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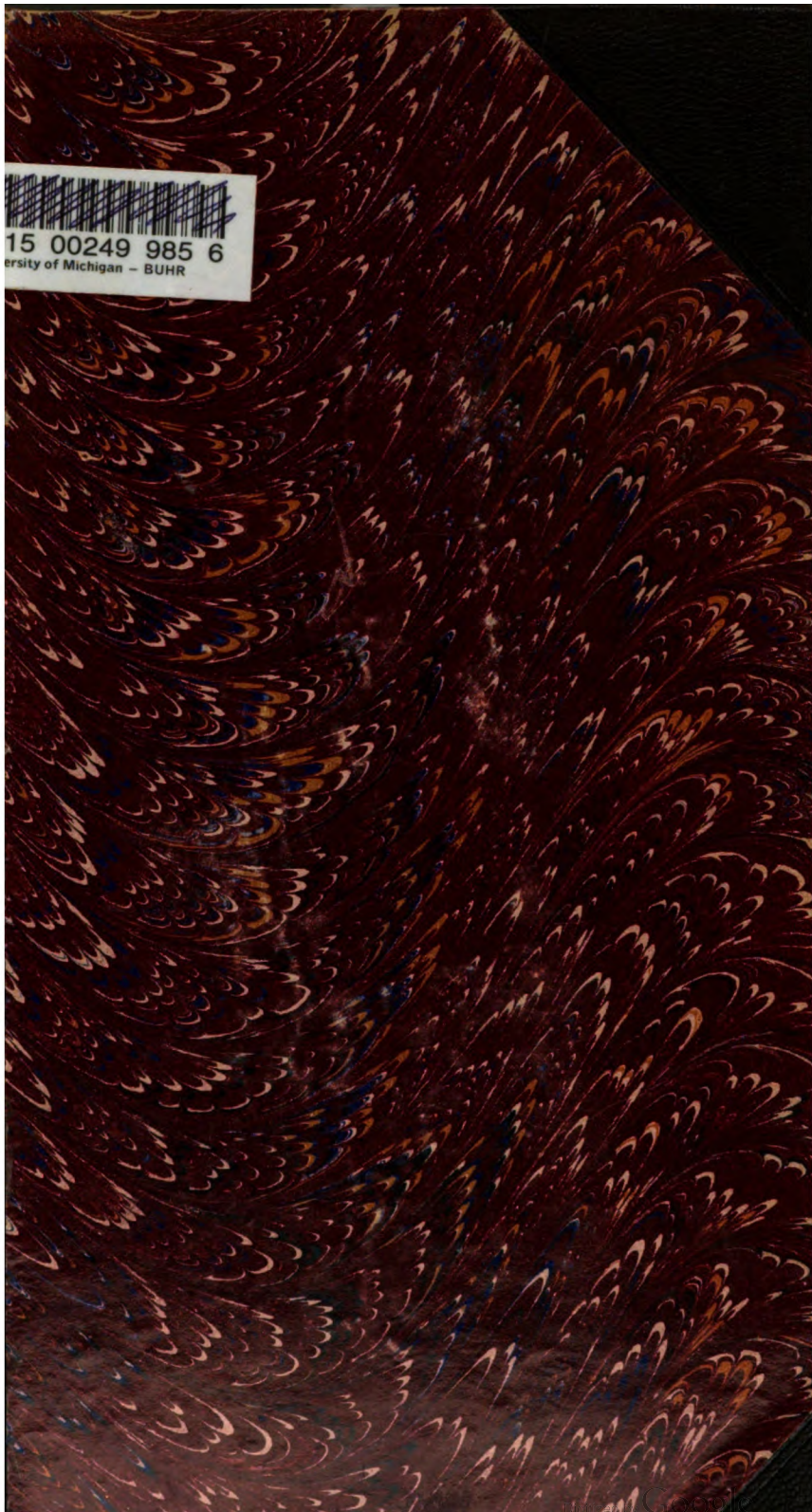
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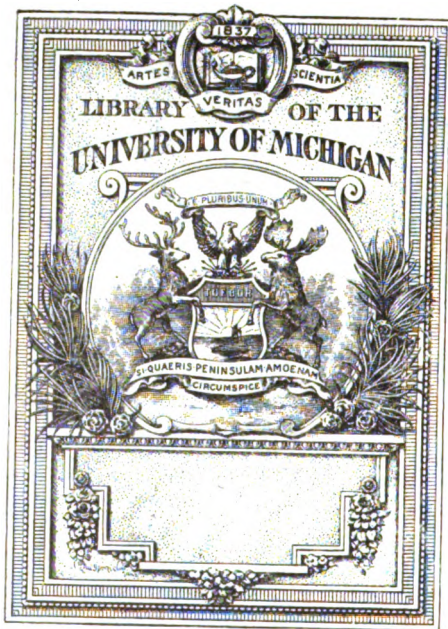
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THE

MEDICAL INVESTIGATOR.

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EXTRACTS FROM THE MINUTES

Of the Homœopathic Society of County of Kings, Brooklyn, New York.

BY B. FINCKE, M.D., REC. SEC'Y.

DR. RICHARDSON had an interesting case, characterized by *Sulphur*. A boy 7 years old, vomited in the night; latterly, more in the morning. Impaired appetite; fæculent diarrhœa, with undigested food — what he ate in the morning. *Ipecac.* and *China* did nothing. Febrile symptoms set in, with prostration, languor, and fretfulness. After two or three days, patient felt like a “lump of ice in the right chest.” This being the characteristic of *Sulphur*, the Doctor gave 200th (Lehrmann.) Next morning, patient woke up surprised, saying, “I am well;” and he came right up.

DR. HAWKS mentioned a marked case of *iodismus*, where the $\frac{3}{4}$ ss. tincture had been taken for 6 weeks. Patient took it for *goitre*, 2 to 3 drops at a time, increased gradually to 7 or 8, three times a day. This brought out the pathogenetic symptoms of *Iodine*. The *goitre* went away, but consumption set in, and the patient died extremely emaciated.

The case was presented with a view to show the cumulative action of *Iodine*, which is doubted by some; and the report will probably be printed in the New York State Society Transactions.

DR. A. WRIGHT reports a case of *spina bifida*, of three years' standing. There is a deficiency of the spine as far as the third

and fourth lumbar vertebræ. The tumor is as large as half a child's head, measuring ten inches in circumference; soft, red, never oozing out, not increasing since a year. General health good.

Dr. RICHARDSON recommends the operation with a fine needle, a single perforation, so that the fluid can ooze out gradually, without pressure.

Dr. MINTON concurs in this opinion.

Dr. A. WRIGHT did nothing at first. The child is smart; he keeps it bandaged. There is danger of inflammation from the operation.

Dr. RICHARDSON — There is no injury, when the fluid escapes slowly.

Dr. A. WRIGHT — The child stands up, and walks, by holding the tumor up with the hand. The head is not unusually large.

Dr. RICHARDSON thinks *Silicea*, high, might touch it. He cured a case of hydrocele with *Silicea*, high. He had diminished it in size by *Silicea*, lower potency. He always could perceive the good effect of the lower potency, but it did not cure. When he gave one dose *Silicea*, 10 m., (Fincke) the hydrocele disappeared. It began to diminish in a week, and was cured in four or five weeks. It did not come back again.

Dr. B. FINCKE had a case of diphtheria in a young lady 17 years old. She complained on Sunday, June 21st, 1863, of sleeplessness, pain in the throat on swallowing, weakness, pressure in the temples. She took *Belladonna*, 30th.

“On Monday, the second day, I saw her. She was pale, weak; had pressure in the temples; pain like a wound in the throat, on and without swallowing; tongue soft, somewhat furred, rough, not coated; throat not swollen on the outside; skin little moist; pulse small, weak, slightly accelerated. She wanted, all the time, to lie down and to sleep; she did not complain. The inner throat was not reddened, but both tonsils were swollen, and covered with a glossy slime, as with a veil, being slightly streaked white. There was no trace of local inflammation; nose, as usual, stopped; the secretion runs from the posterior nares, down the posterior wall of the pharynx; loss of appetite; stitches in both sides of the chest, when moving. She had slept all night. Striking was the appearance of general depression. ℞ *Baryta carb.*, $\frac{1}{30}$ th, in half a tumbler of water, 1 teaspoonful three times a day.

“Tuesday, the third day afternoon, at the second call, patient was more lively; she had passed a good night, though she felt unusually warm. Head and nose free; pulse weak, somewhat accelerated; the hand was, at the first impression, somewhat moist and cold, but when I held it a few seconds, a burning heat was felt; tongue red, soft, somewhat rough; chest well; loss of appetite. Tonsil dark red and glossy; upon it were round flakes of a yellowish, cheesy substance, formed, as if the veil of yesterday were curdled and torn, so that these flakes remained; they were more flat, with higher edges, towards the periphery, and about two or three lines in diameter, so that the tonsils made the distinct impression of a fungus called *Agaricus Casarea*. At the same time, the throat was constantly painful — more on swallowing; the head aches, on motion. The weather was cool and moist, with thunderstorms, after a long term of dry heat. All the children in the house had had hooping-cough, the patient excepted. She had been at the Commencement, on Brooklyn Heights, on Thursday; a young lady in that institution was taken with a severe form of scarlet fever. Also, in other places, hard cases of scarlet fever are observed. Diphtheria is prevailing for some time in the country. ℞ *Baryta carb.*, 30th, as above.

“Wednesday, the fourth day, she had a better appearance; had a good night's rest, till 7½ A.M. Throat still very painful; the right tonsil more swollen and red than the left one, and the flakes had become greater, and therefore closer, than yesterday — one of them as large as a small finger-nail; they were yellowish-white, like kid glove, with higher edges, smooth towards the centre; the left tonsil was smaller, and covered with smaller flakes, than the right; the mucous membrane of both tonsils was not as red as yesterday, and showed their passage into a healthy condition — especially on the left side; the right side more painful. Nose head, and chest, free; pulse normal; hands natural, somewhat moist; more lively disposition. ℞ *Baryta carb.*, 30th, as above.

“Thursday, the fifth day, patient slept well, but woke twice. The throat was only painful for two hours after breakfast, and pained only on swallowing; tongue coarse and rough, not very moist. The right tonsil shows only one irregular piece of the flakes above described, which is on the point of being pushed off; the surface is irregular, like a rocky mass of abrupt forms, like torn; left tonsil smaller, and likewise irregular — however, with-

out any flakes ; both tonsils still have a dark red color ; the appearance as if it were torn, reminds of a tonsillitis, on the right side, nearly a year ago about this time ; then it healed up, with an excavation, covered with an irregular broad and flat brownish scab. She is more lively ; pulse more active ; color better ; skin moist. Likes to read something exciting. ℞ *Baryta carb.*, 30th, as above.

“ Friday, the sixth day : patient was yesterday excited by visits, and walking up and down stairs ; she slept badly, had a bad dream about death of her sister, and was waked up three times in the night. There are no pains in the throat ; the tonsils have a healthy color, but, as they in the beginning showed the flakes, so now conical excavations, in these places, appear, similar to a honeycomb ; swelling less ; tongue somewhat coarse and rough, but red and moist ; skin normal ; pulse regular ; not much appetite. Weather sultry, as before a storm. ℞ *Baryta carb.*, 30th, as above.

“ Saturday, the seventh day : the excavations on the tonsils gone ; the surface appears only a little more irregular than usual ; appetite increasing ; tongue improving ; pain gone ; pulse normal. ℞ *Baryta carb.*, 30th, as above.

“ Monday, the ninth day, patient had better appetite, but was weak yet ; the tonsils showed the outlines of the original flakes upon the surface, which was more even, and had returned to their natural size ; every thing else was right. ℞ *China*, $\frac{1}{3}$ ʒth, at bedtime ; and then *Lachesis*, 7c., (Jenichen), and *Lachesis*, 30th, two powders to be taken dry, morning and night.

“ Saw her no more, because she was well.”

Dr. RICHARDSON had a *flooding* case of severity, in a *primipara*. In this case, labor commenced moderately. Twenty-four hours after, only moderate progress. The head passed into the pelvis, and ceased to make progress — partly from insufficiency of pains, partly from the size of the head. He brought the head down by forceps, with much force. The child weighed 10½ pounds. The placenta was delivered by uterine contraction, in ten minutes. The bandage was ready. On examination, the uterus was found to be enlarged considerably. It contracted suddenly, and a gushing hæmorrhage ensued. The Doctor put on a compress. After some time, pain low down in the back ; passing the hand down, it felt easier, but the flowing continued. He

could not find the ball ; and, on closer examination, found the uterus in the left side, in tubular shape, up to the ribs and side of the abdomen. He brought the uterus to the centre ; it contracted, and flowing came on again. *Cinnamonum* was given ; regular contractions took place. The uterus was as big as an arm, after getting hold of it. Suddenly, whilst holding on to it, the uterus burst away to the side again, with a gush of bright red blood.

Crocus did nothing. Then *Belladonna*, 30th, in watery solution, was given ; the second dose, after fifteen or twenty minutes, helped. It was a sort of an hour-glass contraction. Patient was very weak.

Dr. MOFFAT related a case of umbilical rupture in a babe three months old. From the opening of the navel, there issued a red, tenacious, inspissated mucus. He recommended a truss, and the case soon healed.

Dr. RICHARDSON : A man, 50 years of age, had been in the naval service, and foreign countries, where he had the yellow fever, and kindred diseases, for which he had taken much *Mercury*. When called to this man, the Doctor found him badly salivated, from *Blue pills*. The *Mercury* was antidoted, and in about a week, the patient began to improve, so as to talk a little ; when paralysis of the lower limbs set in, and gradually crept up, until, in less than twenty-four hours from its commencement, he died.

Dr. MOFFAT was very earnest in recommending very high attenuations. He reports a rather severe case of skin disease on the hands of a lady school-teacher. Tried *Rhus tox.*, 30th, for a while, with no effect ; then *Rhus tox.*, 200th, (Lehrmann), with little amelioration. Waited some time ; then he proposed to the patient, *Rhus tox.*, 10 m., (Fincke), as an experiment, with her and himself. She took it, fell, shortly afterwards, into a sound sleep, and woke, after about fifteen minutes, quite refreshed, and as light as she had not felt for a long time ; the hands had a different appearance — they improved, and kept improving, until they were quite well. One dose !

Some time afterwards, there came an eruption on the leg. Gave *Silicea*, 30th, without success ; *Rhus tox.*, 200th, (Lehrmann), (having no more of the 10 m.,) with little success. He then procured 10 m. again, gave it, and it was successful.

Dr. BURKE: The apothecary, Smith, Sr., of this city, can not handle *Rhus* in any shape. It gives him erysipelas.

Dr. B. FINCKE: Mr. Smith's son, Albert, was poisoned in the summer of 1865, by gathering the plant of *Rhus tox.*, in the New Jersey swamps. He got an ill-smelling, itching eruption of blisters, which broke, and formed little thick scabs on both hands—on the right hand, in and outside, and on the back of the left hand—commencing first at the wrists. He had used all and every thing; also a camphor-wash. It itched so much that he could not sleep at nights. After about two weeks, he called, and took one dose of *Rhus tox.*, 60 m., (Fincke), in the forenoon; it itched more in the afternoon, but he slept the first night. The eruption in the palm was gone after two days, and it was healing. After a second dose *Rhus tox.*, 40 m., (Fincke), given the third day, patient was well within six days.

An interesting discussion is now going on in our Society, in consequence of a Resolution, presented by Dr. William Wright, with a view to draw a discussion, as follows:

“*Resolved*, That, while the doctrine of ‘*Similia Similibus Curantur*’ is TRUE, that of ‘Curing natural diseases by creating similar artificial ones’ is *not true*, and ought, therefore, not to be received by the profession.”

Since I sent you the notice regarding Dr. Horace May's decease, we have to deplore another loss. Dr. John Barker, of this city, is no more. Though his memory needs no eulogium from me, I can not help expressing what I feel, on the present occasion, in common with all who knew him. No body will ever forget his sparkling blue eyes, his congenial manner and urbanity, and his truthful and friendly nature. His loss is keenly felt in numerous families, for he knew how to win their affections—which is the characteristic of a good man. He was cut off in the full vigor of his mental strength. The profession has lost, with him, one of the ablest Homœopaths. His memory will ever be blessed.

BROOKLYN, *May 1st*, 1868.

SEQUEL TO "HYDRASTIS IN UTERINE DISEASE."

Read before the Central New York Hom. Med. Society, June 18th, 1868.

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

THE case of Mrs. C., reported at our March meeting, has been since under constant observation. The effect of the one prescription of *Hydrastis can.*, which so happily relieved her of nearly all discomfort, lasted through the month of March, and she thought herself almost well. After the March menstruation, there re-appeared the old white-of-egg discharge, in a greatly diminished degree; but the erotic condition did not come with it, as heretofore. Her husband assures me that, since she took *that* medicine, the *supply* has been in excess of the *demand*.

On the first day of May, or thereabouts, the family moved; and Mrs. C. was obliged to exert herself more than usual, which obliged her to go to bed for a few days, when the stomach symptoms returned, partially,

I thought it best to repeat the *Hydrastis can.*, in the 3rd trit.; which relieved the stomach, as before. The uterus had to be replaced, before she could be about her usual avocations.

On the 25th of May, I was again called to see Mrs. C., who had been making preparations for a visit to New York and Philadelphia, and, in consequence of the increased exertion, she was again compelled to go to bed. On examination per vagina, the cervix uteri was found low down on the perineum, but much less swollen, and less tender. The uterus was easily replaced, and a few hours' rest in bed restored her so as to be able to complete her preparations for her visit. At this time, her stomach had not become effected.

In my experience heretofore, no remedy had exerted any decided effect upon the stomach symptoms, whilst the uterine disease or displacement continued. *Belladonna*, *Nux*, *Platina* and *Pulsatilla*, had often, in conjunction with rest in the recumbent posture, relieved the urgency of the uterine symptoms; but the stomach sufferings had almost always refused to yield until the uterine symptoms were quite cured.

By reference to the previous report,* it will be seen that the case, as a whole, was relieved within a few hours, and remained so for several months.

On Monday, June 8th, I passed Mr. and Mrs. C., on their way to the depot, to take the cars for New York, where they expected to visit several weeks. She looked the picture of health; whereas, one year ago, there was a constant look of suffering on her face,

I wish to call particular attention to *Hydrastis* in diseases of the stomach, and especially dyspepsia. Of course, it is no "*panacea semper curans*," but, when applied in cases where the symptoms warrant it, it is truly heroic.

Dr. Hale has collected good matter, indicating its use; also, to Dr. Williamson's Report to the American Institute, I am indebted for much valuable information.

VAGINITIS.—A REMARKABLE CASE.

BY H. T. F. GATCHELL, M.D., KENOSHA, WIS.

PATIENT, Ida M., aged 8 years: nervous temperament, amiable and intelligent, never strong, always complained of lassitude, could not play with her mates without becoming tired.

Upon my entering the room, her face flushed, and she wept; said, "I don't know why I cry," and immediately dried her tears.

For five months previous to my being called, she had been subject to a leucorrhœal discharge, unaccompanied by any marked constitutional derangement. An Allopathist, probably supposing she required washing, recommended castile soap-sud injections.

The morning I was called, there had been a flow of bright blood, about two ounces, for which I gave *Pulsatilla*, 1st, medicated sugar preparation, 1 grain doses, every hour for twelve hours.†

Up to the 21st of July, she had no return of the hæmorrhage, when there was a flow of about 1½ ounces of bright blood, for which I repeated *Pulsatilla*, with like curative results.

Ida exhibited no structural indications of premature develop-

* See Med. Investigator, Vol. V., p. 225. (May No.)

† The leucorrhœal discharge had at this time ceased, and has not returned.

ment. Upon tactile examination of the parts, there was found to be a high state of inflammation, and very tender to the touch. It is remarkable that the child never complained of pain, although questioned by the mother as to its existence or no.

The treatment of the inflammation has been: *Silicea*, 5th, *Sepia*, 4th (dec.,) in alternation, every six hours. Diet plain and nutritious; a cool sitz-bath every other day.

At this date (August 21st), the patient does not complain of the least lassitude, and examination shows that the inflammation has become much less. She is considered on the high road to health, although there will likely remain an extreme sensibility of those parts to disease.

EUROPEAN MEDICAL CORRESPONDENCE.

DEAR EDITOR:—As you are a very practical man, and your INVESTIGATOR one of the most practical medical journals, your contributors, to have a hearing, must sail in the same boat. However, for once I will get alongside of you, and relate, for the benefit of all concerned, a little medical gossip.

As they say over here, every one is out of town. Physicians need rest, as well as clergymen, statesmen, editors, and others; but their patients do not make up a purse, and send their family physician to Europe for the benefit of his health,—unless his absence will give them a chance to recover. So mote it be.

Here I am, in Edinburgh—a most beautiful, classical city, replete with divine and human art. Being the guest of Sir James Simpson, I enjoyed more than ordinary privileges. Met M. Brown-Sequard, the distinguished physiologist, at the dinner-table of Sir James; I found him exceedingly courteous and communicative. The conversation turned on the relative merits of Homœopathy. I was requested by the Baronet to read the last page of his famous work against Homœopathy—which, as you know, is the silliest fabric of a vision ever put into small capitals. It consists of a series of calculations of the comparative value of infinitesimals. To illustrate his tendencies toward our system of treatment, he requested one of his numerous patients, who was waiting his services, to come into the dining-room. She came in, complaining of *tic doloureux* of the facial nerve. Sir James took a piece

of pasteboard, twisted it, as for inhaling chloroform, and then dropped two drops of *Nitrate of Amyle*, and gave it to her to inhale. In three minutes, she was under its influence; and in three minutes more, she lost the *tic*. Thus, he stated, had he cured some of the worst of nervous pains — as sciatica, etc.

Prof. Henderson, who still retains his chair of General Pathology in the College, told me that, at the last commencement, Prof. Simpson wrote him a very cordial and pressing invitation to the Faculty dinner at his house — saying that, in private and in public, he should hereafter consider himself a liberal in medicine, as well as in religion. Thus stands the fight of the great champions of the schools.

During the whole of the time Prof. Henderson was writing his reply to Sir James Simpson, he, like another Brigadier General, smoked his cigar — and now, I suppose, has smoked out the F. F. M.D.'s.

And now, at Aberdeen, a fort has been captured, in the person of one of the Professors; and a large number of the students have come over to Homœopathy, with all their baggage.

The British physicians are far behind us in the use of remedies. Prof. Henderson remarked that he had obtained but very meagre results from the use of the “new remedies.” This is the general testimony in England and Scotland.

Time and space will not permit me to tell you of the hospitals, pathological museums, and insane asylums, it has been my good fortune to frequent.

Yours fraternally,

August 12th, 1868.

J. DAVIES.

IRITIS SYPHILITICA.

• BY DR. SCHÆN. (*Beiträge zur pr. Augenheilkunde.*)

TRANSLATED BY S. LILIENTHAL, M.D., NEW YORK.

AS FAR as my experience goes, iritis follows, only in rare cases, after syphilitic ulcers of the genitals. It appears, only, after ulceration in the fauces; and, very frequently, shortly after the appearance of a syphilitic exanthema, mostly a patulous one, or even during its efflorescence. But *ulcera faucium*, sometimes also buboes, always precede this exanthema. The constitution of

such persons, I always found broken — partly in consequence of the treatment employed against the primary syphilitic affection, and also by the deleterious influence of the primary disease itself.

I have treated sixty-five cases, most of which in the neglected state, yet the majority recovered; in some, sight was partly preserved, and only in a few cases was it entirely lost, by the closure of the pupils. The inflammation attacked 38 men and 27 women, and showed itself 52 times in one eye, and 13 times in both. Frequently, the second eye was attacked, after the inflammation in the other eye was subdued. I saw this happen, even after a lapse of two to three months. The patients differed in their ages, from twenty to sixty years.

Even before the invention of the ophthalmoscope, I have observed syphilitic amaurosis in a man and woman, as sequels of a former iritis, although we could not discover any exudative formation in the pupils.

Iritis does not always show an intensive character. I have seen many cases where, as the ciliary nerves were not much affected, patients believed to suffer only from a common catarrhal affection. Only the observation, accidentally made, that they could not see equally distant with both eyes, roused their suspicion, and caused them to look for medical aid.

The true seat of this inflammation, is always in the tissues of the iris proper — never in the serous covering formed by the *membrana descemeti*, where rheumatic or scrofulous iritis is seated, and in both of which we are able to discern early pathological alterations on the external surface of the cornea. The tissue of the iris is discolored (constantly darker), swollen and loosened; and soon exudations show themselves, mostly on the small ring, and more rarely on the large one. From the loosened, protruding (especially on the pupillar edge) tissue of the iris, arise yellowish-red points, increasing slowly in circumference and in intensity of yellowish color, with blood-vessels on their base, till they reach the size of the millet or poppy-seed. I have frequently seen four to five such exudation-nodules in one eye. They have this peculiarity in their pathological relation: that they never empty their contents, consisting of fibrinous plastic lymph, in the anterior cornea of the eye, which would cause a hypopyon, but it gets by degrees absorbed, the vessels in the circumference pass away, and there remains only a smooth dark dimple in the tissue, especially visible in the

large ring of the iris. We may safely consider these new formations as real syphilitic tubercles, and not as condylomata, as it was formerly done. Only a few times did I observe such deposits, but developed in a smaller degree, on the inner surface of the cornea. According to Monteath, these fibrinous exudations are also found on the posterior surface of the iris, pressing the fibres asunder, and appearing, as described, on the anterior surface, where they are always covered by the *membrana descemeti*.

In fresh cases, I found the pupils contracted, and their mobility lessened. Changes from the round form appeared only during the further course of the inflammation, caused mostly by adhesions, or solderings, of the pupillary edge, to the capsule of the lens, through plastic lymphatic exudations. Such adhesions, I met sometimes, only of the breadth of a line, often only partial, often forming a fine net over the pupil, which was very contracted in neglected cases, and covered by a firm retiform exudation. A great many authors consider the distortion of the pupil a pathognomic necessity; which does not agree with my experience. I missed this symptom in several cases, and believe it to be caused, where it is present, by partial adhesions of the iris to the anterior membrane of the capsule. But the *tubercular formation in the tissue of the iris* may be considered as the sole and certain diagnostic symptom. Some authors, especially the English ones, have also considered the color of the inflammatory redness, on the conjunctiva and sclerotica, of diagnostic value; but my observations have found it of different shades, — and the concentration of blood-vessels around the cornea, belongs as well to the different forms of iritis, and only in very intense cases does it occupy the greatest part of the eyeball.

The pains connected with this inflammation, have also nothing peculiar. They are caused by a neurosis ciliaris, appearing often simultaneously with a neurosis, in the whole extent of the nervous facialis; but they are not constantly present. They appear in the acute form, as supra-orbital or infra-orbital neurosis, or as hemicrania, and attack, perhaps, only the eyeball alone; or the inflammation may be without much, if any pain; in relapses, or in the chronic form of iritis, the pains are mostly inconsiderable. Lachrymation and photophobia go commonly *pari passu* with the pains; yet many a severe inflammation passes off with very little photophobia. The pains may not amount to much during the day, but at

night they always exacerbate for some hours; and I found, the following day, a visible increase of the exudative process. They are, for the patient, a tormenting symptom, and diminish his strength greatly.

The disturbances of the visual power, are always of great importance. In very acute inflammations, it is nearly lost already, at an early stage, as a white mist hides the objects from the eye before any exudations are yet formed on the pupil. I explain this symptom, also observed in other ophthalmias, by the conspicuous hyperæmia of the choroidea, whereby the swollen blood-vessels press on the retina, increased, perhaps, by some augmentation of the secretion of the pigment—although some muddiness of the watery fluid may have some share in it. During the latter stages of the inflammation, dense exudation in the pupils always diminish greatly the visual power; and should they remain spread over a large surface, after the expiration of the inflammatory manifestations, then it is really astonishing how well such individuals can see—most probably because every sympathy of the retina has disappeared. Yet, in most cases, the visual power remains imperfect, and in some it will be entirely lost.

Iritis syphilitica appears more frequently insidiously, than suddenly; in the former case, with few prominent symptoms—in the latter, from the start, with a painful ciliary neurosis. In both cases, the visual power is remarkably dimmed from the very beginning. Its course is always a protracted one, and even after early and active treatment, it takes a few weeks to perform a cure. We fear the most, its inclination to relapses, for thus all our hard earned work in relation to the removal of the pupillary exudation and the less firm synechiæ, is often destroyed; the internal membranes get then sympathetically affected, and incurable blindness may be the result.

In relation to the remote cause of these inflammations, I would remark, that they are more frequently found in the spring and fall of the year, and that in many cases a draught, in some, over exertion of the eye, was the cause. The prognosis is always doubtful, but more favorable the earlier they come under treatment. We have to look especially to the pathological alterations of the pupils, and to the parts of the iris, where tubercular formations appear. Small flaky exudations on the pupillary edge may be re-absorbed, filamentous ones rarely, retiform ones hardly ever—for, in the

latter case, the anterior membrane of the capsule is also affected. Tubercles in the centre of the tissue of the iris are not to be feared, except they reach an enormous size ; but those seated on or near the pupillary edge, cause, frequently, adhesions of the iris to the cornea or the anterior membrane of the capsule, or produce a perfect closure of the pupil, by firm layers of fibrinous exudation. Twice I have seen this inflammation followed by amblyopia, though the pupillar affection was inconsiderable. The inflammation took a very chronic course, and attacked the choroidea and retina, preventing, by material alteration, their normal function. To prognosticate from the degree of pains, is very fallible, although it is certain that, with very severe nightly paroxysm, the tubercular deposits increase — and should this happen close to the pupil, we have to fear the worst. I have seen chronic cases to pass through all stages, without any pain ; and even in acute cases, the eyeball was only moderately painful, although the material alteration in the eye went on at a fearful rate. Every relapse increases an unfavorable prognosis, as the exudative process progresses steadily, attacking even the deeper laying parts of the eye. A constitution debilitated by former syphilitic diseases or extensive mercurial treatment, will certainly have an unfavorable influence on the prognosis — and worse yet, if combined with scrofulosis. Where neither the one nor the other was the case, early treatment gave, mostly, favorable results. Preceding or existing syphilitic diseases, as ulcers on the fauces or exanthemata, render at least the ophthalmia more chronic, and may thus produce a more unfavorable prognosis.

"WHAT THEY TEACH IN ST. LOUIS."

EDITOR OF INVESTIGATOR :—Prof. Temple and I differ as to what is the "basis of Homœopathy." He says it is based upon : 1st, "The dynamic power ;" and, 2nd, "A knowledge of dynamics." I "do hereby swear, or affirm," that it is "The Great Therapeutic Law."

I once imagined I could "make a whistle of a pig's tail." As I find I have failed in my attempt, I now send Prof. T. the following challenge, namely : To let Dr. Carroll Dunham decide which is *the* basis, Prof. Temple's, or mine.

I do this, to end a dispute which is evidently doing Prof. T. no good.
SAM. A. JONES, M.D., (*Speciali Gratia.*)

P. S. On inquiry, I learn that Dr. Dunham has actually *made this decision*. I find it recorded in "Transactions of N. Y. State Hom. Med. Society," Vol. II., 1864, and p. 56; the said paper being entitled, "High Potencies in the Treatment of Disease." I herewith transcribe his decision:

"The promulgation of the dynamization theory by Hahnemann, and his adoption of the practice of giving infinitesimal doses, were the occasions of the most violent denunciation of Homœopathy, by his professional opponents. Indeed, to this day, this really *subordinate** department of the method, is regarded by Allopaths as the essential feature of Homœopathy; and, to a superficial observer, it would seem as if the infinitesimal dose were almost the only obstacle to a blending of Homœopathy and the so-called Physiological School of Medicine."

In his article in the January number of THE INVESTIGATOR, Prof. T. quoted *ad libitum* from *this very paper of Dr. Dunham's*. Was the "dynamic power" of the passage we have quoted, too much for the worthy Professor? or, when he is in pursuit of truth, does he select only such "facts" as fit his mental groove?

We here take our final leave of this matter, with just two questions sticking in our individual "crop:" Is Prof. T. an "Allopath," or only "a superficial observer?" S. A. J.

THE TONGUE-SYMPTOMS OF THE BAPTISIA GROUP.

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

IN typhoid and other low fevers, the tongue-symptoms are very important. They afford diagnostic indications for the selection of the remedy, when other symptoms will not afford them.

Baptisia. — The tongue feels as if swollen — sometimes burnt or numb — and the speech is thick. The coating is yellowish-brown and dry; the edges are red and shining. Ulcers on tongue.

* The italics are Dr. Dunham's.

Rhus tox.—Sensation, as if covered with a skin, of dryness, when not dry. Coating, brown. Dry, red tongue, all over. Vesicles.

Rhus rad.—Sensation as if scalded; burning; soreness. Coating thin, white, yellow, dark-brown. Dryness and redness of the tip, and the anterior edges, with vesicles on the end.

Rhus vernix. and *venenata.*—Sensation as if scalded. Coating, white on centre and base; redness of sides. Vesicles on under side.

Comocladia.—Coating, dirty-yellow; dry.

Anacardium.—Heaviness of tongue; swelling; difficulty of speech. Coating, white; coated rough.

It should be remembered that *profuse flow of saliva* always precedes the *dryness* and *dry tongue*. A *moist* coating generally precedes the dry coating, or dry redness.

THE HOMŒOPATHIC MEDICAL SOCIETY OF THE STATE OF NEW JERSEY.*

THIS Society held an adjourned meeting, in Newark, on the 15th of this month, for the purpose of hearing the report of the committee appointed to revise the by-laws, and the transaction of other business necessary to the full re-organization of the Society. The officers for the present year are: J. J. Youling, M.D., of Jersey City, *President*; Alex. Kirkpatrick, M.D., of Burlington, *1st Vice Pres.*; Frank Nichols, M.D., of Hoboken, *2nd Vice Pres.*; Oscar Bingham, M.D., of Washington, *3rd Vice Pres.*; S. B. Tompkins, M.D., of Newark, *Recording Secretary*; L. D. Ennis, M.D., of Newark, *Corresponding Secretary*; C. F. Fish, M.D., of Newark, *Treasurer*. *Board of Censors*—Drs. Kirkpatrick, Dennis, Reed, Annin, and Bailey.

The following physicians were duly elected members: J. D. Annin, M.D., of Newark; Geo. N. Tibbets, M. D., of Hudson City; E. R. Laine, M.D., of Newark; O. F. Lund, M.D., of Bergen; G. W. Bailey, M.D., of Elizabeth; W. McGeorge, M.D., of Hightstown; Stephen Hasbrouck, M.D., of Passaic; F. A.

* This communication should have appeared earlier, but was unavoidably crowded out.

[ED. INVESTIGATOR.]

Rockwith, M.D., of Newark; T. Y. Kinne, M.D., of Patterson; F. B. Mandeville, M.D., of Newark; E. Cook Webb., M.D., of Orange; E. Nott, M.D., of Patterson; — Ward, M.D., of Mount Holly.

Dr. McNiel presented the by-laws, as revised by the committee, which were, after some slight amendments, adopted by the Society. Article XI. was so amended as to make it the duty of the President to appoint Bureaus (of three each) upon *Materia Medica*, Surgery, Practice, and Obstetrics. It was also resolved that the President and two others, whom he might appoint, be a committee to take the necessary steps for procuring a charter, at the next meeting of the State Legislature. It was also resolved to have meetings of the Society every three months, in different parts of the State, the time and place to be fixed by the President.

The Society seems to be in thorough working order, and all the members earnest to do their share towards the advancement of their branch of the healing art. Yet there is a large number of physicians, in different parts of the State, who are not yet identified with the Society. It is, therefore, desirable that all physicians of the School should, as soon as possible, communicate their names and desires, either to the President or Secretary. The names of those to be appointed under the different Bureaus, will be announced as soon as possible.

The next Annual Meeting will be held in Newark, April 15th, 1869. Business meeting at 2 o'clock, P.M., and a public address by the President in the evening.

J. J. YOULING.

JERSEY CITY, *May 29th*, 1868.

CLINICAL CASES. *

BY T. DWIGHT STOW, M.D., FULTON, N. Y.

INTERMITTENT FEVER.—May 10th, 1868, Alexander Wise called for a prescription for a little girl about 9 years old. She had bright hair, blue eyes, and pale face. Had intermittent fever for a week; but they had no success in breaking it. All the symp-

* Read before the Central (N.Y.) Med. Society, June 18th, 1868, and communicated to this journal.

toms he could give, were these: Cold stage in the morning, at 9 or 10 o'clock, followed by heat, or fever, during which she slept and perspired freely. Prescribed *Opium*, cc., every two hours, during apyrexia. The type of this fever was *quotidian*. Before this prescription was used up, her paroxysms ceased, and she had no return of them.

Case Second.—The little blue-eyed, brown-haired daughter of Mr. G. N., some 8 years of age, had, for several days, at 9 or 10 A.M., daily, a hard chill, with no thirst; fever, with great thirst, followed with copious sweating—drinking and sweating giving much relief; frontal headache increasing with the fever, and diminishing with the sweat. Twelve powders of *Natrum mur.*, cc., cured this case; and I have, as yet, neither seen nor heard of any return. Saw her first, May 14th, and made four visits. First day, left *Sac. lac.*; and last day, *Sac.*

Case Third.—Was called to see the wife of Mr. P. B. R., on the 15th day of May, 1868. This lady is about 32 years of age, has black hair, and blue eyes; she is, and has been for years, quite thin, but of a mild disposition, and quite nervous. This, May 15th, was her third paroxysm of quotidian ague. May 13th, at noon, May 14th, at 4 P.M., and May 15th, at 10 A.M., had first gaping and stretching, with blue nails and lips; then a shaking chill, lasting two hours; chill followed with fever. During both of these, restlessness, burning heat, and, from the onset, a sensation of coldness and load at pit of stomach. The chills commenced in her hands, with fever, aching of bones, and soreness of flesh; faintness on rising; every time she stirs, chilliness through chest, from front to rear; chilliness predominates; drinking cold water chills her; during fever, faintness on rising; tongue moist; bowels and sexual functions regular; pulse 136, and, after quietude, 124; headache during fever, with feeling of swelling of head; no hunger, no thirst; chills predominating.

Administered *Pulsatilla*, cc., 6 powders; and *Saccharum*, 6 powders, and numbered from 1 to 12. She had, from this, no more symptoms of the ague, and without any trouble during convalescence. She is now well, and “nothing to pay.”

RHEUMATIC FEVER.—A. B., a stout, short man, of about 34 years, eyes dark-brown, hair dark-brown, and weighing about 180 pounds, worked all day, May 24th, in cold water up to his arm-

pits, repairing a canal-lock. May 25th, was taken with rigors, lameness, soreness of muscles, headache, loss of appetite, shooting, darting pains here and there, vomiting, and with white-coated tongue, etc. May 26th, was called to see him, and found, in addition to the above, the following symptoms: Restlessness, thirst, headache; drawing, beating pains in left buttock, with sharp pains running from left hypochondrium to left knee, and in the track of the sciatic nerve; great sensitiveness to pressure, movement, cold air, touch; ameliorated by lying on the back, moving, and sitting up, and stretching out the affected limb.

Rhus tox., 200th, one prescription, cured him. He got up on the 27th; and within four days, was well enough to resume his work.

GASTRALGIA.—G. S., a hard-working man of 56 years, gray hair, blue eyes, complained of a very disagreeable pain in his left side, near the greater curvature of stomach,—pain of a sharp and incisive, cutting kind, worse after a meal. These were all the symptoms he gave. I gave him, for a week, *Nux vom.* and *Belladonna*; but to no purpose.

When he called the third time, I asked him to state his case with greater clearness; and found, what I had not before noticed, that hard work relieved, and that, when the pain reached its acme, *he had to bend double, and press with his fist upon the part.* Said he, “Our folks tease me to *take something*, and not bother with sugar pills; but I’ll sooner take nothing.” I now gave *Colocynth*, 30th, one pres. of ten powders, a powder to be taken at accession of pain, and to get along with two or three, if possible, having one every hour.

About one week after, he hailed me in the street, saying that “that last medicine did the job,” and that the medicine seemed to run straight from his tongue to his side; and he had only taken about six of the powders. The very first dose relieved him. He has to this day (June 14th), no return.

GRANULAR DECOMPOSITION.—Atomic elements, in a state of putrefaction, stationary or progressive, are ordered into molecular granulations, very fine, grayish, exceedingly numerous, and endowed with very active Brunonian movement.—*Robin.* This movement is a movement, in various directions, of the granules. It was discovered by Dr. Brown.

ALLOPATHIC PROVING OF MERCURIUS DULCIS.

I HAVE been treating, for a year, a remarkable case of mercurial poisoning, that may be of interest to the profession. I am induced to write an account of it, solely that I may be favored by advice as to treatment, prognosis, etc., by some of the older physicians.

Some five years ago, after an energetic course of *Calomel*, given for the cure of rheumatism, the joints of this young man began to swell, with but little pain; and, in a short time, became perfectly ankylosed. His position now is: the head turned a little to the right, with the chin resting on the chest, arms crossed, legs drawn up, and an anterior flexion of the trunk. The joints are swollen, not red, and the muscular structure very much atrophied. On the fingers of the right hand, the nails became thickened and elongated, and take on the appearance of a parrot's bill. The only motion left to him, is a little in the right shoulder, some of the jaw, and in one or two of the fingers. His appetite is good, he sleeps well, and all the functions—breathing, digestion and circulation—are well performed; and he is cheerful and contented. Latterly, he has suffered no pain.

About a year ago, when I first took charge of the case, the disease was erratic in its action—now in one place, now in another—finally attacking the right eye, which he lost by iritis, in spite of all my care. The feet were then much swollen; but all the power of the disease seemed, after the loss of his eye, to concentrate in the left foot. A year ago, it commenced swelling uniformly, until it measured 11 inches across the heel, when, on each side of the heel, an immense fungus growth appeared, discharging a thin watery pus for a few days, then changing to a thick, yellow character, back again to the watery form, and then ceasing entirely for a week. When this discharge ceases, he is troubled with diarrhœa, with a griping pain in the bowels, felt before and after the stool, which is brought on at any time by drinking cold water. The nails on the toes of this foot, actually became disorganized, *and wipe off on the cloth*, like the yellow slough seen in some kinds of ulcers. His foot now is enor-



mously enlarged, measuring nearly 20 inches across the heel. The skin covering the foot, in front of the ankle, is a shining red, and looks erysipelous for a few days, and then œdematous; but there is no fluid to be found, on making a puncture. A thick, cheesy matter, dry and granulated, is found under the skin. Occasionally, a spot on the foot becomes dry and yellow, and the skin covering it peels off like a piece of horn, discovering the peculiar matter be-

neath. On being placed on a chair, the feet swell so much that it seems as if they would burst, and pain him so much that he can not remain up longer than ten minutes.

Now, what I want to know, is this: Are there any remedies that would be likely to do any good? I have used *Bryonia*, *Arsenicum*, *Hepar*, *Phytolac.*, and *Aurum*, in all attenuations. 2nd, Would an operation, or *any* operative procedure, be admissible? I confess to having debated this many times, in my own mind. I do not believe in such a thing as a local disease; but, in this case, the disease is now only active in this one foot. He suffers no pain elsewhere, and there has been no change in his condition or appearance for five years, except in this one foot.

My argument in favor of an amputation, is this: He retains an unvarying position, all the year round; he is not able to sit up, on account of the determination of blood to this foot; he may not live a year, in his present condition; remedies seem useless to effect any good; the odor is unbearable, filling the whole house, and he is a constant care to the family. With it off, he could pass most of his time sitting up, could ride out, and *might* recover the use of some of his joints — as those of the hip seem to be stiff more from disuse than disease.

My doubts are, as to whether the stumps would heal; and that is all. Once satisfied of *that*, I would amputate at once.

I earnestly entreat some advice on the subject, either by letter, or through some of the journals. At present, my visits are merely those of friendship — having abandoned treatment some time ago.

J. GRANT GILCHRIST.

OWATONNA, MINN., *July 20th*, 1868.

Later.—The odor finally became so very offensive, that it was almost impossible to remain in the room with him. On the 30th of July, some signs of gangrene were noticeable; and, for the first time, I counseled amputation. This was performed at the middle of the thigh, by the double-flap method, on August 3rd. The limb was found liberally supplied with arteries, no fewer than twelve requiring ligation. The tissues here seemed as healthy as it is possible for them to be, with such a monstrosity in the neighborhood. He rallied well, and is now in a fair way to recover. I consider no excuse called for, on my part, for amputating this limb; for I verily believe it was out of the reach of medicine to do it any good whatever.

A hasty dissection was made, terminated by the overpouring odor, during which I found an almost total absence of muscular tissue, its place being supplied by a jelly-like looking substance, closely resembling colloid cancer. The fungus mass at the heel was very much like an immense encephaloid cancer; and, indeed, the whole thing had a canceromatous *look*, but did not carry out the resemblance in other particulars. Having no microscope, of course I did not look for cancer-cells. The bones did not seem to be much diseased—a little inclined to caries in one or two places, and in others simply hypertrophied. The joints were perfect specimens of complete ankylosis.

Should the case terminate fatally, I will let the readers of THE MEDICAL INVESTIGATOR know of it. Should they hear no more about it, they may rely upon the result being—I was about saying, a *cure*; but, at all events, they may know he didn't die.

August 15th.

J. G. G.

BOSTON HOMŒOPATHIC SOCIETY.

[THIS is a new medical organization. The cause for its formation, its aims and objects, are set forth in the following preamble and article. We wish this society, and all other Homœopathic medical societies, great prosperity. We believe, with this society, that great care should be exercised by these useful and powerful organizations, in the selection of members.—ED.]

PREAMBLE.

Whereas, It was decided in the "Boston Academy of Homœopathic Medicine," March 23rd, 1868, by a vote of 18 to 15, that a member who, in open court, under the solemnity of an oath, made, substantially, the following statement: "I do not acknowledge the law of cure, as held by Homœopathists; I practice both systems; sometimes Homœopathy, and, in some cases, Allopathy (or the old system) is preferable;" and who frequently writes Allopathic prescriptions, and says he shall continue to do so, whenever he chooses; but who, nevertheless, calls himself a Homœopathist, — shall, contrary to the opinion of a respectable minority, continue to be a member of said Academy; and,

Whereas, The decision seriously affects and endangers the name and reputation which other members of the Academy have sustained, and still endeavor to sustain; inasmuch as said decision implies the right of any member of said Academy to administer drugs *un-Homœopathically*, a great portion of the time, *and still to be entitled to the name of Homœopathic physician*, within the meaning of the Constitution and By-laws of the Academy; and,

Whereas, Said decision conflicts with the name of this society, called the "Boston Academy of Homœopathic Medicine," the members of which, according to Art. 3rd of its Constitution, "shall be those who believe in the curative action of medicine, according to the law, '*Similia Similibus Curantur*,'" therefore,

Resolved, That Homœopathy is misrepresented, and its standing impaired, by many who claim the title of Homœopathic physicians; and that, hence, it becomes necessary for those who are convinced of its absolute superiority over all other modes of practice, to unite for the purpose: 1st, Of preserving and developing Homœopathy, in its purity; 2nd, Of upholding and defending the doctrines from which we derive our titles.

Resolved, That we consider the foregoing as reasons for organizing a new society.

Art. 4th of the Constitution, is as follows:

"The members of this Society consider Homœopathy superior to any known system of medicine, being based upon the humane principle of the 'Organon,' which says: 'The highest and only calling of the physician is to heal the sick, called curing;' and 'the highest ideal of cure is speedy, gentle, permanent restitution of health.'

"We acknowledge '*Similia Similibus Curantur*,' as the only known law of cure; but we accept this law as pertaining to and governing the use of DRUGS ONLY.

"We believe that it follows, from the principles above stated, that we consider it necessary for a member of this Society, that

he should adhere, in his practice, to the cardinal points of the 'Organon of the Healing Art;' *i. e.*, the selection of the most similar remedy, the single remedy, and the smallest dose that will cure.

"Having determined the basis of Homœopathy, and decided to be governed by its maxims, it follows that it is necessary to take a firmer position than has hitherto been done, regarding the qualification of members.

"The dignity of our responsible position as a society of Homœopathic physicians, demands that those claiming the title of Homœopathic physicians shall not be justified in practicing the administration of drugs contrary to the laws and maxims peculiar to Homœopathy."

OFFICERS OF THE "BOSTON HOMŒOPATHIC SOCIETY."

President—Conrad Wesselhœft, M.D.; *Vice President*—F. H. Krebs, M. D.; *Secretary and Treasurer*—G. M. Pease, M.D. *Censors*—Chas. Cullis, M.D.; Wm. P. Gambell, M.D.; T. S. Scales, M.D.

PENNSYLVANIA SOCIETY ON THE BANDAGE.

IN regard to the use or non-use of the bandage, after parturition, Drs. Williamson, Gause, Smedley, Von Tagen, and others, regarded it as absolutely essential to the well being of the patient. While the dictates of fashion so greatly mar the female form, they contended that support at the post parturient period was necessary, and that the relief afforded to the patient after its application, as by her expressed, was sufficient evidence of its utility. They all agreed that it might be, and, no doubt, is, often improperly applied, and in that way may do harm.

Others of the members contended that, having used the bandage for years, they had now abandoned its use, and, in their estimation, with great advantage to their patients. Dr. C. A. Stevens said that he had supposed a bandage a thing indispensable, or, as he humorously expressed it, that woman would "fall to pieces" if it was not applied. Recently, however, he had had a patient who positively refused to have one on, and he was obliged to let her have her way. Much to his surprise, he found she made an unusually fine recovery, and was very soon up and about. Afterward, he refrained from using it whenever he could, and now he never applies it, and he gave it as his testimony that his patients never did better.—*Transactions*, Vol. III., p. 26.

EDITORIAL.

A WORD FOR PATHOLOGY.

MUST pathology be studied by our under- (and over-) graduates, merely as an ornamental branch, or only for the sake of being so "well-read" as an "Allopath?" Is pathology valueless as an "aid in the selection of the remedy?"

These questions arise involuntarily, upon considering the fate of the resolutions submitted by Dr. McMurray, at the last session of the American Institute of Homœopathy.* With all deference for the knowledge of a distinguished Professor, who negated the resolutions, we are still forced to consider his opinions as too *ex cathedra-ish*.

Many of the possibilities of to-day, were the impossibilities of Old Medicine; and no physician can, to-day, declare the *ne plus ultra* of pathology. As "science is the topography of ignorance," many of us may, indeed, say what *we* can not do by, or with, pathology; but can any one practitioner speak for the whole body medical, or say, of such a department of research, "Thus far, and no farther?"

We think that too much is expected of pathology to-day. We demand it to be abreast, neck-and-neck, with therapeutics. We forget that we are, to a great extent, walking in the dark; that, of all *Physici*, we alone have "the pillar of cloud by day, and pillar of fire by night,"—our *LAW*. Under the formula of *Similia*, we meet and vanquish these *unknown quantities* termed diseases; we *find the value* of each therapeutic *x* and *y*, and we *eliminate the unknown quantity*, to the gratification of our patient; but do we not still eliminate it as an *unknown quantity*?

In Old School records, we find their science leading their art. Compared with them, *our* art leads their science—we accomplishing, in practice, what they scarcely or only dream of in theory. As a School, we present the very unusual phenomenon of a perfect science: can we also submit to the world a perfect art—an application of the principles of the science, infallibly producing their full fruition in the art? One little sentence in a dog-eared school-book says: "*Humanum est errare.*" Science may sing its siren songs; but human art will never cease to conjugate *errare*.

Still, we grant the *LAW* leads us on, when pathology halts and is dumb. But, so far as pathology walked with us into the maze, did she do nothing? was she utterly valueless? If she had said only, "This do not so," we submit that her company was not useless. And this she does do. She

* *MEDICAL INVESTIGATOR*, July, 1868, p. 810.

stamps many a symptomatic *vraisemblance* as an *ignis fatuus* that will only lead the neophyte into the Slough of Despond. We speak feelingly, because we have often been thus bemired. If, then, the value of a pathology is purely negative—simply excluding from consideration several remedies of a symptomatic resemblance—*many of us* can not afford to ignore it.

But may not the day dawn when Paulo-Post Homœopathy, will translate the symptom-hieroglyphics into an intelligible pathological language; when to read the symptoms will be to read the pathology? We are, indeed, reading pathology, in every group of symptoms, *now*; but we lack the key to this great Rosetta-stone. The subtle distinctions drawn to-day by a Dunham, a Wells, and such *rarissima*,—whereby poor Trinks' "wonderful cures" are effected—are based upon pathological *differentia*, unintelligible, *only in their shadows*, to even a Dunham and a Wells. Simply because they are to-day unintelligible to a Dunham and a Wells, must the study of pathology be ostracised from *practical* medicine? As well might Layard have forbidden the study of the cuneiform inscriptions at Nineveh, because he could not read them.

Will it now be said that we are amusing ourself with the phantasmagoria of a feverish imagination? In reply, let us ask if the interpretation of symptoms, with their pathology, would be much more of an advance upon the knowledge of to-day, than were the labors of Laennec upon the thoracic knowledge of Old Medicine?

Dull indeed must be the life of the physician who, daily learning how much is unknown, does not look to a *futurus esse* wherein *Physici in esse* will discern, even so clearly as *he* now sees "through a glass, darkly." We should thank God that He has not made men like the fish in Mammoth Cave—eyeless, because they live in darkness; and, because we have eyes, we must be content to keep looking—never presuming to say what may not be seen because it is yet unseen. If these be dreams, then know that we dream because we see.

As "our little lives are rounded with a sleep," we shall lie down *at last* clasping the hope that, in the great About-To-Be, pathology will pluck the tares from the field of our dead master's labors—pathogenesis.

Remember that *symptomatic* internal evidence enabled Bœnninghausen to detect the forgeries of Fickel; and even so an *in posse* (if not *in esse*) Bœnninghausen will search our pathogenesis, and, from *pathological* internal evidence, say: "These symptoms, and those, are tares; why cumber they the ground? cast them into the fire." CARL MÜLLER.

WISCONSIN MEDICAL ASSOCIATION.

THE Fourth Annual Meeting of the "Homœopathic Medical Society of Wisconsin," will be held in Fond du Lac, on the first Wednesday in October (Oct. 7th), 1868.

This young association was organized from the elements of a society

that succumbed years ago. Its sessions have been held in different parts of the State, and have been well attended. The last session, held at Portage City, was a very interesting and profitable one. Many interesting articles were presented, and were freely discussed.

Our State has about 200 Homœopathic practitioners, and all of these should be members of our Society. All can not leave home to attend its sessions, it is true; but all can become identified with it, and can send in clinical cases and articles of value.

A special invitation is extended to all who can conveniently attend, and assist this "young and growing" association.

An informal meeting will take place the evening previous (Oct. 6th), at the office of Dr. Patchen.

H. Pearce, Green Bay, *President*; J. S. Douglas, Milwaukee, *Vice President*; H. B. Dale, Oshkosh, *Secretary*.

This association has received a charter of incorporation from the State Legislature. Wisconsin and Minnesota are the only Western States that are incorporated under Homœopathic auspices. We would say to other State and County societies, "Go and do likewise," and follow the action of these two younger States, whose members are active, live Western men.

Homœopathy is gaining the ascendancy in medical treatment. Let us not be laggards, but still push on with vigor, till Old School physic cries out, "*Peccavi!*—Hold! enough!"

H. PEARCE.

STATUS OF HOMŒOPATHIC PHYSICIANS.

THE present and future status of our fraternity, is a subject upon which thoughtful parties manifest a good deal of anxiety. They tell us that we are degenerating—that the standing and dignity of the profession is being lowered; and they lay the blame at the door of our proselytists and medical colleges.

This is a question of vital interest. It demands attention. We have had many consultations on it. The first convert to our system in the United States—one who has labored, during nearly half a century, for its progress, who has anxiously watched its wonderful spread over this vast continent, and who would be apt early to discover any symptoms of degeneracy—gives us the following as the result of his mature observations:

SARATOGA SPRINGS, *August 5th, 1867.*

DEAR SIR:—My opinion has been, from the first, that Homœopathy would go out in the world, unless the students of our method shall be better educated in the arts and sciences, than are those of the Old School. I think we are losing our status, from this cause, now; that we are retrograding, and are soon to be below the rank of a liberal profession, in the estimation of the world—as we are, in fact, in our own.

But I have not the leisure here necessary to a full exposition of these

views, nor the heart for defending the reformation we so much need. At some future day, I may make the attempt. Mean time, I am,

Faithfully your friend, JOHN F. GRAY.

Mark his words! Weigh well his mature conclusions! Are we not all students? But, are we all "better educated in the arts and sciences" than our Old School neighbors? If we are not, then we have *each* helped, or are helping, to lower the status of the profession!

The unpopularity of Homœopathy, in its early day, prevented the afflux to its ranks of any but first-class men — the most scientific and inquiring minds. But latterly, Homœopathy is too popular; we are having a large number of middle-men — some, graduates from our colleges; others, easily made converts. As physicians, they are earnest and truthful in the belief that *Similia is the law of cure*; but are not scientific enough to select, always, the Homœopathic remedy. Again, in early days they took plenty of time to wade through the unwieldy volumes for *the* remedy. But to-day our practitioners, are "driven to death," have not the time to consult said "helps;" and we have none more labor-saving. Now, the demand is so great that we are careless. We pick up any kind of student, show him — sometimes her, — the glories of Homœopathy — how quickly we can cure our patients, — keep them a year or so to take care of our horses, office, etc., — send them to college, if they have time; where they are "ground out" as *complete* M.D.'s; in six months are in full practice and must have a student, who, in turn, is "rushed" through the same course. How can such physicians uphold the scientific status of the profession? How many grades higher are many of our proselytes? If our physicians do not study, is there not occasion for serious concern?

Allopathy "chuckles" at the idea that many of us are becoming, practically, eclectic. If we are degenerating, what is the remedy? Manifestly, *there must be a reformation, or else a classification according to status*. The first may be done, by individual thought and study; by our medical societies demanding work from every member. Our colleges might bring up the status, by elevating the requirements, and arranging the course so that full knowledge of all the branches could be acquired. Greater discretion must be exercised by preceptors, in the selection of future representatives. The work of classification may become a necessity, and will devolve upon our powerful societies. Let the profession be graded, rather than permit "all sorts of members," like a great millstone, to weigh us "below the rank of a liberal profession." Study, hard persistent study, is the only other alternative.

ANIMAL ELECTRICITY.—Shultzenstien, in *Researches on Animal Electricity*, proves that all the so-called animal electricity does not proceed from nervous, vital or muscular action, but is nothing else than purely *chemical* electricity, having its origin in the commencement and progress of a chemical decomposition in the animal parts, in contact with the air. Without salt in some form, there is no success. Animal electricity is an illusion.

REVIEWS.

THE PHILOSOPHY OF EATING. By A. J. Bellows, M D. 12mo., pp. 340.
New York: Hurd and Houghton. 1868.

We congratulate the author of this treatise, upon its deserved success, as indicated by its having reached a second edition so soon. The reason is obvious; filling, as it does, to a satisfactory degree, a demand long felt by the more intelligent portion of the community, as well as by the profession, for definite dietetic instructions, based upon known chemical and physiological laws, and the experiences of the past. Such knowledge has been difficult to obtain, without extensive researches, impossible to be made by the non-professional inquirer, and rarely by the physician.

This work embodies much more than general information upon this subject—it enters into a careful analysis of the various articles of diet, and discusses their influence in health and applicability in disease; thus supplying to physicians, many hints of practical value.

Our author classifies food, after the old fashion, as carbonates, nitrates, and phosphates; and, while he analyzes the various edibles belonging under each class, he illustrates, in a happy manner, the purpose they serve in the economy.

After giving a large space to these considerations, he gives us a lengthy chapter on water and its impurities, much of which conveys useful information. Then we find excellent instructions on the cooking and preparation of food, and the use of condiments and stimulants in health and disease. Besides these, we have many useful suggestions on hygiene, which are very valuable.

We would have derived more satisfaction from this book, had the author been more systematic in the consideration of subjects, and not have introduced quite so much of extraneous matter. This book need not necessarily include a "Theory of Creation," and "The Pre-adamite Arrangement for Water;" nor was it necessary to discuss "Geology and the Bible." These subjects are foreign to the matter under consideration, and are, in fact, "padding." We could have wished this chapter omitted, as well as some repetitions and trite illustrations, not complimentary to the intelligence of the reader.

Upon the use of stimulants, the author's mind seems to be unsettled. He argues strongly upon their poisonous effects, and condemns their use totally, as being detrimental to the economy; and quotes eminent authorities to sustain his position. And yet he gives further illustrations of their usefulness in some conditions of disease—thus, seemingly, disproving his own argument.

We would suggest to the author, that, in his next edition, he keep this axiom in sight: that "Alcoholic liquors are not useful as a *beverage*." This would simplify matters greatly, in considering the question of intemperance.

We believe the Doctor errs, in advocating *total abstinence*; for mankind, as they are, with their manner of living, demand, in most cases, some kind of stimulant. We do not question but that, *theoretically*, he is right in his assertion that they are hurtful, and the human race would be better without them, under *healthful* circumstances; but the author himself furnishes an illustration of the conditions demanding them, in the *overworked and flagging energies, that must do two days' work in one*. Let us not

preach against; nor quarrel with, an appetite so universal as is this for stimulants; but, rather, seek to learn from what crying want of the system it arises. And, if it be from a universal habit among all civilized peoples of over-working and over-taxing their minds and their bodies, let us wage war against *this evil spirit* that possesses the nineteenth century; and not against the only means of relief its victims can resort to. The war against intemperance is a righteous war, but it has failed, and always will fail, so long as the moral, social and *physical* causes underlying it are not removed. Until these are removed, we insult our humanity and our reason when we advocate either its use as a *beverage*, or condemn it *entirely*.

It is plain to be seen that our author is a "Grahamite," and we are sorry for it, on his own account; we fear his teeth and bowels may be worn out before their time. But, seriously, we think it somewhat late in the day, for a Professor of Physiology, and a *Homœopath*, to give credence or circulation to the old theory (though it still be generally accepted) "that humanity suffers from superfine flour." How can you, Doctor, still entertain such absurd notions, after having given us such an excellent chapter on "Appetites"? Do you mean to prove, against ours, that unbolted flour is more palatable and more nutritious than "Double-Extra"? We beg pardon, but we shall cast your logic to the winds; and after the fowls and herds have devoured it with the grain, perhaps we can digest it.

But let us ask, have we any evidence that the glutenous and mineral elements found in the husk of wheat, are assimilable? Does not experiment prove to the contrary? Besides, we learn by the tables furnished, that these elements are largely present in our animal food; and we know that, by animals, these ingredients are appropriated. Then why should we develop *bovine* appetites, and force nature without profit? We believe she is our best guide; and, though the child will take one slice of graham bread, it will cry for many *white* ones.

We have studied physiology to little purpose, if we err in this doctrine: *that man derives nothing from the vegetable world, but the calorificants*; that mineral elements *must* pass through higher grades of organization, before they can be assimilated — and, with a few exceptions, perhaps, the nitrogenized elements also. But, while we defend the appetites of civilization, we would not deny ourselves an occasional slice of graham or rye bread, for *variety's* sake. And so, too, of all other good things under the sun; we will accept, thankfully, all our Creator has given us — but we will *extract* the kernels, and even *spiritualize* them, for our needs.

While we criticise this work freely, we do it in honor — considering it to be too good, in its intrinsic worth, to embody such uncertain and crude doctrines. We hope we may see another edition, expurgated, to a large extent, and thoroughly revised, especially in its tables; blunders of quotation are inexcusable, and they are so numerous as to injure the reputation and reliability of the work among professional readers. Were these corrected, we believe it would become a standard authority, and sure of more than an ephemeral reputation. But, notwithstanding these defects, the book is eminently useful, and one that every physician should procure and read. It is worth its price.

A. W. W.

TRANSACTIONS of Homœopathic Medical Society of the State of Pennsylvania, Third Annual Session, 1868.

This is a most valuable volume. The proceedings and discussions are very interesting. The same is true of Reports on — Improvements in Surgery, Proving, Clinical Medicine, Epidemics and Endemics, Obstetrics, Statistics, Hygiene, etc. The articles on External Applications and Dress-

ings to wounds, Cupri Arsenitum, and a Resumé of the past year, are very interesting and valuable. What if every physician were compelled to give a *resumé* of his practice during each year? What a mass of valuable observations would accumulate! Why can not they be voluntarily made? If notes of cases are kept, it would be a small work to prepare an annual *resumé*.

This young society means work. "Its object shall be the advancement of medical sciences." It has begun the task with vigorous energy. The present volume is an honor to any body of scientific medical men; but what must the next one be, if the committees on the following subjects are faithful:

(1) *Surgery*.—*Resumé* of Improvements during the Year; Operative Surgery; Conservative Surgery; Ophthalmic and Aural Surgery; Orthopedic Surgery. (2) *Materia Medica*.—New Remedies; the Specific Action of Remedies; Unreliable Remedies. (3) *Provings*.—New Provings; Partially Proved Remedies; Re-Proved Remedies. (4) *Obstetrics*.—Improvements during the Year; Diseases of Infancy; Diseases of Pregnant Women; Surgery Needed in Obstetrics. (5) *Abortion*.—Spontaneous and Criminal Abortion. (6) *Chemistry*.—Discoveries in Medical Chemistry; Mineral Spring Waters as Curative Agents; Action of Gases as Influencing Disease; Poisons. (7) *Practice*.—New Diseases; Skin Diseases; Contagious Diseases; Adjuncts in Disease; Local Applications in Disease. (8) *Anatomy*.—General Anatomy; Microscopy of Animal Tissues; Pathological Anatomy; Surgical Anatomy. (9) *Physiology*.—Recent Developments in Physiology; Physiology of Vital Organs; Physiology, Comparative; Physiology of Nervous System; Formation of and Loss of Blood. (10) *Hygiene*.—Diet in Disease; Baths; Exercise; Electricity and Ozone; Temperature, as Affecting Health and Disease. (11) *Pathology*.—Practical Therapeutical Himits; Diathesis.

What a *bill of fare*! Forty-one committees, in a society of less than one hundred members! We would go a long way to attend such a society session. If all of these committees faithfully report, next session, we will send "each man of them" THE MEDICAL INVESTIGATOR a *whole year for nothing*!

CORRESPONDENCE.

DYNAMIC.

EDITOR OF MEDICAL INVESTIGATOR:—After waiting to watch the floundering, in his peculiarly helpless and awkward way, of the "dynamic power" individual, in the muddle that he made in his attempts at telling what he meant by his favorite phrase, I now propose, for the sake of those who are not past learning, to define dynamic, and thus reduce it from that nebulous state in which it exists in the minds of many who evidently suppose that they have uttered something very (very obscurely) profound, when they have resorted to its use.

The term "dynamic," derived from the Greek *dunamis* (Anglice *dynamis*) was used, and still should be used, to signify, merely, relating to power. It has, however, come to express, especially, that exercise of power which results in the production of motion. Applied to the action of a medicine,

it signifies that the remedy produces motion (molecular) in the system. That is all there is of it; and the mystery of producing motion in the molecules of one body by the molecules of another body, is just about as great as that of producing motion in one entire body by the mechanical action of another entire body — the principal difference being that the latter action is a more familiar one.

Now that the vagueness is removed, and the mystery partly dispelled, by bringing the action down to the level of common things, the word "dynamic" will not appear half so impressive, or be thought to imply half so much wisdom on the part of those who especially delight in its use.

H. P. G.

"THE MEDICO-FINANCIAL QUESTION."

EDITOR MEDICAL INVESTIGATOR: — Your editorial in the August No. of THE MEDICAL INVESTIGATOR, on "The Medico-Financial Question," is so emphatically true, that I can not forbear saying a word on the subject. I am glad you have given the question a passing thought. Every thing else pertaining to medicine is discussed, but the financial question.

It is true that many are leaving the medical field, and more will do so, if physicians are not better remunerated. The public are directly working against their own interest, in paying so tardily, and, in too many instances, not at all. I think it time that the profession make some improvement in this, as well as in other directions; and if all physicians would *educate* their patrons to pay, the profession would soon be capable of rendering better medical services.

But the medical man of the present day, by many people, is treated like a mechanic's tool — never thought of except when *wanted*.

Give us another shot, Mr. Editor, on the same subject.

Fraternally,

J. H. LEWIS.

GENEVA, WIS., July 30th, 1868.

[We should much prefer to hear the expression of other members of the profession. It is a question that we are all interested in, and have given more or less thought. — ED.]

"WHAT THEY TEACH IN ST. LOUIS."

MR. EDITOR: — You doubtless remember Byron's famous criticism on Bishop Berkeley's system of philosophy, which denied the existence of matter: "When Berekley said there was no matter, 'twas no matter what he said."

If there is any pith or point to the interminable discussion, entitled "What They Teach in St. Louis," please give it to us in the concrete, and oblige those who dislike to see such a waste of printer's ink, and such a loss of valuable space in one of our most valuable journals.

Yours, in earnest,

EUSTACHIUS.

CHICAGO, August, 1868.

[That discussion has terminated, as far as our columns are concerned. It is not often that "outsiders" are privileged in hearing the views, upon vital questions, of the various teachers of the "prospective fraternity." Preceptors have a right to know what is being taught in our colleges. The discussion has done us all good — turning attention to subjects that are interesting the whole scientific world. As a result, the profession are promised the results of careful microscopic observations on the divisibility of matter. We are anxious to know if the high attenuations contain any of the drug matter; also if the division of the matter is uniformly as we ascend the scale. — ED.]

PERISCOPE.

ACONITE IN PARALYSIS. — Dr. Webster says (*Med. and Surg. Reporter*, July.): *Aconite* is, *par excellence*, the great remedy in nearly all cases of paralysis. Its powerful control over the arterial and nervous system, places it in the foremost rank of agents with which to combat this disease.

TREATMENT OF DISEASES OF THE LUNGS. — Dr. Hoyme remarks (*Ibid.*, Sept.): In these diseases, I find, as a general rule, some one of the following remedies indicated: *Acon.*, *Ars.*, *Bell.*, *Bry.*, *Calc.*, *Carbo veg.*, *Chin.*, *Dros.*, *Hyos.*, *Ip.*, *Lyc.*, *Mac.*, *Nux.*, *Phos.*, *Puls.*, *Sep.*, *Sil.*, *Spong.*, *Stan.*, *Sulph.*, *Tart. em.* Of course, they are all indicated for the cough. If expectoration is present, the choice is comparatively easily made. If absent, then take into consideration the respiration, and character of the voice; and, in a few cases, we are obliged to ascertain the time of day of the exacerbations.

HOMŒOPATHY IN AUSTRALIA. — Dr. Braithwaite, a Homœopath, was appointed to the general hospital, Jan. 17. — *Melbourne Argus* — *Review*.

HAHNEMANN PUBLISHING SOCIETY has had a meeting, and is now at work on "The Repertory" and "Materia Medica." They mean business.

THE AMERICAN HOMŒOPATHIST has succumbed. Its readers are turned over to the *Reporter*. It was run on a medico-popular basis, and fell into the chasm it attempted to bridge. Three or four other journals try to occupy the same precarious situation. Such positions would do "years ago."

DIGITALIS IN HYDROCELE. — Dr. M. Preston (*Hahn. Monthly*, August,) details a case of hydrocele that had been operated on three times. The left side was most affected. The pulse was very slow. The remedy was given, first a single dose, 2 c., without effect. Then it was given every day; and in three weeks the case was cured.

VOMITING OF URINE. — Dr. R. Gardiner (*Hahn. Monthly*, Sept.,) details a case of vomiting of urine. The case (in a young lady) simulated pleurisy at first; then assumed a hysterical look. We should suspect that the urine had first been swallowed. The treatment lasted six weeks. Remedies: *Lyc.*, *Ars.*, *Apis*, *Opium*, *Sulph.*, *Nux.*, *Bry.*, *Canth.*, *Verat. alb.*, *Phos.*, and *Stannum*; *Ars.* and *Verat.* proving of the most value.

FISTULA IN ANO. — Dr. Grasmuck (*West. Obs.*, March, April,) reports a case of fistula in ano, cured with *Nux.*, *Sulph.*, internally, and *Hydrastin* lotion externally. The fistula was a very small one.

A LIFE INSURANCE COMPANY'S DANGER. — Dr. Wilson (*Ohio Med. and Surg. Reporter*, July,) in speaking of life insurance companies, remarks: "If we blunder in our examinations (through ignorance of pathology and

physical diagnosis), we shall load *our* companies with bad risks; and the result will be a bad showing for our school." They have already suffered from this cause.

DYSENTERY and NEW TIN. — Dr. Angell (*Ibid.*) details several cases of dysentery, coming on about 14 hours after eating articles that had stood some time in new tin ware. Symptoms: the stools were at first simply loose, with much urging and tormina; afterward, the discharges became bloody and mucous, with most intolerable tenesmus, and, at the same time, a most distressing debility. Are not these *Stannum* symptoms, Dr.?

NEW DRESS. — The *Reporter* assumes a very picturesque title-page — an evidence of success.

THE HOMŒOPATHIC INDEPENDENT is the title of a new journal. It is to be run on the medico-laical basis, and in the interest of the St. Louis College. Success to it.

OUR POSITION as a journal is now independent. It is run in the interest of no college, pharmacy, or insurance company. All are admitted to its advertisement columns. We blow no one, except for a consideration.

MEDICAL LAW FOR ILLINOIS. — At the last session of the Ill. Med. Society (Allopathic) two drafts of medical bills were presented, and are to be urged upon the next legislature. If they propose a bill that grants equal rights to all graduates, we can lend them our assistance; if not, they need not think of carrying it.

CLEVELAND PROTESTANT HOSPITAL. — Upon a Protestant and Catholic issue, our friends at Cleveland have secured a hospital. The college has purchased a defunct water-cure establishment, for \$35,000; and after reserving a portion for lecture-rooms, etc., the rest (forty rooms) is tendered the Trustees of the Hospital Association, rent free. The movement promises a grand success. The students of this college will certainly be highly favored. We predict a large attendance.

NEW YORK HOMŒOPATHIC MEDICAL COLLEGE. — The Regular Course of this institution will commence on Tuesday, Oct. 13th, 1868, at 9 o'clock A.M. By special arrangements, an Introductory Course of Lectures will be delivered, previous to the Regular Course, commencing on Thursday, Oct. 1st, 1868, by the following physicians: Geo. E. Belcher, M.D., on Diseases of Infants; Frank S. Bradford, M.D., Life and Health; Jno. W. Dowling, M.D., Medical Ethics; Robt. McMurry, M.D., Diagnosis; Henry D. Paine, M.D., Medical History.

PENNSYLVANIA ON THE BANDAGE. — Montgomery County is always progressive. It reports that "the abandonment of the bandage in parturient women, rapidly gains favor with the profession in our society;" and further, that "the division of the umbilical cord without ligature, has been practiced by a number of our members, and is by them extolled. Hæmorrhage always ceased in a few minutes — not more than a few drachms of blood being lost, in any case." — *Transactions* (Allopathic), Vol. XIX.

CO-EDITORS. — It is necessary, to carry out our plans and to meet the wants of all our busy practitioners, that we should have certain assistant workers, scattered over the entire country. We have also selected a few earnest, faithful workers, to look after each branch of medical science. As they may desire or allow, we shall let them be known by initials or otherwise.

PERSONAL. — Dr. W. H. Sanders has removed from Boston, Mass., to Oshkosh, Wis.; Dr. E. L. Roberts, from St. Johns, Mich., to Knightstown, Ind.; Dr. W. C. Richardson, from Springfield, Ill., to Petersburg, Ill.; Dr. S. J. Liscomb, from Salem, O., to Winchester, Ill.; Dr. C. Wesselhæft, from Worcester to Boston, Mass. — Dr. C. D. Fairbanks, of Ottawa, Ill.,

was married, May 26th, to Miss Jennie M. Opdyke. A good investment. — Dr. Trinks, of Dresden, is dead. He will be missed, as he was a worker.

MASSACHUSETTS MEDICAL SOCIETY. — Our State Society holds its semi-annual meeting, on the second Wednesday of October (14th). Can not some of the Western "fellows" show themselves at the "hub"?

G. M. PEASE.

MISSOURI MEDICAL SOCIETY will meet in St. Louis, Oct. 7th.

GERMAN CENTRAL SOCIETY met at Eisneach, Aug. 9th and 10th, and was generally attended. They elected as Sanitary Counsellor for the ensuing year, Dr. Hirschel. Homœopathy never was so prosperous in Germany.

UTERINE SUPPORTER IN THE BLADDER. — Dr. Storer, in the *Medical Record*, details a case where he removed a large horse-shoe pessary (Hodges') from the bladder. The physician had dexterously slipped it into the urethra, instead of into the vagina, and did not know the difference.

ETHER AS A STYPTIC. — The *Lancet* gives a case where the spray of ether arrested hæmorrhage, after other means had failed.

THE COUNTRY PRACTITIONER. — The *Medical Record* justly remarks: "To be a reliable country practitioner, one equal to every ordinary emergency, calls for fully as much, if not more, preparation, than is required of the mass of our physicians in the cities. The rural medical man of to-day fully appreciates this fact, and is ever ready to appropriate every new discovery, every important advance in knowledge, every new idea of treatment, to his own needs."

VARIOLA WITHOUT THE ERUPTION, has been questioned by the most accurate diagnosticians; but Surgeon James Suddard, *Chief of Bureau of Medicine and Surgery, U. S. Navy*, in remarking on 17 cases of small-pox that occurred on the Iroquois, states: "There were four, classified in the report as *febris continua communis*, which, from their period of accession, peculiar symptoms, and decline, with rapid convalescence after the third day, might not improperly be regarded as *variola sine eruptione*."

"THE KEY-NOTE SYSTEM." — Of it, Dr. Guernsey remarks (July *Hahnemannian*): "Through it alone, I hold, can the art of prescribing be simplified and rendered exact. The complex and difficult text of the *Materia Medica*, is rendered pure and clear, and every shadow uplifted from its pages; by it, pathology — the servant of Homœopathy — is brought into fullest and most vigorous usefulness, and diagnosis made exact and availing. As in the hands of an Agassiz or a Leidy, a few bones or teeth, or the scale of a fish, are sufficient to unfold a whole chapter in the book of natural history — so in Homœopathic practice, by the characteristic key-note, emphasized by the patient, the practitioner is enabled to individualize his case, and draw to his aid, thus revealed, the corresponding similar remedy, having the totality of the case, and able, *cæteris paribus*, to cure it."

PRIZE ESSAYS. — Dr. O'Reilly, of New York, through the N. Y. Academy of Medicine, offers a \$600 prize for the best essay on the Physiology and Pathology of the Sympathetic or Ganglionic Nervous System. The prize will be awarded in May, 1869, and is open for universal competition. The essays should be sent to Dr. Dalton before March 1st. We hope some of our physiologists will enter the lists.

THAT WONDERFUL SKULL through which passed a tamping-iron $3\frac{1}{2}$ feet long and $1\frac{1}{4}$ inches thick, is now in the Harvard Museum.

A WONDERFUL OBJECT. — One object of the American Pharmaceutical

Association (Allopathic) is: "To establish the relations between druggists, pharmacutists, physicians, and the people at large, upon just principles, which shall promote the public welfare, and tend to mutual strength and advantage." We can not see where "public welfare and strength" are to come in. But should not "undertakers" also be included?

DEATH FROM ELATERIUM. — The *Western Journal of Medicine* details a case of general "dropsy, depending upon disease of the *heart and liver*." The bowels not having moved for two whole days, two-fifths of a grain of *Elatrium* was given. This prescription moved them vigorously, every 5 or 10 minutes, for 10 hours. The purging was finally stopped; but the patient died. A "Homœopath" had promised a cure in a few weeks!

ENDOWING MEDICAL SCHOOLS — A DANGER. — The University of Pennsylvania sadly needs a State appropriation; but it points to a danger of asking it. "A State endowment of half a million would be a very pleasant thing, until a gentle reminder of dependence should come from an assinine legislature, like that which lately visited the Medical Department of the University of Michigan, in the shape of a chair of some medical 'ism' or 'pathy,' established at the earnest demand of a portion of the sovereigns that rule the State." We presume legislatures will be no longer bored by dying medical institutions, for funds to support their professors. Perhaps 'tis well." Endowments should come from the alumni; but then, some of these are now "pathists"! Where shall they get support?

"Dangers stand thick on every hand,
To crowd them to the tomb."

LOCAL REPORTS ON DISEASE, TREATMENT, Etc.

GREEN BAY, WIS. — This section of country, extending sixty miles north from here, has been unusually sickly since the hot weather began in July. Cholera infantum, diarrhœa, dysentery (generally with bloody mucous discharges), and a few cases of cholera morbus, were the principal diseases. We are having cases of low intermittent fever at the present time. Deaths are reported daily; the number, I can not arrive at — not having any registry law of deaths or births in this State.

During the months of July and August, I had 104 cases of the above diseases, and have not lost a single case. *Aconite*, *Arsenicum*, *Colocynthis*, *Ipecacuanha*, *Merc. sol.*, *Merc. cor.*, *Veratrum alb.*, and, in some cases, *Geranin*, were the remedies used. *Geranin*, 1st trituration, frequently came to my relief when all other remedies appeared to fail. This was my experience with it last summer and fall, as well as this season. I can assure my brethren, it is not to be despised, even if it is not strictly orthodox, or can not be found among our great master, Hahnemann's, provings. Let some of them try it, and report to THE MEDICAL INVESTIGATOR.

September, 1868.

H. PEARCE, M.D.

NEW YORK CITY. — July, with the thermometer up to 100 in the shade, brought much sickness among children. During the first part of the month, it was not so much cholera infantum which destroyed these young lives, as the severe depression engendered by the heat. The children *wilted away*, as it were, and died — sometimes in less than 12 hours — from mere exhaustion. Cholera infantum, of itself, was tractable enough. *Aconite* for the disease, and *Aconite*, 30th–200th, where the nervous system was especially affected, *Belladonna*, *Croton tigl.*, *Arsenicum*, and *Carbo veg.*, sometimes *Veratrum alb.*, were our sheet-anchors. During the latter part of July, and during August, a combination arose — namely, hooping-cough and cholera infantum — where alternations of remedies (a procedure I commonly dislike) could not be entirely obviated. The per-

tussis, for itself, found its antidote this year oftener in *Cuprum nitratum* than in any other remedy; *Drosera* for tickling in throat, and where there was more vomiting than diarrhœa; but *Arsenicum*, 3rd-30th, according to age and constitution, did the most for our little patients.

The average state of health among grown persons was, during the whole summer, remarkably good.

S. LILIENTHAL.

September, 1868.

CRIGLER MILLS, MO.— We are having very hot, dry weather, and many cases of intermittent and bilious fevers; a few cases of bilious diarrhœa. *Eupat. perf.* has cured nine-tenths of the cases treated this season; but last season it failed, and *Arsen. alb.* was the remedy.

July, 1868.

R. ARNOLD, M.D.

BOSTON, MASS.— During the hot season, our business is usually rather dull — as all well-to-do people, almost without exception, take their families into the country. This is to avoid that scourge of infancy in large cities — cholera infantum. This disease has been unusually severe this year, among the poorer classes. The deaths have varied from 30 to 60 and 70 a week, from this complaint alone; and for some weeks, out of 130 odd deaths, over 100 have been of children under five years old.

September 14th.

H. S. H. HOFFENDAHL.

PRINCETON, ILL.— We are having bowel complaints and some typhoid fever at present, but all seem to yield readily to the usual remedies.

R. C.

RUTLAND, VT.— Most prevalent diseases of the summer, here in this section of Vermont, have been typhoid and bilious fevers, with pneumonia and pleuritic combinations. Remedies — *Aconite*, *Rhus tox.*, and *Tart. emet.* My patients have all done well.

C. WOODHOUSE.

MONROEVILLE, O.— But little sickness here. A few cases of diarrhœa, especially among children. Many of the symptoms suggest *Aconite*, and one would expect it would cure; but it will not. *Chamomilla* seems the remedy.

A. A. FAHNESTOCK.

EVANSVILLE, WIS.— Quite healthy here. Few cases of diarrhœa; some of dysentery.

E. W. BEEBE.

September, 1868.

CHICAGO.— Since our last report, but little else than dysentery. In the majority of cases, it has been diarrhœic in character. The cases have not proved very intractable. *Merc. cor.* (sometimes *sol.*), *Colocy.*, *Puls.*, *Nux.* and *Arnica*, have been the principal remedies indicated and valuable. Recently, cases of bilious fevers have been met with; more than at any other season for years. Remedies — *Aconite*, *Bell.*, *Gels.*, *Merc.*, *Pod.*, *Ipecac.*, and sometimes *Tartar emet.*, have been indicated. Notwithstanding the long heated term, the health of the city is remarkably good. Typhoid fever cases are now beginning to be encountered.

September 10th.

QUERIES AND ANSWERS.

ALLOW me to ask if you do not think it would be well to publish a series of questions in each number of THE MEDICAL INVESTIGATOR, upon all the various branches of medical science, to be answered in the next number; something after the manner of the "Problems" put forth in educational

journals. I believe it would benefit the younger practitioners of our art, by drawing out their minds in a rational way. Questions would be suggested, that cases in actual practice might not bring up in a lifetime.

R. ARNOLD.

DR:—That is just the object of this page. Send on a "batch" of questions, on all subjects. They will be answered, if there is such a thing possible.

How soon after Hahnemann discovered the law *Similia*, did he begin to use attenuated medicines?
H. B.

DR. H. B.—We can not give you the precise date. It is given as about 1815, or 25 years after he pointed out the therapeutic law. He is said to have been a "crude Homœopath" from 1790 to 1815.

I wish physicians would be more definite. Only now and then one mentions the attenuation he prescribes, and how often he repeats the remedy.
MAZOMAMIE, WIS. R. S.

DR. R. S.—That wish is often expressed by others. In early days, our physicians were satisfied when they had selected *the* remedy; but now they must select *the* dose, that will cure—also, *just* how often to repeat it. In the first, we are guided by a law; but in the latter, experience is as yet *our* only guide, as it was with Hahnemann. Therefore, give us the experience.

Which is the best microscope for the general practitioner? Its cost? Which the most convenient works?
INVESTIGATOR.

We refer these questions to the Pathological Editor.

"WHAT IS IT?"—ANSWER TO QUERIES IN MAY NO.—After waiting so long a time, through press of business, I will answer those Queries published in May No. (Vol. V., p. 247,) of THE MEDICAL INVESTIGATOR, appended to case reported by myself:

1st. The attack was during the menstrual period. 2nd. The patient had never had syphilis. 3rd. The eruption was general, appearing first upon the head, face and neck. 4th. Caused no itching or soreness. 5th. There was no discharge, of any kind. 6th. Patient had taken large quantities of *Mercury*, I presume, as she had passed through several attacks of intermittent and remittent fever, under Allopathic medication.

I have since learned that the pustules faded as they came, and left no outward trace of having been. I believe the menstrual irregularity due to excessive and protracted physical labor, and to undue exposure to cold, damp weather, causing a prolapsed and congested state of the uterus.

R. ARNOLD.

DR. A.—We still hold to our previous diagnosis. As to the remedy, see "*The Critique*."

TO CORRESPONDENTS.

ELIGIBLE LOCATION.—*Drs. R. C., of Ill., R. A., of Mo., and S. S. S., of Iowa.*—"I should like to find a place where there is no Homœopath." "If you know of an opening where a Homœopath would do well, please let me know." "I am doing pretty well here, but it is too healthy. If you know of a good place, East or West, or of a physician who wants a partner, please write me."—It is about as difficult to select a suitable loca-

tion as it is to select a suitable wife. If we knew just *the kind* you wanted, we perhaps could designate. There are but few large towns, East or West, where there is not a representative of our system. There are towns South where physicians could do well; also, new towns in Minnesota, Iowa, Kansas, and other Western States, that are, and will be, good locations. Some few in the Middle and Eastern States. In the Pacific States, are some fine openings. In some of our larger towns, there is room for more of our physicians. One Homœopath to *four active, intelligent Allopaths*, is a pretty good rule to gauge the capacity of a place. But every town will not suit every physician. Give us a description of *the place* you wish, and we will see what we can do for you.

Physicians who know of places needing or wanting practitioners, will please inform us, giving size, location, (on railroad, river, etc.,) class of inhabitants, future prospects, surrounding country, and number of Allopaths, (also Homœopaths, if any.) Those who desire a partner, or to exchange locations, might also designate their wants, in detail.

BEST COLLEGE.—*Student.*—“Which is *the best* Homœopathic medical college?”—We could not say. Some excel others in teaching Surgery or Obstetrics, Materia Medica, or Clinical Medicine. Send for all of their catalogues, or get the opinion of some unbiased, intelligent practitioner, and then choose for yourself. If you are anxious to be thorough, you might take courses in two or three of our colleges. There is *now* no necessity of attending Allopathic colleges.

INDEX AND TITLE-PAGE.—*Dr. C., of Ill.*—“I hope you will give us a title-page and index, at the close of the Volume. I preserve every number with great care, for binding; and a journal that is worth binding, is worth a title-page and index. I was much disappointed, when I received the September No., not to find an index and title-page to the volume just closed.”—We were as much disappointed as yourself. The printers failed us, and we reluctantly held the index until this issue. New subscribers will see what they missed in not having Vol. V. We believe a few bound copies can be had of the publisher for \$2.50.

THE CRITIQUE.

THE SURGERY OF OUR JOURNALS.—We have for a long time thought that our medical journals were giving too little attention to this important branch, and too much to wordy articles on topics of but minor concern to the physician and surgeon engaged in active professional life.

Writers should all know that the practitioner desires available practical information; and the smaller the space into which such papers are condensed, so that they fully explain the matter they have in point, the better they are liked. If the editorial pruning-knife were more freely used, enough ballast could be thrown overboard to leave a page or two that might advantageously be used for the purpose of giving a hint, at least, at the improvements that are constantly being made in the mode of managing surgical cases.

