselves. They have played an active part in many modern movements."

Here are two special classes of Americans—the largest eaters of stimulating food, and the small eaters of fine, stimulating food. One has a heavy, rotund, yet active development; the other has a petite, sensitive, finely-strung development.

These are the classes to whom nutrition of a proper sort is of prime importance. An appropriate diet for these classes should have especial medical attention. In fact the study of correct dietetics for brain-workers should become a leading

study in every physician's office and in every medical college curriculum. Dietetics and reconstructives will be the leading topics of discussion in medical associations, and in private and business life, ere another decade has passed.

Let us now consider some of the articles of diet which have proved beneficial to nations and to men, and which are likely to promote mental health as well as bodily vigor.

The philosophers of the olden times satisfied their appetites with "corn, wine and oil," and they lived long, enjoyed reasonable happiness, and retained a brightness of vision and a clearness of intellect till after they were 120 years old.

The Hebrews, both in bondage and freedom, grew into a lasting people upon grains, and fish, and vegetables, and very carefully selected meats. In the hour of prosperity, and in the land of promise and luxury, they remembered "the fish which they did eat in Egypt freely, the cucumbers, and the leeks, and the onions, and the garlic," and governed themselves accordingly.

Solomon, the wisest, declared: "I have eaten my honeycomb with my honey; I have drunk my wine with my milk." And his vitality, and benevolence, and greatness of soul were manifested by a comprehensive and abiding affection for 700 wives.

The Roman soldier chewed raw wheat as he marched and conquered the world. The ancient Athenian grew wise and strong in intellect so long as he partook simply of the plain diet afforded from the Mediterranean sea, his own hills of Greece, and from the pleasant pastures of his native land. Luxuries of living destroyed the inhabitants of the Roman Empire and robbed the Athenian of his mental powers.

The Spaniard, avoiding luxury, grows strong on bread and onions. The same may be said of the Englishman and his beef, coarse bread and beer; of the Scotchman and his oatmeal; of the German and his cabbage and Rhine wine or beer; of the Indian and his corn; of the Puritan and his beans with pork. The Esquimaux eats the fat of the seal and walrus, and maintains a serene mental front amid the blizzards of the ice-bound North. The inhabitants of the sunny South subsist upon the orange, the bread-fruit, the banana, and fish from river and sea; and we find in them but slight development of mental disorders.

Now, if the brain-workers of the world would stop and consider their own interests they would acquire the habit of living upon a mixed and carefully selected diet. In warm weather they would eat fruits like the Southerner, rice like the Chinaman, bread and onions like the Spaniard, wheat like the Roman soldier, and milk like the healthful babe. And in winter they would eat corn like the Indian, black bread like the London porter, fat like the Esquimaux, oats like the Scotchman, fish and oysters like the denizens of the sea, eggs and chickens like the happy Negro; and they would take only so much lean and stimulating meats as would enable them to perform their mental tasks in an earnest and healthful manner.

Now to those who are already, by unwise habits of eating, drinking and working, the victims of nervousness or nerve exhaustion, it is proper to suggest these important facts: Lean meat stimulates; fat meat relieves nervous erethism; vegetables sustain life in a moderate and healthful manner; fruit cools and purifies the blood, and aids in making the general system pure; grain foods and milk nourish, upbuild and recuperate all the life forces.

By making a wise selection of the various foods which come within our reach, we may be able to relieve the unfortunate conditions and tendencies which exist in the brain-workers of the present time in this land. We should remember, with Fothergill, and suggest to each other and to our patients the propriety of using, for the recharging and revivifying of the exhausted nervous system, such articles of food as fish and butter, oysters stewed in milk, milk pudding, cream with seltzer water, or cream without seltzer water, oil resolutions, yolks of eggs and sherry, salads with oil, stewed fruit with cream. Nervous people should eat fat food. Irritable and exhausted nerve should, if possible, be relieved with fat. Fat is to a tender nerve what an air cushion is to a tender invalid; it eases jolts wonderfully. With the combined grain foods and vegetables for the brain, and fruits to keep up a healthful and judicious circulation of the blood.

It should be garnished with the oil of good nature, and irritability tend to the production of indi-

gestion; and the rational brain-worker will avoid the gall and wormwood of ill-temper, even as the devil shuns holy water. It is wise to remember that "a merry heart doeth good like medicine."

With regard to nutrition in the treatment of the insane, our experience has demonstrated its incalculable importance. It is thought by some that Dr. Hahnemann's success in the treatment of the sick was due, to a considerable extent, to the extreme care with which he watched and directed the diet of his patients.

We find that an abundance of appropriate food is a prime necessity in the treatment and cure of the insane. Almost every mental invalid is at the outset a victim of impaired nutrition and of bodily waste, as well as mental weakness. Therefore, our first aim in the cure of such patients is to effect a bodily gain by means of suitable nutrition and the indicated homœopathic remedy. Without the proper remedy, the work of assimilation can not be easily inaugurated, and without suitable nutrition the action of a remedy is weak and uncertain.

As an illustration of rapid gain by means of abundant nutrition, we present, very briefly, the following case:

No. 747 was admitted to the Middletown Asylum December 3, 1879. The case was one of melancholia, and the record states that in May, 1877, she commenced to go to church every morning, and then suddenly stopped, and since that time she has not spoken to any one, and has done no work for the past two and a half years. When brought to the asylum, the change of scene and surroundings seemed temporarily to act as a stimulus and she conversed quite pleasantly for a short time; then she relapsed into a sullen and apparently stupid condition. At last she refused to eat. Consequently, for about one year she was fed on milk and beef tea with a tube, three times a day. In spite of all the liquid food that could be pumped in, the patient lost flesh until, on April 6th, 1877, she weighed but sixty-four pounds. On that date she began to talk, called for food, and from that time on she ate large quantities of milk, bread, rice, baked potatoes, eggs, and such other food as her appetite seemed to crave. This patient had an enormous appetite, and, as

the food she took seemed to agree with her perfectly, we made her diet very liberal. She would eat from five to seven pounds of bread a day, and drank three quarts of milk, and other articles of food she took in the same proportions. In one month she gained forty-seven pounds. On the 6th of April, 1881, she weighed sixty-four pounds; and on the 20th of June, when discharged as recovered both in mind and body, she weighed one hundred and forty-four and one-half pounds, a gain of eighty and one-half pounds. She more than doubled her weight in two months and fourteen days. The patient has remained sound and healthy for the past seven years.

In almost every case of recovery from insanity, the patient is found to have gained in bodily weight. The exceptions to this rule are cases of recurrent mania. Such cases do not lose much during the attack, and do not gain much when they recover.

The insane who are recovering should use large quantities of milk, plenty of beef tea, toasted bread, baked potatoes, eggs, fat bacon, green vegetables such as lettuce and onions, fish, oysters, wheat, oats and rice, and such other articles as the patient seems to crave.

In pushing nutrition to its very utmost in the cure of the insane, care must be taken, while the patient gains in flesh, to afford enough mental stimulus, by diversion and careful attention to the rules of mental hygiene, to prevent the patient from passing into the dull and listless apathy of dementia.

A long experience and a careful observation have convinced us of the necessity for an abundant and appropriate nourishment of the body in order to provoke anew the mental activities which have been disturbed or impaired by

of an aristocracy of that land which has been justly called "the mother of presidents," the letters "F. F. V." stand for the first families of Virginia. In that connection, the health and happiness to which we all aspire, a new aristocracy which may be designated as those which symbolize the old; and a new significance. The F. F. V.'s

of the rising future will be the apostles, the disciples and the advocates of fat, fun and virility. Under the new regime development will be more sure, strength of body and mind will be more lasting, and premature decay will be among the things of the past. Human life will be prolonged, human usefulness will be enlarged, and the intellectual powers of our race will rise to grander and nobler proportions. When these things come to pass by the acceptance and use of suitable nutrition for the brain-working masses then there will be an almost universal "survival of the fittest;" then intellectual giants will be less rare than now, and the wonder excited by the presence of a few mental prodiges will subside. Then intellectual strength and vigor will become so common, and the cause for such strength will be so apparent, that Cassius will no longer ask:

" Upon what meat does this our Cæsar feed,  
That he is grown so great?"

#### NITRIC ACID IN ACUTE MANIA AND SYPHILIS.

BY GEORGE S. ADAMS, M. D., WESTBOROUGH INSANE HOSPITAL.

The patient whose history and treatment I present to you, was admitted to the Westborough Insane Hospital, April 21, 1889. She was a single women, fifty years of age, and a domestic. Two previous attacks of mania, the last five years ago, had left her apparently well till two weeks before admission. She was fairly well nourished, though the muscles were soft and flabby, but there was a large, irregular ulcer two and one-half inches across, on the upper forehead, a smaller one above it on the scalp, and there were nodes on both tibiæ. The ulcer on the forehead had destroyed all the tissues down to the outer table of the skull, leaving the bare bone surrounded by an inflamed, livid and suppurating border. The ulcer on the head, though much smaller, was deeper, having entirely destroyed the outer table of the skull. These ulcers were not of recent origin. The homœopathic physician under whose care she had been before coming to the hospital, said that they began in the summer of 1889. First a swelling appeared on the forehead with severe

pain, and it was followed by a breaking down of the tissues to the extent just noted. He further said that good authority in Boston had diagnosed the lesion as cancerous, but the remedy that seemed of benefit to the ulcers was kali jod.

Careful microscopic examinations at the hospital of the discharges failed to show any cells characteristic of such growths. When admitted, she slept none, but babbled constantly all night. She also had hallucinations of hearing, and would talk, sing and shout to the imaginary persons about her, day and night. She refused to eat, and thought that her food was poisoned. Her language was incoherent, and often obscene and profane. She was never violent, but easily provoked to use abusive epithets. The hallucinations, the restlessness, and the disposition to swear were well covered by nitric acid. The destructive ulcerations are very characteristic of this drug, and clinical experience with it at the hospital in cases of acute mania with syphilis, resulted so favorably that nitric acid ix dil. was decided upon.

The first prescription was made April 29th. In a week she was sleeping about two hours at night, and she was eating fairly well. In another week, there were lucid intervals of a minute or two at a time, and the borders of the ulcers looked better. I may say here that the local treatment of the ulcers was the same as before coming to the hospital, daily thorough cleansing with warm water and dry dressing of powdered boric acid. By May 26th her condition seemed to be at a standstill, and I changed the treatment to aurum mur. 3x dil., but soon found I had made a mistake, for in a few days the ulcers were inflamed, and the patient again more excited, so June 1st she returned to the use of nitric acid ix dil., as before.

In a week improvement was again seen, and from this time continued without interruption to complete mental recovery. With the mental change the physical also became better. In two weeks more the ulcers had a healthy appearance, and were appreciably smaller. By the middle of July the smaller ulcer had become entirely cicatrized, and the larger much reduced in size. She was now entirely rational, but still occasionally weak, easily moved to laughter or tears. She continued to take the medicine until Aug. 5th. She remained



in the Hospital till Sept. 10th, when she was discharged as recovered.

As a further evidence of her recovery, I have a letter from her physician dated Nov. 10th, two months after her discharge, in which he states that she continues mentally well.—*New England Med. Gazette.*

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THE EFFECT OF ICED TEA.—Dr. G. W. Barr writes, in the *Therapeutic Gazette*, that iced tea has none of the physiological action of theine if it is kept ice-cold for a short time. He says that he has known a man of nervous temperament, who is kept awake all night by a single cup of tea, to drink a half-gallon of iced tea during the evening and sleep soundly at his usual time of retiring. Others, made very "nervous" by hot tea, have been able to drink large quantities of iced tea with no appreciable effect. If the tea-grounds are allowed to remain in the liquid, the iced tea is usually kept long enough before drinking to dissolve more tannin than is usual in hot tea; hence the tea should be strained as soon as removed from the fire.

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It was remarked by Saint Basilus that children ran less risk in their earlier years, if on a spare diet—and, as physicians, we well know that children who have not been on a flesh diet, and living sparely, are not as liable to sickness, especially enjoying a certain immunity from convulsive diseases, and making a more rapid recovery when sick, than children who live grossly and on flesh diet. As to adults and old age, Sir Henry Thompson truly observes that the typical man of eighty or ninety is lean and spare, and lives on a slender diet, "*Si homo parum edit et parum bibit, nullum morbum hoc inducit,*" observed Hippocrates. "Eat little and labor if you wish to be well," remarks Aristotle. Galen believed that by dieting and fasting, diseases are avoided; that the delicate could be made to reach old age, and that health depended upon a spare diet.—*Dietetic Gazette.*

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FOR LOCAL ANÆSTHESIA—At a Philadelphia Hospital, local anæsthesia for minor operations is obtained by combining ten parts of chloroform, fifteen of ether, and one part of menthol, and using the mixture in a hand atomizer. At one minute's application of the spray such a degree of anæsthesia is produced that incisions can be made for the removal of growths, opening a felon or an abscess, without causing pain.—*Dietetic Gazette.*

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THE TISSUE REMEDIES IN DISEASES OF  
CHILDREN.

BY W. A. DEWEY, M. D., SAN FRANCISCO.

[*Read before the California State Homœopathic Medical Society, May, 1891.*]

I have chosen this subject for my paper for two reasons—firstly, because since my connection with this Society there has never been, I believe, a paper read which alluded in any way to the so-called tissue remedies, while nearly all the other State Societies, and especially the American Institute of Homœopathy, have published many pages of clinical verifications and provings of these really very excellent remedies; and, secondly, because I hope thereby to draw out, either in discussion or antagonism to them, some valuable indications for their use, or some good reasons why they should not be used.

The tissue remedies were so named by Schüssler, whose biochemic theory of their use and action is well known. Of his theory I shall say nothing, because I do not believe in myself, but I *do* believe that a broad field of usefulness to these remedies is gradually being opened by their thorough proving according to the method of Hahnemann.

In diseases of children, I have had some results from their use which if summarized might be of benefit, and, although they may have a broader use, the following brief summary consists only of the uses of these remedies which I have personally verified time and time again. They are what I consider the sure indications for their use.

*Calcareæ phosphorica* is too well known to homœopathic physicians to detain us long. The most excellent results I have seen follow its use in marasmus and cases of mal-nutrition, especially in those weak, puny children who do not grow, but always seem emaciated; in those whose eyes seem unnaturally bright, and whose skin is transparent, showing plainly the veins through it. With this condition there is always present digestive troubles, flatulence and diarrhœa. They are children who do not thrive, are weak and fretful, and, above all, they are easily tired, an unusual thing in healthy childhood. The bony system of such children, or those who require *calcareæ phos.*, is backward, the fontanelles remain unclosed, and, naturally, dentition is retarded. Such children are especially liable to Pott's disease, hip disease, abscesses, etc. I have found that *calcareæ phos.* scarcely ever fails when such conditions are present. I have used it in the milk or food that these children receive, putting a good-sized powder of the sixth trituration into it.

*Calcareæ fluor.* I have only used in cases of enlarged glands and especially in the cervical glands when they are stony hard and indolent. I am not aware that these symptoms have ever been produced by the drug, but the above clinical usage of it appears to be reliable, at least I have so found it. The drug should be better proved.

*Calcareæ sulph.* I have had no experience with in children, preferring the better known drugs whose action appears similar, such as *silicea* and *hepar sulph.*

*Ferrum phos.* is a drug that I have come to regard—hardly as a substitute for *chamomilla*—but one which is as great a remedy in children as *chamomilla*, and one that is, I believe, oftener indicated, especially indicated by clinical symptoms,

and its action is so certain that I believe, were it well proved, it would also be indicated pathogenetically oftener than *chamomilla*. Most all of the ailments to which we are called in children, present as a symptom, fever or more or less febrile disturbance. This febrile disturbance usually does not call for *aconite*, as we get there too late; nor does it present the well known characteristics of *belladonna*; nor the mental condition of *chamomilla*, yet in 99 cases out of 100 one of these drugs is given for the febrile disturbances of childhood, and the patient gets well—they would undoubtedly get well anyway—but I believe that in *Ferrum phos.* we possess a remedy that would make them get well quicker. I have used it with great success—more success than I ever had with these other drugs—in general febrile conditions of children, especially if associated with a watery diarrhoea or with undigested stools and white tongue and thirst. It has been aptly described as a drug which stands midway between *aconite* and *gelsemium*, and I believe that in these slight febrile ailments of children it is better than either.

Another use that I have made of *ferrum phos.* is in enuresis of children, wetting of the bed, especially if this seems to be caused by a weakness of the sphincter vesicæ. I have used it in numerous cases of this trouble and have succeeded in curing where *causticum* and *belladonna* have totally failed.

There is very little in medicine which I regard as *certain*, but one of the most certain things that I know of is the good results of *kali mur.* in sore throat, especially in ulcerated sore throat, where the throat is swollen covered with grayish or grayish-white patches and associated with fever, headache and aching of the whole body. Its action in such cases is marvelous, curing much more rapidly than any drug that I have ever used for such throats—and I have used a number of them. In children I have found it of great use in cases of ulcerated sore throat arising from errors of the digestive system. In two cases of diphtheria which I had recently, I gave this remedy alone in the third trituration with the most satisfying results. The febrile symptoms abated and the membrane speedily disappeared and the cases recovered

much more rapidly than I have ever seen them do when the *mercuries*, *kalis*, *lachesis*, *lac caninum* and other vaunted diphtheritic remedies had been given. This is the only use that I have ever made of *kali mur.* in children.

*Kali phos.* This remedy I have never given in any of the ailments of childhood, I know of no indications for the use of it or verified symptoms that it has cured.

*Kali sulph.* is a remedy that is very valuable in coughs of children especially where there is a great deal of rattling of mucus in the chest. It seems to lack the nausea of *ipecac* and the depression of *tartar emetic*. These coughs are worse in the evening and warm room which remind one of *pulsatilla*. I have come to rely on it greatly in these loose coughs of children. It has never been proved and its indications are still clinical.

*Magnesia phos.* I have given for the colic of infants and have seen good results, but I have had more success in the colics of grown people with it. The great key-note for its use in either case is the relief from warmth. It acts better given in hot water.

Of the *natrums*, *natrum mur.* is too well known and too wide of application to dwell upon here, but it may not be generally known what a valuable remedy we possess in *natrum phos.* This is certainly a wonderful remedy in digestive troubles of children, and especially is it of use in that class of children which Duncan denominates "acid children." In sour children who vomit sour matters, curdled milk, and who have sour smelling stools with often colicky pains, I have used this remedy with great success, and it is one that I can rely on. Babies who vomit a great deal will be greatly benefited by this remedy. Another use that I have made of the remedy is in the constipation of infants, here it nearly always works well. I have used the remedy also for worms after the indications of Schuessler, but have not found it of any particular service, although others of our school have reported favorably on its use for these troubles.

*Natrum sulph.*, I have given for jaundice neonatorum, but as this will often disappear in a few days without any medi-

cine whatever I cannot say that I have ever had any marked results from its use.

Omitting *silicea*, which is too well known to homœopaths to need any comment, I will terminate by saying that these are about the only indications upon which I can rely for the use of the tissue remedies in diseases of children. There are certainly three of them that I could hardly get along without, namely: *ferrum phos.*, *calcareo phos.*, and *natrum phos.* I might perhaps include *kali mur.* among these, for there is no doubt, in my mind, that it comes as near being a specific for ulcerated sore throat as any remedy that I know of.

I should be pleased to hear the experience of other members of this society with these remedies.

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#### RUPTURE OF UTERUS—A CASE.

BY C. E. GROVE, SPOKANE, WASH.

This accident is one of such rare occurrence that it seems worth while to take sufficient time of the society to report it, and especially as it raises a question which may profitably be discussed by this body.

The case is one which occurred in Spokane recently, and which achieved sufficient notoriety to be somewhat familiar to our home physicians. The woman, Mrs. R., aet. 38, was born in Switzerland, and had given birth to six children. Her husband, a poor, ignorant, and rather miserly German, wishing to dispense with the expense of a physician's services for his wife's complaint, had engaged a midwife. She, as is her custom, gave ergot in the early stage, as she afterward admitted, after having ruptured the amniotic membranes. But, as labor did not progress, she finally got up and told the husband that he must send for a doctor. The doctor summoned refused to go, because he knew the midwife's practice in such cases and knew there would be no result. A second doctor was called. He responded; taking the case over and making an examination,

he too got scared and left the patient, saying he would send another doctor.

Soon after this I saw the case, and, on examining, found a transverse presentation with the head in the right iliac region and the feet in the left, with the right hand in the vagina. The bag of waters, I was told, was broken some six hours before, and the foetus was firmly encased, the uterus being contracted, but without expulsive pains. The labiae were swollen to the size of your fist. I put back the hand and tried to bring down the head. Failing in this, I next tried to bring down the feet; but I found I could not do this without using considerable force; and as even slight traction threatened to sever the body of the foetus, and since the woman was in a very depraved condition, being anæmic and emaciated, and with running sores of a scrofulous nature, I preferred to have some one else bear a part of the responsibility, and so told the man I must have help. He went out and in a little while brought in Dr. W., who, on examining, found exactly the condition I told him to look for. I then gave an anæsthetic while Dr. W. attempted version. He succeeded in bringing down the feet, but in so doing severed the neck and delivered the trunk without the head. After a fruitless attempt to deliver the head, he asked me to make an examination. I then discovered an extensive rupture of the lower segment and cervical region, and the head up in the abdominal cavity. Dr. W. then went out and got Dr. R., who, after examining the case and confirming our diagnosis, also agreed with us that a laparotomy was out of the question, as the woman, in her exceedingly weakened condition and filthy surroundings, could not possibly stand the operation. We explained the situation to the husband and told him that his wife must surely die, and that it was only a question of a few hours. We all expected that she would die from the *shock* in a very short time; but she lived about seventeen hours after we discovered the rupture and died apparently from peritonitis rather than from shock.

Now, the question arises, when did the rupture occur? It afterwards came out that the midwife had given ergot about seven hours before we discovered the rupture, and followed

it up a little later with more ergot, although at the time she denied having given any ergot at all. Could the rupture have existed when we attempted version and we not have discovered it? or did it occur about the time the trunk was delivered? And, again, does the fact that she lived seventeen hours after the rupture was discovered argue that laparotomy should have been done?

The rupture was verified by an autopsy.

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### PRESIDENT'S ADDRESS.

BY H. B. BAGLEY, M. D., SEATTLE, WASHINGTON.

*[Read before the Homœopathic Medical Society of the State of Washington.]*

Late in the year 1889 a call was issued to the homœopathic physicians of the State of Washington to meet at Seattle for the purpose of organizing a State society. One of the principal objects was to watch and direct the course of legislation during that critical transition period, and guide with whatever influence we could bring to bear the course of legislation, so that we might not be unjustly discriminated against in the medical code that was to be formulated by the first Legislature of our State. This society was then organized, and a committee on legislation appointed, into whose hands, for the time, the interests of Homœopathy were committed. They, in connection with Dr. C. G. Higbee, the then President of the Society, went to Olympia several times during the session of the Legislature, and worked faithfully with members of both houses in the interest of fairness towards all medical schools of recognized standing. The result was the present law, with the provisions of which you are all familiar. It is not the law that your committee advocated, although its working so far has been satisfactory, owing to the union of all of what the Allopaths are pleased to call the irregulars. This fortunate combination, however, affords us but a temporary victory. Three of the members of the Board retire this year, and, had Governor Ferry been permanently out of the way, Lieutenant-Governor Laughton



had promised on his honor (whatever that implies) that he would give the Allopaths the majority of the board.

The allopathic physicians of all the States that have medical boards ardently desire and work for mixed boards, and in every State, with the single exception of Washington, have a majority on such boards, and use their power to crowd to the wall and trample down and belittle all schools of medicine that refuse to bow the head and bend the knee to their ancient Moloch. Antiquity seems to be the one thing most dear to their hearts. It reminds one of the fable of the old donkey who feigned contempt for the steam engine—hadn't he and his ancestors carried burdens for centuries?—and the idea that a steam engine, with its limited experience, should have the cheek to compete with him!

All of the great schools of medicine are fully agreed as to the propriety of State supervision over the qualifications of those who practice the dangerous art of healing within their boundary, although they differ widely as to the best means of its accomplishment. The allopathic school, through its legislative committee, was instrumental in having the present bill passed, providing for a single, mixed board composed of nine physicians to be appointed by the chief executive of the State. These were the best terms that they could possibly secure. They tried very hard to secure the insertion of a clause to the effect that not less than five members of the board should be old-school, or allopathic, physicians. This proposition was relinquished only when it was believed that further insistence would imperil the whole bill. In accepting the bill in its present form, however, it was thought that there would be very little difficulty experienced in securing the appointment of the requisite five which would give them control of the board. Fortunately for us, however, they counted without their host, for, in spite of blandishments and attempts at intimidation and the bringing to bear of undue influence to such an offensive extent that Governor Ferry actually ordered one of them out of his office, Governor Ferry's fine sense of fairness and justice was invulnerable to any logic that they were able to mass against it. Their most weighty argument was the same that had been used with such good effect before the Governors of all other

States which have medical examining boards, and which has so very recently placed our neighboring homœopathists of California under this allopathic wheel of Juggernaut—namely, the vast preponderance, as to numbers, of allopathic physicians over those of other schools. They represented to the Governor that there were more than seven hundred Allopaths practicing in this State, and not more than seventy graduates of all other schools. This, at first flush seemed a startling declaration; but on investigation I feel like the fellow who had a falling out with his landlady. He said: "Now we have had a row, and she is an old gossip and tattler, and she will go and tell a whole lot of lies about me, and the worst of it is they will be more than half true." That is the way I feel in relation to this matter; the worst of it is that it is more than half true, and a good deal more than half true. In fact I am convinced that their estimate is very nearly correct; but, gentlemen, justice and equity are not meted out to the heaviest battalions. There should be professional or medical as well as religious and personal liberty, having nothing to do with and being entirely independent of majorities. The logic that would compel a Unitarian clergyman to go before a board the majority of whom were Catholics to be examined as to his qualifications to preach, because the Catholics were the most numerous, might be fair logic as applied to numbers, but would be the rankest injustice and oppression to all concerned except the Catholics, and opposed to the American idea of liberty. It would be liberty for the Catholics to oppress and crack their ecclesiastical whip over the Unitarian and others that might compose the board. In our opinion, the only perfectly fair and impartial manner of adjusting the balance of power between the different schools of medicine is to let each school have control of its own board of examiners; then the responsibility for the qualifications and the character of applicants would be judged by those who have an interest in keeping up the standard of their respective schools. With the present domineering propensity of the Allopaths and their immense preponderance of numbers, it is simply impossible to secure justice for the homœopathic and other legitimate and recognized schools of medicine. There is a time coming when we

shall have to battle for separate examining boards. The best men in our ranks throughout the different States favor it, and until we can trust somewhat to the generosity of our adversaries it is our only ark of safety. The white-winged dove of peace is a very pretty bird, and has a very pleasant voice and alluring manners, but Homœopathy has never scored a victory without a fight, and, my comrades, a lasting victory is not for us, and will never be, until we have separate examining boards. Mixed boards are abnormal, unjust and unpleasant for all concerned, and cannot be carried on without a degree of friction that will greatly impair their usefulness. Our friends the enemy are at present quiet and resigned, but it is not the quiet of satisfaction, nor yet the resignation of hopeless defeat.

Low, murmuring sounds along their banners fly;  
Revenge or death, the watchword and reply.

They are determined to have control of the examining board, and very impatiently bide their time. While Governor Ferry lives and performs the functions of the gubernatorial office, I have no fear that we shall be deprived of any of our rights; but without a staunch friend of justice and impartiality in that position, and with the immense pressure that will be brought to bear, we will be lucky dogs if we get a bone. We will be like the Irishman's toad—when he jumped over a fence he crawled under it. Now my idea is that before that time comes it would be politic to make overtures to the Allopaths, while they are under the fence, to join us in an effort to have the present law amended so as to allow each school to have its own examining board.