Our surgeons do not write a sufficient number of articles on the various subjects in their department, for the journals; nor do our medical men report the many interesting and instructive cases of surgery that necessarily must come under their observation. The Professors of Surgery in the several Homœopathic colleges, are likewise remiss, as a general rule, in not having their clinical instruction, including the modes of operating upon and treating the numerous cases that come under their care, duly

reported. They should detail a suitable and competent assistant, to keep a record of the cases, as they may come before the class, with the explanation of the malady or injury that may be given at the time, how it is proposed to treat it, and the reasons therefor; together with the results of treatment, as far as possible. Then let said assistant prepare his notes into a report, and after being read by the Professor, to see that no errors occur, let it be sent for publication. If this course be thoroughly and impartially carried out, much valuable information, gained through surgical experience, will be given to the profession, that is now entirely lost.

The reports of Prof. Franklin, in the *U. S. Medical and Surgical Journal* and in the *Homœopathic Independent*, and those of Prof. McFarlane, in the *Hahnemannian Monthly*, come the nearest to our ideas on the subject, that we have seen in our journals. But if the reports are made by a careful assistant, under his own name, as the report of Prof. —'s clinic, they will be much more likely to contain all the points of interest elicited by the case or cases, as well as insure a more regular report for the journal, without taxing the time of the Professor to make up his own summary of the clinic, after it is concluded. Let the surgeons of our colleges consider the suggestion, and try the plan the coming winter.

And now, without any ceremonial introduction to the authors of the various surgical articles with which we may become acquainted in the perusal of our journals, and since published articles are public property, and regarding them in that light, we would announce, at the outset of our criticisms, that, with kindly fraternal feelings towards all, and without any hostility or ill-feeling towards any of the writers (for we have no quarrels to pick or discussions to enter into with any one), we propose to look into the surgical papers and items, from time to time; and hope we may be able, in course of time, to incite a good deal more interest and energy among the contributors to our journals, in the department of surgery.

CHIRURGICAL CRITIC.

THE REMEDY FOR "WHAT IS IT?" — A case was reported in the May and October Nos. of THE MEDICAL INVESTIGATOR, Vol. V., p. 246, Vol. VI., p. 38, which is of considerable interest, and will bear re-examination, in order that we may, if possible, find the true Homœopathic remedy for the symptoms, as enumerated by the attendant physician, Dr. Arnold.

In reviewing the case, we think we discovered unmistakable symptoms of mercurialization in this patient. We are well aware of the fact that persons who have taken large doses of *Mercury*, catch cold very easily, and are troubled with stiff joints, severe rheumatic pains, soreness of the muscles, excessive perspirations, headaches, and eruptions of various kinds; while in women, in addition to all these, we find all sorts of menstrual irregularities.

The *Rhus* which Dr. A. administered, was beneficial up to a certain point; but not being a perfect antidote to the mercurial poisoning, it had no control over the eruption on the skin. In our opinion, the proper remedy in the case would have been *Thuja*, in the 30th potency. This drug, we believe, has no equal in antidoting the secondary effects of *Mercury* in the system, especially when the symptoms presented, both subjective and objective, correspond to the provings of this valuable agent — as is true in the case under consideration.

There may have been, in this case — the assertion of the patient to the contrary notwithstanding — a mixture of syphilitic and mercurial poisoning; and if this was the truth, *Thuja* was still the remedy, and would undoubtedly have acted beneficially.

The patient no doubt requires *Thuja*, even in times of apparent freedom from disease; and we firmly believe that an occasional dose of the 200th would improve greatly, if not permanently, her general health.

THERAPEUTIC CRITIC.

THE

MEDICAL INVESTIGATOR.

VOL. VI. — NOVEMBER, 1868 — No. 2.

RECENT PHYSIOLOGICAL OBSERVATIONS.

MODIFIED APPEARANCE OF THE BLOOD IN DISEASE. — Prof. Salisbury, of Cleveland, Ohio, who is probably one of the most indefatigable microscopists in this country, deserves the gratitude of the medical profession, for his numerous and eminently instructive contributions to physiological science. One of these appears in the *New York Medical Journal*, for April, 1868, entitled, "Microscopic Examination of the Blood." This article gives us, in brief, the conclusions arrived at, after eight years' study, in which he has made upwards of 35,000 observations.

In this paper, he claims, as an established fact, that there are specific and recognizable departures from a normal condition, to be found in the blood, in most, if not all, diseases. Of these various pathological conditions, he enumerates upwards of sixty-seven; chief among which will be, variations in color and consistence; in the quantity of the serum and fibrine; number of the white and red corpuscles; the manner of coagulation; the arrangement of blood-cells, their density and perfection; as well as the presence of excrementitious matters — such as salts, acids, or emboli; composed of fibrine, algoid or fungoid spores, etc.

After recapitulating his peculiar views as to the origin of fibrine, already published, and showing in what manner dynamic causes can affect the quantity and quality of this substance in the blood, he proceeds to illustrate, by plates, the appearance of healthy

blood under the microscope, after coagulation. In this, we find the various elements equally distributed over the entire field, the fibrine filaments being slender and loosely interwoven, permitting the red and white corpuscles to circulate freely between them. We observe no abnormal ingredients in this specimen. But in an illustration which he gives of the appearance of the blood in pulmonary tuberculosis, we find the fibrine filaments to be larger more distinct, and compact; the meshes are smaller, and we find enclosed between them, and sticking to the sides of the filaments, various spores and granules, while the blood corpuscles show a tendency to aggregate in masses, or assume a nummulated appearance.

This last peculiarity in the arrangement of the blood corpuscles, and their tendency to adhere to the fibrine filaments, he shows to be much increased in cases where thrombosis is threatened.

A somewhat similar condition exists in rheumatism. He claims that, in the incubative stage of this disease, the character of the blood corpuscles becomes modified, so that they become sticky, and prone to aggregate in masses; these, circulating in the capillaries, obstruct the circulation, and are the direct cause of the local symptoms—pain, heat, and swelling—accompanying this disease; and he explains the sudden removal and shifting of the symptoms, by the spontaneous release of these thrombi from the affected part.

In the illustration which Prof. S. gives of the blood in rheumatism, we observe the fibrine filaments to be yet larger and more contracted than in a case of tuberculosis; and here he explains the cause of this contracted state of the fibrine filaments, by this supposition; that there is a tendency in this disease to a tonic contraction in all the fibrine elements in the body. The whole muscular system is more or less stiffened and rigid, the suppleness and elasticity of the normal state is gone, and instead we have a heavy, non-elastic, more or less lame feeling, pervading the organism.

This tendency to contraction is manifested in the connective tissue also; and this may, indirectly, explain why such patients are so susceptible to changes of temperature and moisture, which so quickly affect this tissue, and thus mediately aggravate the disease—it being located chiefly in the gelatinous and chondrinous tissues, and particularly in those that are the most dense, as in the serous membranes and cartilages.

Besides this condition of the fibrine filaments in rheumatism, our author makes a special point of the presence of algoid spores and filaments, which are to be found in all forms of this disease. These seem to be generated, he thinks, by the retention in the blood of excrementitious elements, particularly the lactates, oxalates, and phosphates, etc.; these fungi, also, show a tendency to aggregate in masses, and frequently enclose crystals of these salts. The spores and filaments do not appear to be essentially different from those I have mentioned as belonging to specific cutaneous diseases.

FUNGOUS ORIGIN OF SYPHILIS AND GONORRHŒA.—In the *American Journal of Medical Sciences*, for January, 1868, we find a lengthy article from Dr. Salisbury, in which he describes two new varieties of algoid vegetation, peculiar to, and the specific cause of, syphilis and gonorrhœa. In the illustrations appended, there is no essential difference between them. In both diseases, he finds very minute spores, or cells, largely present in the discharges; while these are the products and the parents of what he calls the algoid filaments, and vary in shape and size, under different circumstances—sometimes being short and straight, and, under other conditions, long and tortuous, or spiral.

The peculiar difference between these cryptogama, is found in their affinities, rather than in their form and mode of development. Prof. S. states that, while the spores of the "*cryptæ gonorrhœa*" are peculiar, in finding a home and lodgment in the epithelial lining of mucous membrane, showing no tendency to leave these tissues—on the contrary, the "*cryptæ syphilitica*" is to be found only in the gelatinous, cartilaginous, and osseous tissues. The syphilitic spores must come in contact with an abraded surface, where the connective tissue cells are exposed; and it is in these it first finds a lodgment. Once absorbed within these tissue cells, these spores rapidly multiply by division, and develop, finally, a multitude of filaments, which, interweaving, line the base of the ulcer, and, modifying the nutrition of the part, prevent reparative processes; while the connective tissue cells, becoming filled with these spores, die, and are thrown off, conveying with them the specific syphilitic spores.

After finding a lodgment on the surface, these spores are taken up by the absorbents, or follow them, and afterward attack the connective tissue surrounding the lymphatic glands, and finally

other portions of the body. Wherever the gelatinous, cartilaginous or bony tissues are to be found, all are liable to become affected — and thus we have constitutional symptoms developed in this disease; while, on the contrary, the "*cryptæ gonorrhœa*" being peculiar to mucous surfaces only, no such results are to be anticipated.

In the April No. of the same journal, 1868, Prof. S. gives us another very interesting article upon cryptogamic vegetations belonging to diseases which are considered to be non-specific; but we must admit ourselves in error in this respect, if his statements are correct. In this article, he describes and illustrates the microscopical features of a parasitic growth peculiar to the mucous membranes of the genito-urinary tract, which is the specific cause that gives rise to severe pruritus. It is accompanied by slight discharges, if any; and these are but slightly modified mucus. This cryptogam, he terms *penicilium pruriosum*. Under the microscope, it appears somewhat like arborescent granulations, or more nearly similar to fibres of the ganglionic nerves, with their nucleated cell walls.

Besides this, Prof. S. finds six varieties of *toruli*, all of which produce various catarrhal discharges; the *tortulus aggregatus*, as its name signifies, developing large numbers of minute bodies in masses — thus producing the thick white, yellowish or greenish color, peculiar to some forms of leucorrhœa. Another variety is the *torulus utero catarrhalis*, developing from spores deposited usually upon the mucous membrane lining the body and neck of the womb. This variety is characterized by broad but short filaments, liable to adhere to adjoining ones. These occasion the glairy, ropy discharges, peculiar to uterine leucorrhœas. The spores of this variety, he states, after finding a lodgment in the mucous membrane of this organ, are liable to produce engorgement and induration by their presence.

These are the most important varieties that he describes. Besides these, there are four varieties of parasitic animals, liable to infest this tract, all of which are minute forms of trichinæ. These do not, however, seem to have any special significance.

These developments made by Prof. Salisbury, are extremely interesting and valuable, if sustained by further observation. We should, however, accept them *cum grano salis*, for we all know the tendency of the dominant school to attribute diseases to ponderable causes.

A. W. W.

THE ESSENTIAL NATURE, CAUSE, AND CURE, OF
DISEASE.

EDITOR OF INVESTIGATOR—*Dear Sir*:—It was not in any spirit of mere captious objection—as I fancy, from the tone of Dr. Wells' reply, he may have thought—that I ventured to hand over to you Prof. Halford's statements in regard to his microscopic experiments upon snake-poison, with the appended simple question, "How will Dr. Wells dispose of this?" Neither was it, at the time, so much from a conviction of falsity in his conclusions, as from a desire to elicit somewhat further his views, and a curiosity to see how he would explain this and a class of similar phenomena that have been observed recently, in the attempts of microscopists to throw light, if possible, upon the causation of disease.

Of course, there can be no question as to the disposition to be made of *facts*. The thing that concerns us all and only, in this connection, is to know what *is* fact and what is truth. And while I freely admit the possibility, and danger even, of accepting as fact the claims and mere assumptions of enthusiastic scientific observers, it is believed, on the other hand, there may be such a thing as too great haste in rejecting them, and so overlooking some grains or germs of truth, which, if gathered up and cherished, might lead us to that which we all are, or should be, seeking to know.

It is frankly acknowledged that nothing was *proved*, either in the quotation adduced, or in the appended single remark; neither was any thing attempted to be proved. If there had been, at the time, any thought of addressing an argumentative reply to Dr. Wells' logic, it would not have been difficult to have found better material for illustration and proof than that afforded by Prof. H.'s experiments.

Instead of having any "opinions, theories, or hypotheses," to be "jostled or set aside" by the learned Doctor's "facts" or logic, I have to acknowledge that, upon so important a question as the essential nature, cause and cure of disease, my mind is not yet at rest upon any theory or hypothesis. I simply seek the truth.

I sought it eagerly in Dr. Wells' essays; and candor compels me to say that I do not think I found it there. His "facts" I believe to be either delusive, or capable of other explanation than that he gives; and his arguments drawn therefrom, inconclusive.

It is very kind in Dr. Wells to intimate, so plainly as he does, that he has settled this question, and that we had better yield to his decision, "with as little ado as possible," and save ourselves and him all further trouble. And yet I very much mistake the temper and tendencies of the times, if his "exposition of facts" will be quietly accepted as such. There are, I believe, insuperable objections to his view of the subject; and, as foolish as it may seem to Dr. W., there is just enough native — call it "obstinacy" if you please — in me, to be willing, at some future time, if no one better able will undertake the job, to expend a little more "wasted skill and labor" in showing up the fallacies of his reasoning, before yielding to the inevitable decree, "To this it must come."

For the present, I am restricted by lack of space, to this mere statement of opinion, and the further remark that I do not consider Dr. Wells' somewhat petulant reply as any real answer to the question originally proposed.

Perhaps you will allow me to add, that I am aware that to deal justly with this subject is no child's play. Its profundity is only equaled by its importance. Sound views here are fundamental, not only to the highest success in practice, but also to harmony and good fellowship among ourselves. It is precisely *on this line* that the battle must be fought out, before we can go on to any high degree of real scientific attainment in medicine.

Let the question of the essential nature of disease and its cause, and of the curative agency in drugs, be *unquestionably settled*, and we shall have comparatively plain sailing before us, and medicine will, for the first time, be set on a truly scientific basis.

Dr. Wells has given us a valuable series of papers,* setting forth the results of his own thought and experience. Through your widely distributed journal, I wish to express the hope that others who have carefully matured opinions upon this and other kindred topics, will communicate them to our publications. This kind of

See U. S. Med. and Surg. Journal, Nos. 10 and 11.

reading will, I feel sure, do us more good than details of clinical experience, or even the valuable reports of the proceedings of our medical societies. I am, sir, Yours, very respectfully,
CHICAGO, June, 1868. F. A. LORD.

A GENUINE HERMAPHRODITE.

BY HENRY N. AVERY, A.M., M.D., POUGHKEEPSIE, N. Y.

THE following is such a wonderful case, and being as near a hermaphrodite as any thing can be — notwithstanding the evidence that nothing of the kind can exist — I report it, for the novelty of the case, rather than for the operation.

Aug. 6th, '68, C. called upon me for advice, giving the following answers to my questions — after stating that she was a native of Nova Scotia, and had just arrived in this city, to see a sister living here, and seek surgical aid in the States: Unmarried; 24 years of age; 5 feet 10 inches high; enjoying comparatively good health; occupied, during the past two years, in teaching school; and that she had a *growth* upon her *privates*.

From observation, I discovered that she possessed a deep, coarse voice, a masculine frame and face — in fact, resembling an ordinary coarse woman. The mammæ were undeveloped.

After a careful examination, to my surprise, I found the following to exist: The clitoris (resembling a penis in flaccid state) was two inches long, and half an inch in diameter, with well-developed gland and foreskin; no orifice was discovered. A vagina, two inches deep, well formed, existed; but a close examination, per rectum and bladder, could not discover any trace of a uterus. The meatus urinarus and vestibule were perfect. The right labium majorum was quite natural, and of usual size; the labia minora were traceable; but in the folds of the left labium, there appeared a large pendant tumor, resembling the *left testicle* of a man, with a well-developed scrotum of usual size, some four inches in length. Tracing up what appeared to be the cord, I found it made its exit from the external abdominal ring, and had every indication of a spermatic cord. The epididymis appeared to be natural — in fact, every thing resembled a *testicle*.

She stated that she felt some sexual desire; and that, every morning for the past six years, she had vomited, upon rising, a small quantity of blood. To my question as to how long the tumor had existed, she stated that she had noticed nothing until she was ten years of age.

Her object in coming to me was, she said, to see if I would remove the tumor, as it annoyed her. The physician at home, the only one she had ever showed it to, stated that he could do nothing for her.

Being placed in somewhat of an embarrassing position, in discovering so much more than I expected to find, I resolved to call a consultation, to see if my diagnosis of a *testicle* would be confirmed. Accordingly, Drs. I. S. P. Lord and E. H. Parker, and my brother, Dr. E. W. Avery, all of this city, were called in, when they all agreed that it resembled, in every respect, a *testicle*, but the case being so extraordinary, they could not form any diagnosis, but advised an operation.

With the assistance of Dr. Lord and Dr. E. W. Avery, I proceeded to perform the operation of removing the tumor, by the usual operation for castration, by making an incision of some five inches in length, so as to expose the cord, which was found, with three arteries, that were ligated, with several smaller ones, a large nerve, veins, etc. Severing the cord, the retraction was the same that might be expected in performing the operation upon a man. The tumor was then dissected out, the wound partially closed, and the patient placed in bed.

After removal, it was examined by Drs. Lord and E. W. Avery and myself, with a microscope magnifying 350 times, when cellular structure and convoluted tubes were visible, with rudimentary spermatozoa; in fact, it was declared a *testicle*.

Mounted specimens of the tubes, for the microscope, have been prepared for reference; and photographs of the woman will be preserved.

This being the only case, I believe, on record, where a *testicle* has been discovered in a woman, it will naturally interest many. The *fact* can now be settled that such a thing as a hermaphrodite has existed.

[We are informed that, some 15 years ago, a case was reported in the *American Journal of Medical Sciences*, by Prof. Ackley, of Cleveland, O., that possessed both sets of genital organs complete. The patient menstruated through the penis. — Ed.]

FROM GERMAN MEDICAL JOURNALS.

Pain in Neuralgia.—Valleix remarks that the pain in neuralgia is especially severe and clearly marked on those places where the nerves, in their course, lie very superficially.

In Interstitial Pneumonia, we find, sometimes, the inflammatory product deposited along the bronchial tube. In this form of interstitial pneumonia (properly, parenchymatous bronchitis,) a bronchiectasy may appear rapidly, although the infiltration is not copious, nor the largest part of the parenchyma of the lungs devoid of air. As this process develops itself on the bronchus, a diseased state of the muscular layers and of cartilage of the bronchus arises, producing an acute relaxation and enlargement of the bronchus, without any wasting of the parenchyma pulmonum. (*Skoda on the Wiener and Zeitung.*)

In Acute Atrophy of the Liver, the dissolution of the liver-cells, and the rapid diminution of the gland, is brought about by an exudative process, spread over the whole organ; but we can prove this exudation, only when we find the disease in its primary stage. We find, then, next to hyperæmic places, the peripheral parts of the lobes filled with gray infiltrations, and, from the cut surface of the gland, an albuminous fluid exudes; the capsule appears rough and dull. This infiltration of the parenchyma of the liver with albuminates, does not produce quickly acute atrophy; yet sometimes the organ is even enlarged at the start. But we always find softening of the gland with destruction of the glandular cells. The kidneys and the spleen are often also affected by the same process; the epithelia of the former degenerate into fat, albumen is found, in more or less quantity, in the urine, and the spleen is enlarged. Such a procedure is frequently observed after some perturbations of the mind, whereby the disturbed innervation produces the disease; as in pregnancy, in infection of the blood by typhus, pyæmia, and in similar processes. Significant of the detritus of the liver, are the peculiar alterations of the urine (it contains hydrosulphuret), which alone suffices to establish the

diagnosis, even at the height of the disease. We find them, also, where the atrophy of the liver, in consequence of diffuse inflammation, was not accomplished. The formation of sugar ceases entirely in this disease. Urea and phosphate of lime cease to be found in the urine, but in the blood we find a large quantity of urea, and the respiration becomes difficult and stertorous. (*Virchow's Archiv.*)

Dr. Lembke on Copper.—Touissart relates, in the *Wiener Wochenschrift*, that laborers in verdigris are colored green, even to the bones, and yet enjoy good health; (2) that no combination of copper corrodes the mucous membrane of the stomach—even nursing babies take, in croup, several grains of salts of copper, without any detriment; (3) all salts of copper, with the exception of the innocuous sulphite of copper, produce only vomiting and purging; (4) during a longer sojourn in the body, they change to sulphite of copper and albuminate of copper, but not to acetate of copper; (5) it is not certain, yet, in which form they get excreted through the kidneys; (6) fatal cases of poisoning by copper have never been observed; (7) copper-colic and chronic copper-diseases are found in books, but not in reality; (8) workers in copper are next to workers in iron, not only the most healthy laborers, but in general enjoy good health.

Still, in spite of all these remarks, manifold experience has shown that a substance may produce on the healthy only insignificant manifestations, pointing to certain diseased states, and yet be able to have great remedial power against the established and seated disease; as *Cuprum* for cholera, nervous diseases, etc. We prefer the *Cuprum aceticum* to the *metallicum*. (*Klinik.*)

Iodine in Ozena.—Dr. Mossa has seen excellent effects from *Iodine*, 30th, in the obstinate ozena of babies, resting on a scrofulous or syphilitic basis, as well as in the coryza neonatorum; in fact, he finds the *Iodide of potash* and *Iodide of soda* fully indicated, wherever any ozena is fully established, the edges of the *alæ nasi* reddened, severe pressing pains over both *areæ supraorbitates*. We find, often, the forehead red and hot, the eyes injected, and feverishness, till the discharge is fully established.

Effects of Iodine.—Grauvogl, I., gives thus the primary and secondary effects of *Iodine* and its salts:

Primary: (1) Appetite more lively; (2) better digestion; (3) secretion of bile increased; (4) feeling of ease; (5) increased activity of body and of mind; (6) looks better and stronger.

Secondary: (1) Loss of appetite; (2) disturbed digestion; (3) diarrhœa or constipation; (4) anguish and palpitation; (5) general *malaise* and laziness; (6) congestion to the brain, dullness of the head, vertigo; (7) emaciation and bad complexion.— (*Klinik.*)

Observations on Intermittent Fever.—Clinical report of 180 cases of intermittent fever: In 127 cases, the beginning of the paroxysm remained fixed, falling 44 times in the time from noon till midnight, and 48 times from midnight to noon. Of the remaining 32 cases, 25 were anteponeus, 21 times from noon to midnight, and 4 times from midnight to noon; 7 were postponeus, twice from noon to midnight, and 5 times from midnight to noon. Herpes' eruption (on lips usually, more rarely on nose and in the mouth,) is seen in at least a quarter of the cases, and more frequently with females. Miliaria, seen sometimes among older children, is the product of copious sweating. A systolic blowing of the heart, increasing towards the origin of the large blood-vessels and venous murmurs, is more frequently heard with children and females.— [*Dr. Bauer, of Tübingen.*]

Prof. Duchek, of Prague, finds, in intermittent fever, *the spleen always enlarged before the period of the intermittent proper.* It is easily distinguished from typhus, for in the former we find a light yellow covering of the skin, and the splenic tumor grows more rapidly. Patients sometimes escape the fever during their sojourn in a malarious country, and are only attacked when they come to a more healthy place; but even during their first paroxysm, the splenic tumor can be felt. Even the fœtus may be attacked, when the mother suffers from intermittent fever. We saw such a case, where the mother suffered from a tedious quotidian, with enlargement of the liver and spleen. In the cadaver of the child, we found the skin of a dull color; the cavities of the chest and abdomen full of yellow water; the lower lobes of the lungs compressed, the upper ones containing very little air; the liver enlarged; the spleen considerably enlarged, reaching below the navel, and weighing two ounces.

Our experience is, that *not the paroxysm, but the change in the spleen*, is the first symptom of intermittent; and as long as paroxysms increase in time and intensity, the spleen will keep on enlarging. The percussion of the region of the heart gives, during the paroxysm, a more wide-spread, dull sound, than in the normal state; and we can hear systolic vesicular murmurs in the ostium ven. sin., and the ostia of the art. pulm. and aorta.

Chlorosis and Disease of the Heart.—Bamberger says: In a high grade of hydræmia, we find sometimes a moderate dilation of the right heart, with an intensified second pulmonal sound; and chlorosis is sometimes the cause of this relaxation of the heart, with consecutive dilation. Wunderlich and Vogel witnessed also cases where the hypertrophy and the dilation of the heart were caused by a severe and long-continuing chlorosis. But such cases are curable; and when the chlorosis is mastered, the heart has also returned to its normal state. The increasing dullness of the heart's sound is here not caused by a relative insufficiency of the mitral valve, but *by a simple relaxation of the muscles of the heart.*

Granulated Kidney.—Dickinson, of the St. George Hospital, says: The granulated kidney is hardly ever found in persons under twenty years. The morbid state to which the substance of the kidney is subject during childhood, is that one which is connected with *an increase of bulk*, and with *a smooth spotted surface*. It is based on an inflammation of the tubuli, in consequence of which they get stopped up by an abundant growth of epithelial cells.

Every case of albuminuria in children, as a sequel of scarlatina, I treated with fluid nourishment, and the children were obliged to drink two or three pints of fresh spring water every day.

Pure Air an Antidote to Puerperal Fever.—An epidemic of puerperal fever broke out in the lying-in asylum of Vienna, during the winter of 1865. Prof. Stamm proposed to keep the windows open day and night, considering it safer to expose his patients to the danger of catarrhal attacks, than to the poison of puerperal fever. The presiding officer, Prof. Carl Braun, objected

at first to such unusual treatment in mid-winter, but as the death-rate increased, he allowed a careful trial; and as no evil consequences followed, he allowed the opening of the windows during day-time. The epidemic soon ceased; but during March, new cases appeared, and although it raged during March and April, we could congratulate ourselves to have saved every case, except the first one, by strict adherence to fresh air.

Amputations after Traumatic Lesions.—The late French and German wars have shown that amputations after fractures of the bones from traumatic causes, are frequently less successful than when the amputation was performed from other morbid causes. And the reason of this may be, that when we operate in cases of disease, we try to amputate on parts which are still normal; whereas, in fractures of compact tubular bones, a conspicuous momentum for the unsuccessful issue is already given by the traumatic cause in the concussion through the whole bone. Primary amputations are also more successful than secondary ones, for in the former the second injury coincides still with the primary one, and the concussion of the bone may allow yet an inflammatory demarkation; whereas, in secondary amputations, the bone and its surroundings are injured again, when already inflammation has set in, and thus the phlogistic products already formed dissolve to ichor. — (*Dr. Simon.*) S. LILIENTHAL, M.D.

NEW YORK.

HOMŒOPATHIST vs. HOMŒOPATHICIAN.

EDITOR OF INVESTIGATOR:—I see that the term “Homœopathician,” as a substitute for Homœopathist, is still employed by a few individuals whom it would be rash to regard as either whimsical or schismatic; the reason assigned being that the term “ist” implies sectarianism.

One can hardly fail to be impressed with both the knowledge of philology and the force of argument displayed in this reason. As illustrative of both, I will offer some, out of the many terms thus ending, that occur to me on five minutes' consideration—premissing, however, that those who object to the term “Homœopathist,” need not confine themselves to “Homœopathician.”

There still remain "Homœopathistician," "Homœopathisticianer," and "Homœopathisticianator,"—either of which would be sufficiently dignified, and of unexceptionable termination. But to some specimen words: Artist, machinist, agriculturist, chemist, mineralogist, geologist, botanist, conchologist, ichthyologist, zoölogist, anatomist, neurotometist, neurologist, philologist, and (if it would not appear invidious to include it) neologist. Men who occupy themselves with such scraps of science as mineralogy, botany, zoölogy, geology, chemistry, and the like—to say nothing of minor departments—deserve to have names terminating in "ist." 'Tis true, pantologist—the only term we have to indicate one who cultivates universal science, and hence is not sectarian—terminates in "ist." But then, the exception only proves the rule.

Really, the profession is under great obligation to the eastern magi who made and revealed the startling discovery that the termination "ist" had a schismatic signification. It is equally illustrative of their purity of motive and their skill in philology. To the few simple and receptive minds in the West, that have boldly announced their illumination by this new light, very properly proceeding from the East, Western Homœopathists can hardly be too grateful. What would have become of Homœopathy, if it had continued to be burdened with an "ist"? The sad consequences are too fearful to contemplate; at least, to

A LEARNER.

LACHESIS AN ANTIDOTE OF APIS.

EDITOR OF INVESTIGATOR:—Having a case of ascites, which I thought needed *Apis mellifica*, I went to a friend to procure the bees, and make the trituration myself. While securing them, I was stung severely on both wrists, and on my lip. My wrists soon became very painful and swollen. I tried Hill's remedy, of applying onions; but to no purpose. Then I tried salt and water; but received no benefit. It was now the third day, and the swelling was very bad; and I could not study by day or sleep at night, for the burning pain.

Several years ago, I was bitten by a rattlesnake. The pain and swelling were similar to what I was now suffering. I concluded to try *Lachesis*, and took a powder of the 6^x (the only potency

I had), and within an hour the swelling began to go down, and was not so painful. Continued to take a small powder once in 4 or 5 hours, until four had been taken, when the pain ceased, and the swelling had disappeared.

I never heard of *Lachesis* being used for bee-stings; but in my case, it certainly worked well.

R. CAUCH.

PRINCETON, ILLS., Sept. 10th, 1868.

COLIC vs. TEREBINTHA. — CHARACTERISTIC SYMPTOMS.

P. R. R., æt. 30. In good health, except subject to colic, of a griping, pinching character. Tried various remedies, with no lasting benefit. He thought it might be due to worms. Being away from home two or three miles, one day, he was taken with a severe attack. He took a large dose of *Oleum terebintha*. It was very old, had been in the bottle for years, and was thick. It was some time in reaching in his mouth; so that when it did come, it filled his mouth completely. But being in so much pain, he swallowed it. The colic ceased immediately, and no unpleasant sensation followed for five or six hours after.

He started for home; ate, on the way, a sweet apple; soon experienced a feeling of intoxication, without giddiness; could not walk in a straight line, nor easily keep his balance. He walked home in a short time; seemed to be transported; he could scale the tall fences by an effort of the will—they seemed to be no impediment; steep hills were mounted, without effort or tiring. Reached home *with mind clear*. While sitting in the chair, he would cling to it, fearing he would fall out and be dashed to pieces, the distance seemed so great to the floor. He partook of a light supper, and went to bed, and soon was unconscious, until aroused by his wife, for he had been vomiting. He could not concentrate his mind, to relate the circumstances to his neighbors; tried several times, but failed; would forget what was asked, before proceeding far; he told them not to ask him, as he could not tell them. Soon fell asleep, and awoke next morning, somewhat weakened, but resumed his work. He was cured of his colic.

E. W. ROGERS.

[The above case is one of decided interest, giving us a further insight into the action of a drug whose pathogenesis, as given, is very meagre. The mind symptoms are peculiar. In the *Symptomen Codex*, under "Mind and Disposition," we have "mania." Here we have "mind clear;" then "unconscious," followed by inability to "concentrate his mind." The "General Symptoms" are put down as "general languor; loss of strength," etc. Here we have exhilaration; "steep hills were mounted, without effort or tiring." The recorded symptoms we have must be principally sequential — secondary — symptoms; while those in this case are undoubtedly primary ones. Strange there was no aggravation of said "colic." — ED.]

ON THE INDICATIONS FOR THE DOSE.

EDITOR MEDICAL INVESTIGATOR: — In the February No. of THE MEDICAL INVESTIGATOR (Vol. V., p. 133,) Dr. A. L. Lennard gives an interesting clinical article upon the "Use of *Podophyllin* in Chronic Diarrhœa," and closes by saying: "I use the different triturations, as the symptoms indicate." But it so happens that he has not given any word, sign, or symptom, in regard to these indicating symptoms, by which he knows, or whereby we may know, when one trituration or potency should be used, instead of any other.

Now, this is just one of the points I am very anxious to know, *viz.*, *when* the symptoms indicate the different triturations. If I can have them pointed out, even in the use of this one remedy, it will be a starting-point for the use of any other; thence I can start on my investigations, with a clearer understanding of the art of prescribing than has yet been in my possession.

Will Dr. Lennard please enlighten, from his ample material — over twenty-five severe cases — at an early day, through THE MEDICAL INVESTIGATOR?

Do you use *Podophyllin* and *Podophyllum* as one and the same remedy?

O. W. TRUE.

FARMINGTON, ME., *March*.

REPLY OF DR. LENNARD.

ED. INVESTIGATOR:—Dr. O. W. True has read my clinical article upon the treatment of chronic diarrhœa with *Podophyllin*, and seems to be groping in the dark, as regards the symptoms indicating the use of the different potencies. I will endeavor to enlighten my friend in regard to this matter, as far as my experience has been.

For the following symptoms, I find that the 3rd, or higher potencies, act best: The discharges are greenish, yellowish, or clay-colored; watery, or pultaceous; containing mucus, pus, shreds of lymph, and sometimes blood; most usually of moderate size. The patient is very much reduced in flesh; has lost strength and energy; the appetite is poor and variable; the food does not seem to digest well; there is dryness and constriction of the skin, which is yellowish or sallow, and seems shriveled, with imperfect action of the kidneys, peristaltic action of the bowels, and general debility from long-continued disease.

I find that *Podophyllin*, given from the 3rd potency upward to the 6th, acts better in those old and truly chronic cases, than the lower potencies. In the 3rd potency, *Podophyllin* acts as a tonic upon the stomach, and mucus membrane of the bowels, giving them that healthful and normal action which long and continued disease had deprived them of, and which nature is unable to furnish without the aid of proper medication.

In the more acute stages of the disease, where there is torpor of the liver and congestion of the portal circle, and where it is necessary to overcome the atony of the small intestines, I find that the lower potencies act best.

At no distant day, I will endeavor to give you a more concise and graphic paper upon this subject.

CHAMPAIGN, ILL.

A. L. LENNARD, M.D.

THE VIEWS AND EXPERIENCE OF OTHERS.

PORTLAND, ME., *June 26th*, 1868.

ED. MEDICAL INVESTIGATOR:—The true design of my address before our Society—the report* of which fails, to some extent, to give its true design and scope—was, to inquire *whether there*

* See MEDICAL INVESTIGATOR, Vol. V., p. 360.

is a scientific basis for the dose; as, in our school, for the high and the low dilutions.

I reached the conclusion from various lines of argument — chiefly from the temperament, as the *foundation of susceptibility* — that *the dose is not a fancy*, but that some patients demand the lower, and some the higher, dilutions. These conditions are founded in nature; hence, can be easily recognized by the enlightened physician.

Closely allied to this scientific basis of dose, is the doctrine of prognosis.

Yours truly,

E. CLARK.

Dr. Sharp, of England, believes “that a rule for the dose *will be obtained from the provings of different doses*, in the same manner as a rule for the remedy has been found from the provings of different drugs;” a suggestion very similar to one given by Dr. Hering, thirty years ago. In choosing the proper dose, he states: “We have only to note whether the symptoms of the case correspond with the primary action of the drug, when we give the lower dilution; or with the secondary symptoms — that is, with those got from the provings of higher potencies — in which case we give the higher.”

Dr. Black, in a paper on this subject, still more clearly indicates the connection that ought to exist between the dose used in proving, and that to be prescribed: “Certain medicines produce certain effects, according to the dose in which they are administered. The effects from large doses are most readily produced, and are most violent in their action. As the dose is reduced, a change of action takes place, as much in kind as in degree. Very minute doses of remedies do, in certain cases, produce a series of very specific symptoms; these are of a very evanescent character, and not easily reproduced. Viewed generally, an increase in quantity, or repetition of the dose, tends to aggravate, when the symptoms are of a given and more specific character. Seeing, then, that symptoms, differing in kind and degree, arise from the mode in which medicines are administered, is it not very probable that such a train of investigation, if carried out, should lead us to some definite grounds for choosing the dose.”

From Hahnemann’s practice, given in his *Lesser Writings*, p. 766, we glean that he based the selection of the dose principally upon the *susceptibility of the patient*.

In the case of the washerwoman, when he had decided that *Bryonia* was the Homœopathic remedy, he made his selection of the dose, for the following reasons :

“ Now, as this woman was *very robust, and the force of the disease must accordingly have been considerable*, to prevent her, by its pain, from doing any work, *and as her vital forces, as has been observed, were not consensually affected*, I gave her one of the strongest Homœopathic doses — a full drop of the pure juice of *Bryonia* root, to be taken immediately.”

In another case given, where the selection of the remedy fell upon *Pulsatilla*, he again tells us why he selected the dose he prescribed :

“ This patient, therefore, could not be cured by any thing in a more easy, certain and permanent manner, than by *Pulsatilla*, which was accordingly given to him immediately ; *but, on account of his weakly and delicate state, only in a very minute dose — i. e., half a drop of the quadrillionth of a very strong drop of Pulsatilla.*”

This was his practice in 1817 ; but in 1833, he adds : “ According to the most recent development of our new system, the injection of a single minutest globule, moistened with the decillionth potential development, would have been quite adequate to effect an equally rapid and complete recovery.” The recent developments he refers to, we presume to be experiments, made by himself and others, with higher potencies. He gives us no *indications* for the selection of this potency, but says : “ By laying it down as a rule, that all Homœopathic remedies be attenuated and dynamized, up to the 30th dilution, we have a uniform mode of procedure in treatment.” This arbitrary rule was not followed by himself. His pocket-case, “ used shortly before his death,” is said to have contained dilutions that “ ranged from the 3rd up to the 30th ; showing that, up to the latest period of his life, Hahnemann employed a variety of dilutions.” Why ?

The choice of the dose has been based upon the susceptibility of the patient, the nature of the disease, and the nature of the remedy. There are those who affirm that if the remedy used is strictly Homœopathic to the disease, it is a matter of little moment what the attenuation is ; while there are others — a large majority — who are anxiously looking for a fixed and determinable law by which we can be guided in the selection of the dose. Have

we not already collected material enough from which to deduce a rule for the selection of the dose? — ED.

CLINICAL CASE — PARALYSIS OF ARM.

Read before the Cook County Homœopathic Medical Society.

BY C. C. SMITH, M.D., CHICAGO, ILLS.

ON the 3rd day of February last, Mrs. G. called at my office, for the purpose of having her right arm examined, which had been rendered entirely useless by reason of a severe wrenching it had received during a playful wrestle with a person stronger than herself.

From the examination of my patient, I was pretty well convinced that there existed in her system a scrofulous taint. The accident befel her some twelve months previous to the time I saw her, and the arm presented the appearance of a paralyzed member, being carried in a sling, during all these months, entirely useless.

She consulted several Allopathic surgeons in the East, but they utterly failed to give her the slightest relief. The remedies they employed were, of course, in the shape of topical applications, such as powerful liniments, counter-irritants, fomentations of hot water at almost a boiling-point, and many others of like nature. These things, of course, hit wide of the mark; and on coming West, the poor sufferer wished to know if Homœopathy could offer her any better prospects for the recovery of that most useful member — her right arm.

In making an examination of the case, I discovered, first of all, that the arm was considerably smaller than the other, from an atrophied condition of the muscles. I also made an examination of the shoulder, to see if there was dislocation; but could discover nothing of the sort — though I think she told me some of her former physicians led her to believe that such a condition was present.

The next point which claimed my attention, was the character of the pains with which my patient suffered; being so severe and constant as to prevent sleep for many nights in succession, driving her out of bed to seek relief in walking the floor, and causing,

also, great suffering during the day. The pains, somewhat sharp and darting, and sometimes dull, ran from the shoulder down to the elbow-joint, but rarely further; the upper arm being principally affected. These pains were worse when still, and also on first beginning to move, after having been still; worse at night, in bed; and worse when the weather changed suddenly, from dry to wet.

The whole arm felt to the patient as cold as ice; and no amount of covering ameliorated, in the least, this condition. With this coldness of the arm, she also complained constantly of a corresponding coldness on the top of her head, which could not be warmed by putting her head under the bed-clothes during the night.

In prescribing for this condition of things, three leading remedies suggested themselves to my mind, viz.: *Rhus tox.*, *Cham.*, *Calc. carb.* Without examining the case very closely, I first prescribed *Rhus* as a general remedy — for the reason that this drug, as we all know, is a safe one to administer in all cases where a severe strain has brought about a difficulty of this sort. This I employed in the 200th potency, giving three powders a day; the effect of which was to somewhat lessen the severity of pains and stiffness. I repeated the drug, at the same attenuation; but elicited no further response from it.

My choice now lay between *Cham.* and *Calc. carb.*; for in these two drugs we find portrayed many of the symptoms described in our case. Let us look at them, and see which is the right one.

Under *Calc.*, we find: Pain in right shoulder, and pain from right shoulder down the arm; worse from every change of weather; frequent sensation of coldness on top of head.

Under *Cham.*: Drawing pains in upper extremities, with tossing about, as if beside himself; has to jump out of bed and walk the floor.

Glancing at these two remedies carelessly, one might suppose that either would do for the case in question, given separately, or in alternation.

Now, let us examine closely, and we will see that the coldness on top of head is very peculiar in this case; and, taken together with coldness of the affected arm, and also increase of pain from every change in the weather, and adding the fact that we have a

scrofulous diathesis to deal with, we can not fail to see that our remedial agent is *Calc. carb.*; and deserves the first choice.

We prepared seven powders of the zooth, and our patient took one each night and morning. At the end of seven days, she reported that when about half through with the medicine, "her arm became suddenly warm, and on taking off the wrappings which she kept constantly on it, a *perfect steam* arose from it;" and from that moment, recovery began; the pains all ceased; the coldness left the top of the head; sleep was restored to her; and in a few weeks, the once useless arm was employed with the other, in kneading dough, and carrying around a baby of no mean proportions.

September 17th, 1868.

DISCUSSION.

Dr. R. LUDLAM: This is an interesting case, and it would be interesting to know if any other members of the family had had paralysis; also, if she ever had rheumatism?

Dr. SMITH: None of the family ever had paralysis, as far as I could learn. She stated that she never had rheumatism.

Dr. R. LUDLAM: After the arm was restored to use, did you discover any difference in the size? Was her general health good? Had the pain been constant?

Dr. SMITH: I could not discover any difference in size. Her general health was quite good. The pain was continuous, but worse at times.

Dr. DUNCAN: Did she ever have syphilis, or had she ever been severely dosed with *Mercury* or *Potash*?

Dr. SMITH: She never had syphilis, I think; and had not been dosed much, as her Allopathic physicians had used external applications principally.

Dr. HOYNE: *Pulsatilla* is indicated for many of the symptoms detailed; as, worse on being quiet, when begin to move about, and at night; also, because the patient is a female.

Dr. LORD: Have you seen the case recently?

Dr. SMITH: I have seen her within a few weeks, and she remains well.

Dr. WOODWARD: Have had two cases of paralysis of arm; one was of the right, the other of the left arm. *Rhus tox.* cured both cases. But they were not caused by sprains.

Dr. COLE : Have had a case of paralysis of the arm, brought on by over-work of the member. In that case, *Aconite* relieved at once.

SPECIAL MEETING OF THE MICHIGAN HOMŒOPATHIC INSTITUTE.

A SPECIAL MEETING of the State Homœopathic Institute was held Sept. 17th, in Detroit. Dr. C. A. Jeffries, of Ann Arbor, President, in the chair. Dr. J. C. Craig, of Niles, Secretary.

The special order of business was adopted. The time for the next meeting of the Institute was set at May 18th and 19th, 1869, two days previous to the meeting of the Western Institute. The roll was then called, and 25 members responded to their names. Dr. C. J. Hempel, of Grand Rapids, was appointed to deliver an address of welcome. A committee of arrangements was appointed by the chair, as follows : Dr. Pomeroy, of Detroit ; Dr. Sawyer, of Monroe ; Dr. Woodruff, of Ann Arbor ; Dr. Bagley, of Marshall ; Dr. Eldridge, of Flint.

Dr. C. B. Barrett, of Detroit, made a report of the condition and affairs of the Wayne County Homœopathic Institute. The Institute was organized July 3rd, 1868, in pursuance of a call signed by Drs. Lodge, Gorton, Ellis, Drake, Adams, Hastings, Spranger, and Barrett. It holds regular meetings on the first Tuesday of each month. The object of the Institute is for mutual improvement, and the advancement of the cause of Homœopathy in the county of Wayne, auxiliary to the State Institute. Physicians passing through the city, are invited to attend its meetings. Adopted.

On motion, Dr. J. P. Dake, President of the Western Homœopathic Institute, was invited to a seat, and to take part in the deliberations. After a long discussion, the question of the legality or illegality of the call for the present meeting, was laid on the table until the next regular meeting.

THE UNIVERSITY QUESTION

was then called up by Dr. Sawyer. The committee presented a lengthy report, reviewing the whole subject, and the following resolutions :

Resolved, That we will not accept any compromise measures, in lieu of what justice, equity, and law, guarantee to us; and, further,

Resolved, That when Homœopathy shall have been fully and fairly established in the Medical Department of the University at Ann Arbor, in compliance with the several acts of the Legislature of this State and the decision of our Supreme Court; or a Homœopathic Department of Medicine in the University at Ann Arbor, with a full corps of professors, with equal accommodations, compensations and privileges, as is or shall be awarded the Allopathic Department of Medicine in the University; we will then be satisfied.

Resolved, That it is the unanimous opinion of this Institute, that a Homœopathic Medical Department so organized would, in a short time, if not from the first, be self-sustaining.

Signed by the Committee — Drs. E. A. Lodge, C. A. Jefferies, A. J. Sawyer, A. Bagley, and E. H. Drake.

The resolutions were discussed by Drs. Pomeroy, Hempel, Younghusband, Drake, the President, and others, all of whom favore them, except the second and third ones of the series.

A long time was spent by the various members, in giving their opinions on the sentiments embodied in the resolutions. The Institute was divided into two parties, one of which was in favor of conciliatory measures toward the system of medical practice, and the other was disposed to exert their influence for the examination of the Allopathic theory. The second resolution was adopted, after an amendment, inserting the words "or with," after "Supreme Court;" and the last one was voted down.

Dr. Hempel thought that when the corner-stone of a Homœopathic College should be laid, the Allopaths would desert the University.

The Institute then adjourned. — (*Detroit Post.*)

EDITORIAL.

PSYCHOLOGICAL MEDICINE.

It is evident that diseases of the mind and nervous system have greatly increased in frequency during the past few years. These diseases and their treatment are receiving much attention from our profession; and, as a result, we find that our knowledge of cerebral operations is very limited indeed.

"The brain is the organ of the mind." In addition to its being a dual organ, it is presumed — and generally believed — that different portions of the cerebrum are the seat of different mental and nervous operations. However, since the days when Dr. Gall mapped out the supposed position of the different mental faculties, little has been done to perfect our knowledge of cerebral physiology. All of our physiologists, and even our pathologists, seem to shun this region as if "'twere forbidden ground." They have hewed their way carefully through every other organ — simple or complex — in the body; obtained their normal size, shape, weight, color, and microscopic appearance; the functions of every part have been discovered, and the causes, extent and kind of aberrations, have been carefully recorded. With normal and abnormal functions of the base of the brain, they have a measure of knowledge; but with those of the great ganglia — cerebrum — they admit that they possess but a very slight acquaintance indeed. And why?

A fall produces a depression of the skull, and consciousness is suspended. A part of the brain mass is torn away or softened, and the subject becomes imbecile. A clot forms at one locality, and speech is difficult or impossible; at another, and the subject is a Vandal. One man is benevolent to a fault; another is selfish and misanthropic. Under the influence of one drug — as *Pulsat.*, — the prover is "mild and yielding;" under that of another — as *Hyos.*, — raving as a maniac. One drug — as *Can. indica* — assists the intellectual powers; while another — as *Bry.*, *Phos.*, or *Opium* — interferes with their action. Others — as *Bell.*, *Stram.*, *Cim.* — threaten to dethrone reason. With all of these facts, and hundreds of others, on record, we have no regional physiology or pathology of the brain. Is it because we must enter into the domain of mental philosophy? With other organs, pain is the "guiding star;" but here, mental peculiarities, aberrations, etc., must be the "key to the situation."

Aphasia has thrown new light and interest upon this whole subject. French physicists maintain that the functions of the brain are to secrete thought. If we are to believe craniologists — and they seem to be "unrav-

eling at the right end"—certain localities or convolutions secrete peculiar thoughts, which may be deficient, normal, excessive or perverted. Dr. Gall and Spurzheim spent forty years in collecting facts, to ascertain the precise location of the different mental or cerebral operations. It would seem that this was time enough to verify some of their observations, and establish a "basis." One physiologist,* while he admits that their phrenological theory "is partially founded upon acknowledged physiological facts," maintains that "there are yet essential deficiencies in its scientific basis." Can not further observations supply these deficiencies? But he persists, "there are insurmountable difficulties in the way of its practical application." Are the difficulties of using palpable facts so very great? The people use these palpable facts, with benefit; and many of our practitioners take them into account, while studying and treating many a case of disease. A sanguine writer believes that, within the next forty years, the medical profession will make some grand improvements and discoveries relating to this subject.†

We are more interested in psychology and psychological medicine than other medical men, and are better equipped to investigate this subject, in all of its bearings. Mental symptoms are credited to almost every one of our remedies. These we blindly match with those of our patients—as we would dominoes—every day of our lives; but where was the precise "field of action?" Let us *investigate* the whole subject (mind, its diseases and their treatment,) and strip it of much of the obscurity and vagueness in which it is now involved.

PSYCHOLOGIST.

REVIEWS.

ATLAS OF VENEREAL DISEASES. By A. Cullerier. Translated by F. J. Bumstead, M.D. Part IV. Philadelphia: H. C. Lea. Chicago: W. B. Keen and Co. Price, \$3.00.

The Fourth Part of this most valuable work is received. It continues the subject of Indurated Chancres; then treats of their complications, as inflammation, gangrene, diphtheria, and phagedæna. Buboës is next taken up; these the author classifies as sympathetic b., b. from absorption, diathetic b., and primary b. and lymphitis. Then, Constitutional Syphilis is considered in a masterly manner, including prodromata, erythematous s., pharyngeal erythema, intestinal erythema, s. icterus, mucous patches, and s. lichen. The notes and additions of the translator are very necessary, and are certainly valuable. The plates in this Part are, we think, an improvement over those of Parts I., II., and III.; they are more life-like.

* *Dalton's Physiology*, p. 413.

† *North American Journal of Homœopathy*, Vol. XVI., p. 461.

The first, or Plate XV., gives us four different varieties of chancre, on different localities. Plates XVI. and XVII., figures three kinds of buboes and indurations. Plate XVIII. gives two of the best representations of syphilitic erythema, we have seen. Plates XIX. and XX. figure thirteen specimens of mucous patches, located on various parts of the body; and are the most interesting of the whole, yet presented.

The next Part completes the work.

HOMŒOPATHIC HOME AND SELF-TREATMENT OF DISEASE; for the Use of Families and Travelers. By Charles Woodhouse, A.M., M.D., late Lecturer on Medical Jurisprudence and Insanity, Hahnemann Medical cal College, Chicago, Ill. Rutland, Vt. : Published by the Author. 1868.

Another domestic work! Why? The author says: "We think we have made some important improvements in this book, by more simple descriptions of disease, by naming fewer remedies, thereby saving the reader much perplexity; and that, especially in the treatment of fevers, the practice we give is somewhat peculiar, and, as yet, has never failed of being, in our hands, successful."

His description of disease is concise, and to the point. He names only 41 remedies. His peculiar treatment for fevers is the following: Wrap the patient up well; give a teaspoonful of *Aconite* solution (3 or 4 drops of the 3rd dec., or one drop of tincture), every five or ten minutes; put to feet and seat of pain, warm bricks, jugs of hot water, or boiled ears of corn; let the patient sweat 15 or 20 minutes, then change to dry linen. If the first trial does not succeed, try again.

The work abounds in hints — hygienic, dietetic, etc. — that we have not met elsewhere. The chief merit of the work is the common-sense it contains. It does not attempt to make doctors of its readers. The typographical execution is good; and the work will no doubt have a ready sale, wherever the author is known. It will especially please proselytes from "Thompsonianism."

The chief fault we are inclined to find with the work is, the *impression* it leaves on the mind, that the practice of medicine is a simple affair. Perhaps this is a necessity to all domestic books. To simplify Homœopathy, tends to lower, in the eyes of the populace, the standing of its practitioners.

A TREATISE ON ABORTION AND STERILITY. By E. M. Hale, M.D. Second Edition — Revised. Chicago: C. S. Halsey. Philadelphia: F. E. Bœricke. New York: William Radde. Boston: Otis Clapp. Cleveland: Beckwith and Co. Cincinnati: Smith and Worthington. Detroit: E. A. Lodge. St. Louis: H. C. Luyties. London: H. Turner and Co. 1868.

The author "has aimed" to bring this work up to the requirements of the present day, and to include all the valuable discoveries in medicine and surgery, on the above subjects. The part on Obstetric Abortion is here omitted; and the profession are referred, on this point, to such obstetric authors as Simpson, Cazeaux, Gardner, Barnes, Allopathic; or to Guernsey, Ludlam, and other obstetric writers of the Homœopathic school. The chief addition to this Edition, is the Part on Sterility — a complete work of itself. The causes of this condition are given as: Constitutional, or Predisponent; Psychical; Ovarian; Uterine; Vaginal; Rectal — a cause often overlooked; and Medicinal; — the whole making about 100 different causes for sterility. When we consider that *about every eighth marriage is sterile*, the above number of causes will not surprise us. But three causes are described as Psychical — incompatibility, erotism, and frigidity. After a brief consideration, the last cause is dismissed, because it "lies within the domain of psychology." We believe, with the

author, that many cases of barrenness may be due to mental peculiarities. But we modestly desire to know these mental incompatibilities. Re-marriage may find the parties still "without issue."

Each of the above causes of sterility are treated separately, and quite satisfactorily. After this, comes 10 pages of General Therapeutics, in which the characteristic symptoms of about 40 remedies are carefully presented. Occasionally, we meet the inevitable "Clinical Notes;" but they are so cautiously and concisely presented, that no one can seriously object to their presence in such a work as this.

Following all, comes the Miscellaneous Therapeutic Agents. These are: Galvanism, or electricity; carbonic acid gas; gymnastics; hydropathy; mammary irritation; and the injection of semen into the uterus. Have we no characteristic indications for electricity—that most valuable remedial agent?

The whole makes one of the most complete and concise works on Sterility that we possess; and will be especially prized by our physicians who labor to lessen the frequency of this condition.

JOURNAL OF EDUCATION. Vol. I., No. 1. J. B. Merwin, St. Louis, Mo. 1868.

This educational monthly starts out well, and promises to be a journal of value.

CHICAGO HOME CIRCLE. Vol. VIII. S. M. Kennedy, Editor, Chicago, Ill.

A valuable literary monthly paper. No home circle should be without this *Home Circle*.

DISEASES OF CHILDREN: A Clinical Treatise, Based on Lectures Delivered at the Hospital for Sick Children, London. By Thos. Hillier, M.D. Philadelphia: Lindsay and Blakiston. Chicago: S. C. Griggs and Co. 8vo; pp. 400. 1868.

The author enjoys rare opportunities in the British Capitol, for observation. His patients are between the ages of two and twelve. This work embodies the results of his observations on pneumonia, pleurisy, rickets, tuberculosis, diphtheria, hydrocephalus, pyæmia, chorea, paralysis, ascites, scarlatina, typhoid fever, skin diseases, epilepsy, and convulsions. These are, in fact, valuable monographs upon these subjects. To busy practitioners, who are compelled to use works as they do a dictionary—to explain matters—they will be very highly esteemed. The treatment given, of course, we take exception to; but therapeutics is only one department of medical science.

LESSONS ON PHYSICAL DIAGNOSIS. By A. L. Loomis, M.D., Prof. Med. Dep't. of the University of New York; Physician to Bellevue and Charity Hospitals; etc. New York: R. M. DeWitt. Chicago: S. C. Griggs and Co. 8vo; pp. 159.

This is the most concise work on physical exploration we have met. It will be especially prized by students and practitioners, who like to find what they are in search of, with as little delay as possible.

THE "HOMŒOPATHIC SUN:" A Monthly Journal, Devoted to Popular Homœopathic Information. Edited by F. W. Hunt, M.D., and others. New York: Wm. Radde. Vol. I., No. 1. Pp. 48.

Notwithstanding the quotation marks, this, we believe, is the original *Homœopathic sun*. Where its "light" is designed to shine, is indicated by the title-page. We all know that the region is dark enough. Omit "Clinical Reports" and the discussion of purely "Medical Questions," and the *active assistance* of the profession may be ensured. A purely popular journal is a necessity; and we hope this one will succeed.

HALF-YEARLY COMPENDIUM OF MEDICAL SCIENCES: A Synopsis of American and Foreign Literature of Medicine, Surgery, and the Collateral Sciences, for Six Months. S. W. Butler, M.D., and D. G. Brinton, M.D., Editors. Part II. July, 1868. Philadelphia.

This is a production that especially commends itself to the American profession. Here we have a synopsis of all that has transpired of interest in the previous six months. Its pages are a mine of medical information. The selections are made with great care. If the editors had scissored Homœopathic journals more freely, the work would be more highly prized by this already numerous "arm of the service."

THE HANDWRITING OF GOD IN EGYPT, SINAI, AND THE HOLY LAND: The Records of a Journey from the Great Valley of the West to the Sacred Places of the East. By Rev. D. A. Randall. With Maps, Diagrams, and Numerous Illustrations. Philadelphia: J. A. Potter and Co. Chicago, New York, and Memphis: Goodspeed and Co. 8vo; pp. 700.

This is one of the most fascinating books we ever read; and, as the title-page shows, a most valuable one. It is also easily possessed. The practices of Oriental "medicine-men"—past and present—are here presented.

VISITING LIST: For 1869. Philadelphia: Lindsay and Blakiston.

These "advance pickets" remind us that we are approaching a New Year, and that our old "Visiting List" must be quickly laid aside for a "bran-new book," unless the "dates are perpetual."

ANNOUNCEMENTS FOR 1868-9.

We have received the usual Announcements of our Colleges, and shall review them without prejudice. We note but little change in them, except in the various faculties.

In the Second Announcement of the Hahnemann Medical College of Philadelphia, we notice that Dr. Martin takes the Clinical Chair, while Dr. Gause assumes the chair of Obstetrics. Dr. Boericke, the excellent pharmacist, is appointed lecturer on his speciality. In clinical advantages, they have the Pennsylvania Hospital, Philadelphia Hospital, Wills' Hospital, and Little Wanderers' Home. The latter is Homœopathic.

In the Seventh Announcement of the Homœopathic Medical College of Missouri, we notice changes. From this faculty, we miss Drs. Helmuth, on Practice, Walker, on Obstetrics, and Nibelung, on Anatomy. In their places are Drs. Frost, formerly of the Pennsylvania school, Comstock, and Parsons. Dr. Phelan takes the place of R. S. Voorhies, on Jurisprudence. Added are: Dr. Skeels, on Diseases of Skin; Dr. Chase, on Dentistry; and Dr. Conzelman, on Diseases of Children. The clinical advantages are: Good Samaritan Hospital, Colored Orphans' Home, and College Dispensary.

In the Ninth Annual Announcement of Hahnemann Medical College of Chicago, we note that Dr. Gatchell is put upon the retired list. Dr. Mitchell takes the chair of Physiology; Dr. H. C. Allen, late of Cleveland College, takes the chair of General Anatomy; while Dr. Colton will preside over Practical and Pathological Anatomy. Dr. Bacmeister, on *Materia Medica*, *vice* Dr. Hale, resigned. A note gives us the reason why—"a glimpse behind the scenes": "They (the rest of the faculty) could not approve the crude and unscientific manner in which *Materia Medica* was taught last session; nor could they endorse much that has appeared in the writings and practice of the late incumbent." His plan of teaching, our readers are familiar with.* The clinical advantages are:

* See *MEDICAL INVESTIGATOR*, Vol. IV., p. 107; and Vol. V., p. 152.

County Hospital and College Dispensary. The two-term system is abolished.

Dix Homœopathic Medical College for the Education of Women, is a new institution, located at St. Louis. The faculty are: Dr. Temple, on Institutes and Materia Medica; Dr. Conzelman, on Theory and Practice of Medicine; Dr. Franklin, on Surgery; Dr. Frost, on Obstetrics and Diseases of Women and Children; Dr. C. Vastine, on Physiology and Pathology; Dr. Parsons, on Anatomy and Histology; Dr. Tirrell, on Chemistry and Hygiene; Dr. Chase, Lecturer on Dentistry; C. M. Whitney, L.L.D., Lecturer on Jurisprudence. This is a new venture, and will succeed, with such *men* at its head — if there is material enough.

In the Ninth Announcement of the New York College, we note some changes in, and additions to, the faculty. Dr. Kirby, on Forensic Medicine, is dropped; Dr. Kellogg is added to the chair of Obstetrics, and Dr. A. R. Morgan to the chair of Practice and Gynecology; Dr. Dunham is transferred from Clinical Medicine to Materia Medica, with Dr. Barlow; Dr. Hunt drops Pathology, and takes Jurisprudence and Psychology. A strong point is made on the many clinical advantages, especially on those of the New York Ophthalmic Hospital.

In the Twenty-first Announcement of the Pennsylvania Medical College, we note but few changes in the faculty. The chair of Institutes and Practice of Medicine is occupied by Dr. T. Dwight Stow (well known to our readers), *vice* A. R. Morgan, resigned; Chemistry is taught by Dr. Dudley, *vice* Dr. G. Percival, resigned; the chair of Pathology, deceased. The clinical advantages are: Pennsylvania, Philadelphia, and Mills' Hospitals, and Little Wanderers' Home. The alumni of this institution are a host.

In the Nineteenth Annual Announcement of Cleveland Medical College, we note many changes in the faculty. Dr. Blair goes on the retired list; Dr. Sanders takes Principles and Practice of Medicine, as well as Diseases of Women; Dr. Sapp taking Obstetrics; Dr. Wilson, Principles of Surgery and Ophthalmology; while Dr. Buck takes Physiology; Dr. Biggar takes Anatomy, *vice* Dr. Allen, resigned; Dr. Schneider takes Surgical Anatomy; Dr. N. B. Wilson has Pathology and Diagnosis; Dr. Ambler, on Dental Science. Clinical advantages — a large Homœopathic Hospital adjoining the college.

The First Announcement of the Cleveland Homœopathic College and Hospital for Women, is received. This institution was set on foot last winter. The faculty are: G. H. Blair, M.D., on Theory and Practice of Medicine; Myra K. Merrick, M.D., on Obstetrics; W. E. Saunders, M.D., Principles and Practice of Surgery; J. Brainerd, M.D., on Chemistry and Toxicology; B. Cyriax, M.D.; on Materia Medica and Diseases of Women and Children; Ciro S. Verdi, M.D., on Physiology and Pathology; O. D. Childs, M.D., on General and Descriptive Anatomy; T. R. Chase, Esq., on Medical Jurisprudence and Insanity. Clinical advantages: City Infirmary and New Homœopathic Hospital.

To one familiar with classic college announcements, these of the medical colleges strike one rather strangely. There is no mention of the amount of information necessary to enter. A choice of text-books is suggested; but which of them *must* be read before attendance? The lecturers are carefully designated; but nothing is said about the ground they will go over, nor what to read to follow them understandingly. The number of lectures, and their arrangement, are not often indicated. Three years' study is required; but what shall be read the first, second, and last years? Two courses of lectures are necessary to graduation; do they differ? — if not, why two? If a person can deduce order out of confusion, he will evince unusual skill, and deserves a diploma. A physician may, and does, have his medical knowledge called up in all sorts of confusion; but to acquire said knowledge, the mind demands order. "Order is heaven's first law."

C.

CORRESPONDENCE.

MICHIGAN INSTITUTE — MICHIGAN UNIVERSITY.

DEAR DOCTOR: — In accordance with your request, I send you a copy of the proceedings of the Special Meeting of the Michigan Homœopathic Institute. You will doubtless observe that they have been very imperfectly reported. The preamble and the resolutions, with the corrections I have made, are in accordance with the facts — that is, just as they were passed.

In reply to your question, I will say that it is impossible for any one to affirm that the profession does, or does not, endorse the action of the Institute, until a majority of the Homœopathic physicians of the State, in convention assembled, have passed upon its action on that occasion. So far as the Michigan Homœopathic Institute does represent the sentiments of the profession in the State, its recent action is an emphatic, unmistakable expression of the same. I do not see that any physician, who is not a member of the Michigan Homœopathic Institute, can justly complain of its action in the premises, or can rightfully claim that it misrepresents the sentiments of the profession. So long as there is no other representative body in the State, its decisions must be received by outsiders as final and supreme, so far as State action is concerned.

As to the resolutions, the first was passed by a large majority — and that embraces, as you will observe, the gist of the whole matter, embodying the exact and literal fulfillment of the law. The second resolution was acted upon in two instalments; and this created some division and confusion, as the last half of it embodied a proposition for a separate Medical Department for Homœopathy at *Ann Arbor* — which is wholly distinct from the first half, which is neither more nor less than a detailed reiteration of the first resolution; hence it did not pass with as decided a majority as the first. The third resolution of the series was most decidedly voted down — which was just and proper, inasmuch as it merely expressed an opinion that a separate Medical Department at *Ann Arbor* would soon become self-sustaining.

No one who was present at that meeting, need have any doubts as to the sentiments of a large majority of those who were present, or of the profession throughout the State, if it is represented by the Michigan Homœopathic Institute.

In reply to your question, “Who controls the Michigan Homœopathic Institute?” I would say, that I suppose the majority of its attending members should do so; and I am inclined to think that, in the future, such will be the case — although its action in the past has been altogether too much influenced by individual views and interests, as your question implies. I am in hopes that, now, wise purposes will prevail in its deliberations; and that unanimity and harmony, for the accomplishment of the greatest good for the cause of Homœopathy, will characterize its action.

You will see from the enclosed, that the “Wayne County Homœopathic Institute” * has also passed a series of resolutions, and a corresponding

* This report will appear in next issue. — ED.

preamble, the direction of which is towards a branch of the Medical Department of the University, here in Detroit. These embody, in the main, the sentiments of the minority of those who were present at the special meeting on the 17th ultimo, which minority favored then, as now, a co-operation with the Regents "in an effort so to modify the act of 1867 as to empower them to establish such separate Medical Department for the teaching of the Homœopathic system." The Regents, it is well understood, have not favored, and are not likely to favor, any other than a Homœopathic Department "at some other point than Ann Arbor." The action, therefore, of the Wayne County Institute is opposed to that of the Michigan Homœopathic Institute, at its recent special session; only so far, however, as the location of the Homœopathic Department of the University is concerned—and this, on the ground of expediency, as I believe.

Thus the matter now stands—and will stand, until a decision is reached by the Supreme Court, at its next session, in January, 1869.

October 10th.

P.

VERIFICATION OF IODIDE OF POTASH SYMPTOMS.

EDITOR MEDICAL INVESTIGATOR:—*Dear Dr.*:—I have to-day been unintentionally proving *Iodide of Potash*. Being somewhat "under the weather," from an attack of asthma, and having occasion to call upon a brother physician, he asked me if I had ever taken *Iodide of Potash, strong*, for the trouble? to which I answered, "No." While talking with me, he dissolved perhaps four or five grains, more or less, in a drachm of water, and said, "Take this." I did as I was bid.

This afternoon, I have been quite still, spending the time in my office, "toasting my shins" and reading, when, towards night, I began to notice that my throat felt raw and heated—a scrapy feeling, with dryness; stinging and semi-ulcerated feeling during deglutition; the glands of my neck all feeling enlarged and sore to the touch; and in the language of the *Symptomatology*, "the *goitre* is sensitive to contact." In the stomach, a feeling of heat; "heartburn" in a limited degree; desire to swallow, to relieve the heated feeling of the œsophagus; in the ears, a feeling as if stuffed with cotton, and occasionally the eustachian tube is closed, or filled with a catarrhal secretion; diarrhœa, with some heat of anus during and preceding discharge. Increased amount of urine, not at all high-colored, but, on the contrary, very clear; atrophy of penis and testes; a few apparent rheumatic pains in deltoid muscle of right shoulder, upon rapid or sudden motion. The most prominent symptoms are those about the throat, parotid and cervical glands; the heat, and dry, scrapy feeling, of mouth, fauces, and œsophagus; and the peculiarity of their partial disappearance, during motion or use of the parts. After keeping my mouth closed for a short time, there is a dread of opening it again; the same of deglutition. Suffice it to say, the asthmatic symptoms are not a whit removed—nor can I see that they are aggravated.

I so rarely get many symptoms from the proving of any drug, and in this case they have so nearly compared with the "book," that I am induced to note them down. We are all the while proving new remedies: would it not be well to re-prove some of the old ones occasionally? People's constitutions are changing, more or less, from generation to generation; and the action of remedies may be somewhat different. We are apt to take up with *new* things, and discard or forget the old—when, perhaps, the old are really better.

G. M. PEASE.

BOSTON, September 19th, 1868.

PERISCOPE.

ARNICA ECZEMA. — Dr. Hedenberg states (*N. E. Gazette*, October,) that according to his experience, eczema is seldom produced by the local application of the tincture of *Arnica*. He reports two cases of eczema thus produced.

HIGHLY DILUTED LOGIC is the heading of a lengthy editorial in the above cotemporary. Its chief characteristic is highly diluted nonsense. An imaginary case, there given, is quoted by an Allopathic cotemporary as a *new* disease! Seriously, are not such attacks on high dilutions beneath the dignity of the "Hub?"

RHEUMATISM OF JOINTS, WITH ANCHYLOSIS. — Dr. Lilienthal translates (*American Observer*, October,) a case of Dr. Reis, of Sarlonis, of 15 years' duration. There was swelling and great pain of all the joints. A cure was effected with *Iodide of Potash*.

SCIRRHUS. — Dr. Gallupe details (*Ibid.*) a case of scirrhus of the mamæ, where *Carbo veg.* and *Conium* were indicated by the general symptoms and aspect of the tumor. The 30th potency, and rest to the parts, cured the case completely in twelve months. *Sulph.*, *Mag. m.*, and *Carb. a.*, were given during the last six months.

GRANULAR OPHTHALMIA. — Dr. Parkhurst (*Ibid.*) gives a case of granulated lids — red, inflamed, but little discharge — cured with *Ars.*, 5th, locally.

DETROIT MEDICAL COLLEGE. — As a result of the University agitation, the Allopaths have set on foot a college at Detroit. The *Observer* asks: Why not a Homœopathic branch at Detroit? Do not get impatient; you may get the whole University yet! This Allopathic move looks toward a surrender.

THE BANDAGE FOR PARTURITION. — This question created a lively discussion in the Philadelphia Medical Society, recently. Dr. Guernsey maintained that, even in cases of flooding, there was nothing so quick, safe, and sure, as the properly-chosen Homœopathic remedy. It will always succeed, if the physician has the courage and promptness to use it. Dr. Martin detailed a case where *the* remedy did or would not do; the tampon had to be used. The majority of those present opposed the use of the bandage. Others maintained that, if *properly* applied, it was of value.

PHYSIOLOGICAL ACTION OF BEEF-TEA. — The active principle of broth has proved to consist principally of *Potassa* combinations. Small doses act as excitants, while large doses act as depressants on the circulation.

STUDENTS. — The Hahnemann Medical College of Philadelphia began its present session with 50, and the Pennsylvania with 20 students.

MARRIED. — At Fairfield, Iowa, Sept. 1st, 1868, Dr. E. H. King, of Clinton, and Hattie M. Case, of Fairfield. — The Doctor has a *Case* this time, which promises to be perpetual. We trust, however, it will yield to Homœopathic treatment. — (*Clinton paper.*)

PERSONAL. — Dr. F. Hale, formerly of Rockford. — Can any one give us his address?

OUR THANKS are due the Dean of Hahnemann College of Chicago, for a lot of stationery endorsed by the whole Faculty.

BUST OF HAHNEMANN.—If our readers detect a *growing* veneration for "The Medical Sage," they must attribute it to the presence in our sanctum of a "parlor bust" of Hahnemann, presented by our publisher. This ornament we point to with pride. It would grace any parlor. It was "that head" that first led us to look into Homœopathy.

A LYING-IN WARD CLOSED.—It has been found necessary to close the Florence Nightingale Lying-in Ward in King's College Hospital, on account of the constantly increasing mortality. Drs. Farre, Barnes, and Hewitt, contend that these cases should be isolated. Query: Has the treatment any thing to do with the "increased mortality?"

HOMŒOPATHY IN BENGAL.—The *Bengale* newspaper of May 9th, describes the setting on foot of a cottage hospital. This is the second institution of the kind in India.

CURARE.—M. Du Cazal, in *L'Union Medicale*, throws this drug to the shades. In fourteen cases of tetanus, only three recovered. Its physiological action is to annihilate the functions of motor nerves, leaving sensibility untouched. Our friend, Dr. Houat, records in *El Criterio Medico*, 473 symptoms caused by *Curare*. After we have used it, the Allopaths will re-discover it.

OLIVE OIL IN SCABIES.—In true scabies, olive oil has proved itself as efficient as *Sulphur*, locally. — (*Dr. W. O. Blaisdell.*)

WESTERN MEDICAL COLLEGES — "REGULAR."— "In Cincinnati, there are three "regular" schools, charging respectively \$20, \$40, and \$60, for the course; in Chicago, there are two, each charging, we believe, \$50 for the course; while in St. Louis, there are three, charging \$105, or the old standard." The *Leavenworth Medical Herald* thus belabors the faculties: "In the name of the enlightened body of physicians of America, we charge you, gentlemen of Cincinnati and Chicago, to pause and reflect upon the violence which you are doing to the cause of true medicine. We charge you, by the honorable memories clustering around your institutions, to give your energies to the support of the burden which has been transferred from the shoulders of your worthy predecessors, to your own; and we charge you, in the sacred interest of a nation's life, to throw around it those safeguards which the intellect of the nineteenth century has fashioned into an instrument of genuine defence against the ills of an erring humanity." Cheap diplomas and cheap doctors are lightly esteemed. Our cotemporary at the Far West is right. One advantage, however, arises: no money can be made out of a cheap school, and these will not multiply.

WATER DRESSINGS IN THE TREATMENT OF INCISED WOUNDS, generally, but particularly of fresh stumps after amputation, is positively injurious. (*Id.*)

INCISED WOUNDS, after hæmorrhage has ceased, are to be neatly approximated, and left to nature. The idea has prevailed, and is taught in "the books," that healthy flaps must always be procured to cover an amputated extremity. This is mere theory. We have repeatedly known stumps to heal by granulation, after nearly all flaps had sloughed.

ABBREVIATIONS.—The *Medical Gazette* is sorely puzzled over the abbreviations in "Monograph on Fevers," as published in the *American Observer*—thinks it "written in a new tongue," and asks for a "grammar and dictionary of this new philological discovery." A few punctuation marks might be sprinkled through the sentences to advantage.

RESUSCITATION FROM CHLOROFORM.—In a case where the pulse fell from 120 to 46 beats per minute, and then ceased entirely, circulation was re-established by placing the patient head down at an angle of 45 deg. (*Med. Examiner.*)

A NEW NAME.—The Allopathic fraternity of Illinois style themselves the “representatives of *true medicine.*”

MEDICAL EDUCATION.—The Illinois State Medical Society (Allopathic) at its last session, *Resolved*, That the schools of our own State be requested to so modify and extend their time of teaching as to make them thorough as the times demand, and equal to any schools in the world; also, to raise their fees. The first is all right; raise the standard, and the fees will take care of themselves.

CANCER.—At 37 autopsies in Prague, in cases of death from cancer, 17 were of the stomach, and 16 of the lymphatic glands. The time of the greatest number of deaths from this disease, was from 45 to 55. Males were more subject to it than females; in the former, the chief seat of the affection is the stomach and lymphatic glands—in the latter, the glands, liver, and uterus.—(*Compendium.*)

FUNCTIONS OF THE LOBES OF THE CEREBRUM.—R. Dunn, F.R.C.S., of England, in a paper on “Phenomena of Life and Mind,” (*British Medical Journal*), states that his own convictions as to the psychical activities of the three main divisions of the cerebrum, are, that the anterior lobes are the seat of the intellectual, the middle of the personal, and the posterior of the social and affectionate activities or attributes of the human mind. Another step, Dr. D., and you will be on a level with scientific phrenologists.

SUDDEN BLANCHING OF THE HAIR.—Dr. Erasmus Wilson inclines to the opinion “that during the prevalence of a violent nervous shock, the normal fluids of the hair are drawn inward toward the body, in unison with the generally contracted and collapsed state of the surface, and that the vacuities left by the process of exhaustion, are suddenly filled with atmospheric air.”—*Ibid.*

RELATIVE MORTALITY FROM SMALL-POX.—Thirty years before vaccination was introduced into England, the mortality from small-pox was 3,000 to the million of population; now it is only 171 to the million. The mortality in the small-pox hospital is ascertained to be, in non-vaccinated cases, 37 per cent.; while that of the vaccinated was only 6½ per cent. It seems that in the great majority of instances, to have been vaccinated renders one proof against the contagion, as though one had passed through the original disease itself.

COLLEGE AFFAIRS.—We call attention to the advertisement headed, “To the Profession.” It explains itself. Sorry these colleges should “get by the ears.” It don’t look well.

A SILVER MEDAL will be presented, by the Professor of Obstetrics in the St. Louis College, to the student who makes the greatest proficiency in his branch.

ERRATA.—In the article on “Abies,” vol. v., p. 243, the parenthetical phrase, “otherwise termed, etc.,” should have followed “*Americana*,” and not “*Balsama*.”

LOCAL REPORTS ON DISEASE, TREATMENT, ETC.

FARMINGTON, MAINE. — We have the hooping-cough, and a rash — such as occurs among the children — this season, which is slowly going round. Both are in a mild form, mostly. *Lobelia*, 1st dec., controls the spasmodic cough decidedly better than any remedy tried. It has cured, cut short, or controlled, many cases, in a week or ten days — given in the commencement, or after it had been on weeks, with but little difference. Usually, it has decidedly alleviated in one to three hours; and improvement continues till well. Why is it not recommended in our text-books? O. W. T.

September 25th.

BOSTON, MASS. — We are not having a great amount of sickness in the "Hub," just at present. A night or two since, I was called out to a case of cholera — and a severe case, too. The man — a mechanic — had discharged and vomited nearly a bucketful of rice-water; the vomit being of about the same nature as that discharged from the bowels. I found him with severe cramps in the legs and transverse muscles of the abdomen, his flesh feeling cold and clammy. His first remark to me, as I entered, was in a half-despairing and half-entreating manner: "Doctor, I guess I'm a *goner*, this time!" After two doses of *Camphor*, of about one-fifth grain each, and one dose of *Verat. alb.*, 6th cen., at intervals of 15 minutes, he ceased vomiting, and straightened out for a quiet sleep. A powder of *Aconite*, 8th cen., was left, in case he should awake in a very feverish condition. I visited him about five hours afterwards, and found him quite comfortable — but, of course, very weak. Some symptoms of typhoid have manifested themselves, but *Bryonia* is asserting its authority; and I think, in a day or two, the man will be up and about. The friends of the man did not believe in Homœopathy; but inasmuch as the messenger was directed to me, by a policeman, as "the best doctor," no questions were asked, until the first *small dose* was given. Thirty minutes was sufficient time in which to remove all doubts. I did not at first know that the patient had been taking "Dr. Hamlin's Cholera Mixture," for two or three hours. I mention this case, because I have heard of none so severe this season. There is a fact perhaps worth mentioning — the night was the coldest of the season, and I believe "Jack Frost" visited our country neighbors with a strong force.

G. M. PEASE.

September 10th.

FORT WAYNE, IND. — Have any amount of bilious intermittent fever. *Belladonna*, *Bryonia*, *Nux*, and *Arsenicum*, get them well in two or three days.

G. W. BOWEN.

August.

OTTAWA, ILL. — The prevalent diseases in this locality are all of a strongly-marked bilious type. There is much old-fashioned miasmatic fever-and-ague, which is frequently very obstinate. The type is principally tertian — occasionally double-tertian, each alternate chill being lighter. I have met no cases with gastric symptoms, but frequently with great dyspnoea, and cough. My best remedies are *Gelsemium* and *Bryonia*, occasionally *Natrum mur.*

C. D. FAIRBANKS.

OWATONNA, MINN. — We are having a great deal of fever here now, and typhoid pneumonia. The remedies I am using oftenest are: *Ars.*, *Rhus.*, *Zinc.*, *Bell.*, and *Puls.*; *Bry.* and *Acon.* are not often called for now. I have found that most of our cases of dysentery yield readily to *Coloc.* or *Capsic.* I am getting splendid results from Lehrman's 200th.

September 28th.

J. GRANT GILCHRIST.

ST. LOUIS, MO. — We have had no epidemic for the past few months. Diseases most prevalent are those commonly met with at this season of

the year; such as diarrhœa, dysentery, and fevers—which are mostly of intermittent and bilious type. Our mortality report was only eighty last week—a very small per cent. for a place of two hundred and thirty or forty thousand inhabitants.

T. D. WADSWORTH.

October.

MEXICO, Mo.—I have noticed, in my practice in the South, where women manufacture their own clothes, that all those who weave and spin a great deal, are more or less afflicted with prolapsus uteri. It is caused, I think, by the constant strain upon the muscles of the thighs and lumbar regions, and the long-continued pressure of the beam against the abdomen. I have observed the same thing in the East, in women who run sewing-machines constantly. There is another female disease, quite common in the South, among these same women, old and young, who follow this weaving; that is, an intractable form of leucorrhœa. The discharge is thick, yellow, and acrid, staining the linen yellow. It comes on immediately after the stoppage of the menstrual period. In treating this, I have succeeded best with *Bovista*, 200th dec., a dose once a week, with rest from their weaving and sewing.

R. ARNOLD.

FRANCE.—*Effects of the Continued Use of Cider and Wines.*—A correspondent of the *Chicago Republican*, thus records the results of his observations: The effects of using this beverage (cider) as a substitute for all others, are very interesting, in a scientific point of view; and, to my mind, are very clearly marked and injurious. I will give my observations on the effect of wine—as the two beverages are quite analogous in their effects. Understand that they are used here in moderation, and at meals only. The effects are: first—heaviness of the head and sleepiness, during the first three or four days; then, inaction of the bowels, followed by alarming attacks of diarrhœa—which two conditions are repeated at intervals, growing less and less frequent, until finally the bowels settle into the condition of obstinate inaction, which remains as long as the person continues to use the wine;—this condition is so common that I am almost tempted to call it general among the wine-drinking French;—finally, the kidneys become excited to a surprising degree of action—a condition which grows worse with time and the continued wine-drinking, until the individual is forced to disregard certain ideas of public decency. And this is the case with every Frenchman. It is a national infirmity, brought on by the use of wine. The effects of cider are the same—only that perhaps it affects the bowels less, and the kidneys more strongly. The superstitious fear of water, and especially of ice, is remarkable. You may hunt France all over, in vain, for a real cold drink.

ITALY.—*Effects of Drinking Water.*—The *Lancet* cautions tourists against the drinking of water in Italy. Florence, and, indeed, all Tuscany, is very ill-supplied with this necessary of life—the water being supersaturated with inorganic and effete organic matter. In Florence, the impurities are chiefly alkaline; and these, combined with the acid red wines universally drunk by the population, have caused stone and gravel to be widely prevalent. We have it on the authority of a highly intelligent Florentine, of great medical accomplishments, that 80 per cent. of the population are more or less afflicted with these diseases; and English residents, after but a week's experience of Florence and its water, have found themselves suffering severely in the kidneys and bladder.—(*Boston Med. and Surg. Journal.*) Query: Why is it that these same results are observed in France, where the people eschew drinking water? Perhaps some of our recent tourists have also “taken notes on these points of interest,” and can decide the matter?

THE CRITIQUE.

TYPHOID OR TYPHUS? EDITOR MEDICAL INVESTIGATOR:—In response to your request that I would occupy a place in your critical columns, I offer the following remarks, relative to a communication from Fort Wayne, appearing in your September number.

If I understand your Fort Wayne correspondent, he proposes to improve our nomenclature. This is certainly desirable. Much error is associated with inaccuracy in the use of language. No one of the natural sciences, except chemistry, can claim a scientific nomenclature; and the medical arena is strown with disjointed terms—the relics of exploded hypotheses. Instance—*tonic, astringent, laxative, etc.* *Malaria* has nearly had its day; it is hoped that *zymotic* will soon follow it. It was certainly a bold enunciation, to rest the classification of such a variety of diseases on the hypothesis of fermentation; and it argued much more reverence for authority, than exercise of reason, on the part of the profession, thus to endorse the hypothesis by accepting the term. We need to be cautious in this matter of mending our nomenclature. An hypothesis once received, if false, long stands in the way of the introduction of truth; and every classification involves an hypothesis.

I should like, therefore, to inquire the object of banishing the term *typhus*, and substituting the term *typhoid*. The word *typhus* signifies stupor; and was formerly applied to a genus of diseases characterized by that condition. To this genus were attributed two species: *typhus cerebri* and *typhus abdominalis*. Louis proposed to substitute the term *typhoid* for the phrase *abdominal typhus*; the term *typhoid* signifying *typhus-like*. I am of the opinion that the change was for the worse, and that it has been productive of much confusion in the description of disease. So long as the term *typhoid* is used to designate, not a species of disease, but a state common to various species—a state analogous to that of *typhus*, in the single phenomenon of stupor—no confusion can result. But when it is employed to express, in the one case a species of disease, and in other cases a mere analogy in a single phenomenon, confusion becomes worse confounded—as physicians well know; and my opinion is, that we would do better to return to the old nomenclature, and restore *typhus abdominalis* and *typhus cerebri* to their former position.

But while there was, at least, verbal propriety in the change effected by Louis, I would like to ask, in the name of our common language—our mother-tongue (if we include our *Alma Mater* among our mothers)—how we can have *typhoid* diseases when there is no *typhus*—*typhus-like* when there is no *typhus* to be like?—to say nothing of qualifying the adjective *typhoid* by other adjectives, and those adjectives Latin in part, and *typhoid* not Latin at all? Does n't it, on the whole, make a rather queer mess? I think your correspondent's Allopathic friends are either very accommodating, to endorse the change, or they are very illiterate—if one might be permitted so irreverent an expression in regard to old-school doctors.

Permit me also to inquire of your Fort Wayne correspondent, where he learned that the English physicians called our *typhoid, typhus*? I did suppose that Louis' classification received the same approval in England as in America. I also supposed that we are indebted to an English physician for the first thoroughly elaborate exhibition of the phenomena of the two forms of disease, with their specific differences; and that his conclusions are quite as generally accepted in England as in America. If your correspondent, with his comparatively limited field of observation, can add any thing, in the way of detail or distinction, to Jenner's marvelously minute description, then will the profession be greatly indebted to him, and he will prove himself unsurpassed, if not unequalled, among modern observers—a superiority which no one will be more ready to recognize than the writer of this article.

I can not conclude, without congratulating him on his rare success in the treatment of that formidable array of diseases which he proposes to include under the term *typhoid*. Not many physicians practice fifteen years, without losing a patient from some one or other of the old *typhous** class, to say nothing of others that he includes under *typhoid*.

H. P. G.

A. W. W., AND BOSTON CHEMICAL JOURNAL. — *Editor of Investigator*: The following extract from the *Boston Chemical Journal*, concerning a book noticed by "A. W. W.," in October No. of MEDICAL INVESTIGATOR, indicates that you have at least one professional contributor not up to the level of its estimate of popular intelligence:

"We hardly know what influence the book may have upon the mind of the non-professional reader; but it would certainly be placing a rather low estimate upon the general intelligence of the people, to suppose them incapable of detecting its errors and absurdities. These begin with the preface, and thenceforward are found on almost every page."

The intelligent editor of the *Boston Journal of Chemistry* was not acquainted with "A. W. W.," or he would have had too much regard for his feelings to write as he did.

H. P. G.

QUERIES AND ANSWERS.

"*He that questioneth much, shall learn much.*" — BACON.

TYPHOID FEVER. — Shall we induce movements of the bowels in typhoid fever, in its earlier stages, as suggested in THE MEDICAL INVESTIGATOR, Vol. V., p. 354? I have thought, for years, that one of the prominent causes of my success in this fever — the New England terror, *par excellence*, of all others, in the fever line — was in keeping them quiet; and, when they had been tampered with before coming into my care, quieting them as quickly as my best judgment taught me how to do safely. When this has been successful, all has come out well; when not, then look out for bowel trouble. Let us have an expression from the profession, upon this point. I am aware that the practice varies materially, at the West and in New England, in this fever.

O. W. T.

SURGICAL. — 1. "Which are the best surgical works of reference for the busy practitioner?" — For General Surgery, Franklin's or Gross'; for Ophthalmic Surgery, Stellwag's; for Aural Surgery, Toynbee's; for Plastic Surgery, Prince's.

2. "Will you give the necessary instruments to fill the pocket-case for the physician?" — Straight bistoury; curved bistoury; gum lance; tenaculum; bull-dog or spring forceps; plain forceps; pair of scissors; silver probe; grooved director; needles, curved and straight; combination catheter, for male and female; exploring needle; fine silver wire; and double canula.

3. "As a local application to compound wounds, which is the best, *Calendula* or *Carbolic acid*?" — *Calendula* is best in incised wounds, or those made by a sharp cutting instrument; but *Carbolic acid* is superior in compound wounds — first dressing, pure *Carbolic acid*; subsequent ones, *Carbolic acid* and *Glycerine*, 1 part of the former to 5 or 10 of the latter.

B. W. J.

* It would be supererogatory to say that the adjective *typhous* corresponds to the substantive *typhus*, did I not often observe a confounding of adjectives ending in *ous*, with corresponding substantives ending in *us*. But it will be no work of supererogation to add that "*typhoid cerebralis, pulmonalis, abdominalis*," betrays a singular unacquaintance with the elements of language, on the part of one who proposes to reform the nomenclature. When will men learn that *words* represent — or ought to represent — *facts* and *things*; and that they are not merely counters, to play with at the will of the player?

CAN blood convey mental impressions — as between mother and foetus, for instance? D.

Dr. D. — We are inclined to the belief that mental impressions are conveyed by the nerves alone; but Hammond thinks that "the whole matter rests upon the question as to whether the blood can undergo changes through the influence of the mind, and can serve as a means for the transmission of mental impressions. That it can be so altered, and that it is a medium for communication between the brain of the mother and the foetus, is sufficiently proved by the records of physiology."

TO CORRESPONDENTS.

MEDICAL EDUCATION. — *Student, of Okio.* — "Will you give the proper order of medical studies?" — If we can. Given, we presume, an observing, reasoning, judging mind, of a scientific bent; commence with structure, of man, animals, plants and minerals; then master the functions; next the abnormalities produced both by diseases and drugs; master the law of cure, and then you are ready to study treatment—the influence of drugs and other remedial agents on disease.

PHILADELPHIA MEDICAL SOCIETY TRANSACTIONS. — *Dr. A. A. F., of O.* — "Are they obtainable?" — A limited number can be obtained by applying to the Recording Secretary, B. W. James.

BI-MONTHLY MANIA. — *Dr. C., of Ill.* — "I hope it (this journal) will not be given to 'skipping,' and turn into a 'Bi-Monthly.' Rather issue it semi-monthly, and charge accordingly. For my part, I wish it made its visits weekly. A physician who is contented with a small journal, bi-monthly, can not care much about reading or advancing in his profession. I can see but two reasons for *our* journals 'skipping' so much; viz., a want of patronage, or a desire on the part of the publisher to save a few dollars. I hope it will be some time before 'Bro. Duncan' occupies that little 'corner' saved by the *Reporter*. Let us have THE INVESTIGATOR, monthly, and let its watchword be 'Onward!' as heretofore, and it will never need to 'skip' backward. It has the ability to lead the van — and is doing it, both in articles and in typographical appearance." The disease to which you refer (bi-monthly mania) has not yet reached us; we have not felt its first symptom, "skipping." For the symptoms mentioned, *Aurum* suggests itself. We think, if given "low," and in *often* repeated doses, it might "hit the case." But we turn this question over to our Therapeutic Editor. If this journal exhibits ability, and its articles value, your compliments, Doctor, belong to its many contributors and readers. The publisher's "eye for beauty" is responsible for its "typographical appearance." If it "skips" at all, it will be apt to be in the direction you wish, thereby disappointing Bro. Wilson. It is impossible to suit every one, you know.

SOCIETY REPORTS. — *Dr. C. D. F., of Ill.* — "It is so practical and concise, and, with the exception of reports of proceedings of *distant* societies, is always interesting. The Cook County Society I am always glad to hear from." — Societies that are *distant* to you are *near* others of our readers. These society reports are interesting in proportion to the amount of practical matter they contain.

OFT RECURRING NAMES. — *Dr. J. G. G., of Minn.* — "I fear my name will occur too often in your columns." If you have ideas of value, never fear. We have seven different places in which to put your thoughts. Then your contributions may go in anonymous. No one objects to anonymous articles, if of value.

THE

MEDICAL INVESTIGATOR.

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HYDRO-THERAPEUTICS.

THE WET-SHEET PACK.

It is the design, in writing some articles on the watery-regimen, in connection with the use of medicine, not to attempt an exhaustion of the subject in all its details, but merely to give a few practical suggestions in regard to the use of water in the treatment of disease — those of an acute form especially ; though I shall devote more or less attention to the treatment of chronic diseases also.

Water is essential to the well-being of all living nature. Modern civilization is inferior to the ancient, in regard to public advantages for bathing. Indeed, our city governments, instead of furnishing free bathing-houses, prohibit, virtually, the necessary practice, by ordinances imposing a penalty upon bathing in adjacent waters. The lower classes, not being able to afford home conveniences, and not having time to spare in order to pass beyond the scope of aristocratic vision, are forced to forego this great necessity.

The people — the great Yankee nation, where medicine and its collateral sciences, as well as religion, so flourish — is, it would seem, devoid of that degree of intelligence necessary to act upon the maxim that “cleanliness is next to godliness.” Water is used by the entire civilized world for industrial purposes, and still its

hygienic value is very much ignored. How many persons go down to their graves with the accumulated filth of years upon their bodies! It is an authenticated fact, as related to me by a lady of my acquaintance, that a friend of hers never washed her face—using, instead of water, a chamois-skin and powder. Her body was sometimes washed in bay-rum and whisky. A Homœopathic physician, of standing in the profession, boasts that, during twenty years, he has never bathed his body. There are many of the upper class, who, like “Diogenes” Smith, in Hughes’ admirable “Tom Brown at Oxford,” have not the faintest idea of the uses of a bath-tub, and might, like him, use it as an easy chair.

In general practice, fevers are among the most common disorders with which the physician meets. I can in no better manner illustrate the course to be pursued at the commencement of a febrile attack, than to give an account of a case which came under my care, a few days since :

May T., aged 12, subject to attacks of bilious-remittent fever, was attacked with tenderness of right hypochondrium. Pulse 108; skin hot and dry; tongue heavily coated with yellow coating; loss of appetite; head and back-ache; malaise, and bowels constipated. I was called at 8 P.M. Gave twelve powders of *Podophyllin*, 3rd, a powder to be given every four hours; *Gelseminum*, ϕ , five drops in a goblet of water, a teaspoonful to be given every thirty minutes for two hours, then once an hour. I called at 9 A.M. of the following day; found her but little improved. Ordered the wet-sheet pack, in addition to the remedies. She was dressed, and supped in the dining-room with the family that evening. I pronounced her entirely recovered.

The same treatment was pursued in the case of her brother, who is of the same temperament, and who was similarly attacked, with equally flattering results.

As I shall have occasion to speak of this admirable adjunct in the cure of disease, I will describe the mode of properly packing the patient: Lay on a mattress, a comfortable; on that, another; then a woolen blanket; dip a cotton sheet in a pail of cold water; wring it so that it will not drip; spread this on the blanket; lay your patient, denuded, on this; have him hold his hands above his head, until you have brought one-half of the sheet over him, tucking it under the opposite side; now he will drop his arms

snugly by his side ; then bring the other half of the sheet over him, arms included. In the same manner, you will enwrap him with the blanket and two comforters. Your patient is now immovably "packed." Wet a folded towel in cold water ; keep this constantly applied to the forehead. He should remain in a pack until perspiration has started ; sometimes one half-hour will suffice ; in another instance, one and one-half hours' packing will be required. In case the patient does not perspire, it may become necessary to repeat this several times during the twenty-four hours, before the skin and tongue will have become moist, the mucous membranes lose their congested appearance, the eye lose its glistening expression, and pulse become full.

Following the pack, is the necessary washing in cool or cold water. Uncover the patient, part at a time ; wash the face, shoulders and chest ; rub dry with crash-towel (unless the skin is too delicate, when it is well to use a softer one) ; then the arms, then the body, and last the lower limbs — guarding against exposure to the cool air.

A drink of cold water is agreeable to the fever-patient, while in and after leaving the pack.

The use of the pack is perfectly compatible with the administration of remedies ; although I have seldom, if ever, seen them act as promptly in breaking up a fever, as the pack.

This treatment seldom fails to break up a bilious fever at the commencement, and is beneficial in all forms.

The "pack" is generally sudorific, and in many instances soporific ; the patient falling into a delightful slumber, to awake convalescent.

H. T. F. G.

KENOSHA WATER CURE.

SULPHURIC ACID IN YELLOW FEVER.

EDITOR INVESTIGATOR:—Permit me to call attention to one remedy not usually mentioned among those recommended in the treatment of yellow fever. I presume that the most satisfactory mode of calling attention to it, will be by reporting cases, that the profession may see what has been accomplished. First, however, I will say that I think I am indebted to Dr. W. H. Holcombe, of

New Orleans, for the hint which led me to the use of *Sulphuric acid* in this disease.

Case 1st.—Sept. 9th, I was called in haste to see R. B., an Italian, about 35 years old—black hair and eyes, dark-brown complexion—who had been sick about twenty-four hours. He had high fever, a stupid look, very taciturn, tongue coated a dark brown; in fine, a marked case of yellow fever of a malignant type. Under the use of *Gelsemium* and *Bryonia*, the most violent of his symptoms disappeared. But there came on, about the third day, a profuse hæmaturia, with slight fever, a pinched appearance of the face, sunken eyes; pulse small, feeble, and rapid; the tongue is still coated brown, and very dry. He received *Baptisia*, *Cantharis*, *Rhus tox.*, and *Terebinthina*, without benefit; when, as a *dernier resort*, *Sulphuric acid*, five drops in a glass of water, a teaspoonful every hour, was given, with immediate and marked relief; and upon this remedy, the patient recovered. He was discharged on the 17th—eight days from the time he was first attacked.

The succeeding cases occurred in the interior of the State, at Chappell Hill, whither I had been sent by the “Howard Association” of Galveston.

Case 2nd.—A mulatto woman, aged about 45, who had been sick four or five days with yellow fever. She had taken no medicine except castor oil and some teas. Present condition—pulse soft, feeble, and rapid; eyes injected and yellow; tongue dark brown, as seen through the bloody saliva constantly accumulating in the mouth; hæmorrhage from the mouth, gums, stomach, and bowels; vomiting; hæmaturia; aversion to food; great restlessness and anxiety. R̄ *Sulphuric acid*, ℥, five drops to a glass of water, a spoonful every half hour until improvement commences, then at longer intervals. After the first dose, there was no more vomiting for twenty-four hours; all of the symptoms rapidly diminished, and in five days from my first visit, she was visiting some of her less fortunate neighbors.

Case 3rd.—A negro woman, aged about 35 years, who had been sick four or five days. Present condition—excessive anxiety and restlessness; tossing about, scarcely quiet a moment; constant nausea and vomiting of slime, dotted with smaller specks of blood and flocculent or grumous matter, the incipient “black vomit;” constipation; excessive thirst; pulse feeble, wiry, and very rapid;

excessive prostration ; there was also hæmaturia, and after standing awhile, the urine seemed to separate into two portions, the upper portion containing the colored fluid, and the lower having an albuminous appearance. *Sulphuric acid*, prescribed as in case 2nd, was followed by immediate improvement, and in a few days she was convalescent.

Case 4th. — A youth about 16 years old, who had recovered from yellow fever, but about a month after had a severe attack of fever of a typhoid character, brought on by excessive fatigue in waiting upon other members of the family, who were sick. About the fourth day of the attack, he was in a condition so similar to that of the last case, that I gave him the same remedy, in the same manner, and with the happiest results.

In one case, it was used without success. The patient was a young man recently from St. Louis. Although this case progressed favorably otherwise, a frequently recurring epistaxis left him without recuperative powers, and he died of exhaustion. *Sulphuric acid* was used, among other remedies.

I do not desire to convey the impression that I consider *Sulphuric acid* a specific for the hæmorrhagic symptoms in cases of this disease ; but the remarkable result of curing four such desperate cases as the above detailed, would at least encourage its future use.

As regards the dose, it is no larger than we frequently prescribe of *Acon.*, *Bell.*, or *Gels.*, in as desperate cases.

I intend to study this remedy thoroughly ; and if another opportunity is afforded me, will make more careful observations as to its indications.

Yours truly,

E. P. ANGELL, M.D.

GALVESTON, TEXAS, *Sept. 28th*, 1868.

NEURALGIA OF THE RIGHT OVARY.

Mrs. B., aged 52, has suffered during the last two years from severe paroxysms of pain in the right inguinal region. These paroxysms occurred at intervals of eight or ten days, and lasted from 24 to 36 hours. Her diet consisted of crackers and tea ; any thing else would bring on one of her paroxysms of pain. During the intervals of her paroxysms, she had no pain, but great

soreness in the right inguinal region — so much so that she could not let her clothes touch her. She firmly believed that there was an abscess forming. In consequence of the excruciating pain, abstinence from nourishing food, and Allopathic medication, she was extremely emaciated, very nervous, and her appetite impaired. My diagnosis was — neuralgia of the right ovary ; and I prescribed *Lachesis*, 30th, three times a day.

At the end of one week, she reported that she felt as if the pain would come back, but could not. Continued *Lachesis*, 30th, three times a day. At the end of another week, no more pains ; appetite improved — can eat any thing now. At the end of another week, entirely well ; and has remained so for two months now, since the commencement of the treatment, without further medication.

C. W. SONNENSCHIDMT, M.D.

WASHINGTON, D. C.

ELECTRICITY IN SEVERE AND PROTRACTED MORNING SICKNESS.

Mrs. —, married in 1849, went to Washington to reside. From childhood, she had been used to luxurious living. In addition to the usual bill of fare at "Willard's," she was supplied in the evenings with rich delicacies. In May of the following year, she became pregnant. Morning sickness increased as pregnancy advanced, until her stomach became so acutely sensitive that food could not be retained. Her nourishment was given by enemas, and even those were ejected by the stomach. Her attending physicians — of whom she had five of the Allopathic school — considered her case hopeless ; and, as a last expedient, advised that abortion be produced. This not being consented to, an effort was made to take her to her native place (Worcester, Mass.,) for change of air ; which was accomplished with difficulty, and only by taking her by water. The change proved beneficial. After quickening, her recovery was gradual but decided. At full term, she was delivered of a male child. Labor natural. Convalescence was retarded by phlegmasia dolens ; sore mouth ; ulceration, extending through the intestinal canal ; sore nipples, for which *Nitrate of silver* was used so liberally as to entirely burn off one nipple, and half of the other.

Although very desirous of having offspring, she did not become pregnant again until ten years after, in the spring of the year, when on a transient visit to Washington. She returned to Cleveland, her present home, and placed herself under the care of some of our most experienced Homœopathic physicians. Every known remedy was employed, but with only temporary relief. She became anasarcaous. Her face was distorted to deformity by excessive vomiting. Things assumed the same phase as during the former pregnancy, with the exception that there was very slight, if any, change at the period of quickening. As in the first instance, her physicians advised abortion; but she would not consent. At about the sixth month, she began to slowly improve; could sit up, and walk about her house with assistance. Labor occurred at the eighth month, lasting four days; instruments were used continuously during 14 hours. The fœtal head was dissected, and thought to contain two quarts of water. Her recovery was as rapid as could be expected. It was the decided opinion of her attending physicians, that she could never live through another pregnancy.

Business again called her husband to a temporary residence in Washington, in October, 1865. In May of the following spring, she became *enceinte* again. She had never conceived but those three times, and each time in May, in Washington, while the *Ailantus* trees were in blossom;— they are very abundant in that city, and their odor was always peculiarly offensive to her, producing a very sickening effect upon her. Query: Was there any local effect or influence from this poisonous tree?

She returned at once to Cleveland, and I was immediately consulted. My practice being exclusively among chronic cases, I could not give her the attention necessary, and advised the more immediate care of a young and promising physician living near her.

The morning sickness increased in the former aggravated manner; and, as in the other instances, her sense of smell became so acute that it was necessary to keep her nose covered with cloths saturated with different solutions, changing them as one after the other became offensive. I saw that the disease was advancing, notwithstanding the temporary benefit by remedies judiciously selected. Among those having the best and most lasting effect, was the *Oxalate of cerium*. The attending physician, as well

as myself, felt it was indispensable that she be taken into my own house, where she could receive my special attentions and the benefits of the electrical bath. The kind of bath-tub and battery which has been of great assistance to me in my practice, is as follows: The tub is of wood, with simply a plate of copper at the head, and one of zinc at the foot. The positive electrode is connected with the copper, and the negative with the zinc. The battery is the common sulphate of copper battery — the same as is used by the Union Telegraph Company — composed of jars, porous cups, and zincs. I use six in connection with the tub. In this case, I used (positive at the head, and the negative pole over the epigastrium,) every other day for a time, and afterwards every day, until about the eighth month of her pregnancy, and then as often as once a week. At first, she could not retain any thing on her stomach, before her bath, but never rejected food immediately after it. Decided improvement was soon noticed. In four weeks, she was about the house, going up and down stairs, and very soon was able to walk or ride out. She passed through the remaining term with comfort.

At full term, after six hours' natural labor, she was delivered of a fine healthy son. Convalescence was interrupted by some indiscretions on her part, but she was readily relieved by our Homœopathic remedies. She is now (March, 1867,) in perfect health, and says she has not been so well since childhood.

CLEVELAND, *October*, 1868.

C. A. SEAMAN, M.D.

LEAD COLIC IN A CHILD TWO YEARS OF AGE.

BY C. D. FAIRBANKS, M.D., OTTAWA, ILL.

PATIENT, a boy of about two years, of scrofulous diathesis, small of age, who had been treated previously for chronic diarrhœa, and cured with *Sulphur*, 30th, one dose. On the occasion I now mention, he was taken with a diarrhœa, which soon became painful, with gripings and colicky pains. The severest attacks would always occur in the night, generally after midnight, and become very severe, griping so as to draw him double; while the extremities would become very cold, and a general collapse and death

hourly threatened to close the scene. But towards morning, he would grow easier, and, entirely exhausted, catch a little sleep. The skin was sallow; conjunctiva a bluish white; veins very blue; even the lips looked bluish; and, while asleep, he resembled a corpse. This state of affairs went on, with variations, for a week or more, in spite of all remedies. At last the bowels became constipated, and bloated fearfully; and every attack resembled, in every thing but the saliva discharges, a severe attack of cholera morbus.

Verat., *Nux.*, *Bell.*, *Merc.*, *Coloc.*, *Arsen.*, *Ipec.*, *Ol. Tereb.*, *Dios.*, *Camphor*, *Cham.*, *Puls.*, *Op.*, and *Sulph.*, high and low potencies, were given; but nothing would do any good, except that a temporary relief was obtained from *Camph.*, *Nux.*, and *Sulph.*

At last the father, who was a painter, inquired if I thought the child could inhale lead enough from his clothes to cause any such results. This was the clue I wanted. Every thing resembled *colica pict*; but how could he get it? I now learned that he had once eaten a quantity of lead paint, for which nothing was done; and also, that all the time previous to and during his illness, the father would wear his old clothes, full of paint, at home and *in bed*, and the child, always anxious to be with him, had thus had ample opportunity to contract this dreadful complaint. I at once addressed my treatment to the mechanical cause, by using a mechanical remedy. Common *Alum*, in doses of 3 or 4 grains, was administered every three hours, with *Nux* in alternation. The patient craved every thing of an acid character, and ate the portion as if it had been so much sugar. The result was an immediate improvement. Subsequently, *Sulph.*, 5th, and *Nux.*, 3rd cent., were given, which finished the treatment; and he is now so fleshy, and of such a different complexion, as hardly to be recognized as the patient of six months ago.

Calc. carb. in Dentition. — In conjunction with this, allow me to add that I have found *Calc carb.*, 3rd or 5th, highly beneficial in children who have difficulty in teething, often requiring that the gums should be lanced; all of which can be successfully obviated by appropriate treatment.

DISCUSSION.

The above case was read before Cook County Medical Society, and elicited the following remarks:

Dr. S. P. Cole: It would be interesting to know if the father wore the same clothes after the Doctor discovered the cause.

Dr. Holbrook: It would also be interesting to know how long before the attacks the father wore his clothes to bed.*

Dr. Hoyne: I have seen three or four cases of lead colic under Allopathic treatment; those cases were relieved by *Iodide of Potassa*.

Dr. Lord: Dr. F. says he gave a mechanical remedy; he must mean that he gave a chemical remedy. *Alum* is a sulphate. The *Sulphur* in the *Alum* would unite with the lead, and form the sulphate of lead, and be thus eliminated. If the *Iodide of Potassa* was used, the *Iodine* would unite with the lead, forming the iodide of lead; and in that form pass out of the system. It is recommended, in these cases, to give weak *Sulphuric acid* as a chemical remedy for poisoning by lead.

Dr. R. Ludlam: I am inclined to the belief that the cure was half due to the *Nux*. *Nux* would cure that case alone. *Alum* as a mechanical remedy is moonshine.

Dr. Cole: Is it not possible that our city water may become impregnated with lead from the "service pipes"? Have any of the members directed attention to this matter? May it not be the cause of much of the gastralgia, neuralgia, etc., that we meet with?

Dr. Holbrook: The most of the pipes are of iron. I have met the statement that the water passing through the pipes would not absorb the lead.

Dr. Ballard: I think the majority of people use the precaution to let the water run.

Dr. Hoyne: Have treated several cases caused by the first glass of beer in the morning. The beer had stood in the lead spigot all night.

* Dr. Fairbanks, in reply to the above queries, writes: "During the previous summer, the boy ate a quantity of lead. This was the nidus, the beginning of sorrows; and he continued to droop from that time onward. During all the warm season, the father continued at his trade, and, I am told, was always negligent about his clothes — getting them badly spattered, and taking no care to change. The attack announced itself April 15th, previous to which the boy had recovered favorably from measles. The father had probably been at work for weeks previous — I do not recollect how long; three or four weeks, I am quite sure. He *has not* worn them since."

Dr. Ballard: Have any of the members used *Plumbum*, high, in cases of lead colic?

No one had any experience to relate on this point.

CALC. CARB. IN DENTITION.

Dr. Holbrook: Have been observing the teething process, and it is rarely that I use the lancet.

Dr. Hoyne: My experience proves that it does no good to lance the gums; they always heal up, and it is harder for them to come through the cicatrix.

Dr. Holbrook: I think the trouble in tardy dentition is with the investing membrane, and not with the gums. The irritation gives rise to a true inflammation.

Dr. R. Ludlam: The chief source of difficulty in tardy dentition is with the nervous system. The object of cutting down upon the tooth is to relieve the tension of the nervous system. We believe the same object may be sometimes accomplished by remedies. I do not use the lancet once now, where I used it ten times years ago. I do not think that lancing the gums usually helps the teeth through; it only quiets the nervous system. *Calc.* undoubtedly has the power of quieting the nervous system; the same is true of *Bell.*, *Cham.*, and *Acon.* One of the best agents to allay the sensitive condition, and put off spasm, is to rub *Tinc. Acon.* on the gums with the finger. Dr. Hoyne must have lanced the gums too soon. If he does not lance them too soon, he will experience no difficulty.

Dr. Ballard: I do not use the lancet at all, if I possibly can get along without it. *Merc.* has been my chief remedy. If additional symptoms arise, I endeavor to select the appropriate remedy. It is generally believed that a cicatrix is not so unyielding as the original tissues. *Bell.* has served me well for painful dentition; but when the irritation produces abdominal symptoms.

Dr. Holbrook: Does Dr. Ludlam use *Aconite* \emptyset ?

Dr. R. Ludlam: Yes, sir; I mix it, however, with *Glycerine*, and apply it directly to the swollen inflamed gums.

Dr. Lord: Have you not observed *Aconite* symptoms?

Dr. R. Ludlam: I have failed to note any aggravations from this method of treatment. The result, so far, has been highly satisfactory. I do not, however, employ it in all cases indiscriminately.

MASSACHUSETTS MEDICAL SOCIETY.

THE semi-annual meeting of this Society was held in Boston, Oct. 14th. The President, H. L. Chase, M.D., of Cambridge, in the chair. The President made a brief address, and said that with fifty-four practitioners in Boston alone, the medical college, for which a charter had been obtained, ought to be put into immediate and successful operation in the metropolis of New England.

The following gentlemen were elected members: M. V. B. Morse, M.D., of Marblehead; Geo. W. Gunter, M.D., of Natick; Alonzo Boothby, M.D., of Boston.

The Committee on Materia Medica, through Dr. C. Wesselhæft, presented the following report:

“Two provings were received in accordance with the circulars announcing a prize to be awarded for the best proving of *Dioscorea villosa* and *Bromide of Ammonium*; but these provings do not come fully up to the requirements and conditions entitling them to the name of prize essays or provings, since but *one person* appears as prover in each of them, it having been distinctly announced that at least five provers were required for each.

In consideration of these conditions, your Committee have not opened the envelopes containing the name of the author; at the same time, they do not wish to be understood as placing a low estimate on these productions, which, it is hoped, will soon be perfected by their author, and published in the annals of this society, as among the foremost and best that have ever been presented.”

Dr. Wesselhæft read a paper on *Iris versicolor*, which was referred.

Dr. Hedenberg, of Medford, Com. on Clinical Medicine, presented a very interesting report, in which he had collated the clinical experiences and observations received from nine different members.

Dr. I. T. Talbot, Com. on Surgery, presented an abstract of a paper on the progress and present condition of Surgery, which he said had made equal progress with medicine since the advent of Homœopathy. Conservative or preservative surgery is now the aim of surgeons. The object of the surgeon now is to operate *well*, not *quickly*, and long and tedious dissections can be made among important blood-vessels and nerves, such as are required in the removal of the parotid and submaxillary glands, etc., etc. The treatment of wounds has improved greatly, and the dressing with cold water, and the use of *Arnica*, *Calendula*, and *Hama-*

melis, together with proper internal medicines, gives to the Homœopathic physician great aid in surgery. He referred to certain specific remedies applicable under the law of Similia, such as *Phyt.*, *Sil.*, *Hepar.*, *Lach.*, and *Sulph.* *Carbolic acid*, a comparatively new agent, is of great value as a disinfectant and deodorizer. It is also a most valuable escharotic, especially in diseases of the mucous surfaces. Sayre's splints are a great improvement in the treatment of hip disease, by means of which the patient is allowed freedom of motion, air, and exercise, instead of confinement, loss of general health, and the best result gained, an ankylosed joint. Loomis' ovum and bullet forceps were exhibited and explained. Diagrams of improved methods of operating in fistula were exhibited, and the causes of the frequent failure of treatment by the knife commented upon. He concluded with the hope that this Society would contribute its share to the improvement of the science and practice of Surgery.

Dr. J. H. Woodbury, of Boston, Com. on Obstetrics, was unable to be present, but requested the Secretary to read a report received from E. W. Sanford, M.D., of Brookline, of a case of labor in which the vagina ruptured, and the fœtus escaped into the cavity of the abdomen.

Dr. A. J. Bellows presented a voluminous paper on "The Application of Food to the Prevention and Cure of Chronic Diseases." Pending its reading, the Society adjourned.

AFTERNOON SESSION.

Dr. Bellows resumed the reading of his paper, when, on motion of Dr. Krebs, it was voted that the further reading of the same be discontinued.

Delegates from other State societies were invited to participate in the discussions of the Society. Dr. Sparhawk, of the Vermont Hom. Society, addressed the convention. Their State Society has increased, in fourteen years, from twenty to sixty-four members, who consider themselves pure homœopaths. The meetings are fully attended, and interesting. Dr. Morrill, of Concord, N. H., President of the New Hampshire Hom. Society, said that Homœopathy was maintaining its favorable position in the Granite State, and the meetings of the Society were increasing in interest.

On motion of Dr. Talbot, the Code of Medical Ethics adopted by the Am. Institute of Hom., was unanimously adopted.

Before the regular topics assigned for discussion were taken up, Dr. Thayer spoke briefly of the beneficial effects he had found to arise from the outward application of rubber cloths in rheumatic affections.

Drs. Jones and Russel remarked that they had used the same application with advantage.

Dr. Wesselhæft inquired if the effect was not due to the presence of *Sulphur* in its composition.

Epilepsy, its cause and cure, was then taken up for discussion.

Dr. Krebs spoke at considerable length on the subject. He had, at different periods of his practice, had patients with this popularly considered incurable disease, and had in two instances, he believed, effected a permanent cure. One, the case of a young woman, he had treated with *Bell.* 200th. The other, a man of twenty-seven years, he had treated with *Sulph.* 200th, giving of each remedy three powders. These cases occurred some three or four years since, and as yet there had been no recurrence of the convulsions.

Dr. Gregg had administered *Bromide of potassium*, and by this means had succeeded in preventing a recurrence of the attacks oftener than once in four or six months, while before administering this remedy the patients were accustomed to be attacked as often as once in two months.

Drs. French, Pearce, and Pease, had used the same remedy prescribed by Dr. Gregg, and with the same result.

Dr. Scales had given *Bell.* in a case under his care with apparent good effect, for the patient had no recurrence of the attack for one year. At the end of that time another attack was experienced, *Bell.* was again administered, but this time with less satisfaction, as a third spasm occurred four weeks after.

Dr. Packard said he had never attempted to cure a case of epilepsy, as he entertained serious doubt of the possibility of such an achievement; but he was in the habit of administering ether to his patients at the time of the attack, which usually had the effect to relieve them promptly.

Dr. Russel had found *Bell.* 30th, an efficient remedy in many cases, also *Hyos.* 30th. Dr. Knight said that on one occasion, while administering ether to a patient, subject to epilepsy, whose arm he was going to amputate, a violent epileptic convulsion occurred.

Dr. Spaulding reported a case characterized by soreness of the head, which he thought he had cured with *Sepia* 3rd.

Dr. Chamberlain thought that many cases of epilepsy resulted from onanism. He had treated one or two cases in which he had given *Bell.* with good effect.

Dr. Talbot had a case under his care several years ago, occasioned, he thought, by the habit mentioned by Dr. Chamberlain. He gave *Thuja* 1st, with success. Another case, in which enuresis was a prominent symptom, was relieved by *Canth.*, while *Bell.* and *Sulph.* were applicable in the more common cases.

Dr. Morse had a patient, a married man, afflicted with epilepsy, which he thought was caused by excessive coition. The man

entered the army and was absent from home a year, when he returned, completely cured.

Dr. Hayward gave *Sulph.* 200th, to a patient under his care, and he had no return of the attack for nine months.

Dr. Barrows reported a case for which he thought *Bell.* and *Sulph.* were indicated. He administered first *Bell.*, 200th, then *Sulph.*, 200th, by olfaction, during an attack, with marked relief. These remedies always controlled the convulsions. Another case, which developed during an attack of typhoid fever, was greatly benefited by *Bell.* 400th.

Dr. Woodvine spoke of parasites in the small intestines as a cause of epilepsy.

Dr. Hedenberg remarked upon the hereditary disposition to epilepsy, and related illustrative cases. The only case he had known to get well, was that of a young lady who was suspected of indulgence in vicious habits. She was kept under strict surveillance, and the attacks ceased.

Dr. Jones had witnessed good effects from *Cuprum* and from *Bell.*

Dr. Brooks said he had treated a good many cases, but was not aware that he had ever cured one. He had given *Bromide of potassium* with marked benefit.

Chorea was next taken up.

Dr. French said that he had treated a good many cases, and with varying results. Some of his cases had resisted all the remedies used, while others had promptly yielded to *Nux v.*

Dr. Knight had given *Ign.* with good effect.

Dr. Packard has cured a great many cases with *Cimicifuga*, 1st, dec. dil.

Dr. Gregg was in the habit of giving *Stram.* and *Cuprum acet.* in the 3rd potencies, and had seen thirty or forty cases recover under the use of these remedies.

Dr. Morse thought that *Nux v.* was the most generally indicated and successful remedy in this infirmity. He had cured many cases with a single dose of this drug. The indication for *Nux* was twitching of the jaws and the upper extremities. *Hyos.*, next to *Nux*, was the most useful remedy.

Dr. Pearce had under his care a boy of very studious habits and rapid growth, who at the age of fourteen years began to show signs of chorea. The symptoms rapidly increased, and complete and violent chorea resulted. Various remedies were administered with but temporary and partial relief. At length he was sent into the country and put at work upon a farm, without medicine. In three months he returned to the city greatly improved. Another case, in which pin worms was thought to be the cause, was cured by *Santonine*.

Dr. Scales had treated the disease with a variety of remedies, and with different results. He had latterly used *Cimicifuga* with tolerable satisfaction.

Dr. Jones said that he had found *Ign.* an effectual prescription in cases in which the left side was principally affected.

"*In what disorders met with in every day practice is Sulphur indicated and curative?*" Owing to the lateness of the hour at which this was reached, the discussion of it was quite brief.

Dr. Krebs remarked that he thought *Sulphur* more frequently indicated and curative in chronic maladies than in "disorders met with in every day practice." In otorrhœa he had found it an invaluable remedy, used in the zooth potency. In hæmorrhoidal affections it had done excellent service, and in chronic constipation was usually effectual when employed in the potency above named.

No other member spoke upon this question, and on motion the meeting adjourned.

L. MACFARLAND, *Recording Secretary.*

AGARICUS IN CHRONIC NASAL CATARRH.*

C. B., aged 3 years, has had, for 18 months, a constant discharge from the nose. This was copious and offensive. No one could inhale his breath without disgust. At night his breathing was impeded, owing to the closure of the nose by the thick mucus. Occasionally the discharge was dark or bloody. There was very little variation. No remedy changed it, nor did there seem to be any characteristic by which a remedy might be selected. There was only the pathological condition to prescribe from.

Under "Larynx and Trachea," in the "*Symptomen Codex*," is the following: "The *Agaricus* Catarrh is moreover characterized by a copious discharge of a thick, tenacious mucus from the nose; *accumulation of dry mucus in the nose*, with sensation as if the nose were entirely filled with it; dry and fluent coryza, with sneezing; stoppage of the nose, especially when stooping; frequent sneezing, even when there is no coryza, in the morning, in bed." Having exhausted all other remedies, and surrendered hope in the case, from the above detailed symptoms, *Agar.*, zooth, was given, and the case dropped. The mother gave the *Agar.*, at uncertain intervals, for two weeks. At the end of this time, the child could sleep all night, and gradually got well, and

* Read before the Central (N. Y.) Medical Society.

is now, at the end of one year, completely cured. The *Agar*. undoubtedly did it.

Attention is called to this case as a remarkable cure, and not as a guide in practice, for there was no particular symptom on which to ground the prescription. Simply the pathological condition of catarrh, and somewhat resembling the symptoms as above detailed in *Agaricus*.

AUBURN, N. Y.

C. W. BOYCE.

CLINICAL EXPERIENCE WITH BOLETUS.*

BY E. COOLEY, M.D., FARIBAULT, MINN.

CASE 1.—My first experience with *Boletus*, or *Polyporus off.*, was in the case of a returned soldier, æt. 32, who, May 10th, 1865, had been suffering from chills and fever for the past three months; chills every morning from 9 to 11, followed by high fever during the day, and profuse perspiration at night: suffering with constant and severe pain in the head, back, and limbs; yawning and stretching frequently; tongue coated yellow, with bitter taste in mouth and throat; constant desire for food, yet nothing tastes good; very thirsty; watery stool every half hour or hour; face and eyes very much jaundiced; dry cough during the chill. Gave *Boletus*, 3rd trit., 1 gr. every three hours. Next day, chill and fever very much lighter. Remedy continued. Second day, no chill, slight fever. Same treatment. Third day, no chill or fever. Same treatment every six hours for two days. Bowels regular, evacuation once daily, perfectly natural; jaundice gradually disappearing; appetite natural; and to all appearance restored to perfect health.

Case 2.—May 3, 1867. Called to a man, whom I found in the following condition: extremities cold and bluish; pulse feeble; face bluish, like unto a person strangulated. I learned that he had chills every other day for some three weeks. They commenced rather light, but every succeeding chill became more and more severe. Just before I arrived he had what they called a tremendous chill. Gave *Boletus laricis* 2nd dec. trit., 2 grs. every two hours. Called next day: fever light in comparison to what it had been the preceding three weeks, but perspired pro-

* Read before the Minnesota Homœopathic Institute.

fusely; gloomy and despondent; was irritated at the least trifle; thick yellow coating on the tongue; no appetite; constant nausea, with slight headache; same treatment, 2 gr. every four hours.

7th.—Found my patient had, on the fifth, a very light chill, but without fever, or any other unpleasant symptoms, with the exception of a slight pain in the lumbar vertebræ. Continued the same medicine every six hours for three days, then dismissed the case, cured.

Case 3.—Aug. 7, 1867. Mr. B, aged 35, suffering with an attack of intermittent fever of two years' standing, contracted while in the army; said he had been drugged with *Quinine*, *Opium*, and *Mercurials*. Chills, fever, and perspiration, every other day; severe thirst between the paroxysms; very sick at the stomach, vomiting, with no appetite; pain in the back, pain in the bones; pulse 115: restless and nervous. Gave him *Boletus laricis* 2d trit., 1 gr. every four hours. Aug. 8. Sensation of cold creeping along the spine, but no chill; little thirst, appetite quite good. Same treatment continued. Aug. 9. Up and dressed, able to walk about the house and yard, but fears another chill. Aug. 11. On calling, was met by my patient at the door, who exclaimed: "Dr., I am as well as ever, only a little weak."

In all cases that I have treated with *Boletus*, it has more than met my expectations. Other remedies might have done as well, but none could have done better.

[We would that the Doctor had emphasized *the indications* for the use of this drug.

FALLING OF THE WOMB AND PROLAPSUS OF THE UMBILICAL CORD, RECTIFIED BY POSTURAL TREATMENT.

BY T. G. COMSTOCK, M.D., ST. LOUIS, MO.

SOME years since, Dr. Thomas, of New York, proposed to rectify prolapsus of the navel-string during labor, by the "postural treatment," by putting the woman in the knee-elbow position. This is, in our experience, the best treatment for this dangerous complication; but it seems that the proposal was not original with Dr. Thomas, for it was recommended by Deventer in 1701, and again in 1848, by V. Ritgen; so that "there is nothing new under the sun."

However, we will mention two other instances where it will be found worthy of trial. In procidentia uteri, let the body be temporarily inverted—the head placed downward—in order to relieve the pressure of the intestines, and allow the uterus to gravitate to its proper position. In cases of foreign bodies in the larynx or trachea, especially if they should be coins or heavy bodies, take hold of the patient deliberately, above his ankles, and let him dangle in the air a moment, and the foreign body will fall out. Mr. Brunell, the architect of the Thames Tunnel and “Great Eastern,” had his life thus saved. When a boy, he accidentally swallowed a half-guinea, which could not be extracted by such surgeons as Brodie, Key, and Hawkins; but after suffering with it for four weeks, he was “turned upside down,” and out flew the coin.

COMPOUND MUSCULAR AFFECTION.

BY J. S. BELL, M.D., ROCHESTER, MINN.

[THE following interesting and anomalous case was contributed to the Cook County Medical Society, with the hope that it might add somewhat to its interest, and develop some new points in pathology and diagnosis.]

Jan. 15, 1868.—Miss V., aged 28 years, nervo-bilious temperament, consulted me in regard to what two of the best old school physicians in Joliet, Ill., had termed “a compound muscular affection.”

Ten years previous, she had fallen from the second floor of an incomplete building, through into the cellar, dislocating one ankle, and striking her back near the juncture of the dorsal and lumbar vertebræ, against a piece of timber. She states that upon being raised to her feet, in the effort to straighten she felt her back *snap*, and the parts change position, which occasioned most excruciating pain for a few minutes; partial paralysis of the right side followed the shock, and confined her to the bed for nearly a year, during which she was under allopathic treatment. During convalescence from the injury she observed a gradual enlargement of the right shoulder and arm, attended by a dull, aching pain in the shoulder; for this her physicians applied blisters and liniments without relief. For months her health continued to improve, while this shoulder continued to enlarge, and the pain continued,

until, as her friends state, this shoulder was one-third larger than the left one, and she observed that, from a paralyzed condition, with an increase of size there was a corresponding increase of strength in the affected part; her right arm became twice as strong as the left, which retained its normal appearance and strength. About eighteen months from the time of injury, the pain in the shoulder suddenly ceased, and in two or three weeks both the shoulder and arm of the right side had become in all respects like that of the other, both in size and strength. She now considered herself well, complaining only of a tendency to chilliness, especially at night. Some days after this, she suddenly experienced a "cold chill run up her back," and staggering, she fell into a chair. When consciousness returned, she was unable to use the right arm, and had only partial control of the right leg. She has had successive attacks, each of which were similar to this, but with gradual decreasing severity.

She now complains of the same chilliness which always preceded these attacks, and fears another one.

Examination showed considerable tenderness of the spine, near the twelfth dorsal vertebra; the shoulder and arm appear in every respect natural; menstruation normal; appetite good, and bowels regular; muscular power natural. *R.* *Rhus tox.* 2^x. and *Nux vom.* 2^x., at two hours' intervals.

Feb. 7th.—An urgent call to see my patient immediately. She had been over-exerting herself during the day, and feeling the premonitory symptoms of another attack, had reached the lounge in time to prevent falling. Found her conscious, and suffering from severe dyspnoea, and great prostration; pulse about 55; coldness of extremities, but more especially of right arm. Administered *Camph. tinct.*, five drops every ten minutes, and used *Ammonia* and friction externally. Reaction was fully established in two hours, but the patient found she had only partial use of the right arm. Discontinued the *Camph.*, and prescribed *Atropine* 3^x., and *Nux* 2^x.

Feb. 10th.—Gradual return of strength in affected part; complains of palpitation of the heart after the least exercise. Continued *Atropine* and *Nux vom.*, with an occasional dose of *Digitalis*.

Feb. 14th.—Patient complains of pain in region of spleen, and of being chilly every forenoon. Tenderness of spine much relieved. *R.* *Ars.* 2^x., and *Nux vom.* 2^x.



March 3rd.—The tenderness along the spine is increased, with some of the old pain in the shoulder, but no evidences of enlargement; the chilly sensations removed. ℞. *Ars.* 3 ℥., and *Atropine* 3 ℞.

March 10th.—The pain in region of the spleen has returned; the shoulder still causes much suffering, but the spinal tenderness is very much relieved, and she feels stronger. ℞. *Nux* 2 ℞.

March 18th.—Condition about the same. Continued same medicine, with *Natrum mur.* 3 ℞.

March 26th.—Feels much stronger, and has good appetite, but suffers as much as before with the shoulder and side. ℞. *Bry.* 2 ℞.; and *Macrotin* 1 ℞.

April 5th.—Reports herself *well*; says that she was entirely relieved of all pain the next day after receiving the new medicine. The patient then wished me to prescribe for a younger sister, who has had epilepsy for six years.

The case suggests the following questions:

1st. Was there hypertrophy of the muscular structure of the arm and shoulder?

2nd. Were these paroxysms epileptiform?

3rd. Does not the speedy relief afforded by the use of *Macrotin* and *Bry.* warrant my conclusion that the case was one of "spinal irritation?"

4th. How shall we explain the hypertrophy *with paralysis*, supposing that such was the case; and if not, *what was the matter?*

DISCUSSION.

The Chair: Gentlemen, you have heard the interesting and unusual case sent the society by Dr. Bell, and I trust that a full expression of the society will be had. You will please confine your remarks to the first question. Atrophy, we all know, is the usual result of paralysis, but hypertrophy rarely or never.

Dr. Colton: There might be enlargement of the arm, without hypertrophy of the muscles. Why not hypertrophy as well as atrophy in these cases?

Dr. R. Ludlam: I think Dr. Bell was right. There must have been some error in diagnosis. In all my reading and experience, I never met a case of hypertrophy of muscular structure attending an attack of paralysis. The case does not state whether sensation was intact or not. If there was any enlargement of the muscle it was occasioned by the periodical attacks of pain.

Dr. C. : What the report says about the strength of the arm, should decide the question of hypertrophy of the muscles.

Dr. Woodward : The communication inquires the cause of the paralysis.

Dr. R. L. : I think the cause was traumatic.

Dr. W. : Might not the long disuse from lying in bed so long have something to do with the paralysis?

Dr. R. L. : I think the lesion was cerebral. I have known cases not to develop themselves for fifteen or twenty years after the injury. Had a case of asthma which resulted from falling down stairs fifteen years previously. This was cured with *Hypericum perf.*

The Chair : As all of the members seem to coincide with the views expressed, we will pass to the second question.

Dr. R. L. : We have no evidence that she had epilepsy. The Dr. only states that her sister had epilepsy.

Dr. Holbrook : The result of the treatment would go to prove that epilepsy was not responsible for the paroxysms.

The Chair : If you are all agreed on that point, we will pass to the third question.

Dr. Ballard : I think the evidence of *Macrotin* is not necessary on that question.

The Chair : We now come to the last question.

Dr. W. : I see no reason to doubt the diagnosis of these old school physicians. They are competent to determine an hypertrophied condition, especially when we have abundant evidence that there was also an increase of strength accompanying it. The anomalous feature in this case, it seems to me, is that these conditions should *follow* a paralytic state. We must conclude that Dr. Bell's diagnosis was correct—that the case was one of spinal irritation, which was accompanied by a *functional* paralysis, or *paresis*. This might be followed by hypertrophy. This conclusion is sustained by the history of the case, and the results of the treatment.

Dr. R. L. : The seat of the injury was at first undoubtedly in the spinal column. This was followed by effusion, perhaps both in the cord and in the brain. The prognosis in this case, I think, would be favorable.

The Chair : The case and remarks have been very interesting indeed. If any of the members meet with a similar case, we

should be pleased to have it reported. The secretary will please send Dr. Bell the substance of the discussion, also the thanks of the society.

SEPIA.

A LADY, aged 48, at her usual period of menstruation, was seized with pressing, aching pain in the sacral region, and dull, heavy, aching pain extending over the whole abdomen. The pains, especially those in the abdomen, were excruciating, severe, and occurred in paroxysms, extorting groans, and causing her to bend forward. They were, particularly those in the abdomen, intermittent, continuing from eight to ten minutes, with intervals of three to five. They were accompanied by much nausea, and extreme mental depression. Motion aggravated so much that she was compelled to sit entirely still.

I knew her to be extremely sensitive to all morbid and medicinal influences, and gave several pellets *Sepia* 200th. The medicine was scarcely swallowed before she began to experience relief, and in the course of five minutes, though she had been suffering the most of the day, she obtained complete relief from pain, recovered her usual cheerfulness, and went about her household duties.

A young lady was seized, at her usual menstrual period, with extreme nausea, attended by vomiting of a green, slimy fluid. She suffered also from excessively severe, dull, aching pain in the sacral region. At intervals the pains would extend all over the lumbar region and abdomen. They were so severe as to compel her to take to her bed, where she was compelled to lie perfectly still (notwithstanding a nervous feeling which excited a desire to jump out of bed), because the least motion, even speaking, aggravated the pain, which was slightly ameliorated by the warmth of the bed.

I gave her a powder medicated with *Sepia* 6th. She had scarcely taken it when she began to experience abatement of the pain, and was able in a short time to leave her bed, and to walk about without inconvenience.

Perhaps I should add that in the former case there was no menstrual flow, and that in the latter it was scanty.

Experiments which I commenced twenty years ago, served to

convince me that there is scarcely any assignable limit to the attenuation of medicine sufficient to affect some super-sensitive constitutions — those which Richenbeck, perhaps not happily, terms sick-sensitive — nor do I doubt at all the reality of brilliant cures by exceedingly high attenuations. But I have doubted, and still do doubt, whether they are generally applicable, notwithstanding that I have obtained marked pathogeneses with substances so excessively attenuated that I have forborne to publish them for fear of periling what modicum of reputation I may have for common sense. But I am open to conviction. I do not pretend to assert that *Sepia* 200th would not have acted as efficiently in the latter case as in the former. In the absence of trial I can only express a doubt. That it would have acted *more* efficiently is to me quite incredible.

I should add, that I have no desire to delude any one into the belief that I usually prescribe as accurately and successfully as in the above mentioned instances. Like many others, I do not individualize remedies as well as I could desire, and hence make many scattering fires in order to cover a large surface.

H. P. G.

ILIO-COLITIS; TYPHLITIS.

TUESDAY, October 6th, accidentally met Mrs. H——, at No. — Mt. Vernon St., Philadelphia. She was an old patient of mine in Central New York, and had been sick one week; her health had been poor through the summer also. Symptoms as follows:

Paroxysms of sharp, cutting, griping, clawing, shooting pains in right hypochondrium, and hypogastric regions; sensitiveness to pressure; tumefaction; tongue coated yellowish white; frequent eructations of putrid smelling gas, foul, bitter taste; constipation, with insufficient stools; pain, agonizing, and almost insupportable, causing her to sit up, bent forward; obliged to draw up right knee when lying down; has thirst, but can not drink much; averse to food, especially sweets; they materially aggravate the abdominal pain, and increase the flatulence, and eructation of putrid smelling gas; urine red, and foul smelling; pulse small, quick, and frequent. Had been taking *Magnesia*, injections, and had sinapisms. Was getting worse.

Six powders of *Bell.* 200th, cured her. Yesterday (Saturday) saw her husband, who said she had no pain afterward, and was rapidly mending.

T. DWIGHT STOW.

EDITORIAL.

FIRST PRINCIPLES.

PERHAPS we do not often enough realize that the Physical Sciences constitute the real foundation of Medical Theory and Practice — that we are, or should be, *physicists* as well as *physicians*. Progress in medical science has always followed upon profounder insight into physical laws; and, in our day, that which, more than any thing else, opposes its rapid advance, is want of clear views upon one of the great first principles of universal nature.

This principle concerns *the true nature of Force, and its relations to Matter*. It would seem that this is one of the very last hiding places of Truth, from which she is destined to be dragged by the determined persistence of Modern Science. Scientific men, quite generally, are turning their thoughts to this subject; and the busy practitioners of our own School of Medicine have, of late, shown unmistakable signs of awakening to its fundamental importance.

The question having been fairly broached in our literature, and some of our ablest thinkers, upon either side, having exchanged preliminary shots, we shall not look to see the contest abandoned until a final decision is arrived at.

The importance of the bearing of this subject upon Physiology, Pathology, and Therapeutics can scarcely be over-estimated. Let us indicate, as briefly as possible, its relation to each of these sciences.

If that which constitutes Life is a special kind of force, a distinct entity, superadded upon chemical and physical forces, and exercising a dominant influence over them in organized beings, our notions of physiological processes must be radically different from what they will become if it be ascertained that chemical and physical forces are really the only ones concerned in vital phenomena.

Again, it may be seen at a glance that the Pathology which regards disease as essentially a perturbation of a subtle force, immaterial, and independent of material laws, is a very different thing from that which regards disease as a loss of balance among numerous and complicated chemical and physical forces.

So our Therapeutics will be essentially modified accordingly as we regard drug-force as material or immaterial — as separable or inseparable from drug-matter.

These mere hints should satisfy every one that the questions involved in the relations of matter and force lie at the very foundation of medical

science and practice, and that they are, in the truest sense, *practical* questions. It is equally apparent that, until they are finally settled, we must continue to grope in darkness and uncertainty.

There are men, holding influential positions in our profession, who still prate from professorial chairs of "dynamic power," and read us learned essays on "vital force," and immaterial drugs and diseases. Whether the promulgation of such doctrine is favorable or prejudicial to scientific progress must, and will be, ere long, decided. There are those among us who are wide awake on this subject; who have given it careful study and vigorous thought; and who, in due time, will strike heavy blows for Truth and for Science.

Meantime let us all go back to First Principles, and examine for ourselves whether the foundation which underlies our medical theories is reliable, and conformed to Science. Let us know the truth *here*, at all events; and, if necessary, rebuild on a more solid foundation. CHEMICAL.

NOTE.—It should be a matter of congratulation to us Homœopaths, and especially to Western Homœopaths, that we have among our number a man who, in regard to the true nature of force, has, for many years, taught essentially the same doctrines as are just now beginning to be advocated by the foremost men in the scientific world. To have worked out this problem twenty years ago, without books, or means of experiment; without communication with men specially devoted to science; without the aid, or sympathy even, of his colleagues; but simply and solely by the force of superior intellect, is glory enough for any man. All honor to whom honor is due! and the more emphatically if the acknowledgment come late in the day.

It is gratifying to know that the wise and experienced teacher, to whom reference is made, is preparing to publish to the world his original and long cherished thoughts on this and kindred topics. CHEM.

ON WRITING FOR THE MEDICAL PRESS.

To the careful reader of our literature — staple and periodical — one fact becomes painfully evident: that is, that we have but few writers in our ranks. Again and again we meet the name of the same contributor in each of our periodicals. We do not object to this, when they give us ideas of value. The query, however, forces itself on our attention, Why are the contributors to our current literature so few?

We set ourselves to solve this problem. The chief answers we have obtained are: "Would rather let our sages and savans occupy your pages;" "Have but little time for writing;" "Afraid of making a fool of myself, *a la* —;" "Do not know that I have any thing of value to communicate to my professional brethren."

The first objection smacks of submitting to that antiquated and old school idea, of "authorities in medicine." In Surgery, Obstetrics, Pathology, and in Physiology, study and opportunity *may* make a physician's opinion of great value; but in Therapeutics we all stand on an equal footing. The authority, our Law. The neophyte, who points out new indications for a remedy, or new practical ideas, is as good authority as the twenty-five year practitioner, who makes similar discoveries. These sages — there are few entitled to the name — are difficult to find, and still more difficult to "draw out." Then they are not apt to give us scraps and gems of practical worth and experience, but delight in very profound articles.

The second objection is only a feeble excuse. The same practitioner will detail to you, *individually*, interesting cases and valuable observations, by the hour. Why not through the press to the whole fraternity?

Diffident writers need never be afraid of making a display of foolish experience and immature observations. If you are a careful reader, you may be able to tell whether you have something new, interesting, or valuable, to contribute to the common fund of professional knowledge; if in doubt, ask some intimate and well posted friend, or submit your ideas to an editor, in whom you have confidence, who is presumed to keep "account current" with medical progress.

"Have nothing of value to contribute." We have yet to meet the physician, however limited his range of observation, who has not (in conversation) dropped many an idea of value. Many well posted practitioners "pump" *most* of their practical ideas from Drs. A, B, C, etc., whom they meet.

Does it pay to write out our ideas for the press? It pays certain physicians to extract these items from their professional acquaintances, and to give them, as their own, to the fraternity! To report the results of his own experience and observation, makes every physician more alert for new and corroborative facts; raises him in the estimation of his patients; and keeps the whole profession—as well as himself—abreast of the improvements and discoveries in medical science. To each practitioner we would urge, "Write for your medical periodical." Report *briefly* any fact, observation, or experience, that you *know* would benefit others. Remember that a case, as a whole, may be of little interest, and encumber valuable space. Rush rapidly over the uninteresting parts—if these can not be omitted—and dwell only on the ideas of value. Rhetorical flourishes are not appreciated by practical medical readers. Give us the "meat," without the "shell." Our literature contains much that is of value; but if every practitioner would "unearth," we should be forced to the conclusion that we now have but the "outcroppings," and not the "wealth of the mine."

REVIEWS.

A HAND-BOOK OF VACCINATION. By Edward C. Seaton, M.D., Medical Inspector to the Privy Council. Philadelphia: J. B. Lippincott & Co. Chicago: W. B. Keen & Co. 12mo. Pp. 383.

The object the author had in view in preparing this book was, (1) to provide a text book on the science and practice of Vaccination; and (2) to treat of matters partly professional, and partly administrative. The topics considered are: natural cow pox; horse pox; pocks in other animals; relation of cow and horse pox to human variola; vaccinia; vaccinating; performance of vaccination, and the maintenance of lymph supply; conveyance and storage of lymph; skill and success in vaccinating; insusceptibility to vaccination; degeneration of lymph; protection vaccination affords; re-vaccination; stamping out local outbreaks of small pox; objections to vaccination, and the alleged dangers of the practice. We are convinced that much of the ill success of vaccinators is due to their lack of skill in this art. The author prefers the lancet to all other instruments. The choice of virus and its proper insertions are the two main points in the art. He remarks: "I have found comparatively few making dry lymph take well by simple punctures; some of the forms of

abrasion or scarification are, under these circumstances, by far the most successful." Of the crust he contends, that the more transparent, and nearer a dark brown, the better; the *perfect* scab should alone be employed. All the cases should be carefully inspected on the eighth day. He states that "direct cow pox will not ensure such good results as virus after it has been humanized." The pure cow pox virus will *often* fail. Each mark should contain four or more cicatrices. Re-vaccination should be made if the vesicle has been disturbed or spoiled in its course. "It should be performed on all persons after puberty." The objections to vaccination — that it has produced new disease, increased the mortality of other diseases, and that cutaneous and glandular diseases may be invaccinated — are untenable. The blood of syphilitic patients will not contaminate vaccine virus; but syphilis *virus* will. "*The harmlessness of vaccination is dependent on due care being used.*" As to its value, he believes "it will protect the constitution from subsequent attacks of small pox, as much as that disease itself will."

PRACTICAL ELECTROPATHY: The Medical uses of Galvanism. Chicago: C. S. Halsey.

This is a compendium of such works as Althaus', Beard and Rockwell's, Channing's, Fraser's, Garratt's, and Morgan's. The compiler's design is to give "the gist of the matter." We have also presented illustrations of all the galvanic apparatus and batteries in use. The physician can here make his own selection understandingly. Preference is given to "the Voltaic Battery," which, except in purely muscular affections, is coming to be generally preferred by practical electricians.

THE NATION. Quarto; pp. 20. No. 173 *et seq.* 3 Park Place, New York. \$5.00 per annum.

The leading weekly paper in the country. Its scope is, to scan closely the doings each week of the whole world; give trenchant editorials on all leading topics; and to review pointedly all scientific and literary productions. Here we find in these "double distilled" articles, the gist of every political question.

ATLAS OF VENEREAL DISEASES. Part V. Philadelphia: H. C. Lea. Chicago: W. B. Keen & Co. \$3.00.

This part concludes this most valuable work, the only one of the kind in the English language. Part V. considers pustular S.; vesicular S.; bulbous S.; tubercular S.; squamous S.; S. psoriasis; S. affections of the appendages of the skin; S. iritis; and infantile S. *Tertiary period.* — Lesions of the testicle, gummata; dis. of bones; exostosis; hyperostosis; S. white swelling; visceral S.; paralysis, and treatment. 20 Illustrations, Index, Editor's preface, contents, and list of illustrations, complete the work. All the mooted points in syphilis, as to the unity of chancre and syphilis, are here fully discussed. Divergie's and Ricord's are the only other works of the kind extant, and these are very difficult to obtain. The fraternity are under great obligations to M. Cullerier and Dr. Bumstead for this Atlas. The fine, life-like plates are alone worth more than (\$15) the price of the work — are invaluable.

OUTLINES OF PHYSIOLOGY. By J. MARSHALL, F.R.S. Philadelphia: Henry C. Lea. Chicago: W. B. Keen & Co. Octavo; pp. 1,002.

The difficulty of selecting a medical library which shall combine both comprehensiveness and economy, is so rapidly increasing in these days of

steam presses and fertile brains, that to do it intelligently requires an acquaintance with all the publications, which is quite impossible for the purchaser to have — thus we are forced to depend upon the honesty and judgment of the Reviewers.

Among the new applicants for public favor, is this book, which exhibits within its capacious covers a thorough and comprehensive view of comparative Physiology. We can not, in so brief a space, do full credit to such a work. We will only point out a few of its excellences, leaving the reader to discover the full merits of this work.

Of the various text books upon Physiology already, much may be said in their favor. Each and all have their peculiar excellences, and yet most of them lack comprehensiveness; for while they are burdened with experimental observations, they either evade, or consider briefly, fundamental questions of great importance.

All *scientific* works should make clear as possible the laws underlying and governing observed phenomena. And any teacher of Physiology who is content to dwell upon mooted points, or grows eloquent over special phenomena, without endeavoring to trace the mutual relations and modifying influence of the various functions, is assuming more than is his due in claiming to be an authority on this subject. Too much of our writing and lecturing is of this kind; we have the *units* of physiological knowledge, but not their total relations as a science, which only can be practically available to the profession; for this reason, though eulogized in the abstract, the study of Physiology is essentially ignored.

The work before us excels in this particular; while the author has given a thorough consideration to the functions of individual organs, he has also aimed to trace their mutual relations, and their influence upon the entire economy. In his observations on Special Physiology, as well as the general questions of Absorption, Nutrition, and the influences and sympathies of the nervous system, the writer is explicit, and "up to date." Embodying the latest established facts and conclusions, he is enabled to explain much heretofore inexplicable, and helps us to obtain a more distinct view of the science as it will be.

One complaint may be made regarding this work — that it is heavy reading, and sometimes a little nebulous; but these objections almost necessarily attend a thorough consideration of any scientific subject. We can not always be entertained while being instructed, without losing valuable time and space. Popularized science is apt to be full of blunders and omissions.

We place this book upon our shelves, satisfied that it is the most complete encyclopædia of physiological knowledge we have. We cordially recommend it to the profession. A. W. W.

CORRESPONDENCE.

NEW ENGLAND IN GENERAL, AND MASSACHUSETTS IN PARTICULAR.

BOSTON, Oct. 20th, 1868.

DEAR INVESTIGATOR:—If your well filled pages are not already overcrowded, perhaps you would like a familiar word from the East — I would say "Hub," if it had not become too stale a word for so wide-awake a member of the profession as you are.

New England, you know, is so old, and so conservative, that we hardly expect Homœopathy will make such rapid strides as in the "Giant West;"

and yet it was not a very discouraging sight at the semi-annual meeting of the Massachusetts Homœopathic Society, held last week, to see nearly *eighty* members present, besides a quantity of lookers on. Ten years ago, if *twenty* members were present, the meeting was called a success. These meetings have steadily increased in interest, as well as in size -- and let me whisper in your ear a little secret in relation thereto. It was found that it was not enough to have a hall engaged, and a meeting duly advertised, to which all the members could repair, in order to sip professional cream from the experiences of others. Where all came to listen, either all would go away empty, or more likely disgusted, because some fourth-rate physician had seized the occasion to blow his trumpet. In order to have a good meeting, it became necessary to make all the plans and arrangements for the meeting beforehand. As you would, in a course of lectures, secure the best talent you could command, so we sought some of the best physicians in the Society, invited them, and made them feel that it was their duty, as well for the pleasure as for the benefit of the meeting, that they should either write or speak upon some particular topic. They often needed urging, but almost always yielded to proper importunity. With the time occupied in this manner the meetings have gone off glibly and profitably.

One plan, which this Society has adopted for eight or nine years past, has been to provide a simple collation, consisting of meats, bread and butter, and coffee, to be partaken of during a short intermission, which divides the day into morning and afternoon sessions. This is the eminently social part of the meeting, and the physicians meet cordially, and chat over the thousand and one experiences which they have in common. It is, however, so popular, that, depend upon it, it can never be safely suspended. It is strange how much more these members really enjoy this cold lunch, which costs them nothing, company included, than they would a first class dinner at Delmonico's, alone.

I will not tell you what was done at the meeting, but enclose a report of it, prepared for this latitude, and you can select for your readers as much as you choose.* I will say, however, that when it was announced that the American Institute would meet here next June, the memory of former occasions came up so vividly, that the hall rang with applause. Tell your readers who are members of the time honored Institute, that if they fail to come here next year, they will miss a glorious time.

The past season has been a very healthy one, and yet the doctors of our school seem to be in excellent spirits, and flourishing.

The College, which was chartered two years ago, remains *in statu quo*. Nobody as yet seems willing to shoulder the burden of this institution, or of a general hospital; but, depend upon it, these, with several other projects to benefit our cause, are only slumbering, and will burst out into a vigorous life, now unexpected by some of their warmest friends. *Nous verrons.*

CONFRERE.

BOSTON HOMŒOPATHIC SOCIETY — MATERIA MEDICA, ETC.

At the meetings of our new Society we are endeavoring to study the *Materia Medica*. A remedy is selected by the President, and notice given each member, who is to give cases in which he uses the remedy, and above all, his *particular* reasons for its use. By so doing we get a certain group of symptoms, and the remedy used, together with the effect of the remedy. If it had appeared indicated, and yet had done no good, we may, perhaps, give some reason for it. Some may say, "It is just as well to take the book and read over the symptoms, as to get together and hear each one tell his luck." But I do not think so, for we hear of real, every-day cases, with real groups of symptoms, and we afterwards know what has been the result. If a failure has been made, some one may be able to give a

* See page 92.

reason for it. In other words, we get the characteristic peculiarity as observed by the different members; not as provings, exactly, but as facts in daily practice. At our last meeting, Dr. C. Wesselhœft advised the study of the *Materia Medica* by taking a sheet and ruling in three perpendicular columns, and then choosing two remedies to compare them — the centre column occupied with signs showing the similarity or difference between nearly the same symptoms, *e. g.*:

ACONITE.

Head.

"With a sensation of intoxication, or reeling in the head, dimness of the eyes.

Nausea and qualmsiness at the pit of the stomach.

Aggravation of the pains in the head by movement.

GELSEMINUM.

Head.

"An intoxicated feeling, and tendency to stagger often, with dizziness and imperfection of vision.

Excruciating headache, accompanied with slight nausea.

The pain seemed slightly mitigated by shaking the head.

Any signs will answer to designate; = means equal, or similar, and ~ means not similar. The mere fact of trying to find *similar* symptoms, will tend to fix in our minds the differences.

There is one thing certain: we are all apt to neglect our *Materia Medica*, and get into a routine practice; and so soon as we do, the next fall we have is that of resorting to expedients, simply because we have been too busy or too lazy to study, carefully or *properly*, our medical A B C's. If we can not distinguish between *Aconite* and *Gelseminum*, we make a venture if we prescribe either; we may guess right, but quite as likely wrong.

STATE SOCIETY.—Now perhaps you may like to know how we got along with our State Society meeting. There were seventy-five members present, and only a few delegates. The subjects for discussion were Epilepsy, Chorea, and the cases in which *Sulphur* is indicated. Quite a lively discussion was had upon epilepsy, and one member made some remarks, giving it as his opinion that the disease was the result of tuberculosis; but no one seemed to sustain him, except so far as to say that tuberculosis *might follow* epilepsy. The President remarked that from all that had been said upon the subject, he concluded that the high potencies were the curative doses, as those who used the low potencies did not seem to report any cures. The remedies which had appeared to do the work were *Bell.* and *Bromine*, from the 12th to the 200th. Chorea and the other subject were but little discussed.*

The subject which every one discussed with a relish, was the collation at noon; and the way the oysters, salads, etc., disappeared, was indicative of the good condition of the digestive organs of the participants.

On the whole, we had a very interesting and profitable meeting.

Very truly yours,

G. M. PEASE.

BOSTON, October 24.

 "THE MEDICO-FINANCIAL QUESTION."

MR. EDITOR:—I am tempted to say one word on the subject of "Medical Finance." Your correspondent, Dr. Lewis, is quite right in his opinion of the importance of the question. The last few years of my practice have been marked with much better results, as regards "collecting," than the former. My plan is this: I make no reduction in my bills; if the patient is unable to pay it *all*, he need pay *none*, for I will take no less. I only charge when I make a prescription; if I make four visits a day, and only administer medicine once, but one visit is charged on my books. All bills are presented as soon as the case is cured; or, if the patient dies,

* See page 92.

shortly after the funeral — say one or two weeks. And lastly, and probably the most important of all, present the bills *in person*: have no go-betweens. If those who *can* pay, *won't*, don't go again until they do.

Respectfully,

J. GRANT GILCHRIST.

OWATONNA, MINN., Oct. 16.

“WHAT THEY TEACH IN ST. LOUIS,” ONCE MORE!

EDITOR INVESTIGATOR:—I have the honor to inform Prof. J. T. Temple that the 200th dilution of *Strontia carb.* has given the bright scarlet of *Strontia* in the spectrum. An authenticated statement will soon be published.

SAM. A. JONES, M.D.

(*Speciali gratia.*)

P.S.—My “infidelity” is stronger than ever.

ENGLEWOOD, N. J., Nov. 20, 1868.

PERISCOPE.

DEATH FROM KALI BICH.—*Kali bichrom.* was taken by a lady to produce abortion: Nausea, headache, continued vomiting, and diarrhœa, with insatiable thirst, cramps in the lower extremities. Next morning delirium, unconsciousness, death.—SCHNEIDAR in *Quarterly J. Ger. Med.*

CHARACTERISTIC OF DISEASED PANCREAS.—The passing by the stool of undigested masses of fat is, according to Claude Bernard, and others, characteristic of disease of pancreas. Other symptoms are: pain deep seated near the spine, not increased by pressure; sensation of heaviness in turning and rising up; bulimia, or loss of appetite; clean tongue; no thirst, pyrosis, eructations, or easy vomiting of saliva-like mucus; acidulous, bitter, corroding fluid; constipation, more rarely diarrhœa, emaciation.

VACCINE AND SMALL POX.—Hallier has proved in his parasitological researches, that cow pox and variola originate from one and the same fungus; that vaccination is only the inoculation of the disease with the disease; and the whole secret of vaccination is reduced to the axiom, that people have not the small pox a second time.

PERSONAL.—We regret to record the death of the venerable Dr. Look, of Waupun, Wis., Oct. 6th, 1868.

HOMŒOPATHY IN RUSSIA.—Our Allopathic cotemporaries have been industriously circulating a report that the Czar of Russia had forbade the Homœopathic practice of medicine in his dominions. Dr. Verdi, of Washington, has the authority of the Russian Legation to say there is no truth in the report. We learn through the *Bulletin de la Soc. Hom. de France*, that Homœopathy was never in a more flourishing condition. The only opposition it meets is from the faculty and medical authorities, and not from the government. The Minister of the Interior has granted authority for the formation of a Society of Homœopathic physicians at St. Petersburg. One of the wards of the hospital at Warsaw (by the will of the Russian government) has been given up to Homœopathic practice. Will the Press circulate this, the true view of the situation?

A NEW EPITOME OF HOMŒOPATHIC REMEDIES is in press, by Bœricke.

SPACE!—We crave the kind indulgence of our many contributors; forty pages, crowded closely, can not be made to hold the matter that *should go*

in each issue. We give much more *matter* — not more pages — than any other monthly. Crowd your ideas into small, smaller, smallest, space. This issue is *the best* yet published. Thanks!

CUPRUM FOR PIN WORMS.—The affections produced by pin worms (*oxyuris vermicularis*) are greatly relieved by the use of *Cupr. acet.* In three children, who were sorely afflicted by that terrible itching in ano, destroying their nights' rest, a few doses *Cupr. acet.* 3d, a dose every other night, removed the whole difficulty.—*Dr. Polle (Klinik).*

THE ANTISEPTIC PREPARATIONS, used with such great success by Profs. Liston and Syme, are: (1) *Carbolic oil*, $\frac{1}{2}$; *Carbolic acid*, one part; boiled *Linseed*, or other fixed oil, five parts. (2) *Carbolic lotion*; *Carbolic acid*, one part; water, 30 parts. (3) *Carbolic paste*: *Carbolic oil*, with *whiting* in the proportion requisite for the consistence of soft putty.—*Br. Med. Journal.*

CARBOLIC ACID IN BURNS.—*Carbolic acid*, one part, olive oil, six parts. Dip two folds of lint in the liniment, apply it closely to the whole of the scalded surface, cover this with a double layer of tinfoil, and secure the whole by means of a bandage.—*Lancet.*

KALI CARB. IN DISEASE OF KNEE JOINT.—*Kali carb.* is specific for a certain sub-acute affection of the knee joint, where the patient finds difficulty in descending, and more yet in ascending, stairs. No visible signs of inflammation are present, and it is hard to find out if the trouble lies in the sinewy, muscular, or bony part of the knee joint. 6 to 8 powders of the 30th potency, one in the morning on an empty stomach, or one powder morning and evening, usually suffice for a cure.—*Goullon in Weimar.*

RHUS IN SCIATICA.—In many cases of Ischias, motion aggravates the pain, and it is more bearable during perfect rest, which seems to indicate *Bryonia*; still *Rhus tox* is the remedy, for it is frequently the case that this aggravation at the beginning of motion is followed by an amelioration and painlessness, as soon as the extremities get used to motion.—*Goullon of Weimar.* S. L.

ATROPINE FOR BELL.—Where *Bell.* is indicated, but does not relieve, *Kafka* prescribes *Atropine.*

STRYCHNIA FOR NUX.—Dr. Lilienthal details a case of intermittent (*Am. Obs. Dec.*) When *Nux* was the indicated remedy, but would not cure, he found *Strychnia* to effect a cure.

BAPTISIA IN INDURATED INGUINAL GLANDS.—Dr. Waldron (*ibid.*) gives a case of inflamed inguinal glands of the right side, from cold. No pain except when standing. Cured with *Baptisia.*

VITALISM VS. MATERIALISM.—There is a severe contest going on in our school, and in fact, going on in all the schools. It is the old fight between vitalists and materialists. The Paris school — the head centre of materialism — has refused Homœopathy the least hearing; while the Montpellier school — the stronghold of vitalism — has accepted our system gladly. One of its leading professors, M. d'Amador, thus declared in its favor: "Homœopathy is a doctrine very congenial to vitalism. Indeed, I may say it is vitalism itself, grandly applied to therapeutics. It directs itself to the vital forces in order to cure disease; vitalist pathology studies those forces to apprehend its production. By that great and beautiful discovery (attenuations, disengaging from medicinal agents the active forces they contain), he (Hahnemann) has vastly extended the sphere of vitalism." The great mass of the medical profession, and physicists generally, belong to the materialistic side of the house. Witness the growth

of the chemical and fungi theory of the cause of disease! With us the question is this: is drug force and drug substance separable? Do our highest attenuations contain any drug matter, or only drug force? The microscope alone will help us out. Gentlemen disputants, *one and all*, to your microscopes! Get the highest powers yet made, or order the highest powers possible, and examine the successive attenuations, up to the 100,000th (Fincke)!

CLEVELAND HOSPITAL FAIR.—Our Cleveland ladies, at a recent fair, netted \$2,000 for their hospital. Query: Are there any Homœopathic ladies in our other large cities?

NEW SYMPTOM OF POD.—“Could not sleep all night; restlessness; loss of taste for hours—could not tell sweet from sour.” The above symptoms were produced by 4 drops of the mother tincture. This drug, we presume, like many others of our old drugs, has not developed all of its evidence yet.

A NEW JOURNAL.—Dr. Gregg, of Buffalo, promises us a new journal, to be chiefly filled with his observations on phthisis. Why not publish them in book or pamphlet form? Speaking of new Jols. reminds us that we have not seen *West. Obs.* and *Independent* for months. They have both done medical science good service. We shall miss their occasional appearance.

ASSOCIATE EDITORS.—We have permission to announce H. T. F. Gatchell, M.D., Kenosha, as *Hygienic Ed.* On Hydro-therapeutics he taps a twenty years' experience. C. C. Smith, M.D., Chicago, as *Therapeutical Ed.*; Bushrod W. James, M.D., Phil., as *Chirurgical Ed.*; S. Lilienthal, M.D., of New York, Translator of items and articles from the foreign medical press; and W. Williamson, M.D., Phil., as *Mat. Med. Editor.*

INTO FRENCH.—“What is Homœopathy,” and “How I became a Homœopath,” have both been republished in England, and translated into French.

ORGANON.—We learn that the sixth edition of the *Organon* will soon be published.

PUERPERAL ECLAMPSIA.—Dr. Von Gottschalk (*Gazette Nov.*) in cases of eclampsia does not induce labor at once as is the general rule, but lets nature alone. His result is satisfactory.

WHO DENY VALUE OF VACCINATION.—There is at present a tendency to decry the value of vaccination. “We know that there was some wild talk about the administration of *Thuja* in a high potency superseding, as a prophylactic measure, the discovery of Jenner. More recently we have heard of the ingestion into the stomach of vaccine lymph, even in the 30th dilution, as at least equivalent to its inoculation. And it is possible that there are some among us who have taken up homœopathy, not so much from scientific convictions, as from a tendency to heresy; who follow it as they do mesmerism, phrenology, and spiritualism, to say nothing of religious eccentricities; and to such a habit of mind the denial of the truth of vaccination comes easy enough. But we are sure that the great mass of our body, both here and abroad, are as sound in their doctrine and consistency in their practice in regard to vaccination, as any of their brethren of the old school.”—*British Fol.*

OZÆNA.—Dr. von Tagen (*Trans. Pa. Med. Soc.*) has been quite successful in the treatment of ozæna with *Nitric acid* and *Aurum*.

ARENITE OF COPPER. — Dr. McClelland (*ibid*) observed, while proving *Arenite of Copper*, that he lost flesh rapidly.

FLOURIC ACID AND BALDNESS. — While Dr. Williamson was making a proving of *Fleuric acid*, some years ago — he had become more and more bald every year — a new growth of hair began to make its appearance, and continued to grow. He has since found this remedy a very valuable one in this affliction. — *Ibid*.

REMOVAL OF FOREIGN BODIES FROM THE NOSTRIL. — Dr. Detwiler recommends (*ibid*.) when foreign bodies, with smooth round surfaces — such as beans and beads — become lodged high up in children's nostrils, the most dextrous surgeon is often foiled, or unnecessarily detained; the restlessness of the little patient, and the consequent exceedingly difficulty of grasping the object, and the frequent slipping of the forceps, from the smooth surfaces, will sometimes render all ordinary attempts, to extricate the intruded substance, ineffectual. By forcibly blowing into the child's mouth, and at the same time, closing with the finger the free nostril, the foreign body can be speedily and easily ejected. This movement should be made suddenly — as if attracting the child's attention by a motion to give it a kiss.

BRYONIA IN PARAPLEGIA. — Dr. Blakely narrated (*ibid*.) the case of a boy who had complete paralysis of the lower limbs — motion and sensation both involved — and his growth retarded. A cure was effected by administering *Bryonia*, after which his system developed regularly.

BROMINE IN DYSMENORRHÆA. — Dr. Koch (*Fol. Mat. Med.*) details a case of a lady, æt. 25, single, scrofulous diathesis, *menstruates* regularly, but with *considerable pain* in back and ovarian region; complains of an *anxious feeling* about the heart; *constriction in the chest*, with some difficulty of breathing; no cough, aversion to any kind of work, even reading; she expresses her complaint with "*I do not feel as I generally do, but can't tell why, besides I have, off and on, a very strong pain and sore feeling in the lower part of my abdomen on the left,*" (pointing to the left iliac region).

B. *Brom.* 4 gtt. III., in water, three times a day, cured the case, but the patient is subject to furuncles ever since.

MARRIED. — Dr. E. H. Kennedy, of Durand, Wis., to Miss S. Mosher, October 21st, 1868. Happiness, Doctor!

LOCAL REPORTS ON DISEASE, TREATMENT, ETC.

JANESVILLE, WIS. — In August, cholera morbus and diarrhœa prevailed quite extensively; the first yielding promptly to the usual remedies — *Arsen.*, *Ipec.*, and *Verat.*; the latter, particularly among teething children, often proving obstinate. Stools were in most cases of different shades of green, with undigested substances, as milk curds, or other food; colic pain, more about time of stools; and, in many cases, vomiting. Remedies, principally *Ipec.*, *Cham.*, *Merc.*, *Sol.*, and *Aethusa*, as they seemed indicated. The last afforded me more gratifying results than any other remedy, especially during the last of the month, when more or less mucus appeared in the stools, with tormina. During last of August and through September, dysentery became very general, in most cases yielding very readily to the usual remedies. The disease occurred principally among children, the evacuations in a large proportion of cases being green

mucus with blood, tenesmus, and often vomiting attending. I have used *Bell.*, *Ipec.*, *Æthusa*, *Merc.*, *Sol.* and *Viv.*, *Colocynth*, *Nux.*, and when there was fever, alternately with *Aconite*. Whilst *Æthusa* has been very valuable in the milder cases, I have nevertheless found in *Ipec.* my sheet anchor in the severer forms. My remedies are usually in 3rd dec. attenuation, *Merc.* 4th trit.

My only fatal case out of over 90. was a child five months old, the mother lying very sick at the time. The principal features were the tendency to sleep most of the time, the evacuations being largely hæmorrhagic, and attended with but very little pain or tenesmus; the stools, which were as frequent as every two hours, were mostly bloody water, saturating the diapers. Used *Arsen.*, *Merc. cor.*, *Ham.*, *Bell.*, and *Nit. ac.*, 2d, with no success; patient died in a week.

In regard to diet I have found much trouble with teething children. In very many cases of diarrhœa, the breast milk would pass undigested, though the mother seemed perfectly well, and prudent in her diet. Have been compelled, in some cases, to limit the nursing as much as possible. In children brought up on cow's milk, have stopped its use wholly for a few days, or weeks. Children suffer much from using mixed milk of two or more cows, or in changing the milk for that of another cow. Too much pains can not be taken to provide for them milk from one cow, young and healthy. White of egg, thinned with water and beaten up, with a little sugar, has been more generally liked, and agreed better with them, than any thing I have used. Coffee, made from rice or corn, browned, with a little cream and sugar; crackers grated fine and hot water poured in and allowed to stand a short time, with sugar added; gum Arabic mucilage; have been useful articles of diet. As they improve in power to digest, use arrow root, corn starch, and finally return to their milk when fully restored.

October 16, 1868.

G. W. CHITTENDEN.

INDIANAPOLIS, IND. — During the months of September and October we had intermittent fever to a very considerable extent. Types have been more variable than formerly. The majority of cases yielded readily to *Eupat. perf.* \emptyset up to 3rd dil., and *Arsen.* 2nd (not in alternation); the rest to *Natr. mur.* 200th, *Nux. v.* 200th, *Puls.* 200th, and *Lach.* 200th. We also had a mild display of typhoid fever, which was readily controlled by *Baptis.* 3rd, *Gels.* 3rd, *Bry.* 200th, *Rhus.* 200th (no alternation). In the last four weeks, scarlatina of a peculiar kind has made its appearance. The eruption, generally papulous in its character, appeared round the neck and shoulders, occasionally only on the chest, and disappeared entirely in from 12 to 24 hours, when Angina of a more or less severe form presented itself. The stadium prodromonum is slight, accelerated pulse, dullness of the head and eyes; no gastric disturbances. On most, extensive desquamation followed the fifth or sixth day. *Bell.* has been, in my hands, of no use whatever; *Apis.* 200th, and *Rhus.* 200th were the principal remedies; next to them *Merc. sol.* 200th, *Baryta carb.* 200th, *Lach.* 200, and *Kali bich.* 200th; no swabbing or gargling, only at night a wet towel, well wrung out in cold water, has been applied around the neck, and covered with dry flannel. Recovery rapid. Of late, several cases of Pertussis have presented themselves, which seem to be benefited by *Coral. rub.* 6th.

October 10th.

W. EGGERT.

NEW YORK.—The month of October was, in New York, one of the healthiest months in the year, as our sanitary reports satisfactorily prove. Except some intermittent fevers and colds, there are hardly any diseases to be found, and even our dispensaries complain of the great dearth of patients.

S. LILIENTHAL.

QUERIES AND ANSWERS.

"He that questioneth much shall learn much."—BACON.

SURGICAL.—1. Is there an infallible remedy for gonorrhœa?

None yet discovered. Attention should be given towards finding an agent that will destroy the microscopic spores and filaments found in gonorrhœal cases, the same as *Sulphur* destroys the life of the itch insect.

2. Is it ever necessary to excise the tonsils and uvula?

Seldom the former; but very frequently the latter, owing to an annoying cough and constant tickling that an elongated uvula produces.

B. W. J.

OBSTETRICAL.—"Which are the best obstetrical works for the busy practitioner, as works of reference?"

If we were reduced to one book, we would unhesitatingly decide upon Cazeaux's work. Among the English works, Ramsbotham's, last edition (London, 1868), is the best. Guernsey's new book is a good one, but in therapeutics it fails to advise the student of every resource requisite in the practice of the obstetrical art.

2. "Is it advisable to omit the usual bandage after labor?"

No. A bandage may not be always necessary, but it certainly relieves the faintness accompanied by sinking bordering on collapse, which occasionally supervenes shortly after parturition. These symptoms are probably owing to the sudden removal of the stimulus of distension, and a bandage applied gives relief in the same manner as it does after the tapping in ascites.

T. G. C.

GYNECOLOGICAL.—1. "Which are the best works on Diseases of Women for the busy practitioner?" Thomas and Grailly Hewitt.

2. Why does chlorosis follow arrest of the menstrual function?"

Chlorosis does not *follow*, but may *precede* and accompany amenorrhœa.

R. L.

INVESTIGATOR.—"The best microscope for the general practitioner. Its cost. The most convenient works."

If limited to one instrument, we should choose Smith, Beck and Beck's "Best Student's Microscope," with plain stage. It will cost about \$125.00 without lenses.

Our own "working instrument" is "the Army Hospital," made by Jas. Zentmeyer, Philadelphia. With two eye-pieces, camera lucida, micrometer, bull's-eye condenser, and case, it costs \$91.00.

The Boston Optical Works furnish an instrument, and two second-class lenses, for \$65.00. As it lacks a "fine adjustment," and therefore can not be employed with high powers, we would not advise "the general practitioner" to buy it.

With the above mentioned Student's, or Army Hospital microscope, "the general practitioner" will need at least two lenses. An inch and a half, and a one fifth inch are recommended, and, of Wales' make, will cost \$57.00.

Beale's "How to work with the Microscope," his "Microscope in Clinical Medicine," and Kölliker's "Human Histology," 2 vols. (Sydenham Society's edition), will give "the general practitioner" all the needed information. A small fortune could easily be lavished upon a microscop-

ical library, but the above works are all that a man with brains and perseverance needs.

Any special information in regard to any microscope, or works pertaining thereto, with the actual cost, will be gladly furnished, and any needed assistance in obtaining the same freely given, by addressing the undersigned, care of Dr. Duncan.

CARL MÜLLER.

TO CORRESPONDENTS.

ELIGIBLE LOCATIONS.—*Sauk Centre*, 60 miles from St. Cloud, 2,000 inhabitants, in good farming community, on the main route to the "Red River of the North," and two Allopaths. *Watertown*, 30 miles from here, 1,000 inhabitants, enterprising town, two "regulars." *Greenleaf*, 60 miles from here, on the line of the N. Pacific R.R., near the terminus; one Homœopath on the ground. Either of the above are desirable locations for a young physician.

MINNEAPOLIS, MINN.

W. H. LEONARD, M.D.

Brownsville, and *Austin*, Texas, are in need of Hom. physicians. As to the men who will best suit our country, I am afraid such will be hard to find. Not that the people in the interior know so much, but that they know so little, of Homœopathy. As to politics, the farmers in the country are generally much prejudiced against northern men, and unless they are conservative (I do not mean democratic) in views and expression, they would get the cold shoulder. In medicine they would have to be "liberal," as many think that it is impossible to live without *Quinine* and an occasional dose of "pills."

GALVESTON, TEXAS, Nov. 6.

E. P. ANGELL.

We thank our friends for these facts. Send us more. During these healthy times many queries are suggested in reference to good locations. We have on our books a few places, practice for sale, etc., which we are not at liberty to publish. Correspondence freely answered.

ARTICLES.—Drs. J. of Ind., C. of N. Y., J. of N. J. It is difficult to tell whether we can accept your articles, etc., until we see them. Send them on, with permission to use as a whole or in part, and if they are practical, and there is room, or they can "wait their turn," they will be favorably considered. If not available, they will be returned at once. Our space being limited, short, practical articles, brief cases or abstracts thereof, are preferred in the "Contributors' Department." Articles or items for "Editorial Department" *must be* "boiled down" to crystallization.

TINTED PAPER AND 50 CENTS.—*Dr. F. of Ill.* "Why did the publisher give us tinted paper, and thus increase the cost of this journal 50 cents?" The tint to the paper added nothing to the cost of this volume; it was the 96 extra pages, Doctor, which *we* insisted on having.

MANAGING EDITOR.—*Dr. W. of Kan.* "That title implies associates; who are they? Why not publish them on the title page?" We have an associate editor for each department of medical science. Some of them prefer to work *incog.*, others utterly refuse to go, directory style, on the title page. They work for the good of the profession, and not for "self-glorification." *We* should vacate said page, only our readers must vent their spleen occasionally on some one, and our poor publisher, who stood it heroically for four years, objects. Doctor, if you are familiar with initials, and are a good judge of style, you may be able to tell who is who.

VOLUME V.—*Dr. C. of Texas.* An error crept into our statement in reference to Volume V., bound. The price is \$3.00.

THE CRITIQUE.

"Nothing extenuate, nor ought set down in malice."

SURGERY OF OUR JOURNALS.—Three Homœopathic journals only, in this country, claim by their titles to pay any especial attention to Surgery: the "United States Medical and *Surgical* Journal," the "New England Medical Gazette: A Monthly Journal of Homœopathic Medicine, *Surgery*," etc., and the Ohio Medical and *Surgical* Reporter." The Am. Hom. Observer devotes a regular department, with an editor for the same, to surgery.

The "Ohio Reporter" contains barely four pages of surgical matter, (and nearly all of this being State Society discussion) for a period covering four months. It ought to stir up its surgical contributors to more activity, or else knock the "Surgical" shingle off of its front window.

In reading over the proceedings of the last meeting of the Homœopathic Medical Society of Ohio, one can not but be struck at the meagre report on Surgery—only one point touched upon—"The Treatment of Fractures by Extension;" which appears to have been merely an elaboration of Swinburne's mode of managing fractures without splints, and nothing new, either, was elicited by the discussion, not even the elastic extension treatment being mentioned, a mode by which a straight splint, with a pulley near each end, and a stationary foot board, with a slit and a pulley in it, is employed. A rope is fastened to the *foot band* for extension, then carried through the pulley in the foot board, and then through the pulley in the lower part of the splint, and then carried up the outside of the splint and attached to one end of a patent elastic door spring. To the perineal band is fastened another rope, which is carried through the pulley in the upper part of the splint, and then down the outside of the splint, and passed through a ring in the upper end of the spring, after passing through a small block with three openings through it. The rope passes through two of these openings, then through the ring of the spring, and then through the other hole in the block, and the end of the rope made into a knot, so that it can not return. By slipping the block up the rope, the spring is drawn upon, and made tense, and extension and counter-extension accomplished.

The Ohio Reporter for Sept. copies from the *Med. Times and Gazette*, a short piece on the removal of foreign bodies from the ear by a loop of fine wire; an extract reads as follows: "Instead of trying the disappointing plan of syringing, or the dangerous use of forceps or scoop, let the surgeon take six inches of fine wire and double it into a loop; then, having the patient placed on his side, pass the loop into the ear as far as it will go, and turn it a little, gently. At the first or second withdrawal the foreign body will come out in the loop." This last assertion I somewhat question, if the object should be globular, or even if it be sharp, so as to run into the sides of the meatus. I have had considerable experience in treating ear affections, and I must say that the plan of syringing has not been a disappointing one to me.

CHIRURGICAL CRITIC.

PESSARIES.—Among the queries which we noticed in a recent number of a medical journal, was the following: A subscriber asks the editor—"What is the best form of pessary, that you can recommend?" The editor declines answering, and says he can hardly recommend any. Among the best pessaries at present in use, is the simple ring pessary, made of soft rubber; these are rings of copper wire wound with gutta percha. As a cheap substitute for this ring pessary, we have frequently used, among the poorer classes, the ordinary teething ring, which frequently answers an admirable purpose. In cases of anteversion or ante-flexion, the new pessary of Dr. Grailly Hewitt is the best; this is a modification of Hodge's pessary; in its original form a ring pessary made of soft rubber, which can be bent into any shape, and thus resembles in

shape the instrument of Dr. Hodge; being flexible, it may be adapted to the capacity and conformation of the vagina. OBSTETRICAL CRITIC.

SPECIFICS AND HOOPING COUGH.—"The Homœopathist who shall furnish a genuine specific for this disease (hooping cough), should have a seat with such medical gods as Harvey and Jenner."—MEDICAL INVESTIGATOR, Vol. V., p. 384.