Whatever measures are to be championed for the betterment of Homœopathy in this State must be originated and prosecuted by this organization, and it is to be regretted that the full strength of the profession in the State is not represented in this society. I have made it a practice to urge upon those who are not members, to become such; and each member of the society should do like missionary work. It is only by union that we can become strong, and it is only as we are strong that we can be effective in whatever we may undertake. There should be a complete directory, containing the name and address of every homœopathic physician

N O I I

in the State, in the hands of the Secretary; and I will suggest that every member present hand in to the Secretary the name and address of every homœopathic physician he may know in the State, who is not a member. This will add something to our stock of archives, and in the beginning every little helps. If the members will do this, and not forget or neglect it, we shall be grateful for the favor.

Within this society there should be a provers' union, wherein the proving of each drug should be supplemented by the addition of verified symptoms from the clinical experience of each prover. The verified symptoms should be as thorough and extensive as possible, and, coming from physicians in active practice, ought to be very valuable, and add very much to our usefulness as a society of scientific investigation.

The distinctive feature of Homœopathy lies in its peculiar teachings and practice of *materia medica*. If it were not for our faith in the like that cures, we might pass for Eclectics, Physio-medicos, or any one of a dozen other systems.

The very early history of *materia medica* is shrouded in obscurity. Doubtless as soon as humanity began to suffer from disease, instinct or accident prompted them to seek, in the use of substances other than food, relief from pain and suffering. As many of these substances were observed to act favorably, the recollection of their effects would be treasured up, and, as written language took the place of tradition, such collections would naturally form the first volume of a *materia medica*. The first volume of homœopathic *materia medica* was published in 1811, twenty years from the discovery of the law of cure by the immortal Hahnemann, and from that time to the present it has received constant additions. Many of these drugs have been elaborately proven in almost every conceivable dose and upon a great number of individuals, the number of symptoms frequently running as high as fifteen hundred to two thousand, and new provings have added nothing to them, while others are more imperfectly developed, and new provings might be made to advantage. It has been objected to our *materia medica* that while it is ample in the manifestations of diseased action, it wanting in those graver pathological changes which are

further on the subject of treatment. In other words, that our provings have not been pushed far enough, have not produced tubercles, cancers, hepotosized lungs, dropsies, Bright's kidney, and many other pathological changes. Fortunately, however, such extreme measures in proving are unnecessary. Suppose, for instance, that a prover, in his zeal for suffering humanity, should swallow such quantities of a drug as to cause thereby his sickness and death, and that a *post-mortem* examination should reveal tubercles in the lungs, would it follow that this drug should be the remedy for tubercular consumption? Not at all. These tubercles could never have appeared unless their essential germ elements, the bacilli, had existed before he took the drug; and the fact of their being excited into activity by the drug by no means settles the question of its homœopathicity to that particular pathological condition. The same may be said of cancers and kindred forms of disease.

The society should take some action at this session to have some printing done. I would suggest that, by all means, we should have a limited number of our constitution and by-laws printed, so that each member may have one for reference. It will be necessary for the society to instruct the Secretary by resolution.

In conclusion, gentlemen, I would urge upon you that you be vigilant, active and untiring in the cause you have espoused. This society must not die; it must live on throughout the ages. It has hard work and high achievements ahead. The work of this session is the commencement of a brilliant future for Homœopathy in the State of Washington. Look, and you may see faintly penciled on the horizon of the future the dawning of a better day. Listen, and you may hear the matins that shall usher in that brighter morn.

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THERE are sixty-six homœopathic hospitals in the United States which contain 6,320 beds. During the year 1890, 33,736 patients were treated, with a death rate of only 3.3 per cent.

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*Petroleum*.—Cracks and fissures in bend of joints.

## Ophthalmology and Otology.

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CONDUCTED BY H. C. FRENCH, M. D.

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### CLINICAL ADVANTAGES OF LONDON.

#### No. I.

By request of the editors, we have consented to give our readers, through the department of the journal over which we have been called to preside, some of the impressions gleaned from our recent studies in the hospitals of the great metropolis. Our chief thought in landing in Liverpool was of the restful atmosphere of Kirby Muxloe, near Leicester, where our English kin were spending their summer vacation, and the delightful and diverting influence of "week-end" trips to the few historic cathedrals and ruins which we did not see during our visit here five years ago. In an incidental trip to London, *en route*, to Canterbury, we learned of the session of the British Homœopathic Congress, and the expected visit of the Emperor William, and while in pursuit of these interesting occasions, we fell upon a line of clinical investigation that absorbed our entire attention up to the time of departure. The British Congress and London Society were held jointly, and gave us another opportunity of extending the pleasant acquaintances of our former visit. Dr. Hughes' beaming face lit up the assembly, and seemed to have won an extra radiance from his American experience, which we learn to be a truth from his own voluntary confession. Dr. Dudgeon's address, as President of the London Homœopathic Medical Society, was a most charming production, scintillating with a most chaste and exquisite humor through His parodies showed a wide acquaintance with the and a high ability in the exceptional power of ac-parody. The annual address of Mr. Harris, Presi-British Homœopathic Congress, was a most and candid and scholarly production, and though at pessimistic view of the future of homœop

athy in the British Isles, will doubtless have a beneficial effect upon the future of the distinguished gathering. Dr. John Beaumont, Professor of Ophthalmology in the homœopathic department of the University of Minnesota, was the sole foreign representative save your correspondent. We were invited guests at the magnificent banquet given by the London Society at the "Holborn Restaurant," called "The Royal Venetian Chambers." The company numbered about two hundred and it was a most delightful occasion.

The Institutions of London in which nose and throat; or nose, throat and ear diseases are exclusively treated, are so numerous that a mere catalogue of them would require all our space. Our limited time in London only permitted us to visit those that were adjacent to, and whose hours did not conflict with the operative clinic at the central ophthalmic hospitals. The "Central London Throat, Nose and Ear Hospital" is an admirable organization, and presided over by that brilliant throat specialist, Mr. Lennox Browne, with an able staff of assistants. Then there is the "London Throat Hospital," and "The Throat Hospital of Golden Square." Of the great throat specialists of London, Sir Morrill McKenzie and Lennox Browne doubtless stand at the head. In the finer application of electricity to the pathological conditions found in these specialties, it seemed to me that Bosworth and Cohen, and men of that class on this side of the water, are in no sense behind their British colleagues. In the throat departments, as well as in the ophthalmological clinics, we were impressed with the cordiality of the greater London specialists, and their willingness to impart any coveted information to hungry seekers, and the total absence of any of that air of superiority which in a few instances marked the bearing of those who are just reaching the horizon of professional note. It has been said that comparisons are odious, but we can but feel that in the quality of throat work the student gains nothing in going abroad, but the immense population of London gives them an advantage in the size of their clinics. Through all our clinical experience in England we were on every hand impressed with the great loss sustained from the absence of our homœopathic therapeutics as adjuvants to their noble

efforts. As our principal work was done in "The Royal London Ophthalmic Hospital," Moorfields, we shall have something to say about that admirable Institution in our next.

H. C. F.

## Colleges and Hospitals.

### Southern California Homœopathic Medical Society.

The Southern California Homœopathic Medical Society will hold its second (first semi-annual) meeting at the Hotel del Coronado, San Diego, on Wednesday, Thursday and Friday, October 14th, 15th and 16th, 1891.

The Executive Committee have assumed the responsibility of making arrangements for a three days' session, because at the May meeting, held at Los Angeles, the pressure and interest of the work were too great to give to members in attendance leisure for recreation and rest. The approaching session, it is hoped, will afford ample time for the prosecution of the legitimate work of the society, and at the same time give an opportunity to make the occasion one of perfect rest from professional care and of recuperation from the heat of midsummer.

The Hotel del Coronado will furnish convenient and pleasant rooms, such as rate at three and four dollars per day, at a charge of \$2.50 per day, including board. Exceedingly pleasant parlors for convention purposes are also placed at the disposal of the society. Those familiar with the location and furnishings of this famous sea-side resort are aware that a more satisfactory place of meeting could not be found. The hotel itself is complete in its arrangements; the table service is excellent; the air is cool and bracing; lawn-sward, flowers, and shrubbery abound; every facility for bathing, boating, and fishing, is provided; and bowling-lawn-tennis grounds, and billiard tables, are open

The work of the society will be divided as follows :  
(Tuesday): Business session, address, and  
3:30 to 6 P. M.; at 8 P. M., informal re-



ception to members and friends; music by the orchestra of the Hotel del Coronado. Second day (Thursday): Regular sessions in the morning, afternoon, and evening. Third day (Friday): Regular session in the morning; in the afternoon the resident members of the society hope to tender to the friends from abroad a sail on the bay of San Diego, and a basket picnic at Ballast Point.

The reports of bureaus promise to be full and interesting, and the meeting will be profitable. Not only the members of the society, but our colleagues throughout the State are earnestly invited to be present. It is particularly requested that *all* will be present at the opening session, and that all who expect to meet with the society will, at an early opportunity, notify the Executive Committee of their intention to be present.

SAN DIEGO, September, 1891.

JOSEPH RHODES, M. D., San Diego.

B. F. MERTZMAN, M. D., San Diego.

S. H. BOYNTON, M. D., Los Angeles.

*Executive Committee.*

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## Editorial Notes.

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THE Board of Health recently audited a bill of some \$350 presented by the City and County Hospital authorities for the month of July, "for rare, infrequently used drugs," which Superintendent Healy admitted were to experiment with, that the hospital was a medical school, and that students were there to experiment. The sooner that the homœopathic portion of the tax payers of San Francisco awaken to the fact that Homœopaths should have equal rights in public institutions, the better it will be not only for the poor but for their own pockets. Were the hospital entirely under homœopathic control the drug bill would be a very small item, and the patient correspondingly benefited. If \$350 be paid for the rare drugs, what must the ordinary drugs cost? If the hospital is a medical school, and furnish patients and

costly drugs for the students to experiment with, why should not the students pay for them as in other medical colleges, and not the city. The City and County Hospital appears to be run by the same allopathic medical trust that runs the Board of Health, that tried to run the legislature last winter, that runs Governor Markham's appointments on health boards, insane asylums, etc., and that has been unsuccessfully endeavoring to run the homœopathic part of the profession for years. We must unite our forces against these abuses. We have the cream of the practice of the State. Our wealthiest and most influential citizens are adherents to our advanced system of medicine, and by concerted action we may be able to force a recognition, whereas if we become indifferent all will be inside the allopathic lion. W. A. D.

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THE following from the *Pacific Drug Review* of Portland, states one of the abuses that people are subject to who employ allopathic physicians:

PERCENTAGE ON PRESCRIPTIONS.—San Francisco is said to have a world-wide reputation for the percentage system in the drug business, and it is stated upon good authority that a commission of from 25 to 50 per cent. is freely turned over to a large number of physicians all of which is unquestionably paid by the consumers. At a recent meeting of the San Francisco Medical Society, one of our well-known M. D.'s said: "There is too much of this kind of business going on, and I can name a prominent physician whose commissions amount to \$1500.00 per month. This may seem like imagination but it is true nevertheless. The system is far too prevalent among the reputable doctors of this city, and I think it is time that the practice should be done away with. There is hardly a drug store in the city of any size that does not encourage doctors to send them all the business they can. An account is kept and a commission varying in accordance with the volume of prescriptions put up is paid over each month to the medical practitioner. There are several doctors in this city who own drug stores and derive large profits from their own prescriptions. In most cases they conduct them under some other name than their own. A physician might conduct a drug store with impunity in his own name, but professional etiquette requires him to either be a medical practitioner or a pharmacist. The newspapers have taken hold in this city and are at least opening the eyes of the public to the fact that they are being swindled, and it seems altogether probable that the efforts to abolish this practice will be partially successful."

Homœopathic physicians who dispense their own medicines have no use for allopathic prescriptions—and those

who habitually send their patients to drug stores for such, and there are unfortunately a few of this stamp, are sailing under false colors, Homœopathic only in a self-styled way. They are go-to-church-for-business-doctors; drug-store-commission-doctors, and even steal-and-get-business-doctors, and should be avoided, for no greater steal can be perpetrated upon a patient than to be sent to a drug-store for a worthless prescription, which is simply to act as an adjuvant, not to the cure, but to the doctor's purse. W. A. D.

WE have always objected to the term "regular" as applied to the Allopathic school of medicine by some of our contemporaries. We never could understand why they were so willing to tacitly admit their own irregularity.

The meaning that we have always attached to the word "regular physician" is, a graduate of a regular medical college, and the following letter from the War Department to Dr. Gilchrist, of Iowa City, is conclusive evidence that a Homœopath is as regular as an Allopath.

"Subject:—Meaning of Term 'Regular Medical College.'"

WAR DEPARTMENT, SURGEON GENERAL'S OFFICE, }  
WASHINGTON, Aug. 4, 1891.

*James G. Gilchrist, M. D., Committee of Central Iowa Homœopathic Medical Society, Iowa City, Iowa:*

SIR:—Acknowledging the receipt, by reference, of your communication of the 1st instant, requesting a decision as to the meaning of the term "Regular Medical College," in paragraph 1544, Army Regulations, I am instructed by the Surgeon General to inform you that the term "regular" is used in its most comprehensive sense, as indicating that a college is well equipped and prepared to cover the whole ground of the science and art of medicine in its teaching, and requires not less than a three years' course of study to secure its diploma. Very respectfully,

CHAS. R. GREENLEAF,

Lt. Col. and Asst. Medical Purveyor, U. S. Army.

This is decisive in the matter of education, and Dr. Chapman, in his article "Who are the Regulars," has proved that in practice they are certainly not the Allopaths; therefore let us call them not regular or rational, but just plain allopathic or old-school. W. A. D.

## Personals.

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DR. C. A. GOSS recently paid us a brief visit.

DR. J. J. PECKHAM has removed to San José.

DR. B. F. GAMBER has located at Leyards, Cal.

DR. G. G. CASWELL is flourishing in Ocosta, Washington.

DR. P. G. DENNINGER, of San José, is rustivating in the country.

DR. FRANK KRAFT has withdrawn from the Cleveland Homœopathic Hospital College.

DR. MARY A. GAULT, the first woman admitted to the University of Edinburgh, has charge of a hospital at Osaka, Japan.

DR. J. J. MILLER is spending a much-earned vacation up amongst the head waters of the Columbia river, canoeing, fishing, etc.

DR. C. W. BREYFOGLE, of San Jose, recently paid a visit to San Francisco. The doctor looks well and feels all the better for his rest and trip abroad.

DR. WM. BOERICKE has removed his residence to 1812 Washington street, above Van Ness avenue. Down town office remains at 330 Sutter street.

THE meeting of the Southern California Homœopathic Medical Society will be held at San Diego, October 14th and 15th, 1891. Further particulars in DR. ARNDT's communication.

DR. E. ULRICH, of San José, has recently been confined to his bed by a severe illness. The doctor is now spending a few days in the mountains and is convalescing rapidly.

DR. E. B. GRAHAM, of Ogden, Utah, recently spent considerable time in this city. The doctor is one of the principal homœopaths of Ogden, having a large and lucrative practice in that growing city.

DR. C. E. FISHER, editor of the *Southern Journal of Homœopathy*, and well known to our readers, has opened a Homœopathic Medical and Surgical Infirmary at San Antonio, Texas. The doctor has the best wishes of the *Homœopath* in his praiseworthy undertaking. The name of the institution, which the doctor either picked up in Rome, or Oakland, Cal., is *The Fabiola*, and it is the only institution of its kind in Texas devoted to homœopathy. Success to you, doctor!

WE notice that Messrs. BOERICKE & RUNYON have recently made some alteration in their pharmacy at 234 Sutter street, instead of the short, squatty appearance of their store, the visitor now notices upon entering, the office and counting-room, where a large portion of their rapidly increasing business is conducted. It gives an air of cheerfulness and enterprise that characterize the new management. We congratulate them, and take pleasure in recommending the medical profession to purchase their supplies of BOERICKE & RUNYON.

## Book Reviews.

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**The Pocket Anatomist.** Founded upon Gray. By C. Henri Leonard, A. M., M. D., Professor of the Medical and Surgical Diseases of Women and Clinical Gynecology in the Detroit College of Medicine. Fourteenth revised edition. Containing Dissection Hints and Viscera Anatomy. Detroit, Mich., 1891. The Illustrated Medical Journal Co. Publishers. Cloth; 297 pp.; 193 illustrations; price, postpaid, \$1.

This book is issued on thin, though nicely-glazed paper, and takes up but little room, though 300 pages in thickness. The plates introduced are photo-engraved from the English edition of Gray, and are therefore exact; most of them are full-paged, and where they are not, they are grouped together so as to save as much thumbing as possible. The useless "questions" are absent in this work, and their room given to needed illustrations or terse descriptions of the minor parts found in the several dissections made. The chapter given to "Dissection Hints" gives the lines of incision necessary to best expose the underlying organs, arteries, nerves or muscles. The chapter on "Gynecological Anatomy" can be found only in the more expensive work of Savage. The pronunciation of each anatomical term is given, be it artery, vein, nerve, muscle or bone. Over 100 pages are devoted to the anatomy of the special organs and viscera. The book has been honored by a reprinting in England, after some three thousand copies had been sold over there by the American publishers.

**Socialism.** By JOHN STUART MILL. Being a collection of his writings on Socialism, with Chapters on Democracy, The Right of Property in Land, and the Enfranchisement of Women. No. 2 of the Social Science Library. New York: Humboldt Publishing Co.

The publication of a special volume showing John Stuart Mill's attitude upon the question of Socialism should be matter of congratulation, both to Individualists and Socialists. By his position in society, which was one of easy independence, rendered healthy by very moderate official toil, he was most fortunately placed for the literary work to which he devoted his life; his writings mark exactly the beginning of the transition period from the *laissez faire* theories that had so long dominated English thought, and by the natural repose of his character he was singularly fitted to fill the office which

he regarded as the crying necessity of the hour, viz.: that of "an unprejudiced legislator, absolutely impartial between the possessors of property and the non-possessors."

John Stuart Mill was more than a mere student of the closet. Throughout his life he mixed on terms of the closest intimacy with the most distinguished men of his day, and he himself served in parliament. As a student he followed closely the speculative thought of Europe, though his ignorance of German, at a time when there were few translations, handicapped him heavily. As a man of action he took part in all the progressive movements of the time; battled bravely for women suffrage; insisted strenuously on the right of the poorest to a voice in the councils of the nation, since their very existence was jeopardized by misgovernment; and anticipated the whole Irish and general agrarian movement by the keenness of his criticism on the sins of landlords. All these subjects are treated, with a peculiar lucidity that John Stuart Mill had invariably at command, in this second volume of the "Social Science Library." They make 214 pages of excellent reading matter, and at the modest price of 25 cents, should be read by many.

**Medical Symbolism.** By DR. T. S. SOZINSKEY. Philadelphia and London: F. A. Davis, 1891.

It is good at times to leave the stereotype medical study of books on pathology and practice, and the perusal of our numerous journals, and devote a few spare moments to the perusal of subjects somewhat removed from the immediately practical. This little work is one of the most interesting for physicians, since it deals with medical symbols, the origin of which it behooves every physician to know something about. This small book is a veritable mine of facts pertaining to medical symbols and merits a close perusal.

**A Compend of Physiology.** By A. P. BRUBAKER, M. D. Philadelphia: P. Blackiston, Son & Co., 1891.

This is No. 4 of the well known series of quiz compends and this is the sixth edition of this one. Not only is it a valuable aid to students, but for a practitioner it is a convenient way to brush up his rusty physiology with a small amount of reading. Our students know the book too well to need any words of commendation from us, and we can only advise physicians to procure it, for certainly no one knows too much physiology. D.

**The Journal of Gynæology.**

A monthly journal of obstetrics, gynecology and abdominal surgery, edited by Chas. N. Smith, M. D., Toledo, Ohio, has recently been started, and looks most promisingly, judging from the number before us. Every physician has more or less gynecological work to do, and it is well to be informed from time to time of the best work done by leading men in the profession in that speciality. The July number contains a most valuable article by Dr. Longyear, on the relation of gonorrhœa to disease of the uterine appendages, which article alone is worth the year's subscription, viz: \$1.50. Address, Dr. Chas. N. Smith, Toledo, Ohio.

**The Herald of Health and Homœopathy.** Vol. 1, No. 1. Boericke & Runyon, San Francisco and Portland.

The first number of a new popular journal devoted to the medical wants of the people is before us. It seems admirably adapted to the present needs of this community, spreading a knowledge of homœopathy and of hygienic and dietetic measures generally. It seems to us that such a missionary paper ought to receive the hearty endorsement of every physician, and the publishers will be glad to supply physicians with any number of copies that they may desire for distribution.

**Augina Ludovici.** By E. LIPPENCOTT, M. D. Reprint from *Journal of Ophthalmology*.

**Proceedings of the 22nd Annual Session of the Homœopathic Medical Society of Michigan.**

**Crude and Infinitesimal Doses.** By HENRY SHEFFIELD, Nashville, Tenn. A neat little pamphlet for Missionary work.

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## Clinical Items.

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**WHOOPIING COUGH.**—A celebrated Belgian homœopathic doctor says: I know of no disease in which the alternation of remedies produces such a good effect as in whooping cough. At the commencement I give *ipecac*, *belladonna*, and *drosera* alternately for eight days, then I replace the *ipecac* with *kali bich.* for another eight days, finally during the third week I administer alternately *drosera*, *kali bich.* and *arsenicum*. In this manner treated whooping cough terminates gradually and without complication. Rarely do I use other drugs such as *cuprum*, *coccus cacti*, *conium*, etc. With this treatment I never had a case terminate fatally; recovery is rapid even in those cases coming from allopathic hands."

**Cicuta.**—Yellow scurfs on left corner of mouth, discharging yellow corrosive fluid; may extend over the lip, chin and cheek.

**Ammon. caust.**—Inability to speak above a whisper, with raw feeling in larynx.

*Natrum mur.*—Constipation from inactivity of the rectum—stools hard, crumbling, with stitches in rectum and burning. Hæmorrhoids with stinging pain; herpetic eruption around anus.

*Ptelia* is indicated when there are irritability, dull confused frontal headache, bitter taste, eructations, liver region swollen, languor and muscular soreness. Hepatic and gastric disturbances.

*Astacus fluv.*—Swelling of cervical glands and jaundice, pain in liver and clay colored stools. Inward chilliness.

*Argentum.*—Tearing in arms, knees and feet. Stitches in hips. Knee feels as if bruised. Knees knock together when walking.

*Phosphorus.*—Rheumatic stiffness of knees and pains to feet, with swelling of tibia. Pain in soles of feet. Feet icy-cold. Limbs tremble and are cold. Nightly attacks of fidgets driving out of bed.

*Nitric Acid.*—Chronic catarrh, syphilitic ozæna—mucus is discharged only through posterior nares. Fetid and yellow and dropping of water from the nostrils. Stitches in nose as from splinters, when touching it. Eruption on alae with itching redness of tip; aphoria with coryza.

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## Selections.

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### REMARKS ON THE MANAGEMENT OF LITHÆMIA.\*

By ANDREW H. SMITH, M. D.

h said that he did not think we could assume that  
 ch a thing as lithuria without lithæmia, although  
 lithæmia without lithuria, in the sense of a de-

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\* Clinical Society, March 28th, 1891.



posit of lithic acid or of lithates in the urine. Lithæmia might be a condition and not a disease. Thus, we might have an excess of lithic acid in the blood without any symptoms of disease accompanying it, and, if we considered this a morbid condition of the blood, it might come within the definition of a disease; but there are many people who constantly exhibit deposits of lithic acid or urates, and yet they are in perfect health; and, again, the condition is frequently temporary and dependent upon exhaustion from severe muscular effort or upon a transient digestion. If a disease, there should be associated with the cases of lithic acid in the blood some symptoms. It was probable that so long as the uric acid was freely eliminated it might be formed in considerable excess without disturbing the system; but if, for instance, there was an acidity of the blood brought about by an imperfect digestion or assimilation, it would be possible for the acid to be precipitated in any part of the body, thus giving rise to disturbance of function of those parts. Where lithic acid was deposited in the tissues in combination with bases, we had the symptoms familiar to us in gout.

As to the diagnosis, Dr. Smith said we were apt to find a symptom group made up about as follows: The patient, without being positively ill, did not feel well, and suffered either from mental hebetude or from irritability; or there might be insomnia, digestive disturbances, increased after eating; generally there was constipation, frequently hæmorrhoides, and often certain affections of the skin, such as lichen or eczema. Some patients frequently complain of giddiness and of specks before the eyes; but irritability of temper was a very prominent symptom; neuralgic pains, and aching and weariness of the limbs, are common. There is usually a deposit in the urine, either brownish or pinkish, consisting of crystals of uric acid, stained by certain coloring matters in the urine, or of crystals of lithic acid in combination with sodium, ammonium, or magnesium. This deposit occurs when the urine cools, and redissolves on heating. It is not soluble in the acids, except sulphuric acid, but is readily soluble in alkalies; the urine is always acid, and it is this acidity which throws down the crystals of

uric acid. From a clinical standpoint it was interesting to determine how far the uric acid was responsible for the symptoms which are associated with this condition. He thought we could hardly consider it settled whether the uric acid itself was the foundation or the result. The determination of this question would probably involve the determination of whether uric acid was formed in excess, or whether, when in normal quantity, it is deposited under certain abnormal conditions. For instance, if there were imperfect digestion and malassimilation, with consequent throwing into the blood of the products of fermentation, the acids produced might cause the deposition of the uric acid. It was certain that these symptoms were not uncommonly met with without any marked deposit of uric acid or lithates in the urine. However, if this condition be attacked by remedies upon the supposition that uric acid is the foundation of the trouble, the treatment is usually successful. Besides the formation of bile, the liver has the glycogenic function, and functions connected with retrograde metamorphosis, and probably the failure of lithic acid to be oxidized into urea is due in part to the defective action of the liver. This conclusion would seem to be a fair one from a clinical standpoint, for mercurials and also nitric acid have a peculiar action on the liver, and are peculiarly efficacious in lithæmia. Clinically this condition is presented to us, first, among persons who do not take enough exercise in proportion to their strength; and, secondly, in a class of persons who are sedentary, but are of a highly nervous organization, in which class the symptoms usually develop as the result of long-continued anxiety, or mental labor. The management of bearing in mind these two classes is evident. In the first class we resort to vigorous purgation, whereas in the second we would be rather of a tonic nature. As to the matter of diet, As uric acid is formed, we would naturally think that it would be best to deprive the patient of nitrogenous material, but of excreting such material still withheld from the dietary. It cannot be cured by withholding

money from him; he must be educated to better habits. Just as the spendthrift will pawn his clothes to get money, so the system will pawn the tissues, so to speak, to obtain nitrogen. Formerly it was supposed to be essential to withhold nitrogenous food, but few insist upon this point now. The great point is to secure a diet which will be readily assimilated, no matter what its composition; for any other diet will inevitably result in the production of various fermentative products, acids, etc., which will derange the metabolic processes more than would result from a little more or less of some one constituent in the food. If the food occasions the patient distress soon after its ingestion, it can be assumed that the trouble is in the digestion of the albuminous materials. On the contrary, if the disturbance occurs later—in other words, if the indigestion be intestinal—we may say in a general way that the difficulty is with the carbohydrates and the hydrocarbons—the starches, sugars, and fats. The diet should be regulated tentatively, and then the further management of the case will depend upon which of the two classes the case belongs to. If the patient be plethoric, saline purgatives are valuable. Sir Henry Thompson considers the sulphate of soda particularly valuable, and he bases this view upon the fact that it purges by exciting elimination from the glandular structures, rather than by increasing peristalsis or osmosis as is the case with the other saline cathartics; and, in addition to this, it acts decidedly upon the liver. A course of purgation with salines, or with Friedrichshall, Hunyadi, or similar waters, is appropriate for the first few days. After this nitric acid should be administered for a week or two and then a persistent course of alkalies should be given. Alkaline waters present the alkali in an agreeable form, and they insure the patient's taking a large quantity of fluid, which is necessary in these cases in order to secure a thorough action of the kidneys and bowels. In this country the most decidedly alkaline is the Saratoga Vichy. Waters containing lithia are especially valuable, for the reason that a smaller quantity of lithium will neutralize a given quantity of acid than almost any other alkali or alkaline earth; thus, seven grains of lithium will neutralize as much acid as twenty-three grains of sodium or forty grains

of potassium. The three prominent lithia springs are the Buffalo Lithia, the Farmville, and the Londonderry, the latter being the strongest. These waters should be taken for a long time, and in sufficient quantity to keep the urine very feebly acid.