The idea of looking for specifics for certain seemingly formidable diseases, is not by any means new. Physicians of all ages have sought for, not only specifics for the different phases of disease, but have spent years in seeking for a specific remedy for all the diseases collectively. To say that a complete and total failure has been their reward, is hardly necessary. The discovery of Homœopathy itself, proves conclusively, if proof is needed, that specifics in medicine for certain so called diseases, are impossible. There may be specific medicines for specific train of symptoms, as all good homœopaths will, and must admit, but specifics for the generic symptoms of disease, without regard to characteristics and individualization, are in nowise to be thought of.

It is just here we find one of the gravest errors in our school—a stumbling block to many physicians, viz.: the careless and unpardonable habit of prescribing for the names of diseases, instead of prescribing for the sick individual. It was at one time supposed, and the idea still clings to many of the profession, that a specific had been found for scarlet fever, in *Belladonna*; but how wofully have we been mistaken, for there are very few cases of this disease now met with, where this remedy is called for at all. The last case of scarlet fever which we treated, *Calc. carb.* was the indicated remedy, together with *Zincum met.* for cerebral complications. The case was a bad one, and we verily believe that had we adhered blindly to *Bell.*, the child would have died. There were no symptoms present indicating this drug. If we expect to meet with success in prescribing, we must base every prescription upon the law, "Similia Similibus Curantur;" study our cases and our drugs thoroughly, and throw aside, at once and forever, this specific delusion, upon which are based to-day the prescriptions of quacks and dabblers in medicine throughout the world.

Belladonna takes its position with other drugs in the rank and file of the great army of remedial agents, and is called for only when it is indicated. To make it play a higher part than this, is only to force it out of the ranks of homœopathy to do duty which we can not expect it to perform, because in direct opposition to our law of cure.

A word now in regard to hooping cough. It seems to us that very many homœopathic physicians complain of the powerlessness of homœopathic remedies to successfully combat this disease.

Looking back on our past experience in the treatment of this therapeutical stumbling block, we can not recall a case of this disorder where we failed in giving prompt relief to the sufferer, or in materially shortening the course of the disease.

Of all the acute disorders of children, we find none which give us a better opportunity to study our remedies and make the necessary comparisons, than the one now under consideration; and there is therefore no excuse for guess-work or experimentation. It is not always necessary to prescribe at our first visit. Rather than make a *bad* prescription, leave a few powders of sugar of milk; or, if we can plainly discern the fact that the child is tainted with scrofula, or is suffering with any skin eruption, administer a single dose of *Sulphur* 200th. Or if a syphilitic taint is suspected, transmitted through the parents, let one dose of *Tbuja* 200th be the remedy, and in the meantime study the case thoroughly, after having of course previously *written* down the symptoms in their proper order in a book adapted to the purpose. Having found *the* indicated drug, let it be given at long intervals, and the result will astonish both the physician and mother, and perhaps the child. THERAPEUTIC CRITIC.

THE
MEDICAL INVESTIGATOR.

VOL. VI.—JANUARY, 1869—No. 4.

INDIANA MEDICAL SOCIETY.

SEMI-ANNUAL SESSION—THE DISCUSSION OF PRACTICAL
SUBJECTS.

THE Homœopathic Institute of Indiana met at Indianapolis, the 11th of November, 1868.

The committee on Clinical Medicine reported through Dr. Burnham. Where high potencies are indicated, they act more efficiently than the low act when indicated. *Nitric Acid* is valuable in diseases of the rectum, in thin persons, with dark complexion. *Ipecac* 200th in the nausea and vomiting of pregnancy. *Baryta carb.* is very prompt in tonsillitis. *Collinsonia* in constipation, with hæmorrhoids, and deranged kidneys. *Hydrastis* in indigestion from dissipation, or highly spiced food.

Diseases prevailing during the last six months have been mostly mild in type. Scarlet fever is met by *Lachesis*, *Arum triphyl.*, and occasionally *Belladonna*. A case of chorea, of several months' standing, in a boy 9 years old, feeble constitution, drugged with *Bromide of potassium*, and similar agents, has improved greatly under *Lachesis* 30th. A woman, whose ailments were aggravated by thunder storms, was cured with *Borax*. A case of dysentery was aggravated by *Lachesis* 200th. Could it have been mental? The patient did not complain of the other remedies used.

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Dr. Corliss: *Cimicifuga racem.* is excellent for uterine complications.

Dr. Eggert: In my cases of scarlet fever, *Belladonna* has not been indicated. Scarlet fever, this season, is characterized by papulous eruption about the shoulders, neck, and chest. It recedes, and angina shows itself. The papulous eruption is met by *Rhus tox.*, and the angina by *Baryta*, or *Kali bich.*; was in doubt, in my first case, until the eighth day brought desquamation. There are many persons who are afflicted with a chronic enlargement of the tonsils. When such persons have scarlet fever, angina sets in, *Baryta* meets the case. The type of scarlet fever prevailing now, may not be seen again for a lifetime. The smooth variety does not appear now. It is either vesicular, or papulous.

Dr. Boyd: The scarlet fever of this season is Cullen's variety; more like measles. I use hot baths; they bring out the eruption.

Dr. Burnham: Has any one had any experience in the use of *bacon*? Dr. Guernsey recommends it.

Dr. Boyd: I used it in one case, and lost the case; have not used it since. It prevents the proper action of the skin.

Dr. Burnham: The itching and restlessness are met by *Aconite*.

Dr. Corliss: By *Carbolic acid*.

Dr. Compton: By a little *Chloride of lime* in water; wash with the water.

Dr. Boyd: I have learned to be very cautious about external applications in scarlet fever. If the rash turns purple, mischief is done.

The Committee on Surgery presented a report, through Dr. Eggert, on *Fistulæ**. The report was ordered to be published.

Dr. Boyd: *Aloes 5th* has never disappointed me in *Fistula in Ano*. It is especially good when complication with hæmorrhoids exists. I use no external remedy. *Aloes 5th* cured a gentleman of this city, Mr. C——, whose surgeon had set a day for operating; the fistula was complete. *Aloes* cured both fistula and the piles, in this gentleman. Separation of the pyogenic membrane is important. The smallness of the opening, convolutions, and sinuses, are in the way of the use of the finger to tear away the membrane. I destroy it by injecting *Iodine*.

Dr. Eggert: The use of *Iodine* is tedious. Of late, surgeons

* See another page this issue.

seem inclined to tear out the membrane; there is no pain felt if you use *Ether* spray.

Dr. Compton: Have seen a large number of operations in the hospitals of eastern cities; done with the fingers; when torn, there is but little hæmorrhage.

Dr. Boyd, from Committee on Obstetrics, reported a case of recto-vaginal fissure. Fissure caused by violent efforts at coition. A surgical operation relieved the patient. She has recently been delivered of a child, without return of the difficulty.

Dr. Eggert: There must have been great contraction of the sphincter of the vagina.

Dr. Boyd: The sphincter was intact; the rupture was within the sphincter. Doubtless the hymen was so dense and strong, that when pushed away, it tore down the vaginal wall.

Dr. Jennings, from Committee on Potencies and Doses, read a paper, which was ordered to be published.

Dr. Boyd exhibited an instrument for setting a fractured femur. He claimed that it makes the counter-extension on the tuberosity of the ischium. After the instrument is adjusted, the patient need not lie upon his back. There is a double inclined plane, which can be raised or depressed to suit. The instrument can be used for a fracture of the lower limb, or of the patella; it can be adjusted so as to set upon it the limb of a child, or of the tallest man. The bandages are separate, and can be washed as often as used. The instrument can be produced at a cost of \$10; and the same instrument can be used for a large number of cases.

Dr. Compton, from Committee on Clinical Medicine, reported a number of cases cured with a single remedy:

Case 1. A lady, æt. 45, sanguine, robust; periodical sick headache; almost frantic with pain; pressing pain, mainly in right side of head; constant nausea; symptoms worse in the morning; kept a recumbent posture. *Nux vom.* 3rd dec., one dose a week. She considers herself cured.

Case 2. Miss B., æt. 14, scrofulous by inheritance. For two years, covered with ulcers exuding a thick, offensive pus; scabs dry and mealy; constant itching, especially at night. Her attendant dressed the ulcers daily with tar ointment, and gave her large doses of crude *Sulphur*, with no result. *Sulphur*, 6th dec., and 30th, was given by me, beginning two months ago; and now there is scarcely a vestige of the foul disease left.

Case 3. Mr. M., æt. 42; light complexion, hair, and eyes. Sciatica for 13 years; treated by many physicians in vain. When he applied to me his symptoms were pain, or aching, in the lumbar region and sacrum, and the whole length of the left lower limb; also the left shoulder, arm, and ilium were involved sometimes; pain sometimes leaves the extremities and goes to the bowels, producing diarrhœa and partial retention of urine; bowels torpid when the sciatic pain is upon him; has not been free from pain for 13 years. *Cimicifuga* 3rd dec., relieved all the symptoms, and relieves whenever there is a relapse. He can walk as well as ever, and calls himself a sound man.

Case 4. Sent for in haste to see Willie B. It was 5 P.M. Found him with a sunken, cadaverous face; pulse imperceptible; restless, rolling about, constant jactitation; the entire surface of a bluish tinge, and cold; hands, feet, ears, and nose, cold as in death; breath cold; great thirst; oppression of the chest; hurried respiration, with an occasional deep inspiration; frequent vomiting; distress in the stomach, worse just before vomiting; almost constant passing, per anum, of rice-water discharges largely mixed with blood. Three weeks before this, he had had a chill, and was treated with *Quinine* and *Calomel*, by the family physician. This attack had been upon him about three hours when I saw him. A wash-tub stood in the room, filled with bed clothes saturated with the dejections which had come from him for the last two hours. Almost clear blood was running from him. *Hamamelis* 1st dec., 15 or 20 drops in a part tumbler of water. The first teaspoonful of the solution arrested the discharge of blood. Gave a teaspoonful every ten minutes for one hour, when an almost complete reaction had taken place; lengthened the intervals. He recovered, and went on a visit in less than a week. He was 14 years old.

Dr. Boyd called attention to *Dioscorea* in urinary difficulties. A young man had stricture of the urethra; old school physicians had worked with him in vain, covering the floor with his blood. I gave *Nux vom.*; in two hours he passed some drops. Was sent for in haste next morning; went with my trocar, as all attempts to pass the catheter had proved useless. Gave *Dioscorea* 2d (trituated in common sugar), a dose every 15 minutes. The water began to flow in less than an hour; he recovered without the trocar. Was led to use *Dioscorea* by pain about the

umbilicus, relieved by pressure ; pressure on the rectum ; paroxysmal colic pains ; the stricture was spasmodic.

Dr. Eggert : This is a primary symptom. It is strange that the provings give no effect upon the urinary organs.

Dr. Boyd : The stricture was spasmodic.

Dr. Eggert : I find good effects from the triturations of *Dioscorea* ; the tincture fails me.

The Institute meets in Indianapolis, the second Wednesday in May, 1869.

C. P. JENNINGS, *Recording Secretary.*

SHELBYVILLE, IND.

“LACHESIS AN ANTIDOTE TO APIS.”

IN THE November No. of THE MEDICAL INVESTIGATOR, I find an article with the above caption.

About two years ago, Mr. W. P. H., aged about 40, came abruptly into my office, and, with frightful gesticulations and protruded eyes, demanded relief from what he called “agony.”

He had been stung by a bee just before, and, from previous experience, he said he knew that he was going to suffer indefinitely, and was not willing to risk his life without the presence of a physician. He had never got relief before, in less than several hours, and sometimes his distress continued several days. This “agony” always attended a bee-sting. His features were so distorted that I should not have recognized him without knowing his clothing, and by his attendants. The face was dark, and much swollen. He appeared almost in an apoplectic fit. He had opened his shirt-collar, and removed every thing from his neck, saying that *he could bear nothing to touch his neck*. He could hardly breathe. “I am suffocating!” was his cry ; and he did seem to be so.

The prominent symptom in his case was his inability to bear any thing upon the neck. This caused him a great paroxysm of suffocation.

Lachesis has this symptom more prominently than any other remedy known to me. A few pellets of the 12th dilution were placed on his tongue, with almost instant relief ; and in less than an hour he left the office, in care of his attendants, nearly well.

In this case, it was because the *symptoms* indicated *Lachesis* that it was given; and no thought was given as to whether *Lachesis* is an antidote to *Apis*. I suppose that a remedy is an antidote only when the symptoms indicate it. There ought to be some prominent characteristic in the pathogenesis of the "antidote" that corresponds with the leading symptom of the patient.

C. W. BOYCE.

ON "MISSED LABOR."

THE publication of Dr. Eggert's case of "Retention of the Fœtus in Utero," etc.,* suggested a ramble in our library, and we give our readers the result.

In the *Allg. Wein. Med. Zeit.*, 46 and 47, 1858, Dr. Salzgeber reports a case wherein the fœtus was retained in utero for nearly two years. At that time, a purulent discharge began to exude from an opening in the umbilicus, and also *per vaginam*. The patient died; and at the *post mortem*, the remains of a fœtus were found in the uterus. The opening at the umbilicus was found to communicate with the womb.

In the *American Med.-Chir. Review*, September, 1860, Dr. Buzzell gives a case where the fœtus was retained 23 months beyond the term.

In the *Dublin Medical Press*, December 18th, 1861, Dr. Davis reports "A Case of Extra-Uterine Fœtation of eight years and three months standing, counting from the expected period of delivery; the fœtus removed by an operation." "The fœtus lay to the left side, below the umbilicus. Here an abscess formed and burst, opening by two sinuses. The woman had been delivered of a healthy child, the dead one being still in the abdomen. The patient recovered."

In the *Dublin Quarterly Journal*, February and May, 1864, Dr. McClintock has published "Observations on Missed Labor," of which we give Dr. Bright's Abstract:

"Under the term 'missed labor' have been classed certain very rare cases of uterine pregnancy, in which, through failure of parturient action, the fœtus has been retained *in utero* for some

* *U. S. Medical and Surgical Journal*, Vol. IV., No. 13, p. 105.

indefinite period beyond the term of normal gestation. Very few undoubted instances of this occurrence have been recorded, and in every case the fœtus has been dead at the time when labor should have taken place; and the liquor amnii has generally escaped at this time, or previously. All the cases have been very similar in their general features, though differing in detail. If, as usually happens, the membranes have been ruptured about the period at which labor should occur, a profuse putrid discharge soon follows, and continues for months or years, until all the soft parts of the fœtus have been decomposed and expelled. During this period, pelvic or uterine inflammation, or symptoms of general septicæmia, may result. In one case, related by Vonderfer, after the lapse of eleven years from the time of expected labor, the woman died with symptoms of purulent infection. After death, the remains of a putrid fœtus were found *in utero*. In some very rare cases, where the membranes have not ruptured, and the entrance of air has been prevented, the fœtus appears to have been retained many years without undergoing any marked decomposition. In one case, related by Dr. Cheston (*Med.-Chir. Trans.*, 1814,) the fœtus was perfectly preserved for *fifty-two* years. The whole of the fœtal bones are very rarely expelled by the uterus. They are either encysted *en masse*, and retained *in utero*, as in the case last mentioned, or the uterus relieves itself by ulceration, as in Dr. Oldham's case [and also Dr. Salzgeber's]. The duration of maternal life, dating from the time when labor should have occurred, has varied in eleven cases from 3 months to 52 years.

“In the *treatment*, Dr. McClintock urges the importance of early and *gradual* removal of the fœtal remains, after dilatation of the os; and cites a case, reported by Schultz, in which a woman underwent a series of operations, at the end of ten years from the time when labor was missed, by which one hundred and twenty pieces of bones were removed from the uterus, with a successful result. Any operation would, however, be contra-indicated in the presence of acute symptoms of hysteritis or peritonitis, or with probable ulceration in the uterine walls; or, lastly, where the case has been of long standing, and no symptoms exist of intolerance of the uterine tumor.

“The case related by Dr. McClintock was a large flabby woman, æt. 45, who had given birth to twelve living children; then a dead

child at full term, soon after which she conceived again. Gestation proceeded naturally till about the seventh month, when the fœtus probably died. Symptoms of labor set in at the end of the ninth month, but passed off without expulsion of the fœtus. *Five weeks* after this, she was seized with severe pains and hæmorrhage, and a fœtal bone was removed from the vagina by the practitioner in attendance. *Sixty-two weeks* after this, she came under the author's care; and during the greater part of this interval, a horribly offensive and very profuse vaginal discharge was going on, and some few bones had come away, but hæmorrhage was absent, and she was not aware of the placenta having been expelled. She was admitted into a hospital, and, after eight attempts had been made to remove the bones—of which about sixty pieces had been extracted—she died with symptoms of pyæmia. No *post-mortem* examination was obtained." *

CARL MÜLLER.

A REMARKABLE AND SEVERE CASE OF DYSENTERY.

THE mother of the child, referred to in Dec. No., p. 116, about 28 years of age, temperament strongly nervous, of slender build, was one of my earliest cases of dysentery; and, excepting her child, the severest. I was called Aug. 13th. Found her sitting up; pale; great debility; nausea, stools every hour, of bloody mucus, large in quantity, green, with severe cutting pains preceding and attending, and much abdominal tenderness; pulse 120; urine scanty, and high-colored; not much thirst; the sense of sinking was so great that, from the first hour up to two weeks, the doors and windows were kept open, and incessant fanning, without an hour's interval, required during this time.

The first two days, I used *Acon.*, *Bell.*, and *Merc. cor.* Not seeing satisfactory results, after the second day, I gave *Ars.* and *Merc.*; and these were followed in turn by *Ipec.*, *Rhus.*, *Col.*, and some others, varying the potencies from the 1st to the 30th of some of them. I derived very little satisfaction from my remedies. To relieve the sinking, I used at first brandy and Bourbon

* "A Year-Book," etc. New Sydenham Society, London, 1865, p. 370.

whisky, which could not be borne at all, even diluted as high as one part in twenty. Corn coffee was all the support for nourishment—the stomach rejecting most all other drinks. I used, also, starch injections, containing some mutton tallow, with little or no benefit. Warm fomentations had been constantly used.

At the end of ten days, the patient was having frequent and large offensive evacuations, containing, at times, large quantities of black grumous blood, in clots of two to four ounces, with much pain and little tenesmus; tenderness of abdomen general and excessive, rendering it impossible to raise her up or move her without much pain; intense thirst for cold drinks; pulse still 120; feet inclined to be cold.

At this stage, an Allopathic physician, who had been highly extolled for his success in curing diarrhœa, was called from a distance, in consultation. I found him a very liberal-minded and intelligent physician, who was making use, in his practice, of about twenty Homœopathic remedies, some of which he thought he could hardly do without. This gives the key-note to his "great success in treating chronic diarrhœa." He proposed giving, every four hours, *Quinine*, grs. ij., *Charcoal*, gr. i., and *Morphia*, gr. $\frac{1}{8}$; and using for injection chicken-tea, with a few drops of *Kreosote* added. This treatment, with some slight variations, was continued about five days. Not improving under this regimen, the hæmorrhagic character of the stools being more aggravated, I commenced applying ice-cold compresses to the abdomen, and pieces of ice to be inserted in the rectum every half hour. This was continued some days, unless the patient should be sleeping. Bottles of hot water were kept to the extremities, and bits of ice were allowed to slake thirst. Gave *Emulsio terebinthina* every four hours, containing in each dose two drops *Oleum terebinthina*,—a favorite prescription with me in hæmorrhages of typhoid fever. This was alternated with *Tinct. Hamamelis*, in drop doses. Under this course, continued about a week, she gradually improved in all respects; the stools showing much bile—at times bright yellow, at others green—but still attended by great sense of sinking at the time of stools, for which I gave *Aloes*, 3rd, for one day. Not seeing any improvement, I placed her on *Nitric acid*, 2nd, in teaspoonful doses, every four hours, in alternation with *Arsenicum*, 3rd, in trituration—not, however, ceasing the use of cold compresses, from which she felt great

relief. Improvement continued; tongue cleared; she began to have an appetite, and get more rest. It was with much difficulty we could provide food which she could digest or retain. The white of fresh eggs, thinned with a little water, beaten up with a little white sugar, was all she could take for many days. For drink, rice or corn coffee could be taken very sparingly. As she amended, the remedies were gradually reduced in time and quantity. She was discharged Sept. 15th.

At this date, she is rapidly regaining flesh, and seems perfectly well from the dysentery.

G. W. CHITTENDEN.

JANESVILLE, WIS., Oct. 16.

VAGINISMUS—ITS TREATMENT.

THIS affection is a peculiar irritation of the nerves of the mucous membrane of the vagina—in fact, a general hyperæsthesia, which finally produces a spasmodic constriction of the sphincter vagina muscle. The consequences of this hyperæsthesia are, to married people, most disastrous. The least attempt at coitus will produce in the female the most excruciating pains; in fact, the sensitiveness is so great that she can not bear the slightest touch to the parts. There is no other complaint that can cause, among married people, so much unhappiness; and actions for divorce have not unfrequently been brought, based upon this affection. Sterility, as a matter of course, is one of the results of such a pathological condition.

In the treatment of vaginismus, gynecologists are divided. Dr. Guernsey dogmatically condemns all surgical interference, but advises the case to be treated solely by the administration of the appropriate Homœopathic specific. He does not give us the results of his clinical experience in the matter. In our experience (and we have met with it seven times), a cure is impossible without surgical treatment.

Treatment.—The patient should be ordered a tepid sitz-bath, daily. If vaginitis, accompanied with a discharge from the vagina, should complicate the case, injections of tepid water should be freely used, and afterwards a piece of lint, saturated with a solution of *Aqua Goulardi*, should be introduced into the vagina, and changed twice daily; gradual dilatation of the vaginal canal

should be made, by means of a series of vaginal dilators made of glass, and of different sizes, commencing with the smallest, which is to be introduced morning and afternoon, and allowed to remain an hour or more; *Belladonna* or *Atropine* ointment must be applied to the vulva, and within the vagina. By the persevering use of the above treatment, many cases can be cured, but not all. In two cases, we were obliged to resort to the knife.

Surgical Treatment.—In case that the above measures fail, it will become necessary to make a section of the sphincter vagina muscle; by passing the index finger into the lower commissure of the vagina, you can elevate the sphincter, so that it will feel like a string or cord upon the end of the finger; then, by means of a pair of sharp-pointed scissors, a complete section of the muscle is to be made in two places, one upon each side of the perineal junction.

This operation, to be successful, must be followed by using the vaginal dilators. They should be introduced morning and evening, as above directed, using larger ones by turns. This treatment must be persevered in, sometimes for several weeks (in one case it required three months), until the sensitiveness is gone, and dilatation can be tolerated. This operation must be performed while the patient is under the influence of chloroform.

Another method for its cure is a sub-cutaneous section of the pudic nerve.

T. G. COMSTOCK.

ST. LOUIS, *Nov.* 5.

RECENT SURGICAL IMPROVEMENTS.*

BY PIERRE S. STARR, M.D., CHICAGO, ILL.

I PROPOSE, in this short paper, to touch on some points which have been more particularly treated of in the late numbers of various medical journals, pertaining to surgery, yet of interest to us all as general practitioners.

Few things are absolutely new; almost all have had their counterpart in some more or less remote day. The same skill, and ingenuity, and study, were perhaps expended years ago, and sim-

* Read before Cook County Medical Society.

ilar brilliant results heralded, after the way of the present day; but in some inexplicable manner, such discoveries or inventions have sunk into oblivion, to be re-discovered and again published to the world as proofs of the immense superiority and the surpassing wisdom of modern times.

Acupressure, for instance, which was introduced some seven or eight years ago by Sir James Simpson, is said to be but the revival of a very old practice. It certainly seems simple enough to have occurred to any body, and appears possessed of desirable features enough to supersede the ligature which three hundred years ago Ambrose Parr conceived to be a preferable method of arresting hæmorrhage to that of the hot iron or actual cautery. But as for fifty or a hundred years after Parr's application of the ligature, the cautery still retained its hold in public estimation, so now acupressure, though gaining ground, and in Great Britain has come into quite general use, on the Continent and here in America, it has made but little headway. That it is destined to assert its superiority there seems no doubt, from the many practical advantages that those who use it, and who ought to know, claim for it. The general idea is to compress the bleeding vessel between the pin and adjacent soft tissues with sufficient force to arrest the hæmorrhage; the compression is effected in the same way as in fastening a flower in the lappel of our coat. The several methods of accomplishment are sufficiently simple, but to give them in detail might be somewhat tedious. I merely want to call attention to this modern method, and give some of the advantages that are claimed for it. In the first place, experience proves, by the hundreds of cases in which it has been employed, that it is a perfectly reliable means of arresting bleeding, and the ease with which *one* person can arrest the hæmorrhage, independent of the assistance of a second person to tie the vessels while he is taking them up with the forceps, is a great advantage. A great point with its advocates, too, is that the pin need remain no longer than 24 to 36 hours. It is unnecessary, as in the case of the silk ligature, to wait for the process of the ulcerative destruction of the artery, before the needle can be removed. It is the quickest and easiest method yet devised for securing arteries, and, when applied, it holds the walls of the vessel in co-aptation in such a way as not to tear the coat or produce irritation, as when a thread is applied; and by its use the offensive moist seton,

in the shape of a ligature, is done away with, and the wound is left free from all foreign bodies, to accomplish a speedy and complete healing by the first intention, which, by the old method, it never does. Therefore it accelerates the healing of the wound, and does away, almost completely, with the danger of pyæmia, surgical fever, and secondary hæmorrhage.

Antiseptic Treatment of Wounds.— But the above disasters are combated, too, by what is called the antiseptic treatment of wounds. One of the most contested questions at present is that of the dressing of wounds. The time honored water-dressing seems falling into disrepute; the importance of excluding air from wounds is recognized, and the decomposing influence of water is more fully appreciated. This antiseptic treatment is based upon what is called the “germ theory.” We learn from the researches of Pasteur, that the atmosphere does contain among its floating particles, the spores of minute vegetations, and infusoria, and in greater numbers where animal and vegetable life abound — as in crowded cities, or under the shade of trees — than when the opposite conditions prevail — as in unfrequented caves, or Alpine glaciers. Also it appears that the septic energy of the air is directly proportioned to the abundance of the minute organisms *in* the air, and is destroyed entirely by means calculated to kill its living germs, as, for example, by exposure for a while to a temperature of 212° , after which it may be kept for an indefinite time in contact with putrescible substances, such as urine, milk, or blood, without producing any effect upon them; and it has further been shown — which is particularly interesting — that the atmosphere is deprived of its power of producing decomposition, as well as organic growth, by merely passing, in a very gentle stream, through a narrow and tortuous tube of glass, which, while it arrests all its solid particles, can not possibly have any effect upon its gases; while, conversely, “air dust,” collected by filtration rapidly gives rise simultaneously to the development of organisms and the putrefaction changes. These minute organisms floating in the air are the immediate cause of putrefaction, and putrefaction the cause of suppuration; now the object of the antiseptic treatment, when dealing with any case, is to destroy, in the first place, once for all, any such organisms as may be in the part concerned; and after *this* has been done, to effectually prevent the entrance of others into it, so that the reparative powers may be

left undisturbed by the irritating and poisonous influence of putrid materials. While not excluding the air, the dressing to be applied is to be of a material capable of destroying the life of the floating particles in it. The material employed for this purpose is *Carbolic* or *Phenic acid*, a volatile, organic compound, which appears to exercise a peculiarly destructive influence upon low forms of life. The acid, of full strength, is introduced into all accessible places by means of a piece of rag held in dressing forceps, and dipped in the liquid. Experience has shown that the compound which *Carbolic acid* forms with the blood, and also with any tissue killed by its caustic action, including even parts of the bone, are disposed of by absorption or organization, provided they are afterwards kept from decomposing. Details of treatment are given, and a number of favorable cases reported, including some compound fractures, lacerated wounds, abscesses connected with carious bone, etc. Exception has, however, been taken to this "germ theory," and to the application to the deep recesses of recent lacerated and contused wounds—such as in severe compound fractures—at the risk of causing further destruction of tissues, and necrosis of bone; and it is urged that antiseptics of a mild and unirritating quality, used for the purpose of preventing decomposition and putrefaction, by the simple exclusion of oxygen and moisture contained in the air, is equally efficacious.

Colloid Styptic.—Dr. Richardson's new discovery of his colloid styptic, is a valuable addition to the surgeon's therapeutics; the object to be aimed at is to saturate *Ether* entirely with tannin and a colloidal substance—pyroxyline or gun cotton. The tannin, rendered as pure as it can be, is treated with absolute alcohol, and is made to digest the alcohol for several days; then the ether, also absolute, is added, until the whole of the thick, alcoholic mixture is rendered quite fluid; next, the colloidal substance is put in until it ceases readily to dissolve. When the solution is brought into contact with any broken surface of the body, the resultant phenomena are these: the heat of the body gradually vitalizes the *Ether*, and the *Alcohol*, and the *Tannin*, and the cotton, as the *Ether* leaves them, are thus left stranded on the surface in intimate combination. In proportion as the *Ether* passes off, the blood, or the secretion of the surface, permeates the *Tannin* and the cotton; but *Tannin* acts directly on albumen, coagulating it,

and transforming it into a membrane almost like leather. The cotton, meanwhile, unites the whole, gives substance to the mass, and adhesive quality. When all is solidified, the dressing becomes, in fact, a concrete, having a true organic hold, or basis, on the tissues. Thus by this dressing the air is excluded from every possible point, in every possible direction; and because the air is excluded, and the fluids absorbed, there is no decomposition — that is, no oxydation. In the large majority of the cases treated with this colloid, has union by first intention taken place; the others have been greatly benefited thereby, and in none have any injurious results occurred. In burns, too, it has been found very useful when profuse suppuration sets in; the colloid, if painted freely over the surface, at once removes the fœtor, protects the granulations, and the wound speedily heals. The material is used with benefit in old chronic ulcers, and the foul odor is at once destroyed, and healthy granulations established.

Embalming with Carbolic Acid.— In this connection it may be interesting to cite another use to which *Carbolic acid* is put, and in which it seems to supply a much needed want, viz.: as a means of embalming. It has been used for this purpose in the Bellevue Hospital College, New York, and, it would seem, with great success. The corpse is simply washed with a solution of *Carbolic acid* of certain strength. If too strong, it becomes so caustic as to destroy the tissue, and render its minute structure one common mass by coagulation. About a moderate strength is, one part of the acid to 100 of water, and when the muscular tissue is dipped in this, it takes a red and natural appearance. In the process, the body is not mutilated in any way, no injection is made into the veins, no cut or incision is made upon the body. Bodies thus prepared, of one, two, three, and four months' preservation, were examined. The skin was soft and pliant, with the epithelium intact, the body rotund and plump, expression good and natural, the joints free and easy, and, upon dissecting the brain, it was found sound and free from odor, save a faint smell of coal-tar. Even the fluids were preserved, and the lungs, liver, intestines, and spleen, the blood and blood discs, muscular, fatty, and cellular tissue. Even in a subject who died of tubercular disease of the lungs, seventy-three days after death the abscesses of the lungs had not undergone any change, and laudable pus was found from broken down tubercles. A curious incident is given

in the case of the corpse of a little girl. When the solution was applied to the cheeks and lips, they instantly became so florid and life-like, that the parents and friends could not but believe that life still existed. This was simply due to some peculiar chemical change. The simple process of bathing, and wrapping the body in cloths saturated with this solution, and injecting the natural cavities or openings with it, is certainly an easy mode of embalming, and a process, too, of vital importance to all mankind. All of the antiseptics, such as *Corrosive sublimate*, *Arsenical acids*, *Carbolic acid*, etc., act, as such, by destroying all sources of decay and decomposition; that is to say they destroy, or prevent, the formation of the *germs* of putrefaction, and fermentation, without acting on the mineral or vegetable matters present. The advantage of their use is, therefore, that they act, when used in small quantities, upon the primary source of all organic matters in a state of decay; while *disinfectants*, such as *Chlorine*, *Permanganate of potash*, or *Condy's fluid*, operate by oxidizing not only the gaseous products given off by putrefaction, but all organic matters with which they come in contact, whilst *Carbolic acid*, on the contrary, merely destroys the cause of putrefaction. Moreover, *Carbolic acid* is volatile; it meets with, and destroys, the germs or sporules which float in the atmosphere and vitiate it, and *this* is why this acid was used with such marked success, and so largely, in England, Belgium, and Holland, during the prevalence of cholera and the cattle plague.

To Rapidly Remove a Ligature.—Some items of common interest are the following. To remove a ligature which is slow in coming away, cut a smooth, round stick, or piece of bougie, long enough to rest across the wound. Tie the end of the ligature to the end of the stick, or, if the thread is not long enough, tie another piece to the end of it. Turn the stick around, like the handle of a gimlet, till the thread is twisted tight, and let it be turned a little more, two or three times a day. This will soon bring the ligature away.

Paracentesis without a Trocar.—If the surgeon is called upon to perform paracentesis abdominis, and has not his trocar at hand, he may accomplish it perfectly by taking a scalpel, or lancet, and puncturing the linea alba, and then inserting a clean catheter. Or, if there is no catheter at hand, a smooth wire, bent in the form of a staple, may be used, pushing the folded end into

the wound, and then turning it across the incision, to keep it open. If the scalpel or lancet be sharp, care must be taken not to thrust it too deeply.

To Place a Seton in a Hydrocele with but One Puncture.—Insert a trocar, and withdraw the stilette; then, with a probe, thrust a tape through the tube in folds, coiling them up in the sac; then withdraw the canula, leaving one end of the tape hanging from the wound. If no trocar is at hand, make a free incision into the sac, and thrust in the tape by the side of the knife, without withdrawing the blade.

Polypus Forceps for Pistol Wounds.—The small instrument shaped like a polypus forceps, in the pocket cases, make an excellent bullet forceps for many pistol wounds. Those of them which have good points can be used to bite out a chip of lead, and thus enable a surgeon to distinguish a fractured bone from the bullet.

Clay Pipe as a Probe.—If a piece of the stem of a clay pipe be slipped upon the end of a probe which has been filed down for the purpose, and then smoothed with the file, it forms a more delicate test of lead than the famous Nelaton's probe which was used on Garibaldi. It is introduced until it touches the suspected object, and then is turned around in contact with it. If it touched lead, the trace of it will be found upon the clay.

Diagnostic Points in Tumors of the Breast.—In reference to diagnosis of tumors of the breast, the following points of distinction between innocent and malignant, are important. *Simple* tumors *separate* tissues in their growth, but never *infiltrate*. *Cancerous*, as a rule, infiltrate, and rarely separate. No more important point than the above can be adduced. For a simple, or innocent tumor, however long it may be in growing, and however large a size it may attain, will never do more than separate the parts between and beneath which it may be developed. The *bones* may even be absorbed by its presence, but they will never be involved; and the *skin* may be so stretched and attenuated by its distension as to ulcerate and burst, but it will never be infiltrated with the tumor's elements. With the *cancerous* tumor, however, a very different condition has to be described; for a *cancer* has the peculiar property of freely infiltrating all the tissues upon which it presses. As the tumor approaches the surface, the *skin* will become involved; at first it may appear as if drawn down to it, then puckered, and afterwards as though glued to its

surface; at a later stage of the disease the skin will become infiltrated with the cancerous elements, and to the finger feels firm, fibrous, or tuberculated, and when ulceration has commenced, the edges of the skin will be palpably indurated, thickened, and infiltrated with cancerous products. Another point of difference is, that *simple*, or *innocent* tumors affect the patient solely through their *local* influence, and have no tendency to multiplication in other tissues, nor to involve the absorbents with which they are connected. *Cancerous* tumors not only affect the patient through their *local* influence, but have a marvelous tendency to multiplication in any part of the body, more particularly in the internal, and never exist for any period, without implication of the parts with which they are connected.

Electricity has of late been applied to the treatment of tumors, both malignant and non-malignant, with quite favorable results. This treatment by electrolysis acts in a three-fold manner: 1st, through mechanical disintegration of the tissues by the nascent hydrogen; 2nd, through chemical destruction by free alkalies, potash, soda, and lime, which are evolved at the negative pole of the battery; and lastly, through a modification of nutrition, by the dynamic effects of the continuous galvanic current on the vaso-motor nerves of the parts brought under its influence. With a battery of sufficient strength, tumors and unhealthy tissues could be decomposed with celerity, and with results closely resembling the action of the other chemical decomposers, such as the strong caustics. And again, galvanism can be used simply as a stimulant; as a slight *occasional* current, by its stimulus, will develop a *wasted* muscle, so a *continuous* use of the same current will, by *over stimulation*, cause it again to waste. As to the mode of application, the tumor is covered with a plate of zinc, silver foil, or copper. The *positive* pole is connected with this plate, the *negative* pole with a plate of copper, which is brought into contact with the skin of the back, or other convenient part. Vascular growths, such as *nævus*, bronchocele, sebaceous tumors of the scalp and face, and glandular tumors, have been treated with electricity with quite uniform success.

Union of Severed Nerves.—The *British Medical Journal* says: "At the Society of Surgery, M. Paulet has read a very elaborate paper on the immediate and indirect consequences of traumatic lesions of nerves." Two cases here have recently

excited interest in this subject. In one, M. Saugier united, by suture, the cut ends of the median nerve, and on the same day there was a commencement of restored sensibility, and voluntary movement. In the other case M. Richet demonstrated, notwithstanding the complete section of the median nerve, that tactile sensibility persisted in the thumb, index, middle, and ring fingers. These clinically observed facts are entirely opposed to the teachings of experimental physiologists, who have divided and resected nerves. To explain them, reference has been pointed out between the median and radial, for the nervous filaments distributed to the tactile corpuscles. But if the explanation lies here, the function should have been carried on by them immediately after the section of the nerves, not slowly re-established; and so no elucidation is given to the difficulty and discord. In this connection I give a case related, of less interest, but sufficient to merit notice as exhibiting a state of affairs quite at variance with pre-existing notions. It is given in the *Lancet*: The patient, a female aged 24, fell on some sheets of copper, and severely wounded her wrist. The radial artery was completely cut through, as was the *median nerve*. Yet sensibility of the lower end of the nerve was unimpaired, and all the parts to which the median nerve is distributed had likewise retained their sensibility. The only plausible explanation seemed to be the assumption of some sort of anastomosis between the injured nerve and the other nerves of the hand.

“PULSATILLA IN MAL-PRESENTATIONS.”

WAS IT “NATURE,” OR PULSATILLA?

MR. EDITOR :—Having been one of the incredulous ones, who ridiculed the statement of Dr. Guernsey, of Philadelphia, “that *Pusatilla* would correct a mal-presentation when given during labor,” I feel constrained to give the profession a case in point, which has recently occurred in my practice.

On Nov. 11th, at 7 P.M., I was called to attend Mrs. R——, in confinement with her fourth child. She is a large, muscular woman, accustomed to hard labor, and had been in perfect health during gestation; some two weeks previous to full term, she had

over-taxed herself in lifting, subsequent to which she said she had felt no motion.

Her previous labors had all been rapid and successful, giving the attending physician no time for "napping." The patient was taken in labor at about 12 M., and had experienced severe pains at intervals of about ten minutes from that time until I saw her, at 7 o'clock, P.M. Upon examination I found it difficult to reach the os. It was so high up as to render the introduction of the hand necessary to find it. When reached, I was surprised to find it still closed, though soft and dilatable, and it seemed to be wholly unaffected during a pain.

Finding this state of affairs, led me to make an external examination; this was readily and thoroughly done through the thin walls of the capacious abdomen.

I found the tumor reaching from the right hypochondriac to the left iliac region, as nearly *transverse* as was possible for it to be. Upon more careful palpation I became satisfied that the head occupied the right upper side, and the pelvis and feet were in the left. Upon watching the effects of the pains, I could feel the contractions to be transverse, or in the longitudinal direction of the tumor. Having made repeated examinations to establish my diagnosis, I concluded to give *Pulsatilla*, and if there was no improvement in the position before the os dilated, to then resort to version. I prepared the 2nd dil. in water, and ordered it given after every pain, for one hour. I then retired, and did not examine my patient again until 8 o'clock. I then discovered a gradual correction taking place in the shape and position of the uterine tumor. The pains still continued, though at somewhat longer intervals, the os uteri remaining in the same condition as before mentioned. Satisfied to let nature or the medicine (*qua?*) take its course, I determined to wait interference, notwithstanding the alarm of the patient and friends. Continuing the medicine, after another hour I found the position fully corrected, the tumor lying in the mesian line, the os descending and dilated about an inch, through which I could determine a head presentation.

The pains were now much less frequent, being at 15 or 20 minutes' intervals, and by no means severe; the patient did not complain of being weary, but was sleepy. Hoping to be soon called, I retired again, but was not summoned until 6 A.M., when I found the woman delivered, having been wakened out of a five

hours' sleep, by a pain which did not leave her until the child was born (within five minutes). The child weighed 8 lbs., and had evidently been dead some days.

Now, is it not possible that in *this* instance, *Pulsatilla* was an active agent in producing this change? I know that this woman had been in active labor for six hours before I examined and found the position as I have described, and of that I am *positive*, aside from the testimony of the patient, who not having been informed what the difficulty was, declared, at my second visit, that "there was a very strange rolling and twisting going on in her bowels."

Is it impossible that medicine should correct the position of a fetus before the waters break? Why, if *Secale* can stimulate expulsive pains, and *Bell.* will control hour-glass contractions, may we not justly conclude that *Pulsatilla* may correct and coördinate the preliminary contractions of labor?

The marvelous and the incredible are closely linked, and I do not like to tell of such things; but we do witness them sometimes, and *must* accept them; all that remains is to explain their cause, and trace their procedure, if we can.

I believe now Dr. Guernsey was right, and that under favorable circumstances *Puls.* will correct a mal-presentation.

87 Clark St., Chicago.

A. W. WOODWARD, M.D.

[The statement referred to in the above originated, we believe, with M. Croserio, and not with Dr. Guernsey. The above case is the best evidence on this question that we have yet seen, still it is not conclusive. If it is a fact that *Puls.* will correct such mal-presentations, we should all know it. Will our readers give us their *experience* or observations on this question?—ED.]

ON THE TREATMENT OF A FEW KINDS OF FISTULÆ.*

BY W. EGGERT, M.D., INDIANAPOLIS.

WITH your forbearance, gentlemen, and without any pretension of a surgeon, *par excellence*, I will, by order of our much esteemed

* Read before the Hom. Inst. of Indiana, Nov. 10th, 1868.

President, present a paper on this subject. I shall refer mostly to my own experience during a practice of more than twenty years. This will prepare you to receive a very imperfect report which, however, will be, I trust, not without some practical value. Aiming at this point, I hope to answer best the object of reports in general; for it is the individual experience we want to know, out of which a literary medical composer may form a whole with some degree of completeness. It is not the office of the reporter — to compile, or merely to repeat what others have said — (some exceptions are admitted) that belongs to the writer on therapeutics.

In treating this subject, I will not detain you with the history, although some kinds of fistulæ have a very interesting, and to the surgeon almost fascinating, history; nor with the pathology, for that you may read in any surgical work.

Fistulæ are classified in two branches: first, the traumatic, and second, the constitutional, or, better, the fistulæ based on a constitutional dyscrasia. This classification would almost satisfy the practitioner, but not the surgeon, who, aside from the remedy, is also ready to aid the sufferer mechanically.

It has been denied, here and there, that medical treatment alone could perform a radical cure of fistulæ. But experience contradicts that assertion. I shall endeavor to show you, (1) what we may expect from a purely medical treatment; and, (2) from a combined medical and surgical treatment. First let me speak of the

FISTULA IN ANO.

If we refer to the Homœopathic literature on this subject, we would have little to quote; in fact, I know of nothing in all our works and journals worth speaking of, except Drs. Franklin's and Comstock's articles as published in the *U. S. Medical and Surgical Journal*, Vol. I. They are concise, practical, and to the point. I vary from them in some regards. That they seem to exclude the possibility of a cure with remedies alone, is strange indeed, for there are cases on record where medical treatment alone has been sufficient. My own experience adds its humble testimony to this fact. *Causticum*, *Berberis*, *Silicea*, *Rhus tox.*, *Sulphur*, *Phos.*, *Lachesis*, and *Thuja*, have been most successfully applied. But I am sorry to say that the reports pub-

lished give so meagre a diagnosis of the cases treated, that we are left to guess whether those *fistulæ* treated were complete or blind, external or internal. In my own practice I have succeeded with remedies in the blind, external variety only; and for obvious reasons this has seemed to me to be the only variety which will yield to a treatment exclusively medical. I, for one, have tried in vain, again and again, to heal a *complete* fistula by remedies only. I mention three cases in which remedies did all that could be desired. During the last two years I was called to visit two children of different families of this city, who, according to report, were afflicted with something unusual at the anus. One was a boy of about 8 years of age, the other a girl of about 6 years of age; both of scrofulous diathesis. On examining the boy, I discovered, just at the verge of the anus, a *wart*, or, better, a *cauliflower-like* excrescence of the size of a quarter of a dollar, and in the girl the same, but twice as large. Both had an *offensive perspiration* around the parts affected. The silus, of course, had flattened somewhat the external surface; but taking the probe, I found the growth divided in itself; and, more than that, I readily made out a blind, external fistula. I gave the boy (who came first under my care) *Thuja* zooth, (Dunham) two doses in two weeks, and ordered the excrescence washed, and the fistula injected with a watery solution of the same potency. The effect was a radical cure in about 10 weeks. Having succeeded so well with the boy, I prescribed the same treatment for the little girl, and with the like happy results. The third case was a lady of apparently good constitution, about 50 years of age, much troubled with a host of symptoms peculiar to women at the *climacteric* period. She requested me to prescribe for hæmorrhoids, which, she said, tortured her to death. On examination, I discovered, not only the protruding tumors, but also a blind, external fistula, at least two inches in length. She stated that she often experienced a *sensation at the anus*, and even in the rectum, *as if several little hammers were beating there* — a symptom characteristic of *Lachesis*. Comparing *Lachesis* with the whole of her condition, I found so striking a similarity between the drug and the disease in question, that I did not hesitate to give her *Lachesis* zooth (Dunham), three doses in three weeks; and in four months the cure was complete in every respect. With the fistula, the whole group of other symptoms disappeared. This case also

proves the value of a single characteristic symptom, as pointing to the remedy.

HÆMORRHOIDS.

Mrs. M. J. H., aged 40, came to be treated for hæmorrhoids. Six years before, large hæmorrhoidal tumors came down, and could not be returned. They ulcerated and sloughed, hæmorrhage supervened, and she came near losing her life. Since that time, at each movement of bowels, tumors have protruded, and been returned only by sitting for hours upon them — sometimes all night — during which time the feet would become cold, and swollen, and numb. She could not move without bringing them down again. She became pale, weak, and unfitted for any enjoyment, yet she had schooled herself into perfect submission. Vaginal examination revealed the uterus retroverted, hypertrophied, and the fundus lying upon the hæmorrhoidal tumors, no doubt helping to protrude them by its increased weight. After rest, and a few applications of *Iodine* and *Glycerine* to the uterine cavity and cervix, we ligated three large tumors. For 36 hours nervous prostration was great. Her strength was kept up by beef tea and brandy. *Arnica* and *Nux* 3rd were administered in alternation at intervals of three hours. On the morning of the fifth day, all of the tumors came away with a sweet oil enemata. They weighed from 1 to 3 ounces. She gained for three weeks, when the heat of July brought on an obstinate diarrhœa, attended by severe hæmorrhage. Injections of *Hydras. can.* after each evacuation, controlled the hæmorrhage. *Sulph.* and *Nux*, with a return of cool weather and a desire for food, brought about a general improvement.

Oct. 12, writes, "No trouble from the bowels; gaining in flesh and strength."

Twenty years ago she had pulmonary hæmorrhage, and much of the time since has suffered with aphonia. This symptom has also disappeared under the above treatment.

Buffalo.

DRSS. E. G. COOK.

EDITORIAL.

THE SCIENCE OF MATERIA MEDICA.

IN view of the circumstance that in the future issues of THE MEDICAL INVESTIGATOR, some arguments from a comparatively new stand-point will be brought forward for the purpose of inducing physicians to give more earnest heed to the study and advancement of the *Materia Medica* than they have been hitherto in the habit of doing, it may not be out of place, at this time, to define the presently assumed position of *Materia Medica* proper, and indicate the scientific relation which it bears to kindred and other branches of knowledge.

The department of medicine called *Materia Medica*, in a comprehensive sense, embraces: 1. A knowledge of drugs (medicines). 2. The action and effect of drugs (medicines) on the human organism. And 3. The application of remedial agents to the cure of disease. Now, in order that this whole subject may be clearly understood, it is proposed to separate these branches of knowledge, and assign to each one a name which shall distinguish it from both the others, about as follows:

1. *Pharmacology*. Under this head to be embraced a complete knowledge of drugs (medicines), as to their names; physical properties; natural and commercial history; growth and production; scientific relations; chemical composition; collection and preservation; and the mode of preparing each one for the use of the sick.

2. *Materia Medica*. Under this head, to be embraced a knowledge of the action of medicines on the healthy human organism; and a faithful and orderly arranged record of the effects produced. The term of pharmacodynamics has been proposed as a name for this branch, but it partly includes both pharmacology and therapeutics, and is therefore not sufficiently distinctive.

3. *Therapeutics*. Under this head, to be embraced a knowledge of the remedial action of medicines, and how to use them for the cure of the sick.

Experiment and observation form the basis of all elementary knowledge; on which foundation, by induction, is reared the superstructure of every science; and a knowledge of the pervading principles which govern the phenomena contemplated, constitutes the philosophy of a science. When, in accordance with this axiom, we proceed to the study of *Materia Medica* as above defined, we will note, from the proving of a single medicine on the healthy human organism, the sensations produced, and the results which follow; naming the time and conditions of the occurrence of the symptoms, the part of the body affected, and the organs implicated when that is possible. In short, a faithful record is to be made of all the

facts and phenomena of the experiment, in plain and truthful language. The orderly arrangement of all these facts and phenomena constitutes the science of *Materia Medica*. If we pursue the same course a little further, and seek to disclose the principles which govern the action of medicines, we enter the domain of the philosophy of *Materia Medica*.

The knowledge of the remedial power of medicines derived from the *Materia Medica*, and the application of that knowledge to the cure of the sick, belongs to the domain of Therapeutics — another branch of medical science, under the care of another editor.

On a comparison with other branches of science, it will be found that the course above recommended for the study of *Materia Medica* is the same as that pursued in all the sciences. The principal cause that has prevented a more rapid development of the science of *Materia Medica*, has been the practice of confounding the subjects of *Materia Medica* and Therapeutics; and the premature and unwarrantable application of the undigested crudities of the one, to the required excellence of the other. A scheme similar to the undertaking of a novice who should attempt to read music and play tunes before he had learned the gamut.

Although *Materia Medica* and Therapeutics, like many other branches of science when studied together, mutually throw a great deal of light on each other, still the facts and phenomena of the one must not be mingled and confounded with the principles and inductions of the other. For the purpose of securing the highest interests of both branches, each one must be cultivated separately.

The minute study of anatomy, and the functions of the organs of the human body, would not have been prosecuted to the extent which it has, had it not been for the purpose and hope of getting rid of some of "the ills that flesh is heir to;" neither would the action of medicines on the human body, and especially the self-denying course of proving them on the healthy, been suffered, had it not been for the restorative powers to the sick, which these agents were known to possess.

It is a prevailing doctrine of the Homœopathic school, that the development of the *Materia Medica* by observing and recording the action of one medicine at a time on the healthy human organism, is the only reliable way at present known, in which we can ascertain the purely physiological action of drugs, be enabled to comprehend the nature and extent of their disturbing influence, and correctly estimate their remedial power when applied to the treatment of disease. The symptoms obtained from the administration of medicines to the sick can not be relied on as a basis for a system of therapeutics, because the morbid force in action may have already occupied the portion of the system on which the drug, by its specific relation or election, can only act, and, consequently, the noticeable effects might be increased, diminished, or wholly perverted. If the action of the drug should happen to be curative of the symptoms of the patient, the legitimate symptoms of the drug would not be experienced. And if, under the circumstances, a drug should produce numerous symptoms, they would be so mixed with the symptoms of the idiopathic disease, as

to preclude the possibility of distinguishing one set from the other with precision, and thus fail to give the true expression of the direct action of the drug.

From whatever point of view we may look at this subject, we are almost irresistibly drawn to the conclusion that the proving of medicines on the healthy, as has been already stated, is the only reliable method by which we can construct a scientific *Materia Medica*; and, that a *Materia Medica* so constructed, is the only foundation on which can be erected a system of scientific therapeutics.

W. W.

"OUR SOCIETIES"—DO THEY PAY ?

THIS seems to be a question which, as yet, is mooted by some of our physicians. Most answer, emphatically, that they do pay, whilst others (by their action, at least) say that they hardly pay. What is the stand-point from which these diverse opinions arise? It seems to be in the individuals themselves. After comparing the two, let the reader answer whether this is not the truth.

First, those who say that "our societies" do pay, generally make some preparation for the meetings, write out a case for presentation, or prepare a paper on some medical subject. They unavoidably become interested in the subject on which they write, and, necessarily, consult authors, and "post" themselves generally; and when at the meeting, if there are others who become interested enough to discuss their paper and, perhaps, differ from their conclusions, they must defend their productions, and, at the close of the meeting, they find that they have gained some information of practical value, which will be useful in practice. These members never say, "Oh, how dull the meeting was," but go home feeling that they have had a good time; and, if possible, they will attend the next meeting. Still others have prepared themselves to discuss the subject under consideration, or are familiar with it already, and compare views with the rest, equally well posted, and are in earnest to learn all there is new in the experience of their fellow members. These, also, go home feeling good, and are ready to attend the next meeting. To both of these classes, the meetings of the society are always welcome—providing that the society is not *too local*. But of this again.

Secondly. There are members who go to the meetings, expecting to be entertained and instructed by others, without doing any thing themselves to make the sessions interesting; in fact, mere sponges. They seem to think they confer a favor by their mere presence. All of you have known such members. They look in during the session, and if, at that particular time, there is nothing doing which catches their immediate attention, they soon are off. These are they who are not paid for the time spent. If ever these members become interested in the proceedings, they soon feel as good as any others, but generally they soon disappear from the roll.

When the societies are not too local! Let us all examine our own experience, and see what conclusions we draw. Who has not been disgusted with local jealousies? Who has ever known a society composed wholly of local members that ever thrived for any length of time. Let us hear from such societies, if there are any. The pages of *THE MEDICAL INVESTIGATOR* are always open to good contributors.

Within the few years past, there has been a revival amongst the societies, beginning in Central New York, and spreading east and west. A few years ago, the Oneida County (N. Y.) Homœopathic Medical Society, under the secretaryship of Dr. H. M. Paine, worked so heartily that a great many physicians from the surrounding counties attended its sessions, contributed to its papers, and participated in its discussions. The

success of this society was greatly owing to the untiring industry of Dr. Paine, who soon undertook to resuscitate the State Society, carrying with him many of the earnest physicians all over the state of New York. Dr. Paine has been secretary of this society since its resurrection, with the exception of one year. The success of the State Society depending upon the county societies, these became also active and earnest, and worked well. During this revival through the state, the Cayuga County Society, at one time, ran "neck and neck" with the Oneida County Society. Each gave good papers to the journals, and were published. Other state societies became active, and did real service in their way. The Western Institute of Homœopathy, and lastly the American Institute has got a new start.

The general experience of these large societies is that there is too much "red tape" in connection with them, and that too much time is necessarily spent in running them. There is too little time to examine matters pertaining to practical medicine.

In view of these considerations, there have been found in different parts of the country, societies more general than the county societies, and less so than the state societies. We can call to mind the Central New York Homœopathic Medical Society, the Maine Central Homœopathic Society, the Homœopathic Medical Society of Philadelphia, the Cook County Homœopathic Medical Society, and some others, which do not labor under the incubus of local jealousies, and are doing a great deal of good. Who would willingly let either one cease to exist?

Some of these societies were started with the fundamental idea that the time of the sessions should not be taken up with legislation, but should be devoted to the consideration of questions purely medical. Local legislation and jealousies are left to the local societies. How well this works let the pages of *THE INVESTIGATOR*, and the other journals, tell. These societies have this merit, that there are more workers together, and experience is exchanged, without the drawback of traveling long distances to get at the place of meeting. Enough come together to keep up the interest, and no one or two have all the work to do, as is common in smaller societies. Try it. Who would willingly do without the reports from the Phil. Hom. Soc., or the Maine Central Hom. Soc., or the papers from the Central N. Y. Hom. Med. Soc., or the Cook Co. Hom. Med. Soc.?

The Am. Institute, the Western Institute, and the State Societies are all doing well, but for real enjoyment let every one seek the smaller societies, but of all things avoid the local jealousies.

AUBURN, N. Y.

C. W. BOYCE.

INDIANA HOMŒOPATHIC INSTITUTE.—We would call attention to the report of this society, as given on another page—First to the matter, and secondly to the report itself.

1. There is a certain definiteness about the experience of the members that is positively refreshing. The discussion on Clinical Medicine is full of practical ideas. The cases cured by one remedy are typical ones, and the report shows an "accuracy in the use of weapons" that should be emulated. *Dioscorea* for the symptoms of spasmodic stricture of the urethra is an important fact. The paper on *Fistulæ* (now being published) will be read with interest and profit.

2. The report itself is a model in its way. The plain, knotty facts are concisely recorded, without "puffing," windy discussions or unnecessary detail. To secretaries of other medical societies we would say, "Follow copy."

This society may be small, but its discussions will compare favorably with those of the ponderous American Institute. Go on in the good way, and you will arouse the physicians in your state to greater scientific accuracy in practice.

REVIEWS.

VESICO-VAGINAL FISTULA. By T. A. Emmett, M.D. 8vo., pp. 260. New York: W. Wood & Co., 1868.

The author has not aimed to search the medical records, or the writings of eminent surgeons who have given considerable attention to the subject of operations for the cure of recto-vaginal fistula, with a view of making his work a mere compilation.

His plan appears to be to give his own experience in this direction, and for this reason the book is the more to be prized, for it is not the simple multiplication of books that we need, but the practical hints and improvements that operators are able to make in the course of the treatment of a large number of cases of any one class of afflictions, thrown into readable shape, pointing out likewise the difficulties that they have met with, and the unusual and complicated cases that have presented themselves in their practice, and the best mode that they have found of relieving them. These facts should also be given in as concise a form, and in as expressive language as a proper illustration of the subject will admit of, and in this we think Emmett has succeeded.

First is given a general introduction, in which he considers that a new era was brought about in treating these injuries by the application of the metallic suture, and also the form of speculum which J. Marion Sims introduced into use, these rendering this operation more certain of success than any other in surgery. In Chapter I. he gives the definition and cause of vesico-vaginal fistula — “an opening from sloughing into the bladder, resulting from delay in delivery after impaction has taken place,” with some few exceptions to this as a general rule.

Then comes, in the 2nd, a description of the instruments necessary for the operation, with a plate illustrating each one. In the next he makes some general and particular remarks upon the operation, and mode of managing the case; while in the remaining fifteen chapters, some seventy-five interesting cases, out of the two hundred and seventy, which up to October, 1867, he had treated, are described. The fact, that he was the assistant of Dr. J. M. Sims, and had seen him perform hundreds of operations, and that he is now Surgeon-in-chief of the New York State Woman's Hospital, and is constantly performing these operations, and also that he embodies his experience in this work, makes it a valuable acquisition to the list of surgical books. B. W. J.

THE EVERGREEN. A Monthly Magazine, devoted to Masonic Culture, Uniformity, and Progress. E. A. Guilbert, M.D., Editor, Dubuque, Iowa. 4to, pp. 16. \$1.00.

A journal of the first order, and ably edited. Our Masonic and Homœopathic brethren will be especially pleased with this sheet; first, because of its intrinsic worth, and second, because Bro. Guilbert is a staunch and energetic Homœopath — one of the pioneers and leaders in the North-West. May his zeal (Medical and Masonic) never grow less.

WHITTIER'S BAREFOOTED BOY. By L. Prang & Co., Boston, 10 × 13 in. \$5.00.

Perhaps no persons give more attention to the decoration of their homes than physicians. For offices, waiting rooms, and parlors, paintings and statuary are chiefly desired. The young practitioner often finds it difficult to possess these evidences of culture. To such, Prang's chromos are commended. This one represents a comely rustic lad, with trousers turned up, hands in his pockets, with the brightest of knowing yet

innocent smiles on a face half shaded by a broad brimmed hat; he stands on a rock in the middle of a brook, so entirely at his ease that he represents the perfect incarnation of Young America. A country farm house in the distance, a tree, and spring, make up the accessories. Our *excellent* patients could study this picture with great benefit to the future generation, as the little fellow is the embodiment of perfect health. It is difficult to be convinced that this is not an oil painting. Send for a catalogue.

ANNUAL OF PHRENOLOGY AND PHYSIOLOGY, for 1869, is received, full of interesting matter to the physician, whose life is devoted to the study of man. If one physician possesses more tact in dealing with human nature than another, it is because he understands his subjects better. Some facts may be picked up here.

SPECIAL REPORT OF THE TRUSTEES OF THE ILLINOIS STATE HOSPITAL FOR THE INSANE. Review of a report of a Legislative Committee appointed by the twenty-fifth General Assembly, This committee, appointed by the Legislature, recommended certain changes in the management of the Asylum—removal of the Superintendent, etc. This report exonerates the Superintendent, and believes the Asylum properly conducted. As the Superintendent is a liberal physician, we suspect jealousy was at the bottom of the matter.

THE ILLUSTRATED CATALOGUE OF H. C. LEA'S (Phil.) publications is a model in its way. Sent free on application.

CORRESPONDENCE.

THE MICHIGAN UNIVERSITY MATTER.

MARSHALL, MICH., Nov. 6. 1868.

EDITORS MEDICAL INVESTIGATOR—*Sirs*:— You have probably noticed the action of the Wayne County* Institute, as published in the last No. of the *Observer*, upon the subject of "Our Rights in the Michigan University."

As there has been a good deal of discussion upon this subject, I would like to say a few words to the readers of THE INVESTIGATOR; for it strikes me they may be misled by the publication of those proceedings, by mistaking that for the sentiment of the profession in Michigan. I think the true feeling of the profession in this State, outside of Detroit, was expressed at the special meeting of the Michigan Institute, held at Detroit last September, in which I was led to believe the Detroit practitioners fully acquiesced; but it seems I was mistaken.

In discussing the issue between these two bodies, I may as well say I shall not be drawn into any angry personal controversy.

I can not believe that the Wayne County declaration sets forth the real truth. I can not believe the press, the people, and a large proportion of the profession, regard the action of the Regents as a step in the right direction as a practical solution of what they regarded as a perplexing difficulty; nor do I believe the press, the public, and a large portion of the profession are in favor of applying to the Legislature for any modification of the law by which the power of the Regents shall be extended to Detroit, or any other locality outside of Ann Arbor. If the Regents wish to establish a separate school on the University grounds at Ann Arbor, with a full Homœopathic Faculty, and with all the privileges and the prestige of the University, the right to do so already exists under the law

as it stands. The law only restricts them to the locality and a perfect equality of rights and privileges, but not to one or a dozen professors.

Very much, and a great deal too much, has been written and spoken upon this subject by way of crimination and recrimination among Homœopaths. The profession has heretofore been in the fog about the University question, owing to the position occupied by the Regents. The reconstruction of the medical department of the University, like all other questions of reconstruction without precedent, was, for a time, in chaos. The profession had no fixed ideas or plans of operation. Discussion, and interchange of thought were necessary to a development of fixed plans. The profession in Michigan, almost to a unit, have settled upon the course of action expressed in the resolutions of the special meeting of the Institute in September. It was then determined that we would accept nothing short of a fulfillment of the law as it is, with a representation at Ann Arbor. The only difference of opinion expressed was upon the proposition to accept a separate department, with a full faculty, in lieu of a single representative in the present faculty. Those outside of Michigan know but little what we have to contend with. It seems that while we supposed all was clearly and definitely settled at our special meeting, and cheerfully acquiesced in, there still remained an under current running counter to our expressed views, and but now showing itself in an eddy at Detroit, tending to strengthen the Regents in their opposition to our legal rights. How far they may be successful is yet to be seen, and in how much the assurances of the Wayne County practitioners tended to influence this action of President Haven may never be known, but I think it pretty clearly appears that he did not believe there was perfect unanimity in our ranks, or he would never have ventured upon the strange course he pursued in his recommendations to the Regents in his annual message.

As the question now stands, proceedings are pending in the Supreme Court, on a motion for a mandamus, to compel the Regents to comply with the law. That motion is for hearing in January next. What may be the order of the Court, of course we can not anticipate. The proceedings in court are not the result of any action of the Institute, but of individuals, and the expenses are defrayed by individuals. The Institute has heretofore taken action upon this subject, and has raised more than sufficient funds to defray all necessary expenses of a prosecution, without any other result than the pocketing the money by lawyers, who, from some unaccountable motive, never filed their motion, or, as far as is known, took the first step towards obtaining a hearing before the court.

I have uttered these thoughts, not from a spirit of controversy, but to exonerate the practitioners of Michigan from any participation in, or responsibility for, the action of the Wayne County Institute. We wish our friends in other States to understand precisely how we stand,

Yours,

A. BAGLEY.

* [The following is the action referred to: The preamble, after recounting the action of the Legislature and the Regents, reads: "This proposition (to form a new college elsewhere than at Ann Arbor) in their (Regents') opinion, contained the only practicable solution of what they considered a perplexing difficulty, and this action of the Regents was considered by the press, the people, and a large proportion of the profession, as a step in the right direction." It then refers to the sophistry, duplicity, and special pleading of Prof. Haven to defeat the law (he contending that "the present Faculty was no more Allopathic than Homœopathic"); then "Resolved, That we utterly repudiate all such efforts, and declare that we will adhere to the fulfillment of the present law, or its equivalent, and, if necessary, will 'fight it out on this line,' if it takes another thirteen years.

Resolved, That we believe there are not insuperable difficulties in the way of filling the chair of Homœopathy in the medical department at Ann

Arbor, if they require each professor to attend strictly to his own duties, without interference with branches that he has not been appointed to teach, and make such other regulations as would ensure good order; *but inasmuch as the Regents have fears (doubtless unfounded) of harm to the medical department; and in view of prejudices on the part of the Allopathic professors, which the Regents regard; and desiring an amicable adjustment of the question, without any compromise of our just dues, we declare that we would accept a separate medical department as an equivalent for our rights so long deferred.* If this is agreed to by them, in good faith, *we will cooperate with them* in an effort to so modify the act of 1867 as to empower them to establish such separate medical department for the teaching of the Homœopathic system; this department to have all the rights, privileges, and benefits now enjoyed by the Allopathic department at Ann Arbor, and to be, in fact, a part of the University of Michigan."

We have italicized the parts to which special attention is referred.—Ed.]

"THE MEDICO-FINANCIAL QUESTION."

ED. MEDICAL INVESTIGATOR:— I saw, in THE MEDICAL INVESTIGATOR, an article on the want of promptness in payment on the part of patients. I enclose my bill-head to show how I manage. [On the bill-head is this note]: I am obliged to pay on short time for what I may require, and as I depend upon my labors for a livelihood, I will be forced to make prompt collections. I shall present accounts for settlement, by cash or note, each ninety days."

Oct. 25.

Fraternally,

HENRY T. F. GATCHELL.

CLEVELAND CORRESPONDENCE.

DEAR DUNCAN:— I have stopped to rest my weary feet awhile in this favored spot. Cleveland is 100,000 strong in population. In a short time, living any where outside of Cleveland will be mere existence. I have been taking its Homœopathic statistics, and they relatively exceed its growth of population. The friends of Homœopathy have it all pretty much their own way here, I should judge.

The Hahnemann Life Insurance Co. is thriving beyond the expectations of its most sanguine friends. They tell me they will soon be out with an honest and flattering annual report. The ladies who have charge of the new Homœopathic hospital on the Heights, have just been holding a brilliant and successful hospital fair. The hall was superbly decorated, and the booths conducted by beautiful young ladies in costume. But to my mind — or stomach, rather — the most charming thing about the fair was its daily dinners. The tables were sumptuously and abundantly supplied. The proceeds will not fall much short of \$2,000. The hospital is greatly disappointing its friends by doing so much better than they had hoped for. At present it has about fifty beds, and they are almost daily receiving new occupants. The hospital is under the care and patronage of the ladies, who are displaying great energy and liberality in its management.

The new college buildings are not the defunct water cure you supposed, but formerly a popular literary institution, under the care of Professor Humiston, whose health failed, and he sold the property to the college for \$35,000. The medical class now numbers seventy, and I see that students continue to arrive daily. A large number of important operations have already been performed before the class, and the students, by sections, daily visit the wards. The real beauty of this whole thing is that the treatment, surgically and medically, is purely Homœopathic.

Besides these there are the *Pharmacy* and the *Medical and Surgical Reporter*, and the County Societies, and the Woman's College, etc., etc., too numerous and important to be mentioned in this hasty letter.

Nov. 12.

M.

QUERIES AND ANSWERS.

"*He that questioneth much shall learn much.*"—BACON.

OBSTETRICAL.—"Is it ever necessary to induce abortion?"

Yes. 1st. In cases of obstinate vomiting, which has resisted all treatment, and the patient is reduced to an extreme state of anæmia, so that a fatal termination is anticipated; in such cases artificial delivery is justifiable, but it should be with the concurrence of at least two or three other well experienced medical men.

2nd. In extreme contractions of the pelvis, where uterine tumors exist, in extreme dropsy, serious and irremediable displacements of the womb, and hæmorrhages which threaten to compromise the life of the pregnant woman, and can not be controlled by any other means or treatment.

T. G. C.

GYNECOLOGICAL.—"What is the usual age in the U. S. that menstruation commences?" Fourteen. "What is the climacteric age?" Forty-two to forty-five. "The change of life, what is its duration?" Three months to three years (a nebulous question). "What are its first and most prominent symptoms?" Chiefly nervous—tendency to certain phlegmasiæ and fevers.

R. L.

JURISPRUDENCE.—"What are the best text books on Medical Jurisprudence?" For all practical purposes, Taylor's is the most useful. The best is Beck's, undoubtedly, but for the general practitioner it is more than he wants. Taylor's work, and the small work by Cassanova, are all-sufficient.

"How far would a physician be responsible in cases of death from violence, when the injured party has died *indirectly* from want of proper medical attention?" The law sustains the charge of *murder*, if the *intent* to kill is proved, although the injuries inflicted may not be sufficient to cause death, if prompt and efficient medical aid be rendered. But if the party is indicted for *murder*, and the wounds are shown to have been inflicted by accident, or *without* intent to kill, the law clears the accused, but can take no cognizance of the physician's mal-practice, unless an action is brought by the relatives or friends of the deceased.

JURISPRUDENCE EDITOR.

MATERIA MEDICA.—"Which is the best work on Materia Medica for the young student or practitioner?" Snelling's edition of Hull's Jahr.

"Which is the best work for reference and consultation for the busy practitioner?" Snelling's edition of Hull's Jahr. Those who wish to scrutinize the symptoms of a case very closely, may have recourse to Hahnemann's Materia Medica, and his Chronic Diseases, with Bœnninghausen's Therapeutic Pocket Book, and also Gross's Comparative Materia Medica.

W. W.

LAGER BEER AND HEART SYMPTOMS.—"Would Dr. Hedges prescribe lager beer to cure symptoms similar to those he attributes to its use?"—Dr. S. If I could not find the *similar* remedy, I then *might* prescribe the beer.

S. P. H.

CLIMACTERIC MENORRHAGIA.—"In the April No., Vol. 5, you mention the use of *Sulphate of zinc* in *Glycerine* as a remedy for this new disease. How is it prepared, and how much was used?"—Dr. R. We quoted the article from the *New Orleans Med. and Surg. Journal*, as it contained

points of interest. A drachm of the *Sulph. of zinc* was dissolved in two ounces of *Glycerine*; 20 to 40 drops were used. One injection only was cautiously used.

THERAPEUTICAL.—“Which are the best therapeutical works for the busy practitioner as works of reference?” There have been no works issued, as yet, on the subject of Therapeutics, that come fully up to the requirements of the Homœopathic profession. The most useful work which I have found, and the one I consider the most reliable, is Bœnninghausen’s Therapeutic Pocket Book. A most wonderful production, but not by any means appreciated.

Consulting this work, as I have frequently done, in both acute and chronic diseases, in order to find the proper remedy, it has given me more light and greater satisfaction than any work yet issued for the use of our school as a therapeutical guide. With the aid of this work, and Gross’s Comparative Mat. Med., and Lippe’s Text Book, I feel well prepared to practice Homœopathy intelligently and satisfactorily.

The late Dr. Joslin, of New York, a man of fine mind, and one of the closest prescribers, always carried to the bedside of his patients, in his daily rounds, the “Therapeutic Pocket Book,” for the purpose of consulting its pages. And the uniform accuracy of his prescriptions was sufficient testimony as to the great value of the work to the busy practitioner.

C. C. S.

SURGICAL.—“Whose splints are the best, and which of the set are most used?” Welch’s set — being composed partly of gutta percha and partly of wood. Those for fractured arm or forearm.

“In amputations of the middle third of the femur, which operation is the best — and does the condition of the muscles ever influence a choice?” The operation by anterior and posterior flaps is the best; the muscles are thus severed more evenly, and a better stump is made for an artificial limb. The muscles, in a state of health, are never so largely developed, or so much wasted away, at this point, as to require, on this account, a different operation. In operating on the femur, always take off the limb as near the knee as circumstances will admit, so as to leave the rectus femoris muscle as long as possible; for the longer this muscle and the stump are left, the greater power will the patient have to throw forward the stump, and consequently the artificial limb that may be attached to it.

B. W. J.

THE CRITIQUE.

“Nothing extenuate, nor ought set down in malice.”

In accordance with “the eternal fitness of things,” it seems to us that Dr. Lennard’s reply to Dr. True’s inquiries deserves a place in the Critique.

We can not “let up” on Dr. L. because of his promise: “at no distant day I will endeavor to give you a more concise and graphic paper upon this subject.” On the contrary, we must pick a bone with him for being so unparadonably obscure. There is absolutely no excuse for an undigested medical paper. The contributor must have the knowledge, the time, and the disposition, to do the best. By the very fact of sending in an article, he calls the attention of all his readers to himself, and it is at least “rough” to find, when you have given time *and* attention, that he merely lifts the cover of an uncooked dish, and assures you that he knows it to be uncooked by his profuse promises of taking more time and trouble “at no distant day,” to make it palatable by doing it as it should be done — this very promise implying that he *can* cook it properly when he chooses so to do.

Of Dr. L.'s ability, "at no distant day," to give the symptomatic indications for the employing of different triturations, we have nothing to say. Our business is with what he has said; and we bespeak from Dr. L. a candid consideration of our objections, assuring him that we seek only the general good of our common profession.

The obscurity of which we complain is this: Dr. True asks, "when one trituration or potency should be used instead of another." Dr. L. replies, "For the following symptoms, I find that the 3rd, OR HIGHER POTENCIES, act best." Surely Dr. True must "see" Dr. L. as somewhat of a *simili-mum* to that enterprising showman who said, in reply to an inquiry from one of his patrons: "You pays your money and you takes your choice!"

Why the list of symptoms given by Dr. L. particularly indicate *Podophyllin* in any potency, we are at a loss to imagine. We can "cover" them with several other remedies, and would not give the toss of a copper for any "choice" among them. As every remedy has its modalities, Dr. L. is *obscure* in omitting that or those pertaining to *Podophyllin*, and his symptoms are specifically valueless. The same obscurity obtains in his pathology. He says the discharges are "watery or pultaceous;" yet, he adds, they contain "mucus, pus, shreds of lymph, and sometimes blood." Surely here are the "ingredients" for something other than "watery or pultaceous" stools. In this concatenation of the Doctor's symptoms, "there is dryness and constriction of the skin, which is yellowish or sallow, and seems shriveled, with imperfect action of the kidneys, peristaltic action of the bowels, and general debility from long continued disease." This is severely vague; and as there are several monographs on "imperfect action of the kidneys," we do wish the Doctor had specified just a little. As it now stands, the Doctor's sentence informs us that "peristaltic action of the bowels" obtains; but, divining his meaning, we take it to be "imperfect," and find ourself the same license in determining the "action" of both bowels and kidneys.

That Dr. L. has had his hands in the flesh pot of Old School "science," is evinced by the following gem:

"In the 3rd potency, *Podophyllin* acts as a tonic upon the stomach and mucous (*sic*!) membrane of the bowels, giving them that healthful and normal action which long and continued disease had deprived them of, and which nature is unable to furnish without the aid of proper medication."

In the face of this, how *can* Dr. Jno. F. Gray write doleful letters from Saratoga Springs, saying that "we are losing our status;" that Homœopathy will "go out in the world, unless the students of our method are better educated in the arts and sciences than are those of the Old School."

We depart from "our status," and (we think) go down, when we begin to ape the "Old School;" for surely a Homœopath is never so little an one as when he tries to be an Allopath. And if he is only laughed at for the attempt, Dr. L. may take a friendly hint in kindness.

But Dr. L. continues: "In the more acute stages of the disease, where there is torpor of the liver and congestion of the portal circle, and where it is necessary to overcome the atony of the small intestines, I find that the lower potencies act best."

"The more acute stages of the disease" — *what* disease? Why, "chronic diarrhœa," of course! Do we expect to find "atony of the small intestines," which "it is necessary to overcome" in chronic diarrhœa? Out with your pathology, Doctor, for we do not understand you. It is, at least, a question, if we could have "atony of the small intestines," with "congestion of the portal circle;" but with "torpor of the liver," and "atony of the small intestines," we should expect constipation to exist, and of course a few powders of the 1-10th of *Podophyllin* would be *very* "homœopathic" to that condition!

But we will present a case, diagnosed chronic diarrhœa* by Dr. L., to

* MEDICAL INVESTIGATOR, Vol. V., pp. 132-3.

show his use of the "lower potencies." F. K., a returned soldier, found suffering with chronic diarrhœa, and in "an almost hopeless condition, both mentally" ("demoralized?") and physically. His bowels moved every half hour; the passages looked like the washings of fresh meat. Severe straining and tenesmus attended each stool, and for ten minutes thereafter a severe burning pain was felt deep in the rectum, etc." "Believing *Podophyllin* indicated, I administered it in the first decimal trit., one grain after each passage." Was it "necessary to overcome the atony of the small intestines" in this case of semi-hourly stools?

Do we find "passages looking like the washings of fresh meat; severe straining and tenesmus attending each stool, and for ten minutes thereafter a severe burning pain deep in the rectum," in "chronic diarrhœa?" Surely this case is not within the scope of the Doctor's "symptoms indicating the use of the different potencies;" and until we shall have had that "more concise and graphic paper upon this subject," we must regard the "indications for the use of the different triturations of *Podophyllin*," as "*lying around very loose.*"

CARL MÜLLER.

SURGERY OF OUR JOURNALS.—In the November number of the *Hahnemannian Monthly* appears an article of about five pages, called "A Complicated Surgical Case," which was an oblique fracture at the lower third of the femur, occurring in a patient aged 75, with valvular disease of the heart, and who, likewise, twenty years before, had sustained a displacement of one of the semilunar cartilages of the knee of the injured side. The patient expired suddenly about the sixth week, and a post mortem revealed a calcification at the seat of fracture, although at the end of the third week crepitus was still heard.

After describing the symptoms of, and Hey's mode of reducing a displaced semilunar cartilage, Doctor Von Tagen adds: "As a means of allaying pain during manipulation, I would suggest the ether spray as an application." In our experience with this latter injury (and in this city, where jumping off the street cars while they are in motion, is the fashion, we treat a good many such cases) little or no pain attends its reduction. Ether spray can only act superficially in such cases, and as any pain that might occur would, most likely, be deep in the joint, ether spray anæsthesia would be useless, independent of the probabilities of producing a chilliness with the spray, and a spasmodic rigidity of the extensor and flexor muscles that act upon the knee, when what is here needed is relaxation of them, so that the surgeon can throw the leg back with sufficient force. In the *U. S. Med. and Surg. Journal* for October, it is pleasing to find a notice of Dr. J. Stilling's new operation for the radical cure of stricture of the lachrymal canal, by which the old mode of external opening, and the disfiguring appearance of the stylet or canula is done away with, an internal incision being made.

In the September number of the *Western Homœopathic Observer*, we find an "Interesting case of Surgery and Allopathic diagnosis." It appears to have been a fracture of the fibula which, on account of the pain, and some swelling, the Allopathist could not make out at the time, and called it "a severe sprain of the ankle," and subsequently said it was a "fracture of the heel, or heel-bone." The pain and swelling went on increasing for two or three weeks, the doctor not being able to touch or handle it, on account of the suffering it would give the boy, saying that "he was unable to tell the extent of the fracture, if any existed," and that "he must wait patiently the development of the case." In the name of humanity and common sense, why did not the "regular" doctor put his patient under the influence of an anæsthetic, and make a thorough examination of the case at first, when the injury was received? The case afterwards came under Dr. W. Tod Helmuth's care, and recovered with (Homœopathic) surgical treatment for fractured fibula.

In the *New England Medical Gazette* for November, Doctor C. H. Walker gives a case of imperforate anus, on which he operated with success. Hiccough and retching were present, the nurse not having discovered that the child had no anus until thirty-six hours had elapsed. An incision half an inch long and one inch deep was made, and then a large female catheter was pushed up into the rectum, and on its withdrawal, meconium was found present. In such cases, a matter of life or death is involved, and the operator must cut boldly, fearlessly, and sometimes deeply, until he relieves the case by making an outlet for the fæces.

CHIRURGICAL CRITIC.

"RECENT PHYSIOLOGICAL OBSERVATIONS."—It was hard to resist a smile in reading the laudations of "Prof. Salisbury," by your credulous correspondent A. W. W. The labor of said Prof. S. "deserves the gratitude of the medical profession," and yet "his numerous and eminently instructive contributions to physiological science," are to be accepted "*cum grano salis*." Why did not your correspondent sprinkle in the salt with the matter, as he dosed it out? Why did not he explain that most men make "upwards of 35,000 observations" in eight years' time? A man might as well boast of the number of his respirations, or voluntary muscular contractions. "Thirty-five thousand observations" might mean a good deal, or very little, and in either case, it looks well at the head of an article, and might cause some to consider the writer's words as oracular. Prof. Salisbury claims to have seen wonderful things in the blood, in muscles, in urine, every where, fungi, algæ, spores, cells, short ones, long ones, broad ones, narrow ones, some crooked, some straight, and his claim is true because he has illustrated them "by plates." Have those pictures done the business for your correspondent? Besides, "Prof. Salisbury" has named these marvelous creations, and every time the cell takes on a new twist, it is christened with a new cognomen. And, moreover, syphilis and gonorrhœa are found out at last. But they lose half their charm in the revelation of their being mere vegetations. Leucorrhœa is another agricultural complaint, the effect of a sort of Canada thistle growth on a smaller scale.

Believing all this, can you tell us, Mr. Editor, or can your correspondent inform us, whether the vegetable diseases are likely to be best treated by farmers, or doctors?

If "A. W. W." will consult the last number of the *American Journal of Medical Science*, and carefully read the article of Prof. Wood, he will cease to quote "Prof. Salisbury," unless it be to illustrate the physiology of dreams.

T. P. W.

MEDICATION BY CONTACT.—I do not see any reason to doubt the possibility of the alleged medication by shaking unmedicated pellets together with the medicated, and this not by any fancied dissociation of force and matter, but by diffusion of matter itself. We know that emanations constantly proceed from most substances, and it is probable they do from all. Nor is the tendency to diffusion confined to the softer bodies. Brass can be smelt as well as molasses.

We have no right to assume the absence of emanation because of the absence of odor. Atmospheric air gives no intimation to the sense of smell of its constant contact with the nasal membrane, and such undoubtedly is the case with numerous substances. Gold may give off emanations as freely as brass. Caspar Hauser could recognize the proximity of any metal. How minute the constituent molecules of emanations, the familiar example of mush illustrates. Whether in case of the alleged medication by contact, the communicated matter is too attenuated to be detected by the spectroscope, Dr. Jones will, no doubt, sooner or later, inform us.

May it not be that the exceedingly attenuated ether which physicists recognize as pervading space, may be composed of emanations from suns and planets, especially from the former? H. P. G.

"INDICATIONS FOR THE DOSE."—Thanks for your "collected material," in reply to the query on p. 56; which, if I read correctly, no two agree; and, as to their answering the question, let us collate them a little, and see how closely they apply; and then we can judge better what answer to give to your last question, so complaisantly asked: "Have we not already collected materials enough from which to deduce a rule for the selection of the dose?"

Dr. Lennard's statement is: "I use the different triturations as the symptoms indicate." (MED. INVES. Vol. V., p. 133.) O. W. True wants to know, "When the symptoms indicate the different triturations." His kind reply is, "Old and truly chronic cases" do better on "3rd potency upward to the 6th." In acute cases, "the lower potencies act best." Need I grope in the dark longer, with this answer before me?

The venerable Dr. E. Clark, than whom there is none who I have more respect for, replies: "The temperament" is the key by which the "enlightened physician" can easily recognize what trituration — "dose" — to use. Whose system of "temperament" shall we follow? Oh! that I had this enlightenment!

Drs. Sharp's and Black's rule is to "be obtained from the provings," and from the "symptoms, differing in kind and degree," as they "arise from the mode in which medicines are administered." Have we such symptoms and provings?

Hahnemann's rule is: "upon the susceptibility of the patient," viz: those who are robust are of blunt susceptibility, and require the strongest dose, and those of a "weakly and delicate state, only in a very minute dose." Who can diagnose the susceptibility of the patient, notwithstanding his rule, only, in a limited degree, in practice, before prescribing for him, with the present state of medical knowledge attainable.

Collate your bundle of replies with True's first, or original query to Dr. Lennard, and then read your last query to Dr. True, and give us the deciding and decisive yes, or no. O. W. TRUE.

[We believe there has been experience enough since the days of Hahnemann, in the use of the different potencies — material collected — from which to deduct indications for the dose. Who has the time for and means of collecting said experience?—M. ED.]

REPORT OF MASS. MED. SOCIETY SESSION.—The report of our State Society meeting, as printed in the *Gazette*,* makes me out as saying very little upon the subject of Epilepsy. Perhaps the report embodies all I said, but I think not, by any means. I did not say I had used *Bromide of Potas.* with the same results as Dr. Gregg. I have never used any but the homœopathic preparation of *Bromine*, and that, too, never lower than the 9th or 12th centesimal; and the results obtained with it have been perfectly satisfactory — *cures* being the result, and not simply *relief*. I do not wish to be understood as giving *Bromine* only in such cases — as there are those where other remedies are indicated and used, the most prominent of which is *Bell*. I do mean to say that in such cases as to my mind have indicated *Bromine*, the result was always satisfactory.

BOSTON, Nov. 28.

G. M. PEASE.

THE TYPES — not of mankind, but of the "upper" and "lower" cases — sometimes try the soul of the writer, as I have no doubt the writer's manuscript often does the soul of the printer.

I fear that I am the involuntary cause of a great deal of cursing, both deep and loud. But a respectable chirography is so far beyond my

* We published the same report.—M. ED.

capacity, except with consumption of a preposterous length of time, that I do not clearly see any remedy.

As a consequence of this irremediable deficiency, reducing compositors and proof readers to frequent guessing, I recollect at this moment but two or three of the considerable number of articles that I have furnished to different periodicals, within a year, that have appeared in a perfectly correct form.

As there is no hope of any improvement in my chirography, I beg that readers may attribute all obvious inelegancies and errors to the cause indicated above.

H. P. GATCHELL.

[Clean "copy" does not always insure clean "proof;" nor does corrected "revise" insure a correct page. We read "proof" sharply, but sometimes too hurriedly to be accurate. The cares of a growing practice at times provokingly interfere with editorial labors. If we "misprint" any of our contributors' articles (we try not to), we are ever ready to make amends. Our printers, be it said, stand at the head of *their* profession in the West.—M. ED.]

SPECIFICS AND HOOPING COUGH.—In treating this disease, we would impress upon the mind of the homœopathic physician, the great importance of observing all the symptoms in each particular case, including the concomitant symptoms; for the choice of *the* remedy depends entirely and exclusively upon the *symptoms*, which must be gathered with the utmost care, and by the most patient investigation. If this is neglected at the beginning, there is no use to attempt to proceed any farther; for success will not come through experimenting with divers drugs, given at random, with rapid repetition, skipping from one to another, without stopping to consider the peculiarities of each particular case, and observing wherein they differ one from another. All this has been repeatedly gone through with, and defeat still stares the experimentors in the face.

No improvement has yet been made upon the mode of practicing homœopathy which Hahnemann taught us. All seeming improvements have, upon close examination, proved a grand combination of *untruths*, set forth in the garb of truth, to mislead the unwary and the wavering. Beware of false teachers; they are undermining the pillars of the temple, rejecting the truth themselves, and causing others to reject it. It is a fact, and one which will bear the closest investigation and scrutiny, that the successful homœopathic physicians throughout the world, are those who adhere closely to the teachings of our master. No one can gainsay this; while, on the other hand, those who are busying their time in mixing together Allopathy and Eclecticism with Homœopathy, are bringing disgrace to the cause, discredit to themselves, and daily driving intelligent patrons from our ranks.

Our Allopathic and Eclectic brethren can teach us nothing in therapeutics; we, on the other hand, can teach them every thing. Persistent efforts in the directions above named lead out upon an open and tempestuous sea, with no settled opinion or belief in *any* system of medicine. Homœopathy is a universal law, or it is no law at all; and the proper application of it in disease will always be crowned with success.

After gathering the principal symptoms, beginning with the character of the cough, peculiar character of the expectoration, and the periods of aggravation, investigate carefully the concomitant symptoms; for it will often be the case, that among these one or more will be found calling attention to the proper remedy.

We knew a child under treatment for this disease who failed to improve, notwithstanding the remedy for the cough seemed to be carefully selected and judiciously applied; but on further examination, the little one was found to be suffering with worms, which fact changed the whole nature of the case; and the symptoms in this direction pointing unmistakably to

Cina, the child speedily recovered under its use; the drug covering not only the worm symptoms, but also the symptoms of the cough.