Where the nervous symptoms predominate largely over the digestive disturbances, active purgation is not desirable; the object of treatment should be to conserve the deteriorated forces; and in some cases it has even been suggested that the patients should be kept in bed. Appropriate tonics are indicated. Lithæmia being a condition of imperfect oxidation, it may be said that free exercise in the open air is a *sine qua non* of treatment. Neurasthenic patients, however, will need the open air without muscular exercise, and, therefore, carriage riding is appropriate.

One manifestation of lithæmia had come under the speaker's notice in which there were digestive disturbance, palpitation of the heart, and insomnia. This combination was most commonly found in the neurasthenic cases, and if their common origin is not recognized the patient is apt to be treated for each condition separately. The speaker referred to a severe case of this kind in which, after long symptomatic treatment, the patient was much worse and contemplated suicide. In that case, the speaker employed lavage with the happiest results. The digestive disturbance was at the foundation of the difficulty, probably owing to fermentation in the intestinal canal. The cardiac palpitation arose from the same cause, and it was this that prevented sleep. With the relief of the dyspepsia all the symptoms quickly disappeared. In this class of cases, he believed lavage very useful, not only because of the local effect of the water upon the stomach, but the flushing of the stomach with large quantities of warm water provided for a very rapid absorption of this water, and its speedy conveyance to the portal circulation. In some peculiarly obstinate cases it might be well to employ the iodide of potassium, and occasionally colchicum might be useful, but he would not give it in any case where there was irritability of the stomach, and it should be given cautiously. As any kind of treatment which will facilitate digestion will be beneficial in lithæmia, any of the recognized digestive agents may prove beneficial.

stroyed the left side and lower portion of her nose. Last Saturday afternoon the diseased flesh was cut away, then a flap of skin and flesh of the proper size and form to replace the lost portion of the nose was almost severed from above the muscle of the left arm, but allowed to remain attached to the arm on one side. The arm was then raised to the face and over the head in such a manner as to permit the flesh of the arm to be grafted and stitched to the edges of the lost portion of the nose. The arm was then placed in a specially constructed harness and securely strapped to the face in that position. The living flesh of the arm has grown to the nose, and it is expected that on Saturday the flap will be severed where it still adheres to the arm, and the slight remaining operation of fitting and stitching the remaining edge to the nose will then be performed. From present appearances the healing will be so perfect as to leave little or no scar.

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#### THE PREMONITORY SYMPTOMS OF PHTHISIS PULMONALIS IN CHILDREN.

By H. E. RUSSELL, M. D., NEW YORK CITY.

Dr. Oliver Wendell Holmes, when asked if every patient could not be cured if seen early enough, said: "Yes; but early enough often means one hundred years before birth." So in consumption, "early enough" may mean months and even years before the real disease has made its appearance. There is a long train of premonitory symptoms of phthisis pulmonalis, the most characteristic of which is a *slight rise of temperature every afternoon* with a corresponding fall in the early morning. Sometimes this will last for months without attracting attention, the child, in the meantime, feeling comparatively well. If at this period the patient should be stripped and carefully weighed from time to time, we would find, in all probability, that he was slowly losing flesh. If the temperature were taken, the thermometer would register about  $99\frac{1}{2}$ -100 in the afternoon, and  $97$ - $97\frac{1}{2}$  upon first awaking in the morning. After a time the little patient complains of being "tired all the time." His appetite is

with pyrexia and general discomfort and restlessness. This cough is to be controlled by warm food during the night, and stimulants to be taken with the broth or milk, in the shape of brandy, whisky or port.

4. *Morning Cough*.—This morning cough is characterized by very abundant expectoration. This treatment is to assist expectoration, and to refresh the system, and avoid narcotics. It is to be assisted, partly controlled by an early breakfast, which may consist of cocoa or tea, with bread and butter, and perhaps an egg in some form. The effect of this food is soon appreciable; the vigor of the cough is increased; the sputum becomes more liquid.

5. *Cough after Meals*.—The subjects of cough after meals are apt to be severely stricken with the disease. The throat and stomach are peculiarly irritable, and occasionally there is distinct gastroecetis. The treatment of this kind of cough taxes our resources to the utmost. We may try rest after meals, or take the meal while reclining on a couch; regulation of the diet (beer in particular seems to be unsuitable); a few minutes rest before meals, or the preparation of the stomach for food by the administration of a light alkaline or bitter stomachic; counter-irritation of the chest-wall over the large cavity which is almost sure to exist; strychnia before or after meals. Morphia is not to be recommended in this condition.

6. *Cough at any Time*.—We may try to relieve excessive cough by any of the following measures: Pounded ice swallowed (not sucked) will often arrest paroxysmal cough, but it is apt to induce flatulence; menthol inhalations; a warm alum spray used with a Siegele's apparatus for a few minutes occasionally; a solution of morphine.—*International Clinic*, April, 1891.

#### Remarkable Operation on a Young Woman's Nose.

A remarkable surgical operation has just been performed at the Huron-street Homœopathic Hospital, Cleveland, by Dr. H. F. Biggar. The patient, Miss Mamie [redacted], [redacted] years of age. A cancerous affection had de-

give the child a half pint of pure cream each morning at 11 A. M. (or in divided doses during the day), in place of the oil, with the hypophosphites of lime and soda, one or two teaspoonfuls in a wine-glass-full of water, immediately after breakfast. The following homœopathic drugs will also be found very useful.

*Iodine 3x*, afternoon fever, loss of appetite, gradual loss of flesh and strength, and night sweats.

*Bryonia O*, dry, bronchial cough; pleuritic complications.

*Stannum 3x*, sense of weakness in the chest, "all gone" feeling at pit of stomach, loss of flesh and hectic fever.

*Phosphorus 3x*, afternoon rise of temperature, dry cough; worse in the evenings; gradual loss of flesh: pain in the stomach after meals.

*Digitalis O*, weak, compressible pulse; "all gone" feeling at pit of stomach; palpitation of the heart from slight exertion or from going up stairs.

In addition to the above measures, great benefit may be derived from the use of Walton's oxygen compound by inhalation. This remedy compels the child to breathe deeply, which is something that most patients of this class are absolutely unable to do. It also seems to improve the general health to a remarkable degree, soon removing the tendency to afternoon rise of temperature, etc. The method of administering the gas is important. The child should be directed to expel as much air from the lungs as possible; then let him take in a deep inhalation of oxygen. This should be held a few moments, when it may be slowly expelled through the nose. Oxygen is a remedy which is very much neglected by the profession; yet it is the positive opinion of the writer, after several years' experience with the agent, that it will do as much for cases of incipient phthisis as it is claimed can be accomplished by the noted lymph of Dr. Koch.—*N. A. J. H.*

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*Kalmia* has pains running from the hips down to the feet, or from the knees down to the feet.

THE  
CALIFORNIA HOMŒOPATH.

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Vol. IX.

October, 1891.

No. 10.

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Original Articles.

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CASES OF POISONING.

By S. L.

By *Belladonna Berries.*

Dr. Kobrynski reports that a farmer brought his three boys for advice, who the day before made a meal of belladonna berries in the woods, and got crazy. The eldest one, of seven years, well nourished and fully developed, pupils dilated at maximum, no reaction to stimuli of light; pulse very frequent; breathing superficial and accelerated; skin dry, bright red; temperature fallen, extremities and face cool; absolute retention of urine and stool. The little fellow was a perfect maniac. Excited and anxious he steadily makes inordinate movements and utters unconnected sounds. Asked about his name, he screams, moves backwards, throws his arms about, bends forward, as if he wanted to sit down, and falls to the ground, but gets up, laughs and whistles; talks of some wonderful stories, sees angels and hears beautiful music; but soon the scene changes again, he becomes melancholic, full of anxiety he wants to hurry away, knocks everything down, tries to climb up on the walls, so that he has to be kept quiet by force.



The second one, three and one-half years old, well developed and well nourished, talks and walks well, lies in a depressed mood, nearly soporose, with closed eyes, cool and relaxed extremities, breathing rapid and rattling; pupils fail to react to light, tendinous and muscular reflexes abolished, hardly any sensation for heat or cold. Loudly spoken to, he opens his eyes and looks at those who surround him, but does not answer. Shaken up and put on his feet, he makes a few steps and falls down.

Child five years old, delicate and poorly nourished, lies in deep sopor; cyanotic face, skin of trunk and extremities cool and dry; breathing hardly audible and weak, pulse filiform, extremely rapid. No reaction to anything. Absolute retention of urine and feces. Put on his feet, he falls down without expressing any pain.

As twenty-four hours had passed since the berries were swallowed and had therefore passed the stomach, the doctor pinned his faith in thorough irrigation of the intestinal tract, applying alternately enormous quantities of hot and cold water to induce peristalsis and fecal discharges, and he succeeded in producing copious alvine discharges.

The oldest boy passed twenty-eight, the second thirty-nine and the third thirty-seven berries, either whole or partly masticated, and large quantities of seeds. After being assured that the bowels were well emptied, the oldest one received a pilocarpine and morphine injection, the two younger ones camphor injections, massage of the skin, hot envelopments and a clyisma of sweetened milk, raw eggs and brandy. They passed their urine and then fell asleep for three hours. A small dose of morphine for several days was still necessary for a few days before they had fully recovered, but the father acknowledged that for a long time they remained irritable and full of anxiety and that the youngest one forgot speaking, and now has to learn it all over again, and that all three are still very sensitive to light.

It is remarkable that the children recovered after taking such a large quantity of the poison, showing that the infantile organism must possess a great resisting power to this poison, similar to that of the herbivora who also resist belladonna, still the question is still open whether soil and

climate have any influence on its action. Schunemann saw particles of berries discharged after several days, have the indication for copious irrigation of the intestinal canal. Bouk also mentions that children, suffering from neurotic affections, as chorea, bear well relatively large doses of belladonna. Still there are cases enough on record where a solitary berry of belladonna suffice to kill a man, and Bauer relates a case where a little child died from eating three berries, though everything was done to remove the poison.—*Alleg. Med. Centr. Zeit.* 65, 91.

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#### By Chininum Sulphuricum.

Dr. Pispres, of Greece, relates the following cases:

C. P., 17 years old, lived in a marshy region; had several attacks of paludal fever; cured by quinine internally in doses suited to the severity of the attack. He was anemic, sallow, emaciated. August 22d he took 1.20 gramme for another attack, in three divided doses. After the third dose he felt dullness, heaviness in abdomen, especially in the gastric and umbilical regions, followed at first by bilious vomiting, then bloody, and finally a genuine hematemesis, and during the day about twenty bloody stools, which was stopped by cold application on the stomach and cold injections. June 28th, he had another attack of his fever, with the same bloody vomiting and bloody stools, without having taken any quinine. Suitable treatment relieved him again, but his mother, fearing another attack, rubbed a quinine ointment all over his trunk, front and back. No sleep during the night; full of anguish and restlessness, and in the morning again first bilious, then bloody vomiting and bloody diarrhoea; temperature 38°, pulse 112. No quinine for him any more, and after a long and tedious convalescence, he partly regained his health.

Quinine is, in Greece, after the cause of an obstinate urticaria and sometimes of free hemorrhages of the skin in the form of petechiæ and vesicles on the skin, and neurosa. At times, hemoglobinuria sets in, which several times led to death. Several times obstinate vomiting and diar-

rhoa were noticed by many Greek physicians practicing in paludal regions.

Pispires observed also amaurosis sixty hours after taking quinine. In a woman of 32 years, the minute dose of 0.30 centigramme produced a severe attack of hysteria.—*Progress Med.*, 33, 91.

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## Ophthalmology and Otology.

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CONDUCTED BY H. C. FRENCH, M. D.

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### CLINICAL ADVANTAGES OF LONDON.

#### No. II.

#### The Royal Ophthalmic Hospital—Moorefields.

From about 10:30 A. M., till 2 to 3 P. M., we spent every day during our stay in London, at this hospital. We went once or twice to other institutions, and formed the acquaintance of McNemarra, at the Westminster, on King William Street, and while we found him a royal good fellow, his institution seems to have a feeble grip on the vast throng of surgical cases of London. Hartridge is one of McNemarra's colleagues in ophthalmic work, and a high authority in ophthalmology, especially in refractive disorders on which he has written a standard work. The Moorefields hospital occupies an irregular projection of a large block in a very busy part of the great metropolis, and is black with age and grim. On its rear wall is a large placard soliciting funds for the erection of a new and more commodious Hospital. The fact that the beds will be free, and that about \$200,000 have already been collected for the good purpose is published as a stimulus to the public generosity. There is a delightful sense of freedom not only to the beds of Moorefields, but to the entire establishment. All operations in the surgical departments are open to the public and there is a sense of genuine welcome that is no less pleasant than unmistakable. Railings and seats surround the operating table in such a way as to give a large number of visitors a good opportunity

of witnessing the operations. During our stay a large proportion of the visitors were American, though there was a Turk, an Hindoo and a German, the same faces being found daily in the seats with occasional transients.

There seems to be a total absence of anything like favoritism, all sharing alike the genial atmosphere that surrounds these royal surgeons. The entire staff were uniformly polite and communicative, showing not only willingness, but delight in answering queries and explaining points in pathology. They dilated upon the different methods of operating, often giving the history of cases, and delighting us with gems of clinical lecture. In all our hospital experience, we never witnessed more absolute democracy in the treatment of foreign students. It is doubtful if there is a similar institution in America where the student would see in a month as many operations as are often witnessed here in a single day. One reason for this is doubtless the fact that a majority of Americans will, in some way or other, find means to pay for private treatment. The surgical staff are, with few exceptions, men who are known the world over, in the literature of ophthalmology. Mr. Nettleship, who has given us one of the most recent, and exceedingly popular work on the eye, is a pleasant gentleman of about fifty, of slender frame and nervous temperament, and is a most admirable operator. He almost invariably removes the lens without an iridectomy, and in one case in which the pupil was greatly contracted at the time of the operation, we were surprised to see him operate by his favorite method, and to our great admiration, with his usual good success. We never saw the ordinary triangular tearing cystotome used at Moorefields, but, uniformly, a delicate and somewhat curved knife is employed for operating the capsule. Mr. Tweedey, instead of opening the capsule with the point of the cataract knife, performs the counter puncture, which has been done by the continental surgeons, completes the cut, and uses his Von Graefe knife in the manner of a cystotome. He hits the capsule at its presenting border. He uses this method it is less frequently necessary to perform operations on account of opaque capsule. The admirable clinics from day to day and

not be impressed with neatness and mechanical perfection with which the entire staff perform these delicate operations, and what is better than all, the almost uniform success of the operations. It is not to be understood that the eye surgery is confined to cataracts; enucleations are performed by the hat-full, and by every method imaginable, and to our mind, American oculists excel our London brethren in this department of ocular surgery, both in neatness and dispatch. Mr. Tweedey enucleated with an ordinary blunt-pointed straight scissors, not even resorting to the curved ones in cutting the optic nerve. He also removed a large part of the fatty cushion surrounding the optic foramen, with the nerve, making the stump purposely long by traction on the globe at the time of excision. He regards this as material as contributing to the extension of malignant growths, which may be true when such growths are present. It also contributes to the formation of a cushion for the support of an artificial eye. The globes generally came forth rough and ragged, with shreds of muscles attached, while we have been taught to cherish every particle of muscular tissue as a means of forming a larger button, and give perfect motion to the shell. Probably a large proportion of the Moorefields patients never indulge in the luxury of a glass orb, and this may be the reason for their disregard of these important details.

H. G. V.

## Conventions and Hospitals

Southern California Homoeopathic Medical Association

The meeting of the Southern California Homoeopathic Medical Association will be held at the Hotel Coronado, San Diego, California, on the 15th and 16th of the month. From all accounts the attendance will be large. Special rates have been made for the steamer and at the Hotel, and no more profitable trip can be taken than a trip down to Coronado, and a stay with a few days at that Hotel. The physical, mental and intellectual benefits, on the part of the "southern members," it behoves them to attend this meeting in a body.

## Correspondence.

GRASS VALLEY, CAL., September 11, 1891.

EDITORS CALIFORNIA HOMŒOPATH—Koch's "tuberculin" appears to enjoy among teutomaniac German-speaking; those particularly who have but a dubious status in the profession. A late eulogy of tuberculin and Koch was "boomed" in Chicago "German" in a certain "write-up" of Chicago German sheets which are said to have formerly drawn their pabulum from Bismarck's "reptile fund." The writer of that brochure graces the staff of a Chicago hospital controlled by a monastic order. His knowledge is not increased by perusal of medical literature in general, but by an observation and copying the prescriptions of the other members of the hospital staff. Mistrusting the diagnostic and therapic skill of their imitator, they induced the hospital steward, or apothecary, to fill several dummy prescriptions for stercoraceous acid, to be used in supposed cases of fever. A large crop of stercoraceous acid prescriptions signed by the "author" soon came. The "brochure" above alluded to has evidence of a like origin, and may be called a reasonable sample of considerable current eulogistic literature upon tuberculin.

J. L. COOMBS.

## Editorial Notes.

In a previous issue of this journal we called the attention of our readers to the good work that is being done by the Ladies' Hahnemann Hospital Association, mentioning the fact that a special feature of the institution was to be a free hospital for sick and destitute children. We also mentioned that a location had been selected for the new hospital and also that a building was to be built in the near future which was to be substantial, handsomely furnished, and fully equipped with modern hospital accessories, and devoted to homœopathy. One in fact that would compare favorably with any homœopathic hospital in the land.

It is our pleasant duty to chronicle a noble donation which assures the accomplishment

has given ten thousand dollars  
Hahnemann Hospital Association

for the special purpose of building a substantial and ornamental stone and brick cottage, complete in hospital architecture, and modern in its improvement, to be devoted exclusively to the treatment of sick and destitute children, which shall be free, and which is to be known as "The Phoebe Hearst Cottage." Not only this, but the generous lady has promised still further aid to this noble work.

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ALTHOUGH this is the most notable donation that the Ladies' Hahnemann Hospital Association has received, it is not the only one, for it will be remembered that Mrs. Moses Hopkins some time ago donated seven thousand dollars towards the purchase of a suitable location, and the ladies of the association themselves, through their persevering energy, succeeded in raising a like amount. With this, four fifty-vara lots were purchased on Lake street, between Fourteenth and Fifteenth avenues, a location unexcelled in its salubrity and sunniness, accessible by several lines of cable cars, and adjoining the Presidio or government reservation.

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THUS the location is secured by the donation of Mrs. Hopkins and the efforts of the ladies, and the special feature of the free ward for sick and destitute children will be amply provided for by the generous donations of Mrs. Hearst. There only remains the building fund. The ladies have already started a movement to raise this, and among their immediate plans to further this end, is a monster entertainment to be held in this city during the month of November. As soon as a sufficient amount has been raised, the work of building will be commenced, the permission to build having already been granted by the Supervisors.

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OUR wealthiest and most influential citizens are homœopathic patrons, and we are confident that if the generous donations of Mrs. Hearst and Mrs. Hopkins, and the gratifying results of the Ladies' Hospital Aid Association were brought to their immediate notice by their family physicians, they would see at once that Andrew Carnegie, the celebrated Pittsburg millionaire, is sound in his doctrine that a person

should distribute some of his wealth while yet alive, and sufficient donations for the building fund of the Hahnemann Hospital would not be long in forthcoming.

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WE cannot urge too strongly upon our physicians to bring these facts to the notice of their wealthy clients. We need a hospital in this city, and have one we shall, and the sooner donations come in, the sooner will the end be accomplished. THE CALIFORNIA HOMŒOPATH would be pleased to receive donations, however small, for the building fund of the Hahnemann Hospital, and give due credit therefor in each issue. So send in your donations ladies and gentlemen, and, contrary to the usual usage, you may *all* speak at once. W.A.D.

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THE homœopathic interests of the State of New York will be well cared for if the democratic nominee for governor, Mr. Roswell P. Flower is elected, and if he is not elected it will not be the fault of the Homœopaths of that State, who will lay aside party sympathies this time and vote for the man who has done Homœopathy such good turns. Homœopaths of that State will not forget the Flower Surgical Hospital, nor the Keep Ophthalmological Hospital and College, nor the New York Homœopathic Medical College. We hope a similar chance will be given us in California sometime. We wouldn't like anything better than to see such a man run against our present apology for Governor. We could then show what our strength consists of.

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WE are in need of original articles, short and concise ones preferred, for this journal. It seems a pity that with five or six hundred homœopathic physicians on this coast, there are so few who are willing to write articles for us. Send on your interesting clinical cases, else there will be no use of continuing the journal. We are willing to do our part, and we only ask each one of the five hundred physicians of this coast to send us an article every *three* years, then we shall have matter enough to have an interesting and valuable journal. Those who have not contributed for the past three years will please consider that their time is up.



## Personals.

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DR. E. W. CROOKS, of Santa Barbara, recently paid a visit to this city.

MR. E. W. RUNYON, of the firm of Boericke & Runyon, is contemplating a trip East.

DR. G. F. WHITFIELD, of Grand Rapids, Michigan, was in town a few weeks ago. The doctor is at present at Mokelumne Hill, Cal.

DR. E. M. WINE, formerly House Physician at Ward's Island Homœopathic Hospital, and at present practicing in Brooklyn, N. Y., recently paid the coast a visit.

Do NOT forget the meeting of the Southern California Homœopathic Medical Society, at Hotel Del Coronado, San Diego, on the 14th, 15th and 16th of this month.

FOR SALE.—A practice, horse, buggy, and harness; town, A No. 1; population 4500; within two hours of San Francisco. A rare chance. For particulars, address business manager of this journal.

DR. CHAS. L. TISDALE examines for the New England Life Insurance Company, in Alameda. The New England is a first-class company, and we hope at no distant day to see a Homœopath appointed in this city as one of the Company's examiners.

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## Book Reviews.

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**Mental Suggestion:** By DR. J. OCHOROWICZ, sometime Professor Extraordinarius of Psychology and Natural Philosophy in the University of Lemberg. Four double numbers of the Humboldt Library. Price \$1.20. New York: The Humboldt Publishing Co.

Much is now-a-days said and written about *Hypnotism*: the more ancient term *Animal Magnetism* is not often mentioned. It is the common belief that whatever of truth there was in the doctrines of Mesmer, Puységur, and the rest of the "animal magnetizers" is comprised under the scientific term "hypnotism," and that the modern school of Charcot, and the school of "suggestionists" at Nancy, France, represent the highest attainment in the science and art once studied and practiced by Mesmer and Puységur, and later investigated by Braid of Manchester. But here is an author who maintains that hypnotism and animal magnetism, though they have certain superficial resemblances, are radically different from each other in their

scientific study. The title of the work, "*Mental Suggestion*," well marks its position as being more than a mere popularization of the more scientific work of the more scientific authors. The title of the work, "*Mental Suggestion*," well marks its position as being more than a mere popularization of the more scientific work of the more scientific authors. The title of the work, "*Mental Suggestion*," well marks its position as being more than a mere popularization of the more scientific work of the more scientific authors.

The author is in every way competent to treat the subject: he is a learned physiologist and physicist as well as a psychologist—and he has studied the matter experimentally for years. He has mastered all the literature of hypnotism and animal magnetism: his book contains an enormous amount of information nowhere else accessible outside of the greatest libraries. Just because Ochorowicz first explored the ground thoroughly on his own account and then sifted the bibliography of magnetism, he is able to estimate the true value of the work of prior experimenters and prior students and theorizers.

It is simple truth to say that no student of human psychology can afford to neglect this most able and brilliant treatise—a work original in its method as in its points of view, and possessing moreover all the charms of a consummate literary style—in other words, consummate simplicity and clearness of expression. It is unquestionably the completest work on magnetism and hypnotism ever written: no author so well equipped for the discussion of the question ever attempted it before.

**International Clinics; a Quarterly of Clinical Lectures, &c.** Edited by J. M. KEATING, M.D., and J. P. GRIFFITH, M.D., Philadelphia; J. M. BRUCE, M.D., and D. W. FINLAY, M.D., London. Philadelphia: J. B. Lippencott & Co., July, 1891.

The second volume of this valuable and interesting quarterly publication came promptly to hand. It is enriched with an excellent photogravure and biographical sketch of Dr. Joseph Leidy. We find articles on a great variety of subjects by well-known professors and teachers—men who are authority in their various departments. The common, every-day diseases are not neglected, thus we have a suggestive article by Dr. N. S. DAVIS on some of the more common causes of indigestion and the principles that should guide the treatment; another on Asthma, by THOS. J. MAYS, M.D. The various departments on Surgery, Gynecology, Dermatology, Ophthalmology, &c., receive one or more articles, all of a practical nature. As a record of some of the best work done by the old school, however poor the therapeutic results, we can cordially commend this publication.

**Retardation; or, New Discoveries in Cause and Effect.** Philadelphia: Lippencott Publishing Co.

It is to be an attempt to classify and regulate the consideration of the means of systematization it seems a useful one. It requires to be comprehended it.

It is to be remembered in various kinds of extremities.

## Selections.

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### CLINICAL CASE, WITH COMMENTS.

By H. R. ARNDT, M. D., SAN DIEGO.

*Read before the California State Homoeopathic Medical Society, May, 1891.]*

R. C. D., a woman, æt. about 29 years, of light complexion, fair weight, sanguine temperament, nervous and excitable, more than usually bright for a person in her lowly walk of life, "high-strung," and of fine physique, had by her conduct at home excited the alarm of her husband. She had shown much moodiness, paroxysms of ungovernable rage, and had upon several occasions threatened to do away with herself. The patient was referred to me, and I elicited the following history:

As a young child she had masturbated, constantly and excessively, by tickling the clitoris, thus producing well-defined orgasms. At 16 years of age she was well-developed, active and physically quite attractive. She ran away from her home in England, coming to America as the mistress of a professional gambler and blackleg. For many years the two lived a life of absolutely unbridled licentiousness. When in danger of arrest for some violation of the law, or for the time weary of his mistress, the man would leave her for months at a time. The patient, finding it impossible to go to sleep without sexual gratification, and yet too true to her "man" to cohabit with others, would invariably and at once fall back upon her old practice of masturbating. This life was continued for year after year, the one redeeming feature of it, so far as the woman is concerned, lying in her unwillingness to associate with other men under the pressure of want or the coaxing of her "man" to provide him with money by street-walking. She solemnly affirms that during all these years she could never go to sleep without natural or artificial gratification of sexual appetite.

In the course of time the two parted company, unwillingly so far as the woman was concerned. Eventually she became the legal wife of a man who had himself lived for years with a mistress, and who knew all about the patient's past, and who married her, it appears, with the deliberate intention of complete reform on the part of both. The, now, wife retained a strong

physical love for the worthless partner of her early womanhood, of which she could not rid herself; this love seemed the more uncontrollable, since the husband, exhausted by former debauches, was both physically unable and from principal unwilling to gratify her sexual frenzy. Her mental state was pitiable. On the one hand she longed with all her might to become a respectable woman; she knew that this was the one grand chance of her life, and she could not let it slip by; in addition, her husband was a liberal provider; he had become a hard and steady worker, and, more than all, a kindly and indulgent fellow, whom she could not help but compare favorably with her old-time associate. On the other hand, the old fate was upon her. At night she would lie by her husband's side, dreaming over the wild excesses which had become her meat and drink, and, working herself into a state of frenzy which rendered resistance out of the question, she would produce upon herself orgasm after orgasm before being able to go to sleep. During the day periods of frightful depression with suicidal tendency would alternate with spells of unbounded wrath. It was for them both a life worse than death.

She had also other expressions of the hyperæmic state, such as vertigo and visual disorders, palpitation and sense of great fulness at the heart, frightful vaginal itching and burning; acrid, thin leucorrhœal discharge; furthermore, induration of cervix uteri, ovarian tenderness, and other symptoms characteristic of long-standing pelvic congestion and irritation.

During the six months she was under my care she received but one remedy, *i. e.*, aurum muriaticum, from every two to every four hours. Improvement began very soon. She was discharged a fairly well and a thoroughly grateful woman. She remained under my observation for a considerable period of time, and I have reason to believe that she is now enjoying good health.

#### COMMENTS.

This case is of exceeding interest to me because, clinically, it is typical of a class of affections which, in spite of their by no means uncommon occurrence, frequently baffle the skill and the patience of physicians to an extent which renders them a source of dread to the practitioner. In the present instance, as in others of the same class, every possible interest in life was at stake; health, opportunity for reformation, the welfare of an immortal soul. The fairly tragic character of the circumstances

which surrounded the case cited, appealed to my sympathy in the strongest possible manner, and my success in affording relief to this sorely tempted woman and to her husband will always be to me a very bright spot in my professional work.—The case, however, is of value, also on account of the clearness with which the symptoms pointed to the curative remedy. I do not in the least hesitate to confess that I have in exceptional cases only been enabled to select a remedy and to continue it, without change or the use of auxiliary measures, until the discharge of the patient cured.

The question arises: Why did I consider aurum so clearly indicated in the case presented, and what other remedies are likely to prove curative in similar cases. In order to frame a suitable reply, let me pursue the indirect method of first pointing out a few remedies most likely to be useful in similar cases (*i. e.*, cases of profound nervous disturbances which result from sexual viciousness), and then determine the special type of which each is the representative.

The remedies most likely to be indicated homœopathically, in the order of their relative frequency with which their exhibition is likely to be called for, are: *Nux*, *ignatia*, *phosphorus*, *aurum*, *gelsemium*. Of course, this list is not complete. In order to determine the conditions under which they may be expected to yield curative results, it will be necessary to study them separately; and, since we all know their symptomatology, I shall devote my time to considerations lying somewhat outside of dry symptomatology.

*Nux* and *ignatia* are closely related, chemically and pharmacologically. Both have stamped upon them the influence of their alkaloids, *strychnia* and *brucia*, giving marked irritation of the spinal cord, great excitability of the entire (spinal) nervous system, and well-pronounced tendency to spasmodic action. It is safe to assert that *ignatia*, generally speaking, differs from *nux* in that the character which pertains to its individuality is pronounced with even more startling clearness than it is under *nux*. The individuality of *ignatia* lies chiefly (1) in its mental condition, (2) in the superficial character of its symptoms, (3) in the erratic character of its pathogenetic (and curative) effects.

1. *Its mental condition.* Both *nux* and *ignatia*, given in tangible doses, produce a primary irritation of the nervous system, with general irritability of temper, querulousness and impatience. *Nux* causes vastly more active irritability of the spinal

centers, hence of the dependent muscular fibre, infinitely more pronounced reflex excitability of the cord, and, mentally, much more aggressive mental irritability. Under *ignatia* we discover at an early stage of the drug-disease an unsettled frame of mind, an undue hilarity alternating with profound melancholy; the latter is in the ascendancy, and develops rapidly. The typical secondary effects consist of a fixed state of melancholy, which partakes strongly of the sentimental; the patient is yielding, gentle; he "grieves" because he thinks himself wronged.

[*Nux* and *ignatia*, *superficial* insanity. *Nux* *not* retiring; a matter-of-fact fellow; *not* sentimental; may be depressed, but will assert himself, if he gets a chance; self-willed; *retaliates* instead of yielding. Clinically, mental symptoms of *ignatia* are more clearly pronounced in *connection with other groups*; more often a guiding symptom.

*Pulsatilla* equally gentle, emotional, full of sighs and tears; but *changeable*, now laughter, then tears; while under *ignatia* the gloom is *settled*. *Pulsatilla* more impulsive, and wants sympathy. *Ignatia* patient goes to her own room, in some dark corner, alone, sighing, grieving, hugging the trouble to her heart.

Perfect counterpart to *ignatia* is found in the effects produced by an *unhappy love affair*; patient is perfectly hopeless; asks only to be left to herself, to suffer in quiet; also the *gastric, head* and *heart* symptoms of *ignatia*. *Home-sickness* gives similar condition. Hahnemann used this brooding and thinking over a wrong suffered, without anger or a desire to retaliate, as a sure indication of *ignatia*—pseuda-epilepsy.

2. The *superficial* character of the *ignatia* symptoms is unmistakable. Its painful sensations are not limited to any one organ or group of organs, but the drug force sweeps over the entire nervous system with the same rapidity which belongs to the hand of the skillful pianist as swiftly it flies over the keyboard, evoking a very storm of sounds, yet never losing the air which he is playing. So *ignatia* sweeps over the entire nervous system here and there, up and down, giving us an infinite variety of sensations, yet always the same characteristic hurry and instability which belong to the drug. One symptom chases the other. He now complains of being cold; a moment later, and he resents a coverlet, violently declaring that he is burning up with heat; he now importunes the nurse for a drink, but before it can be brought him, the very idea of wanting to drink is repudiated as an insult.

Both *nux* and *ignatia*, are closely related, homœopathically, to various affections of the spinal cord and nervous system, and here, too, the superficial character of *ignatia* is well marked. *Nux* acts so deeply that it reaches organic diseases. *Ignatia* is limited to a brilliant activity in functional diseases. Both, *nux* and *ignatia*, have that numbness, prickling, and the various sensory and motor disturbances which suggest paresis or paralysis; under *nux* the blow actually comes, perhaps sooner than expected; under *ignatia*, the premonitory symptoms continue in varying severity, giving rise to all sorts of apprehension and to the keenest mental suffering, but remain what they really are a neurasthenic; the paralysis does not come.

3. The *erratic* character of *ignatia* practically constitutes a pathogenic hysteria. Congestive *headaches* are always aggravated from stooping: the headache of *ignatia* has all the symptoms of the congestive type, yet is made better by letting the head rest low, by leaning it on a table. The *teeth* are sore and tender; but they hurt most when *not* used, and the pain almost disappears during mastication. *Vomiting* often follows eating, but eating relieves the nausea of the drug. The *cough* is violent, as from tickling in the throat by a feather; it increases in violence until it becomes convulsive; but an energetic effort of will stops it at once. Sticking, stitching pain in the *throat* is felt *between* the acts of swallowing, and it is at once eased by swallowing solids. So is the sensation of a lump in the throat lost when the patient swallows. During the *fever*, he wants more covering when hot, wants to be uncovered when cold; craves cold water during the chill, refuses drink during the hot stage.

Clinical experience shows that neither *nux* nor *ignatia* reach beyond the early stage of mischief done by sexual vice, especially masturbation, but that each in the earlier stage has a well-defined field of usefulness. *Nux* is more useful to *boys*, who have not yet been far enough into mischief to show in their physiognomy and physique the traces of the evil habits; but there is present the almost irresistible impulse, which, under *nux*, is pretty sure to be associated with gastric derangements, constipation, backache, and headache. The periods of excitement occur early in the *a. m.*, especially after eating a hearty meal late in the evening. In older persons lascivious dreams occur at this hour, with emissions. The patient looks and acts well, but is moody, depressed, somewhat impatient, and avoids continuous exertion.

The ignatia patient develops symptoms of a distinctly hysterical type, such as are connected with the "sentimental" tendency. Of the concomitants of importance, not already described, loss of appetite, feeling of repletion after swallowing the first mouthful of food, coldness and numbness of legs and sacrum, are particularly reliable.

PHOSPHORUS—The action of phosphorus upon the nervous system is infinitely more profound and infinitely less erratic, or "hysterical," than is that of ignatia. Throughout the pathogenesis of phosphorus the nervous system gives evidence of disease. Its action as an irritant to the mucous membrane, leading to structural changes, chiefly fatty degeneration of this and other structures, does not directly interest us now; but we must not forget that it acts deleteriously upon nutrition (blood, bone, etc.), thus weakening the entire organism, predisposing it to low states and causing general marked exhaustion.

Neuritis, more or less severe, with paralysis following, belongs to acute as well as chronic cases of phosphorus-poisoning. Small doses—here as elsewhere the more suggestive to therapeutists—give as primarily an increase of sexual desire and power, with corresponding increase of the heart's action, of cutaneous circulation, elevation of temperature, muscular power, and mental activity. In women this is associated with a turgescence of the sexual organism and a pseudo-menstrual flow. As secondary effects, we have first, loss of sexual *desire*; then, loss of sexual *power*.

Clinical experience shows that the *irritability* of the sexual organs (*i. e.*, irritable weakness, a primary effect) here is particularly valuable. It is of constant occurrence in the sick-room. We not only associate it with the irritable weakness, commonly resulting from loss of vital fluids (say, sexual excesses), often giving to the latter the dignity of a key-note, but we also find that this irritable weakness, at times becoming a very *frenzy*, is a prominent feature of those nervous and spinal disease in the treatment of which the drug is a grand remedy. In *consumption*, for instance, phosphorus has proved a most useful remedy, and it is a fact that in this disease we often find, with the great exhaustion of the entire system, an irritability of the sexual apparatus, which is truly wonderful, and which is responsible for much mischief. A patient of my late partner, Dr. Gamber, had intercourse several times each night, and actually during the night of his death.



In certain cases this irritability grows into a frenzy; the patient's fancies become foul and lascivious; he loses all sense of shame in their gratification; he becomes a brute, and the culmination of such a state is *imbecility* (i.e., more moderate excitement). As consumption furnishes the counterpart to the condition first described, so many types of organic diseases of the nervous system correspond to *this* state. In the pathological state, as in the drug pathogenesis, the refined, sensitive, intellectual nature of man is hopelessly lost; all the pure and loveable in him is buried underneath a very mountain of moral filth; and as in the drug disease, so here, in the actual disease, imbecility is the culmination of the malady, due to degeneration of nerve matter. It is most interesting to note that the parallel lines of drug action—in the drug disease and in the natural disease—correspond very closely all the way through; thus we not only have corresponding mental state; and the characteristic tearing, burning, “fulgurating” pains, but provers have even recorded such symptoms of organic lesion as “feeling of a tight band around the body.”

As a remedy, phosphorus ranks very high in states where the patient is absolutely unstrung and demoralized, where he sinks into the condition of a brute, with every indication, to the intelligent observer, of drifting into imbecility. It is also very likely to prove useful when much general sexual erethism exists in connection with a state of physical weakness. But a considerable degree of “tension” must be present to complete indications for it; in the absence of this “tension” of the nervous system, and particularly when there is much general and local relaxation, gelsemium and phosphoric acid are much more likely to be useful.

GELSEMIUM is quite as unique in its action upon the nervous system as are the remedies already discussed; indeed, if it were not, it could not claim, in the treatment of the disorders for which we are seeking to establish a therapy, to rank as a remedy of importance. It produces clear-cut symptoms of paresis, or paralysis. At first it acts as a moderately active nerve-irritant, giving rise—among others—to spasms of the glottis; this primary action having passed (and it does so soon), it assumes the role of a depressant. The voluntary muscles are affected first; the patient cannot feed himself and loses the power to walk, because the arms and the legs are powerless; later, the eyelids can no longer be raised, and soon the *involuntary* muscles show decided, and even a dangerous, degree of impairment in the feeling of

great tightness across the throat, loss of the power of deglutition, and failure of the heart's energy. If carried still further, the general relaxation becomes complete; stuper supervenes; an apoplectic condition declares itself, characterized, among others, by purplish, spotted appearance of the skin, marked blueness of the face, dilatation of the pupils, loss of speech and vision.

Comparing gelsemium with other drugs, we may say that, like calabar bean and conium, it benumbs and paralyzes the nerves of motion, while nux vomica and belladonna excite them. Further, gelsemium kills by causing general paralysis and apoplexy; nux, by producing an intensely active congestion of the cerebro-spinal centers (tetanus).

These very fragmentary and rude physiological data are in themselves quite sufficient to establish the very important probability of the close homœopathic relation of gelsemium to those disturbances, in this case arising from sexual irregularity, which are characterized by such a depression of the great nerve-centres which, *partaking of chronicity*, which give rise to a *slowly developing* general motor impairment, showing itself in a long continued semi-paretic, quite helpless state of arms and *legs*, making walking more especially an exceedingly trying exercise. And you will all beat me out when I claim that among all the symptoms of gelsemium none are so universally reliable as its muscular weariness, whether it shows itself in the eyelids (ptosis) or in the heaviness and clumsiness of the legs.

The *symptomatology* of gelsemium is equally pregnant with suggestions. When lecturing upon this remedy, I have usually given the following symptoms as defining fairly well the individuality of the drug.

1. Lassitude, weariness, indifference, wants to be left alone.
2. Ptosis, and stupid, heavy expression of the countenance, double-vision, "which may be controlled by an effort of will (Guernsey.)"
3. Fever without thirst.
4. Aggravation of symptoms, especially of diarrhœ, from excitement, particularly from the receipt of unpleasant news.
5. Flaccidity and coldness of male genitalia, with seminal emissions from weakness.
6. General paralytic weakness, particularly felt in the legs, from utter loss of muscular power.
7. Dull pain in the back of the head (its in forehead) with dull vertigo, drowsiness, and sensation in the face as though

the skin in the middle of the forehead and about the face, especially about the mouth, making it difficult to talk.

If we add to these that tendency to sleepiness during the day and in the morning which the remedy has well marked, we possess a perfect picture of a rather intractable class of cases which arise from sexual abuse and irregularity, even to those neurasthenic symptoms (feeling as though skin on forehead or face were contracted) which, themselves expressions of irritability, so commonly occur in connection with that general depression which belongs to them.

I would most earnestly ask your attention to gelsemium in this connection, because, from my own observation, I am inclined to think that this drug, so constantly and successfully prescribed by the profession here in an infinite variety of morbid states, is hardly thought of in the treatment of sexual disorder or of nervous diseases arising from abuse of the sexual organs. I can assure you that it possesses wonderful curative powers here.

The individuality of *gold*, as a remedy, depends very largely upon its mental symptoms, a group which, as a part of the general pathogenesis of the drug, does not make a very strong showing *numerically*. Its action upon the mucous membrane, glands, and bony structure I need not describe, but I wish to recall the fact that the substance, given to the healthy, causes throughout the system a remarkably persistent hyperæmia, giving rise to sensations of fulness, enlargement, and pressure from within, outward, in the heart, lungs, liver, kidneys, etc., causing an actual enlargement of the heart from the increased pressure, and from the same cause setting up an artificial albuminuria, sometimes leading to organic kidney disease (cirrhosis). The brain, too, suffers from hyperæmia and feeling of fulness, mental confusion, roaring in the ears, and characteristic visual disturbances are well defined and of constant occurrence.

The sexual organs are irritated. Swelling and voluptuous itching, with frequent erections—at times painful—and exhausting pollutions occur frequently. There is twitching pain in the urate organ, drawing along the spermatic cord, and often, atrophy of penis and testicle. The same irritation, redness, swelling, heat, and intense voluptuous itching torment women under the pathogenetic action of gold, affecting the vagina and pudendum; a profuse, acid, irritating leucorrhœal discharge persists and, as usual when the sexual instinct is very active, the

menses are copious. Uterine hypertrophy, leading to displacement of the organ, and cervical induration, especially at its lower half, accompany this condition. Interesting as are these symptoms, we must view them in the light of the characteristic mental condition, if we will understand their full importance.

Aurum has great mental anguish (with præcordial distress); this anguish is strongly tintured with a feeling of profound self-condemnation and worthlessness. The person suffering from the gold-sickness, fully developed, feels convinced that he is only a foul blot upon humanity, utterly unfit to live, and his wretchedness is increased by the full belief that his friends realize his unworthiness, and have forsaken him. Hope fades, so far as this world is concerned, and when he looks beyond it, he is overwhelmed with the certainty that to him nothing can come save utter ruin. This mental state unfits him for the duties of daily life; he can no longer apply himself for any length of time to a settled task. He broods, until life becomes unendurable, and he learns to court the thought of death; thus the idea of self-destruction steals upon him. With this condition, the cerebral hyperæmia, which constitutes an important feature of the aurum sickness, asserts itself; he is easily roused to anger; cannot tolerate being thwarted or even contradicted; the slightest opposition arouses his anger, the face flushes, the eyes flash, he is ready to fight. But such a paroxysm never lasts long; he is too much exhausted to sustain for any length of time a strong emotion, and he quickly subsides into his accustomed lethargy, suffering more or less constantly from rush of blood to the head, obscuration of sight by black specks moving before the eyes, dyspnœa, unrefreshing sleep, etc.

I know of no pathogenesis in our entire materia medica which more graphically describes an actual natural disease, as do the symptoms of Gold describe the effects of certain forms of general, mental and nervous troubles arising from sexual depravity, especially those severe functional disorders which are due to excessive and long-continued masturbation in the sexually *immature*. The entire pathogenesis of aurum tends to prove its especially close relation to highly nervous organizations, and it is *the very type* of children, easily impressed, precocious of scrofulous tendencies, who are most likely to fall victims to self-abuse, and who, if they once taste of the forbidden fruit, are almost sure to practice the habit with a reckless abandon that is appalling—such children are by no means necessarily of de-

praved tendencies; on the contrary, they now often have a tender conscience and much pride. And thus it is that we may get, as I several times have had, the history of a fair-haired, nervous, scrofulous, intelligent child, years before the establishment of puberty, an abject slave to this vice and constantly vacillating between the whips of his passion and the pleading of his better nature. As he grows older, he thinks more seriously. He becomes conscious of self-degradation, and despises himself. His life is wholly morbid, and the feeling of self-debasement leads him to suspect that his secret is known to others, and that he is despised by those whose love and confidence are necessary to him. He attempts reformation, but the habit itself is strong, evil companions are ever at hand, and perchance the organ is irritated, chafed, and by constant voluptuous itching provokes foul fancies which proves irrisistible. Futile attempts at reformation are made again and again, each failure followed by the increasing conviction that it is perfectly useless to try to do better; the child is no longer in a condition to give satisfactory attention to his studies and to other duties, and he feels this keenly. No wonder he gradually learns to believe that he has hopelessly ruined his prospect in life. If old enough, he woos the idea of self-destruction, and would boldly end the struggle with his own hand, were it not that he has lost the moral backbone and the firmness of will necessary to do the act.

It is this class of cases who furnish to the advertising quack an easy living. By preying upon the fears of a young person, already demoralized, and at best poorly qualified to form a correct opinion, the unprincipled "specialist" of newspaper notoriety finds it an easy task to wring from his duped patient the last dollar he is able to earn. If this were all the harm done, it might seem unnecessary to waste sympathy; the loss of dollars and cents is not irredeemable, and might, in a case of this kind, be considered a penalty for follies committed. Unfortunately, the chief trouble arising from professional relation with these free lances in medicine, is of a moral character. The patient is sure to be so thoroughly frightened by having drawn to him the most harrowing pictures of irrespressible woe to come, that in many cases the chief task of an honorable physician is to remove the actual monomania which has taken possession of the unfortunate.

The profession are not without serious blame in this matter. Many years ago, and even within my own memory, the ill-

effects, more particularly of masturbation, were generally over-estimated, of late, we have gone to the other extreme, and with it is fashionable to pass the matter with a complacent smile or a thrug of the shoulder; which of the two extremes of opinion holds the greater degree of safety to the patient cannot easily be determined. My own experience has fully demonstrated to me, and I think the better part of those who largely treat functional diseases of the nervous system, hold the same views, that a moderate degree masturbating, especially in man, is not likely to be harmful in a *physical* sense; as to the immorality of the practice, there can possibly be no difference of opinion. Practised to an immoderate extent, we find the same ill-effects which must necessarily result from the waste of a highly organized fluid, like the semen. But when masturbation is practised by the sexually *immature*, two factors must be considered; the one is the physical draft upon the system, exhausting the vital energies much more rapidly at this time of life than similar causes can do later; on the other hand, the shock to the nervous system. Both combined, tend to rapidly develop any lurking predisposition to disease in any part of the system, and under all circumstances to give rise eventually to grave effects of the nervous system. And it is useless to point out that *excess* and vice of this kind, no matter how practised, must in the main bring about this train of mischievous developments. En passant, I desire to call your attention to the fact that many nervous disorders, connected with pelvic congestion of long standing, and a remarkable loss of general tone in men, with symptoms of spinal irritability, both sexes, are explained by the abominable and very general practice of premature withdrawal of the male organ for the purpose of preventing conception. I know of two cases of insanity entirely due to this type of sexual vice, and am well convinced that in the aetiology of insanity, as determined by the pathologist of the near future, organism will be considered a very important factor.

At the risk of completely tiring you, I must add that in the therapy of these effects moral treatment holds a rank of conspicuous importance; not *that* moral treatment which, from a height of moral superiority, condescendingly lectures the miserable wretch whose folly or depravity have led him into sin, but that higher moral influence which is the expression of a strong and pure nature's prompting to help the weak and frail ascend from out of the slough of impurity into a life of moral

sunshine, purity, and healthfulness. I have ever held that the true physician, without a conscious effort of his own, is bound to become a priest of humanity; sore, weary, aching humanity, is the very "holy of holies," into which none but himself dare enter; let him enter it with a heart pure and hands clean, conscious that his own example and doings make and unmake, direct and uphold, strengthen and purify.

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### HOMŒOPATHIC THERAPEUTICS.

BY SAMUEL LILIENTHAL, M. D., SAN FRANCISCO, CAL.

[A paper presented to the International Homœopathic Medical Congress, Atlantic City, N. J., June, 16-23, 1891.]

The Committee of Arrangements for the International Congress of 1891 honored me with an invitation to give my views on this vital question, which now divides our school, and I consider it a propitious sign of our times that this theme will be fully elucidated by both sections, who differ in the definition of "Homœopathic Therapeutics," and therefore necessarily also differ in their application in practice. There can be no question that too many of the younger physicians, graduates of homœopathic colleges, consider us, the old guard and watch-dogs over Hahnemann's doctrines, mere old fogies, whose time has expired, while the homœopathy of the present day must amalgamate itself with more scientific doctrines, as taught by other schools, and thus hasten the millenium when a general lovefeast can be celebrated by all, and therapeutics, as a minor branch, can be put into the background and removed from the high pedestal which for many centuries it claimed to occupy, and when the whole medical fraternity will vouchsafe to the listening crowd the axiom, that the first, yea, the only duty of the physician cannot be the mere relief of the sufferer. Away with such nonsense at the end of the nineteenth century. The great and paramount duty of the physician is to prevent suffering; the physician of the coming twentieth century must be more than a mere healer; his sacred duty will be so to educate the people that morality and virtue will become the pillars of

the nations, that vice will be shunned by individuals as well as by all communities for its own foulness that heredity will be only known and praised for its own glorious and benign influence, for the descendants of virtuous progenitors can only be good and virtuous, and all what is hideous and revolting they know only from hearsay by looking backward.

But alas ! in looking around in this wicked world we easily perceive that we are yet far off from reaching such a golden age, and the question may well be asked whether our descendants will ever reach it. Though there can be only one religion implanted into our innermost heart by an allwise, infinite Power, there are many sects quarreling and belittling one another, and predicting failure to all who do not swear allegiance to their doctrines. The same holds good in medical lore and of its practical application. A Chinese physician of high repute among his countrymen, and often also consulted by white folks in good standing in their communities, once told me in full candor that Chinese treatment is far more efficacious than that of the medical European or American colleges, missionaries of theology and medicine to a nation, which is so far in advance of all other nations. The same tyrannical egotism rules everywhere, though it may be after all a thing not to be despised, for one who looks too much to others for guides and guidance forgets and neglects his own good qualities, and it may happen to him, as it did happen to many others, that one runs after false idols, and instead of gaining by such actions he steadily loses ground and confidence in his own opinion.

An orthodox believer, no matter to what sect he may belong by birth, nationality, and by his own free will and accord, must have full faith in the doctrines of his Bible; so also the orthodox homœopath ought to give his allegiance to Hahnemann's Organon, but how few are those in our days who believe in an infallibility, how few are those who take the diction of another mortal being as a sacred command, which must not be touched with sacriligious hand, and should not the same searching and investigating reasoning be allowable, yea necessary, in secular matters, and the question may well be raised, whether in looking backward, every step forward is really a progress or not sometimes a



fatal error, leading us deeper and deeper into new-fangled fads, instead of following squarely the old-trodden path, which for a century was to its followers their guiding star to medical salvation.

But what has this to do with homœopathic therapeutics? Allow me to copy a few sentences, which I find in some rebel journal, tired of the old school. Dr. Onigly, of Missouri, writes: "It is no novel experience to see a representative medical man, deeply versed in the literature of his profession, skilled and experienced in its practice, take the life of his fellow in charge and readily detect his malady; thus far he is an expert. But ask him about a cure, and he will show uncertainty. If he is honest he will be indefinite, or at the least, will be provisional in any promise he will make. He knows his resources too well. The inefficiency of his therapeutics is well learned in the terrible and bitter experience of the past; he knows how often those weapons in his hands have proved valueless in the preservation of human life."

Again, "Had our teachers kept therapeutics abreast with pathological anatomy, physiology and diagnosis, prejudice, expectancy, nihilism, skepticism and paralyzed efforts, floundering amid vacillations and uncertainties, could not have existed, but long ago the practice of medicine might have been on its deserved plane, with its unsystematic elements of the day replaced by therapeutics of exactness, energy and activity. (The dosimetric medical reviser, February 1890.)

This dissatisfaction is spreading among the physicians of the old school as well as among many who claim to be homœopathic physicians, and every theory is taken up with eagerness which promises to give better results, tried by everybody, its benefits, highly praised by some, and after failures discarded by others. Physicians and laymen think too much of the diagnosis, hitch their treatment to it according to the prevailing fashion of the day, and forget entirely the patient and his surroundings; they forget that just as there is only one religion, so there is only one *vis medicatrix naturæ*, inherent to each patient, and the nearer we come to uphold this innate power and to remove every obstacle which would interfere with its free exercise, the nearer we

rise to the picture of an ideal physician. Study the history of medicine from most ancient times up to the present day, pass in review all the therapeutic measures from Hippocrates to our present Bacteriological era, and see whether their aim was to uphold and to support this healing force of nature, or whether each and all did not base their treatment on some imaginary idea, whether their whole armamentarium was not leveled against some foreign element which must be cast out, and where this is impossible let palliatives rule supreme. Really the genuine symptom hunters are the teachers and practitioners of the old school, and their polypharmacy arises from their necessity to put a suitable drug into the prescription for every symptom complained of, but at any rate pain must be suppressed and the consequences must take care of themselves. But an awakening takes place even among the teachers of that old school, and they begin to preach to give more consideration to the peculiarities, and the individuality of the sufferer, that the manifestations he complains of are part and parcel of his own being, and the disease can only be studied in the patient, and not as a foreign enemy and intruder. A new theory proclaimed by high authorities, while Samuel Hahnemann proclaimed this doctrine already a hundred years ago in his masterly *Organon*, and only lately our own T. F. Allen demonstrated the great value of these peculiar symptoms and by attending to them primarily, health may often be re-established without any further medication.

Nature is governed by immutable laws, and that school of therapeutics which claims to work under such a law, must be nearer to perfection than any one so far discovered. Theoretical notions are of little value at the bed of sickness; give me facts which allow a better interpretation of a mode of cure than the one Hahnemann promulgated, and which his disciples have verified all the world over by thousands of cases; establish your claim to a more safe law of treatment, and I am willing to renounce homœopathy and follow the newer path. But so far I have failed to discover it, and we have done so well by following in our treatment the strict rules laid down by the father of homœopathy, that it would be criminal folly to abandon it. So far the doctrine of like

cures like comes nearer to an ideal treatment, and on this ideal let us rest our homœopathic therapeutics. Let our younger colleagues fully understand that homœopathy has only to deal with therapeutical measures, and that in all other branches of medical art and science we work in full accord with all other medical schools; let it be well understood that *Similia Similibus curantur, and curentur* is the law of cure as far as drug action is concerned, and that hence homœopathy becomes the science of therapeutics, but we necessarily must also give the closest attention to sanitation, hygiene and dietary regimen, that treatment by electricity, by massage or hydrotherapia have their own peculiar indications and that mechanical appliances and operations, alas! cannot yet be done away with in the imperfect state of our knowledge, but even here conservatism made great strides forward and the great present surgeon claims it a greater victory to heal by mild means than to proclaim to a gaping public the many mutilations he performed. No human, finite intellect can master any more all the branches of our profession, hence the necessity for specialties; but let us at any rate become specialists, which means masters in that branch, which we have voluntarily selected, and which is our great privilege to carry out in our practice! Let us become masters in the selection of the drug according to the light offered us in the provings of our *Materia Medica*, and by the verifications of symptoms vouchsafed to us by men who deserve our full confidence.