When called to a case of hooping cough, we are never in a hurry, for we want to find out all we possibly can, writing down every symptom carefully, and gathering all we can of the general condition of things by watching the child, and listening to the mother's remarks. If, when all this has been gone through with, we are sure of our remedy, we prescribe at once; but if our memory fails us, we defer the prescription until the next visit, much preferring to do this than to make a wrong prescription. Following this method, it is a rare thing indeed that we have to do the work over the second time.

We can not forbear, just here, to briefly relate an instance of careless prescribing (to call it by as mild a name as possible), and place along side of it a case properly treated, with the hope that they may at the same time serve as a warning to those just entering upon the practice of our noble science, as well as stimulate those who have already been guilty of lowering our standard in the eyes of the people, to put forth their mightiest efforts towards a proper understanding of our *Materia Medica*, and the right application of drugs in disease, in strict accordance with our law of cure.

One of the oldest homœopathic physicians was called to treat a case of hooping cough, and after experimenting with numerous drugs, and going through with a large amount of *guessing*, without, of course, affording any relief, ordered, as a last resort, Cod liver oil, and left the case to be combated with this most delightful and palatable article. It was not long after, a child living under the same roof was attacked with this disease. We were called. On examining the case carefully, we found that the characteristic symptoms corresponded with those of *Drosera*, which being administered, showed at once a happy curative effect; only three prescriptions being necessary to bring about rapid convalescence.

Let us now consider the best method of exhibiting the remedies, the proper attenuations, and the repetition of the dose.

As regards the best method of exhibiting the remedy: we are in the habit of dispensing with powders and solutions, for the reason that in spasmodic coughs generally, even the mild, watery solution, in spoonful doses, oftentimes increases the cough, aggravates the spasms, and alarms the little one so as to cause them to shrink from, or refuse altogether to take the remedy at proper intervals. Dry powders are also open to the same objection, often being drawn back into the throat by sudden inhalation, causing serious trouble through a similar source of irritation. By reason of these objections, we have long been in the habit of employing the number 6 globule, giving but *one* for a dose, every three hours, gradually lengthening the time as the child improves. This globule is found sufficient for a dose, and dissolving gradually on the tongue, it is in no danger of producing irritation, and is liked by the children. As regards the attenuations used, we never go below the 6th centesimal, and usually above this figure, to the 12th and 30th, using but a single remedy at a time. Never having had the complete list of hooping cough remedies attenuated as high as the 200th, we have had no opportunity to test them in this particular direction, but intend to, and will make public our experience. The late Dr. Bœnninghausen had the most wonderful success in the treatment of this disease, employing exclusively the 200th potency.

In our next, and concluding article on the subject, we will examine some of the prominent drugs for hooping cough, with their characteristic symptoms. Also introduce a remedy but little known and used in this connection.

THERAPEUTICAL CRITIC.

THIS NUMBER.—The heavy editorials and Critique have crowded some of the subdivisions of the Editorial Department out of this issue completely. Perhaps our readers are gainers thereby. (?)

THE

MEDICAL INVESTIGATOR.

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FISTULA IN ANO — ITS SURGICAL TREATMENT.

BY W. EGGERT, M.D., INDIANAPOLIS, IND.

HAVING said thus much about the medical treatment,* I come now to the Surgery. The first question we meet is, When, and under what circumstances, shall we operate? I do not intend to enter into any argumentation on the different opinions among the profession, but shall merely give you my experience.

If I have to treat a *blind external fistula*, I operate after (for a reasonable time) medical treatment has been given in vain. In the *complete*, or *blind internal* fistula, I advise an operation at once, but with reservation. If depending upon traumatic causes, with otherwise no organic lesions, I can not see any reasonable objections to operating at once; but if the fistula is one of the constitutional variety, complicated with a disposition to apoplexy, or with an organic heart disease, or with tuberculosis, etc., then I pause for reflection. Is the organic lesion of such a nature that the result of the removal is doubtful? If so, I never advise an operation. But if there is a reasonable prospect that constitutional treatment may overcome the lesion, I may risk, with full consent of my patient, an operation. I hold, that under such circumstances, it is my duty to inform my patient of his exact condition, with all hopes and fears, and relieve myself, to some

* See January issue, p. 141-4.

extent, from a great responsibility. But the diagnosis of the case must be a certain one. I never wish to be guided by a mere supposed phthisis, or otherwise mere apparent disorder. I want the truth, provided I can get at it.

Having decided to operate, and having brought the system to a proper condition, we may choose one of three ways. We may (1) apply the ligature; or, (2) use the counter-extension of the sphincters, so as to paralyze them; or, (3) we may resort to the knife, and lay the whole track open. Each mode has its strong advocates, but I prefer the third mode. The first and second I have practiced many times, and always found them to be long and tedious; often disappointing and uncertain, wearing out the patient as well as the doctor, and, more than that, I had sometimes to operate after all. I rely on the knife. The operation itself is not so difficult as one might suppose, if no complications exist, or if different tracks do not have to be converted into one.

A very important item is the probing of the fistula; for, if the mischief is of long standing, it will be sometimes difficult, and very painful, too, to let the probe run through into the rectum: yet, cases have occurred, in which the callosity and the accumulations of fecal matter have obstructed the passage to such an extent, that the probe was pushed through healthy parts into the rectum! In making the diagnosis we need not be in great haste, and if, on account of obstructions, it can not be done at once, let us take ample time to do it well and gently. The diagnosis of the blind external fistula will seldom be difficult; more trouble is encountered in a complete fistula, and the internal blind one will almost always require great skill and perseverance.

Describing the operation itself, allow me to use the words of Dr. Franklin: "If the fistula is of the blind external variety, a probe-pointed bistoury is to be carried upwards to the further end of the fistula, until it rests against the finger, and then withdraw the probe; perforate the wall of the rectum, and, with the end of the finger on the point of the bistoury, draw both firmly and gently out of the anus. As soon as it is fairly emerged, push the handle firmly towards the orifice, so as to divide, at one sweep, skin, sphincter and bowel. If the fistula is of the blind internal variety, the operation will be preceded by puncturing at the side of the anus, making the external orifice, and converting it into the fistula complete. The point at which the puncture is to be

made can be determined by passing a bend-probe into the fistula from the bowel, and following the track downwards, feeling for the end of the probe with the finger pressing upon the side of the anus. After the fistula has been made complete, the operation is to be conducted the same as for the blind external variety. Great care and diligence should be employed to discover, if possible, the internal orifice, as the disease is very likely to return if this opening is not divided with the other structures." There will be occasionally severe hæmorrhage, for which are recommended cold injections, compressions, the *Persulphate of Iron*, etc. In my experience of late, I know of nothing better than the application of ether-spray. By it, the most severe hæmorrhage I ever saw, on such occasions, will be controlled in a moment. More than that, if the ether has been applied to the parts operated upon, hæmorrhage will hardly occur, unless it be that the fistula is very deeply imbedded. The operation accomplished, the next very important point is that of external applications.

It would not well agree with the necessary brevity of this report, should I attempt to dwell upon all the different applications recommended for this disease. I shall state only what experience has taught me to be the best. Neither the different kinds of caustics, nor any other appliances, have met my favor so much as the finger, armed with a good nail, which (the patient, of course, being under the influence of chloroform, or local anæsthesia has been applied) I carefully introduce into the sinus, and with which I tear off the pyogenic membrane covering the inner wall of the fistula.

Speaking of this manipulation, I can not withhold an expression of my astonishment in regard to the carelessness with which — I may well say — the majority of our surgeons and accouchers attend to their hands and fingers! Who will deny that a soft, clean hand and finger, especially the index, with a sharp, nicely conical-cut nail, will often save the medical man great trouble, and spare the patient a great amount of unnecessary pain.

The membrane, then, is torn off, and the bleeding stopped. I apply nothing else but a strip of lint saturated in diluted *Calendula*, and insert this deep into the bottom, and fully from one end to the other, so as to facilitate granulation throughout. *Opium* may be given to confine the bowels for a few days. Still, in progress of healing, or filling up the fistulous track, we may some-

times meet obstacles. We wait, and wait, but progress is very slow, especially in persons scrofulous, and with a very debilitated constitution, broken down from disease or poverty. In such cases, I have applied, with great success, the negative pole to the sore. The effect is sometimes surprising; and, let me say that, in such cases, usually *Phosphorus*, 200, internally, will accomplish all that we desire. I have also made this application several times to old indolent ulcers with very gratifying success. An abluion with tepid, weak salt-water, every other day, is likewise very advisable.

SURGICAL THERAPEUTICS.

I FEEL constrained to say something in regard to the Pennsylvania Homœopathic Medical Society's Transactions, that has not been touched upon by your "Chirurgical Critic." We are favored with a list of improved instruments and new operations, but not one word on the application of our remedies to the diseased conditions mentioned. It seems to me that much time is wasted at our meetings by such reports as the one made by the Committee on Surgery at the meeting above referred to. It is foreign to our mission to be forever spending our time devising new operations, when we *should* be studying how to do away with them altogether, save in cases of accidents. Operations, *merely*, can be left to allopathy; let us give *the therapeutics*. If this committee had told us how many cases of strabismus had been cured by the use of the appropriate remedy, in place of the number of cases operated upon, we would have heard something worth hearing. I do not say the day has come when operations are not the only means left open for us in many instances, but, simply, that we are not the ones to perpetuate them; that it is our duty to prove our remedies as all-powerful for good in surgery as in practice in general. He is not the best surgeon who operates in every instance, no matter how skillfully the operation is done, or how successfully, but he that cures his patient without resort to the knife. Let us hear less about instruments, and more about remedies. Of course, there are many operations that can never be done away with, particularly in restorative surgery; but as a means for treating *disease*, the physician should blush for shame when he is compelled to cut off the unsound part, acknowledging

the insufficiency of his means of cure, or his want of knowledge of the Symptomatology: particularly should this be so when he has treated the case from the beginning. Allopathy gives us many *medicinal* diseases that seem to be utterly incurable: here, in many cases, we have to call operative measures to our aid; but let us *never* have such cases result from *our* practice. The journals are full of accounts of operations for the extirpation of ovarian tumors, but I do not recollect ever to have seen a case reported, in which an *attempt* even had been made to cure them by the use of *Apis* and other remedies. Bronchocele is another instance; it is unsafe to operate here, and so remedies are oftener used, and we know that they have cured. When no such danger attends the removal of other tumors, in other places, why not try remedies just as if the danger did exist? The profession have a right to demand less operative, and more conservative (Homœopathic) surgery in our journals and published society proceedings. Therefore, let me urge upon my co-laborers, that while there are cases in which, with our present imperfect knowledge of the action of remedies, we are necessitated to operate, do not report such cases; but give us similar cases cured by our remedies. That is what we need.

J. G. GILCHRIST.

December 16th, 1868.

“LEAD COLIC IN A CHILD.”

MR. EDITOR:—I thank you for the insertion of “Colic Case,” with the discussion. I cheerfully accept Dr. Lord’s criticism of “chemical,” instead of “mechanical.” With due deference to Dr. Ludlam, I wish to assert that *Alum* in *that* case was not “moonshine.” *Nux* had been given steadily during the whole attack, but on *Nux* the child would soon have died, so rapidly did he grow worse. But the improvement was very marked, indeed, after the *Alum* was given—as was remarked by the parents—and *did not* commence until then. On *that* point nothing can swerve *me*. As to *Sulphuric acid*, suggested by Dr. Lord, I gave *Sulphurous acid* a good trial. Perhaps it was not as efficient as the *SO³* would have been.

Hoping to hear from others on this and kindred topics, I remain,
Very truly, yours,

C. D. FAIRBANKS.

OTTAWA, ILL.

COLICA PICTONUM.

BY J. H. GALLINGER, M.D., CONCORD, N. H.

I WAS greatly interested in reading Dr. Fairbanks' report of a case of lead colic occurring in a child two years old, as well as the instructive discussion that was elicited on the subject, as printed in THE INVESTIGATOR for December, 1868. It has been my privilege to treat a considerable number of cases of that disease, and I have no hesitation whatever in saying that the case alluded to was a genuine one of Colica Pictorum. The author of the report undoubtedly made a mistake, as suggested by Dr. Lord, in speaking of *Alum* as a "mechanical" remedy. It will be remembered that Drs. Eberle and Wood have testified to the beneficial results of *Alum* in the treatment of lead colic, the *modus operandi* of which is very plain. Lead has been absorbed into the system and remains there as an irritant poison. *Alum* is administered, the sulphuric acid which is disengaged, having a stronger affinity for the lead than for the alumina, unites with the former,—the inert sulphate of lead, a harmless and insoluble salt,* being the result, which the system can readily dispose of. While I am very fully convinced, that with the Homœopathic Symptomatology as our guide, we can usually find a remedy for all forms of disease and every variety of symptom, yet it is profitable for us, in some cases, to investigate the chemical relations of the drugs administered to the chemical condition of our patient—for if we absolutely know that the system is suffering from the presence of a poison that can be neutralized without harm, it certainly becomes our duty to avail ourselves of that knowledge.

I have employed *Sulphuric acid* in quite a number of cases of lead colic with apparently good effect. My attention was first called to the remedy in Jones & Sherwood's Eclectic Practice, in which the "White Liquid Physic" is advised, the formula of which is as follows:

℞	Sulph. Magnesia,	-	-	-	-	ʒj.	
	Nit. Potass,	-	-	-	-	ʒss.	
	Sulph. Acid,	-	-	-	-	ʒj.	
	Boiling water,	-	-	-	-	Oji.	Mix.

*Dr. Lord made a similar explanation during the discussion on the case of Dr. Fairbanks, but our reporter did not get his remarks in full.—ED. M. I.

My impression is that the Acid alone will be found preferable to any compound, and am satisfied that its use is philosophical, and that as a "chemical" agent — not "mechanical" — it deserves the attention of the profession. And in this connection it may not be uninteresting to inquire what the *Materia Medica* says on the subject. Under *Sulphuric acid* we find the following symptoms: "Sensitiveness of the region of the stomach to the touch. Pressure at the stomach, with constant nausea and yawning. Violent contractive pain in the stomach and abdomen. Pinching in the abdomen, towards the lumbar region. Pinching and cutting in the abdomen, with violent pressing on the rectum. Violent pinching, cutting and writhing in the abdomen." Now if any one can epitomize the symptoms of lead colic better than that, I should like to have it done; so that our remedy is not only "chemically" indicated, but is strictly homœopathic to the disease. It is one of the strong proofs of the infallibility of our law of cure, that almost every drug that has performed cures empirically yields up the secret of its success when brought to the test of being "proved" upon the healthy organism.

And now, while speaking of this disease, allow me very briefly to allude to two instructive cases that recently came under my observation. A father and son were attacked with sickness at the same time, the symptoms in both cases indicating disease of the stomach and bowels. They were treated allopathically for two weeks, cathartic medicine being freely administered. Growing worse, they concluded to try Homœopathy, and I was accordingly called. A careful examination convinced me that lead poisoning was at the bottom of the trouble, and I communicated that opinion to my patients. The cistern was examined, but a rigid search failed to elicit any thing satisfactory. *Colocynth* and *Nux* were prescribed for two days in succession without much apparent effect, my mind still dwelling upon the thought that lead, in some form, had been taken into the system. As I entered the sick chamber on the third morning, the old gentleman exclaimed, in an excited manner, "Doctor, we are poisoned, and I know how it happened." He then proceeded to say that in the cellar of their shop a large quantity of old cider was stored, the owner of which had given them permission to make free use of it. The son was in the habit of procuring the cider, *which he drew through a lead pipe eight feet in length.* Here, then,

was the key to the mystery. Acetate of lead was being constantly formed in the pipe, and carried away each time the cider was drawn. The cases were treated with *Arsenicum*, *Bryonia*, *Colocynth*, *Nux* and *Sulphuric acid*, and both patients were convalescent in fourteen days. It is proper for me to add that hypodermic injections of *morphia* were used to relieve the severe paroxysms of pain. I am satisfied that in cities where the water is conveyed through lead pipes, much mischief is the result, and the influence of the profession should be exerted to have iron pipes substituted.

DR. AVERY'S CASE OF HERMAPHRODITISM.

AFTER having read the report of this case in THE INVESTIGATOR for November, 1868, we wrote to Dr. A., soliciting the privilege of submitting the castrated *testicle* to a critical examination. It was readily forwarded, and we received it in a good state of preservation. A short incision had been made through the *tunica albuginea*, wherefrom Drs. Avery and Lord had extracted some of the *tubuli semeniferi* for microscopical examination. In all other respects it was as when removed from the patient.

Enclosed in its tunic it appeared as any medium-sized testicle would, with one exception, to-wit: at the inferior extremity of the *globus minor*, and on its posterior surface, was a tumor-like enlargement, fully one-third the size of the testicle itself. It contained what we take to be the rudimentary *vas aberrans*, and was composed chiefly of cellular tissue.

We could find no trace of any excretory apparatus. The *vasa efferentia*, *coni vasculosi*, *epididymis* and *vas deferens*, had not even rudimentary representatives. Careful dissection showed that the *tunica albuginea* gave entrance and exit to only the vascular and the nervous supply of the gland.

The *corpus highmorianum* was not so pronounced as in the *bona fide* testicle. Yet the tubular structure was supported by fibrous tissue, and numerous fibrous cords extended from the gland-substance into the inner face of the tunic.

The lobulated arrangement of the *tubuli semeniferi* was not seen so distinctly marked as found in the ordinary *testis*. On "teasing out" they were readily unraveled.

With the microscope we found the seminal tubules measuring $\frac{1}{11}$ to $\frac{1}{8}$ of an inch in diameter. They present the *fibrous membrane* described by Kölliker; but we have not observed the "indistinctly fibrous connective tissue" of this histologist in the said membrane. We find it hyaline, appearing like a urinary tubule when divested of its epithelium. Nor have we discovered any trace of the *membrana propria* of this author.

The tubules are filled with faintly granular cells, averaging $\frac{1}{100}$ of an inch in diameter. In places the *tubuli* contain only amorphous granules.

We have not found any seminal corpuscles — unless the plainest marked granular cells can be called such. As these corpuscles in the human species attain a diameter of $\frac{1}{100}$ of an inch, and contain, sometimes, as many as twenty clear *nuclei*, with *nucleoli*, we feel safe in asserting that such elements did not exist in this *testis*. We have mounted preparations which show that the *tubuli* in this *testis* present such anastomoses as are found in the *orthodox* gland; and these preparations also show the origin of the tubuli in blunt, closed ends. What their method of termination is we have been unable to discover, we are only certain that it is not *outside* of the *tunica albuginea*.

We have been amused at the comments of the medical press on this case. A Dr. Lee, of Philadelphia, sent a very self-satisfactory article upon it to the *Medical Gazette* — a catch-penny sheet, edited, in part, by the consistent Dr. John C. Peters, who has left his *undigested* traces in our literature. The learned Dr. Lee thinks an "operation for *imperforate penis*" was just the thing, and not castration. After this profound gush, Dr. J. C. Peters adds in a foot-note: "We made no comment at the time of publishing the case referred to, simply because we deemed none necessary." (Of course, we did n't!) "It seemed to us as it does to Dr. Lee, that a clearer case of hypospadias was never recorded." — (*Vide* Peters' *Pathological Anatomy*, Vol. xx., p. 2935, London, 1895.) "It is so well-known, that in extreme examples of this malformation the scrotum usually presents the appearance of labia, thus simulating hermaphroditism, that there can be but little doubt of a man having been castrated in this instance." Well, we think if this gland was back again, and Dr. Lee could operate for *imperforate penis*, that patient might have got some first-class "Regular" M. D.'s out of *such a*

testicle as that! How these Allopathic homunculi could make their exit from the hermetically sealed gland let the said Peters tell, for he has had more experience in getting out of small holes than any one we know.

The only trouble with J. C. P. in this case is, that he does not know the extent of his own ignorance; yet it comes nearer home than he imagines, as he and any others can learn, by consulting the article *Hermaphroditism* in Todd's Cyclopædia of Anatomy and Physiology.

Dr. Avery's case is one of *True Lateral Hermaphroditism*.

CARL MÜLLER.

THE COLUMBIA AND GREENE COUNTY (N. Y.)
HOMŒOPATHIC MEDICAL SOCIETY,

MET in annual session, in Hudson, October 6th. President, Dr. P. W. Mull, in the chair. Dr. H. B. Horton, of Kinderhook, was elected member. Then the society went into executive session.

Afternoon Session.—Dr. Calkins offered the following resolutions, which were adopted: *Resolved*, That our by-laws be so amended as to impose the following additional duty upon the president, viz.: That he shall deliver an address before the society at each regular meeting.

Resolved, That this society deprecate the seeming carelessness of the Publishing Committee of the State Homœopathic Medical Society, in admitting articles in the published transactions, which reflect discredit upon the society.

The following officers were elected: President, P. W. Mull; Vice President, W. M. Sprague; Secretary, H. B. Horton; Treasurer, T. T. Calkins; Censors, Drs. Cook, Calkins and Horton. Dr. Mull reported some interesting cases of poisoning by *Arsenic*. Dr. T. T. Calkins then read a paper criticising an article in the transactions of the State Homœopathic Medical Society entitled *Hydro-Pneumo-Carditis*. He also read a paper upon *Sanguineous Otorrhœa*. Dr. Horton related an interesting case of *Chorea*. Dr. Sprague reported an obstinate case of nasal hæmorrhage cured by *Matico*.

Adjourned until May 11th, 1869.

C. P. COOK, *Sec. pro tem*.

HYDRO-PNEUMO-CARDITIS.

BY F. VANDERBURG.*

Discussed by T. T. CALKINS, M. D., HUDSON, N. Y.

S. S., of Foot-fall, Wis., ætat. 48, of sanguine temperament, and physical form that would class him with the minor giants, developing the energy, activity and self-reliance of a bantam cock, was seized at his home, in May last, with difficult respiration and pain at the apex of the heart: His physicians being embarrassed about the diagnosis, asked for advice; and the council ended in sending for a third, and the case was decided to be congestive asthma. No relief following the drugs, a fourth and fifth, and so onward to the sixteenth, was consulted, and his sufferings multiplied so rapidly that the urgent request of his brother induced him to come to Rhinebeck. On his arrival, it was to my advantage that his disease was so fully developed that no one could mistake it. He had not laid down in twenty days and nights, and had not slept an hour in any twenty-four. The lower extremities were greatly enlarged, and œdematous up to the trunk. His hands and wrists were swollen, but did not pit on pressure. The expression of his face was altered by œdema, and his eyes were dull and heavy. The inspiration extended to a line drawn across the chest half an inch below the nipples. The pericardium was full of water, and the valves of the heart, sharing the congestion of this organ, had given way. The blood rushed through with undeviating velocity, while the arterial pulsations, losing the guiding force of the heart, were not to be counted with accuracy.

I put him, at once, under *Aconite*¹ and *Arsenicum*¹, in drop doses, alternated every two hours for three days and nights.

On the fourth day his breathing was deeper, and on the fifth morning I found him lying at an angle of 45 degrees, and had three hours sleep. Ordered the drugs to be alternated every three hours. I saw him again at night, and absorption was rapidly reducing the size of his limbs. I ordered the drugs to be alternated every four hours.

On the sixth morning, to my surprise, found the heart pulsating, and ordered the drugs to be alternated four times in twenty-four hours, and I told him his immediate danger was passed.

He then said, "Can you prescribe ahead for me?" "Yes." "Prepare the medicines and write to my physician, and I will leave for Wisconsin by the first night train." "Why this haste?"

*[Dr. C. was not aware, when he made the following remarks, that the venerable Dr. V. had "passed off the stage of action." The case is one of interest, and the discussion adds thereto. We think it an evidence of the healthy growth of our profession that our physicians scent out and correct any inaccuracies that may find their way into our literature. Free and fair discussions does us all good.—M. Ed.]

"It is more important to me to arrange my business at home than to prolong my life." He left with his brother and brother's wife, and reached his home, in Wisconsin, without stopping. His brother remained with him two weeks, and the remedies were suspended on the tenth day after his return, when he went into the hay fields with his workmen, and resumed his former active habits with (as he says) as good a heart as any other man.

I saw his sister-in-law yesterday, who reports him in his usual health.

I have omitted to state that throughout the progress of the effusion, the urine at no time diminished; but the question of most interest, in a pathological point of view, was, the recovering tone in the valves of the heart, in the ratio of the diminution of the congestion, in that organ.—*Trans. N. Y. Hom. Med. Soc.*, Vol. V. p. 84.

Remarks.—Now, I will not attempt to pronounce upon the nature of the malady, treated by the venerable Dr. Vanderburg, which *he calls* "Hydro-Pneumo-Carditis,"* a very formidable disease, as its name would imply. The almost incredibly short time in which he effected a cure, reflects much credit upon himself in so promptly selecting therapeutic agents, pathogenetic to such grave and urgent symptoms. It is not my purpose to criticise his treatment, neither his diagnosis, conceding that in both he was correct. But let us look for a moment at the pathological conditions which he describes, and see if they are in harmony with correct pathological anatomy. He says, "The pericardium was full of water, and the valves of the heart sharing the congestion of that organ had *given way*, and the *blood rushed through with undeviating velocity*, while the arterial pulsations, losing the guiding force of the heart, were not to be counted with accuracy."

Now, as to the valves of the heart giving way in this case, none of us are prepared to believe, a contingency, I think, which rarely happens, and when so occurring, can never be restored, leaving, forever after, embarrassed circulation. From the fact that the patient went into the harvest-field in less than twenty days, with as good a heart as any other man, we must dispose of this part of the subject by simply supposing that the doctor was mistaken, and that the valves did not give way.

Now, had the valves given way, as was supposed, instead of

*A friend, an accurate diagnostician, calls this case *Pericarditis*, simply. He also states that *chronic pericarditis* is a disease of more frequency than physicians imagine.—M. E.D.

the blood rushing through "with undeviating velocity," we should have had just the opposite state of things, viz. : impeded circulation through the heart and lungs. The function of the valves is to facilitate the passage of blood, and not to retard it, as Dr. V.'s theory would imply. If the blood rushed through with such velocity, whence the œdema? whence the embarrassed respiration? We must conclude that the Doctor was again wrong, and that, instead of "the blood rushing through with undeviating velocity," it was with the greatest difficulty that the blood passed the heart at all, thus causing the œdema. The latter condition usually results from some cause which embarrasses the circulation, such as ossific and cartilaginous formations of the valves, so that their functions are imperfectly performed, in not being able to close the orifices to which they respectively belong; allowing regurgitation and damming up of blood in the veins and capillaries, crowding the serous portion of the blood out of its natural channels into the cellular tissue.

Conditions of the lungs which offer impediments to the pulmonary circulation, will also result in dropsical effusions of the cellular tissue, such conditions will necessarily derange the heart's action, and many physicians might mistake the real nature of the disease.

But, again, the Doctor tells us, that on the sixth day, to his surprise, he found the heart pulsating.

Now, if the heart had not pulsated during the six previous days, where are we to look for the motive power that was sending the blood with such "undeviating velocity?" Certainly not from the questionably independent action of the blood vessels.

The Doctor does not tell us what particular valves had given way, whether the auriculo-ventricular, or the semilunar of the aorta and pulmonary artery. So we are left to infer that they were all swept away, (the heart becoming passive), and the blood rushed through like the waters of Niagara, from some untold power which the Doctor fails to explain.

At each systole of the heart the blood is thrown from the ventricles into the arteries, the auriculo-ventricular valves first closing, and the arterial or semilunar valves closing immediately after, to prevent a reflux of blood. It is thus, by the constant alternate opening and closing of the valves, that the estimated

28 lbs. of blood in the human system is forced through the heart in the short space of time not exceeding five minutes.

Far be it from my purpose to make these criticisms in any feeling of unkindness toward Dr. Vanderburgh, whom I know only by reputation, and, upon such knowledge, highly respect. But regret exceedingly that he has given us his very interesting case in so careless and vague a manner.

I have brought this matter before this society (although reluctantly) believing that it is far better to point out and correct the errors of our own school, than to allow our opponents to do it for us.

CENTRAL (N. Y.) HOMŒOPATHIC SOCIETY.

THIS society held its regular meeting in Syracuse, December 17th. Present, Drs. W. H. Hoyt, C. W. Boyce, H. Robinson, Jr., Belding, Sumner, Swift, Welles, Gardner, Sheldon, Benson, Southwick, Hawley, Miller Bigelow, Brown, of Binghampton, Sweeting, Schenck, J. Bigelow, L. Clary, Mera, and Gwynne.

Dr. R. R. Gregg made a very interesting and instructive report upon Leucorrhœa.

On motion, the thanks of the society were returned to Dr. Gregg for his very able and instructive paper, and it was ordered that it be returned to him for his revision and publication in his Journal or such other as he may designate.

Dr. C. W. Boyce read an interesting paper on the use of *Carbolic acid* as a local dressing.

Dr. Gardner read a paper on Leucorrhœa.

Dr. Belding gave a very interesting history of a case of Leucorrhœa cured by *Phosphorus* 5,000th dilution. (See another page.)

Dr. Guernsey, of Philadelphia, presented a paper on the same subject.

The Committee, to draft the resolutions of respect to the memory of Drs. Brown and Lewis, reported the following:

Whereas, We have learned with sincere regret, the sudden demise of Drs. Wm. R. Brown and Lewis, members of this society from its formation, therefore,

Resolved, That we deplore their untimely death, cut off in the prime of life, and in the midst of usefulness, and do most sincerely sympathize with their families.

Resolved, That these resolutions be published with our proceedings, and a copy transmitted to the families of the deceased.

L. C. CLARY, W. M. GARDNER, A. B. SOUTHWICK.

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

Resolved, That the by-laws of the society, so far as they relate to the next meeting, be suspended, and that the said meeting be held at the Butterfield House, in the city of Utica, on the third Thursday of March next, at 10 o'clock, A. M.

The Secretary read the history of a case of poisoning by *Corrosive sublimate*, presented by Dr. Brown, of Binghampton.

The Secretary also read an article from the proceedings of the Boston Homœopathic Society, discussing the selection of remedies.

Phosphorus was chosen as the subject for discussion at the next meeting.

A communication on "The Dose" was received from Dr. T. D. Stow, and was, on motion, laid on the table for want of time.

Drs. Geo. B. Palmer, J. C. Owens, J. C. Raymond, E. A. Munger, R. D. Rhoades, and D. D. Loomis, were elected members of the Society.

Adjourned.

H. ROBINSON, Jr., *Sec. pro tem.*

SCIATICA.

JOHN LAWRENCE, a builder, aged 40, in May, 1868, while hewing timber, first felt a pain and lameness in left hip, thigh and leg; he thought it the result of a cold and strain. Applied to an Allopathic physician, but got no relief, also took *patent* medicines to no effect.

August 21st, 1868, called at my office. Had then constant pain in entire course of great sciatic and popliteal nerves, and hip of left side, of a dull, aching character, but at times sharp and darting; numbness and coldness; feels worse at night, and also when under movement; is quite lame; damp weather has no effect upon it; is a man of good habits, and otherwise healthy; pulse indicates nothing abnormal; no symptoms of dyspepsia; bowels regular and appetite good. This affection had troubled him, as he told me, that during the time he had not been able to do a single full day's work, and at times has been unable to work at all.

I prescribed *Aconite* 3x, *Arsenicum* 3x, in alternation every three hours — medicine enough to last one week.

Aug. 31, 1868, no improvement or change. Prescribed *Colocyn-*

this pulvis, 3x, grj. three times a day; *Aconite* liniment externally. Began getting better at once, and was entirely well in fourteen days, and has since remained so. ENONI JONES.

OCONOMOWOC, Wis., Dec., 1868.

LEUCORRHŒA.*

A CASE FOR CONSIDERATION.

Miss LIZZIE B., aged 24, applied for relief from the following symptoms, June 24th, 1868.

Thick yellow leucorrhœa, of many years standing, flow constant, but worse just before menses, which were generally a little tardy, with a scanty, dark, clotted discharge, accompanied by pains in the pelvis shooting into the limbs, headache, constant urging to stool and to urinate. Headache remains constantly. She is much troubled with bloating of stomach and abdomen, belching of gas after meals, nausea and chills, alternating with flashes of heat, acid stomach, so sore that the weight of the clothing is unbearable. Constipation, hard, scratching stools with piles; much aching and soreness in sacral region, which is aggravated by walking ever so little. Bearing down in pelvis; urine scalds the parts over which it passes; labia swollen; feet always cold; frequent eruption changing its form; begins with vesicles, turning to dark, red blotches, itching, burning and smarting, worse in warmth; soreness of the end of the tongue, first showing red pimples, which afterwards coalesce, forming a hard, sore black elevation, like a half pea; frequent vertigo; is always most cheerful *during* the *menses*, notwithstanding the increase of pain. One powder of *Sulph.*, 2^c, somewhat relieved the headache and the feeling in the sacrum. But the 13th of July showing an increase of the gastric symptoms, a trembling during and weakness after stool, decided me upon giving *Phos.*, 5^m, one powder, which relieved *every* symptom except the cutaneous eruption, which came out profusely, and I trust that the continued action of *Phosphorus* will also cure that. She can walk miles without inconvenience; eats her allowance with great comfort; has a daily stool instead of once a week; menstruates without pain,

* Read before Central (N. Y.) Homœopathic Medical Society.

and has no sign of leucorrhœa. In this case I consider the leucorrhœa to have been a very unimportant symptom, having very little influence in the selection of the remedy. This, I think, *generally*, but not *always*, to be the case. My short experience teaches that the law of similars is as applicable and as effective in this trouble as in any other. But it needs great *care* in selecting the remedy, and patience to await its full action. Exercising these virtues, we need not often fail.

R. E. BELDING.

SYRACUSE, N. Y., Dec. 17th, 1868.

HYDRO-THERAPEUTICS.

HOT BATH.

In *rheumatism*, whether articular or muscular, an invaluable aid to medicinal treatment is the hot-compress.

Fold towels or flannels, wet in water hot as can be borne, and keep on the part, renewing as often as they cool, for from thirty to forty-five minutes. Follow this by rubbing.

In *incipient ankylosis*, from this or other causes, the vapor bath is important. A ready mode of giving this is to place the patient, denuded of his clothing, on an open seated chair, under which is a pail of hot water, into which should be dropped heated stones or bricks. Cover your patient with comfortables, arranged so as to fall to the floor, in order to retain the vapor about the person. The feet should be placed in a hot foot-bath, and a folded towel, wet in cold water, should be kept on the head.

The patient should remain in this until he is in a profuse perspiration, which will soon follow. After this, rub with towel, wet with cold water, being careful that your patient does not become chilled. Follow this treatment with rubbing with a flesh-brush or crash towel.

The bath should not be given within one, and one and a half hours of a meal.

I rarely treat a case of *suppressed menstruation* without advising a hot-sitz or hip-bath. Fill a laundry tub with hot water sufficient to cover the hips when the patient is sitting in the tub; cover the patient with blankets, so that the vapor will not escape, nor the cold air come in contact with the body. Place the wet towel on the head as usual. The water should be as warm as can be com-

fortably borne, and the bath should continue for from fifteen to thirty minutes, and be repeated as often as occasion may require, — not more than two baths being given during twenty-four hours, however.

I seldom have occasion to advise this measure oftener than twice in a single case.

In the treatment of seminal weaknesses, the cold baths are of most avail.

Strict hygienic measures are of the utmost importance. Stimulating food and drinks are inadmissible; late hours, both for rising and retiring, are wrong and work injury. All undue indulgences must cease.

The baths of importance are first—the cold sponge-bath in the morning on rising, to be followed by brisk rubbing with a crash towel, and systematic gymnastics.

Pouring cold water from a height, by an attendant, on the lumbar region, will be found to strengthen the system; as also will a cold sitz-bath in the afternoon. Follow both of these measures by brisk rubbing.

Atrophy and chronic inflammation of the spinal cord is best treated by cold applications to the spinal column. One of the best methods is to rub the spine with snow or ice, to be followed by pounding with the fist, and rubbing briskly with a hair glove or coarse towel, in order to cause a reaction.

This course pursued for weeks cannot fail to assist in a great degree the action of Homœopathic remedies.

I, of course, do not name the remedies for diseases, as each and every case requires special study and research in the Repertory and Symptomatology.

H. T. F. G.

KENOSHA WATER CURE.

THE SCIENCE OF MATERIA MEDICA.

MEDICINES AND SYMPTOMS.

Medicines.—Medicines, when administered to a healthy subject, in suitable doses, will cause symptoms similar to those they are capable of curing in a sick man.

Simple and compound substances are both used as remedies. They are derived from the three kingdoms of nature, viz.: the

mineral, vegetable and animal. We accept them as they are furnished to us by the hand of nature, and from the laboratory of the chemist, and on them base our system of symptomatology, without attempting to account for the mysterious power with which they are endowed, of causing symptoms in the healthy or curing them in the sick. Although a knowledge of the subject is not thought to be beyond the limits of human attainment.

1. *Of mineral substances.*—Some of these are used in the state in which they are found in nature, more or less impure; others are compounded by the chemist, and furnished to the physician chemically pure; and a few after being reduced to their simple elements, are used in that form. In either of these forms they are available as medicines, and can be used with equal precision in the cure of the sick, provided the same or a similar preparation of the article is used both for the provings on the healthy and in the prescriptions for the sick—a rule that should not be departed from with any article of the *Materia Medica*.

2. *Of Vegetable substances.*—In the introduction of all the older articles of the *Materia Medica*, Hahnemann and his immediate disciples observed the strictest uniformity in the selection of the article, the part used, and the mode of preparing it; and it is owing to this circumstance and the fact that each of those medicines were carefully proved by several individuals of different ages, sex, and temperament, that physicians generally use the old remedies with more confidence, and see more uniform effects from them, than they do from many of those more recently introduced. Too much latitude has of late been indulged by the profession in the selection and preparation of medicines for both provings and prescriptions, and we can not reasonably expect to arrive at great certainty in practice or uniformity of experience, until this evil is corrected. It is no uncommon thing for one part of a plant to be used in the proving and another in the practice. Similar diversity also exists in the preparation of drugs—the alcoholic tincture of the recent or dry plant, the expressed juice mixed with alcohol, the trituration of one or another part, or some preparation made from the extract, are too often used indiscriminately. This course leads to contradictory experience, uncertainty, and disappointment in practice, and is calculated to undermine confidence in the truth and prevalence of the great Homœopathic law. But, much that is now the cause of complaint

in such matters, we hope soon to see removed by the concerted labors about to be performed by the many excellent pharmacu-
tists of our country.

3. *Of Animal substances.*—These articles are always used as they come from nature's laboratory, without any thing being added or subtracted; but similar diversity obtains in respect to the parts and preparations adopted of some of these substances, as in those derived from the mineral and vegetable kingdoms, to which allusion has been made.

Attempts have been made to increase the activity of certain articles of the *Materia Medica* by preparing them with their proper solvent—water, vinegar, ether, etc., as the particular article might require, instead of alcohol for the wet preparations, and common salt, in some cases, instead of sugar of milk for the dry. These innovations are not known to have served any useful purpose, and, happily, I believe, have been abandoned.

Some of the best observers among our physicians claim that mercury, silicea, and a few other mineral substances, when raised in potency by trituration with sugar of milk, display greater curative powers than when raised with alcohol from the third trituration; and, therefore, recommend that those articles be raised to the twelfth, twenty-fourth and thirtieth potencies by trituration.

Drug Symptoms.—Our *Materia Medica* contains symptoms of four classes. 1. Those attained from provings with doses, either of the crude drug or its attenuations, too small to provoke violent reaction in the form of evacuations, and thus effect the expulsion of the drug from the system. 2. From operative doses, large enough to provoke excessive secretions and evacuations. 3. Poisonous doses, producing such forcible operation as to render the parts on which they act liable to disorganization, and cause the death of the subject. 4. Cured symptoms—those obtained from the action of drugs on the sick. Those of each class are divisible into subjective and objective symptoms. Subjective symptoms consist of the sensations experienced and observed by the prover. Objective symptoms are made up of the phenomena and results attending and following the action of drugs, which may be perceived by others as well as the prover. The symptoms which a drug will produce in the healthy being the counterpart of the symptoms which the same drug will cure in the sick. A skillful

physician will endeavor always to prescribe the remedy whose symptoms most nearly correspond with those of the disease, as respects both subjective and objective symptoms. Another subdivision of symptoms into primary and secondary is thought to be of considerable importance, and I would suggest the matter as a subject every way worthy of careful consideration in reference to the choice of the dilution best adapted to the cure of a given group—reference is made to the symptoms of several of our remedies, among which may be found those of apparently directly opposite characters, like constipation and diarrhœa; etc., as cases of illustration in point.

The truly pathogenetic symptoms—those of class 1, are by far the most valuable and reliable as guides to the physician in the treatment of all diseases, and especially those of a chronic character. While those of Class 2 are not considered so valuable as Class 1, they are still very suggestive of the remedy in acute diseases especially. One reason why symptoms obtained from operative doses of medicine are not so valuable is, that a great portion of the action produced is attributable to the efforts of the organism to expel the offending substance, and get rid of its effects in the shortest possible time. Symptoms of Class 3 often picture to the physician the forms of certain malignant diseases, and furnish their counterpart for study. Class 4—cured symptoms—are very useful as a means of reaching the right remedy in cases which resemble each other, and they also afford confirmation of the genuineness of the symptoms which led to the choice of the remedy. Although one class of symptoms may be considered of more importance than another, still, in every case they are all useful, and in some cases absolutely necessary to a correct choice of the remedy. Different physicians have different ways of reaching the same end—some draw the indications for the use of a remedy from one portion of the symptoms, and some from another; one considering the symptoms of the mind and nervous system the most significant, another pays more attention to the visceral symptoms of other parts of the body, the secretions, etc., and all make cures.

Key Notes.—From conversation with physicians, and in reports of the proceedings of medical societies, we often hear of confirmed symptoms, characteristic symptoms, key notes, etc.,—subjects of increasing interest just now. This cross-the-fields

way of selecting a remedy will do very well for one who is familiar with symptomatology and the genius of our remedies, but a physician of small acquaintance with the *Materia Medica*, who *depends* on that method, will probably fail in some cases at least, to do the best that might be done for his patient. As therapeutic hints, such symptoms are of great value, and no one thinks more highly of them in that light than the writer, but they, being only a part, can not be successfully substituted for the totality.

Much fault is found with the symptoms of our *Materia Medica* by some of our own physicians, on account of their prolixity, unnecessary number, useless particularity, the spurious character of some of them, etc., etc. Now, it is not denied that to some extent these faults do exist, but it is denied that they are very much exaggerated, and materially invalidate the usefulness of the *Materia Medica* as a whole. Only carefully study the genius of the remedies, and there is very little probability of being greatly deceived by the faultiness of the symptoms. It must be remembered that our *Materia Medica* is in a rudimentary state, and that a right use of the truthful symptoms will enable us to cure the sick as we pass along, and finally lead us to the discovery of the principles which govern the action of all remedial agents—a point towards which we are rapidly advancing. It is not believed that the difficulties which lie in the way of our progress are greater, or any more in number, than those which, for a time, have impeded the advancement of other branches of natural science, and been successfully overcome. Continued earnest application, and properly directed effort in the good cause, will, before long, place our beloved *Materia Medica* in her normal position within the circle of the sciences. W. W.

“INDICATIONS FOR THE DOSE.”

EDITOR OF INVESTIGATOR.—Permit me to contribute my mite also to the accumulation on the subject of dose;* and first let me say that the statements of Dr. Sharp and Dr. Black seem to me too indefinite to have any practical value. The statements of Hahnemann and Hering, on the other hand, are very definite.

How any one, with the slightest experience in the pathogenetic

* See page 56, November issue.

or therapeutical action of drugs, can question the importance of constitutional susceptibility, as a most important condition towards determining the attenuation of the appropriate remedy, I am at a loss to know; though Hahnemann appears to have subsequently renounced it as a criterion. Hering's conclusion, that the symptoms obtained by the lower dilutions demand similar attenuations, and that those obtained by the higher demand the more attenuated preparations, are certainly suggestive. But there is a radical defect about the propositions. They take no account of what Hahnemann at one time insisted on, and what I regard as of great moment, susceptibility. But very little observation in the proving of drugs (as in medical use) is needed to prove that exceedingly diluted preparations will produce, with some, symptoms that can be obtained with others, only by means of comparatively massive doses. And what I object to, in all the authors that you quote, is, that each one has but a single idea, while many conditions must needs enter into a determination of the question. And I doubt whether the half of a generation has added much to the data necessary to a solution of this interesting practical question. At least, the following excerpts, which I select from an old periodical, seem to me to suggest nearly as much as do more recent writings.

Excerpts.—1. The same medicinal agent affects the system differently in different constitutional states.

2. The effect of the agent varies with the size of the dose.
3. The sensitiveness of the system is greatly increased to agents whose tendencies coincide with the disease.
4. Other things being equal, the sensitiveness of the diseased organism is in proportion to the perfectness of the coincidence.
5. Other things being equal, the dose should be minute in proportion to the exactness of coincidence.
6. Other things being equal, the dose should be massive, in proportion to the absence of coincidence.
7. Other things being equal, the dose should be minute in proportion to constitutional susceptibility.
8. Other things being equal, the dose should be massive, in proportion to absence of constitutional susceptibility.
9. Other things being equal, the dose should be minute, in proportion to mildness of disease.
10. Other things being equal, the dose should be massive, in proportion to intensity of disease.
11. The same rules apply to presence or absence of susceptibility of any particular organ, as those which apply to the susceptibility of the entire system.

12. The same general laws obtain for frequency or infrequency of repetition as obtain for massiveness or minuteness of dose.

The writer from whom I quote, concludes with the following statement, among others: "I am well aware that these formulæ do not express all the conditions necessary for the determination of quality, quantity and time; but I am equally confident that they express the leading ones." From expressions that follow this quotation, it appears that the writer intended the leading conditions then known; since he expressed his conviction that added experience and labor would be necessary to afford a complete determination of the subject.

I have given a very accurate transcript of this writer's conclusions, taking the liberty, however, to attempt some improvement of his phraseology, which, in several instances, seems to have been suggested by some theoretical analogies not necessary to introduce in this discussion; and whatever the future may develop, it appears to me that the propositions quoted include all of importance that is now known on the subject.

It is not necessary to add the nature of the drug. That is included in susceptibility of constitution. Let it be remembered that there is the widest range in this particular, in reference to every variety of medicine. I am acquainted with a druggist who knows when a jar of *Ipecac* has been opened in a large drug store, though he may enter it from fifteen to twenty minutes afterward, a violent attack of dyspnœa affording the means of diagnosis. Again, there are others who are capable of enduring large doses of *Belladonna* or *Arsenic* with scarcely any appreciable effect. The observation of every physician will afford him similar instances of presence or absence of susceptibility. With this explanation, it seems to me that the writer has swept the circle from closest Homœopathic to remotest Enantiopathic relation, taking in the Allopathic by the way.

He seems to me to have included all cases, from such as would demand Fincke's highest (if any do) to those of which Hahnenman says, that, "according to common sense, antipathic medicines only can be given, which, in large and frequently augmented doses, change the morbid state into the desired opposite, and thus bring back the patient to the state of good health he so lately enjoyed."

H. P. G.

EDITORIAL.

MEDICAL JURISPRUDENCE.

IN accepting the editorial management of the department of Legal Medicine in this journal, the writer deems it necessary to say something, by way of a plea, on the importance of studying this branch of medicine more thoroughly; so that our representatives may be in readiness to testify in the courts of law, on the shortest notice, with credit to themselves and to the profession.

In large cities it is not so important that medical men be so particular in this regard as in smaller towns or villages. In the cities, men who are in some way connected with municipal affairs, or eminent in their profession, are usually selected to give a medical opinion; but in small towns the duty may fall upon one, as well as upon another. Too much importance can not be attached to the study of this subject by physicians, of our own school particularly, when residing in small places. A physician told us once, that, living as far away from large cities as he did, and having no near professional neighbors, he could n't be expected to keep "read up" on such things. We intimated that it was a very good reason why he should read and study all the *more*. The same man, in conducting a *post-mortem* dissection for a coroner's jury, in which the subject was supposed to have come to her death from inflammation of the bowels, produced by poisoning with small doses, extending over a considerable period of time,—this man testified in the negative, *because the intestines were not red*, forgetting that in chronic inflammation of the intestinal canal, the color is any thing, almost, but red.

As a rule, members of our own branch of the profession are more negligent in this respect, than our Allopathic friends. This should not be; if any thing, we should be better read than they. Among a certain class our profession is considered a half-way position between the doctor and the people; as not knowing enough to be called doctor. This impression, and it is general in small, far-western towns, works a great deal of harm; and can only be overthrown by identifying ourselves with science of every kind, and, from constant study, making ourselves manifest superiors in every thing relating to our profession. We should be prepared for all emergencies in medicine, surgery, obstetrics, or legal medicine. One of the most necessary steps in this direction is to subscribe to, and read, *all* the first-class medical periodicals, and, it is truly believed, that a good knowledge of forensic medicine may be achieved in this way. Many a man has made for himself "wealth and fame" by scientific testimony in circuit courts, where every body who can go feels

it his bounden duty to attend through the whole session, especially if the cases are important ones.

We earnestly invite the co-operation of the Homœopathic fraternity in making this department of medical science in *THE INVESTIGATOR* an interesting one. Send items of interest on this subject from all kinds of sources, reports of discussions in criminal cases, queries on this topic, etc., etc.

JURISPRUDENCE EDITOR.

THE ART OF SURGERY.

WE have just received the following request, and herewith present it thus prominently before our readers. We are *all* interested in this work, as it will be (for a time, at least,) *the* Homœopathic work on Surgery. Although we may not all have "trephined" skulls, "straightened" eyes, "pared" tongues, "tapped" abdomens, "whittled" off limbs, etc., proving ourselves drilled in the use of the glittering paraphernalia of the surgeon; still, as our pages show, "operations" *have been performed* with our powerful remedies by many a practitioner. Experience is what is wanted, and we hope it will be freely given, so that this may be an *original* Homœopathic work, and not a compilation, merely:

TO THE HOMŒOPATHIC PROFESSION.—Volume II. of the "Science and Art of Surgery" has been unavoidably delayed in its publication by the large pecuniary outlay and expense attendant upon the issue of the first volume. The author is now prepared to push to a rapid completion the second volume, which will be issued in *two parts* of not less than 400 pages each, furnished to subscribers as before. It being his aim to make this work as perfect as possible, and comprehending, in its fullest extent, the wide scope of unpublished material in our surgical literature, he earnestly solicits from the profession any observations in surgical practice or personal experience, touching any of the diseases incident to either of the great organs of the body. The second volume will comprise Diseases of Joints and their Treatment; Dislocations; Fractures; Injuries and Diseases of the Scalp and Cranium; Affections of the Orbit, and its contents; Affections of the Nose, Jaws, Face, Lips, Palate, Teeth, Tongue, Uvula, Tonsils, Pharynx and Œsophagus; Affections of the Ear; Affections of the Neck; Affections of the Arteries and Veins; Affections and Injuries of the Chest and contents; Affections and Injuries of the Abdomen and contents; Affections and Injuries of the Spine; Affections and Injuries of Superior and Inferior Extremities; Amputations; Resections, etc., etc.

Articles on any of the surgical diseases incident to either portion of the body, will be thankfully received and *properly accredited*, and it is hoped that every practitioner will add his quota to the enterprise, so that this work shall embody the experience of the Homœopathic Profession, rather than that of an individual thereof. All articles may be sent to the author, up to the first day of March, as after this time it will be placed in the hands of the printer for publication.

E. C. FRANKLIN, M D.

709 Pine St., St. Louis.

CORRESPONDENCE.

THE BELLADONNA RASH.

DR. DUNCAN,—*Dear Sir:* In the *N. Y. Medical Journal* for December, is a long, able and interesting article on *Atropia*, in which the author refers to the assertions of Hahnemann and his followers, that *Belladonna* produces a rash similar to scarlatina. This he denies on the strength of negative testimony, and his own negative observation. He concludes by saying: "There are many unfounded assertions on the actions of medicines, but, probably, none so wide-spread and utterly groundless as this. It is well worthy to be classed with the other 'facts' of Hahnemannian proving."

Now, can you, or some of your readers who have access to the literature and facts on this subject, furnish the conclusive and undisputable proof that *Belladonna* does produce the rash attributed to it?

MILWAUKEE, Dec. 26th, 1868.

J. S. DOUGLAS.

We thought this question was settled in the affirmative by and among our opponents long ago. Will some of our readers look up the literature and put the extinguisher on this matter.—M. ED.

A SPECTROSCOPIC FIASCO

EDITOR OF INVESTIGATOR: I feel in honor bound to inform you that Prof. Temple has got me where the hair is very short. With your permission I will "unfold my plain, unvarnished tale."

A friend—whom I will spare, and take all the laugh myself—was led to attempt a spectroscopic analysis of our high potencies. The said analyses were made by a professor—"nameless here, for ever more"—in one of the first scientific schools in the country. After testing and re-testing *Strontia carb.*, 200th, Dunham's, my friend informed me of the result by sending me the following certificate:

—, N. Y., Nov. 19th, 1868.

"Being requested by Dr. — to confirm the above statements, we do so heartily and fully. We both witnessed the demonstration of the presence of *Strontia*, *Natrum*, and *Baryta* in pellets taken from bottles labeled with their respective names, and marked 200th dilution. We regard the result as clear and unmistakable, as well as most astonishing. No effort was spared to render the test as perfect as possible

"(Signed),

—, *Prof. of Chemistry.*
—, *Assistant.*"

On the obtaining of such results, my friend at once proceeded to dynamize *Stront. carb.* up to the 200th. He also obtained various potencies of Jenichen's and Lehrmann's make.

With these the spectroscope was again interrogated, and they could not get a spectrum from any thing higher than the 4th decimal. Here the inquiry rests for the present.

The diagnosis is "Premature delivery from too much doctoring."

Individually, we are not content with the negative experiments. They fall too far short of the known sensibility of the spectroscope; and we can demonstrate smaller quantities of metallic gold with the microscope. We are free to confess that microscopical researches, extending over a space of some years, led us the more readily to believe that the spectroscope had proven the presence of matter in the 200th potency. From microscopical research we are impelled to believe in the almost infinite

divisibility of matter; and we do not believe that the ultimate atom is subdivided in the 200th potency. The "Pathological test" forbids such a supposition.

At some future day we hope to inform you what the spectroscope and micro-spectroscope have done for us, for we "intend to fight it out on this line" if it takes several summers.

S. A. JONES.

DYNAMIC.

EDITOR OF MEDICAL INVESTIGATOR: In the October issue I found an explanatory essay of the term *Dynamic*. I contribute a few words to the subject.

The Greek term *δυναμις*; Eng. *dynamis*. *General idea* of the word, ability, force, power, capability, innate action. *Common use* of the word, power, or relating to power, an effect. *Special sense* of the word, outward or inward force, power, ability, influence, sway and rank, existing in matter and appertaining to mind.

The corresponding term in Latin. *Potentia*—power, ability and force. *Potens*—able, capable. *Ops*—strength, might, influence and faculty. Other meanings not essential here.

Dynamic, as I understand its use, or application in medicine: All substances, regarded as drugs, impress their own life-power upon the vital forces. The impression thus made on the system, or on any individual part of it, may be natural, or not natural; this depends on the assimilative qualities, or the temperamental organization of the substance thus introduced into the system.

I will give another definition (my own). *Dynamis*—each substance possesses a peculiar life-power, (soul-power, motor-attribute) of and in itself, the action of this life-power may induce medical or non-medical influence through the animal economy.

"It is, then, exclusively to the founder of Homœopathy that belongs the honor, if not of having discovered the dynamic drugs, at least, of having taught us the means of distinguishing their morbidic force from their mechanical and dynamic properties."

Dynamic, or motor-agents, having the *power, ability, force, strength, capability* and faculty of influencing the life-principle of the fibres, fasciculi, tissues, organs, apparatus and systems, or, in other words, the whole range of animal economy.

J. I. C. M.

TOMAH, WIS., Oct. 22nd, 1868.

THE CRITIQUE.

"Nothing extenuate, nor ought set down in malice."

SURGICAL.—In number three of the *Homœopathic Independent*, in the report of Prof. Franklin's clinic, we find recommended for sprain, after the acute symptoms have subsided, painting the surface with *Tincture of Iodine*, or the use of *Camphor, Ammonia* or *Turpentine*, or fish brine embrocations to the joint. This is a very questionable practice in the hands of Homœopathic surgeons, when a *Materia Medica* so prolific in remedies that act upon the joints is at their command; the properly and evenly applied bandage, which he also mentions, when gradually tightened, is a valuable means of controlling swelling, and this, with the aid of well selected internal remedies, will accomplish better results than these doubtful odoriferous lotions.

In the fourth number of the same journal, we find an account of an autopsy of a child that swallowed a pyramidal piece of coal, half an inch

long, and for more than three days before death ensued, it was subject to strangling and convulsive paroxysms, and the professional attendants all the while knowing that a foreign body had been swallowed, yet no examination appears to have been made with the endoscope or laryngoscope to ascertain where the the object was lodged, and no operation performed until after the case proved fatal.

In this age of advancing medical science there appears little or no excuse for "the best surgeons of the place" not to be acquainted with the more recent modes of surgical diagnosis and treatment. Even if no cough was present, the spasms, gasping for breath, and quick, hard breathing, and asphyxia that came on by paroxysms in a child previously healthy, were sufficiently alarming symptoms, to call for a thorough surgical investigation.

In the December, 1868, number of the *Hahnemannian Monthly*, in Dr. J. Bell's report on surgery, three cases of injury called *Flexure* of the affected bone, are mentioned. The first two apparently presented all the appearances of a transverse *fracture*, or only a partial fracture, of the clavicle, in which the fractured ends of the bone afterwards retained their apposition—or it might be that the periosteum had not been entirely ruptured across, but to say there was "no *fracture*, and had been none," is a bold assertion to make of a bone whose outer portion is composed of dense compact structure which, like a pane of hard glass, will bear but slight flexion without breaking. Sometimes persistent manipulation, even while the shoulder is pushed up, out and backwards, which is requisite, is required to obtain crepitation in some of these fractures, and the effort may have been stopped too soon in these instances. In rachitic cases, bending of the bones is not difficult or unusual, but no circumscribed enlargement, similar to provisional callus is found, such as is spoken of in the cases in question. With regard to the third case, it is difficult to believe that the radius can bend nearly three-fourths of an inch, and the ulna about one-fourth of an inch, and then stay bent until pulled straight again by considerable force. A piece of iron or wire may easily be bent and straightened in this manner, but anatomy and surgery do not teach us that the long bones, with their external compact and fragile structure in a normal condition, in healthy persons, can thus be subject to flexure.

CHIRURGICAL CRITIC.

PATHOLOGY AT A DISCOUNT.—In the *Hahnemannian Monthly* for December, we find a "Clinical case. Convulsions cured by *Arnica*." The reader's attention is called to this very pretty bit of "practice," not because he can learn any thing about *Arnica* from it, but solely on account of a certain "fear" which troubled the heart of the good doctor who reported the case. In all the sweat of anxiety he writes: "For fear those who make pathology the basis of treatment may cite this as a case illustrative of the correctness of their views, I have added the symptoms of *Arnica* which bear on the case."

We are very glad to be able to inform the Doctor that his "fear" is entirely without cause, for "none of those who make pathology the basis of treatment" can find any "pathology" in his report. True, there is a "straw-man" bearing that name in the case, but the Doctor christened it so only for a joke.

On first seeing his patient, the Doctor stood before her, not as a pathologist, but with an eye single for symptoms, and he certainly made a first-class prescription in giving *Belladonna*. On making a second visit, at 8 P. M., the same day, he still believed "*Bell*. to be indicated," and continued it, making only the slight change of the 2^d instead of the 3^d. So far very good. But, after he had left the house, he learned that his patient "had been lacing rather tightly for the last week," so that "she looked as if six months gone in the family way." Ah! here was the

Ariadne-clue to the labyrinth of symptoms, and our good doctor seized it at once — but we must give his own words: "I immediately returned, and left *Arnica* 3^d (not having the 2^c with me). I supposed the cause of the convulsions to be a mechanical injury of the diaphragm; that was my indication for the *Arnica*."

Does he classify himself among "those who make pathology the basis of treatment?" If so, what a huge joke there is in the trembling utterance of his "fear" that some one "may cite this as a case illustrative!" "As a case illustrative" we find it pregnant with testimony. 1st. It shows how one who does not "make pathology the basis of treatment" can be beguiled from the *trap-rock* basis of symptoms, into the bottomless bog of hypothesis, by a *pathological will-o'-the-wisp* of his own fancy. 2nd. It shows how the *purest* of the high faith hanker for the strange gods of low belief, and how they will pilfer from the pathological flesh-pot when ever a good occasion occurs. 3rd. It shows what very poor use the anti-pathologists make of pathology when they attempt to employ it. 4th. It suggests that their antipathy to pathology is the legitimate fruit of their ignorance of it.

In this case we have the Doctor playing a very peculiar part. For the symptomatic totality he gives *Belladonna*, because he "supposed the cause of the convulsions to be a mechanical injury;" he distinctly says "that was my indication for *Arnica*." He makes his "change of base" from symptomatology to pathology. He considers that *Arnica* made the cure; but, for "fear" he may be thought one of "those who make pathology the basis of treatment," he adds, "the symptoms of *Arnica* which bear on the case." Is the inference to be drawn that with a *pathological basis* there are no symptoms? Or does he mean that because of "the symptoms of *Arnica*, which bear on the case," he cured independently of pathology? If, in his first prescription, the *verbal similimum* of the symptoms resembled *Bell.*, why did that same *verbal similimum* resemble *Arnica* when he "supposed the cause of the convulsions to be a mechanical injury?" He evidently was not pathologist enough to determine the genus of the convulsions — perhaps no one could. But, while he gave *Bell.* the proximate cause of the convulsions must have been in the nervous system, and its *locus operandi* in the circulating sphere, in order for *Bell.* to be Homœopathic. When he gave *Arnica*, the proximate cause is changed; we have effusion, pressure on nerve branches or nerve-roots, and resulting convulsive phenomena. *The* pathology is ever present whether *pure* symptomists can read it, or not. When it can be read it determines the value of synonymous similia; such, for instance, as the abdominal symptoms of *Bell.* and *Veratrum*. Those who do not "make pathology the basis of treatment" can most closely "cover" a case of peritonitis, or colic, with *Verat.*; but, as the pathological basis of each was inflammatory, *Bell.* only is Homœopathic. Whenever we have a clearly-defined pathological basis, we make a prescription which is Homœopathic to a pathological condition. When we make a prescription without a pathological basis, we are in danger of prescribing for a verbal description that exists not in the patient, but in our *Materia Medica*.

In the above case we are of the opinion that *Arnica* had nothing to do with the cure. *Bell.* and *Ignat.* did the work, *if remedies did it at all*. We imagine the cure was accomplished by the mother-tincture of *Tolle causam*. If this young Miss had laced so tightly that "she looked as if six months gone in the family way," she certainly had a logical right to indulge in any amount of convulsions. And, after *such* lacing, a suppositious "mechanical injury of the diaphragm" is simply a pathological superfluity. If a "mechanical injury of the diaphragm" obtained how can it be connected with the conditions of the left lung, — and is that "large chamber full of clear urine," traceable to maidenly modesty,

"owing, probably, to the presence of a young gentleman in the room?" Again, this "large chamber" was "full" of "clear urine;" coupling this with the spasmodic symptoms, especially those referable to the throat, and the patient's sex. We would rather seek a diagnosis in the phenomena of hysteria than to babble of a "mechanical injury of the diaphragm." And if sex furnished a predisposition to hysteria, why might not such lacing, and the correspondent derangement in the general circulation, induce such a series of nervous phenomena. In this instance the pressure from tight lacing tended to force the abdominal contents *away from* the diaphragm, so that, other things being equal, we should expect the diaphragm to be in greater danger of "mechanical injury" from a *bona fide* "nine months in the family way."

But, what *are* we doing?—for there stands the Doctor with twenty-one *Arnica* symptoms at his back, defying Pathology and

CARL MÜLLER.

NITROGENOUS AND CALORIFACIENT ELEMENTS.—A somewhat remarkable statement occurred in the October number of THE INVESTIGATOR, in a review of a certain work entitled "The Philosophy of Eating." The statement is all the more remarkable as coming from one who evidently intends it to be inferred from his language that he is versed in physiological science. With a learned air the reviewer lays down this proposition: "We have studied physiology to little or no purpose if we err in this doctrine, *that man desires nothing from the vegetable world but calorificients.*" The italics are his own, and give us to understand there is no doubt in the mind of the writer as to the truth and importance of the announcement.

The fact is, however, as any one will see, who will give it a moment's thought, that the assertion is destitute of a shadow of truth, and directly contravenes the plainest teaching of physiological chemistry. There is not a plant that grows but contains nitrogenous matter in every part, (if we may believe Liebig) but most abundantly, and in a specially assimilable form, in the young, tender, and growing parts that are oftenest chosen for human food. It is one of the most commonly mentioned facts of vegetable physiology that all kinds of seeds, including the various cereal grains, peas, beans, etc., abound in assimilable nitrogenous material, as do also the roots and juices of all our common garden vegetables and fruits. Has the learned reviewer never read of vegetable albumen, fibrin, and casein, identical, or very nearly so, in chemical and physical properties, with the nitrogenous animal substances bearing the same names? Whence does he suppose our beef and mutton derive their nitrogenous material if not from vegetables? Or does he imagine the herbivora and the chickens the only animals capable of appropriating nitrogenous matter from the vegetable kingdom? Does he not know that all kinds of nutrient material, for man and beast, are first elaborated in the vegetable kingdom, and that we derive essentially the same nutritive principles from both animal and vegetable food;—the difference between the two being that of relative proportion and concentration of certain elements of nutrition, rather than a difference in essential qualities!

If he does not know this, the reviewer has evidently "studied physiology to no purpose," and would do well to read his book a little more carefully before he again undertakes to instruct the profession in the rudiments of medical education.

If the *Critique* shall have the effect to arrest and challenge some of the inexcusable blunders, and bald misstatements that nearly every month gain currency through our periodicals, to the detriment of science, and the serious injury of Homœopathy, we must vote its inauguration as the result of one of the happiest inspirations of the enterprising "managing editor."

VITAL FORCE.—In his reply to Tietze's quotation from Grauvogl, in the January number of the *U. S. Medical and Surgical Journal*, Dr. Wells exhibits a fine specimen of what may be very mildly termed *fring wide of the mark*. He evidently either can not or will not see the real point of discussion.

Without wishing to appear meddlesome in the matter, yet, as a much interested spectator of this little fight, we can not help suggesting to Dr. W. that the issue between him and Grauvogl, and some others, is not whether such a thing as life exists, nor yet whether a dead man is in any sense, equal to a live one; but, whether or not, such a special reality as "vital force," distinct from and predominant over other kinds of force, is necessary to constitute life; in other words, whether life is the subject of law, or the sole outlaw in the natural universe. PHYSICAL CRITIC.

"REPRODUCTION." *

"I have had a most rare vision. I have had a dream—past the wit of man to say what dream it was: man is but an ass if he go about to expound this dream."—*Midsummer Night's Dream*, Act IV., Scene 2.

We have often, blind with wonder,
Thought that Nature made a blunder
In creating certain men;
But a very learned Professor
Solves the secret, turns confessor,
Just to set us right again.

In *Dynamic* nomenclature,
He declares that *ultra*-Nature
(That's *beyond her*) he was made:
Tube Fallopian, and uterus,
in his case, both were neuter
When the game of Life was played.

For some "smart" spermatozoa
Took it in their heads they'd go a-
nother route to ovary:
Through the "wall's" firm brick-and-plaster
They could travel easier, faster,
Than by th'old way—*Q. E. D!*

If they found a "certain duct in
Walls of uterus," they were "sucked in:"
(This, of course, they won't confess)
As for "ducts" in Lig. Ovari-
an (their Latin name is "*Nary*")
Guess they can't in truth say less.

With such a *modus operandi*,
So unusual, so unhandy,
Who could blame the poor ovule
If, after Procreation's pother,
And Parturition's pang and bother,
It hatched a neither horse nor mule?

Is it, then, at all surprising
That this thing in theorizing
Claims confusion as its share?
While the SCHOOL—or shamed to sadness,
Or in anger roused to madness—
Still can only "grin and bear!"

* *Hahnemannian Monthly*, December, 1868, pp. 214-28.

We disclaim this dreamer's fancy
 (Sorely wondering by what chance he
 Saw his first foundation lay'd);
 Swearing: "In the good old-fashion,
 All the tools, and all the passion,
 Each true Homœopath is made!"

December 23rd, 1868.

CARL MÜLLER.

TO CORRESPONDENTS.

CLINICAL THERMOMETERS.—*Dr. P., of Ind.:* "Where can *thermometers for observations of temperature in disease* be procured? I have applied to a pharmacy in Chicago, and to an instrument maker in Cincinnati, without satisfaction. At what cost?"—They can be procured of almost any optician. They vary in price. A five-inch curved, with case, will cost \$3.50. An eight-inch, with case, self-registering, straight, \$6.00. A ten-inch curved, self-registering, \$7.50. The advantage of a large one over a short one is, the half-degrees are further separated. The short ones are the most convenient to carry. These instruments may be ordered through this office.

CONTRIBUTIONS.—*Dr. B., of N. Y.:* "If these thoughts are of any value, use them, or any part. If not suitable, let them see the waste basket."—If all of our contributors were as careful to send us their best thoughts and experience, and allow us the same freedom with their MS., we could make a better paper.

THERAPEUTICS OF SURGERY.—*Drs. G., of Ill., and G., of Minn.:* Any thing in that line, if brief and practical, will be very acceptable to our readers, we know. Operations are *dernier ressorts* while conservative or Homœopathic surgery is becoming the common practice.

ELIGIBLE LOCATIONS.—We want twenty wide-awake Homœopathic physicians in New Hampshire. Among the places offering attractive inducements, may be named Claremont, Winchester, Plymouth, Franklin, Sanbornton, Bristol, Hillsborough, and Fisherville. Any information concerning these places will be cheerfully given, if my correspondents address me at Concord, N. H., and do not forget to inclose stamps for return postage. Of course we want *educated* physicians.

J. H. GALLINGER, M.D.

QUERIES AND ANSWERS.

"He that questioneth much shall learn much."—BACON.

MEDICAL JURISPRUDENCE.—"In law, what is a mortal wound?" One that would cause death, if not at once attended to; as the division of an artery.

"Do any of the State statutes inflict punishment on physicians for accidents resulting from treatment rendered while in a state of intoxication?" Yes; many of the States enact, that when a person comes to his death from treatment, medical or surgical, rendered by a physician when intoxicated, even though no such crime is *intended*, the practitioner shall be deemed guilty of manslaughter, and punished accordingly.

"Does impotence of one of the parties render a marriage void?" No. The Probate court of London, England, argued on July 7th, 1868: 1st. Impotence does not render a marriage void, but only voidable. 2nd. The question can be raised by no person whatever, except the *non-impotent* conjunct. For the argument in full, see vol. I., page 69, *Chicago Legal News*.
 J. G. G.

OBSTETRICAL.—"Is there ever a placental murmur when the fœtus is dead, and has been so for two or more weeks? Tyler Smith says not, but I have had a case which proves there can be."—S. "The placental murmur," Cazeaux says, "may be perceived after the expulsion of the fœtus, and even of the after-birth." It is certainly produced in the uterus, and therefore should be called *uterine souffle*; and as it may exist independent of pregnancy, it is not influenced by the death of the child, therefore it may be heard after the death of the fœtus. An experienced and observant obstetrician may certainly verify this statement, by carefully auscultating the uterine region, in cases of death of the fœtus in utero. T. G. C.

MATERIA MEDICA.—"There is a vast amount of valuable *Materia Medica* knowledge scattered through our periodical literature, and in the published reports of the medical societies, which is now of but little practical use, for the want of a suitable index to tell us where it may be found. Who will prepare such an index?"—W. W. Would not it be better to have this matter collected in book form. This work is within the scope of the *Journal of Materia Medica*, but could be done by the *Materia Medica Bureau, American Institute*.

"When will be the proper time to prepare a synopsis of our ponderous *Materia Medica*, and who shall do it?" W. W.

THERAPEUTICS.—"In what order is it most convenient to record the symptoms, and which would seem the most useful as indicating the remedy."—In obtaining the symptoms of a patient, I invariably follow Hahnemann's plan, and take down, first, all the symptoms the patient voluntarily furnishes. After these are recorded, I put such questions as may tend to clear up obscure points, without doing it in such a way as to put the answers into his mouth. I then rearrange the symptoms to suit myself, beginning with the head, and going downwards.

In selecting the remedy, I generally take my cue from the symptoms that are developed *last*; and whatever is *characteristic* among these, is my guide to the selection of the drug which bears this characteristic as belonging peculiarly to it. And from this standpoint I then survey the whole ground, and my remedy will be that which has this characteristic symptom, in addition to many of the more general symptoms, though not of necessity all. C. C. S.

"It is almost impossible, some times, to get definite symptoms from patients. How can we select the remedy in such cases?"—H. I would say that, under these circumstances, it is very difficult to prescribe intelligently and satisfactorily. My plan is, to mark well the temperament of the individual, note his usual manner of living, whether he runs to excess in any thing, either in eating or drinking; mark the color of hair and eyes; and by these means endeavor to discover what drug in the *Materia Medica* the patient represents, generally speaking. Whichever this may be, let it be administered, and a successful issue will often be the result. This resource I believe to be the only one left us in prescribing for those persons who are so naturally stupid as to be unable to tell where their aches and pains are located, or indeed to answer satisfactorily any question put to them by the physician. C. C. S.

SURGICAL.—"Which is the best vaccinating instrument?" Minton's is one of the latest and best. I prefer the old spear-shaped lance; lay the vaccine lymph on the skin, and make two or three parallel incisions, one-eighth of an inch long, through the lymph and skin.

"Is it always necessary to lance a felon? If so, the best time?" In some cases it may not be requisite, when the skin is soft and thin, and the whitlow is superficial. When deep, involving the periosteum or bone, it is necessary to prevent the matter from burrowing further under the periosteum, and thus endangering the whole phalanx or finger or thumb.

BUSHROD W. J.

FACT AND TRUTH.—"In THE MEDICAL INVESTIGATOR, current vol., p. 45, is the following: 'The thing that concerns us all and only, in this connection, is to know what is fact and what is truth.' What is the difference, medically, between 'What is fact and what is truth?'"—O. W. TRUE. *Dr. T.*: In the sentence referred to, Dr. L. did not intend to convey the idea that the question was in regard to the difference between *fact* and *truth*. The two words were used as synonymous, or nearly so, and the latter for the sake of emphasis merely. If in reading you emphasize the "is," the meaning will at once become apparent.

F. A. L.

NEBULOUS.—"What does Dr. Lippe mean? I find in his text-book, under the head of 'Throat,' in *Belladonna*, the following group: 'Inflammation of the throat, with sensation of a lump, which induces hawking, with dark redness and swelling of the velum palatæ, and *puendum*.'"—INQUIRER. We presume the symptom is from one of those rare cases where *extremes* meet. Perhaps it is a new pathological discovery! Seriously, it is a typographical blunder, we opine, and should read "pendulum."

The question of "D," in the Nov. number, "Can blood convey mental impressions — as between mother and fœtus, for instance," recalls an experiment of Flourens, which is not, perhaps, generally known:

In 1860 he "laid before the French Academy a fœtus, the bones and teeth of which were of a beautiful red color. The mother (a pig) had madder added to her food during the last forty-five days of gestation. Neither the periosteum, the cartilages, the tendons, the muscles, nor, indeed, any other part of the body, were at all colored. He remarked that the fact was exceedingly curious, seeing that the mother communicates only indirectly by means of her blood, with the fœtus. The question as to whether or not there is a direct communication between the fœtal and maternal blood, Flourens thinks is now answered in the affirmative by the specimens exhibited.

"After Flourens had made the above remarks, Coste begged leave to direct the attention of the Academy to the interesting fact that the mother could not only transmit certain colors to the already formed fœtus, but even to the egg itself, and to the germ before it had undergone any of the transformations which it is necessary to pass through in order to develop the first lineaments of the embryo.

The fact to which he alluded is, that in certain members of the salmon tribe, the females of which have the flesh deeply colored, the eggs themselves are impregnated with the coloring matter. If, for example, the females live under certain conditions, which cause their flesh to lose its rosy tint, the ova are also colorless, and the flesh of the fish developed from them is devoid of coloring matter. On placing these fish, however, in a favorable medium, their flesh acquires the natural tint of the healthy parent. Coste thinks, if coloring matters can be thus transmitted to the ova, we can readily understand how cancer, tubercle, and other such diseases can be handed down from parent to offspring. At the same time it points out the still more important fact, that hereditary transmissions are not irreparable if we can but place the subjects of them under conditions contrary to those in which the taint was acquired." CARL MÜLLER.

LOCAL REPORTS OF DISEASE, TREATMENT, ETC.

To one who "keeps track" of these local reports, there is much of interest in them. Before us lie communications from nearly all parts of our common country. From the far North, December 11th, we read: "The thermometer is now (8 A.M.) 25° below zero, and I am just going off on an eighteen-mile ride." While from Texas we learn they are "sowing peas, cabbage, etc." Between these extremes, what a diversity of symptoms a common disease like influenza will present; and these symptoms will also vary in the different persons attacked. The remedies called for in Galveston, Texas, may, and likely will, be of little avail in St. Paul, Minn. The same remedy may be indicated, but for some local cause not prove curative. The *genius epidemicus* is found also to influence the choice from year to year. At the commencement of every season, and at the outbreak of every epidemic (or endemic for that matter), we should study the cases carefully, to see what remedy, or group of remedies, will be indicated. This remedy, or analogous ones, will be apt to be indicated in nearly every case. By-and-by, we may be able to tell, in a general way, months in advance, the remedies to be indicated. Why not as well as *sages* predict the kinds of weather? We heard a physician remark: "Years ago we had just such weather, and then (such a remedy was indicated); now we are having the same kind of weather, the same class of diseases, and that drug is again indicated, and curative in nine times out of ten." This is a splendid field for observation, and one we are all interested in and can work. Here is a corner for your observations.

OWATONNA, MINN.—Pneumonia has commenced here in quite a serious form; so far, it has yielded nicely to *Tart. emet.*, *Bry.*, *Phos.*, or *Kali bich.*

Nov. 16, 1868.

J. G. GILCHRIST.

OTTAWA, ILL.—We have been somewhat lively over a slight epidemic of catarrh and catarrhal pneumonia. In the latter, I derived much benefit from *Phos.* 30th c., after experiencing a decided aggravation from the 6th c. and 10th c. When babies are uncommonly wakeful, fretful, inclined to start, etc., quite contrary to their usual demure goodness, *Bell.* 200th works like a charm; and I am careful to assure the friends who seem so pleased with such success, that it is a 200th potency; just such as is scouted as less than nothing and vanity by our over-wise opponents, who are better in mathematics and pathology than in therapeutics.

Dec. 1st, 1868.

C. D. FAIRBANKS.

GALVESTON, TEXAS.—The neighborhood of San Antonia and New Braunfels is recommended very highly for consumptives in the first stage of the disease. My wife's stepmother came to Houston about twenty years ago, expecting to die in a short time of consumption, and is now sound, at least so far as her lungs are concerned. Her former residences were Canada and Indiana.

E. P. ANGELL.

INDIANAPOLIS, IND.—As you are much interested in local reports, I send you one I received in a private letter from my learned friend O. P. Bær, M.D. He writes under date: "*Richmond, Ind.*, Jan. 4th, 1869.—We are having a great deal of sickness here, and have had it for the last two months. In November the sickness was mainly among teething children. Cholera infantum, strange to tell, was far more prevalent than during July and August. For the last two months, catarrhal fever has been exceedingly prevalent. Ushered in with vomiting and croupal symptoms, which soon gave place to a hard, dry, bronchial cough, accompanied with fever and frequent evacuations; mostly yielding to *Acon.*, *Bell.*, *Ipec.*, *Laurocerasus* [I add *Rumex crispus*, I am sorry to say a too

much neglected remedy.—W. E.] and in some instances *Phos.* or *Bry.* Some cases have developed into pneumonia. The epidemic is but slowly abating, if at all. No deaths so far, though some serious cases.”

Jan. 7th, 1869.

W. EGGERT.

CONOMOWOC, WIS.—We have been having during the past fall a fever called typhoid by the allopaths here. I diagnosed it remittent. The leading symptoms were: Severe frontal headache, pain in the lumber vertebræ; some times diarrhœa, sometimes none; in a few cases nausea and vomiting of bilious character, and a distinct cold stage, followed by fever; worse every third day; tongue thickly coated yellow or dirty white, with red tip and edges. This was complicated with enlargement of the salivary glands, and sub-acute bronchitis. Many have died under allopathic care. I lost one from the throat complication, who was convalescent from the fever. She kept spitting up a tough, tenacious fluid, which smelled exactly like the movements from her bowels.

The disease occurred mostly among children, and the worst cases were delirious; the pulse was small, and rapid. I broke up a great many of them in the start with *Gels.* 3rd, and *Quina sulph.* 3rd, in alternation every hour. *Gels.* relieved the pain in the back promptly, and the frontal headache found a prompt remedy in *Quina.* I treated a few cases successfully with *Aconite* 3rd, and *Bell.* 3rd, in alternation every hour. *Cornus circinata* seems to cover all the symptoms nearer than any one remedy. I regret to say that I did not try it.

In the hot weather of last summer diarrhœa was very prevalent, and *Merc.*, in any of its forms, proved an unfailing remedy. This diarrhœa undoubtedly arose from a congested state of the liver; and I regard the fevers as the result of reaction (in that organ) from its congested state. I gave *Merc.* for the diarrhœa of the fevers, but nothing seemed to act at once. I believe *Quina* 3rd to have proved the most successful in checking it.

Dec. 16th, 1868.

ERWIN JONES.

NEW YORK.—November and December. The health of the city continues unusually good, as the list of mortality shows. Physicians have a good time now to post their ledgers, and prepare every thing to square accounts. Patients are scarce even in our public institutions.

S. LILIENTHAL.

LOGANSFORT, IND.—We have very little sickness here at present. Most of that we have is rheumatic-catarrhal, for which *Merc.*, *Nux.*, *Bell.*, *Acon.*, and *Ars.* are sufficient.

December.

GEO. PYBURN.

CONCORD, N. H.—The year 1868 will be remembered as a very healthy one throughout New England. In this city we had a few severe cases of typhoid fever in the months of August and September. The principal remedies that I employed were *Aconite*, *Baptisia*, *Bryonia*, *Rhus.*, *Sulph. acid.*, and *Veratrum vir.* In one case, very profuse hæmorrhage of the bowels occurred, which was checked by *Hamamelis*, administered by mouth and used freely by injection. For the past two months, scarlet fever has prevailed with us, the Homœopathic treatment of which has been very successful. In the simple variety, *Aconite* and *Belladonna* have been sufficient, but the malignant type has called for *Arsenicum*, *Carbo. veg.*, *Hepar*, *Mercurius*, *Phytolac.*, etc. In delirium and convulsions, *Caprum acet. ꝑ.*, in two or three drop doses, answered an admirable purpose; and I would call the attention of the profession to the remedy in the form suggested.

Dec. 13th, 1868.

J. H. GALLINGER.

REVIEWS.

NEW REPERTORY. Classification of a Few (Forty-two) of the "New Remedies." . . . After the Plan of Bonninghausen. By Temple S. Hoyne, A.M., M.D. Reprint from the *Western Observer*.

A neat duodecimo of 70 pages, good paper and clear type, recently published. It will increase the availability of a large amount of *Materia Medica* knowledge, hitherto but little used, for the want of a convenient repertory. W. W.

The profession have long desired a classification of such remedies as *Aloes*, *Lithium carb.*, *Murex*, *Tellurium*, and *Natrum sulph.* Besides these, we have also forty-one out of the seventy-seven drugs given in the "Homœopathic *Materia Medica* of the New Remedies." The chief difficulty found in the attempted *use* of this latter work, is in the difficulty of getting at the symptoms, — they are so buried amid "clinical observations," etc. The ponderous volume of over 1100 pages, melts away to this small octavo of 70 pages, price 75 cents. Bonninghausen, with one hundred and twenty-five remedies, gives us a work of 362 pp. (with the *Concordance*, 470), while Dr. Hoyne, with forty-six new remedies — most of them well proven since Bonninghausen's time — can only give us this small work, and the symptoms are *all* here. This shows how thoroughly proved the vaunted "new remedies" are. Here we find much pathology. In B.'s work we find seventy-one remedies causing leucorrhœa, while the kinds of leucorrhœa are fifteen, caused by sixty-two of the seventy-one drugs. Here are sixteen remedies causing leucorrhœa, and only six kinds; of those, three were caused by three remedies of those belonging to the new remedies. Is it not the finer shades of difference that determine *the* remedy?

Dr. Hoyne has certainly saved this work (*New Remedies*) from non-use. A query arises: Why was not a classification like this published *with* the work, or at least in the *Detroit Observer*?

NEW BOOKS.—A large number of reviews of New Books, Pamphlets, Journals, Papers, etc., crowded out of this issue, will appear in our next.

PERISCOPE.

HEMIPLEGIA FROM DEFECTIVE TEETH.—Dr. Luesserott (*Dental Cosmos*) relates a case of hemiplegia and spinal irritation caused by defective teeth. The patient was seized while eating. The decayed teeth and roots were the upper ones. As each tooth left its socket, she exclaimed that a thick cord was being torn from her spinal marrow. Recovery followed their extraction.

TRANSFUSION.—Its dangers are now overcome by mixing *Phosphate of soda* with the blood. This substance prevents clots — the great source of danger.

ELECTRICITY IN STRICTURE OF THE URETHRA.—Dr. Chadsey (*Medical Record*) relates a case of obstinate stricture which he overcame by the galvanic battery. This being a muscular spasm, the voltaic battery would be useless. The interrupted current was just the one needed.

HOMŒOPATHY IN SCOTLAND.—Quite an excitement occurs in Aberdeen (in fact over all Great Britain), over the fact that a physician of the Infirmary (hospital) delving in the past, was led to the conclusion—from the experiments of Cl. Bernard, Trousseau, and others—that there was a

law governing the action of medicines, and that law was *similia*. He reached this conclusion without the aid of Hahnemann's works. These views he published in the *Edinburgh Medical Journal*. To practice according to his new views, he must give medicines in small doses. Sending to a Homœopathic pharmacy ostracised him from his associates. For was he not a Homœopath? His term of office expired recently, and there was every prospect of his re-election, but the Michigan University tactics were employed as a *dernier ressort*. The rest all *threatened* to resign, thus carrying the issue. (When our profession come into sole power—as they soon will—we hope they will never *strike*.) The Homœopaths now propose to donate £1000 to the Infirmary, which will secure a Homœopathic ward, and they propose to elect Dr. Reith the physician. As a school is connected with this Infirmary, the influence of such a man and his practice will have great influence on the young physicians. The action of these Allopathic physicians, like that of the Ann Arbor doctors, has done Homœopathy great good.

HOMŒOPATHIC PROGRESS IN CANADA.—A very important step, says the *Toronto Globe*, has been taken by the medical practitioners of Ontario. Hitherto they have been divided into three schools, each having its own organization, with power to grant license to practice—the Old Regular School or Allopathic, the Homœopathic, and the Eclectic. The three bodies have now agreed to unite in one board to grant licenses, agreeing to avoid points of difference, in order to secure a good education for the medical practitioners of the Province. The Homœopathists and Eclectics abandon their separate organizations and obtain five seats each on the Examining Board, while the Allopathics have twenty. Although in the minority, the former have confidence that they will receive no injustice. If they quarrel, they will only be compelled to take up again their late independent position.

ALUMNI.—The Alumni of the "New York Homœopathic Medical College" are requested to send their addresses to E. W. Avery, secretary of the "Society of Alumni," Poughkeepsie-on-the-Hudson, N. Y.

THE BASIS OF TREATMENT.—Materia Medica is the basis of the Homœopathic treatment of disease. The true Homœopathic physician begins at the foundation and builds upward. W. W.

IOWA INSANE ASYLUM.—Iowa is building a State Insane Asylum at Independence. They have one already at Mt. Pleasant.—*Legal News*.

NOMENCLATURE.—The committee on the nomenclature of the Materia Medica, appointed at the last session of the American Institute of Homœopathy, will be ready to report at the next meeting. W. W.

LADY PRACTITIONERS.—There are estimated to be about three hundred women physicians in this country. They have four or five medical colleges. The Cleveland school has seventeen students this session.

ANNUAL SESSIONS OF MEDICAL SOCIETIES.—We are again approaching the anniversary season, and we hope to chronicle additional interest in all our societies. The New York will hold its session February 9th and 10th, at Albany. If any of our readers have elaborate papers they would see preserved, send them to the Secretary, H. M. Paine. The Ohio society will be held February 16th and 17th, at Cleveland. They promise a fine bill of fare. The commencement exercises of the College will be held on the 17th P.M. Delegates, remember these sessions, and *be there*.

THE NEW ENGLAND GAZETTE is out for January, with improved looks. Dr. Angell, the racy writer, vacates the editorial chair he has

graced for three years. Dr. Talbot assumes the sole charge. His energy promises a spicy sheet. We have arranged so that our readers can get the *Gazette* at quite a reduction. (See advertisement columns, January issue.)

PERSONAL.—Dr. L. F. Crawford has removed from Mt. Vernon, Ohio, to Ingersoll, Ontario, Canada.—Dr. G. H. Smith, of Sycamore, Ill., has removed to Holyoke, Mass.—Dr. W. S. Moffatt, of Wheaton, Ill., succeeds Dr. Smith at Sycamore.—Dr. G. E. Swan leaves Newcastle, Ia., to go to Mt. Vernon, to succeed Dr. Crawford.—G. M. Pease, M.D., is Demonstrator of Anatomy in the Boston Dental College. No drill is more useful to the surgeon than that obtained by the Demonstrator. We congratulate the College on its liberality and judgment.—Bushrod W. James, M.D., at a recent Fair held in Philadelphia, had charge of the Scientific Department, and “astonished the natives” by his wonderful scientific experiments.—We are sorry to learn of the sudden death, in New Orleans, on Christmas day, of Jonas Green, M.D., late of Washington, and formerly of Philadelphia.—Dr. W. Fleischmann, of Vienna, is dead! He has been prominently before the profession since 1835. He wielded a heavy influence in favor of Homœopathy. He was highly honored while alive, and will now be greatly missed. He died in the 70th year of his age, of gouty inflammation of the lungs.