Everything seems so plain and clear about Hahnemann's practical works that it is astonishing why it is not more cheerfully accepted, but too often the remark is made by physicians who claim to be homœopaths: we accept homœopathy in a limited sense at least so far as we understand it, but we cannot help, in the light of the present era, to reject the foolish antiquated notions of even Hahnemann, and especially his disgraceful *Psora* theory. Poor old man, you lived ahead of time, you made an awful mistake about that micro-organism, known as *Acarus Scabiei*, discovered about 1830, and the wiseacres laugh at you and discard the whole on account of this so-called mistake, while they swallow *cum gusto* all the bacilli, known or still unknown, and pin their faith on bac-

teriology and antisepsis. As long as this microbial craze lasts we may with complacency look with Ziemssen on the truth of psora, defective reaction, morbid disposition, and pride ourselves on the well known action of our anti-psorics, while the microbians may pride themselves on the acarus, staphylococcus or any other visible or invisible micro-organism. Pasteur and Koch! We give these eminent teachers full credit for all that they have done and what they will do still, for they are on the right track to accept homœopathy without knowing it. Even Ziemssen wondered why Koch's tuberculinum acted only in parts affected and could not understand the affinity between like to like! Some wonder at the necessary dilution of the like in order to get its full action on the like and the remedy, call it the same or the like (Isopathy or Homœopathy) must be given alone and allowed full time to exert its action. Certainly all these rules were known to us for years, but never accepted. The old school authorities proclaimed them from the rostrum. The psora theory, after all, was only an after thought with Hahnemann and has nothing whatever to do with the teachings and practice of homœopathy pure and simple. I, at least, have to go to my homœopathic bible, to the Organon, to the chronic diseases and lesser writings of Samuel Hahnemann to understand its full meaning, and to apply it faithfully in my daily work. In fact, it might be written in the language of the present day, were it not a fact that Carroll Dunham did it already in that masterly work: Homœopathy, the Science of Therapeutics, but in the hurry and worry of daily life who takes time to persue these lectures, or the classical essays or introductory chapters in the works of Farrington, Bayes and Hughes. It is the superficial knowledge which stamps most physicians of our times, and the mischief went already so far that Brother Gatchell asks in his own journal, "Who is a homœopathic physician?" And from most answers received, we fully agree with the French physician who teased that eminent clinician, Dr. P. Jousset, with the remark, that there is now-a-days such little difference between an allopathic and homœopathic practitioner that the devil himself could not detect the difference. We may well ponder over it whether it has really come to

that point, and we may repeat Dr. Gatchell's question, "Who is a homœopathic physician?" Not he who believes in some sort of homœopathy, but in his practice fails to carry out homœopathic therapeutics, for it is not always an easy task to find the similitum; not he to whom bacteriology is the summum bonum and antisepsis the great boon to annihilate disease; not he to whom antipyretics and the thermometer go hand in hand, as though the very febrile state were not the guiding symptom to warn us of the danger, though after all it remains only a solitary symptom and it takes many to make up a totality; not he who prescribes a drug for each region affected, hoping thereby that one of them might hit the nail on the head and the disease or the patient conquered. Everything was done *lege artis*, only through autopsies can we learn our pathological anatomy, and this is of the utmost necessity to render a faithful diagnosis *intra seu intra vitam*.

Has the law of similarity lost its hold on those who once acknowledged their full faith in it, and can he be considered a true follower of the teachings in the organon, when he finds more solace in prescribing palliatives (and dubs those asses who fail to do so) than in the hard labor of studying out the totality of the objective and subjective symptoms, and the still harder trial to dig out the simile to this totality of symptoms. We never dare neglect to render a diagnosis with all the rights vouchsafed to us, we must be fully up in all its different departments often needful for the sake of prognosis; many ailments and pains are only reflex symptoms, and the really suffering organ may be some distance off. Many a time such knowledge will aid you to differentiate between similar symptoms, and after having done your duty conscientiously in that direction, the pathologist must give way to the healer, and with all the necessary zeal, the remedy must be found which covers, not this or that symptom, but the totality of objective and subjective symptoms. Our late teacher, dear H. N. Guernsey, was taken to task and ridiculed on account of his key-notes, and still he has considered them only valuable hints for the selection of the simile, and in many a case these stones which so many of our present generation reject, often become the corner-stone on which the cure must rest. How many of us in these days of hurry

and worry, take time and take breath enough to make haste slowly? Why? because you have not faith enough in the healing power of nature, because you wish to be yourself the arbiter of faith, and many a case is thus spoiled by this repeated drugging. Some may believe in quantity, and carry out in their practice, the idea of much drugging, and to them adjuvantia and palliatives are all necessary adjuncts to their labors. What fools these mortals be!

To many a practitioner a panacea is necessary for every big or little ailment, forgetting entirely that we never deal with a disease *per se*, but with a patient, whose balance wheel got out of gear, and which needs only a little repairing.

Smokeless and noiseless powder is the latest invention for use in warfare, smokeless and noiseless ought to be the treatment to the application of homœopathic therapeutics.

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#### Diagnosis as Related to Diseases of Women.

From a large experience I humbly offer to the reader the following watch-words as broad helps to diagnosis:

In the first place, always bear in mind what another author has pithily said, that "woman has some organs outside of the pelvis."

*Secondly.* Each neurotic case will usually have a tale of fret or grief, of cark and care, of wear and tear.

*Thirdly.* Scant or delayed or suppressed menstruation is far more frequently the result of nerve-exhaustion than of uterine disease.

*Fourthly.* Ante flexion *per se* is not a pathological condition. It is so when associated with sterility or with painful menstruation, and only then does it need treatment.

*Fifthly.* An irritable bladder is more often a nerve symptom than a uterine one.

*Sixthly.* In a large number of cases of supposed or of actual uterine disease, which display marked gastric distur-

bance, if the tongue be clean, the essential disease will be found to be neurotic; and it must be treated so.

*Seventhly.* Almost every supposed uterine case, characterized by excess of sensibility and by scantness of will-power, is essentially a neurosis.

*Eighthly.* In the vast majority of cases in which the woman takes to her bed and stays there indefinitely, from some supposed uterine lesion, she is bed-ridden from her brain and not from her womb. I will go further, and assert that this will be the rule; even when the womb itself is displaced, or is disordered by a disease or by a lesion that is not in itself exacting or dangerous to life.

*Ninthly.* Groin-aches and sore ovaries are far more commonly symptoms of nerve-exhaustion than of disease of the appendages.

*Finally.* Uterine symptoms are not *always* present in cases of uterine disease. Nor when present, and even urgent, do they *necessarily* come from uterine disease, for they may be merely nerve-counterfeits of uterine disease.—*Prof. Wm. Goodell in the Philadelphia Medical News.*

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#### ERUPTION FOLLOWING THE USE OF ARNICA.

“AT a recent meeting of the Paris Biological Society, Dr. Dupuy related the case of a patient who was attacked by pseudo-erysipelas in consequence of an application of tincture of arnica. He regarded the fact as very curious, and remembered that oil of rue exerted a similar action.”—*Druggist's Circular and Chemical Gazette.*

The above “curious” fact and hundred others equally curious and new to the old-school, can be found in any homœopathic materia medica for the past 75 years.—*Ed.*

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#### THREE USEFUL RULES.

When in doubt about the seat of trouble, examine the throat in children, the kidneys in adults, and the posterior bases of lungs in old people. Dr. Edward Blake has found these rules of greatest use in practice.

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REMARKS UPON THE DEATH OF DOCTOR SAMUEL  
LILIENTHAL.

By DR. GEORGE H. MARTIN.

[*Before the Students of the Hahnemann Hospital College, October 6, 1891.*]

*Students of the Hahnemann Hospital College of San Francisco*—Since we last met in this lecture-room, one has left our midst whose memory we should stop a moment, in the rush and anxiety of our college work, to honor. I do not wish these few remarks to be considered as a eulogy, for I do not think myself capable of undertaking such a task; as that should be left to others older and more capable than myself. I feel it my duty to say something to you of him, as for three years he occupied the Chair of Mental and Nervous Diseases, and was my immediate predecessor in it. When, two years ago, on account of failing health and strength, he had to resign that position, and I was called to it, I felt that I was assuming a responsibility greater than I could bear; but the older teachers are passing away, and the younger have to take up their work and go on with it the best they can. My purpose in honoring his memory to-day is two-fold; first, on account of the great respect and admiration I have always had for him, and second, that, by a short review of



his life and work, we may each be inspired by his noble example to renewed activity, and to put forth greater efforts for the advancement of homœopathy. Dr. Samuel Lilienthal held a position in our ranks which it will be the lot of but very few men to attain. He was a most indefatigable worker, and had the cause for which he was working very near to his heart. He was born in Munich, Bavaria, December 5th, 1815. From his early boyhood he was a student, and his father, who was a merchant of that place, was able to give him the best educational advantages which the young student was not slow to improve. He studied first at the Gymnasium and then he went to the University, where he obtained his medical degree, and graduated with full honors. After his graduation he was appointed to a position in the City hospital of Munich, but he did not hold that position long, as he was desirous of going to America with some friend, where he thought there would be a greater field of usefulness for him, and in 1838, when twenty-three years of age, he arrived in this country. He had letters to Dr. Wesselhoff, of Allentown, Pennsylvania, who at that time had the only institute of homœopathy in this country. At that time Dr. Lilienthal was not a homœopath; he had listened to the lectures on homœopathy at the University, but did not give his attention to them to any great degree. He located in Lancaster, Pennsylvania, and practiced according to the old school. Just as his practice was becoming lucrative, he had to move away on account of ill health. He then located on the Savannah river. Here he married, the love of his youth in the fatherland, a young lady who had courageously followed him over here. His wife he thought a great deal of. She was a good, true, noble woman, was ambitious for her husband's welfare, and always encouraging him to do his whole duty in the work he had in hand. She was a true helpmate, and was one of the great factors in his future success. He soon had to leave this location on account of his wife's ill health, and went north to Haverstraw, Rockland County, New York. Here he established himself as an homœopathic practitioner, and very soon had a large and lucrative practice. He was well liked by his patients, and wonderfully successful with his cases.

In 1857, in order to give his sons better educational advantages, he removed to New York City. His reputation had preceded him, and he found a warm welcome by the members of the homœopathic profession. He was at once placed on the medical staff of the United States Homœopathic Dispensary, which position he held for many years. He was appointed to the chair of Mental and Nervous Diseases in the New York Homœopathic Medical College, and some of your professors here in this College to-day, were students there during his term of service, and got the benefit of his teachings. He was visiting physician to Ward's Island Homœopathic Hospital, and professor of Clinical Medicine in the New York College for women. For fifteen years he was editor of the *North American Journal of Homœopathy*, a periodical noted for its high standing and particularly for the excellency of its translations from the German. Dr. Lilienthal, one of the most rapid and best German translators in the Country, and his work in that line, has been very valuable. He was also a contributor to the *Chicago Investigator* and *Detroit Observer*, and I might say of almost every other Homœopathic Journal in the country. He was always a most prolific writer, and his articles upon medical topics of the day, were most valuable. Any question arising concerning the welfare and progress of Homœopathy, always found a ready advocate in him. He also translated the *Organon of Hahnemann*, and while occupying this position here in this College, taught it and it always gave him great pleasure to do so. He said to me once, "I like to go to the fountain head for the truth." But the greatest work of his life, that which will long stand as a monument to his memory, after those who knew him personally have passed away, was his "*Homœopathic Therapeutics*," the third edition of which he gave us last year. It is a grand life work, and a noble heritage to the profession. In the preface of this third edition, he gives us instructions which we should all follow. His words are these.

"Once I was young, but now I am old. My task is done. Take this Third Edition as the old man's testament to his many students and younger colleagues. Perfection is impossible, and such a work can never be expected to be finished.

Let every man and every woman do his and her duty, and our materia medica will be a pura, free from dross, and thus acceptable by all physicians, so that gradually a work can be issued worthy to be named Homœopathics."

Dr. Lilienthal was one of the first to favor the admission of women into our medical colleges, and into the profession. His work in the Woman's College he considered as one of the pleasantest duties of his life, and he gave his best energies to it:

The word duty to Dr. Lilienthal meant much, and when he was in active practice, wherever duty called, night or day, fair weather or storm, he was always there. I remember many times after he had spent a sleepless night, and poor in health, when he was not able to stay here in the city but a few hours on account of an aggravation of the trouble which finally caused his death, when it was very difficult for him to breathe, and most men would have remained at home—he would still come to this lecture-room and perform his duty, even though it caused him great distress. I have looked at him under those conditions, and felt new life stir in me as a result of his example. As a physician he was most successful with his cases; he gave his whole time to his work; it was his pleasure to work, and from that pleasure he gained the greatest happiness, inasmuch as he was working for others, and that always gives the best returns to anyone. The only amusement he cared for was the opera, and he had the intense German love for good music to a great degree. Wherever he practiced his clientela was large, and thousands all over the land have reason to think with hearts full of gratitude of the old doctor who has gone to his reward. He was a close prescriber, and his knowledge of materia medica was most comprehensive, so that he was able to select the right remedy and relieve his patient. Four names will go down in history together, Hering, Lippe, Dunham, Lilienthal, all Germans, all conscientious workers for homœopathy, and all working most directly for the purification of our materia medica.

As a man, Dr. Lilienthal was kind, gentle and sympathetic; unostentatious in his bearing and always a kind word for everyone, and quick to extend a helping hand to anyone in

distress. He was passionately fond of children, and his "Stories for Children" in a Jewish paper, under the nondeplume of Uncle Sam, were most instructive as well as enjoyable. To the medical student he was a true friend, ever ready to give them a word of encouragement or advice, and he liked to be with them. To his patients he was very dear, and the moment he stepped into the sick-room, there went with him that feeling of rest and security which a *noble man* always inspires.

The latter years of his life, since he has been residing in San Francisco, he has not engaged in active practice, as he did not feel able to do so; but he devoted his time to literary work, his college duties, and some consultation practice. He prepared a paper for the last meeting of our State Society, but was too feeble to read it in person, so it was presented by his son, Dr. James E. Lilienthal. In the last number of the CALIFORNIA HOMŒOPATH, which was in press at the time of his death, are true translations by him. So up to the last moment he did what he could to help on our meeting, and our journals, and by so doing helped on the great cause of Homœopathy. For some years passed he has been expecting his summons from on high, but he was not afraid to go; in fact, longed to join her, who had preceeded him thirty years ago. But when the shock did suddenly come, it was no less great to us than if it had not been expected.

Thus passed away one of our great men, and the Hahnemann Hospital College of San Francisco, has great reason to be proud of the fact, that such a man was once a member of its faculty, and that his name is on the diplomas of some of its graduates. His best wishes up to the day of his death were for this institution, and he did all in his power to promote its welfare.

I can say no more; but there is in such a life, an example that we all may well emulate. I feel that my words have been weak for the occasion, but if I have been able to convey to your minds, something of the grandeur of his character, that you may profit by it, I will feel that I have paid him as grand a tribute as could be paid to anyone.

## A CLINICAL CASE.

BY J. L. COOMBS, M. D., GRASS VALLEY.

A widow lady, Mrs. P. L.—, æt. 32 years, one child æt. 10 years, has almost ever since a year after her only confinement, suffered periodically from pain in abdomen to back, or back to abdomen, very sickening in character and deep, aching dragging, the aching sensation becoming so acute as to cause cries and enforced recumbency in bed for a week or more; the wretchedness was even worse after menstrual "show" began, and the pain came suddenly, and suddenly she found herself free. Morphia, phenacetin, acetanilid, any or all the analgesics in fact had been resorted to by those who had prescribed heretofore, so that a sense of general malaise continued for about ten days after freedom from pain. The first prescription was bellad. 6x., which promptly relieved for an hour or two, but repetition failed to produce permanent benefit, although bell. 200 at night generally gave good rest.

After two months of indication treatment, and relief existing only so far as removal of analgesics, etc., was concerned, an examination was made, and a very sensitive ovary was found in Douglas' cul-de-sac, so irritated that touch induced terrible pain. In the position termed genu-pectoral, some continued gentle manipulations replaced the parts, apparently, and tampons saturated with glycerine, containing fluid extract belladonna leaves, *min.* V, ad ʒii, so long as pain remained, glycerine alone at other times, the congested condition subsided. The tampons were made by myself of oakum, surrounded by absorbent cotton and thread through center for removal, and the ovary was thereby retained in position. Should this procedure prove necessary, even once monthly, results are much pleasanter to patient than the drugs she had used so many months and years. Permanent cure seems probable now. One of her physicians had diagnosed a probable laceration of cervix uteri, but without having made an examination by touch nor speculum. The uterus was perfectly healthy, no leucorrhœa even at any time. Simply and purely a dislocation.

Two Cases where Alarming Symptoms Followed the Administration of Antikamnia.

By J. J. MILLER, M. D., SAN JOSE.

Mrs. W. A. W., æt. 42; subject to frequent attacks of gastralgia; otherwise a healthy, well-nourished woman. She was seen on the night of September 26th, suffering from one of her periodical attacks. She had taken the remedy that her family physician had left with her, to avert such attacks, with no benefit, and when I saw her she was employing hot applications and stimulants, which latter seemed to relieve somewhat; she had taken about two ounces of whiskey. Being much interested in the use of antikamnia, I gave her a five-grain powder in half a glass of water. In from fifteen to twenty minutes many symptoms resembling collapse supervened. The patient herself called attention to that "new medicine," and complained of feeling so strange. This was oppression, faintness, nervous biting at the lips and frequent sighing, with long-drawn inspirations. Soon a cold perspiration appeared with cold extremities and a labored heart action. Pulse, 73; temperature 98°. There was nausea and gaseous eructations, but no vomiting. All these symptoms disappeared as suddenly as they came on, and it must be said, with almost entire relief from the gastric pain. The alarming symptoms lasted about thirty minutes, and were apparently antidoted by cactus *O* in frequent doses.

Frank B.—, æt. 50; a large, healthy farmer of full habit, complaining of a headache, which he ascribed to biliousness, but which was undoubtedly a migraine, was given a five grain tablet of antikamnia. I continued to transact some business with him that was entirely foreign to his physical condition, but soon noticed that he was wiping his forehead much more frequently than the heat of a day would call for. I asked if he were warm; he replied, no; but that medicine had "started a queer kind of a sweat" on him, and that he "felt sick." He continued to walk about, however, and discussed various matters, but with frequent sighing and long drawn inspirations, together with the profuse perspiration. In about ten minutes he complained of more pronounced

nausea, and finally was obliged to go to his bed room, when vomiting occurred. At that time the face was pale, cold and moist. Pulse, 70, fairly strong; temperature, not taken. Stimulants soon brought about a reaction, and he was himself again, but with no relief from the headache. This patient also recognized the effect of the medicine immediately. These two cases while not severe enough to cause alarm in the physician, and while not dangerous, still excited considerable fear in the patient.

It has long been supposed, or suspected, that Antikamnia was a mixture of one or more of the aniline antipyretics, but it is only lately that I have seen its actual symptoms given. By analysis it is shown to be simply a mechanical mixture of acetanilid seventy parts, caffeine twenty parts and bicarbonate of soda ten parts. As acetanilid, or antifebrin as it is oftener called, is the cheapest of all these antipyretics, costing not more than twenty cents an ounce, there is left a fair margin of profit for the antikamnia company of Saint Louis, where they sell this product at one dollar per ounce. But what is of more interest to physicians, is the relative effect of this mixture.

Five grains of a seventy per cent. mixture would give one about three grains of antifibrin, and from this small dose I have never seen nor heard of any serious symptoms occurring. When it was a more popular remedy than it is now, ten, fifteen and twenty grains were frequently exhibited, and with apparent impunity, though its well known effects on the heart lead to its abandonment.

Does caffeine enhance its action as a depressant?

I have prescribed antikamnia in five grain doses, repeated every hour for three or four hours, for migraine, sick headache, neuralgia and muscular rheumatism, with fairly successful results. Certainly it has seemed to act better than the same amount of antifibrin alone; but in the light of my later experience I shall be extremely cautious in giving it.

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*Solanum Carolin* is said to be a curative agent of much merit in epilepsy. It is also stated that it controls puerperal convulsions.

## Ophthalmology and Otology.

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CONDUCTED BY H. C. FRENCH, M. D.

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### CLINICAL ADVANTAGES OF LONDON.

#### No. III.

##### The Moorfield's Clinics.

The percentage of lost vision in cataract operations under the methodical management of the surgeons at the Royal Ophthalmic, is exceedingly small—probably less than five per cent., which is a remarkable showing when we remember the character of the material that forms the body of this immense clinic, which is drawn almost exclusive from the lower classes of London and its suburban society. There is a beautiful harmony, and absence of all envy and jealousy between this medical staff, and all their greetings and professional relations show perfect fraternity and harmony in aim and method, which doubtless contributes in no small degree to the grand success that attends their efforts, and might be advantageously copied by their trans-atlantic brethren. If one surgeon is necessarily absent for a few days his chosen colleague completes the cases in progress, and conducts the clinic of the absent member with the same freedom that he would his own, and this perfect confidence between the medical staff of the hospital can but contribute to the confidence of the public in their trustworthiness. In the preparation of the cases for the operating table the same unchanging routine is adopted in every instance, and nothing but the most trifling or accidental deviations vary the established method of procedure. If anæsthetics are administered the patient is strapped to the table and nitrous oxide gas is given freely to the point of perfect muscular relaxation, when the anæsthesia is completed by the free administration of pure chloroform to the point of absolute insensibility, and we were told that by this method, which was used re-



peatedly day by day, the fatality was exceedingly small. Cocaine is first instilled in the eye by means of a convenient dropper made for the purpose, and having a small glass tube passing through the center of the cork about midway into the bottle which holds half an ounce. The eye is then thoroughly irrigated between the divided lids with a warm ten per cent. solution of boracic acid, which passes through a hard rubber nozzle at the end of a small rubber hose which is attached to a nipple at the bottom of a quart porcelain mug, held by an attendant sufficiently high over the head of the patient to give the stream the requisite force. In answer to the question addressed to Mr. Nettleship, as to what the solution was, he replied, "boracic acid, but I regard pure warm water as equally good for cleansing purposes." The instruments employed in these operations are always submerged in the same boracic solution. It was never our pleasure to witness such a uniformity of mechanical skill and artistic execution in a collection of surgeons as in the case of these London oculists. They are all ambidextrous, and without exception, have perfectly steady hands, which gives a remarkable uniformity to the excellence of their performances, giving the visitor a sense of the simplicity of the most difficult operations under master hands. Mr. Nettleship is the only member of the college who almost invariably extracts the lens without an iridectomy, and showed the freedom and catholicity of his mind in the remark that he believed that ultimately a resort to iridectomy in cataract extractions, would be almost universal. The chief argument in favor of extraction without iridectomy is one purely of cosmetic effect. It is now believed by the best authorities, that so far as acuity of vision is concerned, it has no advantages over the older method with iridectomy. The iridectomy certainly lessens to some extent the risks of disastrous results, especially in the hands of surgeons who operate but seldom. The surgeons at the Royal Ophthalmic Hospital whose operations we had the pleasure of witnessing were Messrs. Nettleship, Tweedy, Gunn, Morton, Tay, Lawford and Cooper, all of whom differed little in their general manner of operating, and in the uniform excellence and artistic method of their performances. Dr. Tweedy operates with-

out fixation, giving as his reason for this singular departure from established usage, that he thus avoids unnecessary irritation of the conjunctiva, which is a very small matter under aseptic methods, and the risks he thus entails would in our mind be in no sense compensated by the advantage gained, and we predict that a surgeon of such universal excellence will some day abandon the method. A majority of these surgeons perform an iridectomy at the time of extraction. Mr. Nettleship advanced the only argument we ever heard against a preliminary iridectomy, and that was that it interfered with the formation of an ample conjunctival flap, which he considers of great importance in protecting the scleral wound. When so many excellent surgeons agree in their general methods, and the results of their operations are so uniformly good, it necessarily gives us confidence that the most delicate and difficult operation in the domain of surgery, is at least approaching perfection. The operating room is furnished with rapidly closing blinds, and a strong electric light. We saw a large central corneal ulcer brought into view by the instillation of fluorescein, when under the electric light, the galvano cautery was carefully applied, burning the entire periphery of the ulcer up to the normal cornea, and afterwards the center was similarly treated. Three days after, the ulcer presented a healthy appearance, and the reparative process had fully commenced. The result in this case convinced us that this would be a valuable method to adopt in *ulcus serpens*, thus obviating the necessity of entering the anterior chamber, as by Saemisch's method. We witnessed some good results in plastic surgery, under aseptic conditions, and in short, everything that was done by these London oculists was in such a masterly and finished manner as to inspire the most enthusiastic attention and admiration from all their foreign visitors.

H. C. F.

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*Muriatic Acid* is a remedy of great value in piles, especially among people advanced in years, whose piles continue to trouble them. The piles are large and painful, very tender, and suggest that ulceration has taken place. In such cases there is a general adynamia and an offensive odor of the breath and of other secretions is often present.

## Colleges and Hospitals.

### ADDRESS OF WELCOME.

By B. F. MERTZMAN, M. D., SAN DIEGO.

*[Delivered before the Members of the Southern California Homœopathic Medical Society, assembled at San Diego, October 14, 1891.]*

LADIES AND GENTLEMEN AND MEMBERS OF THE 'SOUTHERN CALIFORNIA HOMŒOPATHIC MEDICAL SOCIETY—To me has been assigned the very pleasant duty of extending to you in the name and behalf of the members of this Society, of the city of San Diego, a sincere greeting and hearty welcome. I know that I voice the sentiments of the friends of homœopathy and my colleagues, when I say in the language of the poet:

“Wo Mann singt da lass' dich nieder,  
Denn böse Menschen haben keine Lieder.”

You have the assurance of the poet, that you may abide with and need fear no evil from those who sing songs. You therefore have a double assurance when I inform you that we who welcome you here to-day all sing songs with which you are thoroughly familiar. Our hearts and voices are in harmonious accord in singing with you the songs that Hahnemann taught. Being unanimous on this point, we have the right to suppose that the great and vital muscle of life of each and every one of you pulsates in unison with true devotion and the fullest sympathy in grateful recognition of the attainments of him whose beneficent discovery we humbly represent here to-day.

Ladies and gentlemen, it is highly gratifying to me to welcome you to-day, for I know that the bright and intelligent faces I see around me are devoted to one great principle—a principle so simple, yet withal so truthful, that from its very inception it has defied the absurd and irrational forces arrayed against it. No machinations of human ingenuity have succeeded in staying its progress; onward, onward, has been its course, each and every day has added to its momentum. The law of *similia similibus curantur*, with its inherent merit has cut a deep and mighty channel in the stream of allopathic therapeutics. Along the shores may be seen

scattered without number the wrecks and debris of systems and theories that for a time attempted to stay its onward course. Onward, onward did I say, yes this very day homœopathy finds its strongest and most enthusiastic exponents, and its most intelligent and refined clientele on the far western shores of the mighty Pacific. Even here the fathomless depths have failed to retard its progress for the very antipodes are awakening to the great truth of its teachings, and with acclamations of joy pay homage to its discoverer. Ladies and Gentlemen, here in the glorious land of the setting sun, on the soil of the fairest and brightest star, in the galaxy of states of the Union, you enjoy privileges once denied to our predecessors. Here on the south-western-most confines of the great United States, you have vouchsafed to you by the purchase of previous blood, the highest attributes of freemen—freedom of principle, freedom to speak that principle and freedom to follow that principle, and woe betide him who would dare to take from you your liberty and belief in that principle. Though it be superfluous for us to add words of adoration at the shrine of Samuel Hahnemann, yet the thought will assert itself that it may not be amiss to do so on this occasion. Would that I had a thousand tongues to sing his praises, for each day augments the love and veneration I bear for him and his discovery. Many were the names of men who sprang into prominence in the science of medicine during the progressive seventeenth century, but whatever may have been their attributes, they were far inferior to Hahnemann in many respects. It was in beneficence of spirit and quality of mind that Hahnemann surpassed all medical students of his times. His ambition was as great as the arena, and the arena was the world. His courage was equal to his ambition, and his genius to his courage. In power of observation he was preeminent above all his contemporaries. As in the case of all discoverers, it has been the fate of Samuel Hahnemann to have his name used as a synonym for ridicule and imposition. His discovery was, and is to the present day, ostracized and denounced by those who have not even given it a superficial examination. The bigotry of the enemies of his theory has so overbalanced their reason that it has shut

out from their sight the better qualities of the man and the great truth of his discovery. In humanity and magnanimity he was preeminent above all the great men of his day. It can be truly said that by him alone was instituted among the progressive nations—a system of medicine which had a method, and which had an end and aim beyond the mere fact of personal notoriety. The consequences of Hahnemann's career and his imperishable works were in the highest measure salutary. Before his day medicine was effete. For centuries the baneful influence of empiricism had hung like a pall on the spirit of the medical profession. Hahnemann dispelled the cloud and liberated medicine from the bondage of darkness and uncertainty. He drew across heathen and barbaric medicine the tremendous plowshare of reform. He stirred the medical profession to their profoundest depths. He broke up and trampled on the traditions and precedents of the systems of old. He cleft the high walls which barbarism, owl-like had reared between herself and the light; and the light streamed through. He came as a harbinger of hope to progressive medicine. He was a scholar and close observer. He spoke and practiced that the strong yields to the mild. His beautiful system flowed like a stream of silver through the dirt and nauseating debris of the East. It carried on its liquid tide the most profound reform medicine has ever seen. Even the works of such arrogant bigots and uncompromising enemies of homœopathy of the present day as Bartholow, Phillips, Wood and Ringer, bear in their plagiaristic pages the evidence of its mighty influence. Medicine has grown like a hyacinth from the mire of Hahnemann's battles. Suffering humanity heard the sounds thereof and was glad, and quivered with the agitation of new life. Medicine put on new robes and walked like a queen over the preposterous and inhuman systems of old. Hahnemann by his discovery gave civilization a victory over darkness, and the sky of medicine has grown brighter from east to west over the whole world ever since. Though in his death we lost the master, the result of his discovery and activities have taken so firm a hold on the medical profession as never to be uprooted. For men having once risen to a better estate and felt the blessings of sunlight do not willingly go back to

darkness, or lie again contented in the wallow or barbarism.

Ladies and gentlemen, here on the shores of the great Pacific, whose boundless and mighty waters present a panorama of constant and ever changing colors and beautiful forms, where each gentle wave scatters diamonds in profusion on the musical sands of the beach, where the morning sun gilds the mountain tops with mantles of gold; here within the halls of magnificent proportions of the beautiful Hotel del Coronado, the peer of all hostelries, we invite you to unfurl your colors and welcome you to accept our hospitalities. Some of you poor inlanders, who have been enjoying the luxury of a temperature of one hundred and ten degrees and over, may have some illdefined recollection of having heard once upon a time, that such a place as San Diego, with its magnificent bay, its beautiful hotel and perfect climate, did exist somewhere in Southern California. Will you excuse the presumption which prompts me to inform you that such a place exists in reality, and that you may enjoy freely and to your hearts' content its many beauties and its salubrious atmosphere.

The thought suggests itself to me that I am wandering from my subject, and hence the chanting of praises of our scenery and the wonderful resources of our hidden back country must be deferred to another occasion.

Ladies and gentlemen, with this second regular meeting of our infant society, we inaugurate an era in its history, from which we expect to date a new awakening in the best interest of humanity and our profession at large. I do not claim to be a prophet, but if I can interpret the indications correctly, everything appears to conspire to make this meeting a triumphant success, and foreshadows for our society a bright future. Your views and deliberations cannot fail to be productive of great good, and will be a lasting benefit to each member. Your experience will furnish the incentive for new ideas and the confirmation of old ones. It is my sincere wish that this meeting may serve to strengthen the bond of mutual friendship and esteem for each other, a friendship which shall unite us all as members of one noble profession, and which shall bind us in one common brotherhood, and

when you leave for your homes again, may you bear with you as kind remembrance of us as we shall ever retain of you and your work, and take with you the conviction that our welcome of to-day was heartfelt and sincere.

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**Resolutions Passed by the Faculty of the Hahnemann Hospital College of San Francisco, on the Death of Professor Samuel Lilienthal.**

**WHEREAS:** Dr. Samuel Lilienthal, one of the oldest practitioners of Homœopathy in this country, and one of the ablest exponents of its principles; a man of sterling integrity of purpose; an indefatigable worker in the cause which he espoused, and which was so near to his heart; who was for three years, until failing health and strength compelled him to resign, a member of this faculty, has been removed by death from our midst, and,

**WHEREAS;** in the calling above of our venerable brother, and co-worker, to his well earned rest, and reward in a higher sphere; we lose an able, upright and conscientious physician, ever ready to answer to the call of duty, and to fight for the advancement of the great law of cure, promulgated by Samuel Hahnemann, sparing neither time or strength in carrying forward the means which would insure its ultimate success as the best method of treatment for the permanent relief for human suffering, and

**WHEREAS,** his loss will be felt by the great school of Homœopathy all over this broad land, and that each of us who knew him personally, will feel that we have lost a friend whom we value beyond price; for by his gentleness of character and purity of life, he had endeared himself to all, and,

**WHEREAS,** now that his work is finished, and we have the example of his noble life to help us in our works, therefore be it

*Resolved,* that we pass these resolutions as a fitting tribute to his memory, to be spread upon our records; a copy to be sent to his son, Dr. James E. Lilienthal, and a copy to be given to the California Homœopath, for publication in its next issue.

**The Southern California Homœopathic Medical Society.**

THE regular semi-annual meeting of the above society was held at the Hotel del Coronada, San Diego, October 14th, 15th and 16th. President Arndt in the chair. There are about sixty members of this Society and the meeting was well attended. Many interesting papers were read evoking entertaining and instructive discussions. A further report will appear in our December number.

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**Correspondence.**

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INDIANAPOLIS, October 1, 1891.

MY DEAR DOCTOR:—It has been proposed by a number of homœopathic physicians to publish Dr. Fincke's Translation of Hahnemann's "Organon" It will contain about 272 pages; to be printed upon the finest paper, the best carbon ink, and bound with the best muslin. This can be done for \$1.50 per copy, providing a sufficient number of subscribers can be obtained. To do this, it will be necessary that each subscriber be prompt to send in his name and the number of copies he will subscribe for. By doing so, the work can be completed in a short time, and it is desirable that it should be done as soon as possible. It is positively necessary that a correct copy of the "Organon" be in the hands of every homœopathic physician, so that they may become familiar with just what Hahnemann has said about the LAW and its application to all cases of sickness, as well as the universality of that law.

It is well known that Dr. Fincke is a thorough German scholar, and that he is perfectly familiar with the English language, and that he has made a true and literal translation of the "Organon," which gives us just what Hahnemann has said, and if the profession will come forward and help to publish it, then it can be quickly done, otherwise it must remain as were it a closed book for a long time to come.

We, as homœopathic physicians, have remained long enough on the defensive; it is time for us to act on the offensive, and I know of no better document to put into the hands of our patrons than a copy of the "Organon." Loan it to one, and soon as they have read it, loan to another and keep it going. Tell them that it exemplifies the law by which we prescribe and practice medicine.

From actual experience, this has proved successful in my hands. Every one who has carefully read the "Organon" will become a homœopath, and they will have no use for empiricism or quackery ever after. I have put myself down for twenty-five (25) copies; a number of others have done the same. I shall use them in that way if we can succeed in getting the work published, and would advise others to do the same.



Now, my dear Doctor, how many copies will you subscribe for? Only a limited edition will be published. It will not be put into book-stores or pharmacies for sale. Should it happen that some one of the subscribers shall have passed away before the work is completed, the copies that they have subscribed for will not be sold for less than two dollars and a half (\$2.50) per copy. It is not the intention to publish only just the number that are subscribed for.

Now, Doctor fill up the enclosed blank and return as soon as you can, and in the course of two or three weeks send us the money for the same. If not a sufficient number of copies are guaranteed then your money will be returned and the publication dropped.

You will see that a work of this size and character can not be published for that price unless the money is on hand to pay for the work as it progresses, and I will not run up a debt that can not be met with the cash in hand. All that come forward and help to get this work out shall have the benefit of the same.

Fraternally yours,

J. R. HAYNES, M. D.

120 N. Meridian St., Indianapolis, Ind.

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## Editorial Notes.

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### IN MEMORIAM.

SAMUEL LILIENTHAL, physician, teacher, editor and author, with an international reputation, respected, honored and beloved on all sides, after more than the allotted three score years and ten of an active, untiring, industrious life spent in the service of his fellow men and always devoted to the best interest of his profession, finally left his earthly career, October 3d. Dr. Lilienthal was born December 5th, 1815, in Munich, Germany. He was graduated with full honors, in the University of his native city. Soon afterwards he emigrated to America, where he embraced Homœopathy as his medical faith. After practising in several places successfully, he finally settled in the City of New York, in 1857, from which time his public career became known wherever Homœopathy is acknowledged. Here, as a physician of large practice, a trusted consultant, a beloved teacher, a constant contributor to the periodicals of the school and gifted author of the most complete Homœopathic therapeutics; he

has done much to mould the mental characteristics of a whole generation of Homœopathists, and of all the great teachers of our school, he also was one of the best known to the general practitioner through his connection with our journalistic literature. As a champion of the pure principles of Homœopathy as interpreted by men like Hering, Dunham, Lippe and Guernsey, to whose teachings he delighted to draw his readers at all times, he did yeoman service to our school. While lacking none of the fervid faith of these great men in the universality of the law, he was free from their dogmatism and the unchanging youthfulness of his mind made him ever keenly alive to all the questions that lay in the line of progress of modern medicine. To him we were wont to look for the first of the issues of modern thought in medicine and have them illuminated by the light of the Homœopathic principles and thereby relegated to their proper place amongst us. His breadth of vision and wide sympathy was extended also to his estimate of men. Here was no narrow acceptance of some and blind rejection of others, merely because they represented different views. He could accept the principles of both as different manifestations of some deeper truth and by being loyal to this, he could be just to all. As a writer, Dr. Lilienthal was very prolific, more especially as compiler and interpreter he stood without a peer, using his sympathetic appreciation of the labors of others together with his own broad culture and wise discrimination to winnow for the benefit of the profession the contributions that were brought from all quarters. THE CALIFORNIA HOMŒOPATH especially, owes him a large debt of gratitude for his constant cheerful aid at all times, answering every appeal promptly and gladly, greatly to the value and interest of its pages. His contributions can be found in almost every number from its first inception up to the time of his death. Our readers will sadly miss him and the editors hardly know where to look for one able and willing to take his place even in part. It is for those of us who remain to continue the work he did so well in the same spirit of loyalty to truth and unselfish devotion to the cause—done in this spirit there can be no doubt of the ultimate results.

WM. BOERICKE.

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WHY is it that so few Presidents of life insurance companies are able to see beyond the end of their noses? Can they not recognize the very evident fact that a large proportion of their business comes from believers in and adherents to the homœopathic doctrine? These persons would prefer being examined by a physician of their own school, and yet there is hardly a life insurance company in the country that is honest and progressive enough to provide examiners of any but allopathic school of medicine. It affords us pleasure to chronicle the fact that the New England Life Insurance Company, of which H. K. Field is the accomplished and genial general agent, has broken away from the old-established custom of medical illiberality and has appointed several homœopathic physicians as medical examiners. The New England is a good company for the homœopaths of California to remember.

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THIS question of life insurance examiners is causing a great deal of discussion everywhere. The homœopaths of the country have at least become aroused to the injustice of the present system of appointments and are determined to demand a recognition by the different companies. If the homœopathic physicians of the United States would refuse to insure with any company that did not have examiners of our school and would steadily recommend to their patients those progressive organizations that have homœopathic physicians on their medical staff, the leading life insurance companies would be forced for self protection to accord us our rights.

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HARDLY a week passes that some new outrage is not reported in connection with the present allopathic management of the City and County Hospital, and yet the same old crowd continues in authority and no change seems likely to occur. Is this disgraceful state of affairs to last forever? Are these same men to grow fat and sleek at the expense of the taxpayers and flaunt their stupidity in the face of public opinion, while we, as Homœopaths, are crowded out of our just share in the administration of these various institutions

for the support of which we must however submit to regular assessment? The Homœopaths of this City and State have rights which are being trampled on in the most barefaced and outrageous manner, and the CALIFORNIA HOMŒOPATH intends to continue agitating this matter until a reform is brought about and we obtain the rights that these political schemers have denied us.

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IN another month the commencement exercises of the class of '91 of the Hahnemann Hospital College of San Francisco will be held, and another successful year be added to those already passed. We are proud of our College—of the work for Homœopathy it has accomplished and the certainty of increased usefulness that the future holds in store. If the Homœopaths of the Coast would but take the interest in the success of the institution that they should, the Hahnemann Hospital College of San Francisco would, within five years, be one of the foremost schools of medical instruction in the world. A hearty invitation is extended to the Homœopathic physicians of the Coast to be present at the commencement exercises to be held in Odd Fellow's Hall, on December 10th, and see for themselves what their brethren about the Bay have accomplished.

C. L. TISDALE, M. D.

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## Personals.

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DR. P. A. TERRY has returned to the city and again located at 420 7th street.

OUR co-editor, DR. CHAS. L. TISDALE, was recently made the happy father of a daughter. Our congratulations.

DR. J. J. MILLER, of San Jose, gave us a call a few days ago. The doctor has an interesting paper in this issue.

DR. JNO. STEINER, of Vancouver, Washington, has a good practice that he wishes to dispose of as he will have to remove to the coast on account of his wife's health. It is a good chance for the right man. Only one other Homœopathist in the place, a lady.

DR. B. J. STANSBURY, of Buffalo, N. Y., gave us a call a few days ago. The Doctor is looking for a location on this Coast.

TRYPHINNIE B. COSACK, M. D., has located at 236 Taylor street, San Francisco, and devotes herself especially to diseases of women and children.

DR. JEAN DEWESSE has removed her office to No. 508 Sutter street, one of the choicest locations in the city, where, we hope she will find lots of work and rich rewards.

THE FABIOLA is the name of a new Sanitarium and private infirmary opened at 486 North Flores Street, San Antonio, Texas, by Dr. C. E. FISHER, editor of *The Southern Journal of Homœopathy*. Write to him for prospectus.

THE Homœopathists of Texas have presented a memorial to the Regents of the State University, asking for the appointment of a professorship relating to homœopathic subjects. The time is coming when every State institution teaching medicine will cease to discriminate between schools.

DR. C. M. SEELEY, of Petaluma, died suddenly of heart disease about the middle of October. Dr. SEELEY was a well-known and respected physician of this coast, having practiced several years in this city. He removed to Petaluma about a year ago, and had already built up a large and lucrative practice in that town.

MR. E. W. RUNYON, of the firm of Boericke & Runyon, is at present sojourning in the East. Mr. RUNYON's trip is a purely business one, and our physicians will probably profit by it, as he visits all of the homœopathic pharmacies of the United States. He writes that he has run across one or two homœopathic pharmacies which are in fact allopathic drug stores flying the homœopathic flag a few feet below the mast head—"if they ran it up they might bust," he facetiously adds. Mr. RUNYON will return, we hope, with new ideas imported especially for our benefit, and if he does, he is the man to put them in action.

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## Book Reviews.

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**Orificial Surgery.** By E. H. PRATT, A.M., M.D., LL. D. Chicago: Halsey Brothers.

If any man on earth should know how to write a book on orificial surgery that man is Dr. Pratt, for he is certainly the best living exponent of the subject.

The book is by no means an exhaustive treatise on orificial surgery, but every one of its 160 pages gives some valuable fact clearly and concisely presented. Dr. Pratt's faith in the "Orificial Philosophy" is shown in every word he writes, and no person can read his book without becoming a convert

to at least a large proportion of the author's views. The attention of the profession is every year being more engrossed by a careful study of the various orifices of the human body and the diseases to which their condition points, and any light that can be thrown on the subject as yet so obscure, is a welcome addition to medical literature. Especially is the generous counsel of so wise and honest a teacher as Professor Pratt of incalculable value to the inquiring student. We shall await with impatience the appearance of the "larger treatise" promised by the author. C. L. TISDALE, M. D.

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## Clinical Items.

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*Hepar* in doses of one to three grains night and morning, was given in one hundred cases of leucorrhœa, not depending upon ulceration, and unassisted by local treatment, and produced a complete cure. It has also been given in vaginitis, rhinitis and catarrhal deafness.—*Dr. Whitney.*

*Oleander*, irritable condition of the digestive organs with functional impairment, characterized by vomiting of food and sour, bilious matter, ravenous appetite, sinking sensation, diarrhœa and obscuration of sight.

*Pure Benzole* is the latest remedy for whooping-cough. It is said to be of equal benefit in the adult or child. In all young infants it seems to have an immediate effect. It not only seems to relieve the distressing paroxysms in number and character, but it relieves the evidences of complication, which seem to be arising, such as bronchitis, pleuritis, pneumonitis, nervous complications, spasms, etc. In many cases of whooping-cough there is a certain cerebral congestion, evidenced by a dilated pupil, these are the cases in which belladonna is especially indicated; benzole is advised as equally efficacious. Two minims in mucilage is the proper sized dose for a six months old child; five minims is the proper dose for an adult. This agent was advised many years ago, but has never come into general use in the treatment of this persistent trouble.

*Condurango*, employed in the form of powder, is efficacious in painful affections of the stomach, sup. gastric ulcer.—*Hall.*

STAPHISAGRIA IN CYSTOCELE.—Dr. Edward Blake says: In cases of prolapsed bladder, where the unfortunate subject either could not or would not submit to the radical operation for the repair of the perineum. I have been for many years in the habit of employing staphisagria locally to the vesicle tumor, and at the same time administering a high dilution of this remedy internally. Topically, the drug is best applied in the form of a saturated glycerole on tampons of carefully carded animal wool.

On more than one occasion women who had decided to let me do perinæorrhaphy for them, have so sensibly improved under it that, to my chagrin, the operation has been postponed *sine die*.

In Dr. Clarke's practice, in a case of prolapsed bladder, where there was sensitiveness of the pudenda as shown by aggravation on sitting down, staphisagria had given great relief.—*Monthly Hom. Review*.

*Ammon. carb* is a useful remedy in coryza, also in sore throat, where the feeling is as if skinned. Frequent fainting and great failure of strength is a good general indication for the drug.

*Strychnia* competes with quinine in its beneficial effect in chronic ear-diseases—chronic unvarying tinnitus is characteristic of it.

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## Selections.

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### A REMARKABLE RECORD.

BY NATHAN NUTTING, M. D., MT. VERNON, N. Y.

On January 1, 1891, I finished a service of six and one-half years in the "Wartburg Orphans' Farm School." This institution is located about two miles from Mount Vernon, N. Y., and is situated on very high ground, in one of the healthiest portions of Westchester County. The "school" was instituted twenty-five years ago, and the "farm" at that

time contained eighty acres; recently, forty acres were added. The site of the main building, a noble structure of stone, is on the highest point, and near by is the school-room and chapel, and a building erected last year for the use of the kindergarten. This was organized, and is still maintained, as a non-sectarian institution, admitting both sexes irrespective of belief or non-belief of the parents. Applicants are received without regard to nationality. It is supported entirely by voluntary contributions, from the beginning having declined public aid. The present director is a minister of the Evangelical Lutheran Church, and a large proportion of the inmates are Germans or of German parentage. The Board of Directors is composed largely of gentlemen of the same nationality. While in the beginning the number of inmates was small, being about twenty, the number has steadily increased until now there are ninety-six at the school. Since my service began, July 1, 1884, the average has been about eighty.

When we consider that nearly all of the children are the offspring of phthisical parents, that they are all subject to diseases incident to childhood, that prior to their entrance to the "school" their homes were homes of misery and want, that they were subjects of neglect and abuse, that while roaming about the farm or assisting those in charge of machinery they were liable to meet with accidents, we might reasonably infer that the mortality would far exceed the average; but such is not the fact. Accidents have happened and epidemics have occurred, and yet the mortality rate has been exceedingly low.

Last year, my friend Dr. A. B. Norton, when compiling his "Directory of Homœopathic Physicians of New York and Vicinity," sent me the following clipping marked "Please correct and return":

*HOMŒOPATHIC INSTITUTIONS—Wartburg Orphans' Farm School, Mount Vernon, N. Y.; opened in 1886.*

An institution of the Evangelical Lutheran Church into which orphan children of both sexes are received without reference to the nationality or creed of their parents, and in which they find a Christian Home. Number of inmates, 87. In six years there has been but one death, which occurred before the physician reached the school. Attending physician, Dr. Nathan Nutting, Mt. Vernon.



I wrote the doctor that the clipping was correct, and I find it in the Directory of 1890. This year I received the same clipping with a like request. As no death had occurred during the year 1890, I made the correction and returned it to the doctor.

Such a record is certainly remarkable, if not without a parallel. While it can be claimed, I think, without egotism, that the application of the law of similia has been the most potent factor in securing such unusual results, a healthy location, strict cleanliness, a bountiful supply of plain, nutritious food, the improved home life, a rigid scrutiny as regards the habits of the inmates, together with unrestricted exercise in the open air, have, without doubt, contributed in no small degree.

For many years prior to my connection with the institution (indeed I do not know but what it was from the beginning) the institution had been under the care of my predecessor, Dr. Jones. Remarkable as has been the record during my connection with the institution, the record during its entire history is scarcely less so. During the quarter of a century of its existence, but five deaths have occurred. Can such a record be paralleled?—*N. A. J. H.*

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#### CONDURANGO AND CONDURANGIN.

By E. M. HALE, M. D.

The following are the conclusions formulated by Dr. Guye-not as a result of a series of experiments made to test the therapeutic value of these substances:

1. "*Condurango* employed in the form of a powder appears to be remarkably efficacious in painful affections of the stomach, and especially in the case of gastric ulcer, ulcer and irritation of the gastric mucous membrane.

2. "Cases of cancer of the stomach, which have been claimed to be cured as the result of treatment with *condurango*, are certainly to be regarded as errors in diagnosis. In all probability the majority of them were cases of ulcerative gastritis.

3. "*Condurangin* possesses an extremely curious and interesting action. It causes a veritable locomotor ataxia, which is due, without doubt, in view of its late appearance, to the formation of some toxic substance produced by the splitting up of *condurangin* in the organism.

4. "In view of the fact that the chemical nature of *condurangin* is not yet thoroughly established, and its physiological action not being thoroughly understood, the bark of *condurango* should be employed in therapeutics and not *condurangin*."

It seems that this remedy, about which once gathered so much quackery and charlatanism, may become a really useful one, when we get the symptoms to guide us, in addition to the above clinical facts.

The observation that it causes a "veritable *locomotor ataxia*," is of great value, and as we have so few medicines homœopathic to that condition, it should be immediately tested. Any drug so closely homœopathic as this seems to be, should be given not below the 6th, at first, the lower dilutions can be used afterwards.

I would advise that triturations be made of the pure powdered bark.

In ulceration of the stomach, it may vie with *arsenic* and *uranium nitrate*.

The bark was used in the cases referred to in doses of five to ten grains, finely powdered, repeated three or five times a day, before meals, in water. It may be that there is a local sedative action of the powder as with *bismuth*.

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#### Note on the Internal Use of Oil of Eucalyptus.

By ED. M. MADDEN, M. B., BROMLEY, ENG.

I wish very briefly to call the attention of my colleagues to the valuable and rapid action of the *eucalyptus* oil when taken internally, especially for acute diarrhoea.

In accordance with its provings in the new *Cyclopedia of Drug Therapeutics* shows a perfect picture of acute general catarrh, with a special tendency to act on the bowels, as indica-

ted by symptoms beginning with "skirmishing, aching pains in upper bowels, with feeling as if diarrhœa was impending," and going through "sharp aching pains in lower bowels with thin, watery, yellow diarrhœa" up to "tenderness and burning sensation in stomach and bowels with great heat in rectum, followed by tenesmus, with discharge of mucus and great prostration."

The use of this drug both internally and by inhalation in catarrhal affections of the nose, throat and bronchi is common enough in general practice, and is only one more instance of the widespread, though unconscious, use of drugs which are truly homœopathic to the diseases they cure, and in this case, I fear not nearly so much used by those who accept the principle of *similia similibus* as by those who merely act empirically.

But its use in acute diarrhœa, especially of the kind which is so prevalent during the summer and autumn, has not so far as I know, been hitherto recorded, nor among those I have spoken to does it seem to have been at all appreciated.

It is, however, a most valuable and rapidly acting medicine in these cases, and since my attention was first called to it last year by Dr. Molson, now of Wimbledon, I have learned to put great trust in it, and am anxious it should be more widely known.

The following, which is the last case out of many in which it has done me good service, is a fair illustration of its efficacy.

Mr. W., æt. 43. was seen first at 9 A. M., on August 16th, 1889. Since getting wet a week ago had been suffering from pains across the upper abdomen, with profuse yellow watery diarrhœa. No appearance of blood, but a little mucus. P. 100 T. 100° F. Tongue very foul, yellow and shiny.

I at once ordered him to take the eucalyptus oil, in doses of two drops on a lump of sugar every two hours.

I saw him again at five P. M. the same day, when all severe pain had ceased, his bowels had only acted twice and the motions were less fluid and smaller in quantity. P. 84. T. 99.6°. The next morning the diarrhœa and pain had entirely ceased. P. 72. T. normal, and he made an uninterrupted recovery.—*Hom. Review.*

**Alstonia Scholaris.**

This medicinal agent is to be found in India and in some parts of Australia. It is used by the people in the above named countries as a remedy in malarial fevers in place of cinchona.

The powdered bark is the form in which it is mostly used. It has a slight but not unpleasant aromatic taste, reminding one of a poor quality of cinnamon which has nearly lost its flavor from age and exposure.

The chief use I have made of it is in diarrhoea and in the latter stage of dysentery, after the fever has passed and the upper bowels are evacuated. I have made use of it in combination with charcoal and bismuth subnit. in the summer bowel troubles of children.

*Alstonia scholaris* is a good remedy to handle the looseness of the bowels in typhoid fever. I believe in this instance that it gives us some little antiseptic property. It seems to give a soothing effect to an irritated bowel, together with an astringency, making it altogether a very valuable remedy.

It is also a fine remedy to relieve the bowel trouble attending the latter stages of consumption.

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**Treatment of Nervous Affections of the Stomach.**

Dr. Von Sohlern, Kissingen, acknowledges the progress made in the diagnosis of this class of diseases, but says their treatment leaves much to be desired. Too many obstinately remain wedded to old notions, though polypharmacy may now be considered a thing of the past, but in relation to diet many errors are still prevalent. In relation to digestibility, provings ought to be made on healthy stomachs by many students, for it is too often the case that the dietary regimen of one physician contradicts that of another one. A prevailing idea is that the strength of the patient must be supported, but this can only be accomplished by attending to the stomach itself, by increasing or exhibiting its secretions; by inciting muscular action, so that gastric digestion becomes normal, and as soon as this is the case, bodily strength and weight will return. Not only qualitatively, but

also quantitatively, our dietary regimen must be carried out. It is very hard to say what is easily digested, and strict individualization is of the utmost importance. Most nervous dyspeptics acknowledge that on account of their neurasthenia they were advised to live well and to hold fast, nearly exclusively, to animal diet—hence their indigestion of albuminous matter exceeded by far the physiological limits. We must bring more diversity into their modes of living if we wish to restore their flagging nervous system, for physiology teaches that such a one-sided diet must be injurious if persisted in, and a mixed diet is necessary to keep mind and body at its normal condition. It is a fatal error to overburden the stomach of neurasthenic patients with albuminous food. We might learn something from the animal world by comparing the life of phlegmatic cattle with the ferociousness and irritability of carnivorous animals. A people living on cereals and plants will be found of a mild character, while hunting people are more energetic, wild, even cruel. Dujardin Beaumetz at the last medical congress showed the intimate connection between dilatation of the stomach and neurasthenia, and dilatation is a sure sign of poor digestion, in consequence of which toxic substances increase in the stomach and intestines, and albuminous substances are the chief carriers of ptomaines, leading to loss of vitality, to general lassitude, though they live well in their estimation—*Berlin Klin, Wochenschr.*, 20, 1891.