DEATH BY PRESSING THE EYES.—The oculist Prof. Castorani, in Turin, has discovered a new way of producing death, and has experimented with it on different animals, as rabbits, dogs, and goats. This painless death is produced in two to four seconds, by pressing air in the eyes. Death ensues without doubt, in consequence of the pressure which the brain undergoes during the experiment, and as no traces remain, this dangerous method may lead to some more crimes against humanity. For butchers to kill their cattle, the Professor has invented a small portable steam engine, by which the pressure and death is effected.

OXALIC ACID SYMPTOMS.—Dr. Finnell, of New York, attended a case of poisoning by oxalic acid, where the patient suffered for ten days before he died. Symptoms—Great pain and distress about the stomach, mouth and throat very much inflamed, ganguous patches on the inner surfaces of the lips. *He passed no water for seven days*, notwithstanding the catheter was daily introduced. On the eighth day, half a pint of urine was voided. Pulse at no time above 70 throughout the illness; general prostration. *Post-mortem* examination showed both kidneys healthy.

DEATH AFTER STRYCHNINE.—In “Spicer’s strychnine poisoning case,” were *few or no signs of rigidity after death*, although, according to some bystanders, there were present at the moment of dying well-marked spasms, as well as opisthotonos.—*Medical Record.*

CANNABIS VS. STRYCHNINE.—*Cannabis* as antidote to strychnine poisoning.—After five grains strychnine, there appeared tetanic spasms. Six drachms of *Tinct. cannab.* [most probably *Indica* is meant.—Tr.] a drachm every half hour, given four hours after the poison was taken, procured quickly relief, and in forty-eight hours perfect health was restored.—*Medical Record.* S. L.

CONSOLIDATION.—The two Homœopathic Medical Colleges in Philadelphia have united their forces. “In union there is strength.”

MEDICAL LAWS.—Our Allopathic friends in Illinois and Indiana are trying to get bills passed to regulate the practice of medicine and surgery. Our rights is all we want. We must control these movements.

THE
MEDICAL INVESTIGATOR.

VOL. VI.—MARCH, 1869—No. 6.

NEW MALARIAL FEVER.

BY F. W. BOYNTON, M.D.

EDITOR MEDICAL INVESTIGATOR:—In the October number of the *New Orleans Journal of Medicine* is a report by T. C. Osborn, M.D., read before the Greensboro Medical Society, Ala., on a new variety of malarial fever. This fever also occurred at “Tuscaloosa, Eutaw, Selma and Montgomery.” There have been a few cases in this immediate vicinity; at a distance of fifteen or twenty miles there have been a number. The disease, in many of its essential features, is unlike any other malarial fevers recorded in the books. It is upon the increase, and by the next summer may appear as a general epidemic.

A brief description of this formidable enemy may interest your readers. But my object is to solicit information from the profession through this journal. I will give you a few cases as reported by Dr. Osborn:

“*Case 1.* Mrs. W., aged about fifty-five years. I found her with a low form of fever; quick, small and frequent pulse; tongue bluish, thick, coated over the middle with a dirty fur, leaving clean margins and deeply crimped edges; petechiæ scattered freely over the mouth and nose; hæmaturia; bronzed skin; and uncomfortable dejection of spirits. The nausea, vomiting, and restlessness were to all appearances the symptoms requiring the most energetic treatment.

“*Case 2.* September 26, 1867. Mr. J. L. C., aged fifty-five

years, tall and spare, dark hair and complexion. For some days prior to my visit he had quotidian return of fever, but until to-day no marked violence had been observed. I found a low form of fever; quick, frequent, full pulse; enlarged spleen; nausea; restlessness; intense thirst; copious hæmaturia; dark, bronzed skin; tongue coated, margined and crimped; constipation; and pain in the head and back. After allowing the urine to stand a short time, it was thick, dark red, with small clots at the bottom, and nearly without odor.

“*Case 3.* Miss McR., aged twelve years, sprightly, for many months affected with hebdomadal returns of intermittent fever, under which her complexion had faded, and the spleen became enlarged and indurated. On the 22nd of October, 1868, she had a severe paroxysm, followed by high fever, which passed off in a free perspiration early next morning; but at 10 o'clock, A.M., the chill returned with marked violence, accompanied almost instantaneously by a dark, bronzed effusion of the surface, hæmaturia, nausea and vomiting, pain in the back, incessant thirst, restlessness, sighing, quick, frequent and feeble pulse, and a low form of fever, tongue thick, blue, furred over the centre with broad margins, and well-defined crimped edges.”

These cases bear the leading characteristics of all the cases reported, and of the cases that have occurred in the vicinity.

Under the treatment adopted by Dr. Osborn, and physicians generally in this section, at least three-fourths of the patients die. *Calomel*, *Quinine*, *Opium*, in massive doses; tonics, diuretics, and stimulants constitute the treatment. The success of Dr. Shaw is an exception. He denounces *Calomel* and *Opium*, because, says he, my patients all die. He depends almost entirely upon *Quinine* and *Camphor*, given in full doses every two hours, until the system is thoroughly under the influence of the medicine. The percentage of loss, under this treatment, is about one-tenth.

I have had but one case in my own practice. The treatment, although a success, was not altogether satisfactory to myself.

Mrs. B., aged about fifty-eight years. She had suffered for years with enlarged liver and spleen; and for the past three years with as many as three and four attacks of bilious fever, and frequent attacks of bilious colic and intermittent fever. She had a severe attack of bilious fever in July.

September 3, Mr. B. called at my office, and stated that Mrs. B. was very bilious, had had a slight chill that morning—was suffering from severe constipation—had taken some Strong's

pills without effect, and desired something to act on her bowels and liver. I prescribed *Podophyllin* $\frac{1}{2}$ gr., every three hours; acted.

September 4th. Light chill at 12 o'clock, M. From which time, fever, nausea and vomiting was continuous.

September 5th. Called at 6 o'clock, A. M. Pulse quick and feeble; tongue coated upon the centre and back, thick and rather contracted, the margins and tip clean, red, crimped edges; nausea, vomiting dark green bile and mucus. \mathcal{R} . *Aconite* 3^d, *Arsenicum* 3^d, aa. 5 gtt. into tumblers half-full of water. Dose—teaspoonful alternately every half hour, until the vomiting is checked. If the medicines increase the vomiting, diminish the dose one-half or one-fourth.

I returned at 12 o'clock, M., found Mrs. B. lying across the bed; countenance hippocratic; eyes fixed; face of a dark purplish hue; unconscious. At first I supposed my patient in the death struggle. \mathcal{R} . *Camphor Tinc.* 5 gtt., *Chloroform* 20 gtt., alternately every five minutes. Applied mustard to the spine and extremities. Mr. B. informed me that he could not prevail upon his wife to take medicine.

One, P. M. Reaction evident, pulse now perceptible, quick, feeble, and intermitting; skin bronze, dry and wrinkled; vomiting incessantly dark green bile; tongue bluish, cold; breath cold; pain in the back and head; stomach and bowels tender under pressure; hæmaturia. Substitute *Veratrum album* for the *Aconite*.

Seven, P. M. Saw my patient again. She had persistently refused to take the medicine, declaring it made her vomit. Her case was now regarded entirely hopeless. I injected 3 grs. *Quinine*, $\frac{1}{2}$ gr. *Morphia*, hypodermically. Waited two hours; no change; repeated the hypodermic injection, which produced a favorable change—skin moist, vomiting less, pulse improved. The injections continued in half of the above dose every three hours.

September 6th,—12, M. Paroxysm of congestion returned, though rather mild—easily controlled by *Chloroform*, *Camphor*, and mustard. But the fever and all the symptoms appeared to increase; tongue dry, parched; vomiting now incessantly; very restless; thirst unquenchable. Stools, green bilious matter, and urine, passed involuntarily. I now gave *Arsenicum* 30, and

Veratrum album 30 in $\frac{1}{4}$ gtt. doses, alternately every hour, and every third hour interpolated $\frac{1}{4}$ gr. *Calomel*.

Seven, P. M. Vomiting ceased — change for the better — case doubtful — all anxiously watching for the expiring moment.

Four, A. M. Vomited, and had several involuntary stools, all of which contained much clotted black blood, very offensive. With all the above symptoms, we now have a cold, clammy perspiration; hiccough. *Calomel* discontinued; cold, wet cloths constantly applied to the stomach and bowels.

September 7,—12, M. Paroxysm of congestion returned, which threatened a very speedy termination. All present now gave her up — gone — dying. I injected, per rectum, *Chloroform* $1\frac{3}{4}$, *Camphor* 25 gtt. The hypnotic and stimulating effect was all that could be desired. The *Arsenicum* and *Veratrum album* were continued.

September 9. Paroxysm of congestion. Indications more favorable. *Arsenicum* and *Veratrum album* continued, and no other medicine given. Patient discharged, cured, on the 15th of September.

Osborn says: "During the twenty-eight years of my professional career, it has occurred to me to see, now and then, after long intervals of time, isolated instances having the same general features and results. . . . That this disease has a special pathology, I am fully prepared to believe. In a conversation with Dr. Mitchel, of Montgomery, where the disease prevailed, perhaps, more extensively than here, he related a case in which a *post-mortem* examination was made, and in which there were neither traces of congestion, nor inflammatory action sufficient to account for the fatal result. The source of death seems to me to begin with loss of vitality in the blood, and which is itself dependent upon a poisoned condition of the sympathetic nerves, or ganglions, and the cerebro-spinal is the first to give way, wanting its appropriate stimulants, healthy blood. . . . *Opium* is positively injurious, no one of my cases having recovered where a second dose had been administered."

Remarks.—The disease is variously named — Carhemia, Cane-break Fever, Swamp Fever, Yellow Fever, Yellow Jaundice, Black Jaundice. It appears to have no special affinity to age or sex. The general supposition is, it attacks worn-out constitutions that have been for a long period subjected to malarial poison. This malady, doubtless, results from a new development in malaria; or, from a concentrated form, as it were, it originates at

“Malarial Headquarters;” or, from an accumulation of malarial poison in the system.

In the fall of 1867, the sons of Mr. H. had periodical attacks of intermittent fever. Being farmers and cotton growers, they were subject to the heavy morning dews, and the hot sun during mid-day. Consequently they used immense quantities of *Quinine* to control their chills. They chilled every seventh or fourteenth day, which was immediately suppressed by massive doses of *Quinine*. Mr. H. said to me, “My boys live on *Quinine*—I have used several bottles—They take it in teaspoonful doses.” I gave him timely warning of the forthcoming danger, but to no profit. Soon after, the oldest of his sons started for a neighboring village, which he reached with a chill upon him, the skin became immediately bronzed, and hæmaturia fearful. In two days from the attack, death closed the scene. In about two weeks the other son was taken with a chill, the surface became immediately bronzed, hæmaturia. Three days, and death.

In the cases of these young men, death seems to have resulted from the combined action of *Quinine* and malaria. That inference is legitimate from the fact that no other cases of similar character occurred, in this country, during that season.

Jaundiced skin and hæmaturia are the leading distinctive characteristics of this new malarial disease. All the other symptoms are common to muco-bilious, congestive fever, which has prevailed here this summer as an epidemic.

If jaundice and hæmaturia are the *key-notes* in this disease, which appear simultaneous, or in quick succession, then, according to the law of *Similar*s, a remedy must be found, the *key-note* of which must approximate the characteristics of the New Malarial Fever.

I leave the subject with my professional brethren, hoping they will come promptly forward with their experience, opinions and suggestions. [So mote it be.—M. ED.]

HENDERSON, TEXAS, Nov., 1868.

To Reduce a Hernia without the Ordinary Taxis.—The European surgeons are practicing such reductions by winding layer after layer of elastic bandage upon the scrotum, until the tension of the rubber forces the gut back into the abdomen.

WATER-DRINKING IN ITALY.

MR. EDITOR:—I observe, in the November number of *THE MEDICAL INVESTIGATOR*, an extract from the Boston *Medical and Surgical Journal* in relation to water-drinking in Italy, more especially in Florence and Tuscany, as being very deleterious to health. Now, let me tell the *Lancet* the Florentines “do not,” as Mark Twain would say, “drink water to an alarming extent,” nor do tourists, especially American tourists, for they, as well as the Florentines, seem to have a holy horror of *water*, and look upon it, although the water may be as pure as was ever distilled from God’s fountain, as a thing utterly unfit for man’s consumption, and eschew it as they would the most deadly poison; but they will swill down, without questioning, the vilest stuff that was ever concocted, so it be labeled “pure wine.” And yet, did you ever hear of any of these “highly intelligent” gentlemen, “of great medical accomplishments,” being guilty of intimating that the cause of those diseases might exist in the native wines which are so freely indulged in by tourists and others.

I am satisfied from personal observations, were this subject thoroughly investigated by unprejudiced persons, the facts would be in accordance with what the correspondent of the *Chicago Republican* found to be the case among the wine-drinking Frenchmen, and they would find, too, that tourists, as well as Florentines, with but rare exceptions, drink no more water than do the French.

The truth is, water is not drunk in Florence to any extent, nor in any other part of Tuscany. Ask for a *drink of water* in that country, and you are looked at with perfect amazement, so great is their superstition in regard to water-drinking. This superstitious fear is not confined to the natives, but pervades all nationalities, but none more so than the English and Americans. They seem to have set out from home imbued with a false idea of water-drinking during travel, and set foot on the continent fully determined to “prove” their previously conceived notions correct, and never for a moment so far forget themselves as to set aside their prejudices and examine for themselves, but pursue the

old routine of taking "a little wine for the stomach's sake," and *often* for "their infirmities," in Allopathic doses of the most heroic school; and if ever reduced to the dire necessity of using water internally, it is always in strict Homœopathic doses, but *never singly*, and then only at long intervals, with wine or brandy between the doses as an antidote.

Now, when water, which is so rarely drunk, can produce such deleterious consequences, it must, indeed, be poisonous; and to produce such effects as ascribed to it, its deleterious influence must descend from generation to generation, for I do not think *one* generation in all Italy ever drank water enough to contaminate it.

I would suggest, Mr. Editor, that the *Lancet* advise "tourists to Italy" to try drinking water, and leave off their wine, brandy, etc., for a few weeks or months, just by way of experiment, and see if it be not possible that it is the "acid red wines" alone which produce such deleterious results upon the human system, instead of the much-abused water, and I am sure they will find many things in this experiment little dreamed of in their philosophy. This has been my experience, not only as to myself, but with my companions, after a somewhat extensive tour throughout the various parts of the old world, and we were ever *free* from that "heaviness in the head and sleepiness, inaction of the bowels, diarrhœa, suffering severely in the kidneys and bladder," etc., but felt, as one of our party, Col. D., so happily expressed it, "so light, my head so clear, and I can stand twice the travel without fatigue, as I did when drinking wine," etc. The Colonel had been a strong advocate of the no-water-drinking theory, and after suffering severely from diseases of the bowels, kidneys, head, etc., was persuaded to give up wine-drinking and try water, while others of our party, still indulging in their wines, were eternally complaining of the unhealthiness of the climate, and the unwholesome water, when the truth of the matter was, the water had about as much to do with their ailments as the "man in the moon."

G. B. BIRCH, M.D.

HANNIBAL, Mo., *January*, 1869.

HUGHES' MANUAL OF PHARMACODYNAMICS.

BY J. S. DOUGLAS, M. D., MILWAUKEE, WIS.

As this very valuable work has not yet got into the hands of a very large portion of the profession, and having perused it with some care and much profit, we feel inclined to introduce it to the attention of all who are laboring to perfect themselves in a knowledge of our *Materia Medica*.

It proposes to be, not a substitute for the *Materia Medica*, but a digest of it and an aid to it. The author says, "My main object has been to set forth the sphere of action of each medicine." "Putting out of sight those great polychrests which embrace nearly the whole organism within the circle of their influence, every medicine has one or more centres of action." "When we have learned these, they become all-important stand-points for the understanding and the remembrance of the medicine. These centres I have endeavored to reach, and around them to group the several actions and uses of the drug."

These proposed objects of the work have been most ably and successfully accomplished. In no work with which we are acquainted has the "sphere of action" of each drug been so clearly, and at the same time so briefly, defined. The author has a rare faculty of calling order out of chaos.

Who of us has not toiled time after time, throughout a vast catalogue of symptoms recorded without order, and sought to construct, from the catholic mass, a definite picture of a natural disease, and sought in vain? Our author has a rare faculty for performing this difficult task. He evinces great familiarity with the entire literature of our profession relating to the subject discussed. Such a work, in the hands of the student, will prove an invaluable guide to his studies, and save a vast amount of perplexing and fruitless labor.

We must caution him, however, against considering it an exhaustive work, or as containing all the information attainable concerning any given drug. He must consider it an aid—a guide in the study of more elaborate works. But he will obtain from it a clear conception of the chief "spheres of action" of

each drug, "which will become all-important stand-points for the understanding and remembrance of the medicine."

To illustrate what we have said, and to furnish a specimen of the book, we quote one article, "*Baryta carb.*," which, in Jahr's Manual, occupies eight pages of pathogenesis:

"Among the numerous symptoms in this pathogenesis, two groups only have led to practical results. These are, the symptoms of inflammation of the throat, and of depression of the sexual functions. Clinical experience has interpreted the former of these to mean an acute affection of the parenchyma of the tonsils. I know not who first recommended *Baryta carb.* in true quinsy (tonsillitis), but it is one of the prettiest bits of practice I know. I have never failed to check, by its means, the progress of the disease, when taken in time, so that the engorgement subsides without going on to suppuration. As regards the sexual functions, my friend Dr. Madden has communicated to me several cases in which impotence has been removed by this drug. *Baryta* is considered very suitable for aged people, especially old men—(*Conium* takes its place for old women). *Baryta* has scarcely any really analogous medicine. As a sexual depressant, however, it ranks with *Agnus castus*, *Camphor*, *Conium*, *Lycopodium*, *Naja*, *Plumbum*, *Selenium* and *Zincum*." We wonder he does not add *Nuphar* and *Nit. acid.* He adds: "The higher dilutions are, probably, the best. In quinsy, I always use the 6th. In impotence, Dr. Madden gave the 12th."

Now, keeping in mind these two "spheres of action," and the two corresponding therapeutic "stand-points," the student will very easily acquire, by a careful reading of the *Materia Medica*, all that is of any value in relation to this drug, and as easily remember it.

The criticisms or queries that suggest themselves are very trivial compared with the great merit of the work. Moreover, it would, perhaps, be hardly modest to question the correctness of one of such superior professional accomplishments as Richard Hughes. But, on the other hand, it would scarcely be in keeping with the custom of modern book notices, not to find some fault. And the first that suggests itself is under *Aconite*, to which he considers *Gels.* in no degree analogous. It seems to us that, in the great sphere of the circulation, the depressed action of the heart, the chilliness, etc., and in the reactive phenomena of

increased circulation, heat, fever and congestion, they are very closely analogous. *Aconite* goes a step farther than *Gels.* in the production of a more intense reaction, a more acute grade of fever, and more active congestion, and even inflammation.

That the primary symptoms of depressed circulation, chills, and congestions are produced by both by a similar action, seems inferable from the fact now well established, that, therapeutically, they are equally applicable in the earlier stages of fever, congestions, and the forming stage of inflammatory diseases. He seems to consider *Aconite* not only not analogous to *Gels.*, but in contrast with it; for he says: "The action of *Aconite* is quite different from that of the so-called 'arterial sedatives,' as *Verat. vir.*, and *Gels.*, which, in large doses, knock down fever by prostrating the heart's energy."

If this be a just discrimination, we must confess to having mistaken the action of *Aconite* on the vaso-motor nerves and its consequent action on the heart. If we were to make a distinction between *Aconite* and *Gels.*, in reference to their prostrating effects upon the heart's action, we should be disposed to award the palm to the former. Would not this award be justified by such recorded effects of *Aconite* on the heart as the following? "From a continuous and more powerful action of it, its paralyzing power will influence the vaso-motor apparatus in particular, marked by intermitting, *weak* and irregular action of the heart, emptiness of the left side and great blood vessels, with corresponding alteration of the pulse, even down to complete pulselessness, with oppression of the chest, anxiety, restlessness, vertigo and swooning, all proceeding from *debility* of the heart." Is there any thing in *Gels.* that looks more like "knocking down fever by prostrating the heart's energy?"

Indeed, our author's recommendation of *Aconite* in the terrible collapse of cholera, seems hardly consonant with the view above expressed. He says: "In the collapse of Asiatic cholera, when the chill is so deadly that, were it not for the 'consecutive fever,' its true nature would be hardly recognizable, *Aconite* will still assert its power. I venture to predict that it will some day be recognized as superior to *Arsenicum* in those terrible causes where vomiting and purging are well-nigh absent, and death seems imminent from *arrest of circulation.*"

Would *Gels.* be equally Homœopathic in these cases where

the arterial circulation labors under such deadly prostration? According to the views of our author, it would seem to be even more so. He does not, however, recommend it.

In remarking on the analogies of *Aconite*, he says that, in its influence upon the heart, it somewhat resembles *Cactus*, but does not consider it in any proper sense analogous. To our apprehension it would be difficult to select from our *Materia Medica* two remedies more strictly analogous than *Aconite* and *Cactus*, nor three which better correspond than *Aconite*, *Cactus* and *Gels*.

If we were to select one article from the work less satisfactory than others, it would be *Gels*.

It would, perhaps, be difficult to select particular articles which should best illustrate our author's keen discrimination, and the apparent ease and rare brevity with which he reaches the heart of things, seizing on and holding up in distinct prominence, the great "spheres of action" of each remedy. But we are specially pleased with *Ant. crud.*, *Ant. tart.*, *Apis*, *Ars.*, *Bell.*, *Digit.*, *Hyo.*, *Iod.*, *Kali bichrom*, *Lyc.*, *Nux v.*, and we are very much disposed to add — the remainder of the book. As a curiosity of sifting and brevity, as contrasted with voluminous pathogenesis, we would refer to *Kali carb.* and *Magnesia*. A few thoughts, however, suggest themselves in relation to a few of these.

In the article on *Apis*, the query comes up, why it is that some animal poisons, when swallowed undiluted, are innocuous, while in a diluted form they produce marked disturbance? This he explains on the hypothesis that "the secretions of the alimentary canal decompose or otherwise neutralize the virus," in its undiluted form, while "dilution enables it to escape that destruction." Would it not be *a priori* much more probable that the secretions would more readily neutralize the weaker than the stronger poison.

The more reasonable hypothesis seems to us to be, that, in the weaker or diluted form it is absorbed, while in the stronger or more virulent form, it is rejected by the offended and sensitive mouths of the absorbents, and does not enter the circulation.

Under *Bryonia*, the author remarks that it has no "myotic-power." This seems hardly consistent with its generally recognized action, or with the following quotation from p. 165: "I

venture to set down our drug (*Bryonia*) as a specific irritant of muscular fibre," etc.

Our author is no transcendentalist. He recommends, for the most part, the lower dilutions. Under *Bry.* he makes a distinction which we do not recollect to have seen made elsewhere, but which we have acted upon for years, viz.: That the lower dilutions are more efficient in rheumatism, and the higher in pneumonia.

He gives some directions for preparing tinctures and dilutions, which suggest the want of an authorized Pharmacopœia to which all our preparations shall conform.

We look with interest for the coming volume of Therapeutics.

We only add, that while the student of *Materia Medica* will derive a greater number of clear ideas, respecting our various drugs, from the Pharmacodynamics than from any other work of equal brevity, it is the best work that we know to place in the hands of the intelligent and candid physician of the old school.

FISTULA, DENTALIS AND LACHRYMALIS.

BY W. EGGERT, M.D., INDIANAPOLIS.

NEXT to the fistula in ano,* I direct your attention to the

Fistula dentalis.—Homœopathic writers are almost silent on the subject; and, as my experience is not very extensive, I shall have but little to say. Its causes are either traumatic or constitutional. If caused by rotten fragments of teeth, those fragments will have to be removed. If emanating from a parulis, which has caused more or less necrosis of the jaw, the sequestra will have to be carefully extracted with the pincette. If caused by a careless insertion of a pivot-tooth, the blunder must be remedied at once, and it may be well to advise the extraction of the root entirely. These obstacles removed, there will rarely be a difficulty in healing the fistula with a remedy properly selected. Exceptions are met with in scorbutic persons, or those who have been heavily drugged with *Mercury*. In treatment, *Causticum*, *Calc. carb.*, *Silicea*, have gratified me. *Fluoric acid* and *Phosphorus* have also been strongly recommended, but I have

* See January and February issues, pp. 141-4, and 161-4.

never tried them. Furthermore, I advise the greatest cleanliness. The votaries of the weed must cease to smoke or chew. The mouth and gums should be rinsed several times a day with tepid water, and once a day with diluted *Calendula*, afterwards dry the mouth well, in the region of the fistula, with clean lint. Avoid the toothbrush at, or near the surroundings of the disorder. I advise in this, as well as in the treatment of all fistulæ, the higher dilutions. The lower ones have disappointed me invariably. Lastly, I shall speak of the

Fistula lachrymalis.—If time permitted me to give this subject justice, I would feel glad of it, for it is a subject of high interest to the practitioner; and, here in particular, the medical man has frequently the opportunity to triumph over the surgeon. Our literature is not meagre in reports of happy cures. The cases I have had to treat yielded well to the Homœopathic remedy, for it is a disease based almost entirely on a scrofulous or syphilitic diathesis. Do I say too much when I assert that most of the cases can be cured by a proper Homœopathic treatment, without the aid of the surgeon? I think our school in general is willing to bear witness to the truth of the assertion. I have treated cases successfully when even eminent surgeons had exhausted their skill, and left to their patient nothing but the tube or the style, as a model decoration. This, of course, does not say that mechanical skill is *never* needed; or, that an operation has never been crowned with success; but, what I do say is, that, with patience, perseverance and careful individualization, we may, in this disorder, more than in any other surgical disease of the eye, dispense with the surgeon. Besides this, the modes of operation recommended are so manifold, that it would be hard sometimes to decide in favor of any one. Mechanical ingenuity has, until to-day, left the matter in a very unsettled state; and, I think, the time is not far distant when even its most earnest advocates will laugh at the style and tube. The remedies recommended are various. In my practice I have succeeded mostly with *Calc. carb.*, 200, *Puls.* 200; but that *Sulphur*, *Silicea*, *Nit. acid*, *Hep. sulph.*, *Belladonna*, *Iodium*, *Lycopod.*, etc., offer a wide range of selection to the medical man who is well versed in our *Materia Medica*, and understands well how to photograph the case under his care in its totality, no one will deny.

DENTINE—SOME NEW FACTS.

By HENRY S. CHASE, M.D., *Professor of Surgical Dentistry in the Missouri Dental College, St. Louis.*

DENTINE is that anatomical element of which the great mass of a tooth is composed. It gives shape both to the crown and the roots. In the crown it is covered by the enamel, which extends as far towards the roots as the neck of the tooth, a little below the margin of the gums. In the roots, it is covered on the outside by the cementum, which latter is composed wholly of osteal cells. The nerve or pulp canal, which passes through the roots, is lined also with cementum for a short distance from the foramina of the roots, towards the crown; thus covering the internal surface of the dentine in the roots with osteal cells.

Dentine is composed of tubes opening on the interior of the tooth, or that chamber which is called the pulp cavity, or nerve cavity, and which contains the pulp of the tooth. The direction of these tubuli is from the pulp cavity towards the exterior of the tooth, raditating and giving off smaller tubules as it passes along, like the branches of an artery. Some tubes give off no branches, but run in an undulating manner, without branching, until they terminate at the base of the enamel.

Nearly all the tubes terminate in the thin membrane which undulates the enamel, but some pass onward, and are seen between the enamel roots, coming, in rare instances, nearly to the outer surface of the enamel.

The dentine tubes in the roots make connection with the canaliculi of the cementum cells. The tubules carry the colorless blood to every portion of the tooth, thus giving it nourishment. There are no vessels carrying red blood in dentine, or capable of doing so, even in inflammation, for the diameter of their interior is not more than the ten thousandth part of an inch. The appearance sometimes observed in teeth is owing to disintegration of the blood discs, which may then permeate the dental tubule.

The blood which the latter receive comes from the vessels of the dental pulp, principally, although some is received from the cementum cells, which lie in close connection with the pericementum or dental periosteum.

Besides conveying nourishment to the enamel and inter-tubular dentine, the tubes contain nerve fibrils, which are received from the dental pulp, and these nerve fibrils run the whole length of the tubes.

It has been observed that the tubes penetrate the enamel in some instances, running between its roots nearly to the surface. This fact accounts for the pain often felt in a tooth unaffected by decay, from the contact of acids, of sweets, and from the pressure between the teeth of woolen cloth and some other substances.

The microscope has not actually demonstrated that the dentinal fibrils are nerves. But it has demonstrated that every dental tubule contains a soft fibril which may be drawn out of the tubes to a considerable extent before being broken off. Facts in dental physiology and pathology make it almost certain that these fibrils are true nerves.

There is an inter tubular substance in dentine which is wholly composed of lime salts. These territories are without sensation. There are no fibrils there. In dental decay we find portions of the cavity very sensitive to the touch of an instrument, and other parts totally without sensibility.

The history of dentine shows that a tooth is not dead when the pulp is dead and removed from the tooth, as we have seen that the dental tubes anastomose with the canaliculi of the cementum; and the cementum cells are nourished from the periosteum of the roots with which they are united. Observation has taught us that a tooth may be sensitive after the removal of its nervous pulp, the dentine, within a cavity of decay, proving extremely sensitive to the touch of an excavator in some instances, thus showing the presence of nerve fibrils, received from the pericementum or dental periosteum.

CASE OF MALIGNANT ABSCESS.

BY HENRY N. AVERY, A.M., M.D., POUGHKEEPSIE, N. Y.

I WAS called, May 2nd, 1868, to see Wm. N., son of Capt. N., U. S. A., aged seventeen years, of a strumous diathesis, cadet at Poughkeepsie Military Academy. I found an enlargement, commencing at the mastoid process on the right side, extending three

inches down, and a little to the front, with a slight degree of tenderness. *Mercurius sol.* 3rd, and *Lachesis* 10th, were given.

The third day found him much as before; treatment continued. Fifth day, a slight improvement; treatment continued. On the seventh day the tumor appeared to be larger and more diffused, with thickening of the tissue around, and a tendency to assume an erysipelatous appearance. The pulse was 98, quick and compressible. *Aconite* and *Belladonna* were given. Eighth day: the symptoms were all aggravated with the addition of a sore throat; the fauces appeared to be inflamed, and he complained of a feeling of fullness in his throat, and pain in swallowing.

Ninth day: about the same, with the addition of two chills. *Calcarea* 3rd, and *Sulphur* 10th, were given.

Tenth day: symptoms continued to increase. What appeared to be a tumor had assumed the form of an abscess, extending to the median line of the throat.

Eleventh day: the surrounding tissues assumed an indurated condition, extending backwards and downwards. He complained of much pain in the right ear. I discovered fluctuation below the mastoid process.

Twelfth day: about eight o'clock, A.M., nature found an opening into the meatus auditorius externus, and two-thirds of a pint of offensive pus was discharged.

This day, one hour later, I found him complaining of a chilliness, with great prostration and much emaciation.

Thirteenth day: found him about the same as on the day previous; the ear continued to discharge freely. At a point below the mastoid process, fluctuation was so evident that I resolved to make a free exit for the matter. Accordingly, in consultation with Dr. A. Hall, of this city, I made a deep incision between the jugular vein and the carotid artery, through the platysma myoides muscle; when, to our surprise, nearly a *pint* of pus was discharged. This escape of matter did not appear to reduce the size of the surrounding tissues, but the difficulty of swallowing was greatly relieved. A probe could be introduced posteriorly and anteriorly some five inches; also in the direction of the fauces.

Fourteenth day: found the opposite side of the neck partaking of the general appearance of the right side, except that pus was not found in sufficient quantity to warrant the introduction of any

thing but an exploring needle. The difficulty of swallowing, and, at intervals, mucus and pus were coughed up, with traces of blood. It was considered probable that the original abscess had made an opening into the fauces.

Fifteenth day: very restless the night previous. For the last five days he had been sustained by beef-tea, milk, eggs, and a little stimulus. In order to quiet the pain and procure sleep, it was found necessary to employ *Morphia*.

From the thirteenth day, to his decease, on the eighteenth, the chills increased in intensity, and a fever set in daily about two o'clock, P.M., and continued until ten or eleven, when sleep, produced by *Morphia*, usually restored his failing strength.

The seventeenth day found the enlargement of his neck steadily increasing, and, on the eighteenth, death closed the scene.

It is rarely the case that the matter from an abscess on the neck discharges itself so freely by an opening through the ear. This case is very remarkable for the degree of pus developed, and the induration of tissues involved, and so great a degree of prostration, all tending to confirm the malignancy of its character.

DISEASES OF CHILDREN.

HOW WE NEGLECT INFANTS.

IN this article we do not propose to speak particularly of the special diseases of children, but of the manner of treating the infant to prevent disease.

Our daily experience with the ails of little ones shows us that we should strive to educate the mothers and nurses how to manage the innocent babe. By so doing, we will prevent many of the ails to which they are so often subject. It will bring fewer dollars into our pockets, it is true, but every honorable physician will do what he can for the *future* welfare of his patients, even with the prospective loss of many a fee, which negligence of his duty might bring him. Sorry we are to say it, that many who are called scientific and skillful, are in the habit of entirely neglecting the many minutiae of the infant's new life. It is either done through ignorance, thoughtlessness or knavery — we hope the latter will cover very few cases. But in either case the physician is certainly blameworthy.

From the moment the babe is born into the world, we should see to it, and when we say that, we mean not only direct, but see that our directions are obeyed; we should see to it that matters often little thought of should be rightly done. There are nurses who thoroughly understand their calling — scientific and skillful nurses — but they are few; while the name of the reverse is “legion.” How common to meet nurses who say the child’s head must be washed every day with new rum, perhaps even the whole body — that a dose of oil must be given — and many other ridiculous and dangerous proceedings must be gone through with.

Now, as soon as the accoucheur has separated the umbilical cord, he should instruct the nurse to carefully wrap the child in soft flannel, while the head and face are being cleaned of the vernix caseosa. In our practice, this is best accomplished by first smearing with olive oil (we are averse to lard, for that is fit only to make oil for burning), and then with soft linen or sponge, and fine castile or toilet soaps, the parts are to be gently patted, *not rubbed*, until they are clean. A soft cloth should be used to dry the flesh with. The skin of the new born infant is too tender to be rubbed, even with fine linen, and it should never be done. After the head has been cleaned, the shoulders should next be attended to, then the arms, separately, the chest, back and legs — covering, as much as possible, all the body not being operated upon.

We find those who insist that a child should be given a cold bath, reasoning that it will invigorate the skin, and make the child healthy. We are as strong advocates of cold water bathing as any, but we most decidedly deprecate this method of procedure with infants.

Serious mischief may follow the use of stimulating applications to the head. New rum is irritating, and is likely to produce disturbance of the brain.

The child being washed, a spoonful or two of cold water should be given it to drink, and in no case should it be put to the breast, sooner than from twelve to twenty-four hours — the only nourishment to be given it is water, slightly sweetened with loaf-sugar — during this time.

When a human being is born into the world, it has but two wants — to eat and to sleep, and if these wants are gratified it maintains but a mere vegetative existence for several months.

When the child wakes from its sleep, it will manifest its wants by gently *nestling*—if the hint is heeded, it satisfies itself, and then falls to sleep, and will remain quiet until again hungry. Now, if the child, on waking, begins to *nestle*, and the mother is busy or thoughtless, and it is unnoticed, it makes a little noise; if not attended to it will cry, that doing no good, it screams, and scream it will until its want is satisfied. A frequent repetition of this will teach the child that it must scream if it desires food, or any thing else. But what has this to do with diseases of children? We answer: a child that is taught to scream for whatever it wants becomes irritable, and irritability signifies fever. The pulse is quickened, the respiration more hurried, the face is flushed, and the head hot. The frequent repetition of this screaming, when no disease is present, may cause a febrile action of the meninges of the brain—headache—effusion of water in the head, diarrhœa, and the whole train of irritative diseases, and children, thus taught to manifest their wants, grow up (if they live) cross and peevish, hard to please; and in more advanced life we find our remedies do not act as we think they ought.

The young mother should also be taught respecting the quantity and quality of the child's food. If she feeds from the breast, the instinct of the child will tell it when it has enough.

In these *fast days*, when the mother either has no milk, or it is not fit for a child to take, the little one is brought up "by hand." Now when it is hungry the mother lays it in her lap, and when it has taken as much as it can, she sits it up with a jolt, so as to settle what is already swallowed, and at it she goes again. When the unoffending one has eaten so much that it fairly runs over, that which escapes is pushed back into the mouth, and the spoon held close so as to prevent its escape. When the stomach is thus stuffed, sausage fashion, nature strives to relieve herself, and the little stomach contracts, and up comes the food. The kind mother says, "Oh, dear, its little stomach is out of order,"—then comes "catnip tea," and a hundred other old women's remedies. By such proceedings, the child is having planted in it the seeds of dyspepsia and its consequent train of ills. The physician, if he has neglected his duty in forewarning, should not fail when the little "stomach is out of order," to rectify his negligence.

No fixed rule can be laid down as to the number of times or the proper periods at which a child should be fed. The natural

wants of its system should be consulted, and these, as we have noticed, are made known in its earliest life. If commenced with from the *very first*, once in three hours will generally be found to be sufficient; as its age advances, it will be found unnecessary to feed it quite as often.

It has been our custom to instruct mothers not to allow the child to be fed during the night, say not after ten o'clock, until five or six o'clock in the morning. There are many cases where this rule can not be carried out, but in most it can be literally enforced. The practice should be encouraged from the very start, else it will be hard work to execute it. *Never* should the child be allowed to lay at the breast all night, and it is bad policy to allow the child to lie with the mother. As soon as it is fed, it should be removed to a crib (not a cradle) where it can be out of the "smell of the mother." Being near the mother will create an uneasiness which the child, knowing nothing further, can only overcome by being fed. We have often seen children lay all night (from sun to sun) when away from the mother.

G. M. P.

PULSATILLA IN MAL-PRESENTATIONS.

Mrs. D., a large, fat woman, who is always blessed with quick labors, sent for me on the 5th of December last, at 2 A.M. Upon examination, it was impossible to make out any presentation, and as the pains were light and far between, I left in the morning with the request to send for me in three or four weeks. On New Year's morning I was again roused to tend to her confinement. Upon examination, I found the waters trickling away, and she said that this frightened her, although her pains were light; the os could only be reached with difficulty, and was soft and not much dilated. *The uterus was more round than oblong*, and, fearing a cross-presentation, I made up my mind to turn, as soon as dilatation had taken place. Visiting her again at noon, I found her in the same state, with light pains every ten or fifteen minutes. Jokingly advising her to eat her New Year's turkey with good relish, I left her again for a few hours. At 3 P.M., I gave her, at her request, a dose, *Pulsatilla* 200th, although I have to confess, I did it more to please her than for any other purpose. At eight in the evening, I was sent for again, as the

pains increased, with more bearing down force. Examination revealed that a change had really taken place, for I found now, to my great delight, the dilated os within reach, and the head presenting in the first position. But she, who was, in all her former pregnancies, over her troubles in less than an hour, was this time destined to be disappointed, and it was near midnight before mother and son were quietly reposing. As the labor was natural; I neither repeated the *Pulsatilla*, nor did I give her any other medicine, and in such cases it remains always dubious, if there was a mal-presentation or not.

I give you the case, at your request, in January number, for what it is worth.

S. LILIENTHAL.

NEW YORK, *January 11th*, 1869.

“PATHOLOGY AT A DISCOUNT.”

EDITOR INVESTIGATOR: Permit me to furnish Carl Müller, “the country physician,” the following items:

“*Convulsion*.—This word has several acceptations. It means any violent perversion of the animal movements. The word convulsions generally, however, signifies alternate contractions, violent and involuntary, of muscles, which habitually contract only under the influence of the will. This alternate contraction, when slight, is called tremor; when strong and permanent, tetanus, trismus, etc. Spasms, cramps, risus sardonius, and St. Vitus dance, are convulsions.”—*Dunghison*.

“*Hysteria*.—A species of neurosis, classed amongst the spasms by Sauvages and Cullen, and in the *Neuroses de la génération*, by Pinel. It received the name of *hysteria* because it was reputed to have its seat in the uterus. It generally occurs in paroxysms the principal characters of which, consist in alternate *fits of laughing and crying*, with a sensation as if *a ball set out from the uterus and ascended towards the stomach, chest and neck*, producing a sense of strangulation. If the attack be violent there is *sometimes* loss of consciousness, (although the presence of consciousness generally distinguishes it from epilepsy), and convulsions.”—*Dunghison*.

“The globus hystericus forms one of the most characteristic symptoms of the invasion of the hysterical paroxysm.”—*Braun*.

“A hysterical patient falls into a convulsive tetanic, or cataleptic attack *with a scream*, and closes the eyes when a dazzling light is presented to them.”—*Braun*.

“The symptoms which characterize the hysterical paroxysm or

fit are — convulsive movements of the trunk and limbs; violent beating of the breasts with the hands clenched; or tearing of the hair, or of the garments; *shrieks* and *screams*; violent agitation, and the *globus hystericus*; the attack ending with tears; convulsive fits of crying or laughter, and sometimes with obstinate hiccup. * * * *The respirations are never suspended.* * * * There is a peculiar expression about hysterical women, impossible almost to define, yet readily recognized when once it has been studied."—*Tanner*.

"*Epilepsy* is a disease, the leading symptoms of which are— sudden loss of consciousness and sensibility with clonic spasms of the voluntary muscles, usually followed by exhaustion and coma, the attack recurring at intervals."—*Tanner*.

The case related in the *Hahnemannian Monthly* did not, as far as we able to judge from the symptoms, come under the head of either hysteria or epilepsy. I need not give the symptoms of tetanus or trismus to prove to Carl, that it did not fall under these headings, consequently the case was called "convulsions," although the paroxysms resembled somewhat those occurring in epilepsy. The diaphragm was certainly injured, as will be seen by comparing the symptoms of the case with those of diaphragmitis, viz.: *painful constriction about the præ-cordia*: acute pain in region of diaphragm, with small, quick pulse, *laborious respiration, difficulty of swallowing*, risus sardonius, etc., and why not a convulsive motion of the muscles of the extremities as well as those of the face? So much for the heading of my case.

In regard to the urine, the patient passed it freely and naturally for the first thirty-six hours, when the young gentleman (to whom she was engaged), *was not in the room*, but the twenty-four hours he stayed constantly in the room, she did not pass a drop.

Concerning the treatment, the symptoms enumerated indicated either *Bell.*, *Arn.*, *Ignat.*, or *Cham.* At the time I made the prescription, I supposed *Bell.* the only remedy that covered all the symptoms, but on a study of the case afterwards I found that this was not the case, The change was made to *Arn.*, as I stated, solely because "I supposed the cause of the convulsions to be a mechanical injury of the diaphragm," and under such circumstances I possessed the key-note to the remedy. Many cases are related in our journals successfully treated, by a similar course of procedure. The personal remarks concerning my ignorance of pathology I pass in silence.

In conclusion, allow me to state that the paragraph "For fear

those who make pathology the basis of treatment may cite this as a case illustrative of the correctness of their views, I have added the symptoms of *Arnica* which bear on the case," does not express exactly what I intended to say. To express my real meaning it should have read thus: For fear those who make pathology the basis of treatment may cite this as a case illustrative of the correctness of their views, I have added the symptoms of *Arnica* which bear on the case, showing also that the symptoms also indicated it; and I furthermore believe, that when the pathology of a disease indicates a certain remedy, the symptoms also will point to the same remedy (if well proved), or it is not homœopathic to the existing condition.

Yours, sincerely,

711 WABASH AVENUE.

T. S. HOYNE.

INDICATIONS FOR THE DOSE AGAIN.

EDITOR OF INVESTIGATOR:— If I were to propose any addition to the propositions which I culled from an old periodical, I should propose *that any medicine should be attenuated in proportion to the poisonous character, namely energetic pathogenesis of the drug.*

But this would demand a very comprehensive *cæteris paribus* to accompany it, and would be so much modified in its application by idiosyncrasy, that I hardly know whether it would be necessary to add it to those collated. But, before having done with this subject, I wish to call attention to that of primary and secondary symptoms, and especially to one very obviously correct conclusion from well-known facts.

This conclusion, which I have been accustomed to teach in my physiological course, may be familiar to physicians who are better read than myself. But in my very limited reading, I have never met with it, as common as are the facts that lead to it.

The order of the symptoms depends entirely on the size of the dose; those which are primary for the large dose being secondary for the small, and the converse of this.

Thus a large dose of opium compels sleep, followed by subsequent wakefulness, while the small dose may cause wakefulness, followed by subsequent drowsiness.

Almost any irritant, applied to a capillary in small quantity,

causes immediate contraction, followed by relaxation. But an increased quantity may produce instantaneous relaxation. Of course, the terms large and small are used with due regard to susceptibility of constitution. What would be small relatively to one constitution, might be large relatively to another. But with this qualification, the rule is at least general, if not universal; and all doctrine as to primary and secondary symptoms is worthless, unless the specified relation is distinctly introduced as an element. Without its presence, such doctrine is vague and unmeaning.

There is another point in connection with this subject of the order of development of symptoms, which is worth glancing at.

There is a Homœopathic and there is an Enantiopathic (commonly termed antipathic) relation of drugs. What is the Enantiopathic relation but the relation of inverse order of development of symptoms? I take it that Enantiopathy is either such inverse order or nothing. Recognized as it has been from Hippocrates (and before him, for aught I know) down, I think it something. At all events, we need a term to express the relation of opposite order, and Enantiopathy is an appropriate term.*

You will see, accordingly, that the author whom I quoted in the last number of *THE INVESTIGATOR*, lays down as one condition of the increased size of dose, development of symptoms in inverse order to that of the disease.

I am aware that some object to the phrase, primary and secondary symptoms, on the ground that the so-called secondary symptoms are but phenomena resulting from reaction. Hoping to let in a small ray of light on this subject in the series of articles that I am writing for the *U. S. Journal*, I would, in the meantime, say that I have been accustomed, in my oral teaching, to treat it as a matter of indifference which expression we employ. For while I hope to show that the phenomena termed of reaction are really so, on the other hand it should be remembered that these phenomena would not have ensued but for the primary action of the drug. They are a part of a series induced by the impression of the drug on the organism—the nature and quantity of the drug, and the nature and condition of the organism affording the causal elements, producing the symptomatic phenomena.

H. P. G.

* If any one prefers the more commonly used term, Antipathy, I have no quarrel with him on that account.

EDITORIAL.

RECORDING CASES.

"DOCTOR, I am about to remove to the city of —. How shall I know when I have a *good* physician?" The old medical adviser, who stands high in our profession as a most careful and skillful prescriber, remarked, "If the doctor you call notes down your symptoms as you give them, you may trust him."

The words of the venerable practitioner deserve more than a passing thought. There is too much of hurried examinations and careless prescribing. Many of us have acquired the allopathic manner of recording our cases: *i. e.*, name of patient, date of prescription, and, perhaps, the remedies prescribed. Some physicians and patients think it shows rare discrimination and judgment to be able, after hearing a few symptoms and taking a hurried look at a case, to make an "off-hand" prescription. This is all well enough if you *happen* to "hit the mark." But, as a rule, it is not satisfactory. The majority look upon such a course as hazardous, and inconsistent with scientific—homœopathic—practice.

The chief objections we have heard against the practice of recording cases, recommended by one of the most experienced in this matter—Dr. Hahnemann—are these: 1. The patients desire you to *remember* the case, 2. Much that is told you is confidential, and should not be written; and 3. Lack of time, too busy. It is quite too much of a task to try to remember all about each case we treat—every symptom, remedy prescribed, hygienic instructions, dietetic directions, etc. We might remember, but it would be impossible to recall all the above minutiae, at the next visit. It is true that a physician hears much that is and should be confidential. His records also should be "strictly private." Some cases would be better recorded out of sight of the patient. Otherwise, he might not get *all* of the symptoms. "The Ohio Supreme Court has recently decided that the declarations made by a sick man to his physician, relative to the causes of his disease, when not under oath, are to be taken in evidence." How valuable to have a full record of such cases. We have not *time* to record all that our gossiping patients relate to us. A little explanation beforehand, or a well-directed question, will usually "keep them on the right track." If we give their case a "full hearing"—as we should—and record at the same time, no time is lost or wasted. We have known of physicians keeping a short-hand reporter in an adjacent room to take down the case.

Different physicians have different times and methods of making their

"records." Some follow Hahnemann's advice: * *i. e.*, recording the case at the bedside. Except in a few cases, this plan is the best. Another "makes notes" of one case while on the way to see another. While another makes his record from memory after returning home. Although the case may be fresh in the memory, still we will forget. The latter methods are better than making no records at all.

One physician uses a small note or memorandum book; others have large "case-books"—where they devote a page to each patient. Another has a few leaves stitched into his diary. The majority use books made of ordinary paper, while some use those of prepared (metallic) paper. The majority of physicians who make records write the ordinary long-hand; some an abbreviated long-hand, while a few write steno- or phono-graphy. The chief objection to the long-hand is the time it consumes, also giving the patient too much time to think and remodel. The abbreviated long-hand removes these objections, in a measure. Phonography † is undoubtedly the best—saving both time and space, and besides, you get the symptoms "in the patient's own words." To those who write phonography, we would recommend Smith's Metallic Memorandum Book, while to those who write the abbreviated or common hand, we would suggest a reporter's note-book—shaped like a music-book. A case-book might be prepared that would obviate much of the repetition now necessary.

Briefly stated, the objects of carefully recording, in full, the symptoms of each case are: (1) The better to get a full and complete picture of the disease. (2) The remedy can be selected to better advantage. (3) To review and study the case. (4) To compare it with other and subsequent cases. (5) For publication, either in our periodicals, or in a complete volume. If the case is at all a complicated one, we can not grasp the totality of the symptoms unless we have a record of them, especially as a cross-examination of the case often elicits new symptoms and modifications. We can better select a remedy to cover a written case than a case "in memory." When we review the case, as we will do, if it is at all important, we can verify the accuracy of the diagnosis, pathology, and prescription. If we have prescribed the wrong remedy, how important to know it and to settle on the right one. The physician of limited knowledge of and experience with the *Materia Medica*, finds, if he reviews, "studies," his cases, that he is as often wrong as right. If we prescribed but once for each case, "records" would not be so necessary, but cases will continue days, weeks and months, and "to know where we are," a "log-book" is a necessity. In such cases it saves much time in "reviewing the case." Again and again we meet the same train of symptoms in different patients, or we are informed that the medicine we gave at such a time relieved at once. What a saving of time, study, or

* Organon, §§ 84-91.

† As phonography is so easily acquired, we wonder that every physician, and especially every student, does not learn this "labor-saving" method of writing. Among the different systems, Graham's and Pitman's are most used. Lindsay's is said to be the easiest acquired. Our preference is for Graham's. His system of abbreviated long-hand is very easily adopted. It saves quite one-half of both time and space.

thought, if we can refer to the records of such symptoms, or prescriptions. Without such a record what does all our boasted long experience amount to; we can only make scraps of it available. With it our past experience is a written, permanent one, and always available.

Every physician should be a producer to, as well as a consumer of the grand stock of medical knowledge. Published cases from "records" are generally complete and instructive — throwing light on more than one part of medical science; while cases reported from memory are often visionary, and, we believe, are responsible for many of the medical vagaries, blunders, and inconsistencies. What more fitting legacy to leave the profession than the complete record of all the cases we ever treated. Such a record, with notes and comments, if published, would find a very ready sale. Such records, we are pleased to state, are being prepared.

It is a disgrace that physicians of ten, twenty, thirty, or forty years experience leave no record of their cases — no note, scrap, or thought "for the good of the profession,"

But departing leave behind them,
No foot-prints on the sands of time.

To record our cases in full is an obligation we owe to ourselves, to our patients, to the fraternity, and to "the medicine of experience."

REVIEWS.

THE ANATOMY AND HISTOLOGY OF THE HUMAN EYE. By A. Metz, M.D., Professor of Ophthalmology in the Charity Hospital Medical College, Cleveland, Ohio. Philadelphia: Office of *The Medical and Surgical Reporter*. 1868. Pp. 134.

THIS work is gotten up in good style and upon excellent paper, and it is evident from the number of works he has consulted in making this compilation, including, as it does, almost all the modern authors on this subject up to the present time, considerable time and care must have been bestowed upon its preparation by Prof. Metz.

The anatomy proper of the eye is, of course, the same as found in the various text-books on the subject, but the value of the work is not seen here; it consists in the histological part, or the description of the minute and microscopic anatomy of the various tissues that enter into the formation of the visual organ. We are inclined to think him a little too positive upon some points, however, in his work. For instance, in reference to the canal of Hanover in the hyaloid membrane, in opposition to good authority, Metz claims: "That between the anterior surface of the posterior lamina, forming the fossa-hyaloidica, and the posterior surface of the posterior lamina of the second division going to the posterior lens-capsule, another larger but more narrow canal is formed—the *canalis Hanoveri*." Now, really, this canal is so narrow as to be invisible, and it is generally conceded at the present day that, in a normal condition of the eye, there is but one division of the hyaloid membrane found, and that is the one on the ciliary processes; hence the "*canalis Hanoveri*" has no real existence except, perhaps, as made in dissection.

Again, Metz asserts that the active agency in accommodation for remote objects, or for negative accommodation, is the fibres of the Zone of Zinnius, in connection with the longitudinal fibres of the ciliary muscle.

Now it is very questionable, indeed, whether these fibres are muscular at all, for they are generally, now, thought to be elastic fibres; while the subject of accommodation spoken of has not yet had sufficient light thrown upon it to guarantee a positive affirmation, such as he makes. For practical purposes to the surgeon, in his operations upon the eye, it makes but little difference as to the nature of these fibres, or whether this canal of Hanover exists or not; but, no doubt, Prof. Metz's work will be a standard one, and will, by American lecturers on Surgery, be quoted as authority in histological researches upon the eye, and in order that doubtful points may not be given to the student as facts by medical college professors, who have not the time and opportunity to search the whole field in every minute particular, as an author is expected to do, a little more care in this respect would have been desirable.

We are much pleased at his thorough description of the crystalline lens, and the illustrations which are given, from various authors, to assist the explanation, are here particularly good, while throughout the book the cuts are numerous and well selected.

The section on the arteries, and the one on the veins, are both excellent. He denies the presence of two long posterior ciliary veins, as follows: "It is said, in the text-books, that there are two long posterior ciliary veins, corresponding to the long ciliary arteries. Lieber asserts that they can not be found in the eye; which coincides with the observations of the author."

With regard to the vascularity of the sclerotic coat, he says: "The sclerotica receives its supply of blood from the posterior and anterior ciliary arteries. The small vessels form on the sclerotica a vascular network of large meshes, which have the peculiarity that almost every arterial branch has—a vein accompanying it on each side. The veins anastomose much more frequently than the arteries. The larger branches of the arteries are tortuous in their course. From this network of vessels a fine network of capillaries originates. Those derived from the straight muscles, the anterior ciliary arteries pass through the tendons of the muscles. The branches of the scleral network derived from the anterior ciliary arteries anastomose with the posterior network derived from the posterior ciliary arteries." This is a fair sample of the style in which he writes, and it is one that we rather admire; the matter being condensed into as few words as possible, so that each page is full of thoughts and practical observations, and the reader is not compelled to run over an undue amount of reading and flowery expressions to get at the subject matter. We have no doubt but that the work will meet with the friendly reception, by physicians generally, that is hoped for by the author.

BUSHROD W. J.

RETINITIS NYCTALOPICA. By Prof. Dr. Arlt, of Vienna. From "Der Bericht über die Angenklinik." Translated by J. F. Weightman, M.D., Philadelphia. Lindsay and Blackiston, Philadelphia, 1868. Pp. 23.

THIS pamphlet aims to set forth the characteristics of the above peculiar affection. In this disease the patient complains of "*diminution in the sharpness of sight*, and a *blinding in bright daylight*; distant objects can not be well discerned, nor can the features of a face a few paces off, while after sunset, in moonlight or on a cloudy day, vision is much better and clearer." Some patients describe "the obstacle to the recognition of dis-objects as the gradual vanishing of a thin mist while others again as a trembling or flickering of a stratum of air, as over a strongly heated chimney." Others again "notice that they can not recognize acquaintances because their faces appear grayish or faded and indistinct, although but one or two yards distant. Both eyes were invariably affected in all the cases that Dr. Arlt has seen. Nothing abnormal appears externally, and the ophthalmoscope shows no disease or defect in the dioptric media,

but the optic nerve and the retina are found diseased, the appearances varying in different cases according to the duration of the disease. Several cases are given in full, illustrating the affection and its peculiarities, together with his mode of treating it. Rest to the eyes, and tempering of the light that enters them, are essential to a cure. The pamphlet is well worthy a careful perusal.

B. W. J.

QUARTERLY JOURNAL OF PSYCHOLOGICAL MEDICINE AND MEDICAL JURISPRUDENCE. Wm. A. Hammond, M.D., Editor. Publishers: D. Appleton & Co., N. Y. \$5.00 per annum.

This most excellent number of a most excellent periodical comes to us for January, filled with interesting matter. The "Original Communications" are all very interesting, particularly the "Biographical Study" (Benedict de Spinoza), by David P. Ramseur, M.D.; "Europeans and their Descendants in North America," by S. S. Hedges, M.D., and an article by Dr. Hammond, the talented editor, on the symptoms produced by the use of the *Bromide of potassium*. This last article, however, could have been made much more valuable by consulting some of our provings of this drug. It is a journal that we can not attempt to do justice to here, and can only advise our readers to get it and read for themselves.

J. G. G.

EPITOME OF HOMŒOPATHIC MEDICINES. By Wm. L. Breyfogle, M.D. F. E. Boericke, Publisher. Just issued.

A neat 16mo volume of 383 pages; paper and typographical execution unexceptionable: can be carried conveniently in the pocket. The plan of arrangement is good, giving a bird's-eye view of the principal remedies of the *Materia Medica*. Professedly "the leading symptoms of all well-established provings" of 240 medicines are compressed within the limits of a small-sized book. To the busy practitioner and younger members of the profession, especially in emergent cases where time and opportunity will not allow of the *Materia Medica* to the full extent being consulted, this manual will furnish the present help so often needed. The addition of a repertory would have adapted it still better to the purpose.

MONOGRAPH ON USTILAGO MADIS. By W. H. Burt, M.D.

This clever pamphlet of 35 pages lays before the profession the knowledge which the author has taken great pains to obtain, concerning a very important remedy which, in addition to its many other important adaptations, promises "to become one of our best remedies in the diseases of women." We need more of such remedies. The author invites attention to the drug, and offers to furnish portions of it to any one who will make further provings with it.

MONOGRAPH ON FEVERS. By Temple S. Hoyne, A.M., M.D.

A neat pamphlet of 34 pages, embracing the fever symptoms of seventy-five remedies. This, like all other works calculated to increase the facility and certainty of finding the right remedy for disease, should be welcomed by the profession.

W. W.

A CONSPECTUS OF THE MEDICAL SCIENCES: Comprising Manuals of Anatomy, Physiology, Chemistry, *Materia Medica*, Practice of Medicine, Surgery, and Obstetrics, for the use of Students. By H. Hartshorne, A.M., M.D., Prof. of Hygiene, University of Pennsylvania, etc. Philadelphia: H. C. Lea. 1869. 12mo., pp. 1,002, price \$6.00.

CONDENSATION is the order of the day. From this author's previous attempt at condensation (*Essentials of the Principles and Practice of Medicine*), we naturally expected to find in this work "the cream of the medical sciences," and such it proves—from an allopathic standpoint.

As the author states, the student has not time for the thorough perusal of extended text-books during lectures; such study must be performed before and after lecture terms. This book is intended to give the indispensable elements of a course of medical study, as taught in the colleges and conveyed in appropriate text-books. Were there a complete index, it would greatly enhance the value of this work for reference.

PRONOUNCING MEDICAL LEXICON; Containing the correct pronunciation and definition of terms used in Medicine and the Collateral Sciences, with *addenda* containing abbreviations used in prescriptions, and the list of poisons and their antidotes. By C. H. Cleaveland, M.D. Eleventh edition. Philadelphia: Lindsay and Blackiston. 1869. 12mo. \$1.25.

Those who experience a difficulty in properly pronouncing medical terms will hail this work with delight. We have heard of doctors (?) attending medical college simply to learn the technicalities! To such we would prescribe a daily dose of a half-dozen pages of this lexicon. The work will be a necessity as long as Latin and Greek make up the bulk of medical terms and memory "will forget."

HINTS FOR THE PRACTICE OF THE HOMŒOPATHIC METHOD IN THE ABSENCE OF ORAL INSTRUCTION, with cases for Clinical Comment illustrative of the Mechanism of Disease and of Treatment. By E. C. Chepmell, M.D., Edinburgh, late Physician to Hahnemann Hospital, Physician to Islington Homœopathic Dispensary. London; 8vo; 100 p.; 35 cases.

The copious title gives an idea of the scope of this work. Any one who has not been favored with oral instruction in the homœopathic *art*, will do well to get a copy of this work. An old-school physician, to whom we lent a copy, remarked, "I can now comprehend Homœopathy, and, understand, the peculiar—even subtle—knowledge of drugs its practitioners must or should possess. There is far more science in your system of therapeutics than in ours. Very few men now-a-days have the mental calibre to practice properly your system. Homœopathy *must be* greatly injured by poor representatives. Only such men as Hahnemann, with his lofty intellect, can do it justice." This work gives that idea (the proper one) of homœopathic therapeutics. We commend it to all who have not "learned all about homœopathic practice,"

THE AMERICAN AGRICULTURIST (Orange Judd & Co., 245 Broadway, New York, \$1.50) is as racy as ever, and deserves its large circulation (200,000). Physicians, like editors, are presumed to be "posted" in all sciences. This journal in your waiting-room will evince to your patients that you keep "abreast of the times" in all things. Some sensible hygienic hints may be here "picked up."

PERIODICALS.—*The Scientific American* is a journal that needs no praise. It is without a peer. It often has articles bearing directly or indirectly on medical science. We know of no better stimulus to a lethargic mind than its perusal.—*The Index* is a new and spicy independent Methodist sheet published at Milwaukee.—*The Standard Phonographic Visitor* (weekly, 563 Broadway, N. Y., \$5 a year) is just what is wanted to keep phonographers "bright" who are not reporting regularly. The whole art may be learned from *The Visitor*. We recommend it to the younger members of the profession, and to others who record all their cases.—*The Western Monthly* (Chicago) is a sprightly magazine and an able representative of the West. If any of our readers (or writers) desire to air their literary attainments, here is the chance. Dilute medical (popular) ideas are "wanted."

CORRESPONDENCE.

"THE BELLADONNA RASH."

In that very rare and not-often-to-be-met-with work, *Pereira's Materia Medica* (1) Dr. Douglass can find "the literature and facts on this subject."

In the *fourth edition* of this work (London: Longman, Brown, Green and Longmans, 1855) Vol. II., Part I., p. 547, Pereira says: "An eruption, like that of scarlet fever, has been noticed." On p. 548 he adds: "Seven cases (two of which proved fatal) of poisoning by *Belladonna berries* have occurred under my notice in the London Hospital; of these a report has been published by Dr. Letheby. The phenomena were tolerably uniform. The following symptoms especially attracted my attention:

"1. *Dryness of the fauces, etc.*

"2. *Scarlet eruption.* In several cases a scarlet eruption appeared on the arms and legs," etc., etc.

Dr. Letheby's report was published in that strictly orthodox journal, *The Pharmaceutical Times*, Vol. I., p. 25, 1846.

But to satisfy any frightened Homœopath—, *ist, or ician*,—we will give the learned writer in *The New York Medical Journal*, one shot from a gun which was loaded, cocked, primed and fired-off by infallible "Regulars."

In the (London) *Medical Times*, 2, 601, 1859, he will find a "Case of Poisoning by Atropine," reported by Holthouse.

We copy Dr. Odling's abstract from his "Report on Legal Medicine, etc.," for 1859, to be found in the Sydenham Society's Year Book (same date), pp. 437-38.

"Holthouse gives the details of a case of poisoning by atropine, in a child three years and eight months old. The dose was from a drachm and a half to two drachms of a solution containing two grains of atropine in an ounce of water; so that the child, who got at the bottle accidentally, took less than one-half grain of atropine. The child, when first observed, was strange, irritable and excited, but unconscious, with its face in maniacal irritation. The pupils were fully dilated.

"The child was insensible till 1 o'clock, P.M., or till four hours after the commencement of symptoms; the pupils were widely dilated and immovable, the eyes open, and the lids not affected by passing the finger in front of them; there was occasional jactitation; *the skin was pungently hot and dry, and covered with a scarlatina-like rash*, which the child was frequently scratching," etc.

Can we endorse our citation any more appropriately than with the words of our "educated" *regular* neophyte who has so startled Dr. Douglas: "It is well worthy to be classed with the other 'facts' of Hahnemannian proving!"

Fletcher said that Hahnemann evinced more thought and research in a single page than many of his detractors would do in a lifetime. Evidently, the breed of which he wrote hasn't died out yet.

February 9, 1869.

CARL MULLER,

HAHNEMANN MEDICAL COLLEGE, CHICAGO.

MR. EDITOR: By giving place to the following resolutions, which were unanimously adopted by the class of Hahnemann Medical College at a meeting held February 2, 1869, you will greatly oblige,

Yours, etc.,

STUDENT.

WHEREAS, The chair of Materia Medica and Therapeutics has been, during the past session of our college, occupied by Prof. T. Bacmeister for the first time; and

WHEREAS, This position, which we consider to be one peculiarly difficult and embarrassing, has been filled by him in a manner so eminently successful and acceptable; and

WHEREAS, Our appreciation of this fact is of so thorough and emphatic a character as to demand expression; therefore,

Resolved, That we, the students of Hahnemann Medical College of Chicago, do tender to him our most sincere and hearty thanks for his earnest and untiring exertions in our behalf, while endeavoring to induct us into a knowledge of that most difficult and yet most important of medical sciences—Homœopathic Therapeutics.

Resolved, That we recognize in him a faithful student and an enthusiastic advocate of *true Homœopathy*, and rejoice that our college has been so fortunate as to secure the services of a man so well qualified to give instruction in this department.

J. MILLER SMITH, *Chairman*,
ALLEN B. CLAYTON, *Secretary*.

WAYNE COUNTY INSTITUTE vs. MICHIGAN INSTITUTE.

DETROIT, *Jan. 11, 1869.*

EDITOR MEDICAL INVESTIGATOR:—In your January number I notice an article by A. Bagley, rather severely censuring the action of the Wayne County Institute. Now I am a member of such institute, and I will try to set the Dr. right. Place that part of the offending resolution by the side of the one passed at the special meeting of the Michigan Homœopathic Institute, and see how slight, or large a difference exists. [See Vol. VI., pp 64 and 143.]

Now I am not sharp enough to discover wherein these resolutions differ, and shall be greatly obliged if it can be pointed out. Not a word is said about a school *outside of Ann Arbor*, nor a hint given. The resolutions, as originally drawn, were so modified, that, in the opinion of *every one present*, they *did not conflict* with those passed by the Michigan Homœopathic Institute.

Dr. Sawyer, of Monroe, Michigan, who drew up the resolutions passed at the special meeting of the Michigan Homœopathic Institute, writes, under date of October 9, 1868, as follows:—"Let me say in passing, that I very much like the preamble and resolutions presented by Dr. Ellis of your city, to the Wayne County Homœopathic Society." Several other physicians with whom the writer has conversed, have equally failed to see the "irrepressible conflict."

In regard to the case now pending before the Supreme Court, being the action of individuals, etc., allow me to say, that once before two individuals prosecuted this claim and paid all the expenses. The Dr. says:—"The Institution has heretofore taken action on this subject, and has raised more than sufficient funds to defray all necessary expenses of a prosecution, without any other result than the pocketing the money by lawyers, who, from some unaccountable motive, never filed their motion, or, as far as is known, took the first step towards a hearing before the court." He must have ignored the report of the Secretary and Treasurer of the Michigan Homœopathic Institute, made at the meeting last June, or he would have known what results came of the money raised; and further, that the Institute was satisfied with the report, and adopted it. In that report it is shown, that Morrow & Cochrane were employed to prosecute the case, but that the use of the Attorney General's name *could not* be obtained; that meanwhile the Legislature of 1867 met, and the effort was inaugurated by the Regents, to get an extra tax levied for the benefit of the University. It was then thought best by the Com-

mittee on the University, to change tactics, and direct our efforts towards getting the proviso insured, that whatever grant or favor was made, should be made contingent to the fulfillment of the law relating to the Homœopathic Professorship. For this purpose, we printed and extensively circulated a petition, wrote to, and obtained the active co-operation of the Hon. L. D. Hawley, Representative from this city, obtained the "brief" the lawyers had prepared, sent it unto Lansing, and through Mr. Hawley's influence had it printed as a State Document, and it is now on file as such. I firmly believe that it was mainly to these exertions, that the Homœopathic Proviso was incorporated in that law of 1867. Here is where the money raised to prosecute before the Supreme Court went, and the expenditure has been approved by the Michigan Homœopathic Institute. It was then thought best to defer action till we could learn what course the Regents would take under the new law. Further, the argument made last fall in the case of the Regents, *vs.* the Auditor General, contained almost verbatim repetitions of the printed document above referred to, and was undoubtedly mainly drawn from it.

I can say with Dr. Bagley, that I have uttered these thoughts, not for the purpose of provoking controversy, but to set myself and others right.

E. H. DRAKE.

HOMŒOPATHY IN ST. LOUIS.

T. C. DUNCAN, M.D.—*Dear Sir:* You will see by the enclosed that the city council have passed the ordinance admitting us into the City Hospital on equal terms with the allopathic schools—which will be a "big thing" for students coming here. We will have more hospital facilities than than any other homœopathic school in the country.

"An ordinance allowing the Homœopathic Medical School to be admitted to the City Hospital under the same rules and regulations governing other medical schools.

"Be it ordained by the City Council of the City of St. Louis:

"Section 1. The Board of Health are hereby instructed to allow the Homœopathic Medical School of this city to be admitted to the wards and lecture-rooms of the City Hospital under the same rules and regulations that are required of the other medical schools of this city; and the Board of Health are further instructed to designate to the respective medical schools visiting said hospital the days they will be allowed to visit said hospital respectively."

Our class this session is larger than that of last.

Yours, truly,

E. C. FRANKLIN.

February 9, 1869.

NEW YORK COUNTY MEDICAL SOCIETY.

SYNOPSIS OF DISCUSSION ON PLACENTA PRÆVIA.—Dr. H. M. Paine opened the discussion by reading a paper, wherein he tried to prove that in such dangers delay is fatal, and impressed on the society the necessity of manual interference.

I took the position to trust more to nature, Barnes and Simpson's method, with some modification,* being my favorite plan. Guernsey's method was mentioned, although not considered always favorable, as version in a strongly contracting uterus being rather hard work as Dr. E. Hoffman says.

*The modification is Inglis' method to facilitate the first stage of labor, by separating the membranes for some distance around the os; which can be done at the same time, when, according to Holsa and Barnes, we partially detach the placenta. Labor-pains increase and pressure of the hand on the placenta, the colpeurynter on the side acting as a tampon, hæmorrhage necessarily ceases.

Dr. Belcher is right that version is only advisable in inertia uteri, for such are the cases where both mother and child are so often lost.

S. L.

Dr. Belcher wanted to see a distinction made, where the uterus acts and where it does not. With good labor pains and the tampon, we can trust every thing to nature, and interference is only necessary with a flaccid uterus.

Prof. Barlow gives iced milk, in preference to all stimulants, which he deprecates as causing renewed flooding. Uses the common precautionary measures, and waits.

Those who had seen most cases in their own practice were rather afraid to wait and interfered, but later researches were rather more favorable for temporizing. Without coming to a vote, this seemed to me to be the opinion of the majority of the Fellows present.

Our meetings are always well attended by the students of both colleges (male and female), and they acknowledge that such discussions are more instructive to them than the day-lectures, where they usually get the preconceived notions of but one teacher.

Fraternally, yours,

S. LILIENTHAL.

SCIRRHUS OF THE MAMMA.

I notice in your November number, p. 73, *Periscope*, an allusion made to a case of Scirrhus cured by me, extracted from *The Am. Hom. Observer*. *Carb. veg.* was not used as there stated. *Carb. an.* and *Conium* cured the tumor. *Sulph.* and *magn. m.* were used as intercurrent remedies, and they doubtless did good in bringing the system into proper condition to be acted upon fully by the first named remedies. The blank powders were not properly represented—by between—but were put all together by *The Observer*. The tumor was cured completely in ten months.

Yours, respectfully,

BANGOR, ME., January 25, 1869.

WM. GALLUPE.

WHAT IS HEAT?

HEAT, electricity and the like are treated of as modes of force and modes of motion. But I do not discover in such purely scientific discussions as I have seen, evidences of very precise ideas in connection with these phrases, much less in their use by medical writers.

Wherever there is motion something moves, and the movement of that something is due to some precedent force that has acted on it, has set it in motion. The body thus moved, may, by its momentum, set in motion a third body. But to the body, not to the motion, pertains the force that acts on the third body. The motion is not force itself but an exponent of force, motion is simply change of place.

Heat is spoken of as motion; but something moves, atoms or molecules, as motion, heat is an effect, a result of force. But these moving atoms or molecules may, by impinging on others, set them in motion, as for instance, on the molecules of water, converting them into elastic vapor, in their turn to communicate motion to the piston of an engine.

As a producer of motion, heat is a cause, a display of force. All actions in the universe are both cause and effect.

H. P. G.

QUERIES AND ANSWERS.

“*He that questioneth much shall learn much.*”—BACON.

MATERIA MEDICA.—Every remedy produces its primary and secondary symptoms. If I have two cases of disease whose symptoms correspond—the one to the primary, the other to the secondary—is it homœopathic to give the one remedy to both cases? E. J.

The totality of the symptoms, whether they be primary or secondary, of every case of disease being the only reliable guide to the homœopathic

remedy, and as we have both primary and secondary symptoms of medicines, it follows that the medicine which has the symptoms corresponding to those of the disease is the appropriate remedy, especially if the primary symptoms of the medicine corresponds to the primary symptoms of the disease, and the secondary of the one to the secondary of the other. This being the case, it matters but little whether both kinds of symptoms exist in the same patient or different ones. One remedy, therefore, may be homœopathic to both cases. W. W.

OBSTETRICAL.—“Whose forceps are the best, and why?”

This question we will reply to at some future time, when we will show the model of a new forceps which we regard as superior to any others in the hands of the profession.

“Is it safe not to ligature the funis?”

No. It should always be tied, unless we imitate the Spaniards in Brazil, who, according to Hennepin, “perform the office of midwives to their teeming consorts, receive the infant, *tear the navel string, and wash and paint it.*” T. C. C.

THERAPEUTICAL.—“What is meant by spoiling a case?”

I understand the term to refer to those cases which have been treated from the first by remedies entirely foreign to the case, and generally with crude preparations, frequent alternations and skipping from one drug to another without “rhyme or reason,” until the symptoms belonging to the disease are so mixed up with the symptoms of the drugs that it becomes difficult—yea, almost impossible—to separate them. Cases thus managed are in a poor condition for legitimate treatment, and much has to be undone before any rational or truly homœopathic means can be adopted, in the way of bringing order out of chaos, and ultimately to effect a cure. C. C. S.

IT DOES.—On p. 57, § 3, we read this: “In the 3rd potency, *Podophyllin* acts as a tonic upon the stomach and mucous membrane of the bowels, giving them that healthful and normal action,” etc. Have drugs the power of giving healthful action? O. W. TRUE.

Not quite. We believe drug-action may be *indirectly* healthful by clearing the way for nature to resume her healthy action.

LOCAL REPORTS OF DISEASE, TREATMENT, ETC.

HANNIBAL, Mo.—The prevailing diseases here the present season, are acute tonsillitis, pneumonia, intermittents, and epidemic influenza. Medicines indicated in acute tonsillitis, *Gel., Ac., Bell., Merc.* Nearly all are complicated with intermittent, when *Boletus* is the remedy—all terminate readily without suppuration.

For pneumonia, *Ac., Ars., Phos., Bry.,* and occasionally *Tart. em.* Intermittents yield readily to *Boletus, Pod., Gel., Ac., Glo., Ars.,* and *Eup. serfol.*

Epidemic influenza has been quite severe this winter—severe cough with rattling of mucus in the chest—sore throat, and swollen and quite stiff, and the remedies for these symptoms I found to be the most efficacious were *Verat. vir., Bry., Ars., Ac., Bell.,* and *Phos., Ars. 6. Bry.,* and *Ac.* acted like a charm in these severe coughs. *Ars.* below the 6th seemed to have but little, if any effect. Did not try it higher as I was well pleased with the 6th. G. B. BIRCH.

FARMINGTON, ME.—There are occasionally cases of scarlet rash, in a mild form—a healthy winter thus far. O. W. T.

Jan. 25.

JANESVILLE, Wis.—The last three months have been remarkably healthy in this locality. We note a few cases of diphtheria and pneumonia yielding to the usual remedies. Also, a continuation of whooping-cough in mild form. Hope, in your next No., we shall hear from your *very excellent* "Therapeutical Critic," as promised in his last article on Whooping-cough, page 160.* I think the critical department of your otherwise valuable journal, adds much to its interest.

Feb. 7.

G. W. CHITTENDEN.

INDIANAPOLIS.—Scarlet fever and measles are still prevalent. Typhoid is abating, and in its place rheumatism and all forms of angina have made their appearance. Scarlet fever has, of late, changed its type; *Bell.*, five or six weeks ago, was hardly ever indicated, on account of the rash being papulous, but now it has to be called on more frequently, for the rash has assumed a more smooth form. In general, the epidemic is of a kind nature, only some cases have assumed a malignant form, and this, I may say, perhaps, more from neglect, carelessness and bad treatment than from any thing else. As we have also a great deal of measles, we meet children frequently with a combined rash of measles and scarlet. I know that such combinations have formerly been observed. In the progress of such cases, the measles eruption disappears entirely, leaving prominent the scarlet rash; and the scarlet rash runs its course, accompanied with that cough so peculiar to measles.

I know that many authors contend that this cough is only a mere sequela of measles; the epidemic here would convince them that in many, if not in most cases, it appears with the eruption, runs along with it through all its stages, and remains even after, when it sometimes causes difficulty to remove it.

In regard to the treatment, I refer to my former report, † but will only add, that in cases of malignant angina, I have found *Ammonium mur.* the most efficient remedy when the patient is unable to open the mouth so as to permit inspection; but the liquid food he is only able to take does not cause, by swallowing, that excessive pain one would anticipate.

In persons with chronic enlargement of the tonsils, I use, even in the most acute stage of an angina, *Baryta carb.*, with good success.

For measles, *Acon.* in the beginning; in the advanced stage, with more or less catarrhal trouble, *Kali bich.* have never disappointed me thus far.

In acute rheumatism, I commence treatment with a vapor-bath invariably, if I find my patient not already perspiring. If this gives no relief, or if the existing perspiration affords no amelioration, *Merc. sol.* will hardly ever disappoint. The other remedies are *Acon.*, *Bry.*, *Rhus*, *Dulc.*, *Nux v.*, *Sulph.* All remedies have been given in the 200th attenuation (Dunham).
W. EGGERT.

December 29, 1868.

Merc. subl. cor., applied externally in angina, proves to be in my hands invaluable; it arrests every case where properly indicated and applied.

W. E.

THE CRITIQUE.

"Nothing extenuate, nor ought set down in malice."

SOUTHERN MALARIAL FEVER.—An article on a "New Form of Malarial Fever," printed in another part of THE INVESTIGATOR, claims our attention this month. In this paper, several cases are reported, all bearing the same general symptoms.

* The pressure on our columns has deferred this promised article. It will appear in our next.—ED.

† See p. 116, December issue of this volume.

The treatment given is open to the severest criticism, and is a specimen of much of the practice of many so-called homœopathic physicians. A lady, suffering from the premonitory symptoms of an attack of this malarial fever, sent to Dr. B. for something to act on her bowels. The doctor, instead of examining into the case, as becomes a thorough homœopath before prescribing, sends her *Podophyllum*, to be taken every three hours, in one-third grain doses, until her bowels acted. Without stopping to inquire what sort of homœopathy this is, we will pass on, and remark that the *desired* effect was speedily obtained, and, as a consequence, we find, the next day, that fever, nausea and vomiting were continuous. The doctor ought not to have been surprised at this, had he fully understood the action of strong and repeated doses of this drug. The patient was found with a "quick and feeble pulse; tongue coated thick, and rather contracted; edges crimped; nausea, vomiting of dark green bile and mucus." For these symptoms, the 3rd dec. of *Acon.* and *Ars.* were prescribed, but for what reason we are not informed. They were certainly not indicated.

At 12 o'clock, same day, patient was found lying across the bed, in the following condition: "Countenance hippocratic, eyes fixed, face of a dark purplish hue; unconscious." The doctor supposed the patient was in the "death struggle" and at once administered *Tinct. camphora*, 5 gtt., in alternation with *Chloroform*, 20 gtt., every five minutes. Why these drugs were administered, the doctor does not attempt to explain. We can not see their homœopathicity to the case. Not being fully satisfied, however, with these, our friend applied mustard to the spine and extremities—a very old-fashioned remedy, and generally a worthless one.

We here learn that the husband of the lady had now returned, and informed the doctor that his wife would not take the medicine. Certainly, a most sensible woman, even in the midst of her sufferings.

"One, P.M., reaction evident; pulse perceptible, quick, feeble and intermitting; skin bronzed, dry and wrinkled: vomiting constantly dark green bile; tongue bluish; cold; pain in back and head; stomach and bowels tender on pressure; hæmaturia." *Veratrum* is now substituted for *Aconite*, but we are not told what became of the last two remedies, viz., the *Camphora* and *Chloroform*, for we supposed that the *Acon.* had been dropped long ago. Did the patient continue to take these with the *Veratrum*?

The dilution of the *Veratrum* used is not mentioned, but, judging from the other prescriptions, we suppose it was given in a very low attenuation. However, the sequel gives us some light on this point, as, after taking the drug, the poor patient suffered with severe spells of vomiting after each dose was repeated.

"Her case was now considered entirely hopeless." We do not doubt this statement—neither are we surprised. On account of this hopeless condition, we learn that three grs. of *Quinine* and one-third gr. of *Morphia* were injected hypodermically, which produced, we are told, a favorable change. "Skin moist, vomiting less, pulse improved. Injections continued, in half the above doses, every three hours." Of course, as might have been expected, all this improvement was a delusion. For, on September 6, the congestion had returned, and, although the doctor tells us that this congestion was easily controlled by the *Camphor* and *Chloroform*, yet the "fever and all the symptoms increased, with incessant vomiting, unquenchable thirst, green stools, and involuntary passages of urine." Now the doctor, after floundering about in the mire, on the allopathic side of the fence, jumps over, with a single bound, to the homœopathic side, and puts the poor tortured patient on the use of *Ars.*, 30, and *Veratrum*, 30, in one-half gtt. doses, every half hour alternately. But, hold! we have said too much; reaching back through the openings of the fence, the doctor seizes some of that universal allopathic specific, *Calo-*

mel, and administers this in truly old-fashioned style. Shade of Hahnemann, what a combination! "Seven o'clock, P.M., vomiting ceased—a change for the better. Case doubtful; all awaiting anxiously for the expiring moment." This was the most natural thing to look for, we think, and ought to have been expected, considering the treatment, long before 7 P.M. of that day.

"Four, A.M., vomited, and had several involuntary stools, all of which contained much clotted black blood; very offensive. *Calomel* discontinued." This was a wise omission.

September 7, 12 M., paroxysm of congestion returned, which threatened a speedy termination. "All present now gave her up—gone; dying!" Now comes an injection, per rectum, of the irrepressible *Camphor* and *Chloroform* in large doses, in order, as we are told, to get a hypnotic and stimulating effect, which, the doctor tells us, was satisfactorily obtained. Now the most laughable part is the fact, that notwithstanding *Camphor* is an antidote to our attenuations,—and the doctor ought to have known this,—he still continued to give the 30th of *Ars.* and *Veratrum*, with the above named injection. This must have been done in order to keep up some sort of show of homœopathic treatment merely, for the doctor could not, if a homœopath, have expected to obtain any results from them whatsoever. This, then, went for just nothing at all.

We can learn nothing, therapeutically, by this case, except that it shows, very plainly, how a simple, uncomplicated case in the beginning, can be made to take on a most formidable appearance, and place thereby the life of the patient in the most imminent danger, by bad treatment. It shows, also, how drug symptoms and the symptoms of disease can be so completely mixed, that to separate them becomes an impossibility. It shows how a homœopath, or, at least, a professed homœopath, will, when he departs from the grand law of *Similia*, get completely befogged and bewildered. It shows, also, that the doctor had nothing whatever to do with the recovery of his patient. We would like to ask the doctor if he has ever proved a combination of *Camphor* and *Chloroform*? Or, has he ever met with such a proving? If not, what guide did he have for the proper use of the compound?

We very much fear that our friend has been fighting in the dark. Having become demoralized professionally, at the seemingly terrible onset of the disease, he struck out wildly, and the patient got well in spite of him.

We think that there were some more characteristic symptoms present in this case, as well as in the others, which would have led to the selection of the proper homœopathic remedy.

As the case in question stands, we would propose two remedies, which bear, in their respective symptoms, strong similarities to the symptoms of the disease, viz., *Eupatorium perfol.* and *Carbo veg.* The *Eupatorium* is one of the most valuable remedies in disorders of this kind, where there is *no sweat*, or, at least, very little, throughout the course of the disease, which seems to have been the case here. It answers to the hæmaturia, and to the severe nausea and vomiting, fever and jaundiced skin. The *Carbo veg.* corresponds to the sinking of the forces and jaundiced hue of the skin, bloody passages from the bowels, blueness of the skin and nails, cold tongue and breath. In fact, this drug is capable of bringing about a condition, which looks, in all respects, like death itself. In such conditions, the 30th potency has frequently snatched, as it were, many patients from the very jaws of death.

We leave this case here, assuring the doctor that the criticism has been written with the kindest feelings, and not for the sake of finding fault; for we all commit more or less blunders in our daily practice.

THERAPEUTIC CRITIC.

SURGICAL THERAPEUTICS.—In the February number of THE MEDICAL INVESTIGATOR under the title, "Surgical Therapeutics," the writer speak-

ing of the discussion on, and the report of the committee on "*Improvements in Surgery*" in the published proceedings of the Pennsylvania State Homœopathic Medical Society, says: "We are favored with a list of improved instruments and new operations, but not one word on the application of our remedies to the diseased conditions mentioned."

Now will our friend take a fair and square look at the caption of the Report. It is "*Improvements in Surgery*," not a report on clinical medicine or "*Surgical Therapeutics*" at all. The discussion, being elicited by the report, of course bore upon surgical improvements and not upon a foreign subject.

Now the "diseased conditions" "mentioned" in Dr. Detwilers' report were 1. Aneurism; 2. Hæmorrhage; (such as require ligation or plugging to arrest them), 3. Removal of Foreign Bodies from the nostril; 4. Hæmiplegia; 5. Fractures of the Skull with Depression; 6. Paracentesis Thoracis; 7. Hernia; 8. Cataract; 9. Perineal Urethrotomy; 10. Fractures of the Lower Extremities; 11. Lithotomy in the Female; 12. Lithotomy upon the Male.

Is it not astonishing that the proper Homœopathic drugs were not mentioned that would restore to health all the "diseased conditions" herein involved? Will not our wise therapist give our benighted surgeons, as he seems to consider them, the benefit of his stupendous observations and researches in the direction indicated?

He says: "Operations merely can be left to Allopathy." We are not so willing that our surgeons should backslide in this way. Why should we bow so low to Allopathists as to get down on our patellas and meekly whimpering to them say: "Here, enemies, we send you our surgical cases to operate on for us?"

Homœopathic surgeons are not opposed to the use of internal remedies in suitable cases, and I believe it is their general mode of procedure to try all the remedies bearing at all on the case, and then, when they find them to fail, to have resort to an operation if expedient.

Our friend closes by urging that in cases where we are necessitated to operate do not report such cases, "but give us similar cases cured by our remedies." We would suggest no such miserly course—give us not only all the therapeutic light you can upon surgical cases, but full and ample reports upon all the best means of operating, best instruments therefor, and, in fact, every information that will tend to alleviate suffering, and save and prolong human life.

CHIRURGICAL CRITIC.

A LAW OF DOSE.—*My dear friend, Editor of INVESTIGATOR*: Shall I launch a critique at you?*

I doubt whether there is experience enough in the homœopathic school or all schools combined, from Hippocrates to Dr. Dixon, of chrono-thermal fame, to attain to any thing more than a very general law and a proximate expression of dose.

You know that you may have two cases of the same disease, between which your skill in prognosis shall be unable to distinguish, and one shall be taken and the other left. And you shall be unable to determine why the one died rather than the other; nay, why either of them died, for you expected both to recover. Medical experience affords us numerous illustrations of analogous character. Now, if the vast experience of the entire profession can not guide us in such matters, can our homœopathic experience give us assured certainty in the matter of the size of dose? There are peculiarities of constitution affecting susceptibilities to medicine that no human skill can anticipate.

By the way, we know that medicines are attenuated by division. Do we know that they are potentized—if that is the shibboleth? If we do not know, would it not be as well to refrain from endorsing the hypothesis

*Certainly; if you can give us any "light." We are still in our pupilage, and always will be, we presume.
T. C. D.

couched under the term potency, till we find out? As hypothesis and theory, more especially the former, have played and are playing a very important part in medicine, I propose to make them the subjects of a very concise essay (one of a few lines), if you will print it. H. P. G.