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#### Manzanita.

This is another remedy that is new to at least ninety-nine per cent. of the physicians of the world. It has a local reputation as a household remedy in diarrhœa, and ill conditions of mucous surfaces.

This is a small shrub or tree from a foot or two to possibly twenty feet in height, which is found upon the Pacific coast. The wood is very hard and of a dark wine color, and is largely used for making pipes, canes and umbrella handles.

It bears a berry that is large and abundant and serves as food for the grizzly bear, of which they are fond. The plant

takes its name from the Spanish *Manzana*—and as translated meaning little apples. The leaves are the part used in medicine, and may be used in form of an infusion or tincture.

It has been used with good results in gonnorrhœa and gleet, both locally and internally. In the treatment of the first named malady it should not be used until the inflammatory stage has passed, as any astringent by condensing the tissue imparts a stimulus effect to it, which often increases the difficulty, and as a rule, should not be used, except in the after stage. It has given good results as a wash in leucorrhœa and vaginitis as well as in catarrhal conditions of the nose, throat and stomach. Its taste is slightly astringent and bitter, and in my opinion is very much like the *hydrastis canadensis*, and the *berberis aquafolia* in its action, owing to a common principle *berberina* which does the work. The dose of *O* is from gtt. i. to xxx.

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GALL-STONE FORMATION.—At the Congress for Internal Medicine, held last April, at Wiesbaden, Prof. Naunyn read an interesting paper on cholelithiasis. He holds that the essential basis for the occurrence of cholelithiasis is catarrh of the mucous membrane of the biliary passages, that is to say, a "stone-forming," desquamative angiocholitis. The reason for this as developed in his previous argument, is a disturbance in the ready out-flow of the bile. And bile is through its containing bile-salts of the alkalies, a powerful poison to protoplasm. It is readily conceivable that these can act injuriously upon the epithelium of the bile passages and that this injurious action is favored and increased by retention of bile. Overfilling of the gall-bladder and the distension which its walls thus undergo, are not matters of difference. Further engorgement of the bile passage by bile can give rise to an infectious angiocholitis, a bacillus is found in the bile. This bacillus is very much like *Rich's bacterium coli commune* and it is found in the intestine. When this bacillus is introduced into the gall-bladder, after ligating the duct, it causes a desquamative catarrh of the bile passages and the liver. The animal dies in a few days

of general infection. It is very interesting that the infection by this bacillus only occurs when the bile passages are choked; if it be injected without tying previously the ductus choledochus it causes no injury and disappears in a short time from the bile. Concerning therapy of cholelithiasis (not gall-stone colic) Naunyn points out that the amount of cholesterine and lime in the bile (the constituents of gall-stone) are not influenced by the food and hence there is no prophylactic diet, although long periods between meals may, by retention of bile for a long time in the gall-bladder, favor the formation of the stone. Cholagogues (even the biliary acids) have no cholagogue effect to be compared with that of a plentiful mixed diet. The best therapeutic effects is to be obtained from the mineral waters that have a pronounced influence upon peristalsis and upon the intestinal abdominal viscera, and best of all is carlsbad. As the formation of gall-stone is not a general constitutional trouble nor an anomaly of nutrition, and does not depend upon abnormal composition of the bile, but upon disease of the mucous membrane of the gall-bladder, it would be most desirable in severe cases of cholelithiasis to extirpate the gall-bladder. And it becomes the duty of the general practitioner to see that such surgical measures are not too often needed. Hence early recognition of the affection is of great importance. The diagnosis must not be dependent upon the view that cholelithiasis is a rare affection, or even that it is a form of icterus; it is a very common disorder and for the most part without icterus.—*Wien med. Wochens.*, 17, 1891. O'C.

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ASPIDOSPERMINE.—The active principle of quebracho blanco, is used in any case where a fluid extract of the plant would be indicated, as in difficult breathing attending the latter stages of consumption; asthma where it is the result of an organic change in the structure of the parts; bad cases of bronchitis, and in many other cases where there is difficult oxygenation of the blood. The effect of the administration will often be manifest for twenty-four hours after it is given, and in such instances it is not necessary to repeat the doses until the condition of the patient demands it. I regard it as a very valuable medicine, and one that fills a place that has been unoccupied.—*Exchange*.

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Original Articles.

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TWELVE REMEDIES IN DYSPEPSIA.

With Comparisons.

By W. A. DEWEY, M. D., SAN FRANCISCO.

I. NUX VOMICA.

Among causes of dyspepsia are mental overwork, sedentary occupations, high living and dissipation, and these are all keynote symptoms of *Nux vomica*. This drug will be thought of when the patient is "cranky" and irascible, when he is drowsy and stupid in the evening, feels miserable in the morning and has a dull frontal headache. With *Nux* the food and drink taste normal, and the gastric and abdominal disturbances do not commence immediately after eating as under *Lyc.* and *Nux moschata*, but come on a half hour or so after meals, especially the dinner. There is often nausea, empty retching, scanty, sour or bilious vomiting, waterbrash, sour, bitter, metallic or putrid taste and there is vertigo. All these symptoms are aggravated in the morning. Headache usually attends the gastric disturbances of *Nux*. In the flatulent and pituitous dyspepsias of drunkards *Nux* usually precedes *Carbo veg.* and *Sulphur*. *Kali bi.* is more often indicated in the dyspepsia of beer drinkers.



The appetite is impaired, the patient does not want even his accustomed stimuli, or there may be an abnormal hunger, and this abnormal hunger usually precedes an attack of dyspepsia, which attack may be sometimes avoided by attention to diet as soon as this symptom of abnormal hunger appears, which it usually does some 24 or 36 hours previous. The eructations of Nux are painful, bitter, or sour. The nausea is especially after a meal.

The stomach is sensitive to pressure and tight clothing, and the patient will often say: "If I could only vomit I would feel much better."

In the distress after eating we must compare Nux with *Abies nigra* which has a pain which comes on immediately after eating, and with *Kreasote* which has the symptom that three or four hours after eating the patient vomits. Nux has also gastric irritability with pains radiating in various directions from the epigastrium and which are worse in the morning. *Bismuth* has burning and lancinating pains of a purely nervous character. Nux has an abnormal thirst and there is distension even after a light meal and a very characteristic sensation of a lump or a load in the stomach. This oppresses the brain, and soon develops flatulence. *Mercurius* has a deathly faintness at the pit of the stomach. *Calcarea carb.* has a tenderness at the pit of the stomach. *Lycopodium* has a pain in the pit of the stomach when the hypochondria are pressed and a pain in the hypochondria when the pit of the stomach is pressed; there is fullness even after a light meal but *Lyc.* does not have the intestinal irritability of Nux. *Sepia*, *Sulphur* and *Natrum Carb.* have an all-gone sensation at the pit of the stomach worse at 11 A. M. The pains of *Arsenic* are burning and the dyspepsia of *Pulsatilla* is especially after rich and fat food. Waterbrash is more characteristic of Nux while heartburn is more characteristic of *Pulsatilla*. Atonic dyspepsia with a putrid taste in the mouth in the morning compelling the patient to rinse out the mouth, with a desire for beer and bitters and an aversion to coffee will strongly indicate Nux and when Nux fails to act perhaps the next best remedy is *Carbo veg.* The tongue of Nux is coated, white usually and this coating is more on the posterior part.

## II. CARBO VEG.

This is a putrid remedy and will be found most useful in the putrid variety of dyspepsia. Carbo is putrid and *Sulphuric Acid* is sour. When Carbo is indicated the patient will be below par, the digestion will be slow and imperfect, there will be a weight in the stomach and intestines and a faint, gone sensation in the stomach not relieved by eating, but after a few mouthfuls there is a sense of repletion. There is a burning in the stomach extending to the back and along the spine to the interscapular region. There is great distension of the stomach and bowels which is temporarily relieved by belching. The flatulence of Carbo veg. is more of the stomach, that of *Lycopodium* more of the intestines. The eructations are rancid, sour or putrid. There is heaviness, fulness and sleepiness after eating but not so much as in *Nux Moschata* and *Lyc.* The symptoms are worse from fat, fish, oysters, ice cream, vinegar or cabbage. Coffee disagrees and milk increases the flatulence. There is violent burning in the stomach, chest and abdomen, with paroxysmal and crampy pains which force the patient to bend double.

Flatulence gives rise to asthmatic breathing and dyspnoea which is worse by motion and the erect position and from 4 to 6 P. M. just the time of the aggravation of *Lycopodium*. We may find here the symptom that the patient wants to be fanned. There is frontal headache worse in the morning and in a warm room, crossness, irritability. Carbo being a putrid remedy, is especially useful for the effects of overeating, high living or from eating tainted meats, where, digestion being slow, the food putrefies before it digests. There is great craving for salt and other things that always make him

remember that Carbo has a more upward pressure of gas on the diaphragm causing distress of breathing than *China* has, but so much pressing down on the intestines as *Nux* does. And that it is more applicable to putrid dyspepsias and chronic dyspepsias of old people. Another difference between Carbo and *Lyc.* is that in Carbo the remedy is more to diarrhoea, while in *Lyc.* it is to constipation.

## III. CHINA OFF.

China is useful in cases where like *Carbo veg.* there is depression of vital power, but here it seems to be especially limited to the loss of animal fluids. Like *Lycopodium* and *Colchicum* it has tympanites and is still further like the former in the sensation of satiety after a few mouthfuls of food. The distension calling for China is painful and only momentarily relieved by belching. There are sour or bitter eructations and the flatus is offensive; there is slow digestion and the patient faints easily as in *Nux moschata*, and they are worse after late suppers. There is also a sensation as if the food had lodged in the œsophagus behind the sternum. *Pulsatilla* has this but in a less degree than *China*. The boiled egg sensation of *Abies nig.* is lower down. Many times these symptoms of *China* are caused by drinking tea to excess. When *China* is well indicated there will be a yellow diarrhoea which is worse at night and after meals. *China* does not have rancid belching with burning which will distinguish it from *Carbo veg.* In cases where the food does not digest, but lies a long time in the stomach, causing eructations and finally is vomited undigested, *China* is the remedy.

## IV. LYCOPODIUM.

A grand characteristic of *Lycopodium* is this: the patient goes to meals with a vigorous appetite, but after eating a small quantity of food he feels so full and bloated that he has to force himself to swallow another mouthful and he leaves the table with his hunger only momentarily satisfied. Here it is seen that the distress is *immediately* upon eating, not a half hour after as in *Nux vom.*, nor two hours after as in *Pulsatilla* and *Anacardium*. *Nux Moschata* has distress immediately upon eating also. There is intolerance of pressure about the waist after meals not all the time as in *Lachesis*. Now this sensation of satiety is found under *Ars.*, *Carbo veg.* *China*, *Sepia* and *Sulphur*, but it is especially characteristic of *Lycopodium*. The *Lycopodium* patient is almost unconquerably sleepy after eating. There is a great accumulation of flatus in the stomach and intestines—rather more in the intestines—and this presses upwards and causes difficulty of

breathing just as we found under *Carbo veg.* We may also have attacks of ravenous hunger under *Lycopodium* which if not satisfied will cause a headache as in *Cactus grand.* *Lycopodium* is especially useful in the atonic and acid forms of dyspepsia for it has also sour taste, sour belching, and sour vomiting when it does occur, which is not common however, there is also painful swelling at the pit of the stomach and intolerance of tight clothing. Belching of gas in *Lycopodium* does *not* relieve. Now *Lycopodium* is after all quite similar to *Nux vom.* but the immediate distress after eating belongs to *Lycopodium.* In *Nux* too the flatus presses rather downwards. Both have constipation with ineffectual urging to stool. *Nux* from fitful intestinal action, *Lycopodium* from contraction of the sphincter ani. *Sepia* is also similar in some respects to *Lycopodium* but *Sepia* has a sensation of emptiness in the epigastrium while that of *Lycopodium* is repletion. The urine contains red sand and it is not so offensive as that of *Sepia.* *Lycopodium* has also as an important stomach symptom; desire for sweets which is similar to *Argentum nitr.* *Lachesis* desires oysters.

#### V. PULSATILLA.

Dryness of the mouth, putrid taste in the morning on awaking and a sensation as if food had lodged under the sternum are characteristics of this remedy. The tongue is coated with a thick white fur, there is acidity and heartburn, food tastes bitter, sour or putrid, there is waterbrash and eructations tasting of food and absence of thirst. There is often a constant taste of food in the mouth as if it had laid in the stomach a long time after eating it. A bad taste is a special indication for *Pulsatilla.* There is craving for lemonade and aversion to fats which aggravate. About one, or more often two hours after eating there is a feeling of fullness and weight in the epigastrium which is relieved for a short time by eating, being here similar to *Anacardium.* The characteristic of the flatulence of *Pulsatilla* is that it moves about and often causes painful sensations about the chest and which are relieved by eructations or the passage of flatus. *Pulsatilla* is especially useful for the dyspepsias arising from fatty foods, pork pastry or mixed diets, being here like *Ipecac,* or from chill-

ing the stomach with ice-cream or ice-water, being here like *Arsenic* and *Carbo veg.* The circulation is disturbed and the patient is always chilly and strange to say worse from heat. After meals there is violent palpitation, the action of the heart is apt to be irregular and it is difficult to convince such patients sometimes that they have not heart disease. Often in dyspeptic troubles calling for *Pulsatilla* there will be headaches which are supraorbital and worse in the evening and from warmth. The patient is mentally active and this keeps him awake for hours after retiring, the sleep is dreamy and the patient awakes tired and listless. To distinguish between *Nux* and *Pulsatilla* is rather easy, firstly the mental conditions are not at all similar; the patient in *Pulsatilla* with digestive troubles is despondent, apprehensive and lachrymose. *Nux* is despondent but at the same time irascible and domineering. *Puls.* is worse in the evening. *Nux* is worse in the morning and after dinner. *Puls.* has more heartburn and *Nux* more waterbrash. From other drugs *Pulsatilla* is easily distinguished. The clean tongue and intense nausea of *Ipecac* will separate that remedy. *Antim. crud.* is especially indicated in those who have overloaded the stomach and has eructations, tasting of food, vomiting and especially a tongue thickly coated white, which should distinguish.

#### VI. ANACARDIUM.

With this remedy there is a sinking feeling which comes on about two hours after eating, and a dull pain in the stomach extending to the spine, and there are often tasteless or sour eructations. The great characteristic of the remedy is the great relief after eating; the symptoms returning again however and increasing in intensity until the patient is forced to eat again for relief. There are three other drugs that have prominently relief from eating. The yare *Petroleum*, *Chelidonium* and *Graphites*. *Petroleum* has among its prominent symptoms ravenous hunger and gastralgia relieved by eating and it is especially called for in long-lingering gastric troubles with a great deal of nausea. *Chelidonium* is indicated by its prominent liver symptoms. *Anacardium* has violent gastralgia, especially at night, and great urging to stool as in *Nux*, but, unlike *Nux*, on going to stool the desire passes

away; then, too, here we have the characteristic symptom of a plug in the rectum which *Nux* does not have. The gastralgia of *Anacardium* is relieved by eating, that of *Argentum Nitricum* is worse from eating. Mentally *Anacardium* has a great deal of hypochondriasis, confusion of mind and loss of memory. The patient is hungry most of the time, and although eating relieves, it is only a temporary relief, for really after eating he is worse. Another distinguishing feature between *Nux* and *Anacardium* is the parietic state of the rectum in *Anacardium* which *Nux* lacks. *Anacardium* also has some flatulence, and the symptom that the patient has to pound his back to start the gas is sometimes met with.

#### VII. SEPIA.

*Sepia* is more often found useful in women, but the symptoms agreeing it may of course be used in men. It is a remedy which has the vehemence and irascibility of *Nux* and the tearful despondency of *Puls.* and also the aversion to household affairs more marked than in *Natrum mur.* Then too there are hot flashes as in *Sulphur* with hot hands and cold feet, but in *Sepia* the face is apt to have the characteristic yellow saddle across the nose. There is a white coated tongue and a sour or putrid taste in the mouth. The most characteristic symptom however, is a feeling of goneness in the pit of the stomach, which is not relieved by eating. This is similar only to *Carbo animalis* for in *Anacardium*, *Natrum carb.*, *Phosphorus* and *Sulphur* this gong sensation is always better after meals. There is nausea at the smell or sight of food, and *Colchicum* has nausea at the thought of food, even mention food and he vomits. The abdomen of *Sepia* is flatulent and the liver is sore and has sharp pains in it, but here again *Sepia* is different from all others for it is relieved by lying on the right side. The urine of *Sepia* may help to decide between it, *Lycopodium* and *Kali carb.* in that while it always deposits a lithic acid sediment, it adheres tenaciously to the sides and bottom of the vessel and is offensive. The *Sepia* patient is worse in the forenoon and evening, and there is great longing for acids and pickles. It may be useful in dyspepsias from the over-use of tobacco.

## VIII. SULPHUR.

Sulphur is a wonderful remedy in dyspepsia but its value is seldom appreciated. It has bitter or sour taste and putrid eructations, sour vomiting, congested liver, and like *Nux*, constipation. It is useful in the flatulent dyspepsia of those who drink heavily, and it has a feeling of satiety after eating a small quantity of food, being in the former symptom like *Carbo veg.* and in the latter like *Carbo veg.*, *Lycopodium* and *Sepia*. It also has an empty gone feeling in the epigastrium at 11 A. M., a gnawing hungry feeling like *Natrum carb.*, *Phosphorus* and *Sepia*. It is aggravated from starchy food like both *Natrum carb.* and *Natrum Sulph.* There is a ravenous desire for sweets which make him sick; only one other remedy has this, and that is *Argentum nitr.* which has a diarrhoea caused by it, while under Sulphur sweets cause a sour stomach and heartburn. The sulphur patient also craves alcohol, and milk, contrary to custom, increases the acidity of the stomach and causes vomiting. There is canine hunger, the patient can hardly wait for meals and is forced to get up at night to eat, which is like *Phosphorus*, and when he eats he feels puffed up, or else there is loss of appetite. If we have the general characteristics of Sulphur present: the hot flashes, the hot head and cold feet, the early morning diarrhoea, the "cat nap" like sleep, the aversion, to washing etc, the choice will be easy.

## IX. PHOSPHORUS.

Craving for cold food and cold drink is characteristic of Phosphorus, and they relieve momentarily, but are vomited as soon as they become warm in the stomach; spitting up of food without nausea is also common. The gone weak feeling in the stomach at 11 A. M. which we find under *Sepia Sulphur* and *Natrum carb.* is also present under Phosphorus, and here it also extends to the bowels. There are sour eructations, and as a concomitant we sometimes have the characteristic burning between the scapulæ of this remedy. The tongue is white more along the middle as in *Bryonia*. As in *Sulphur* the patient is hungry at night and lies awake until he gets something to eat. It is a useful remedy in the vomiting of chronic dyspepsia, the patient vomits as soon as

the food strikes the stomach. *Bismuth* has also the symptom that the patient vomits as soon as food strikes the stomach.

#### X. NATRUM CARB.

Natrum Carb. stands between *Nux* and *Sepia*; it has the hypochondriasis of *Nux*, as well as the morning nausea and empty retching; and it has the aversion to household affairs and the sour eructations and the fetid flatulence of *Sepia*. It has a weak hungry feeling in the epigastrium at 11 A.M. the same as *Sepia*, *Phosphorus* and *Sulphur*. The Natrum Carb. patient is especially low spirited and hypochondriacal after a meal, and the patient is worse after vegetable and starchy foods. There is distension of the abdomen with hardness and fullness as in all the alkalies. Dyspepsia from eating soda biscuits.

#### XI. KALI CARB.

Kali Carb. is indicated where the system is broken down by loss of fluids or protracted illness as in *China* or *Carbo veg.* Dyspepsia of the aged or weak, anæmic and easily exhausted patients with tired feelings and backache is met by Kali Carb. Before eating there is a faint sinking feeling in the epigastrium with sour eructations, heartburn and a peculiar weak nervous sensation. The patient is sleepy while eating. After meals there is an undue flatulent distension of the abdomen. Everything he eats seems to turn into gas, which is the same as *Argentum nitr.* and *Iodine*. The belching is putrid and is similar to *Carbo veg.* in that it relieves; there may also be intense pains in the spine. All the stomach symptoms of Kali carb. are aggravated by soup or by coffee.

#### XII. GRAPHITES.

This remedy has tympanitic distension of the stomach and bowels, the patient being obliged to loosen the clothing as in *Lyc.*, *Carbo veg.*, *Nux* and *China*. There are burning cramps in the epigastrium and putrid eructations as in *Carbo veg.* It has aversion to meat, chilliness, mental symptoms and chlorosis similar to *Pulsatilla*. It has gastralgia, which is a burning, crampy, colicky pain, and is relieved by eating as in *Anacardium*, *Petroleum* and *Chelidonium*. Sweets nau-



seate and disgust, hot drinks disagree, and there is a rush of blood to the head after eating. The Graphites patient is inclined to obesity and flabbiness, and eruptions on the skin characteristic of the drug may be present. There is a disagreeable taste in the morning as of eggs. The aversion to meat is found in all chlorotic remedies such as *Ferrum* and *China*. The flatus of Graphites is rancid or putrid, which will distinguish it from *Lycopodium*.

Graphites is a remedy which should not be neglected in stomach disorders. Dr. Jousset, the celebrated French homœopathist, recommends the alternation of *Nux* and Graphites in most cases of dyspepsia; he gives *Nux* 12 one hour before meals and Graphites 12 one hour after meals, and claims that this is all-sufficient in most cases of dyspepsia, but this routine method of prescribing cannot be recommended.

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### HYGIENE.

By E. D. OLMSTEAD, M. D., SPOKANE.

[Read before the Washington State Homœopathic Medical Society May 13th 1891.]

“Hygiene is the science or art of preserving health by the appropriate nourishment of the body, and the proper regulation of its surrounding conditions.”

#### LOCATION.

The first subject of importance from a hygienic point of view, is the location or residence of the individual family or community whose interests are involved. Other conditions may be altered or modified with comparative ease, but the place and character of the habitation when once fixed usually so remains for a considerable time, and thus exert a continued influence for good or evil. In towns or cities where large numbers of people are collected within a small space, the question of drainage or sewerage becomes of the utmost importance. A location on high ground and in such a position as to avoid all miasma or unpleasant odors which might be put in motion by south or westerly winds, is to be preferred.

The amount of clothing to be worn should be sufficient to insure comfort at all times. Owing to the peculiar condition of the systems one man may feel the need of an overcoat while another may feel perfectly comfortable in lighter attire.

Exposure to damp or cold is not necessarily injurious, so long as the body is in a state of muscular activity. One of the most fruitful sources of disease is sitting in a room which is uncomfortably cold or remaining in a state of inactivity after violent exercise.

#### BATH.

To bathe, in the widest sense of the word, is to surround the body for a temporary period by a medium different from that in which it usually exists. The medium may consist of sun, vapor, air, water, sand or mud, each beneficial according to the requirements of the individual. Water being the most in use, we will confine ourselves to the best methods of using it. The temperature of the warm bath, although grateful to the bather and of great importance in febrile and inflammatory conditions, should only be used for cleansing or after excessive muscular exercise or a fatiguing journey. It is refreshing and tranquilizing to the system, but its too frequent use tends to relax and debilitate, and renders the system more sensitive to the variations of external temperature.

Practical knowledge and experience have taught that there is no bath so conducive to health and the preservation of all the energies intact as the cold or plunge bath. The water should be freshly drawn just before taking the bath let the temperature be what it may. The bath room should be at a temperature of not less than 65 degrees; and the bath should be taken on *arising* in the morning. Plunge into the cold water after having first bathed the forehead. The bather experiences a shock, attended with a sensation of cold, and with the sudden catching of the breath, the lungs become expanded and awakened as perhaps no other cause during the day would effect. After being submerged about two minutes a lively redness covers the surface, a marked and pleasant feeling of warmth spreads over the skin; the body seems to expand in order to multiply the surface of contact. The pulse is large, full, strong and regular. All the limbs

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the body. An excessive amount of exercise is as bad for the system as a lack of it, for that degree of exertion which is productive of a sense of exhaustion is positively injurious. Neither can a lack of muscular exercise during one period be compensated for, by an increased amount taken at another. Any unusual exertion should alternate with periods of repose, and especially should the natural amount of sleep be taken with regularity and in well-ventilated apartments, one hour of sleep taken regularly after luncheon will compensate for the loss of double that amount at night.

If sleeping in a room with open window, lie with feet toward the draught and little fear need be felt of taking cold.

To sum up: live well, eat plenty of good, nourishing food, bathe regularly, dress comfortably, sleep an hour in the middle of the day, exchew (instead of chew) tobacco, forsake malt and spirituous liquors, and you will be happy and live to a good old age, and retain your faculties in all their pristine vigor.

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## Ophthalmology and Otology.

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CONDUCTED BY H. C. FRENCH, M. D.

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### Some of the Dangers of Becoming Too Exclusively Special.

Dr. F. Park Lewis has favored us with a reprint of an article from the September Hahnemannian, by himself, upon Ophthalmic Therapeutics, which ably sets forth some of the dangers of forgetting the great nervous harmonies of our complex and sympathetic organism, while following with restricted vision a single but dependent member. He says: "In the study of ophthalmic therapeutics, I am immediately impressed with the fact that there are no ophthalmic therapeutics. That is to say, that exclusive of the topical use of drugs, there are no medicines which affect the eye when administered *per orem* that do not also, and in some instances more profoundly, affect other organs and tissues. In a large

proportion of cases, pathological conditions of the eye—so profound as to threaten vision—are but local expressions of constitutional disorders or dyscrasiæ, and their intelligent treatment necessarily implies a correction of the conditions upon which they are primarily dependent. This is obviously true in syphilis and scrofula. It is no less certainly true in asthenia following acute disease, and the spinal and cerebral disturbances in which the eye is coincidentally or consecutively involved.”

He further says: “In diseases affecting the lids, both on the outside and the ciliary margin, the condition is so unsightly and so easily reached locally, that the temptation is very great to rapidly effect its disappearance by means of some local stimulant ointment, without stopping to inquire whether the disturbance is a primary or a secondary one, and the result, as might be expected, is frequently disappointing. An eczema, in which the lids are involved, is but a manifestation of a more general skin-disease, and its cause may be as difficult to discover. In any event, the cause must be sought for, and if possible, removed.” \* \*

\* \* “When no apparent diathesis exists, the stomach may be the origin of external ocular disturbances. I recall a blepharitis which had existed for years and obstinately refused to get better, in a fair, but otherwise strong and robust girl. It was of a dry, scurfy nature, and left the edges of the lids red. It was finally elicited, after careful questioning, that there was also a fermentative condition of the stomach, with frequent gaseous eructations, which was almost as annoying as the trouble with the eyes. *Lycopodium* completely and rapidly cured both, and when subsequently like symptoms arose—and they were always coincident—the same remedy was invariably efficacious.”

After describing a very interesting case of senile cataract which had progressed until vision was reduced to 15-70, but which by the aid of suitable glasses and proper constitutional measures was restored to 15-15, and in which the chief lesion was found to be one of assimilation, he continues—“In the diseases of the cornea and sclera, whether phlyctenular or ulcerative, the same comprehensive study of the case must be made. Rarely are these conditions altogether

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freer osmosis between the anterior and posterior chambers; but as well through its absorption by directly stimulating the nerve-supply and controlling the abnormal intra-ocular transudation. The only importance which this theory of the extra-ocular origin of glaucoma can have at this time is to demonstrate that by controlling the conditions from which it arises, the eye, if not pathologically, (originally?) changed, can be restored again to absolutely normal condition, and the danger period safely passed. It is at the menopause that glaucoma is most commonly found in women, and coincident with, or premonitory to the ophthalmic manifestations it will be commonly found, if looked for, that other nervous phenomena are present." The Doctor then gives numerous cases to demonstrate his theory, and if his diagnoses were strictly reliable the results mark a new epoch in the history of this dreaded disease. This thoughtful paper so characteristic of the mental quality of our worthy colleague ends as follows: "I wish to say in conclusion of this whole matter, therefore, that as the study of ophthalmology demands as a corollary the study of medicine in its entirety, so the study of ophthalmic therapeutics must be based upon the broad principles that underlie all successful medical practice; and only as this truism is practically applied by our skilled ophthalmologists, are the hidden virtues of our therapeutics to be verified and demonstrated."