TUBERCULOSIS.—In *The Journal of Health* for October, 1868, is an editorial "On the Treatment of Consumption," taking from Dr. Carl Roth's "Method" of treating this disease, one good but not original thing, viz.: Extension and cleansing of the lungs by pressing air into them. Physicians do not, on the discovery of tuberculosis, often enough recommend the expansion of the lungs. Fill the lungs from below upward; assume the "position of a soldier"—hands at the side, head erect, and chest thrown out; then slowly fill the lungs, not "holding the breath" too long; suddenly expel the air. Repeat this five or six times daily, four or five times at a trial. This, with nutritious food, regular exercise, and a sponge bath each morning, together with outdoor exercise, and proper medication, may contribute to the cure of some cases, which would otherwise fall into the undertaker's hands.

As recent writers have developed satisfactorily the fact that consumption is the result of depressed nerve status, this will be seen to be truly curative. The tuberculous subject should eat of fats and saccharine substances freely, stopping short of injury to the stomach. Never offend the stomach, for though it is "long suffering and slow to wrath" it is, when aroused, difficult to subdue. H. T. F. G.

DIAGNOSIS SUBSTITUTED FOR KNOWLEDGE OF PECULIAR SYMPTOMS.—This number also contains "Hints on Physical Diagnosis," by C. S. Eldridge, M.D. The Doctor asks the following question. "Is it not essential that the aspiring homœopath, borne down by a legion of pathogeneses, should substitute (?) for his knowledge of *perpendicular, horizontal* and *oblique* symptoms, a familiarity, at least, with the merits of physical diagnosis?" Our good friend evidently expects some one to answer, or "for ever after hold his peace," and we, therefore, after the manner and custom of the Yankees, answer his question by asking another. Did it ever occur to the Doctor that it was possible for the brain of an "aspiring homœopath" to contain, at one and the same time, a "knowledge of *perpendicular, horizontal* and *oblique* symptoms" and of "physical diagnosis?" Evidently, it did not, for he is looking for a substitute. Our good friend will find this battle of homœopathy must be fought without substitutes. Fortunately for our cause, there are men in our ranks who have breadth of mind enough to take in the *whole field* of medicine at a glance. If it were not so, our cause would be lost. Such minds do not squabble over symptoms, diagnosis, pathology, etc., but they make use of the whole science of medicine as the curative means, and combine, in each case treated, the totality of the patient. DIXI.

ERRATUM. Lines 42-3-4; page 190, February No. should read: Those who do not "make pathology the basis of treatment," can most closely "cover" a case of peritonitis, or of colic, with *Verat.*; but as the pathological basis of the first is inflammatory, *Bell.* only is Homœopathic; *Verat.* being simply symptomatic.

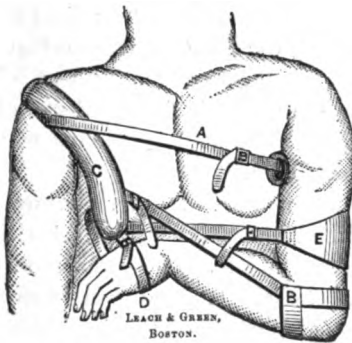
As a P. S. we desire to say—"what we do know"—that symptomatic *similia* very often beguile our best posted therapeutists. Theoretically, we never should fail; practically, the very ablest do so daily. The reason is because the drug differences (perceivable to a Dunham and a Wells) which undeniably exist in our pathogeneses, do not always obtain in disease; and, lacking these, the precision of the science—as Theory—can not avail the Art—as Practice. Some men discern this; others get an amœurosis from the very "light" of "glorious Homœopathy."

CARL MÜLLER.

THE
MEDICAL INVESTIGATOR.

Vol. VI.—APRIL, 1869—No. 7.

MODIFICATION OF FOX'S CLAVICLE APPARATUS.



WHEN the clavicle is fractured, the outer fragment is drawn downward by the weight of the arm, and inward by certain well-known muscles, thus causing the inner fragment to over-ride the outer. The inner fragment is more or less elevated by the sterno-cleido-mastoideus muscle, according to the greater or less proximity of the fracture to the insertion of that muscle, and the degree of injury to the sub-clavius.

The shoulder should be secured at its natural distance from the side, and at a degree of elevation above its natural level, corresponding to the displacement of the fractured extremity of the sternal fragment.

To accomplish these, a thick pad (made of flannel or linen, folded five or six inches long, and three or four inches thick) should be placed in the arm-pit of the injured side, through which the strap A is passed to support it in place. The elbow should be brought a little forward, so as to allow the fore arm to rest easily upon the body, and this is done by drawing upon the strap B, which is attached by a buckle to the yoke (around the sound shoulder) C. Upon the back of the yoke is another buckle for the other end of the strap B, so that any alteration can be easily made.

That portion of the apparatus A B C being applied, the strap E is next put around the body, through a loop in the yoke, including the arm of the injured side, which precludes motion, according to the greater or less tension upon it. The strap D is passed through the yoke, and serves as a sling for the support of the hand. The strap A should pass over the yoke in front and under it behind.

It is recommended to keep the strap E as tight as the patient can well bear it during the first few days, as that strap will nearly prevent any motion whatever of the shoulder, which, certainly, is a very desirable end to obtain in fractured clavicles. The author has seen cases so perfectly united, by the use of this modification, as almost to defy detection.

This mode of treatment answers for fracture of the acromium process, and neck, of the scapula, and also dislocation of the *sternal* end of the clavicle. In dislocation of the *scapular* extremity of the clavicle it is drawn upward and inward by the action of that portion of the trapezius muscle which is inserted at the outer third, and is not subject, as in fracture, to the motion of the scapula over which it rides.

The treatment should be to elevate the scapula, and bring it inward and backward to meet the displacement of the clavicle. For this purpose, apply the apparatus *without* any pad in the arm-pit, and bring the shoulder inward and backward by means of the strap E passed around the upper part of the humerus and fastened to the yoke behind. A compress should be retained over the articulation by a roller passed under the elbow.

G. M. PEASE.

RHUS 200TH IN MYALGIA.

. A GENTLEMAN in good circumstances, of short, square make, and subject to rheumatism, complained that he was suddenly taken with pains and cramps in the muscles and tendons of the posterior part of the thigh—"the ham strings and muscles,"—which obliged him to keep in motion, could not bear to remain quiet, and the warmth of the bed greatly aggravated the pains. *Rhus* 3^c and *Cimic.* were followed by quite an aggravation and a painful night. Next day gave one dose of *Rhus* 200th, and his pains suddenly disappeared, and he has felt no repetition since.

CHAS. D. FAIRBANKS.

PULSATILLA IN MAL-PRESENTATIONS.

IN the January number of THE MEDICAL INVESTIGATOR, is an article headed "*Pulsatilla* in Mal-Presentations," which is the title of an article on the power of *Puls.* to produce evolution before the water-sack is ruptured, in which I related five cases, where it had changed unfavorable positions under my care. These were the first cases published where *Puls.*, or any other medicine, had been administered for that purpose and succeeded. I then related the only light I found while seeking for a remedy that would do that work, and, so far as I know, all that had up to that time been published in regard to the subject. It was this. Dr. Bentham had given *Puls.* in a shoulder presentation, and had after some time found that the child had turned and presented the head, and Dr. Croserio thinks this should encourage us to follow Dr. Bentham's example.

This indication had not, so far as we know, been followed up by other trials to ascertain whether it was a coincidence, or cause and effect. It could not, therefore, be considered Dr. Bentham's discovery. I have now published eleven cases in which *Puls.* has caused evolution when administered for that purpose by myself and in no other case has there been a complete failure, and in only one case a partial one, owing to neglect of taking the medicine during the last week of pregnancy. I therefore claim

the discovery and assert my firm belief that *Puls.* will nearly, if not always, produce evolution when used as I have directed in the articles referred to, the first of which was published in *The American Homœopathic Review*, May number, 1864, and a subsequent one in *The Hahnemannian Monthly* of February, 1868, and another in the January number, 1867, of the same journal.

I am glad to have all cases where this method has been tried reported, and trust that physicians will make such careful examinations as to *know* whether the position of the fœtus is the best possible, and when they find an unfavorable one, will try the simple method that can not possibly harm their patients, but may save them much suffering and sometimes life, by its benign action.

MERCY B. JACKSON, M.D.

BOSTON, MASS.

COLD WATER IN TYPHUS FEVER.

IN *The American Journal of the Medical Sciences* for January, "D. F. C." communicates the fact that Dr. E. Brand, of Berlin, has been successful in the treatment of typhus fever with cold water applications.

Also that inflammations of Peyer's glands in abdominal typhus (typhoid) may be prevented by the application of cold water to the abdomen.

This treatment should be used when the heat of the axilla is 39.50° Cent. (103.1° F.). Or when the heat in the anus is 40° Cent. (104.° F.).

Dr. B. claims that typhus fever may be materially shortened in duration by this treatment; and that it is almost a specific.

Dr. Currie, a distinguished physician, of Liverpool, in 1797, wrote of the "medical effects of water, cold and warm, as a remedy in fever and other diseases, whether applied to the surface of the body or used internally."

Dr. C. quotes Dr. Brandreth as authority, Dr. Robert Jackson, of the British army, published his success in the treatment of disease in 1791. Some of his cures date back as far as 1774.

Dr. Currie held the cold water bath in high esteem in the treatment of typhus fever.

With the cold effusion of water, Dr. Currie reduced the fever when the heat in the axilla varied from 100° to 103° F., so that under the tongue, the temperature fell to 98° F., and the pulse from 96 to 112 beats to 98.94 and 84 beats per minute.

The temperature of the water used was from 45° to 50° F. The pack, (given as I have described it in a previous number of *THE INVESTIGATOR*), is superior to any other method of water treatment in fevers of the sthenic type especially.

In typhus cereбрalis, evaporation should be kept up by frequently wetting the head with water. Ice applied to the head is of doubtful utility, since it sometimes proves injurious, though it must be confessed there is evidence of occasional benefit.

The region over the affected viscera should be covered with cloths wet with cold water.

With the exception, probably, of inflammatory rheumatism, all parts of the body in which there is undue heat should be covered with clothes wet in cold water.

Pack your patient when the febrile condition is at its height.
KENOSHA WATER CURE. H. T. F. G.

PHYSICAL EXPLORATION OF THE STOMACH.

BY DR. HIRSCHEL, OF DRESDEN.

THE examination of the stomach by its physical symptoms is sometimes more difficult than that of the lungs. A hypertrophic left lobe of the liver may cover entirely, or partly, the anterior wall of the stomach, especially that of the pylorus. The left lobe of the liver is sometimes shrunk to a tumor, in the form of an egg, which, lying in the centre of the epigastrium, simulates medullary cancer of the stomach. In atrophy of the left lobe of the liver, especially when going from left to right, which may reach such a degree that the whole lobe measures not over one inch in breadth, the anterior wall of the stomach has more freedom, and may touch with its whole surface the abdominal wall, when the stomach will be found just behind the processus xiphideus. The large curvature of the stomach has been seen wrapped round the lower edge of the liver, and partially covering it. Hypertrophy of the right lobe of the liver, and tumors in or

round it, may dislodge the stomach from the median-line and shove it under the ribs. The stomach may, with its anterior wall, have grown together with the posterior surface of the liver. Of more importance yet are the relative positions between stomach and colon, inasmuch as its length is apt to surpass the diagonal diameter of the stomach, and may change, therefore, its position from the scrobiculus cordis to the promontory, and take up the most diverse curves and directions. If the colon transversum is puffed up, it needs more space, and makes more turns and bends than when it is contracted. A full stomach may, in the upright position of the body, press down the transverse colon; but the colon may also shove the empty and contracted stomach under the liver. The flatulent transverse colon forms, sometimes, on the anterior wall of the stomach, a loop, whose point reaches the diaphragm. The colon may lie across the stomach; it has also been found wedged in between the liver and the stomach, and should the colon be full of fæces or gas, a pressure is produced on the stomach, causing different complaints — yea, such a case has been falsely diagnosed as a carcinomatous disorganization of the stomach. But not only over, but also under the stomach the colon has been found. The flex. col. sinist. forms, sometimes, such a large loop, that it rises upwards and lodges between the fundus of the stomach and the ribs, pressing away the stomach from the left ribs, and throwing the fundus more towards the middle of the body. Should the colon descend from some cause or another, then it draws the stomach with it, to a certain degree, which touches, then, to a larger extent, the anterior abdominal wall.

The omentum is also of great influence on the situation of the stomach, and it is impossible to give all the different changes caused by omental hernia. The omentum may produce, by its traction, a dilation of the stomach, and frequently the stomach suffers a kind of torsion by omental hernia; most frequently the stomach is pulled downwards by the omentum.

The flatulent, small intestines, pregnancy, dropsy, uterine fibroids, etc., push the stomach upwards, and usually under the left ribs. In a low portion of the diaphragm, especially left, as in emphysema pulmonum, pleuritic exudation, hydrothorax, abscesses of the diaphragm, depositions of fat on or under the latter, etc., the stomach is pressed downwards, and touches, thus,

to a larger extent, the abdominal covering; *vice versa*, the stomach rises up in all diseases, producing a diminution of space in the left thorax, as in cirrhosis, tuberculosis of the left lung, whereby, naturally, a high position of the diaphragm is also found. The respiration, when easy, has no influence on the locomotion of the stomach; in forced breathing the stomach rises and falls, somewhat, with the diaphragm. The fundus of the stomach rests usually on the spleen as on a bolster, although the spleen has been found, by extension of the stomach, pushed in between the flexure and diaphragm — a sinking of the spleen is apt, also, to produce a deeper stand of the fundus of the stomach. The scirrhus of the pancreas may cover the pyloric part of the stomach, or push it upward, whereby a cancer of the pancreas may be easily confounded with cancer of the pylorus. On the place where the stomach covers the pancreas, both organs may grow together by cancers and other causes, and such agglutinations may cause perforations of the stomach. It is wrong to imagine the stomach always full and extended. The stomach may be hereditarily extremely small, the colon very wide. After digestion a healthy stomach contracts; by fasting it may get so empty that both walls touch each other. A diminished stomach is commonly deeply hidden by ascension of the colon transverse, whereby it withdraws itself more and more from physical examination, although this is not always the case. The stomach is also smaller in females, in chronic vomiting, with toppers of alcoholic beverages, in stenotic cancer of the cardia, in obtruding diseases of the œsophagus, etc., also in total or partial fibro-cancerous (inflammatory) infiltration of the stomach. Carcinomatous tumors, developing themselves on the walls of the stomach, possesses hardly any influence on its size and extension. In stenotic cancer of the pylorus the stomach is extended. The extension of the stomach has different degrees: It may be so extended, not to be covered by the ribs—so that its anterior wall, not only the epigastrium but also the mesogastrium—yea, the dilatation of the stomach, may reach such a high degree to touch nearly the whole anterior wall of the abdomen, reaching to the pubes, and even impinging on the cavity of the pelvis. In such a case the colon transversum, as well as the small intestines, are found behind it. It glides, as it were, over the intestines, and may exercise such a pressure on them as to render them nearly empty of gas. The pylorus then sinks, correspondingly; even in the

pelvic cavity the stomach has been found as an inborn anomaly. When the stomach dilates it does not make, as is usually thought, such a turn round its axis that its large curvature comes upwards and in front, but it sinks, especially in an upright position, pushing before itself the colon transversum. In a horizontal position the extended stomach pushes liver and diaphragm (resp. heart and left lung) more especially upwards, taking for itself the space between these organs and the colon transversum, certainly only then, when all the organs have their natural mobility. Sometimes we find, especially in dissections, when the intestines are largely inflated, and the stomach also full of gas, but on account of the liver can not move upwards, that the large curvature is raised towards the anterior abdominal wall. But it is questionable, if such a quarter-turn is possible in the living, and it may be ascribed to the increased formation of gas in the intestines, and the horizontal position of the corpse. The stomach takes sometimes a perfect perpendicular position, for the pylorus is very little fixed and easier displaced by pulling, by the use of heavy food, carcinoma, etc.; whereas the cardia possess very little locomotion. Heavy food presses the stomach down in a higher degree than light food, and it approaches then somewhat the umbilicus. In intussusceptions, which draw the colon transversum and the omentum in this process, the latter will aid to dislocate the stomach more or less, and if the intussusception happens on the right side, will draw the stomach to the right side, and *vice versa*. The stomach may lie either only with one wall or with more or less of its circumference in a stomachic hernia, umbilical or scrotal hernia, etc. In hernia diaphragmatica the stomach, usually accompanied by a loop of intestines, gets in the left side of the chest; also in wounds of the diaphragm, the stomach has been found to penetrate in the pleural cavity. The anomalies of form are manifold in the stomach, as, for example, the infantile and female stomach. The stomach may be divided in two parts, as an inborn anomaly; carcinoma, adhesions, etc., produce also a great many deviations from its normal form. The means for the diagnosis of the stomach consists of inspection, palpation, percussion and auscultation.

S. LILIENTHAL.

INTERMITTENT FEVER IN CHICAGO.

NEARLY all cases of Intermittent fever occurring in this city or vicinity, are cured by one of the following drugs, viz.: *Arsenicum*, *China*, *Eupatorium perf.*, *Natrum mur.*, *Nux vomica* or *Pulsatilla*.

Arsenicum is indicated in all types, except the double quotidian and double tertian; *China* in all types except the quartan; *Eupatorium*, all types (probably); *Natrum* and *Nux vomica* all except the quartan, double tertian, and double quotidian; *Pulsatilla* in all except the double tertian and double quotidian. Consequently when we learn the type of the case before us, one or more of the above remedies may be thrown out of consideration. As regards thirst:

Ars.—Thirst in all stages, or wanting in the chill and heat.

China.—Thirst in all stages, or wanting in the chill and heat.

Eup. perf.—Thirst in chill and heat, or wanting in chill.

Natr. mur.—Thirst in chill and heat, or wanting in chill and heat.

Puls.—Thirst in chill and heat, or wanting in all stages.

We may now be able to make our choice of a remedy; if not, we must consider the symptoms before the fever comes on.

Ars.—Pain in head, abdomen, back, chest or limbs, with a faint feeling; yawning.

China.—Pain in head or limbs, sneezing, nausea or great hunger.

Eup. Perf.—Pain in bones, stiffness of fingers, yawning.

Natr. mur.—Pain in head.

Nux. vom.—Pain in head.

Puls.—Pain in head, nausea, vomiting, loss of appetite, diarrhœa, chilliness.

If the remedy can not be chosen from the above, we must next look at the symptoms during the chills.

Ars.—Difficulty of breathing, coldness in abdomen, diarrhœa, yawning, pain in head, limbs, bones, pit of stomach, abdomen or small of back, vomiting of bile.

China.—Pain in liver or abdomen, heat and redness of the face.

Eup. Perf.—Diarrhœa, nausea, pain in head, small of back, vomiting of bile, trembling.

Natr. mur.—Difficulty of breathing, pain in head, bones or back, yawning, nails blue, chattering of teeth, stupefaction.

Nux. vom.—Pain in liver, nails blue, chattering of teeth, sleep.

Puls.—Pain in back, vomiting of mucus.

Symptoms during the heat :

Ars.—Anxiety, loss of consciousness, nausea, pain in head, chest, liver, abdomen, or limbs, vomiting, vertigo, tremor.

China.—Coldness of the forehead, redness of face.

Eup. perf.—Nausea, vomiting of bile, tremor.

Natr. mur.—Loss of consciousness, pain in head, bones or back, eyes weak.

Nux vom.—Anxiety, nausea, pain in head or chest, vomiting of mucus, food or water, vertigo, redness of face.

Puls.—Pain in head, limbs, bones, or labor-like pains, vertigo.

It is seldom that we are obliged to seek further than this for the proper remedy, but I will add the remainder of the symptoms of the drugs named in order to complete the picture of each.

Symptoms during the sweat :

Ars.—Roaring in ears, faintness.

China.—Faintness.

Eup. Perf.—Sleep.

Natr. mur.—Waking up.

Nux. vom.—Chilliness during motion, tingling in skin.

Puls.—(No symptoms recorded.)

Symptoms during apyrexia :

Ars.—Appetite lost, diarrhœa, emaciation, face bloated or yellow, nausea, vomiting of bile or food, taste bitter, pain in head, joints, hip, back, stomach or kidneys, vertigo, weakness, repugnance to meat, sweets or warm food, sleeplessness.

China.—Appetite lost or increased, repugnance to tobacco, or warm food, constipation or diarrhœa, emaciation, face pale or yellowish, pain in head, joints, stomach ; kidneys, vomiting, weakness, sleeplessness.

Eup. perf.—(?)

Natr. mur.—Appetite lost, taste bitter, repugnance to fat food, bread, coffee, tobacco, constipation, face yellowish, pain in head or stomach, sleeplessness.

Nux. vom.—Appetite lost, taste flat, repugnance to bread,

coffee, tobacco and warm food, constipation, emaciation, face pale or bloated, nausea, vomiting of bile, mucus or food, pain in head, stomach, hip, liver, back, vertigo, nervous weakness.

Puls.—Appetite lost, taste bitter, repugnance to bread, meat, warm food; diarrhœa, pain in head, joints, stomach, hip, liver, vomiting of mucus or food, sleeplessness or torpor, vertigo, nervous weakness.

Moral symptoms:

Ars.—Anxiety, anger, restlessness, impatient.

China.—Anger, depression, indifference, peevish, obstinate.

Eup. perf.—Anxiety, despair, depression.

Natr. mur.—Anger, sadness, depression, thoughtlessness, absence of mind, irritable.

Nux vom.—Anxiety, anger, irritable, peevish, obstinate.

Puls.—Anxiety, depression, indifference, peevish, restless, sadness, obstinate.

Special indications:

Ars.—Paralytic condition; intolerable pains.

China.—Distension of the veins; pain in the liver.

Eup. perf.—Great weakness; desire for acid drinks.

Nux vom.—Delirium; paralytic feeling in the limbs.

Natr. mur.—Sleepiness.

When the latter symptoms exist throughout the entire paroxysm, the remedy may often be chosen successfully from them alone. *Puls.* is applicable when the menses are suppressed or make their appearance too late.*

T. S. HOYNE.

711 WABASH AVENUE.

INFLAMMATION AND ELONGATION OF THE UVULA.

TRANSLATED BY DR. W. EGGERT.

DR. BOLLE reported to the thirty-seventh session of the Homœopathic Physicians of Germany:

“I have been frequently vexed at the difficulty of curing simple angina, in spite of the many remedies recommended. I have tried *Bell.*, *Merc.*, *Rhus. tox.*, etc., in vain. It happened once

*For a complete indication of the above remedies, and others, see “Monograph on Fevers.”

that I had a large number of such cases to treat. Hence I bestowed special attention upon them. I tried the remedies in different ways, gave high and low potencies, but without result. At last I thought of *Mercury*. Of this remedy we have three preparations, and I resolved to try them all — but the last I came to was *Merc. sublimat.* In this way I had, through seven long years, tried almost every remedy, when a boy came to me with an affection of the libia, and an angina at the same time. I had already tried for the latter complaint the 3rd, 4th and 6th dil. of the *Sublimat*, and thought I noticed some good result. I readily saw the boy had not a *true* angina. I took the 2nd dil. of the *Sublimat* and painted with it the uvula. The result was a considerable irritation of the fauces, and a complete angina was produced. In the next case of real angina, I took the first decimal dilution of the *Sublimat*, dissolved one part of it in five parts of alcohol, dipped into this solution a little stick, which I applied moist (or dry, for a particle of the *Mercury* would still adhere to it) to the uvula, and to the left and right of the velum. I assure you that you will hardly be able to shut your phial and put it in its case before the patient is well, and can swallow without the least difficulty. Since that I rely on this remedy entirely.”

Other physicians in Germany have tried the experiment with the same happy result. There is abundance of opportunity to try this experiment in this country. I wish the brethren would try it and report through *THE INVESTIGATOR*. Dr. Bolle stated also that it made no difference whether the angina was acute or chronic; but if the tonsils are swollen, it will prove useless.

DISCUSSION ON PNEUMONIA.

BY COOK COUNTY (ILL.) MEDICAL SOCIETY.

DR. T. S. HOYNE opened the discussion by saying: It may be well, before speaking of the treatment of pneumonia, to glance briefly at the pathology and symptomatology. Pneumonia is an acute inflammation of the membrane lining the air cells and the terminal bronchial branches. This membrane, although ranked among the mucous tissues, lacks the mucous follicles, and is covered with squamous epithelium. The product of the inflam-

mation is an exudation, which probably comes from the blood in the smaller branches of the pulmonary artery. It does not form new tissue, but is usually rapidly absorbed. If not absorbed, suppuration takes place, and the cell is filled with pus. *The varieties* of pneumonia are lobar, circumscribed and lobular, the latter form always co-existing with general bronchitis, and affecting both lungs. Plugs of mucus form in the smaller bronchial tubes, and the lobules are collapsed, owing to imperfect or insufficient expansion of the lung. Pneumonia, that is, lobar pneumonia, generally affects the right lower lobe.

The symptoms of the first, or stage of engorgement, are, chilliness accompanied with rigors; sharp, cutting pain or stitches in the neighborhood of the nipple of the affected side, aggravated by coughing; cough hard, with the expectoration of whitish mucus soon becoming adhesive and rusty, or yellowish and bloody; fever, dry, hot skin, with thirst, headache, prostration; pulse quick, full and hard; respiration increased in frequency.

Second, or stage of solidification: Pain less intense; cough, with very abundant expectoration of a whitish or yellowish color; respiration unchanged; hectic flush. When more than one lobe is affected, the breathing is labored, and the patient complains of the want of breath. Delirium is rare, but a grave symptom. Chlorides disappear from the urine during this stage.

Third, or stage of resolution: All the symptoms improved. If suppuration takes place, the pulse becomes frequent and feeble, the cough increases, the expectoration becomes purulent, and the respirations are greatly increased in number.

Physical signs. 1st stage—Dullness on percussion, and crepitant rale on auscultation. 2nd stage—Flatness, bronchial respiration, bronchophony and whispering bronchophony. 3rd stage. Dullness less marked, broncho-vesicular respiration, and moist bronchial rales.

The remedies indicated in the first stage, when the symptoms enumerated are present, are *Acon.*, *Phos.*, *Phos. ac.* In the second and third stages, *Acon.*, *Ars.*, *Bry.*, *Calc.*, *Creos.*, *Ip.*, *Lyc.*, *Merc.*, *Nux vom.*, *Phos.*, *Phos. ac.*, *Sep.*, *Sil.*, *Spong.*, *Sulph.* If suppuration occurs we must choose from *Ars.*, *Carb. veg.*, *Chin.*, *Con.*, *Creos.*, *Ip.*, *Lach.*, *Merc.*, *Phos.*, *Phos. ac.*, *Sil.*, *Stann.*, *Sulph.* My experience has been that *Acon.* is, in nine cases out of ten, *the remedy* in the first stage. In the second

and third stages *Bry.*, *Lyc.*, *Merc.*, *Nux.*, *Phos. or Sulph.* are the most useful. I have had but a limited experience in the treatment of what is called the suppurative stage, but I should consider *Merc.*, *Sulph.*, *Ars.*, and *Carb. veg.* the most important. It may be noticed, perhaps, that I have not mentioned *Tart. em.* as useful in any stage. This being a favorite remedy with many, it may seem somewhat strange that I should thus neglect it. I have used the remedy, but not successfully — probably because the symptoms, as given in the Repertory, are few and unsatisfactory. *Chelidonium maj.* I have used in what is incorrectly called capillary bronchitis, and should suppose it useful in pneumonia, but the recorded symptoms are too scanty to warrant using the remedy otherwise than empirically.* The following are a few symptoms that would suggest *Chelidonium* in the treatment of pneumonia,

“1046. Shortness and difficulty of breathing, with tightness and anxiety in the chest.”

“1066. Can not take a deep breath for violent stitches in the right side.”

“1071. At each breath pain inside the chest, with short, dry cough, which increases the pain.”

“1076. Stitches in the right side behind the ribs.”

In regard to the cough, it is short and dry (2031), but there is no mention made of the character of the expectoration. The fever symptoms indicate it; so the remedy, if applicable at all in pneumonia, is useful in the first stage.

Verat. vir. and Sang. can. have been recommended in the treatment of pneumonia, but the above remarks concerning *Tart. em.*, and apply equally as well to these remedies which have been but partially proven. In fact I know of no new remedy that will cover all the symptoms of any one stage of the disease under consideration.

The following cases are selected from many on account of their peculiarity:

Case 1.—Mrs. G., of plethoric habit, was attacked suddenly in December with the following symptoms, viz.: Chilliness with rigors, followed by heat, dry, hot skin, and accelerated, full, hard pulse. Acute, cutting pain in the neighborhood of the right

* Since the above I have met with a complete pathogenesis of *Chel. maj.*, and find it strongly indicated.—T. S. H.

nipple, aggravated by coughing, and by taking a deep inspiration ; cough, with rusty expectoration ; chilliness when changing the position in bed. *Acon.* 11th was given in water, a teaspoonful to be given every hour until better, and then to stop the medicine. Two doses only were taken, and a gentle perspiration broke out with relief of the pain and accompanying symptoms. Next day quite well, except weak.

Case 2.—Mrs. L. was taken in December with similar symptoms, except that the lower part of the chest was very sensitive to pressure. Pain so acute that she thought she was dying. *Acon.* 11th, with the same directions as above. Four doses were taken before relief was obtained. Two days afterwards quite well.

Case 3.—At the last meeting of the Society I stated that I had never used *Phos.* 200th. Since that time I have treated a case of pneumonia with it successfully. Dec. 25th, Mrs. K. called on me, stating that her son was quite sick, vomiting every few moments, and she was afraid that his old trouble, gastritis, had returned. *Ipecac* was sent ; and in the morning the father said the vomiting had disappeared, but that his chest was quite sore, and he wished me to see him. I found, in addition to the fever, dry, hot skin and thirst, the following symptoms : Cough with rawness and soreness in the chest ; cough loose without expectoration, or rather a very scanty, bloody expectoration, with pain and soreness in the chest, aggravated by coughing, deep inspiration and motion ; stitches in the right and lower lobe ; heat and sweat at night ; wakes often feeling too hot ; constant restlessness and tossing about ; face possessed the hectic flush. The physical signs were, flatness over lower half of right chest, and bronchial respiration. I think *Bry.* was prescribed that day, but after a careful study of the case *Phos.* seemed to be the remedy ; so on the 27th it was given in the 200th attenuation, and improvement followed at once. On January 3rd, after a treatment of *nine* days, the patient was discharged very nearly well, that is, resolution was about completed. The interesting points in the case are, first, that the attack commenced with vomiting, which is rare, and second, the rapidity of the cure under a high attenuation, the lobe being completely solidified. The average duration of pneumonia, according to old school writers, is from twelve to fourteen days, that is, counting from the day of attack until commencing resolution, not until resolution is completed.

Dr. Beebe protested that his favorite remedy, *Bry.*, had been snubbed. He thought that out of the large list a few remedies might be singled out. In the first stage he thought *Acon.* the remedy. *Virat. v.* had been suggested for this stage; but he thought it did not lessen the whole fibrile symptoms as well as *Acon.* *Bry.* stands next in importance. In his hands it is a remedy to which the system readily responds. Where only one lobe is affected, one, two, or three doses of this remedy generally cuts its short.

One case is detailed in the paper that ran its course in nine days. A case without treatment would run its course in that time, or at least resolution would be well under way. When the inflammatory symptoms have subsided, and the exudation become excessive, no remedies with him takes the place of *Phos.* and *Tart. em.* The indications of *Tart. em.* seem to be when the air passages are blocked up with the exudation, to throw it off. It is true that *Tart. em.* has but few chest symptoms, still extensive experience has proved it a valuable remedy in this stage of pneumonia. Take a simple case of pneumonia and *Acon.*, *Bry.* and *Phos.* will usually shorten and mitigate it greatly. If complications arise, other remedies, of course, will be called for.

Dr. Streeter inquired if we usually had acute pain in uncomplicated pneumonia?

Dr. Hoyne thought that nearly every case is complicated, more or less, with pleuritis. A characteristic symptom of this disease, he thought, was acute pain in the region of the nipple.

Dr. Streeter had treated a few cases, and it was his observation that nearly every case was complicated.

Dr. Cole rarely treats a case without prescribing *Tart. em.*, *Bry.* and *Phos.* He found nearly every case complicated and called for *Bry.* Recently he had met with some peculiar symptoms—an unusual complication. During the course of the disease a rash made its appearance, not unlike scarlatina. There was no decided rash, but merely a blush; tongue furred; not teething; mucus expectorated clear; much cough. *Bell.*, *Merc.* and *Phos.* were the remedies for those cases.

Dr. Holbrook's chief remedies were *Acon.*, *Bry.* and *Tart. em.* His indication for *Tart. em.* has been much mucus in the bronchial tubes, much rattling and difficulty of expectoration. He also uses cold-water compresses.

Dr. Lord wanted to know if we always had rust-colored sputa in pneumonia?

Dr. Hoyne thought it was always present, but that we rarely see cases until the first stage had passed.

Dr. Ludlam believed that for the first stage *Acon.* was undoubtedly the remedy; but when that stage had passed, and hepatization had commenced, *Phos.* and *Tart. em.* were the remedies. If the fever was still present, there is a good deal of pain and salty expectoration, *Bry.*, he thought indicated. Although *Tart. em.* might not be strictly homœopathic, he knew of no remedy so efficient in opening the air cells, an object which should be attained as speedily as possible. It certainly hastened the stage of resolution. This he had observed as the result of much experience. If clinical experience sometimes outruns symptomatology, so much the worse for symptomatology, he thought. He gives of the remedy, grs. jss of the 3d trit., dissolved in a glass of water, a teaspoonful every half hour. It may be given to an infant in warm, sweetened water. As a subsequent remedy, if the cough was harsh, dry, and there was but little expectoration, *Phos.* he found to relieve rapidly. He occasionally found a sip of a solution of rock candy to loosen the cough and aid recovery. Many years ago he had a case with a persistent cough, following pneumonia, which was aggravated by the least current of air. *Natr. mur.*⁶ relieved in twenty-four hours. Another case had a persistent cough, aggravated by a similar cause, was cured by *Silicea*. Adjuvants may sometimes be resorted to, he thought, to advantage. Dry heat was a valuable aid, as a hot dinner plate, wrapped in cloths, and applied to the chest.

Heat seems to relieve better than cold. Hop poultices—a domestic prescription—will sometimes relieve pain in pleuropneumonia and ensure rest. He thought the pain in the region of nipple, noticed in the paper, as characteristic, was true in regard to pleuro-pneumonia. In the case of infants the pleura is rarely involved, and consequently there is but little or no acute pain, especially upon motion. They insist upon being rocked or carried around. In regard to the expectoration, he thought in the first stage it was, as a rule, rust-colored; but, as Dr. Hoyne remarked, we rarely see the patient in that stage. In treatment it is seldom he has to use more than four or five prominent remedies in all, and these were polychæsts.

Dr. Beebe thought the plan of enveloping the chest in fats, as practiced by some, did not accord with his ideas of cleanliness, and certainly interfered with a healthy action of the skin, so desirable in this disease. He questioned the curing of a case in twenty-four hours where rust-colored sputa was present.

Dr. Hoyne said he saw the case not fifty minutes after she was taken. He put her at once upon *Acon.*, and in two days she was all right. She had had pneumonia repeatedly, and knew at once what was the matter, and therefore resorted to prompt measures.

PRIMARY AND SECONDARY SYMPTOMS.

THE effects which every medicine directly produces when administered to a person in health are called primary symptoms. They continue for a shorter or longer time, according to the quality of the medicine and the measures of vitality possessed by the individual.

The organism in healthy action always opposes the incursion of medicinal impressions, and only yields to the action of drugs so long as the aggressive force continues. As soon as the medicinal influence begins to abate, the powers of the system commence to recover their lost ground, and continue a course of antagonism until a reactionary movement, marked by symptoms of an opposite character, to the first (primary), is more or less clearly established, called secondary symptoms.

For instance, somnolency and constipation are primary symptoms of opium, and their opposites, wakefulness and diarrhœa, are secondary. Again, purgation is a primary symptom of rhubarb, and costiveness a secondary.

Large doses of a drug are more likely to produce secondary symptoms than small doses. And this is one reason why small doses for making provings are preferred to large ones; as primary symptoms are more reliable to the homœopathic remedy than secondary.

It is hard to conceive of a disease having secondary symptoms while the morbid cause is still in operation. Because symptoms appear late in the history of a case of disease, and are of minor importance, is no reason why they should be called secondary symptoms.

W. W.

THE PROVING OF DRUGS.

WHAT was formerly called experiments with, or trials, of drugs on the healthy human organism, is now called the "Proving" * of Drugs. A proceeding for a long time peculiar to the homœopathic school of medicine. The process was instituted by the illustrious founder of the school for the purpose of ascertaining the legitimate action of drugs, and of becoming able to apply medicines to the cure of the sick in accordance with the great therapeutic law "*similia similibus curantur*," which he had discovered. Hahnemann informs us that in the experiments made by himself and his immediate disciples, every care was taken to secure the true and full action of the medicines, and that the trials were made "upon persons enjoying perfect health, and living in contentment and comparative ease." So careful were they to prevent spurious symptoms from being recorded, that they directed if any extraordinary event happened to the experimenter while under the influence of the drug, causing anger, fear, excessive enjoyment, etc., no further record should be made of the symptoms. And the provings made under their auspices, as might be expected, are the most reliable in our possession, and form a rich legacy to the profession. The more perfect the health of the prover, the greater the care taken to ensure the full action of a drug, and a truthful record of the effects, the more perfect the standard, and the greater will be the value of the symptoms. And yet a person in ordinary health, who is not entirely free from all hereditary or acquired predisposition to some forms of disease, may be a competent prover of drugs. For the symptoms caused by a drug given to the well, being the counterpart of the symptoms it will cure when given to the sick, it may be of great advantage to have the symptoms of a prover who has the same predisposition and tendency to similar forms of disease as the patient we are called upon to treat. If a physician was called to prescribe only for patients who are entirely free from all constitutional latent causes of disease, the symptoms of provers enjoying the same freedom only would be strictly applicable, but as he is very often called to treat cases of sickness in persons who are

* From the German "pruefen," to test or try.

subjects of dormant chronic miasms, it may be very important in the treatment of such cases to have the symptoms from provers of like constitutional peculiarities.

In order to obtain provings of the most satisfactory character, and of the widest range of usefulness, the drug chosen for experimentation should be pure and perfect of its kind, and the organisms upon which it is tried should be of the greatest variety and diversity. For the purpose of obtaining a full exposition of the action of a drug, it is necessary to have provers of sufficient number and variety to embrace the several constitutional peculiarities, temperaments, and degrees of sensitiveness, usually met with in circles of the sick, as well as the differences between individuals arising from age, sex and condition. The influences of seasons and climate should also be taken into the account. While diversity of individuality in provers is necessary to secure a wide range of symptoms, it is important that they should possess sameness in the following qualifications in order to insure a feeling of reliability in their labors. 1. Ordinary good health and intelligence. 2. Reasonable susceptibility to the action of drugs. And 3. Industry and veracity sufficient to make a faithful record of the symptoms.

Arguments in favor of Continuing to Prove Drugs.—The art of proving medicines is a peculiar one, and, like most other kinds of business, has to be learned before it can be skillfully performed. A good preparation for the performance for a beginner, is to take notes of the operations and changes in his system for a week or more before he begins to take the drug. The best time for a physician to learn how to prove drugs is the beginning of his homœopathic experience; as it affords strong evidence of the truth of the homœopathic system of therapeutics, and yields the most impressive kind of knowledge of the symptoms of drugs. And, perhaps, no exercise in the profession is so well calculated to make a skillful diagnostician of a physician, impress upon his mind the relative value of symptoms, increase his dexterity in the examination of patients, and the selection of remedies as the proving of drugs. Besides the advantage gained by the individual practitioner from the performance, the profession gains the benefit of valuable additions to our code of symptoms. If every student of medicine, and every medical convert to the doctrines of homœopathy were required as an initiatory step to make a good proving

of a new medicine ; and every homœopathic physician in practice should make a fresh proving of some one that is partially or imperfectly proven, every year, the exercise would greatly extend the symptom knowledge of our practitioners, and increase the value and usefulness of our *Materia Medica*. No danger of accumulating too much symptomatology by the proving of new drugs, or of too soon perfecting our knowledge of those already in use ; for the more complete our *Materia Medica*, and the more perfect our knowledge of the action of drugs, the better able will we be to select the appropriate remedy in every case of disease, and the sooner will we be prepared to purify our code of symptoms — to separate the chaff from the wheat.

The symptoms of no two drugs are precisely alike, neither are the symptoms of any two cases of disease precisely alike ; and to be able to adapt the symptoms of drugs homœopathically to the symptoms of disease, we must have an almost unlimited number and variety of drug symptoms to select from, in order to cover the indefinite number and variety of the indications of disease. New combinations and complications are continually arising in disease ; and in order to keep pace with the ever shifting scenes of the prototype, our store of *Materia Medica* knowledge must be accumulative, or, for want of homœopathic material, we will not be able to cure many diseases that are certainly curable. If we stop our advancement in the acquisition of the knowledge of drugs, the number of diseases that are now curable with the drugs in use will proportionably diminish ; while the number not curable with our present list of remedies will proportionably increase. Young as homœopathy is, already some of the polychrests of Hahnemann's day are beginning to lose their sway in diseases, and it is now foreseen that the polychrests of the present time will not always remain such ; but, in their places, other drugs that may be of but little importance now, will become polychrests. Let us, therefore, prepare ourselves for this emergency by continually adding to our knowledge of drug symptoms from the provings of medicines.

W. W.

NEW YORK STATE MEDICAL SOCIETY.

EIGHTEENTH ANNUAL SESSION.

The Society met, Feb. 9th, in Albany, Dr. Watson, of Utica, in the Chair.

The President, Dr. Wm. H. Watson, during his inaugural address, remarked: During the last two years death has stricken down some of the most honored members of our profession, Drs. Hubbard, Gray, Peterson, Potter, Merritt, Vanderburg, May, Hull, Barker, Bryant, Matthews, George Lewis, A. A. Louis, Quinn, Mason, Wolcott and Dunnell.

The profession in this state is in a very prosperous condition. The medical school in New York has proved a great success. The Board of Managers of the New York Homœopathic Hospital, at a recent meeting, elected the venerable poet, William Cullen Bryant, as their President, and intend to go forward with energy and accomplish the purposes of the organization with no further delay. I would recommend that this Society, at its present session, pass resolutions that its members and the members of county societies entitled to representation in it, will hereafter decline to fill certificates as attending physicians for such life insurance companies as fail to appoint at least one of their examiners from the regular Homœopathic physicians in the place where they solicit risks.

The periodicals of the profession are in a flourishing condition, and I would bespeak for them the earnest support of the members of this Society. Every member should furnish regular contributions to their columns, and otherwise contribute liberally to their support. It gives me great pleasure to announce that Drs. W. S. Searle and H. N. Avery are about to issue half yearly abstracts of all our journals in this country.

I can not too strongly urge upon the profession the importance of at once organizing county societies in every county where none exist.

It is a subject of great regret that the Constitutional Convention did not consider it as coming within its province to take action on the report of its committee "On the practice of Medicine and the Compounding of Drugs." It was ardently desired by the people, as shown by the fact that petitions containing sixteen hundred names, were presented to the Convention; and that the public press strongly urged action in this direction. The Hon. S. J. Calahan advocated the matter in an able speech, and was supported by this Society in a series of resolutions. Had favorable action been taken by the Convention, it would, in my judgment, have done much to elevate the standard of medical

education in this State, and, to a great extent, have protected its people from empiricism, and the ignorance of pretenders in medicine.

Dr. Searle placed upon record a most feasible and liberal plan for attaining a similar end in the bill which he prepared and presented to the Legislature, and which also received the sanction of this Society. Dr. S., in some able and cogent remarks, showed to the society that its adoption would enable the public to ascertain not alone, who are *diplommatized*, but also who are *really qualified* practitioners of medicine, and thus establish an *Honorary* degree, of which only those who were really qualified and meritorious could avail themselves. Dr. S. appeared in person before the Committee of the Senate, and argued the merits of the bill, but did not succeed in awakening sufficient interest to secure its passage. I would respectfully suggest that a committee be appointed to present a similar bill to the present Legislature. If not at present, the time must soon come when such a bill as this, first suggested by this Society, through Dr. Searle, will become a law of the State.

I would recommend that a committee be appointed to urge upon the present Legislature the necessity of taking appropriate action in reference to the erection of a Lunatic Asylum, to be located in one of the southern tier of counties of the State, and to be placed under the control of a physician of good standing in our school.

The Committee appointed to consider the Inaugural Address of the President, cordially endorse and recommend the completion of the Hospital in the city of New York in connection with the Homœopathic Medical College. The suggestions in relation to the establishment of Homœopathic Dispensaries in the State are pertinent, and an increase of their number is recommended. With regard to the non-appointment of homœopathic medical examiners by insurance companies, the Committee recommend action on the part of County Medical Societies like that taken by the Albany County Homœopathic Medical Society as recorded in the State Transactions of 1866. The Committee consider the formation of County Societies highly important to the promotion of the best interests of homœopathy and the support of the State Society. The Committee desire to encourage every effort tending to promote the elevation of the standard of medical education and the suppression of empiricism, and with this end in view we would recommend the appointment of a permanent committee on medical education. The Committee cordially approve the suggestions having reference to private and public institutions under the care of homœopathic physicians and surgeons, for the treatment of the insane.

H. M. PAINE, H. N. AVERY, E. P. K. SMITH.

The Report was adopted.

Dr. Beakley said that it was customary to ask the State Officers and Legislature to attend the sessions of this body, and also to listen to the annual address of the President, and he moved that a committee be appointed for that purpose. Drs. Beakley, Delavan and Hoyt were appointed.

The following were elected honorary members: T. C. Duncan, of Chicago; J. C. Morgan, of Philadelphia; F. R. Horner, of Hull, England; William Henderson, of Edinburgh, Scotland; William Bayes, of Bath, England.

The Secretary offered the following resolution:

Whereas, all homœopathic physicians feel the need of a Homœopathic Dispensatory that will meet the requirements of our advanced science and the approval of our State and National organizations; and it being understood that Dr. Lodge, of Detroit, Mich., has such a work nearly ready for publication, therefore,

Resolved, That the proof sheets of this United States Homœopathic Dispensatory be submitted to a committee on behalf of this Medical Society for approval.

Dr. Clary hoped that we would not take any such hasty action in endorsing a Dispensatory which might be very good, for all we know, or might not. We do not wish to endorse any book of which we know nothing; if it is good, we will buy it; and if it is not, we will not purchase, even if it is endorsed by the Society.

Drs. W. S. Searle, Carroll Dunham, and H. M. Paine were appointed a committee.

Dr. Paine read a list of papers which were to be presented to the Society, including among them the proceedings of the Onondaga, Montgomery and Steuben County Societies.

Dr. Wright read a paper entitled "Clinical Report — a case of Diarrhœa." The patient was a woman near confinement. After being almost at the point of death she was restored by the usual homœopathic remedies. In answer to an inquiry, the Doctor said that doses of a third potency had been given by him.

Dr. Cornell said that the Homœopathic Society of Northern New York had passed a resolution deprecating the education of our medical students in Allopathic schools.

Dr. E. P. K. Smith submitted a paper on Parturition. The most remarkable feature of one case was, that the woman had been married at twelve years, and had her first child, a healthy and well formed one, at thirteen years and six months.

Other papers were also read. Among them was a case from Obstetrical Practice, by Dr. George A. Cox, of Albany. Reports were read from the Ophthalmic Hospital, New York; Bond Street Dispensary, New York; Homœopathic Dispensary, New York; Five Points House of Industry, New York; Half Orphan Asylum, New York; and of the Societies of Albany, Broome, Chemung, Chatauqua, Columbia, Cayuga, Dutchess, Erie and Kings county.

(To be continued.)

EDITORIAL.

OUR PROFESSION CLASSIFIED.

THE Homœopathic profession may be divided into grand divisions. The first, or Pathological class, are distinguished by their zeal for pathology and diagnosis. Every minute symptom is weighed, the whole history of a case is resurrected to settle the pathological questions and make clear the diagnosis. Continued drill has made them expert disease diagnosticians. They pander to the popular cry, "Dr. what is the matter?" In treatment they lay great stress on hygienic and dietetic measures. In the selection of remedies (for they rarely can or do prescribe *one*) they blindly follow the lead of some author or writer. If those remedies do not help, others are *tried*. They rarely go beyond a few leading remedies, having marked pathological records, giving them in pathological doses. They lament over our bulky *Materia Medica*. When they report a case, it is to throw light on pathology, diagnosis, etiology, or perhaps prognosis. In the treatment they confess their weakness by rapidly hurrying over that part of the record. They take kindly to Hempel's *Materia Medica*, Marcy and Hunt's Practice, Hughes' Pharmacodynamics, and similar works containing "much pathology." They fiercely contend that no one can practice and know what he is about without taking pathology into account—for they can not.

The second, or Symptomatological class, are characterized by their zeal for drug knowledge. They have studied, compared, dissected and rearranged pathogeneses, until they are able to detect in a case of disease, the disjointed symptoms of a variety of remedies. They examine and cross-examine a case to unearth every minute symptom—they are adepts in "symptom-hunting"—but with an eye single to the remedy. Diagnosis and special pathology never enter their heads. They then ransack the *Materia Medica* for the remedy that will cover *all* their recorded symptoms of the case. When they have settled on *the* remedy they stick to it, giving it in various attenuations, or throwing in an intercurrent to clear the way, until the case is cured or they are discharged. The latter rarely happens on account of the strong faith they awaken. They enforce dietetic and hygienic rules for fear of antidoting "the remedy." They are familiar with every well-proven remedy, and often lament over our incomplete *Materia Medica*. If they report a case it is always a "clinical case" without pathology and undiagnosed, but it illustrates the characteristics of some drugs—gives therapeutical light, especially to those who are well up in the study of the *Materia Medica*. They take kindly

to such works as Bönninghausen's Therapeutic Pocket-Book, Gross' Comparative *Materia Medica*, etc. Careful study has given them implicit confidence in drugs: as a necessary sequence, they prescribe the high attenuations. Pathology they eschew as of "no account"—to them.

A third class, crude Homœopaths, are distinguished by their lack of knowledge of both disease and drugs. They "guess" at both, and will do *any thing* to cure. If they venture a report it is "a complicated case" where a complication of remedies were used, but the last one, a new drug cured. They take kindly to Domestic Practices—where they learned all they know of Homœopathy—and new works that purport to cut short the task of selecting remedies. They use the low attenuations and prefer the "new remedies." They keep so near the boundary-line that they can be any thing, Allopaths, Eclectics or Homœopaths, as occasion may require.

There is a fourth class—true Homœopaths—who are distinguished by their great knowledge of both disease and drugs. They are faithful students of medicine and all of its collateral sciences. They learn all possible concerning the etiology of a case, search out the special pathology, weigh the relative importance of the symptoms, and settle on a diagnosis. Every thing is carefully noted; in fact, they get a complete picture of the disease. The important or distinctive symptoms guide to the selection of a group of remedies; from these *the* remedy is selected. Like Hahnemann they know just what they are about, where they are, and can predict the result with astonishing accuracy. With them medicine is a positive science. They regret the paucity of our *armamentarium*, and are constantly adding to the list—both drugs and symptoms. When they report a case, all wings of the profession are benefitted. Their preference is for complete works on *all branches* of medical science. In therapeutics they use all the "helps" attainable, but prefer the Symptomen Codex. They are the "salt of the profession"—the only *true* exponents of Homœopathy.

The attrition of the first against the second class is continually turning out additions to the last class. Healthy criticism has evoked careful "inquiry" and "study" on all sides. The first class mount to the position of true and liberal Homœopaths by the way of "characteristics" of drugs. The second class go by the way of "characteristics" of disease.

The third class occupy an unfortunate position from which hard study alone can emancipate them. If they will study, they should be kindly helped up the rugged way. If not, let them be read out of *our* ranks. Guard well the portals, and encourage none such in future to burthen us by their ignorance and imposition.

To the first class we would commend our *Materia Medica Journal* and all *Materia Medica* "helps." To the second we would urge a careful perusal of literature where pathology is freely and fully discussed. To the third class, study—hard, persistent study. Lay down your pocket-cases and attend lectures, or study *every case as you practice*. To the fourth class, make the way plain for your less fortunate brethren, by "helps," articles, personal attention, etc., to climb to the position of genuine Homœopaths.

REVIEWS.

MONOGRAPH ON CARBOLIC ACID. W. B. Keen & Cooke, Publishers.

On sale by C. S. Halsey. Price, 35 cents.

A capital initiation of a very important medicinal agent. Thirteen provings by nine individuals; eliciting 285 symptoms; a large number of which were observed repeated by several of the provers. The excellent standing of the parties concerned entitles the production to the highest consideration, and the symptoms themselves evince to the comprehension of an experienced drug prover the strongest probability of their truthfulness. W. W.

Carbolic Acid has attracted great attention in the medical world, therefore its pathogenesis as here developed will be eagerly perused by our profession. This drug promises to take rank with such remedies as *Puls.*, *Nux.*, etc. No surgeon will use this drug in wounds and other injuries as recklessly as formerly after reading this Monograph.

Dr. Angell has our thanks for Texas and Galveston medical journals; Texas Almanac; also, "Yellow Fever—Its Homœopathic and Allopathic Treatment Compared," by Drs. H. C. Parker and W. Richardson. This work was evidently written for local circulation, and will be eagerly read by those who wish to keep posted. Dr. P. treated 120 cases during the epidemic of 1867, losing only seven cases. *Acon.*, *Bell.*, *Cim.*, *Bry.*, *Ipec.*, *Tart. em.*, *Ars.*, *Nux. v.*, *Verat. alb.*, *Carbo. v.*, *Merc. cor.*, *Rhus. tox.*, *Canth.*, *Lach.*, *China*, *Sulph. ac.*, *Argent. n.*, were the principal remedies indicated. Great stress is laid on proper hygienic and dietetic measures.

R. R. Gregg has our thanks for a synopsis of a forthcoming work on Consumption; and Phthisis Pulmonalis shown to be the result of a Perverted Secretion of the Mucous Membranes. With both of these pamphlets the profession are familiar; also with the author's ideas on Phthisis. Notwithstanding his etiological assertions Dr. R. selects his remedies, as does every other good Homœopath, to cover the totality of the symptoms.

CORRESPONDENCE.

MEDICINES BY INHALATION.—BUCHU.

EDITOR INVESTIGATOR:—I have prescribed remedies for certain diseases in the following manner:

Put ten drops of the 1st dilution in a pint of boiling water (soft) and require the patient to inhale the steam, from the spout of the vessel, for ten or fifteen minutes three or four times a day. I have used *Acon.* more extensively than any other remedy, and with quite satisfactory results, for diseases like the following, viz.: congestion of the lungs, facial neuralgia, acute catarrhs, spasmodic asthma, acute ophthalmia, etc., etc. For the last named disease I direct the patient to wring flannel cloths (white) out of the water, and steam the eyes with it night and morning,

leaving it on over night, at the same time giving the remedy internally, and in this manner never had any trouble in reducing the inflammation in a few days.

I wish to inquire if there has ever been a proving made of *Buchu* (*Diosma crenata*)? I never have seen any, but have been using it empirically for chronic pains and weakness of the lumbar region, difficult and painful micturition; and from the success I have had with it, I think if there is not a thorough proving of it, there ought to be, as I am certain it will fill a void that exists in our list of remedies that act specifically upon the kidneys and adjacent organs.

Hoping some of our older physicians can give us "more light" upon these subjects, I remain

EVANSVILLE, Wis.

Fraternally yours,

E. W. BEEBE.

SEA-SICKNESS.

OUR Boston friends tried *Cocculus*, *Iris* and *Nux.* in vain,—see Reports of Boston Academy—Jahr recommends *Petroleum*, and in *Scientific American*, March 6th, an interesting case is reported from a scientific source, in which the use of a dozen pellets of *Petroleum* effectually prevented an attack, throughout a very stormy voyage. Who has tried, or will try "*Oxalate of Cerium*?"

C. D. FAIRBANKS.

OTTAWA.

BONNINGHAUSEN'S THERAPEUTICS.

EDITOR OF INVESTIGATOR:—In the *Transactions of the Western Institute of Homœopathy* (may its shadow never be less), I find a resolution asking for a new edition of this work.

Through the courtesy of Dr. Carroll Dunham, I now have before me a copy of this work, the German edition in *English*, Münster, 1846, which was given to him by Bönninghausen; who also allowed Dr. Dunham to copy into it *all the corrigenda and addenda* of his (B.'s) private copy. These are so numerous that it has taken many of the writer's spare hours to copy them into his own volume of the *Therapeutics*.

Dr. Dunham has also transcribed the original German words, with which B. headed his paragraphs, in every instance wherein the English word does not correctly represent Bönninghausen's meaning.

Only through Dr. Dunham's copy, then, can any American publisher be enabled to properly reproduce this work.

If any publisher desires to do this, we would suggest that Roth's arrangement of it be followed, avoiding Roth's errors by means of Dr. D.'s copy.

If republished it should be sumptuously done; made a memorial volume, in honor of the dead therapist.

There be those who sneer at Bönninghausen's labor; but do they not mistake the purpose of a Repertory? If questioned as an oracle, they may expect a Delphic utterance; if used as a directory, it is a help for which the best have had to thank the author.

It is a portal to the *Materia Medica*, and those who curse it loudest are the very ones who do not go beyond the portal.

By remembering Dr. Drysdale's rule, "no one ought ever to prescribe from such a piecemeal source as a Repertory, but make the rule—and as far as possible rigidly adhere to it—of never giving a medicine without first consulting the proving in its totality in the *Materia Medica*."^{*}

* Pathogenetic Cyclop. Vol. II.; p. XX. Hahnemann Society.

I write freely because I have been fool enough to *misuse* BÖNNINGHAUSEN'S THERAPEUTICS. CARL MÜLLER.

[We think we express the wishes of the profession when we urge the publication of Dr. Dunham's edition of B.'s work.—ED.]

COLLEGE COMMENCEMENTS.

[We have received from the following colleges notices of their commencement exercises.—MANAGING EDITOR.]

ST. LOUIS.—The annual commencement of the Missouri Homœopathic Medical College was held at St. Louis, Thursday evening, February 25th, in Polytechnic Hall. A brilliant assembly was present, and the degree of Doctor of Medicine was conferred upon seventeen graduates as follows:

James R. Reed, Pittsburgh, Pa.; John Keck, Cairo, Ill.; D. L. Deyoe, St. Louis, Mo.; D. G. Allen, Cairo, Ill.; S. C. Grant, St. Louis, Mo.; O. G. Strong, Canton, Ill.; J. B. Williams, Centralia, Ill.; J. Wenz, New Orleans, La.; Peter A. Aikman, Canada West; W. L. Hedges, Girard, Ill.; J. A. Campbell, St. Louis, Mo.; J. M. Taylor, Bloomington, Ill.; John Schmidt, Quincy, Ill.; James M. Kershaw, St. Louis, Mo.; G. H. T. Johnson, Atchison, Kansas; J. Petros, Virden, Ill.; W. D. Foster, Hannibal, Mo.

Honorary degrees were conferred upon the following medical gentlemen:

Dr. Martin Mayer, Leavenworth, Kansas; Dr. I. T. Talbot, Boston, Mass.; Dr. C. J. Hempel, Grand Rapids, Mich.; Dr. C. W. Spaulding, St. Louis, Mo.; Dr. W. H. Holcombe, New Orleans, La.; John Moore, M.D., Liverpool, England; R. E. Dudgeon, M.D., London, England; H. R. Madden, M.D., London, England; Richard Hughes, M.R.C.L., Brighton, England.

The prizes were awarded as follows:

Dr. J. R. Reed, Pittsburgh, for the best anatomical specimen, a set of surgical instruments, given by Professor Dr. Franklin.

For the greatest proficiency in chemistry, the "Mayer silver medal," awarded to Dr. J. A. Campbell, of St. Louis, given by Dr. Martin Mayer, Leavenworth, Kansas.

For the best examination in obstetrics, premium of a silver medal offered by Professor Dr. Comstock, was awarded to Dr. John Keck, Cairo, Ill.

After the candidates for the degree of Doctor of Medicine had made their final examination, they were then assembled altogether in one room, pens and paper given them, and each one was required to answer in writing the following questions:

Given a case of labor in a healthy primipara with cranial presentation;—from the unusual distension of the abdomen, the case may be twins, or a single birth; the pains have been normal but frequent and very severe, for six hours or more; suddenly without any apparent cause, they cease!

1st. What must be the condition of the uterus, which causes this cessation of the pains, and how will you express it in obstetrical language?

2nd. What is the rational treatment in such cases?

3d. How would the labor most probably progress and terminate, after the treatment?

(The answers are required to be given categorically). Eight of the graduating class gave written answers, and the following answers by DR. JOHN KECK, CAIRO, ILLINOIS, won the prize:

1st. This condition of the uterus is inertia, caused by the continued severe pains and non-rupture of the membranes.

2nd. Rupture the membranes at once, when the pains will come on again.

3d. The labor will progress and terminate favorably, as in all ordinary cases.

The following questions were to have been propounded in case of a tie, or if the answer to the above had not been satisfactory :

1st. What is the third cranial position in labor?

2nd. What is the frequency of this position in comparison with others?

3d. What is the mechanism of labor in this position, giving all the successive changes of position, and causes of the rotation of the head until its expulsion?

The valedictory was delivered by Dr. N. D. Tirrell, Professor of Chemistry, and it was in reality a very learned production, and listened to with the greatest attention by the large audience present.

The exercises of the evening closed with a banquet and dancing party, given by the faculty to the graduating class and students at the rooms of the college. Many of the *elite*, the fashion and beauty of St. Louis, were present and participated in the enjoyments of the evening.

HAHNEMANN PHILADELPHIA COLLEGE.—The annual commencement exercises of the Hahnemann Medical College, of Philadelphia, were held March 3rd, at the Academy of Music, in presence of a large audience composed principally of ladies.

Professor Henry Noah Martin, M.D., delivered the valedictory address to the graduating class. During his remarks he said :

“St. Louis, Cleveland, and other cities boast their Homœopathic hospitals; but here, in Philadelphia, where the first Homœopathic college in the world was established, a fact which has come to the knowledge even of far off and frigid Iceland, here, towards whose generous hearts all Homœopathic eyes and feet are turned, that here in this medical Mecca of the world, there should be no Homœopathic hospital, is a burning shame—a monstrous disgrace. Our two colleges have consolidated, and our physicians are now nearly a unit in the support of the new institution. With a college whose corporation rests upon a sound foundation, and whose trustees and faculty are elected for life, thus giving it a permanence and stability, there seems now nothing to hinder the accomplishment of our highest aspirations.”

The degrees were then conferred upon the following graduates :

Orpheus Brainerd Bird, B. E. Philadelphia, Pa.; Edgar Pennypacker, Brunner, Centre Point, Pa.; Francis William Boyer, M.D., Pottsville, Pa.; Antonio Casanova, Clenuegos, Cuba; Charles Clarke Currie, Flemington, N. J.; John Michael Criley, Springfield, Ohio; John McNeil Curtis, A.M., Wilmington, Del.; Allen Corson Cowperthwait, Union, Ill.; James Palmer Crooks, Pittsburgh, Pa.; Hiram Reichard Fetterhoff, Chambersburgh, Pa.; Ebenezer Everett Fisher, Canton, N. Y.; Ebenezer Johnson Foster, Waterbury, Vt.; Charles Holmes Goodman, A.B., St. Louis, Mo.; William Biddle Gilman, Philadelphia, Pa.; William Fales Hathaway, Philadelphia, Pa.; James Haylett, Montpelier, Vt.; James Ebenezer Hardy, M. B. C. M., Norfolk, Va.; James Walter Hall, Albany, N. Y.; Dan. Lee Jones, Bradford, Vt.; Calvin Brobst Knerr, Fogelsville, Pa.; John Kidd Lee, Etna, Pa.; George Washington Light, Columbus Grove, Ohio; William Fink Marks, Leesport, Pa.; S. Morrison, F. R. C. S., London, England; John Moore, M.D., Liverpool, England; Allen Noxen, M.D., Bloomfield, Canada; Alexander Peltzer, Rheydt, Germany; William Appleton Brown Pierce, Leopard, Pa.; Alonzo Clark Rembaugh, Philadelphia, Pa.; William Robert Reud, Philadelphia, Pa.; Hahnemann Etzler Reinhold, Williamsport, Pa.; Samuel Starr, Avon-

dale, Pa.; Darwin Crawford Smith, Thompsettown, Pa.; William Chester Johnson Slough, Fogelsville, Pa.; William Budd Trites, A. B., Manayunk, Pa.

For superior theses the following named gentlemen received honorable mention.

O. B. Bird, Philadelphia, Metastasis; J. M. Curtis, A. M., Wilmington, Del., Rheumatism; C. H. Goodman, A. B., St. Louis, Mo., Theory of Cure; C. B. Knerr, Fogelsville, Pa., Concussion of the Brain; W. B. Read, Philadelphia, Cimicifuga; W. B. Trites, A. B., Manayunk, Pa., Sanguis Hominis.

The matriculants of the college during the last session numbered 84, viz.:

From Pennsylvania, 44; New Jersey, 10; Vermont, 4; Ohio, 4; New York, 3; Delaware, 3; Illinois, 2; Virginia, 2; Cuba, 2; England, 2; Maryland, 1; District Columbia, 1; Missouri, 1; Texas, 1; Kansas, 1; Canada, 1; Saxe-Weimar, 1; Prussia, 1.

WOMEN'S MEDICAL COLLEGE. The commencement exercises took place at the rooms of the college, on the corner of Prospect and Huron streets, Cleveland, O. There was a very large attendance, mostly ladies, of the friends of the institution, attesting the interest which is felt in the enterprise by the women of Cleveland. An address was delivered by Rev. C. E. Felton, pastor of the St. Clair street Methodist church.

It was a calm, clear and candid argument in favor of woman's social advancement. He congratulated the officers and friends of the youthful institution upon its first commencement, and its bright prospects for future usefulness. He said it was revolutionary in its tendencies, inasmuch as it advances woman from the subordinate position she has hitherto occupied to one more nearly equal with that of man.

Dr. C. S. Verdi then made a few appropriate remarks, after which the diplomas were awarded and the degree of Doctor of Medicine conferred upon the graduates by Mrs. Myra K. Merrick, M.D., Mrs. C. A. Seaman, M.D., president of the college, being absent on account of sickness. Mrs. H. M. Tracy Cutler, Illinois; Mrs. S. S. L. Jones, Indiana; Mrs. Anna L. Avery, San Francisco, Cal., and Mrs. Sarah Taylor, New York. Most of these are middle aged women. All are possessed of unusual intelligence. The valedictory address was delivered by Mrs. Cutler. We regret we have not space for a synopsis of the able address. She remarked that:

It has been objected by some, that the tenderness of woman's nature will unfit her for the performance of many of the most critical duties of the profession. Those who thus argue know little of the nature of woman. Courage in the midst of suffering has been accorded to her by poets and sages. For those she loves what can she not endure? Nor are her sympathies narrowed to family and kindred. By her tenderness she touches in tender sympathy the whole race. She knows that some mother goes down to the portals of death through those gates of torture known as maternal throes, to bring up each new life that begins on earth an immortal career. To say that God has not given her courage both to endure and to help the suffering, is to name him unwise who is the fountain of wisdom.

HAHNEMANN MEDICAL COLLEGE, CHICAGO.—The commencement exercises of this institution were held February 27. The President, Dr. D. S. Smith, conferred the degree of Doctor of Medicine on the following graduates:

A. G. Beebe, Ill., Antiseptics; D. T. Brown, M.D., Ill., Transmission of Asiatic Cholera; J. Bull, Wis., Typhilitis; W. A. Burr, Mich., Vis Medicatrix Naturæ; M. Carpenter, Ill., Saliva; G. L. Chapman, Ky., The Tongue in Diagnosis; A. B. Clayton, Canada, Puerperal Convul-

sions; J. R. Compton, Ill., Medical Electricity; A. B. Cornell, Mich., Typhoid Fever; C. G. Cowell, Ill., Puerperal Convulsions; Le Roy Dibble, Mich., Typhoid Fever; C. N. Dorion, Canada, Des Abces Mammaires; T. Eckles, Ill., Stilligia Sylvatica; W. K. Flatt, Iowa, The Nervous Functions; R. N. Foster, Mass., Medical Transcendentalism; R. Harris, Ill., How I Became a Homœopathist; J. R. Kippax, Canada, Unitas Humani Generis; B. F. Lukens, Ohio, Periproctitis; C. L. Misick, Ill., Placenta Prævia; W. Nichol, Canada, Ecce Homo; W. H. Rice, Wis., Cancer; J. M. Smith, Wis., Opium; J. R. Taylor, Ky., Digestion; R. Winslow, M.D., Wis., Parturition.

HONORARY.—Elias Vernon, M.D., Hamilton, Canada; T. J. Patchen, M.D., Fond du Lac, Wisconsin; A. Bagley, M.D., Marshall, Michigan.

Prof. N. F. Cooke then delivered an interesting valedictory address. A bountiful banquet at the St. James Hotel closed the interesting ceremonies. A large audience was in attendance.

THE CRITIQUE.

"Nothing extenuate, nor ought set down in malice."

HOOPING COUGH.—Bönninghausen, in his article on this subject makes use of the following language:

"The tyro in Homœopathy, can not too earnestly take to heart the caution to avoid the great error of regarding a large numerical quantity of symptoms that are *general* in their character, and that do not *individualize* the case, as a sufficient guide in the choice of the remedy. The keen perception and appreciation of those symptoms which, at the same time correspond to the nature of the disease, and also designate that remedy which is exclusively, or at least most decidedly indicated, this alone betokens the master mind. For it is easier, very much easier, to select the right remedy after a picture of the disease, complete in every respect, and fully meeting all requirements, has been drawn up, than, oneself, to obtain the materials for such a picture and to construct it."

"'Hooping cough,' or 'spasmodic cough,' has, in itself, no great significance. When, however, this occurs, for example, in paroxysms, consisting, *each of two coughs (Puls.)* or, *each of three coughs (Stan.)* or when, for example, a *second paroxysm follows the first (Merc.)* and (*Sulph.*) there exists, in these peculiarities, very useful, though by no means altogether sufficient, characteristic indications."

Want of space will prevent us from enumerating the symptoms of all the more prominent drugs which are of value in the treatment of this disorder. We will therefore direct attention to Bönninghausen's most valuable work on hooping cough,—a copy of which ought to be in the hands of every true homœopathic physician — and pass to the consideration of a drug which seems to have been almost, if not quite overlooked by the profession in this connection, as well as two others, which though used to some extent, have not received the attention their great usefulness demands.

Capsicum is a remedy which has given us great satisfaction, doing its work with more promptness when indicated than any other drug I have ever brought to bear on this disease. Symptoms: Frequent and short barking cough, especially bad towards evening. After lying down in the evening, excessive tingling and tickling in the larynx. Pain in throat when coughing, also aching in throat as if an ulcer would burst. Severe headache while coughing; head feels like bursting. Cough excites inclination to vomit. Continued stitches in throat, exciting dry, convulsive cough; when coughing, aching in one or both ears; drawing

pain in one or both sides of chest, extending up into the neck. Deep sighing breathing. Child very peevish and fretful. Coldness of body; great lassitude; sleep full of dreams; screaming in sleep. Eyes protrude from their sockets with great burning and lachrymation. Bloody mucus from nose when coughing. Ears very hot, also tip of the nose. Many of the symptoms made worse from contact.

The next drug, yet but little used, is that most potent remedy *Chelidonium*. Symptoms: Violent spasmodic cough with great straining, bringing tears to the eyes, lasting long, and even awaking the child out of a profound sleep, in fits succeeding each other at short intervals, with burning, shooting pains, constant tickling and incitement to cough in the larynx. Spasmus-glottidus and expectoration of mucus. Sensitive in larynx as if it were pressed back on the œsophagus, constrictive choking sensation in throat and trachea, as if the breath could not pass for swelling of larynx; with deadly anxiety, and difficult breathing. Some of the worst cases have been cured promptly by this drug when indicated. In some cases but a few doses being necessary.

Finally we will mention *Cina*. In the proving of which drug we find the following valuable symptoms: Deep breathing excites the cough. Previous to coughing the child raises up suddenly; the whole body looks rigid; she is without consciousness, as if she would have an epileptic attack; these appearances followed by spasmodic cough. The child moans after coughing; violent coughing fits at short intervals. Cough with vomiting; dry, spasmodic cough, with loss of breath, and jerking of the limbs. Cough preceded by paleness of face. Disposition to weep and complain. Wetting the bed at night. Tossing about the bed, the child is scarcely still a moment, with much heat of body. Invaluable in cases of whooping cough where children are affected with worms.

Remarks: In four cases occurring in one family at the same time, *Capsicum* 12th, cut short the disease at once. I noticed as I watched the little ones at play, that the moment either one of them got angry or displeased, during their frolic, that moment the paroxysm of coughing commenced. I also noticed that they cried *after* the cough, and not *before*, as in the case with *Bell*.

THERAPEUTICAL CRITIC.

LOCAL REPORTS ON DISEASE, TREATMENT, ETC.

"Observe, Reflect, Compare, Record."

KENOSHA, WIS.—There seems to be nothing to treat at present but colds and biliousness. Capillary bronchitis is best cured by the use of *Chelidonium maj*. A special indication seems to be pallor of the face.

March 4th.

HENRY T. F. GATCHELL.

FT. WAYNE.—Have had many cases of catarrh (nasal). The remedy that I have found most efficient in the cure has been *Merc. Merc. sol.* in some cases works nicely. The black oxide of *Merc.* however has proved most satisfactory. I take pellets medicated with *Merc. dil. 6*, and shake them in a few grains of the black oxide and I prescribe these. The effects have been so satisfactory, especially in chronic catarrh, that my black pills are frequently demanded.

G. W. B.

PAXTON, ILL.—Have had many cases of rheumatism this winter. Few of the ordinary remedies seemed indicated or valuable. *Colch.* has been a very efficient remedy. *Propylamin*,—a few indications for which may be found in Marcy & Hunt's Practice—has also proved a good remedy. Last fall had many cases of typhoid fever. *Baptisia* seemed to meet the genus epidemicus.

February.

J. E. MORRISON.

IOWA.—Had many cases falsely called diphtheria. I called it follicular tonsillitis. There was high fever and some throat symptoms, *Acon.*, *Bell.* and *Merc.* were the remedies indicated and curative. No one remedy seemed to cover all the symptoms.

March.

O. T. PALMER.

PARIS.—We read in the "*Bulletin de la Societe Medicale de France*," that during the last few months the weather in Paris was very changeable, cold some days, and then moderate again on others; but humidity was constantly present; rain in torrents alternate with tempestuous winds. Bronchitis is therefore frequent and stubborn. Hooping cough reigns epidemically, and sometimes severe complications take place. Some small-pox in different parts of the city, some typhoid cases, more or less severe, and throat diseases complete the picture of the sanitary state of the city.

NEW YORK CITY.—Copy the above word for word for New York, along the Hudson, in fact all around us, and you have a perfect picture of the health of the city of New York. Physicians have plenty to do, although grave cases are the exceptions. Lying-in women have to be particularly careful, as cases of circumscribed peritonitis are more frequent than desirable, and retard a quick getting up. It is remarkable also, that in France, as here, diseases take on a kind of intermittent character, and for hooping cough even *Ars.* is frequently the best remedy. We have some scarlet fever, but easily managed, if by carelessness dropsy does not set in, but amenable to treatment. Bronchial affections go their own way, for people will and must attend to their various businesses, and remedies have therefore not that justice done them which they must have for their curative effects.

S. LILIENTHAL.

QUERIES AND ANSWERS.

"*He that questioneth much shall learn much.*"—BACON.

SURGICAL.—"In severe wounds of the foot or at the ankle joint, what is the best procedure?"

Always try to save the part, unless the skin and muscular tissue are torn away, or contused so extensively as to leave the bones exposed and endanger caries, or unless the bones are comminuted; *in either of these cases amputation* at once is requisite.

"In case of caries at the ankle-joint, what medical means are best adapted, and if driven to operate, state the best time and manner of performing it?"

The best remedies are *Asaf.*, *Nitric ac.*, *Sil.*, *Phos.*, *Merc. viv.*, *Ars.*, *Calc. carb.*, *Ang.* If the result of *Mercurialism*, *Mezereum*, *Nit. ac.*, or *Kali hydroid*, are the best. If the malleoli are necrosed, amputation with the ordinary flap or rectangular flap operation at the lower third of the leg. If the os calcis and astragalus are diseased, the resection of the lower ends of tibia and fibula with excision of the os calcis and astragalus has been resorted to, but if the posterior part of the os calcis is sound and the disease involves the arch of the foot, Perigoff's operation is the best. It is performed by making an incision through all the soft parts, commencing just in front of the external malleolus and extending down, then transversely under the sole, then obliquely up to near the anterior part of the inner malleolus — mounting the ends of this by a semilunar incision with an anterior convexity across the top of the foot. The astragalus is then extracted, the os calcis is then cut obliquely through by placing the saw upon the sustentaculum tali—then the anterior flap is separated from the malleoli, and the latter sawed through close to their bases. Of course every portion of diseased bone must be removed. Then

the flaps are united by sutures leaving the angles of the wound open for discharge. Thus the remaining part of the os calcis is brought against the cut surface of the tibia and fibula. the posterior flap is not cup shaped as in Syme's operation, and the tendo-achilles is left entire for motive use. If resection is at all admissible, I would advise it whenever possible, and thus save the foot.

BUSHROD W. J.

THERAPEUTICS.—"We frequently meet the expression, 'the Homœopathic remedy,' 'the most Homœopathic remedy; are we to infer that there may be remedies Homœopathic, more Homœopathic, most Homœopathic to a certain set of symptoms?'"

When a physician makes use of such terms as the above, he uses language which is altogether superfluous. If a remedy is strictly Homœopathic to a set of symptoms, there can not be a remedy that is more Homœopathic to that set of symptoms, it is simply impossible.

It is sufficient to say, such a remedy is Homœopathic to the given symptoms in a particular case; this covers the whole ground, and means just what is stated, no more, no less.

If any degrees of comparison are used beyond this, it goes to prove that the first named remedy was not after all Homœopathic as at first stated.

C. C. SMITH.

PERISCOPE.

ALKALINE DEWS OF THE WEST.—From Laramie to here (country west on the Pacific Railroad) the country is very miserable and very curious. The banks of all the small streams glisten with white where the alkaline water has evaporated. Almost all the small streams here are impregnated with this alkali. It renders the water almost useless for practical purposes, but it produces some very queer effects. If one drinks much of it, the same effect is produced as if a strong dose of salts were taken. This greatly disgusted the workmen on the U. P. R. R., when they were forced to drink it. Another peculiarity of this water is the effect it produces on the skin of those who wash in it; it roughens the skin of the hands just as a cold wind chaps it in winter. It also peels the skin off from the face, so that a person who uses this water has a new skin about every seven days.—*Journal of Applied Chemistry.*

THE MATERIA MEDICA "BOILED DOWN" (?).—*The Ohio Medical and Surgical Reporter* for January contains the second article on "The Curing and Curative Agents in Disease." In a former article, the author, Dr. L. Barnes, was anxious to have some one point out a characteristic omitted in his *portable Materia Medica*. We call his attention to his abstract of *Chamomilla*. We fail to discover more than a *trace* of what we consider characteristic. Where is the toothache or earache which we are accustomed to cure almost instantaneously with *Cham.*, and, above all, what description have we of the mental condition so peculiar to this agent? This sketch is a picture of a galvanized dead body; the very *soul* is wanting. It is "the play of Hamlet with Hamlet left out." Then what a beggarly account we have of *Colocynth*. A few symptoms given, and then a dash of the pen—"The record is brief, but clear and well-defined, and the range is not great." Would any one imagine from this "brief record," that *Colocynth* was one of our most frequently indicated medicines for *Morbus Coxarius*?

DIXI.

FEVERS IN SMYRNA.—During the past summer miasmatic fevers raged fearfully in Smyrna and its environs; Dr. Cuacletto Cricca found *Arsenicum* to carry off the honors, in curing the most cases.

We are under obligations to E. A. Guilbert, M.D., Editor of *The Evergreen*, for a number of valuable masonic productions; early transactions of the Ill. Hom. Med. Society, and Iowa Hom. Med. Soc. Trans., Vol. I. This latter society, dormant since 1862, is to be resuscitated. As the secretary "holds over," we expect soon to receive a copy of Bro. Guilbert's "call."

ARSENICUM ON THE BRAIN.—In cerebral congestions and hallucinations *Arsenicum* is generally acknowledged to be an important remedy. Dr. Lisle cured with it 131 mental diseases, and procured amelioration in 27 out of 195 cases. In hallucinations, complicating mental diseases, it may be considered a specific.

1. **BLEPHAROPHTHALMIA SCROPHULOSA** in a lymphatic constitution was cured by *Calcareo carb.*, 30, after the fruitless use of *Cupr.*, *Merc. sol.*, *Merc. rub.*, *Hepar. sulph.* and *Sulph.*; some palpebral inflammation remained, which passed off under *Nitr. ac.* 30.

2. **MANIA HYSTERIA.**—A woman, forty years old, with psoric tendencies, sterile, of gastro-hepatic idiosyncrasy, menstruation abundant and of dark color and milky leucorrhœa; small appetite, sour taste, bowels regular, sleep restless and broken by terrible dreams. She fell into a deep melancholy, suffered from headache with *clavus hystericus*, could only with difficulty express her ideas, and was frightened by visions and illusions. Hysterical convulsions of the extremities accompanied the disease. *Bell.* 12 produced quiet sleep, the headache decreased, the convulsions ceased, but she complained now of palpitations and anguish around the heart. *Aurum* 30, six globules in three spoonfuls for three mornings restored to her the former good health.

3. **CHOREA** in a girl, eleven years old, of lymphatic psoric tendencies, suffered without known cause from contortions of the muscles of the face and eyes. They spread hence to the superior and inferior extremities, so that she was not master of her movements, and her speech was getting imperfect. *Causticum* in the 6th and 30 dil. restored her fully in the short space of a month.—DR. M. P. Y. BERZOSA, in *El Criterio Medico*.

PROGRESS IN SPAIN.—The *Junta Municipal de Beneficiencia de Madrid* has ordered that every "*Casa de Socorro*," (dispensary) must employ at least one Homœopathic physician, to attend to the poor who prefer such treatment.

LEGISLATIVE MATTERS.—A bill has been introduced into the Minnesota Legislature, enacting that any "person who has not graduated in *some school of medicine*, either in the United States, or in some foreign country," shall not be allowed to practice medicine in the state, or come into the state to perform any surgical operation from any other state. Any person who has been in practice fifteen years is to be held, however, competent to practice, but under fifteen, is to be allowed one year to qualify himself in. Minnesota, as usual, is "way ahead." It is to be hoped that this act will be passed, and rigidly enforced. The prospects for its passage are good.
J. G. G.

ECLECTIC SUCCESS.—At the opening of Bennett College, (Eclectic) of this city, the professor referred to statistics showing the superiority of Eclectic practice over all others. Give us the figures Doctor.

PHYSICIANS IN COLUMBIA, S. A.—We learn from the *Homœopathia* that there are ten Homœopathic physicians practicing in Bogota, one in Fusagasuga, two in Mompos, one at Ambalcoia, one in Sapo and another in Memoina, all villages in the Republic of Columbia, S. A.

AT THE INFIRMARY OF SANTA CASA DE MISERICORDIA IN OPORTO, where they have twelve beds, ninety-five cases were treated from December, 1867, to June, 1868, of whom 75 were dismissed cured, seven relieved, and the remainder are still under treatment. This small Homœopathic hospital is under the care of Dr. Montinho, of Oporto.—*Ed. Literis Medico.*

HOMŒOPATHIC HOSPITAL AT LYONS. The *Gazette de Midi* announces the good news, that a Homœopathic hospital will be established at Lyons, France.

PERSONAL.—Dr. J. J. Edic, formerly associated in practice with Dr. Wm. H. Watson, at Utica, N. Y., has removed to Leavenworth, Kansas, and formed a co-partnership with Dr. M. Mayer, of the latter city.

H. N. Avery has removed from Poughkeepsie to New York City, and formed a partnership with Dr. D. D. Smith.

H. W. Booth, M.D., locates at Council Bluffs, Iowa. H. E. Boardman, M.D., goes from Menasha to Sun Prairie, Wis., to take the place of Dr. E. D. Kanouse who goes to Columbus, Wis.

The Drs. Jose Salvador Riera and Wenceslao Chavey, have both died of heart disease in Columbia, S. A. They were among the first who introduced Hahnemann's creed in the Spanish Republics.

ROBINIA.—Dr. Houat has made an extensive proving of the *Robinia pseudo acacia*. Forty-five symptoms of it resemble cholera greatly, and this remedy was tried successfully in cases of severe cholera, where *Ars.* and *Verat.* had failed. He gives 1—2 drops of the pure tincture in a table-spoonful of water every quarter of an hour, lengthening the intervals as soon as amelioration takes place.—*Ed. Literis Medico.*

TARANTULA, 30.—A boy, 14 years old, usually in good health and of a lively temperament, got at once melancholic and lost his appetite; clorsis movements now set in, he had an idiotic look, shook his head continually and kept his whole body in a swinging motion; enuresis nocturna and pustular impetigo complicated the case. *Tarantula mas.* 30 cured him entirely in about six months.—DR. GAUDY in *The Journal du Dispensaire Hahnemann de Bruxelles.*

UNIFORM PUBLICATIONS.—If the authors and publishers of monographs and other fragmentary parts of *Materia Medica* would make the publications of uniform size, either 12mo. or 8vo. so they could be bound in volumes and properly indexed, it would add very much to their convenience and usefulness. Many valuable publications are rendered almost useless for lack of this provision. Pamphlets usually are read or looked through when they are first received, then, often thrown aside as lumber, because they can not be further used conveniently. W. W.

DIRECTNESS IN WRITING.—Two agencies are now at work to promote simplicity in writing—science and newspapers. Science compels accurate knowledge. It presupposes a clear understanding of the matters in hand before there is an attempt to write upon them. Scientific writers usually go straight to their subject, using words only as vehicles of their thoughts. Newspapers also have contributed to the cultivation of a simple style. They require brevity. To say something in a column, the writer must begin at once and get his idea out in proper shape with as much simplicity and directness as possible. Newspapers have injured literature in many ways, but in this respect they have benefitted it. They have trained readers to demand that if a person has any thing to say he must tell it at once and plainly.—*Advance.*

Our journal being a *scientific newspaper*, should be a model in brevity, simplicity and directness. Contributors make a note of this.

APPEAL TO ALL COLLEAGUES, to aid in the elaboration of a clinical or applied *Materia Medica*. At the last session of the "Verein Hom. Aerzte" at Dresden, it was resolved to appeal to all physicians for assistance in this necessary and useful undertaking. Whoever is willing, can make his own choice in the selection of a remedy or remedies, and is requested to forward such articles through any editor of a Homœopathic journal to the Central Committee of the society. Should a remedy be worked out by several co-laborators, the best may be chosen or perhaps the best and most useful be collected from all. Every mite will be thankfully received and credited, for it is the duty of every physician to gather the clinical experience which he has gained during many years of hard labor, and aid us in the good work. A publisher has already come generously forward who is willing to give to the world the collected experience of the Homœopathic fraternity, and some of our best physicians offered to add their share. Elb promises to work out *Aconite*, Hirschel *Bryonia*, Villers *Rhus.*, Wippler *Apis*. May such good examples urge us on to follow in their footsteps, and the first volume may appear in print before 1870. The following remedies are proposed for the first volume:

Aconit., Apis, Arnica., Arsenic., Bell., Bryon., Calc. carb., Chamom., China, Cina, Coccul., Colocynth., Digital., Hep. sulph., Ignat., Ipecac. Merc., Phosph., Plat., Pulsat., Rhus., Sepia, Spigel., Sulphur, Veratr.
In the name of the Homœopathic Society of Dresden.

DR. HIRSCHEL, *Klinik*.

EFFECTS OF PHOSPHORUS.—A man, in order to commit suicide, scraped the phosphorus from about 200 matches, and then in order to increase its virulent action, swallowed a quantity of spirits of turpentine, diluted with water. Instead of vomiting or other symptoms of poisoning, he suffered only from moderate pains in the head and abdomen and insatiable thirst, and after two days he was fully recovered.

PETROLEUM IS A POISON.—We read in German papers, that a man died lately after drinking cider standing in a barrel which contained formerly petroleum, although fully cleansed before its second filling. Four neighbors, who helped to lay him out, and drank from the same barrel, were all more or less taken down, and one of them died from the effects of it.

VAGINISMUS AND LEAD-POISONING.—Dr. W. Neptel has observed three cases of vaginismus (hyperæsthesia) produced by lead-poisoning, attributed only to the long-continued use of a cosmetic containing lead.—*Med. Record*.

DR. PREYER IN HIS MONOGRAPH ON PRUSSIC ACID (*H. Cy.*) remarks: *H. Cy.* kills all organic beings in quantities which can hardly be weighed, and in the twinkling of an eye, as it were. The focus where it displays its noxious effects, is the blood, which absorbs it very quickly. Blood (like finely divided metallic platina) possesses the quality to ozonize the oxygen. The re-agent for ozone is the deutoxyde of hydrogen (oxydized water), which is very rich in oxygen. If an agent, possessing the quality to ozonize the oxygen, comes in contact with deutoxyde of hydrogen, the latter is decomposed with evolution of oxygen. This happens when blood comes in contact with the deutoxyde of hydrogen; ozonized oxygen is developed in large quantities, the blood changes to bright-red foam. If we mix the blood with some *H. Cy.*, it loses instantaneously the power to decompose the deutoxyde of hydrogen. The blood mixed with *H. Cy.* does not develop a trace of gas from the deutoxyde of hydrogen. The poisonous action of prussic acid consists therefore in disqualifying the blood-corpuscles to absorb oxygen, or in other words, it renders respiration impossible. Death by *H. Cy.* is therefore a kind of suffocation, and it is a fact that the blood of those killed by *H. Cy.*, as well as that of per-

sons who have died from suffocation, contains no oxygen; the symptoms of poisoning are essentially identical with those of suffocation, and direct death by *H. Cy.* may be kept off by artificial respiration. Poisoning by *H. Cy.* leaves no other characteristic traces on the bodies of its victims.