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#### **Treatment of Squint by Advancement of the Recti Muscles.**

In a paper read before the Ophthalmological Society of the United Kingdom, by Dr. Adolph Bronner, of Bradford, the author gives the result of his treatment by this method in fifty cases. This is the method long advocated by Schweigger, and the author admits that in cases of divergent squint, it is necessary to perform tenotomy of the external recti in conjunction with the advancement of the interni. He claims the best results in which the squinting eye is defective in vision. He also claims that the advantage of advancement over ordinary tenotomies to be the prevention of deviations

in the opposite direction, which is not infrequent unless great care and judgment are exercised in this class of operations. In the discussion that followed, the learned ophthalmologists were about equally divided in their endorsements and condemnation of the proposed plan. After having percolated of mercury in one per cent. solution in trachoma, the society lurches into the domain of Homoeopathy in its advocacy of a highly attenuated solution given internally. A pencil composed of one part of the mercury to four of nitrate of potash was also highly extolled, as a topical measure. H. C. F.

## Colleges and Hospitals.

### SANTA BARBARA COTTAGE HOSPITAL.



We are glad to present to our readers a cut of the new Santa Barbara Cottage Hospital, erected by the ladies of Santa Barbara for the benefit of invalids of both sexes.

In view of the many invalids who come to Santa Barbara who are unable to find suitable accommodations where they



can obtain both the attentions of a home and proper care, the ladies have erected a commodious building for the purposes of a private hospital where patients will have the privilege of selecting their own physician or surgeon, and have the services of the best trained nurses.

The location of Santa Barbara makes the climate a peculiar one, even in California, and is considered by one of New York's specialists particularly adapted for diseases of the lungs. There is great uniformity in temperature throughout the year, and a remarkable freedom from the cold, raw winds so prevalent along the Coast. The mean temperature of the winter differs by less than ten degrees from that of the summer, while at Mentone, a healthy resort on the Mediterranean, the difference is more than twenty-four degrees, and the winter there is seven degrees colder. The number of rainy days is small, and although during the months of April, May and June, gray days may occur, wet, foggy ones are uncommon. The fogs are from the sea and usually flow in from the ocean during the night and disappear early in the morning. There are probably more than three hundred fine days in the year.

The building is beautifully situated, having fine views of the mountains and the ocean. All of the rooms are sunny. Every precaution has been taken by using the best methods of ventilation and the latest improvements in plumbing and general sanitary arrangements. Gas and hot water pipes for heating are laid throughout the building.

Physicians having patients desiring to go south will be glad to know of this new homœopathic hospital, to which they can direct such as may need its comforts and advantages.

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#### New Licentiates.

The following are the names of the licentiates of the Board of Examiners from January 1st, 1891, to date:

Alfred L. Cole, San Francisco; Lucy G. de Haven, San Francisco; Ray R. Baldwin, Honolulu; A. F. Elliot, Santa Monica; John W. Oberg, San Francisco; N. H. Haight, Redlands; S. Ward Green, Ontario; E. D. Curtis, Oakland; A. J. Howe, San Francisco; G. H. Richardson, Los Ange-

les; John E. Fleming, Colfax; A. W. Burdick, Oakland; Rachel Lain, Vallejo; M. A. Palen, San Francisco; Lilian A. Dell, Oakland; John F. Fargo, Ontario; W. H. Griswold, Jackson; George F. Whitfield, Mokelumne Hill; T. B. Cosack, San Francisco; A. M. C. Walker, Boulder Creek; C. A. Wayland, San Jose; T. L. Johnson, Pomona; James Kech, San Diego; George D. Arndt, San Diego; Edgar R. Bryant, Vienna; George C. Clark, Orange; J. W. Gunst, San Francisco.

A. C. PETERSON, Secretary.

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#### College Commencement.

The eighth annual commencement exercises of the Hahnemann Hospital College will be held at Odd Fellows' Hall on December 10th, at 8 p. m. An interesting programme has been arranged and a full house is expected. The following is a list of the graduates:

Harvey Saburo Hayashi, Aomori, Japan; Huldah Spencer, M. D., Portsmouth, Ohio; Jane Mason Bowen, San Francisco; Herbert Nevins, Selma; Ella Gertrude Pease, M. D., San Francisco; Mary Kathe Telson, San Diego; Milton Harris Atkins, San Francisco; Clara Hill Case, Los Angeles; Rachael Alice Jaffa, San Francisco; Alice Bush, San Francisco; George W. Pleasants, Modoc.

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#### Editorial Notes.

THE Allopaths' friend, Henry Markham, by the grace of luck and fine manipulation, Governor of California, has again given evidence of his utter incapacity for the exalted position he has been jockeyed into. The glaring mismanagement of the old San Francisco Board of Health has long been a stench in the public nostrils, and this versatile reformer has been promising a change for many months. The change has come at last, but the hoped for improvement is by no means as evident. Every appointment has been openly one of policy with the intention of squaring some of his many un-

paid political debts. It is certain that the "pull" is mightier than the man in our Governor's public appointments. Dr. W. F. McNutt, one of the bright and shining lights of the antique school of medicine, is honest enough to declare in the San Francisco *Examiner* of November 23d, that "a few years ago I examined the health reports of every city in the United States and Canada and several cities in Great Britain, and from them informed myself what a health department of a city should be, and then I was thoroughly ashamed of the health department of San Francisco as it then existed. *It has not advanced since* and has failed to grow with the city." And it can never hope to improve while the present unjust system of discrimination is adhered to. When we are fortunate enough to obtain a Governor who has the moral courage and honesty to choose his health officers from all the recognized schools of medicine, then and only then can California hope to be purged from the expensive "jobs" and disgraceful scandals that have for years been a blot upon her fair name.

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THE Hahnemann Hospital College of San Francisco has made a change in its course which will certainly prove of great benefit to the institution. It has been decided by the trustees and faculty to commence the session of 1892, on May 1st, and continue to December 1st, giving a vacation of two weeks in August. This will give a seven months' course of lectures, which is not too long for the thorough work demanded by this institution. It is a wise move and receives our hearty commendation, as does every effort toward perfecting and increasing the educational facilities of our medical colleges.

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THIS number of THE CALIFORNIA HOMŒOPATH closes the year 1891, and we feel that its editors have a decided "kick coming" against the members of the profession on this coast. THE CALIFORNIA HOMŒOPATH is the only journal west of the Rocky mountains devoted to the Homœopathic cause, and yet among the hundreds of bright and educated physicians of that school, who are proud to call this favored country their home, not more than twenty during the past year have

written one original word for our paper or given the slightest evidence of any wish for our success.

Gentlemen of the profession, it is not alone your subscriptions we desire, but your moral support and the kindly assistance of an occasional article from your pens. There is not one of you in active practice but who can easily write a short interesting account of some peculiar case or personal experience that would prove of great value to your professional brethren. Let the new year so soon to open find you giving evidence that our appeal has not been in vain, and let us all strive earnestly to make the year 1892 a memorable one in Homœopathic literature.

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WE are receiving many evidences that the time is not far distant when the life insurance companies will be forced to take an honest stand in this matter of medical examiners. The companies who are the first to recognize homœopathic physicians on an equal footing with their brethren of the moss covered school will reap the reward that always is obtained by the pioneers in any field.

A writer in the November issue of the *Occidental Times*, the California organ of the antique school, has evidently had his barnacle-clad hide pierced by the truth of our demands. He is decidedly unwell, but mistakes a severe attack of jaundice for a spasm of righteous indignation. In spite of this irritable gentleman and the frantic efforts of his friends in distress, we are confident of the success of our demands. The signs of the times all indicate that not only the life insurance companies, but the various Government institutions employing medical officers, are beginning to realize the wisdom and justice of giving the Homœopathic school of medicine a fair representation in their councils.

C. L. TISDALE, M. D.

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*Chimaphilla*.—Chronic inflammation of the bladder, with thick, ropy mucus sediment in urine.

*Thuja*. Irritable bladder of gouty eczematous patients. 1x dilution.

## Personals.

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NOTICE—Those who owe money to this Journal, will receive their bills about December 1st, and we must *insist* upon the payment of the same. Please settle up and commence the New Year afresh. Some of our subscribers have imposed upon our good nature, and allowed their subscription to become two years in arrears. We cannot stand this another year.

A CONCERT was given on November 14th for the benefit of the Southern Homœopathic Dispensary, which was well attended.

DR. WILLIAM SIMPSON, of San Jose, is to deliver the address of the evening, at the graduating exercises of the College, December 10th.

DR. A. C. PETERSON has been appointed Oculist and Aurist at the Fabiola Hospital, Oakland, where his hours are from 12 to 1 on Sundays.

DR. E. M. T. HURLBERT, formerly of Sebastopol, is now located at Des Moines, Iowa, whence he writes that he is prospering and in good health.

THE clinic at the Hahnemann Hospital College Dispensary is the largest in town, and the great benefits students derive therefrom can hardly be overestimated.

D. B. GRIFFIN, M. D., late of Salem, Oregon, passed through the city recently. The Doctor intends to settle in some California town, as Oregon is too wet for him.

GRANT SELFRIDGE, M. D., whose office is at 630 Sutter street, has a card in this number. The doctor devotes himself *exclusively* to diseases of the eye, ear, nose and throat.

E. W. RUNYON, of the firm of Boericke & Runyon, returned from his trip East, convinced more than ever that California is the best place to work in, even if the homœopathic field is a limited one.

PROF. A. A. CUNNINGHAM, F. R. S, the able professor of chemistry at the Hahnemann Hospital College, has a laboratory at room 14 Chronicle Building, where he pays special attention to the examination of urine, waters food, etc.

THE agitation against Life Insurance discrimination is bearing fruit. Most of the Eastern journals are talking it up, and the ball is still rolling. An excellent article favorable to Homœopathy appeared recently in the Insurance Journal, *The Spectator*. The *Southern Journal of Homœopathy* comments thereon in its usual telling style.

J. N. OBERG, M. D., formerly of Tacoma, is hereafter located at 1122 Market street.

THERE has been a kick from some Allopathic sore-heads in different Journals on the question of life insurance and homœopathy, of course to the detriment of our school, but at the same time it shows that we are beginning to be "the people."

BELGIUM AHEAD.—By a recent decision of the Belgian Senate, Homœopathy is to be recognized hereafter officially in Belgium. Chairs of Homœopathy are to be established in all the Universities of Belgium. Of course the Allopaths are mad, but public opinion is against them.

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## Book Reviews.

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MRS. FLORA HAINES LOUGHEAD, a California author, has undertaken a novel and unique enterprise. This is the serial publication of her own short stories, one of which will be issued every month, in the form of small books printed on heavy paper, with broad margins. This publication will be called the "Gold Dust Series" and will be published by C. A. Murdock & Co. of San Francisco, whose name is a guarantee for the excellence and taste with which the small volumes will be put forth. The first of the series, now in press, is "The Man from Nowhere," and it will be placed simultaneously on the Eastern and Western market, being handled in New York by the Frederick A. Stokes Co. of Fifth Avenue.

MRS. LOUGHEAD is the author of "The Man Who Was Guilty," a novel published by Houghton, Mifflin & Co. several years ago. Her story, "The Abandoned Claim," won the \$800 prize offered last year by the McClure Syndicate for the best serial story. This latter will be brought out this Fall in book form by her Boston publishers. But it is upon her short stories, now for the first time presented in book form, that her reputation mainly rests in the West.

Our readers will doubtless remember Mrs. Loughead, from one or two interesting communications to the CALIFORNIA HOMŒOPATH from her pen, and we feel sure they will give the neat volumes the welcome and support they deserve.

**Pocket Materia Medica and Therapeutics.** By C. HENRI LEONARD, A. M., M. D. Illustrated. Detroit, Mich: Medical Journal Co. 1891.

This book which is a brief resumé of all the preparations used by the Allopathic school, except a few which have been recently appropriated from the Homœopathic school as new discoveries. However, we find under *Apis Melifica* directions for its preparation according to Homœopathic directions, and then, too, we find *cactus grand* and *rhus tox* among the list. It is, however, a very useful little book, and we can recommend it to those who wish a handy record of Allopathic *Materia Medica* for reference.

**Medical and Surgical Uses for Electricity.** By Drs. BEARD AND ROCKWELL, New York. Wm. Wood & Co. 1891. 8th Edition.

This is the 8th edition of the well known and standard work on electricity, and this edition is simply another step toward perfection, and the work as it now stands represents the accumulated experience of the Authors from their entrance upon this specialty. We can only repeat our statement in reviewing former editions, that this work should be on the table of every physician who is interested in electricity.

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## Clinical Items.

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### Clinical Verifications.

In a paper read before the Clinical Society of the Hahnemann Hospital of Chicago, Dr. Howard N. Lyon presented the following clinical verifications:

(a) *Headache from Loss of Breakfast.*—In three cases in which the patient was too busy to stop for breakfast, calcarea carb. relieved the headache.

(b) *Headache Induced by Riding on the Cars or Over a Rough Pavement.*—Arnica has invariably afforded relief.

(c) *Sore Mouth from Traveling Over the Alkaline Deserts.*—Borax, either as a mouth wash, or internally, has been effective in a number of instances.

(d) *Vaginitis from Excessive Coitus.*—Arnica was prescribed with marked success.

(e) *Inability to Lie on the Right Side.*—This is a valuable indication for mercurious when occurring in pulmonary troubles.

(f) *Cholera-like Cramps with Diarrhœa and Vomiting.*—Dulcamara in any potency, in the absence of special indications relieves.—*The Clinique*, September 15th, 1890.

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*Conium.*—Induration and enlargement of the ovaries. Tumors in the breast.

**RHODODENDRON IN GONORRHOICAL SEQUELÆ.**—In the case of a young man who, previous to marriage, had contracted gonorrhœa, and who complained that he had drawing pains from the testicles into the abdomen and thighs, and contusive pains in the testicles, which were painful to touch, somewhat swollen and one rather indurated, the trouble always being worse in wet and stormy weather, Dr. E. G. Grahn gave the patient rhododendron 3x. Early relief and a cessation of the trouble was the result.—*American Homœopathist*, September.

---

In fevers of low type, dry mouth, sordes on the teeth and delirium, *kali. phos. 6x* is all I want. The grandest results have been from the administration of this remedy.

The real worth of *kali. mur.* is not known. In simpler forms of fever with medium temperature you will be pleased with *kali. mur. 6x*.

Where the fever runs high with flushed face, thirst and restlessness, *ferrum phos. 6x* will give better result than aconitum.

A. E. MEADOW, M. D., in S. J. H.

---

## Selections.

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### MATERIALS FOR THE RIGHT SEQUENCE OF HOMŒOPATHIC REMEDIES.

BY DR. LORBACHER.

[Translated by the Late Dr. S. Lilienthal.]

Failures in the application of Homœopathic remedies often arise from the non-observance of a right sequence. Many cases recorded show that the prescriber had not the least idea of the antidotal relation of the drugs. No wonder that he feels disappointed; constant change of remedies follows, and finally he accuses the materia medica of insufficiency. Grauvogl taught in his text-book a law according to which health is only possible where the different organs or systems



remain in their actions inside of their limits, and there the balance is kept up, and by proportional oscillations small disturbances are rectified. When the organism finds it impossible to restore the disturbed balance, art must come to the aid of nature, and according to *similia similibus curantur*, this can only be done by means which in the healthy body causes not only similar initial symptoms of a local nature, but also the consequent manifestations in a similar series. Just as a single cause suffices to produce the manifestations of a natural disease, so also the *similia* ought to be able to remove them, and we see this often enough in acute and chronic affection, if one only gives the remedy time to exhaust its action. But in many cases one finds that a remedy carries the patient to a certain point, and then some symptoms remain for which it is not the *similia*, and it is of the utmost importance to make no mistake in its choice. One ought to be sure that the new remedy obeys the same direction, so that there may be a continuity between them; so that the second only continues the action of the first, and not act inimically, as an antidote, chemically or dynamically; chemical and botanical relationship on one side, or dynamical, shown only by provings. Natural relationship we meet only in the remedies from the animal and vegetable kingdom belonging to the same family or class (*Ophidia*, *Strychnine*), and from the mineral kingdom when composed of similar chemical parts (salts of potash or of soda), while the dynamic relationship is independent of them. We must still mention complementary relationship. The symptoms of the drug hardly ever cover fully the totality of the symptoms of the disease, or we must look for one which fills out this hiatus and this finishes the cure. We see this especially in chronic diseases. Thus Farrington mentions in his *clinical materia medica*: *Lycopodium* after *Lachesis*, complementary in threatening cerebral paralysis; *natrum mur.* complementary to *sepia*; *silicea* complements *thuja* in nervous symptoms and affections after vaccination; *bryonia* supplements *alumina*; *apis*, *natr. mur.*; *baryta carb.*, *antimon. tart.*, especially in affection of old people.

The so-called alternating action of drugs must also be considered. We observe diseases, whose symptoms often

change, often offer opposite manifestations. Our materia medica also offers drugs which show a similar picture in provings on the healthy, as diarrhoea and constipation, good humor and ill humor, etc. In cases where our materia medica offers no such remedy, we have to choose one, which, notwithstanding the similarity, also shows opposite symptoms in its complex, without being an antidote to the first one. Thus sepia may follow sulphur. The antidotal relationship of drugs may also be considered chemically and dynamically. The former takes place by poisonous doses, while the latter shows itself by refined, specific symptoms, appearing after our small doses, or showing themselves after removal of the poisonous manifestations. The too strong action of a drug must be diminished or prevented in order to get at the specific symptoms; the picture of the disease is thus restored, and it will be an easy matter then to select the suitable drug. Some drugs exclude one another. Thus rhus. after apis.; phosphor. after caustimon, silicea after mercur., will rather injure treatment. A few practical examples may illustrate our meaning. We know that very often aconite is our standby in the initial stage of a disease, but hardly ever suffices for a cure, and we must look for one which covers the remaining symptoms, as bell., bry., arn., ars., conn., ipec., merc., nux vom., phosph., spong., sulf., tart. emet. But as the remaining symptoms are clear cut, the choice is not difficult. For example, a child was exposed to a cold, dry wind, and is taken down with fever in the evening, pulse 130, temp. 104-5°; is restless and sleepless. Aconite moderates the fever, but about midnight a dry, hoarse cough, with dyspnoea, sets in, showing a threatening croup, for which spong., iod., finally brom. or Hepar may be indicated. We see the same in pleurisy, pneumonia, and other inflammatory affections. In pleurisy one often needs, after Bryonia, according to the symptoms, apis., arn., sulph., and finally hepar or sepia.

For chronic cases sulphur stands at the head of our antipsorics. Kreussler considers supplementary to sulphur—acon., bell., calc. carb., cuprum, merc., nitr. ac., nux. vom., puls., rhus., sep., sil. Sulphur has nearly symptoms of all these drugs; but it only will hardly eradicate the prove. In

dry herpes sepiæ follows sulphur; in chronic obstruction, nux vom. Sulphur and aconite are antidotes, for the former removes troubles caused by the abuse of aconite, and in febrile or inflammatory states aconite leads the way to sulphur. Bell. may be often followed by bry. or apis. Belladonna acts well enough during the inflammatory states of serous membranes, but it is unable to cope with the exudations. In cutaneous affections belladonna is indicated as long as the inflammation is limited to the epidermis, as erythema or erysipelas, but when it goes deeper, and exudation takes place in the subcutaneous cellular tissue, apis is indicated; while rhus may follow belladonna in vesicular erysipelas and herpes zoster. Apis and rhus exclude one another. These remedies, which stand in close relationship, are calc., sil., and lycopodium; scrofulosis of glands and bones; and experience shows that thus they follow one another well, only we must give full time to finish its own action, and patience is a blessed thing. Goullon saw cured many a case of caries with silicea and lycopodium 30th.

---

### CURRENT PROGRESS IN OLD-SCHOOL THERAPEUTICS.

By PROF. W. E. LEONARD M. D., MINNEAPOLIS, MINN.

“The highest and only duty of the physician is to make sick people well, which is called healing.—*Organon*.”

Viewed in the light of this axiom, most “old school” current literature is very profitless reading. This is a “glittering generality,” but one borne out by any careful reader even of so learned and supposedly valuable a journal as the Therapeutic Gazette (Philadelphia). Many brilliant experiments are chronicled, many facts in physiological materia medica elicited, but very seldom anything of permanent value in applied therapeutics.

#### PATHOLOGY AND THERAPEUTICS

The editor of the journal of the American Medical Association (Nov. '90) writes as follows: “Now, since it has been

seen that Nature is incapable of reproducing any of that class of highly organized cells to fill the place of those irreparably damaged by disease, then certainly our whole field of successful therapeutics lies anterior to-much that is called pathological. Pathology, in other words, too often dealing with tissues that have advanced beyond the hope of repair. And the task here imposed is too great for therapeutics in its present state of advancement. But pathology has created a high ideal for it to struggle toward. Pathology makes no compromises with therapeutics. As a fundamental branch of the medical sciences, pathology has been conscious of its own importance from the beginning, and has not been backward in laying down laws or imposing new tasks upon its more ancient though less staple colleague. In this nineteenth century, therapeutics has a leader which it must struggle to obey, but no matter if it does fall short, it need be held in no contempt; a feeling too often engendered at the present day in the mind of the student who has thoroughly imbibed the pathological spirit of the age, especially if he has come under the influence of the German school."

Thus the cart is ever before the horse, as indicated in the sentences of the first paragraph. How must such inconsistencies strike the thoughtful medical student? The attempt to base therapeutics upon pathology alone will ever lead to clinical failure, as every candid practitioner of experience will admit. Hence the skepticism here condemned, hence patent medicines, hence homœopathy!

#### CALOMEL IN DIPHTHERIA.

Dr. W. H. Daily of Pittsburgh (*Journal of American Medical Association*, October, 1890,) relates the following routine treatment as being very successful: "But there are some rules which I beg you will follow faithfully. These are: 1. Give calomel in its purity. 2. Give it in large doses. 3. Give it frequently. 4. Give it until you have the free and characteristic catharsis. 5. Give light, nutritious diet. 6. Give little or no other medicine. 7. Keep your patient recumbent until convalescence is far advanced. If these simple rules are followed and common sense allowed to take the place of common prejudice, you will save more of your diph-

theria patients by this than by any other method known to modern medicine."

This is not given here as a sample of homœopathic tendency, but rather as a glaring instance of how empiricists plunge about, and yet have beneath all their bold talk a strong undercurrent of skepticism—witness this sentence in another part of the article and contrast with the above closing sentence: "I am not an enthusiast by any means, inasmuch as the success of any plan of treatment I have tried has never been sufficient to make one feel proud of medicine, but of all I know and have tried this is the best."

#### TOMATO POISONING.

Under this date Dr. Mills (*International Dental Journal*.) describes a form of recession of the gums of the superior molars, which he believes to be due to the use of tomatoes as food. The affection is most marked on the palatine surfaces. Great sensitiveness is manifested along the line of recession, similar to that of an exposed nerve. The only remedy was found to be abstinence from tomatoes. If the disease continues, the teeth fall out, not usually more than one being lost in a season. *Druggist's Circular and Chemical Gazette*.

#### THE PREVALENCE OF SUBSTITUTION.

We recently heard the result of a little detective work done by one of the large drug concerns of the country, which surprised us as much as it probably will our readers. Representatives of this firm presented prescriptions for quinine pills at ten drug stores in Chicago; pills made by their company were plainly designated on each prescription and a physician's name was properly signed. In the ten thus ordered, substitution was practiced in seven cases—other pills than the ones designated being given. Startled by the extent to which substitution was practiced in this manner, the firm determined to try the same experiment in other cities, and the result indicated that the same condition of affairs existed elsewhere. In Washington of twenty such prescriptions, eight were properly filled, twelve were substituted; statistics from Baltimore were about the same.

This is very distressing, but could be entirely avoided if physicians gave less medicine and dispensed it themselves.

### The Minimum Dose.

The doctrine of the minimum dose brought down upon Hahnemann and his followers the scorn and ridicule of the medical profession, yet in no sphere has the influence of homœopathy been more potent for good. The massive doses of drugs used during and since Hahnemann's time are a matter of history, and require no testimony in this connection. To realize the influence that homœopathy has had upon allopathic dosage, we have but to consider the present methods in vogue as compared with those of former years. One can hardly realize that those who but a few years ago ridiculed the infinitesimal doses of homœopathy, are now employing many drugs in an equally minute form. Text-books on therapeutics and magazine articles boldly recommend homœopathic triturations, and it is well known that the best manufacturing chemists are vying with each other in preparing for the market pills and powders containing an astoundingly small amount of the drug particle. One one-hundredth, one five-hundredth and one one-thousandth of a grain of certain drugs are quite commonly employed by the old school physicians. Many illustrations might be given, but we opine that they are all so familiar that their repetition would be superfluous. The dosimetric system, already referred to, is a good illustration of the tendency to employ small uniform doses of medicine in the treatment of disease. Physicians of all schools are acknowledging the efficiency of small doses, and while they may not so admit, it is nevertheless a fact, and one generally accepted by the public, that this change in dosage is a direct result of the influence of homœopathy. Thus, while homœopathy may not have been found to have influenced directly, medical theories, strictly so-called, yet it is a fact plain and questionable, that it has had a most wonderful influence upon the practice and upon what might be called the therapeutic theories of allopathy. It has, to say the least, greatly modified, and in many respects, entirely revolutionized medical practice. The almost abandoned use of the lancet, the substitution of simple prescriptions for polypharmacy, the greatly diminished employment of powerful drugs in powderous doses, the adoption generally of smaller doses, the more systematic methods of prescription, and the general tendency to a more mild and rational system of therapeutics, so evident within the past few decades, is directly traceable to the potent influence of homœopathy.—  
*Dr. Cowperthwaite.*



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THE ANTIKAMNIA CHEMICAL COMPANY, of St. Louis, commence in the present number an advertisement in this journal, to which we desire to call the attention of our readers. This preparation is highly spoken of by our Eastern contemporaries and presume that in its introduction to the homoeopathic profession of the Pacific Coast, it will stand on its merits.

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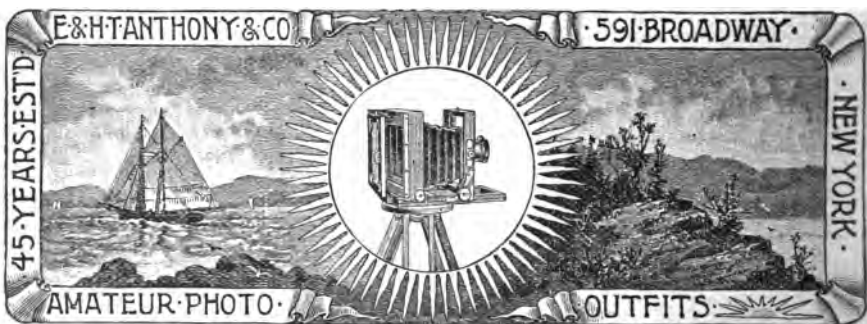
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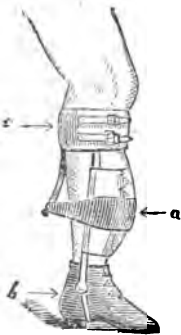
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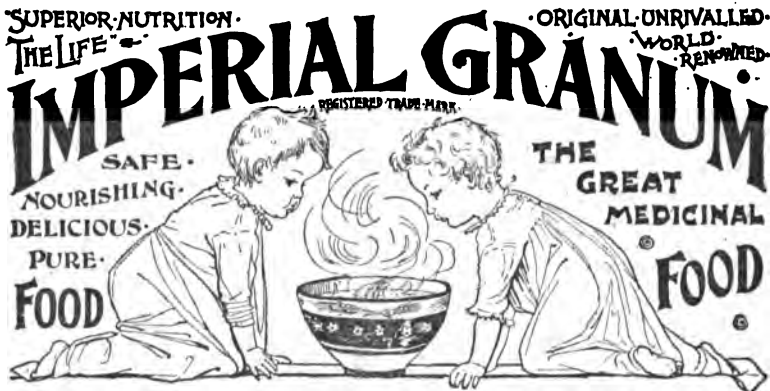
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