Chemistry is yet unable to explain, that carbon, nitrogen and hydrogen, three elements which we daily assimilate, produce by a most simple combination the most terrible poisons; the same elements compose the volatile poisons of hemlock, of tobacco; the same elements with oxygen are contained in strychnine, but the same elements are also in albumen, in the muscular fibre, in the blood, in all nourishment.—*Klinik.*

JAHR RECOMMENDS FOR PANARITIA in their first stages, *Sulph.*, but as soon as suppuration appears, *Hepar.* or *Silicea*, for open panaritia *Silic.*, even when the bones are already affected, no other remedy is necessary. Necrosis may be warded off with *Lach.*, or *Arsen.* *Lycop.*, or *Rhus.* are not indicated in true panaris, but are specific for pemphigus and pompholyx of the fingers.

PROCEEDINGS OF THE WESTERN INSTITUTE, a fine volume, is now ready for delivery to the members.

ALLOPATHIC PRACTICE—ANTI-GALACTIC PROPERTIES OF BELLADONNA.—"Dr. D. W. Stovmont, of Topeka, Kansas, (*Leavenworth Med. Herald*) mentions two cases of mammary abscess, in both of which the secretion of milk was stopped by the application of *Bell.* (*Ext. Bell.* ʒ ij, *Aqua. F.* ʒ j.) painted over the breast. The lacteal secretion may be restrained, or entirely dried up, at the option of the physician, in one breast without producing much effect on the other. * * * The patient should be cautioned against nursing the child from the breast to which the *Bell.* has been applied."—*The Medical News and Library.*
December, 1868.

ERGOTINE IN HOOPING-COUGH AND LARYNGEAL SPASM.—Dr. Hampel states in the *British Medical Journal* of April 5th, 1868, that he has seen great benefit from *Ergotine* in hooping-cough. It arrests bleeding, lessens congestion, and relieves the spasm and contraction of the glottis.—*Ibid.*

SULPHITE OF SODA IN CHRONIC CYSTITIS.—Mr. L. Wilcox, late house-surgeon of King's College Hospital, (*The Practitioner*, Oct., 1868), recommends the use of *Sulphite of Soda* in those cases of chronic cystitis where the urine decomposes before it is eliminated. He says all putridity disappears, and the urine becomes clean and colorless under the use of the remedy.—*Ibid.*

GUACO AND SNAKE BITES.—The juice of *Guaco*, caught up in a spoon and inoculated like vaccine, produces immediately its preventive effects against the bite and poison of snakes. A glass of good wine will then restore the equilibrium in the physical and moral state of the patient.—*La Homeopatia*, Bogota

EPISTAXIS.—A senorita, 12 years old, lymphatic temperament, was attacked with epistaxis, which had not stopped one moment for the last four days, although every known allopathic remedy and every tamponing had been applied. We found the patient lying on her back, weak from prostration, frontal pain, which were worse before the bleeding; humming in the ear, with deafness; dyspnea with feeling of fullness and heaviness in epigastrium, vomiting of abundant masses of black fluid blood; heat of the skin diminished; abundant petechiæ of a dark-red color, especially on the neck and chest; the pulse small and soft, frequent chills. We prescribed immediately *Carbo. veg.* ʒ. 12, in four ounces of water, a tablespoonful every five minutes, and to lengthen the intervals after the vomiting of blood is stopped.

At first subsided the hæmatemesis, then the præcordial anguish with nausea, the heat returned with a rising pulse, reaction was manifest and we continued therefore the charcoal in the 30th dilution, a tablespoonful every three hours. During the next day she complained of much thirst, the tongue was coated white, no appetite and repugnance to food; abundant and melanic stools, turbid urine; the petechiæ are of a violet color, but have not increased; *Ipecacuanha* 3rd, in sugar of milk, dry on the tongue every three hours.

The gastric symptoms subsided, but she did not rally, the strength of the patient seemed to be broken; cold sweat stood on her forehead, and the pulse kept small and soft. All indicated a general collapse, and we prescribed therefore *Secale* 12, six globules in three ounces of water, a tablespoonful every two hours.

Amelioration set in, the thirst diminished considerably, the petechiæ were less dark in the center, the hearing remained dull yet, but as she had still frequent fainting spells, with loss of consciousness, we allowed her some generous wine and alternated the *Secale* with *Lachesis*. Two days afterward, she felt much livelier, took her nourishment kindly, and complained only of weakness. After a few days more we suspended all medication, and the poor child who was so near death's door recovered fully her health and strength.—DR. JAIME TERRADAS, in *El Criterio Medico*.

DEATH OF HEALTHY AND STRONG HORSES AFTER BEE-STINGS.—The horses suffered terribly from pain. Before two days general swelling of the skin, especially on the left side, which was the most affected. The lesions reach up in the nose and cover the lips and tongue. High fever, pulse 120. Paroxysms of suffocation and impossibility of swallowing on account of the swelling of the nose and fauces. Death after eight days. Swelling of the head; under the swollen skin yellowish, salty exudations. Corion, like macerated; the hairs of the skin, of the mane and of the tail fall off easily. Muscles yellowish, infiltrated. Tongue swollen all over. Mucous membrane of the mouth and nose in dark-red streaks with a lemon-yellow discharge. All organs which usually contain much blood, filled with dark blood, the texture of the liver friable, the kidneys changed in a pulraceous mass. Stomach and bowels normal, (Schmidt's Jahrbucker).

TO CORRESPONDENTS.

LOCATIONS.—Missouri has but few Homœopathic physicians, but a number are needed badly, and the people are demanding them. There are many locations where good Homœopathic physicians could do well. A good Homœopath is needed at Macon City and in Brookfield, both on the Hannibal & St. Joseph railroad, also at Kirksville, on the North Missouri railroad. One or more at Kansas City, also at Jefferson City, capital of Missouri, and one at Sedalia. Indeed, a good Homœopath could scarcely go amiss in Missouri for a good location. I will give all necessary information.

HANNIBAL, MO.

G. B. BIRCH.

RANTOUL on the Illinois Central railroad, 1,500 inhabitants, is in need of a Homœopathic physician.

PAXTON, ILL.

J. E. MORRISON.

FRANKFORD, KY. is without a Homœopath.

NEENAH, WIS. Any physician in Illinois or further south wishing a partner, or to exchange locations, may address as above. P. MOOR.

THE

MEDICAL INVESTIGATOR.

VOL. VI. — MAY, 1869 — No. 8.

“NEW MALARIAL FEVER.”

BY S. LILIENTHAL, M.D., NEW YORK CITY.

THERE is nothing new under the sun! Allow me to compare the symptoms given in your March number with the disease formerly known as “Addison’s Disease,” “bronzed skin disease,” a complaint originating in the lesion of the *supra-renal capsules*, and you may perhaps agree with me, that an old and dangerous enemy appears again on the foreground.

In the *New York Medical Times* for April, 1856, in the *North American Journal of Homœopathy*, November, 1856, and February, 1857, you find valuable contributions about this disease, but as many of our younger friends may not have these papers on hand, we will extract some passages.

Hutchinson (*N. A. J.* Vol. 5. page 211) remarks, in speaking of the relation between disease of the supra-renal capsules and the cachexia with *bronzed* skin, “The very liberal supply of nerves, received by the supra-renal organs, leads to the conjecture that they are, functionally, very closely associated with the sympathetic system, and there is strong suspicion, that these organs may have some share in lesions of nutrition. When their functions, through disease or otherwise, are suspended or perverted, the animal economy suffers and a train of well-marked constitutional symptoms arise, headed by the tinged complexion, and which, sooner or later, terminate in exhaustion and death. The most

marked of these symptoms have been summed up as follows: 1. That a peculiar *browning* or *bronzing* of the skin is indicative of disease of the supra-renal capsules. 2. That it may depend on any disease, which affects the disorganization of these bodies, *e. g.*, abscess, tubercle, cancer. 3. That patients suffering from this symptom fall gradually and without obvious cause into a peculiar form of debility, resulting almost invariably in death, within a limited period. 4. This form of debility is rarely attended with much emaciation, and the subject of it, although with much flabbiness of tissue, retains throughout a general bulkiness of frame, which contrasts strongly with his extreme feebleness. 5. That no other important visceral complication usually supervenes."

Dr. Snelling (l. c. page 207) says: "Many cases of an obscure nature have recently arrested the attention of physicians, characterized by a *peculiar typhoid state* and a remarkable discoloration of the epidermis, which has obtained for it the significant appellation of *bronzed skin*, and which an autopsy has almost invariably shown to be accompanied by induration, atrophy, enlargement, suppuration or some kindred affection of the supra-renal capsules. In most of the cases there was a remarkable want of an adequate cause of death. What caused this torpor, collapse and exhaustion? The usual terms, as malarial cachexia, typhoid, intermittent or ambulating typhus, fail to convey a satisfactory impression to an earnest inquirer." Page 437 of the same volume, he continues: "From a large number of cases we can demonstrate its progress and termination, but its inception in almost every instance, escaped observation; we want, therefore, a *diagnostic sign of the very commencement* of the disorder.

Dr. Boynton remarks, that the general supposition is, that this "new malarial fever" attacks worn-out constitutions, that have been for a long period subject to malarial poison; in twenty-seven cases, collected by Dr. Hutchinson, this prodromal state has lasted from several months to many years. Many of them suffered from anæmia, leucocythemia, from something at any rate which deteriorated the nerve-power and poisoned the blood, just as it is in the cases now under consideration.

We have in both forms of the disease all the symptoms of low typhoid fever (Watson), and the bronzed, brownish, blackish or

leadens color of the skin and the hæmaturia must give the indication for the remedy.

The symptoms as enumerated in these cases of malarial fever, are : low form of fever, (temperature, pulse and respiration ought to be noted down three times a day in every such case, to get the curves) ; uncomfortable dejection of spirits and restlessness ; pain in head and back ; (what sort of pain, and where?) tongue blueish, thick, coated over the middle with a dirty fur, leaving clear margins and deeply crimped edges ; nausea and vomiting (of what?) ; intense thirst ; constipation ; enlarged spleen ; petechiæ scattered freely over mouth and nose ; hæmaturia, (showing clearly the dissolution of the blood). In most cases of "Addison's disease," very nearly the same symptoms are found, and in neither disease are traces of congestion, nor inflammatory action sufficient to account for its fatal results.

Your "Therapeutic Critic" proposes two remedies, which must be found valuable in the treatment of these insidious cases, as they cover nearly the whole ground, the *Eupatorium perfr.* and *Carb. veg.* Characteristic symptoms of the "Bone-set" are : the intense thirst even before the chill, the bilious vomiting, the scanty perspiration, the peculiar bone-pains, (a bruised feeling all over), intense headache with soreness of the eyes, the intense prostration, constipation and highly colored or dark brown urine.

According to Hering, *Carb. veg.* corresponds more than any other, in totality of its action, to yellow fever (Raue 567). We have the following indications : hæmorrhages, with great paleness of the face, violent headache, great heaviness in the limbs and trembling of the body, cold tongue and breath, collapse.

But the remedy which covers the totality of the symptoms, more than any other remedy, and where jaundiced skin and hæmaturia are leading symptoms, is *Crotalus horridus*. Battling against a horrid disease, a horrid remedy will be perhaps its nearest simile. *Crotalus*, like the bronze-skin disease, appears to affect fat persons more than thin, and white people more than colored. We have under *Crotalus* the bone-pains, the black or blue spots and blisters, we have jaundice of every hue, even to *Icterus niger*. Its "fever" shows cold skin with nausea and frequent fainting turns, imperceptible pulse (100-130), languor and rapid sinking of the vital forces, intense thirst during the whole fever, perspiration only a bloody sweat, and hæmorrhage from

the urethra and highly colored urine are its frequent concomitants. Neidhard calls our attention to the general resemblance between the effects of snake-bites and the phenomena of yellow fever, which, after all, is only the most pernicious, bilious, remittent fever.

Arnica, Arsenicum, Cantharis, Lycopodium, Phosphor., Terebinthina and the acids, especially *Phosphoric* and *Nitric Acid* may find their place in the treatment of this disease, but they do not cover the whole ground so well as *Crotal., Carb. veg.* and *Eupatorium.*

“An ounce of prevention is worth a pound of cure,” is an old adage; let us be therefore on the look-out not only for the first symptoms of this deadly enemy, but let us sound the alarm, that slight ailments may not be neglected, till disease has taken such a hold, that a cure is nigh impossible.

A UNIQUE CASE.

IS ACONITE OR SULPHUR THE REMEDY, OR NEITHER OF THEM?

A. C. BARKER, age 24 years—florid complexion, auburn hair, blue eyes, has been afflicted 20 months—has been treated by four or five Allopathic doctors. All prescribed *Blue Mass., Calomel, Quinine, Bitters of Peruvian Bark, Aloes, Rhubarb,* and *Cloves,* without any benefit.

I will give the symptoms recorded in my note book as given by the patient, and will be thankful for suggestions as to the remedy.

Throbbing, pulsating in the temples every day about 12 o'clock M. and at night—worse when lying down. Heavy, dull feeling; always tired. Eats very hearty; craves pork and bacon, and does not feel able to work; disinclined to exercise; gloomy, desponding and easily frightened; does not like to be alone; constant fear of dying. Every day about 11 o'clock, feels as if he had a hot fever, confined mostly to face and head, with flushed face, burning in the eyes; disposed to avoid the light of the sun and fire; ears feel hot, look red and burning. These symptoms can be produced at any time by approaching a warm fire, or being confined in a room, or under bed-cover, that are pleasant to

persons in health. Cold hands and feet. Bowels act naturally every other day. At night restless and sleepless; sleep mostly forepart of the night, and can sleep only with the head and shoulders elevated. Can not sleep in the latter part of the night. Dreams much about snakes; stomach often feels full, especially at night; tastes his food by belching. Pulse varies from 80 to 90 per minute—weak, regular as to number, but irregular in form, ever-changing, soft, hard, short, sharp. Frequent numb, tingling sensation in arms and hands.

I observed, when the patient claimed to have fever, feeling very hot, there was no increase of pulse.

This patient would look to an ordinary observer to be in fine health.

Aconite and *Sulphur* have many of the above symptoms. I prescribed *Sulphur* 3rd (had no higher), one dose every night. Patient returned in two weeks, and reports no change, except he was not suffering with cold feet and hands, and had lost his appetite; did not dream about snakes, and felt more inclined to labor. Prescribed *Aconite* 1st, 10th of a drop, three times per day. This prescription was made in hopes that it would aggravate the symptoms. In two days the patient returned, declaring he could not take the medicine, it made him so much worse. Prescribed *Aconite* 30th, 10th of a drop once per day. Patient has not yet returned.

F. M. BOYNTON, M.D.

REMARKS BY "THERAPEUTIC CRITIC."

EDITOR INVESTIGATOR:—Your communication, enclosing "case" from Dr. Boynton, came to hand to-day. In answer to your request for the remedy most homœopathic to the given symptoms—I answer, *Aconitum*. There is not a symptom in this patient but what finds its similimum in this drug. I would advise, however, in consideration of the fact that the patient has been so thoroughly saturated with Allopathic drugs, that *Nux Vomica* be administered *no lower* than the 12th cent. potency. After this has been given three times a day, one hour before each meal, for *one week*, let the *Aconite* be administered in a *high* dilution, a dose *night* and *morning* in the form of small pellets.

Giving the *Nux* first, the *Acon.* will act more directly and efficiently.

Aconite low in this case will do harm, and I would advise first the use of the 60th, and then ascend *higher*, if this does no good.

March 29th, 1869.

THERAPEUTIC CRITIC.

SURGICAL THERAPEUTICS.—NO. II.

MR. EDITOR:—Our friend, the “Chirurgical Critic,” in the March number of your paper, takes many exceptions to my former communication on this subject. Permit me to occupy a little of your valuable space in setting him right. He has entirely mis-interpreted the *spirit* of my letter. No man could be more unwilling than myself to hand our surgical cases over to our “enemies,” and I have yet to hear any body propose such an absurdity.

“Operations merely, may be left to Allopathy,” is to be thus translated: It is more in keeping with the *position* of the old school to occupy the time of their society sessions in this manner than it is with us; not that we are *not* to operate, and treat of operations, but that we are not to do so at the expense of the more valuable therapeutics. It is not that such a report was made, that we complain, but that there was not one word, from beginning to end of the whole “transactions,” of the treatment of surgical diseases by the administration of our remedies (not *drugs*), internally. As was said before, we are not able to treat *all* cases with our remedies now, but the time will soon come when we will, with the exception of those cases resulting from injury. He speaks of the cure of cataract, ascites, hernia, aneurism and hæmorrhage, as if the idea were preposterous. The report being headed, “Improvements in Surgery,” would not preclude, in my opinion, the reference to improvements not merely instrumental or mechanical. A new hook for Strabismus is very well, and something worth hearing about, but why stop here? Would not a few cases cured by *Bell.*, *Hyos.*, *Amm.*, or *Con.*, be just as much, aye, *more* of an “improvement?”

As for “bowing so low to Allopaths,” we are doing that *now*, in the way we follow their lead in operative surgery, advancing nothing new, nothing original, nothing homœopathic.

As regards the closing argument, let me say, in publishing

surgical cases, give the *preference* to those cured by the use of our remedies.

Mr. Editor, the "stupendous" observer has no more explanation to make; the letter of the law killeth, but the *spirit* giveth life.

J. G. GILCHRIST.

OWATONNA, MINN., *March 17th*, 1869.

AMMONIUM MURIATICUM IN CHRONIC SKIN DISEASES.

' Miss S—, aged 8, had for several years been troubled with a chronic disease of the skin, especially of the face. There was also a patch of eruption upon the lower' back part of the body. This last had not disappeared for over two years. The eruption of the face had changed several times, and occasionally seemed to be cured, but never entirely so. The skin presented an intensely red appearance, and was covered with a fine, brownly exfoliation. There was an intense burning, which tortured the child incessantly, for which the only relief seemed to be the *application of cold water*, which must be constantly in contact with the eruption. Whilst the cloth was wet and in contact with the eruption, the child slept, but the cold application had to be renewed from time to time all night. The spot on the lower back part of the body never changed. It had remained the same for two years. During this time she had received several remedies, but got no relief except from *Arsenicum*. This, however, never cured entirely even the face, but gave her partial comfort.

This case had been treated with great care by other Homœopathic physicians with no better result.

In searching for the remedy in Bönninghausen's Pocket Book under, "Amelioration from washing and also from wetting the affected part," *Asar.* and *Puls.* were found to be marked as holding the first place, yet neither of these applied to the case in hand. In the remedies as holding the second place, *Amm. mur.* seemed to have the conditions corresponding to the eruption, especially in the face, and four powders of the 12th dilution were given, one to be taken every night until they were all taken. By the fourth day the severe burning was gone, and in the course of the

month the face was cured. The spot on the body also disappeared slowly, and neither have ever returned. The *Amm. mur.* was given once one year ago. If the eruption was likely to show itself again it would probably have done so before this.

C. W. BOYCE.

BRONCHITIS CAPILLARIS OF CHILDREN.

BY S. J. BUMSTEAD, M.D., PEKIN, ILLINOIS.

THIS disease I believe to be one of the greatest foes of children, and as I have had a number of cases of it to treat in the past few years, and usually with success, I present my views upon it to the profession.

I am not egotistical enough to think I can offer any thing new upon this subject, but I feel that it is a disease that concerns every physician in active practice, and one that has been neglected by medical writers. Most people, and many physicians also, when they see an infant struggling with this disease, regard it as a case of pneumonia (and the physician who says otherwise, as being utterly incompetent), but this is a great mistake in diagnosis, for it is evident, by the aid of auscultation and percussion, that it is Bronchitis Capillaris. For my own part, I can not call to mind a single case of pneumonia in a child less than a year old, and I am beginning to think it (pneumonia) is really a rare disease at this age. I may be mistaken in this matter, and I am aware that high authorities can be quoted against me, but I am only giving the results of my own experience, and expressing my own opinions. I am firmly convinced however, that many cases that are diagnosed as pneumonia by many physicians, are cases of Capillary Bronchitis. Perhaps it makes no difference in the treatment, or the result, when such cases are mistaken for pneumonia, yet in my opinion it does, for I do not find the most efficient remedies for pneumonia, to be the ones best calculated to remove the disorder in question. But another view of it may be taken. We can never have any reliable statistics of our success in the treatment of diseases, unless we are aware of the nature of the case we have before us; and if there is any difference in the mortality of the two diseases (of which I am not certain), our

reports of success with certain remedies, will be liable to lead others astray.

The commencement of the disease will generally be characterized by the symptoms usually called taking cold, viz., sneezing, with watery discharge from the nose, eyes bright and watery, with alternations of hot and cold flashes. These symptoms may last for twenty-four hours, or longer, before the cough commences, or the almost constant fever sets in. Usually in that length of time however, the little patient will commence to cough, at first a dry, hoarse cough, which makes the parents fear croup, and which proclaims to the physician the extension of the inflammation down the larynx and trachea into the bronchi, both large and small. It will usually be two or three days longer before the rattling of mucus in the chest, the rapid breathing, anxious expression of the face of the sufferer, will give us the characteristic appearance of the patient with this disease. At this stage there is also great restlessness and moaning, and inability to sleep soundly. At other times they will sleep very well, which is probably owing to the lungs not being involved to the same extent as in other cases. This period of the disease, constituting its acme, will usually last three or four days in favorable cases, before the symptoms will be less urgent, and the disease be in its decline; though it may require treatment for some time after, before the cough is entirely eradicated. During the height of the disease the danger is from suffocation, and when the smallest bronchial tubes in both lungs are inflamed and their passages occluded even at intervals, we can easily see that the blood must be highly charged with carbonic acid. The absence of vesicular respiration in this disease and in pneumonia, must be caused by different pathological conditions. In the latter, the inter-cellular tissue is inflamed, and finally closes completely the air cells and smallest bronchial tubes, which we term hepatization, and is recognized by dullness on percussion, as well as the absence of respiratory murmur. In the disease under consideration, upon auscultation, we recognize the absence of the murmur (in bad cases), we do not find the dull sound on percussion, and the reason it seems must be that the inflamed membrane pouring out its secretions so abundantly, plugs up the tubes, without filling them completely as in hepatization, and to the air thus enclosed in the air cells, we must look for the reason of the resonant

sound being present in this disease. It is doubtless true that this abundant secretion of the mucous tract of the lungs is highly albuminous, and in a case I had recently of this disease, my attention was called by the mother to a petechiæ on the arm, which, when we remember the new theory of the cause of phthisis pulmonalis, and several other diseases, lately advanced by Dr. R. Gregg, of Buffalo, N. Y., makes it probable that the petechiæ stand in relation of effect, to the loss of albumen.

But as I have already occupied too much space with these remarks, I must hasten to say something of the treatment of this affection. But having been so often dissatisfied myself, after reading articles in the various journals, upon some particular disease, at finding a long list of remedies, given as curative, referring one to the *Materia Medica* for clearer indications, I will try and not make myself subject to the same criticism. When the very first symptoms of the complaint set in, viz., sneezing, etc. I regard Camphor tincture in watery solution, as affording the most reasonable prospect of arresting the disease in its incipency. Especially would this be appropriate when, as is the case at present, an epidemic of influenza was prevailing. But when the disease has taken such a hold as to make it quite out of our power to abort it, we are obliged to think of other remedies more appropriate to the fully developed disease. *Aconite*, *Dulcamara*, *Euphrasia*, and several other remedies will suggest themselves to the mind of nearly every practitioner, and I have used them with several others, and still found something lacking. *Tartar emetic*, I have often prescribed in the second decimal trituration, with confidence, but unless in a slight case, have met with little satisfaction from its use. But with *Belladonna* 2nd dec., and *Hepar sulph.* 3rd dec. trit., given in alternation, it has been very different. In severe cases, when other remedies, that I would think were better indicated, had been given without effect, the resort to these two remedies in the manner indicated, has nearly always been followed by a decided change for the better. It is true I can give no very particular indications for the selection of these two remedies. I have used them in severe cases of the disease when I could really see or find no "key note" to aid in the selection, therefore, on that point, I have nothing to say. The success I have met with from the use of these two remedies, in several instances has been so gratifying, that it seemed right for me to obtrude these observations of mine upon the profession.

THE RELATIONSHIP OF DRUGS AND DISEASES.

THE Homœopathic relationship of medicines when viewed from their symptoms, to the phases of disease, is curious and very interesting. Medicines and their symptoms, like the organs of the body and their diseases, are divided into family groups, and before we can expect to have the full benefit of the groups of remedies in their application to corresponding groups of organs in disease, we must become acquainted with the symptoms of each member of the different groups of remedies. From the well-known fact that symptoms and groups of symptoms of disease are cured by drugs which are capable of producing similar symptoms and groups in the healthy, we infer that symptoms and groups may arise in practice which will require the use of drugs whose symptoms and groups are not at present known to us. We ought, therefore, in order to meet this indication, to study out this relationship, and perfect the groups of remedies, by proving the members that have not yet been subjected to trial.

The group relationship existing between medicines is seen in the time and periods of the aggravations of their symptoms; the symptoms of the one overlapping those of another, and following each other in such order of succession as to cover two quarters of the twenty-four hours in each day—in a large majority of instances beginning at midnight and ending at noon, or else beginning at noon and ending at midnight—in rare instances beginning at six o'clock in the morning and ending at six in the evening. Evidence of this relationship may also be seen in the circumstance that the symptoms caused by the different members of a group in the tissues and sides of the body usually follow each other in successional order as to time and locality. It is singular, also, that we so frequently find the medicines growing in the same localities which produce the diseases to which they are homœopathically adapted as remedies.

The relationship between medicines and diseases is not confined to the articles derived from the vegetable kingdom, but may be traced in those of the mineral and animal kingdoms as well. Indeed, to begin at the foundation, we must commence with the mineral kingdom; for, from that source, together with the atmosphere and water, are extracted the elements which are com-

pounded in the living tissues of plants, and yield food to nourish the bodies of animals, medicines to heal their diseases, and the deadly venom which is treasured up in the organs of some of their tribes. Thus we see minerals, or rather their simple elements, with air and water furnishing the subsistence of plants, in which, as in a laboratory, chemical compounds are formed and furnished to animals for their welfare, both in health and in sickness. After the process of digestion is performed, which does not change the chemical relation of the ingredients, the suitable portions of these vegetable compounds are assimilated by the animal organisms, and the unsuitable are passed off in the discharges. It is true man, and some of the lower animals, have organs adapted to the digestion of animal substances, as well as vegetable, and receive nourishment from them; but these animal substances previously derived their nourishment from vegetable sources, so that, directly or indirectly, the animal economy is sustained by the compounds formed in the vegetable kingdom; and the vegetable world is supported by the simple elements of the mineral kingdom. The subjects of all the kingdoms receives accessions from air and water.

There is, therefore, no doubt of an existing relationship between the material elements of nature in the nourishment they furnish, and the various sound physical organisms in being; and we safely infer that a relationship also exists between the medicines contained in the three kingdoms and the diseases to which these organisms are liable.

W. W.

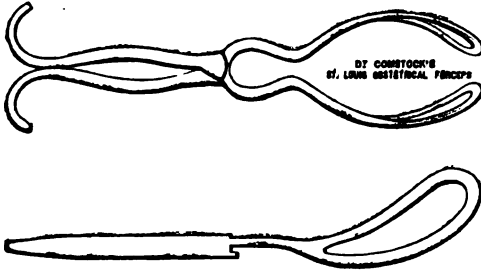
THE ST. LOUIS IMPROVED OBSTETRICAL FORCEPS.

BY T. G. COMSTOCK, M.D., PROF. OBSTETRICS, ETC.

THE forceps I referred to in the March issue of *THE MEDICAL INVESTIGATOR*, I now have the pleasure of presenting to its readers.

For some years past, in a large midwifery practice, I have found it necessary in many instances to use the forceps, and in the majority of those cases they have been *primiparæ*. In former years I dreaded to apply the forceps in first labors, but experience proves that it must be done. The forceps which I have generally

preferred were Davis' modified by Meigs; but after a large experience in their use, I found them not only imperfect, but somewhat objectionable; the fenestra being wider than necessary, and in the hands of the inexperienced, a rupture of the perineum was not an unfrequent consequence. I have tried several other forceps, viz.: the German forceps, Hodge's, and Simpson's, but I have found some objections to them all.



After much reflection and careful examining not only the above named, but Elliot's, Bedford's, Radford's, Buzzell's, Wallace's, Bethel's, and other forceps, I have devised a new forceps, which are a modification of all others. They are lighter than other forceps, have a pelvic and cranial curve which corresponds with the axis of the pelvis and contour of the child's head. They are more easily introduced, applied and locked than other forceps. Should it ever be desirable to apply the forceps when the head is above the superior strait, this instrument may be used quite as well as in the inferior strait, and thereby obviate the necessity of ever employing Hodge's or Baudelocque's long forceps. It has been my fortune, or misfortune, to have had some extremely difficult cases of labor during the past year, requiring the forceps, and I have never found such satisfactory results from the use of any others as from these.

It will be noticed that I prefer the old English mortice-lock; and, also, just above the lock, between the shanks, they are curved laterally, so as to make an opening or widening between them. This peculiarity I first noticed in the old Radford's (English) forceps, and the intention of this is to act as a purchase for the fingers in making traction, thus rendering the forceps more symmetrical and practically more convenient than the rings which are for the same purpose in Bedford's forceps. I now offer these forceps to the profession, believing them to be superior to any other.

NEW YORK STATE MEDICAL SOCIETY.

EIGHTEENTH ANNUAL SESSION.

(Continued from page 264.)

Dr. Bishop read a report on Surgery, after which a discussion took place upon the best method of making splints and of supporting the leg.

Reports were read from the Albany City Dispensary and the Margarettsville Retreat for the Insane. Dr. Doty said that he was surprised at the successful results of homœopathic remedies as applied to the insane. He thought that fewer cases of failure would be found there than with any other method of treatment. He read the provisions of a bill to incorporate the Margarettsville Retreat for the Insane. Its capital shall not exceed \$15,000. We wish to secure this act of incorporation, and every member of the profession should use his influence with the Legislature for this purpose, and for an appropriation. We have a beautiful place and buildings, with water, and we want to establish it on a firm basis, so that the institution can be self-supporting.

A paper was read from Dr. Morgan, of New York, on Consumption in America.

A note was then read from the Governor acknowledging the invitation of the Society to attend their sessions.

The Secretary then announced the titles of some papers which had been received, one by Dr. O. E. Noble, and others; also reports from the Buffalo City Dispensary, Poughkeepsie City Dispensary, Livingstone County Society, Monroe County Society, and from the Societies of the counties of Madison, Monroe, New York, Oneida, Ontario, Oswego, Otsego, Rensselaer, Saratoga, Ulster, Washington, Westchester and Wayne.

Dr. Watson, the President, then read his annual address. The subject was: The Medical Profession, its Duties and Responsibilities, and the Relation of the Homœopathic to the Allopathic branch.

While we may differ with the practitioners of Allopathy, we should treat them neither with bigotry and intolerance, or with contempt; but rather with that chivalric courtesy which, while it compels respect from others, cheerfully renders it in return.

SECOND DAY'S PROCEEDINGS.

OFFICERS.

President — Wm. Wright, of Brooklyn.

First Vice-President — E. B. Holmes, of Canandaigua.

Second Vice-President — Henry Minton, of Brooklyn.

Third Vice-President — E. P. K. Smith, of Auburn.

Corresponding Secretary—E. D. Jones, of Albany.

Recording Secretary—H. M. Paine, of Albany.

Treasurer—W. S. Searle, of Brooklyn.

Censors—Northern District, H. Swits, W. H. Barnes, C. H. Carpenter. Southern District, H. C. Jones, J. McE. Whetmore, C. T. Liebold. Middle District, C. J. Hill, Norman Getman, George B. Palmer. Western District, R. R. Gregg, G. W. Peer, J. M. Cadmus.

Committee on Publication—H. M. Paine, E. D. Jones, L. M. Pratt, of Albany.

Nominees for Honorary Membership—H. R. Madden, London; John J. Drysdale, Liverpool; John Drummond, Manchester; D. G. Woodvine, Boston, Mass.; John J. Edic, Leavenworth, Kan.; — Grauvogl, Nuremburg, Germany.

Committee on Materia Medica—1st district, F. S. Bradford, New York; 2nd, S. C. Hanford; 3rd, F. W. Ingalls; 4th, B. F. Cornell; 5th, L. B. Wells; 6th, G. B. Palmer; 7th, C. W. Boyce; 8th, L. M. Kenyon.

Committee on Epidemics—1st district, J. W. Dowling; 2nd, H. C. Jones; 3rd, T. T. Calkins; 4th, G. W. Little; 5th, Wm. L. Woodbury; 6th, E. C. Bass; 7th, L. H. Reynolds; 8th, E. G. Cook.

Committee on Clinical Medicine—1st district, A. P. Throop; 2nd, A. Wright; 3rd, W. H. Barnes, Chatham; 4th, H. A. Houghton; 5th, L. B. Waldo; 6th, Ira C. Owen; 7th, M. F. Sweeting; 8th, R. S. Bishop.

Committee on Statistics.—H. M. Smith, H. M. Paine, F. W. Hunt, M. M. Gardner, S. B. Barlow, H. H. Paine, E. M. Kellogg, J. W. Mitchell.

SPECIAL COMMITTEES.

Ophthalmic Surgery—Dr. C. Th. Liebold.

Pulmonary Diseases—Dr. H. B. Millard.

Insanity—Dr. B. F. Joslin and H. Doty.

Uterine Diseases—Dr. Henry Minton.

Microscopy—Dr. T. F. Allen.

Medical Education—Dr. J. F. Gray.

Recommended for the honorary degree of Doctor of Medicine—Dr. Ira C. Owen, Sherburn, Chenango county; Dr. Stephen D. Sherman, Lyons, Wayne county; Dr. O. E. Noble, New York.

DELEGATES.

To the American Institute of Homœopathy.—Dr. Jacob Beakley, Dr. Albert Wright. *Western Institute of Homœopathy*.—Dr. A. R. Morgan, Dr. E. J. Cook. *Maine Med. Soc.*—Dr. Henry Minton, Dr. H. E. Morrill. *N. H. Med. Soc.*—Dr. S. C. Hanford, Dr. H. A. Houghton. *Vt. Med. Soc.*—Dr. B. F.

Cornell, Dr. Charles Lowry. *Mass. Med. Soc.*—Dr. E. B. Holmes, Dr. E. D. Jones. *Conn. Med. Soc.*—Dr. A. W. Holden, Dr. H. M. Smith. *Penn. Med. Soc.*—Dr. Lyman Clary, Dr. W. S. Searle. *Mich. Med. Soc.*—Dr. C. W. Boyce, Dr. E. B. Cole. *Ind. Med. Soc.*—Dr. L. B. Wells. Dr. T. L. Brown. *Ill. Med. Soc.*—Dr. G. A. Hall, Dr. W. H. Watson. *Ohio Med. Soc.*—Dr. A. R. Wright, Dr. L. M. Kenyon. *Missouri Med. Soc.*—Dr. H. M. Paine, Dr. Wm. Wright. *R. I. Med. Soc.*—Dr. G. E. Belcher, Dr. L. M. Pratt. *N. J. Med. Soc.*—Dr. H. D. Paine, Dr. R. McMurray.

Resolved, That a committee be appointed who shall make known to this Society what action, if any, is necessary to be taken in regard to the Margarettsville retreat for the insane.

Dr. Munger spoke in favor of Dr. Doty.

The resolution was passed, and the committee appointed as follows: Drs. H. N. Avery, R. S. Bishop and F. W. Ingalls.

The committee recommended the early establishment of an institution for the treatment of the insane, as proposed by Dr. Doty, of Margarettsville, New York.

Resolved, That public or private institutions under the care of homœopathic physicians or surgeons, should receive the united support of the medical profession, and adherents of the homœopathic system of medical practice in this State.

HENRY AVERY, R. S. BISHOP, F. W. INGALLS.

The report was accepted, and the Committee continued till another year.

Dr. Wright read a brief paper on Scarlet Fever.

Dr. Hand said that a friend had in his neighborhood noticed a very rapid spread of scarlet fever after a single case had been exhibited. Another case he knew where a family had removed two miles from the village, to be away from the contagion, when every member was attacked four weeks after. In another family in Binghamton all except one had been attacked, and that one on a repetition of the disease, also suffered from it.

Dr. Searle read the report on clinical medicine for the Third District.

A paper on Placenta Prævia, by Dr. Henry D. Paine, was read by the Secretary.

Dr. Searle offered:

Resolved, That a semi-annual meeting shall be held during the coming year in New York city, and during the succeeding year in the city of Rochester.

Resolved, That these meetings shall be wholly devoted to the discussion of subjects of medical or surgical interest; and that no business transacted at these meetings shall be binding upon the State Society until reviewed and adopted at a succeeding annual meeting.

Resolved, That the time of holding these meetings shall be the second Tuesday of September. Carried.

Dr. Holmes offered the following :

Resolved, That all papers and reports which have been presented to the Society, and such others as may be in course of preparation, and shall reach the society in proper time, be submitted to the publishing committee with power.

A paper on Senile Gangrene was presented by Dr. Lowry, through the Secretary, and read.

Dr. Waldo was called to the Chair, when Dr. I. S. P. Lord read a paper entitled "Posology — a Critique."

A paper by Dr. R. R. Gregg, entitled "Leucorrhœa," was read.

The code of ethics prepared by the American Institute of Homœopathy, was adopted.

The Secretary read a paper presented by Dr. A. R. Morgan, entitled "Consumption in America."

Dr. Wright presented a clinical report of four cases from practice.

The following papers were read by the title during the course of the day :

"The Dose," by P. P. Wells, M.D., of Brooklyn, N. Y.

"Scarlet Fever," by P. P. Wells, M.D. Report on Clinical Medicine.

"Tabes Mesenterica," by D. A. Gorton, M.D., of Newburg.

Northern Home for Friendless Children, Philadelphia, Synopsis of Medical and Surgical Reports while under Homœopathic Treatment. By B. W. James, M.D.

"Gleanings from Ancient Medicine," by E. B. Holmes, M.D., of Canandaigua.

"Entozoa," by D. G. Woodvine, M.D., of Boston, Mass.

"Report on Surgery, Intra-capsular Fracture of the Neck of the Femur," by R. S. Bishop, M.D., of Medina.

"Obstetrics." Report by G. A. Cox, M.D., of Albany.

"Life," by I. S. P. Lord, M.D., of Poughkeepsie.

Alcoholic Liquors predisposing the generation of Syphilis and Gonorrhœa. By J. Hornby, M.D., of Poughkeepsie.

Obituary Notice of Dr. Joel Bryant. By Henry Minton, M.D.

"Does our Food Generate or Transmit Disease?" By B. W. James, M. D., of Philadelphia.

"Hydrothorax." By I. T. Talbot, M.D., of Boston.

"A case of Catarrhal Colitis, resulting in Ulceration, cured by Oleum Terebinthinæ." By E. M. Hale, M.D., of Chicago.

Report on Epidemics in Fifth District. By T. D. Snow, M.D. Provings of *Trifolium pratense*, and of *Salix purpurea*, by T. C. Duncan, M.D.

Fibroid Tumors, by H. Minton, M.D.

Obituary of Dr. Mathews, by T. C. White, M.D.

A Report of a case of Cancer, by B. F. Cornell, M.D.

A Report of cases of Cerebro-Spinal Meningitis, by C. H. Carpenter, M.D.

Dr. Alexander Wilder said that there were several important questions which concerned physicians particularly. One of these was population itself. Go through our rural school districts and we will find that the number of children are becoming less and less. The American born inhabitants are passing from off the face of the land, the foreigners in this country producing more children than the Americans. It is true that nations of a lower grade produce more prolific progeny than those of a higher. This rule is found in animals as well as in men. He was afraid if this continued for a century that the native American would no longer be in existence. Expense was one of these reasons, and abortion another. Persons who follow this trade were getting rich in all of the great cities, not only by unlawful acts, but by the assistance which they render to respectable families. There were strong elements in the solution of the problem, but not sufficient for the whole. He himself would ascribe it to the hybridization of races, a result which always occasioned a weakening and a dying out. In conclusion, he urged the value of the study of these questions, and also the cultivation of courtesy among practitioners.

Dr. Lord said, in reference to the action of *Bryonia*, that it was a good remedy for cases of obstruction of the ducts in the mammary glands.

Dr. Hand related his experience with *Arnica*. He had used it successfully in cases where illness had been occasioned by over exertion, and he had cured persons by it who had been said by physicians of the Allopathic school to be suffering from organic diseases of the heart. He concluded his remarks by a brief history and description of the Inebriate Asylum at Binghampton.

The attendance at this meeting was large, the papers and reports read were of more than usual interest, and general concord and good will prevailed.

The semi-annual meeting to be held in New York, on Tuesday, the 14th September. A large attendance is expected.

H. M. PAINE, *Recording Secretary.*

CLINICAL OBSERVATIONS—INTERMITTENT FEVER.

MR. MOSHER of Fulton, New York, had tertian fever. Chill anticipating and coming on, first, at 9 A.M., with following symptoms: commencing in the small of the back, passing upward. Great thirst, terrible frontal headache, had to tie a

handkerchief about head. Then, high fever with thirst, and slow appearing perspiration, during said perspiration great thirst, perspiration materially mitigating all the symptoms. On lower prolabia, many white and nearly transparent vesicles, which afterwards dried down and scaled. These were all the symptoms given or collected. I gave him, at a glance, twelve powders of *Nat. mur.* 30th; one every three hours during apyrexia. He had paroxysms for four or five days previously, was a stout, hard working man. Since then, had no more, and was hale and sound when I saw him last.

T. DWIGHT STOW.

CAUSE OF INFANTILE CONVULSIONS.

In an article in the March number we spoke of the method of washing the infant. In reviewing the *American Journal of Obstetrics* for November, we notice the following: "A midwife in Elbing, Prussia, having lost 99 children out of 380 delivered by her within two years, with Trismus Neonatorum, she was (although known as a careful and reliable midwife) placed under strict surveillance by the medical authorities. No other negligence on her part was found, except that she did not succeed in preparing the warm-water bath at the proper temperature, it having been generally too hot. By direction of the authorities, this fact was published as the possible cause of this disease."

If we are likely to cause trismus in children by having the bath too hot, we must be careful in our instructions to the nurse. If hot water will produce these convulsions, as it probably does from the debilitating effect of the heat, exhausting the nervous energy, why may not too cold water act in a similar manner, by producing a sudden repulse and over stimulating the nervous organism?

We say this on the supposition that the learned (?) doctors of the investigating committee were perfectly correct in their judgment of the cause of death in those cases of trismus.

Ought they not to have gone back a little further and investigated the habits of the mother. Let us ask the question — was the mother in the habit of keeping late hours, and living luxuriously, taking little or no exercise, and, in short, living an intemperate kind of life? It may have been in her youth; if she did

so live, we have a very plausible solution to the cause of the convulsions. Was the mother married very early or very late in life, when her vigor was either not at its proper height, or had greatly diminished? and again we have a cause. It is fair to suppose that some of the cases out of 99 may have been thus situated, and then add to it the over hot-water bath of the infant and we can easily see how the predisposed infant might be thrown into these convulsions and perhaps die, particularly under the *secundem artem* style of treatment.

We have been in the habit of regarding the convulsions of infants as in part arising from impure air, the exhaled gases of our crowded cities, the gases from our fashionable, furnace-heated houses (where the modern inventors have striven to make furnaces which shall consume but little coal), and also from improper, insufficient and superabundant food; mothers of a "fast" habit, given to balls and parties and who yet persist in nursing their babes — their milk is de-vitalized and poisonous to the sensitive babe.

There are of course a thousand and one causes for convulsions in children, but to repeat, those which are the most common in *early* infancy are bad air, bad food, and worse mothers.

Another point in the case of the midwife above referred to, as a possible cause of her bad luck. The cases may partly have been difficult of delivery and the head have been subject to long and continued pressure, and this would have caused an inflammatory condition of the brain, which, as a matter of course, might cause the disease under consideration. Again, the use of *Ergot* in the massive doses of the old school will often produce convulsions.

We do not note these possibilities in extenuation of the midwife, but to show how hard it is for the "contraria contraria" school to get at the true cause of disease and death in very many of their cases.

Before leaving the subject of convulsions let us notice that they are not unfrequently produced by moral causes, as intense fear or horror, sudden surprise, violent anger, and long continued fits of crying. Many nurses or nursery maids are in the habit of frightening children under their care. We have known many cases of convulsions to arise in children of from three to four years of age, simply from the habit of the nursery maid

using threatenings. Even mothers and grandmothers will come under the same condemnation. And yet do physicians generally caution the young mother against the possibility of such results from such a very questionable method of enforcing obedience. A child of delicate and highly nervous organization can not stand such treatment.

Of the remedial treatment of convulsions we can not lay down any rule as our Allopathic brethren would do, but say that the symptoms must be carefully noted, and that remedy chosen which in the mind of the physician seems most applicable. If the cause can be ascertained, so much the better. G. M. P.

A CASE.

BY E. W. AVERY, M.D., POUGHKEEPSIE-ON-THE-HUDSON.

I APPREHEND that the great impediment to the successful treatment of uterine disease is the failure of diagnosis. No class of ailments require so much patience, perseverance and discrimination. Treatment should never be commenced until the diagnostician is perfectly satisfied as to the precise nature of the trouble. At times two or three examinations are necessary in order to fully understand the state of the case. The following well illustrates how far an accurate knowledge of disease goes towards indicating the proper remedy.

August 28th.—Mrs. D——, weak, languid and extremely irritable. Had, for two years, a creamy, yellowish discharge. During menstruation complained of abdominal enlargement and an ache in the small of the back, with dizziness and pain over the eyes. A digital examination revealed a hypertrophied cervix with an uneven surface, and also a patulous os which admitted the end of the index finger. Pressure upon the cervix caused slight pain. Placing the finger against the anterior part of the uterus at the juncture of the neck, and bearing with some weight on the abdomen, thus squeezing the fundus, produced no pain. Sim's speculum with fixed depressor revealed on the surface of the cervix, around the os, the appearance of raw steak. Hanging from the cervical canal was a quantity of mucus resembling the white of egg. To ascertain whether any disease of the body existed

and complete the diagnosis, I passed a silver probe to the fundus, striking with it upon the walls of the uterus neither gave pain nor caused bleeding. (A prolonged pain or the escape of a few drops of blood is almost universally the result of probing a diseased uterus). We had, in this instance, then, simply an inflammation of the mucous membrane of the cervical canal, which would without treatment, have ended in granular degeneration. In cervical endo-metritis I have found local treatment more effectual than the administration of remedies. However, a thorough diagnosis is as essential here as a differentiation of subjective symptoms in the selection of drugs. After cleansing the cervical canal with bits of cotton wound on the end of a whalebone, I applied *Chromic acid* to the inflamed part, and placed a pledget of cotton soaked in glycerine against the os. I ordered the patient to throw a stream of warm water against the cervix for fifteen minutes, twice daily.

On the 15th of September, she returned. As I could discover no material benefit, I substituted for the acid *Sulphate of Copper*. In one week's time, I had the satisfaction of seeing a great improvement. The redness was more circumscribed and the vagina wore a more healthy appearance. September 22nd—Made another application of *Sulphate of Copper*. October 1st—The os has a normal appearance, but inflammation still lingers in the canal. I now use a sponge tent medicated with *Sulphate of Copper*. In a few weeks complete recovery took place. Tympanites, pain in back, and leucorrhœa had disappeared. The salt was used in saturated solution. The first application gave considerable pain. The sponge tents were left in place twenty-four hours.

Since writing the above, I have effectually used *Sulphate of Copper* in a number of similar cases, and have had remarkable success. In other varieties of inflammation this salt does not answer a good purpose. Granular degeneration, rodent ulcer, epithelioma, etc., do not yield to its use.

DYNAMIC AGAIN.

I HAVE a most distinct and by no means a pleasing consciousness of the fact that I lack a critical knowledge of the vernacular. Of course, I realize this lack much more in regard to the Thsu and Otesic tongues, of which I once possessed a very small stock, and of which a few scraps still remain to me. But I am also aware that one may inform himself accurately in regard to some particular point or points of a subject with regard to which he lacks general knowledge. Such information I have endeavored to obtain respecting the term Dynamic; which information I have used to dispel the mist which had settled down on that term, thence diffusing itself over Homœopathy. Accordingly, I am not willing to sit quiet while an effort is made to restore the old fog.

Having been charged with unfriendly personal feeling in criticising one author, whom I did not know from Jack, the giant-killer, I will premise with saying, that being wholly ignorant and equally indifferent as to the personality of your correspondent, J. I. C. M., I can have no such feeling towards him.

That he is incompetent to discuss the subject is evident from the looseness, obscurity and inaccuracy of his communication. The twenty-eight lines in which he re-hashes the things "that they teach at St. Louis," contain at least twelve obscure or erroneous expressions, chiefly the latter. I do not propose to occupy your space, and weary your readers by driving up the whole flock. Three or four specimens will suffice.

He commences with raking together in disorderly array, in worse than ordinary dictionary fashion, a little host of meanings which he attributes to *Dunamis*, apparently quite ignorant, that few words have more than one meaning, perhaps, none more than two. The rest are all tropes or blunders, and generally more blunders than tropes. As to the tropes, they may be very appropriate in rhetorical composition, whether prose or verse. They may even be used as a means of illustrating one's meaning in a scientific article. But they should be sedulously avoided in the discussion itself.

But to specify :

1. *Dunamis* does not signify "force." The Greeks were more discriminating than J. I. C. M. They appreciated, as he does

not, the difference between force and power. Accordingly, they were accustomed to express force by *Energeia*, and power by *Dunamis*.

2. *Dunamis* does not signify "innate action" or any other kind of action. It signifies simply, ability to act.

3. He attributes to drugs, a "life-power." Now drugs include all pathogenetic substances, namely, all substances entering into the composition of the inorganic world, to say nothing of those in the organic. There are various points of difference between the organic and the inorganic. Among those points are these two: that inorganic substances do not and can not live. If J. I. C. M. is right, the term lifeless is wholly inappropriate in its application to such substances.

Again we maintain and ever have been accustomed to speak of bodies, once belonging to the organic world, as having become lifeless. And we are accustomed to use any such bodies as drugs, only after they have entered on the state which indicates the use of the term lifeless.

If J. I. C. M. is right, the term lifeless, as thus used, is erroneous. Nay, if he is right, there is no place for the term in language. It is appropriate neither to substances once belonging to the organic, nor to those that have always belonged to the inorganic world. The word should be banished from the language as expressing only a falsehood. But there are between bodies, certain differences, which have hitherto been expressed by the term, lifeless. They need some term to express them. What one does J. I. C. M. propose to substitute for lifeless? And if he substitutes another, what does he gain by the exchange? Now, I assert that all this twaddle about the life-power of drugs proceeds from sheer mental confusion and incapacity. Not one of its advocates that I have read, has sufficient definiteness of idea to use terms with a respectable degree of discrimination. They wander about in a linguistic fog till they bring up at "point no point." And there, I apprehend, they are destined to tarry. Is J. I. C. M., or any one of the authors of this confusion, prepared to explain the life of dead bodies? If any one will give a consistent explanation, I will confess my error, and apologize for the language with which I try to stimulate some one of them to grapple with the subject. But do not let us have any more fluttering around in a cloud of unmeaning words.

H. P. G.

EDITORIAL.

HIGHER MEDICAL SCHOOLS.

WHILE the work of reconstruction is progressing in our several colleges preparatory to opening the winter campaign, we submit a few suggestions.

The profession look upon these institutions with great expectancy and disappointment. Expectancy, that they would keep pace with the progress in the profession and in medicine, and with the demands of the times. Disappointment, that they have not met their wishes nor the demands of the hour. Frequently they have done the best possible under the circumstances and with the material sent them. Manifestly much reform is necessary all around.

It has been presumed that no one would dare attempt to enter our profession who could not possibly be fitted therefor; but the facts are otherwise. Let the colleges designate the intellectual, moral and social standing and business calibre of the students they will receive. Doctors, like soldiers, statesmen, and ministers, should be "picked men." The colleges should also designate the kind and amount of studies—general, scientific, and medical—to be pursued *before* students *can* enter; lay out the whole ground to be gone over in their medical studies; arrange the topics, branches and departments in a natural and systematic order; also indicate the text-books to be used; and state explicitly the studies of each year and course.

The terms and lecture arrangements need remodeling. To go over the whole field of medical science and art thoroughly, more time is necessary. Three lengthy terms and four years' study would be barely sufficient. These should be arranged after the manner of classic college terms and years; graded, according to the logical order of the studies, into first, second, and third year courses. To each student the lectures should follow each other in natural and easy gradation, from comparative anatomy up to—that master-piece of our art—Homœopathic therapeutics. The ground to be gone over by each professor in each lecture, with the volume to be used for reference, and the pages where "to read up," should all be stated in the announcements.

A large faculty, extensive appurtenances, and abundant clinical facilities, hospital and dispensary, are to-day a necessity. The most attractive European medical school has forty-eight professors! Where the faculty are physicians in active practice, as they should be, the labor must be divided. There must be a large faculty, if justice is intended to be done the students and the profession. The lectures, to be thorough,

practical, and instructive, must be elaborately and abundantly illustrated. Therefore libraries, museums, and apparatus of all kinds must be had and freely used. As the demand now is for *experienced* practitioners, our students should be carefully and faithfully drilled in the *whole art* of medicine at the clinic. The whole of the last, third, college year spent amid such advantages as we have here indicated, would be worth more than four years of ordinary practice. The art of practicing medicine, Homœopathically, is learned *with difficulty*. To make out a complete picture of the disease, and to select and affiliate the proper remedy, requires much careful study *and* experience, as every physician can testify.

It has been suggested that we are in *advance* of the times with our plan. The views of the profession, as far as we have been able to ascertain, are: "Our colleges *must take higher grounds*;" "The schools of '60 do not meet the demands of '70;" "A *higher school is a necessity*;" "A school so well endowed, with men and means, that it can and will keep pace with the advancement and improvements in medicine." We certainly need, in all these United States, and especially in the expansive West, one higher medical college thus grandly equipped, where students can go who desire to learn all of the science, and all of the art of medicine, up to date. Such colleges could not, and should not, be supported and maintained by the student's money. Wealthy patrons of Homœopathy, who are under lasting obligations to its benign influence—there are plenty such in the United States—should endow, support, and right royally manage our schools of learning, for they would be especially interested to have all of our practitioners "duly and truly qualified."

REVIEWS.

GEOMETRY OF VITAL FORCES. By F. Vanderberg, M. D., New York. 1865. Pp. 93. Price \$1.00.

This "problem of life" is the most difficult to unravel of any thing we ever attempted. As "condensation has been aimed at more than continuity of thought," much "filling in" will be found necessary. The article on "Confusion in Science," is especially valuable. The propositions met in this work are: "An atom is a world; all force is one; all motion is upon eccentric centres; and the questions of heat and motion involve the questions of physical life and the celestial revolutions. Life is the greatest phenomenon. In human life meet all forces of the universe. Man repeats or duplicates creation. Science must study life and not worlds." This is a legacy worthy the late author.

THE HUMAN INTELLECT, with an Introductory upon Psychology and the Soul. By Noah Porter, D.D. New York: C. Scribner & Co. 1868. 8vo. Pp. 673. \$5.00.

Medicine occupies a rare position. On the one hand it touches physics and purely physical operations; on the other, the mind and psychological processes. The mental border has been neglected, as physicians seem to

prefer to study material bodies and operations. To those who study mind and its diseases, the first part of this work will be exceedingly interesting. The chapters on "The relations of soul to matter," and on "Soul to life and living beings," will be read with a relish. We would that our author had been as much of an M.D.—Homœopathic physician—as a D.D., for we feel confident we should have had a better, more practical book. His statements that "physiology studies man as a material organism;" that although "physiology must recognize the higher functions and phenomenon of the soul, it need only consider those which are familiarly known," shew his views of the medical side of psychology.

We have a work on "Mental Diseases,"* a very excellent work, but we need one more exhaustive,—a complete work on psychological medicine. We believe the study of medicine, to practice homœopathically, especially fits our physicians to appreciate such a work. Who will prepare it?

THE USE OF THE LARYNGOSCOPE IN DISEASES OF THE THROAT, *with an Essay on Hoarseness, Loss of Voice, and Stridulous Breathing in Relation to Nervo-Muscular Affections of the Larynx.* By M. MACKENZIE, M.D., etc., London. Second Edition, with additions, and a Chapter on the Examination of the Nasal Passages. By J. S. Cohen, M.D. With two lithographic plates, and 52 illustrations on wood. Philadelphia: Lindsay & Blakiston. Chicago: S. C. Griggs & Co. 1869. 8vo. Pp. 289. Price \$3.00.

The copious title-page gives the scope of this work. The fact that a new edition being called for is an evidence of its value. To diagnose diseases of the throat satisfactorily, one must resort to the laryngoscope. The method of using it, and the diseased conditions that may be revealed, are here fully explained and illustrated. Cases of nasal catarrh are very frequently met with in the West. Some of these supposed cases have been relieved at once, by surgical manipulations, after the rhinoscope has revealed the cause. This work will be found to be a valuable addition to our libraries.

TRANSACTIONS OF THE WESTERN INSTITUTE OF HOMŒOPATHY.—This volume contains the transactions of two meetings. The papers are classified under their appropriate heads—Surgery, Clinical Medicine, Obstetrics, and Materia Medica. They number twelve in all, are practical, original, and able productions, and will be read with interest by those who were not present at the meetings of this society at Indianapolis and Milwaukee.

EXCHANGES.—*The Nation* is as vigorous as ever, and represents the views of the whole country—political, social and literary. *The Scientific American* is the exponent of "the realm of genius." It is always true to its name: an American, vigorous, scientific and practical sheet.

SELF-ENERVATION.—We understand that the monograph on this subject, written by Drs. Eldridge and Hooper of Michigan, is nearly ready for binding, and will probably be on sale by the 15th of this month.

* Jahr.

CORRESPONDENCE.

A METROPOLITAN MEDICAL COLLEGE.

I once thought—and for many years modestly contended for it in our Illinois Homœopathic Medical Association—that our true policy was to concentrate our forces in the establishment, first, of a *metropolitan* medical college, endowed with means and ability, which need not blush before any other college in America; which should be furnished with laboratory, museum, apparatus, and library ample for the most complete course of instruction. *This done, we could then have preparatory colleges, usefully, all over the land, if we wanted them, without disgracing ourselves.* But what are the facts of our experience? Medical colleges are in operation, or projected, in such abundance that they can be sustained only on the most stinted, impoverished scale, and thus only by the *uncompensated* services of a faculty who wrest one hour daily from their professional business to gain time for their regular lecture: who must, more nobly than the world will ever care to know, spend every leisure moment which their souls and bodies need for refreshment, in grinding their thoughts and experiences into the lecture, only to feel a suspicion that, after all, they have either neglected their patients, or imperfectly taught their pupils,—and to meet the taunts and distorting criticisms of some envious professional brother, who would like to avail himself of a college term or two of similar gratuities, for the sake of the personal advertisement. It is my desire not to say any unjust thing against our colleges; they have done vastly better than any sane man could have anticipated under the circumstances. But if a circle of friends should undertake to start a medical college as one should be—endow it with a grand and competent fund, and invest it with appurtenances fully up to the utmost demands of a true medical education, how do we know but that every half dozen physicians in every village or valley will combine themselves into professorships, give gratuitous short lectures during a short, cheap term, in some cheap garret, with a borrowed skeleton, and a manikin on trial, and so lower the standard of accepted attainment, before the nobler institution can get name to live among men? Does not our past experience suggest this as the probable result? Can you or I deny that no medical college can do justice to our cause until it furnishes every means for a perfect demonstration of our medical doctrines, and a faculty of ablest men, *paid generously* for the necessary time and effort in *training* themselves as teachers?

A. R. BARTLETT.

AURORA, *July 8th*, 1868.

THE HOMŒOPATHIC FAIR—LIBERAL DONATIONS.

The following correspondence explains itself:

MRS. WESLEY TAYLOR, *President of the Executive Committee of the Homœopathic Fair, to be held in Pike's Music Hall, Cincinnati, during May next:*

MADAM—In consideration of the important benevolent objects to be attained by your fair, I hereby donate, for the purpose of assisting to place the "Cincinnati Homœopathic Dispensary" upon a more permanent basis, lots No. 99 and 85, situated on Locust street, between Patterson and Isabella streets, in Newport, Ky., each lot being 25 feet front by 100 feet deep.

As the above property thus donated to your fair, will, without doubt, be disposed of as many other donations of larger value — by chance — I will, upon your furnishing me, duly certified, the name of the successful competitor for either or both of the above-named lots, execute a warrantee deed, free from all incumbrances, to the party upon the payment of one dollar.

With my best wishes for the highest possible success of the noble charity under your and your lady-friends' patronage, believe me to be yours, very respectfully,

DR. J. H. PULTE.

CINCINNATI, March 29, 1869.

DR. J. H. PULTE — *Dear Sir*: In the name and in behalf of the executive board of ladies, permit me to return our sincere thanks for your noble offering in aid of the "Cincinnati Homœopathic Dispensary."

For your valuable assistance to the charity cause in which we are engaged, you will please accept our grateful acknowledgement, with the assurance that the proceeds of your generous gift will be applied as you direct.

Very respectfully yours,

MRS. WESLEY TAYLOR,

President Executive Board.

MEDICAL SOCIETY GATHERINGS.

The next meeting of the Indiana Homœopathic Institute will be held at Indianapolis, May 12, 1869, at 2 P.M., at which time the following committees are expected to report:

Homœopathy and Clinical Medicine — Drs. Jennings, Compton, and Roberts.

Drug Proving and New Remedies — Drs. Leonard, Stockham, and Corlie.

Anatomy and Physiology — Drs. Burnham, Waters, and Jennings.

Surgery — Drs. Eggert, Compton, and Boyd.

Obstetrics — Drs. Boyd, Burnham, and Eggert.

Chemistry — Drs. Hutchins, Roberts, and Boyd.

Medical Diagnosis — Dr. Burnham.

Potencies and Doses — Dr. Eggert.

N. G. BURNHAM, M.D., *Corresponding Secretary.*

THE HOMŒOPATHIC MEDICAL SOCIETY of Pennsylvania will hold its annual meeting for 1869 on Tuesday and Wednesday, May 18th and 19th, at Wilkesbarre. Delegates from other societies are expected to report.

BUSHROD W. JAMES, M.D., *Recording Secretary.*

REMEMBER the meeting of the American Institute at Boston, June 9, 1869.

THE ILLINOIS MEDICAL ASSOCIATION will meet May 18 and 19, in Chicago.

Committees — *Physiology*, J. S. Mitchell; *Materia Medica*, G. E. Shipman; *Chemistry*, S. P. Hedges; *Practice*, N. F. Cooke; *Obstetrics*, R. Ludlam; *Cases*, A. R. Bartlett; *Reports of Cases*, H. Pearce; *Cases from Practice*, E. M. McAfee; *Physiology*, A. W. Woodward; *Clinical Cases*, J. C. Burbank; *Medical Topography*, T. C. Duncan; *Clinical Thermometry*, F. A. Lord; *Surgical Cases*, G. D. Beebe; *Cancer of the Rectum*, L. Pratt; *Chemico-Physiological Action of Arsenic*, A. E. Small, Jr.; *Progress*, H. R. Stout; *Acoustics*, J. W. Streeter; *Malignant Erysipelas*, M. F. Page.

A good time is expected.

THE WESTERN INSTITUTE OF HOMŒOPATHY will meet May 20 and 21 at Ann Arbor, Michigan,—that classic ground. Committees expected to report: On *Operative Surgery*, E. C. Franklin; *Granular Conjunctiv-*

itis, J. T. Boyd; *General Pathology*, J. D. Craig; *Diphtheria*, A. R. Smart; *Tuberculosis*, A. E. Small; *Trichinæ Spiralis*, G. W. Chittenden; *Ante-Natal Influences*, A. R. Bartlett; *Clinical Practice*, L. Pratt; *Longevity—its Physical Signs*, D. H. Beckwith; *Malignant Erysipelas*, M. F. Page; *Surgery*, G. D. Beebe; *Fractures*, G. W. Perrine; *Co-Relation of Pathogenesis and Pathology*, C. J. Hempel; *The Obstetric Forceps*, R. Ludlam; *Diphtheria*, A. Kendrick; *Medical Electricity*, C. T. Harris; *Anatomy*, S. B. Parsons; *Popularizing Homœopathy*, J. S. Douglas; *Chronic Diarrhœa*, N. A. Gray; *Pneumonia*, L. Lake; *Asthma*, A. G. Leland; *Bright's Disease*, T. C. Duncan.

As the Illinois society will be tributary to this, an interesting time is expected.
T. C. DUNCAN, Recording Secretary.

A NEW (?) REPÉRTORY OF THE MATERIA MEDICA.

EDITOR INVESTIGATOR:—In the *Hahnemannian Monthly* for February and March there appeared, as a supplement, "A Repertory to the Materia Medica, by Edward William Berrige, M.B., B.S., Liverpool, England." As this is an out-of-the-way part of the world, excuse some queries about it. Does the title before the name of the gentleman aforesaid, in the absence of any explanation, convey the idea that it is his work, the result of his labor? Where may an interpretation of hieroglyphics (La.3) (Ca.5), etc., on the 17th and succeeding pages, be found? Is not this proposed repertory but a rehash of that commenced in 1853, under the auspices of the Hahnemann Publishing Society, by Drs. Drysdale, Stokes, Dudgeon, Atkin, and others, and published by H. Turner in 1859? If such is the case, why is not due credit given to those men, that all those who see this work may honor them?

2. By-the-bye, to whom does the article on *Dulcamara*, in Lippe's *Materia Medica* belong? In that book we find no credit given to any one, and yet in the *Homœopathic Independent* for February we find the same article, except one symptom omitted, and a few changes of words or letters, credited to J. T. Temple, M.D. Let the owner speak out.

GALVESTON, Texas.

E. P. A.

1. DR.: It is a good thing sometimes not to be too inquisitive. Shall we appoint an *investigat-ing* committee? Explanations of the meaning of the terms (La.3) (Ca.5) may be found in the *Pathogenetic Cyclopædia*, to which you refer. Whether the author of this new (*renewed*) repertory is a myth or not, we can not say. His name does not appear in Liverpool list of physicians, registered or unregistered.

2. *Materia Medica* is common property (?), or at least so considered. "Honor to whom honor is due," should stand at the end of every symptom, otherwise biographers will get sorely puzzled by-and-by.

MEDICAL HISTORY OF THE WAR.

EDITOR INVESTIGATOR:—As Congress has made an appropriation for publishing the medical and surgical history of the war, would it not be advisable to take some steps whereby the Homœopathic profession shall secure a portion of the copies? There will be only a limited number, and if we do not possess some now we never shall.

Hoping you will call attention to the matter through the columns of your valuable journal. I remain, respectfully,

HENRY N. AVERY, M.D.

NEW YORK, 10 East 28th Street, March 4th, 1869.

[We are informed by Senator Yates that the distribution will take place through the Members of Congress. The State societies should make formal demands on our representatives at Washington for a portion of the issue. The volumes will be eminently valuable.—ED.]

ANTIQUITY OF ALCOHOL.

MY DEAR INVESTIGATOR:—I think I have an item of news for you. In investigating for the earliest record of the use of alcoholic drinks, I find that these were prepared before the creation of man, and it was left for the first created female to learn the use of alcohol as a beverage.

In Anthon's Classical Dictionary, I find the following: "Pandora, the first created female, and celebrated as having been the cause of the introduction of evil into the world. . . . She was brought by Mercury to the dwelling of Epimetheus; who, though his brother Prometheus had warned him to be on his guard, and to receive no gift from Jupiter, dazzled with her charms, took her into his house, and made her his wife. In the dwelling of Epimetheus stood a closed jar, which he had been forbidden to open. Pandora, under the influence of female curiosity, disregarded the injunction, raised the lid, and all the evils hitherto unknown to man poured out and spread themselves over the earth."

Taking into consideration that there is no known evil which has not resulted from the use of alcoholic liquors in some form, and that there is no known curse that has not sprung from their use, is it not plain that this jar of Pandora was simply a jug of whisky? Could any one jar contain more evils than whisky causes?

When Pandora "raised the lid," she "*smiled*." Ah! how many have "*smiled*" under the same circumstances? Epimetheus, her husband, coming in, "*smiles*" also. Their "*smiles*" soon attracted the attention of the neighbors, and there was a general "*smiling*."

Epimetheus, probably, opened a "corner grocery," where "*smiling*" became the custom of the times; and has it not been handed down from generation to generation to the present day?

Seriously, now MR. INVESTIGATOR, is not this an interesting discovery, entitling the discoverer to the cognomen of ANTIQUARY?

NEW YORK COUNTY MEDICAL SOCIETY.

ON INSANITY—NOTES OF THE MEETING FEBRUARY 10TH.

Dr. McMurray read a paper: Our first difficulty arises from not knowing where sanity ends and insanity begins. Every person is known by his own characteristics, and if a person acts as the world expects it from him, they would say, "It is just like him;" and should the same person do something out of the way, they would think, "He must be crazy." But eccentricities are not insanity, and lawyers and courts have since ages complained that they can not get a good definition from physicians. Dixon considers it of the utmost importance to find out the first symptoms, and the causes which produced them. A morbid physical and mental sensibility, and an opposition to the usual character, are most frequently developed in the beginning; there is irregularity of thought, apathy or exaltation with one word, the departure from natural character and habits makes insanity. As physical signs, dryness of nostrils, and a protrusion of the dull-looking eyes, has been marked by most observers. This alienation of mind is very frequently caused by family training in youth; and the petted, self-willed child will not bear opposition when grown up, and crimes are often the cause of such false training. Some writers call this moral insanity, a perversion of feeling, an injured temper without perceptible aberration of mind; but such persons ought to be accountable for their misdeeds and not declared insane. A person might be eccentric and still enjoy good bodily health, but in the insane the brain is disturbed in its functions, and disturbance may be organic or functional, producing a moral and intellectual depreciation. Insanity may therefore

be defined as an organic or functional disease of the brain, by which its equality is disturbed.

Dr. Hunt followed: Individual experience does not amount to much; for experts are not always the best judges of sanity or insanity, and courts frequently show very little respect for the opinion of experts. To judge insanity, you must be a sane man,—that is, a man of good common sense, and good sense, like good health, is the standard; but it can not be defined. Health and disease are only relative states, and disease is only a deviation—a plus or minus from the normal. He proposed then the following propositions for debate:

1. *Mens sana in corpore sano.*
 2. The mind will be sound, if not associated with an imperfect body.
 3. The body may be physically imperfect, producing derangement of mind, but still not a state which we have a right to call legal insanity.
- As the hour got late, Dr. Hunt was requested to open the discussion of these and following propositions at our March meeting.

ERRATA.—Line 4 from bottom, page 233, March number, should read: Pressure of the *head* on the placenta, the colpeurynter on the *other* side acting as a tampon, hæmorrhage necessarily ceases.

“MR. MÜLLER” AND THE MEDICAL GAZETTE.

EDITOR OF INVESTIGATOR:—In an allopathic friend's privy I found a copy of *The Medical Gazette* for February 20th, which he had evidently doomed to *base* uses; and while experimenting therein on the physiology of defecation, I happened to read what the scissors-and-paste “we” of that sheet says of “Mr. Müller.” Poor editor! He is feeling very badly, and I trust you will let me say to him that *I cheerfully accept his apology*, and will overlook his ignorance, May be he can't help being associated editorially with that other fellow.

CARL MÜLLER.

MEDICAL MATTERS IN ST. LOUIS.

DEAR INVESTIGATOR:—Our college has closed, commencement is over, and seventeen hard working, industrious young men, of more than ordinary ability, have received the degree of DOCTOR OF MEDICINE.

The session which has closed has been one of more than usual harmony and satisfaction, to both students and professors. The universal quiet of the lecture room, the undivided attention and the respect paid to each professor, indicated that all were earnest seekers after truth, and were convinced of the necessity of amassing a degree of knowledge which would be serviceable in after professional life.

Of the commencement and prizes you have been duly advised.

The dissection which drew the Franklin prize, was of the head and neck, and was pronounced by many to be the finest of its kind. A portion of the calvaria was removed, the membranes of the brain left in situ, and all the principal arteries and veins of the cavity of the skull shown. All the small muscles of the face were dissected out, and by removal of one-half of the inferior maxilla, together with the superior maxillary and molar bones on one side, a fine view was afforded of the ethmoidal cells, the perpendicular plate, the vomer, the triangular cartilages, tongue, velum, and in fact all the interior parts.

The clinical lectures at the Good Samaritan Hospital, during the fore part of the session, were delivered by Prof. Hartmann, and during the latter part by Prof. Wm. Tod Helmuth. His lectures are always most

eloquent, practical, and instructive, and were always well attended. The clinics were of burns, abscesses, lead and copper colic, gonorrhœa, syphilis. Several operations were performed before the class. So well pleased were all with his clinical instruction, that those students intending to remain in the city during the summer, requested by letter, a continuation of the instruction during the summer, out of which I am glad to say—for I am one of the benefitted—has grown a summer course of lectures in this city, which I think can scarcely be equalled any where,—even in Chicago.

We have had also a most interesting clinic at the Good Samaritan Hospital, since the close of the regular term. It was the formidable operation of extirpation—for myeloid disease—of the right superior maxillary bone, with the turbinated and palate bones of the same side. This operation was performed by Dr. Helmuth, assisted by Profs. Comstock, Franklin, and Vastine, and also by Drs. Shaver and Morrill. After the tumor had been removed, several large fibroid polypi were discovered far back in the nares, which were taken out. The patient is walking about, and is to day presenting a favorable appearance.

The formal opening of Prof. Helmuth's private lecture rooms was quite an elegant affair. After an eloquent and instructive introductory lecture, the students and guests repaired to the dining room of the doctor, where we all did justice to the *materia alimentaria*.

The Wednesday evening following we heard Dr. Luyties on convulsions, and on Saturday Prof. Comstock began his course on obstetrics. Other medical matters seem to be gliding along smoothly, and if any thing transpires you will hear from me.

Yours, very truly,

UBIQUE.

ST. LOUIS, MO., March 28, 1869.

LATER.—Hahnemann's birthday was celebrated in grand style at Prof. Comstock's residence. Nearly the entire Homœopathic profession of St Louis were present. Dr. Helmuth delivered the address of welcome. An appropriate poem was read by Mr. T. W. Hoit. The company then descended to the dining room, where an elegant collation awaited them. At a late hour the assembly dispersed.

U.

LOCAL REPORTS OF DISEASE, TREATMENT, ETC.

"Observe, Reflect, Compare, Record."

OCONOMOWOC, WIS. — *Editor INVESTIGATOR*: Since my last, the fever there referred to—called typhoid, remittent, etc.—has not entirely disappeared from this locality, and during the months of January and February increased in violence and in number. At the time I write, though still present, it is abating in violence and frequency. While it seemed to visit the intestinal track with severity, last fall, now the respiratory organs suffer most severely. The attack is usually ushered in by congestion of lungs, in some cases so severe as to necessitate the sitting posture in order to breathe; in other cases the initiation has all the peculiarities of spasmodic laryngitis; sometimes a cough exists for a few days previous to attack; some began with sore throat; but following all, infallibly, comes the fever. In some cases the fever appeared first, and the cough did not come on until after a few days; but in no case that I saw did it fail to make its appearance in some stage of the disease, unless the fever was very slight. The stomach was very irritable, sometimes rejecting the Homœopathic globule; and at such times bile was vomited. The stools were, in January, unusually light colored, growing darker in the course of the disease; and in February, dark from the first. Not as

much irritation of the bowels was present during last month as during the first. Bleeding from the nose frequently occurred. In one case, the patient—a boy of thirteen years, with large head—bled to syncope. *Aconite* controlled it. The cough was first tight; afterwards loose, and the expectoration mucus, often *streaked* with arterial blood. In no case did I see the “brick dust” expectoration, though the amount of pain in lungs would have induced the belief that the pulmonary texture was inflamed. Auscultation and the expectoration showed it to be bronchial. In the majority of cases the thoracic pain was sharp. Not much rumbling in bowels, but frequent urging to stool; movements small and slimy; some few cases bloody; diarrhœa increased during exacerbation: urine scanty and high colored, but clear, depositing no sediment. Every other day the patient seemed worse. Exacerbation, in most severe cases, times during twenty-four hours. Patients very restless and delirious at times. The throat affection was not diphtheritic; rarely as high as the tonsils; not much swelling externally; affected the larynx principally. The month after had little ulcers with red and inflamed base. Tongue at first white with red tip, and edges afterwards changing to yellow; moist, except in worst cases; then dry and dark, and stiff, apparently; much swollen; pulse rapid and weak. A few cases were attended with profuse perspiration. Usually the skin was dry until the fever was entirely gone. A troublesome cough remained always. The majority of cases were children, and they could not speak of their sensations.

I felt the influence of the fever twice, and once allowed it to progress that I might experience the sensations of it. I suffered severely from vertigo, a feeling as if my head was too big, with pain in it which I could not locate—seemed at times frontal, at others lateral, or occipital, and intense soreness of the scalp; a touch upon the hair was quite painful, but rubbing the scalp relieved the pain of head, and the irritability disappeared while the rubbing continued. I also experienced the laryngeal sore throat. In order to attend to my business I was obliged to take medicine, which gave me prompt relief. The headache, backache, pain in other parts, sore throat, ulceration of mouth, bronchial irritation, gastric irritation, diarrhœa, suppression of urine, all were symptoms of the fever, and were relieved by no agent so rapidly as by that which was specific to the fever. The cause of disease was usually a cold. Any thing that reduced the strength, operated as cause: such as loss of blood, accidents, child-birth, etc.

During the two months spoken of, I treated forty-three *severe* cases of this fever, all of which have recovered. I have some under treatment now not as severe, doing well, which are not included in this statement. In none of the cases that I treated did much prostration occur; no picking at bedclothes or specks in the air. The tongue did not remain dry over twenty-four hours in any case. Improvement began, invariably, in thirty-six hours; but the diarrhœa was only remedied by abatement of fever. The first cases I had, I endeavored to treat the cough and diarrhœa by other remedies than those employed for the fever, but without success; and the cases I treated afterwards exclusively for the fever recovered most promptly. Twenty-eight of these cases recovered in one week or less. Three went about two weeks, and the remaining twelve about ten days. Three of these cases came into my hands from allopathic treatment, and when their lives were despaired of. I saw one patient under allopathic treatment, with this fever, who had all the worst symptoms of typhoid fever, whose symptoms at first were not severe, and similar to those mentioned herein. He died. His treatment was *Quina. sulph.* and *alcoholic* stimulation. Besides those cases mentioned, I treated many more not so severe, and I presume a hundred more that came to my office with the unmistakable symptoms of the fever, but not severe enough to confine them to their beds. Many came with no evidence of fever, but

with a cough, or sore throat; or headache. worse every third day, etc. These were mostly adults. Three complained of the sensitiveness of scalp that I experienced. I treated a few cases without seeing them at all; quite sick, I should judge, too. The parts affected by this fever are just those supplied by the pneumogastric nerve.

The remedy I used was *Baptisia* 1x dil. Pellets thoroughly saturated, administered every half hour or hour while awake; and a perfect specific it proved in my hands.

Very respectfully, ERWIN JONES.

March 1st.

RUSSIA.—Something salt is positively demanded by the climate, and after a short time in Russia, the foreigner will be always glad to get a bit of raw herring or salt salmon. Together with white bread, there is always placed at each plate a piece of the ordinary sour, black rye-bread of the peasants, for every body demands it in the Russian climate.

EFFECT OF TREES ON CLIMATE.—The dryness of the Egyptian climate is such that rain is unknown in Upper Egypt, and in olden time it never rained oftener than five or six days in a year on the Nile delta. The viceroy, Mehemed Ali, caused twenty millions of trees to be planted on this delta; these have now attained their full size, and the number of rainy days has increased to forty annually. Such is the power which man can exert over nature in the matter of varying meteorological conditions.

FARMINGTON, ME.—We have had, and now have, an *influenza*, which is nearly entitled to be called an epidemic, of considerable extent. It usually stops, with all inmates of the house which it visits, about two weeks. Its favorite haunts are the nose, the head, the throat, and the lungs. Many who receive its visits do not know of extending an invitation to the unwelcome guest; yet he comes, when he will, to old and young indiscriminately, though doubtful of so doing without some imprudent act on their part. Medical attendance not usually sought outside of domestic practice.

O. W. T.

March 23.

OWATONNA, MINN.—Measles are all the rage. Every body has them, has had them, or is going to have them. They are very light this winter, and *Acon.*, *Ars.*, and *Bry.*—sometimes *Nux vom.*—are all the remedies I am using. We have been having a mild winter up to this week, and to-day the thermometer is 20 below zero; the cases during the cold week have been more severe than those during the mild weather.

February 22.*

J. G. GILCHRIST.

PEKIN.—We have had but little sickness here during the past month. For the period of two months or more, the diseases have been principally of a catarrhal nature. The medicines that seemed to me to meet the genus epidemicus the best, were *Camphor*, *Aconite*, *Nux*, and *Mercurius*.

April 16.

S. J. B.

THE CRITIQUE.

"Nothing extenuate, nor ought set down in malice."

SURGICAL.—Our colleges every year issue an announcement, and usually, under the puff of the chair of surgery, great laudations are made of the wonderful advantages that are to be derived from surgical clinics that are to be given the following session. Marvelous deeds of surgical daring are to be performed; and the students, before the term commences, have their curiosity wrought up to the point of "Great Expectations." Now,

* It is quite impossible, in the limited space we now have, to crowd in all the valuable items we receive each month. Condense your thoughts—crystals occupy but little space.—ED.

do they realize them? We apprehend not, or a report of these operations would come to light. Last fall we urged the necessity of the professors of surgery appointing from their classes students who would report all their operations, and send the reports of their clinics to our journals. But the matter of recording operations seems to have been neglected almost entirely. Prof. Franklin and Prof. T. P. Wilson have given us a little, but even these reports are but meagre. Let us have full and ample reports of all cases of interest. Why do not the operators in the St. Louis, New York, Chicago and Philadelphia colleges let us hear of their doings in this respect during the past winter? Or have they been idle, or too negligent of their duties, to give their classes any operations or any good surgical clinics? We have no doubt of the ability of our professors of surgery to operate, and to operate well, but we think the spur is well deserved if they, having the ability, do not give equal, nay, superior clinics to those given in the Allopathic colleges in their respective cities. If such clinics have been given, let the medical world have the benefit of them, and the non-professional operators gain the advantage of their experience, since a much greater number of cases are supposed to come under the eye of a college surgeon than the private practitioner. It is not too late yet to look over the clinic books and make an abstract of the important and instructive cases of the past winter; and as the colleges are now closed for the season, the professors can spare a little time, doubtless, in conjunction with an assistant, to make out such reports. If these clinics are of any real value to either the student or the profession, the sooner the reports are forthcoming the better will the profession be pleased. If these things have been mere shams, however, we urge them to keep quiet.

How many cases of amputation, lithotomy, resection, removal of tumors, operations for cataract, etc., etc., have they each had? Let us, at least, have a summary from each college, of the past winter's labor in this department. We do not have near the number of surgical articles in our journals that should appear; and would not the editors of those journals that have little or no surgery in them, do well to urge this point upon their contributors? It would serve the interests of the profession, certainly, and we think their own likewise.

Some of the State Homœopathic medical societies might also have more efficient committees, and more interesting reports on surgery than than they have had formerly.

CHIRURGICAL CRITIC.

BELLADONNA RASH.—We have supposed that the question whether or no *Belladonna* has the power of producing an eruption of the skin, similar to that which occurs in scarlatina, had been permanently settled in the affirmative by our Allopathic brethren. From recent accounts, however, we learn that some of these wise men are still hacking away at this subject, denying the truth that Hahnemann put forth, and at the same time displaying their ignorance—though this latter fact is by no means new.

Pariera has reported seven cases of poisoning with *Bell.* and *every one* of these cases had the scarlet eruption plainly visible on the surface of their bodies.

Prof. Kirby, of New York, a man of extensive observation, and a veteran in our ranks, informed us, when in conversation with him on this subject some years since, that he saw a lad to whom *Bell.* had been given for some particular trouble by an Allopathic physician, and, as a consequence, at the end of *every seven days*, for a number of weeks, the scarlet eruption peculiar to this drug came out; this, too, after the medicine had been stopped.

We could bring forth a large batch of clinical cases to offer further proof in this matter, but these will suffice for our present purpose.

The periodicity in Dr. Kirby's case is exceedingly interesting to us, as well as the exanthem, which he said was unmistakable. If our Allopathic

brethren would, instead of speculating on these matters, go to work and prove drugs, they would no longer remain in ignorance nor grope in the dark.

THE THERAPEUTIC CRITIC.

WHY SHOULD INFANTS WAIT SO LONG?—We are directed, in THE MEDICAL INVESTIGATOR, Vol. V., No. VI., p. 218, that “in no case should it be put to the breast sooner than from twelve to twenty-four hours.” Very peremptory and direct orders, to say the least.

If we turn to the animal kingdom, do we find any such delay the rule?

If we consult the aboriginal tribes of any country; or any unsophisticated nation; or the instinct of the young; or the motherly instinct, animal or human; or *reason*, they all abnegate such teachings, do they not?

If we are born with “but two wants—to eat and to sleep,” and the “eat” comes first, *why wait so long?*

O. W. TRUE.

PATHOLOGY AT SEA.—We return to Dr. Hoyne’s case. He has named it from a phenomenon, forgetting “that a convulsion is a symptom, not a disease.” “Just as,” continues J. Hughlings Jackson, “a single word conveys no proposition, so the phenomenon convulsion can have no complete meaning by itself. Convulsion is like a word in a sentence; taken alone, like a word cut out of a sentence, it has no intelligible meaning to us. To know what it means, we have to study, so to speak, the etymology of many other symptoms, and, more than this, we have to bring to our studies a knowledge of the grammar of disease generally.” From his diagnosis, he should at least have headed his report, *Traumatic Convulsions*; but what *purist* cares any thing for nosology? We Homœopaths are, thank Heaven, freed from its perplexities!

Did the convulsions in Dr. Hoyne’s case depend upon “a mechanical injury of the diaphragm?” Let us examine some of the phenomena reported by him. It is a poor specimen of a clinical report. The eye is unnoticed. The heart and pulse received no attention. The temperature of the body is not mentioned. The positions of the hands and feet are not stated. While these omissions shield the doctor, they also invalidate his diagnosis. The poverty of his report prevents a satisfactory, or exhaustive analysis, and even “the country physician” declines to base a positive diagnosis upon such meagre details. But, with all this lack of essential data, we re-assert that *we would rather seek a diagnosis in the phenomena of hysteria, than to babble of a “mechanical injury of the diaphragm.”*

For the first thirty-six hours, the patient passed urine “freely and naturally;” then for twenty-four hours she did not pass a drop.” However, from the time—afternoon of Aug. 22—when she urinated “a large chamber full of clear urine,” a marked improvement set in, for, on the day following, the doctor’s report is, “She has had only two paroxysms in the last fourteen hours.” All this is no doubt owing to the *Arnica* and the “one dose of *Ignatia*,” given through “a mistake.”

Here we may as well call attention to Dr. Hoyne’s strange statements concerning the urinary features of this case. 1. He believes that a young miss of fourteen can, by force of will, retain the urine for twenty-four hours — “she did not pass a drop”—and at the end of that time “come down” freely and readily at the suggestion of “the old woman’s method.” “Tell that to the marines;” or, at least, let some “old woman” tell it—for it is a dangerous tale for the doctor to rehearse, *if the case is not hysterical in its nature.* 2. A not very “large” chamber holds seven pints; so we may safely estimate this young miss of fourteen as excreting 112 ounces of “clear urine” in twenty-four hours. This striking phenomenon is readily traced to its cause: “a young man in the room.” But how about the “young man’s bladder;” what did he do in that twenty-four hours’ privation? Verily, the young folks of Chicago out-do all creation

in *holding their water!* Again, in the latitude of Chicago, will a "mechanical injury of the diaphragm" account for such a hyper-excretion of urine?

For such symptoms of this case as Dr. H. gave, we must refer the curious reader to the *Hahnemannian Monthly*, December, 1868; meanwhile, we will see how this doctor covers symptoms. His patient had "incessant twitching of the muscles of the upper extremities, and then suddenly a violent pain in the left chest, region of the heart, and arrest of respiration." He finds the *similia* in the following *Arnica* effects: "Jactitation of single muscles, etc.; twitchings in all the limbs; *trembling of the whole body*; twitching in the *muscles of the arm*; stitches under the false ribs, arresting the breath; stitching in one side of the chest, with a short cough; stitches in the heart."

The affinity of *Arnica* for the left side is shown in the proving; and the doctor's quoted symptoms says: "Twitching in the muscles of the *arm*," the plural is not used in the proving from which he culled his symptoms. But the "twitching" is what the doctor wanted, no matter where it occurred. The *Arnica* chest-symptoms are traceable to pleurodynia, or to pleuritis, and a little "pathology" would have taught the doctor as much.

Led away by the pathology of a "mechanical injury," which he frankly confesses he "supposed," he saw in his supposition "the key-note to the remedy;" and when he sat down to the *Materia Medica*, he was predetermined to *make Arnica* cover the case. That he left out of consideration both *the pathology* of the case and the genius of *Arnica*, is evident to any undergraduate.

Dr. Ludlam's diagnosis is most significantly hinted in his prescription, *Ignatia*; and Dr. Hoyne will get from his favorite Bönninghausen a valuable suggestion to that effect. (*Vide* Hempel's translation, p. 180, "Hysteric Spasms," *Ignat.* in "large caps," *Bell.* in small, *Arnica, non est!*)

With an air of injured innocence, the doctor says: "The personal remarks concerning my ignorance of pathology, I pass in silence." Without doubt every reader was struck with the singular propriety of this conduct. When a man holds a poor hand, it is always well to "pass;" and if Dr. H. had never "ordered up" his case in the *Hahnemannian Monthly*, it is at least probable that he would not have been publicly "euchred." The doctor evidently does not know that when an M.D. sends a contribution to a journal, his opinions are no longer private property; the contents of the journal are the *quid* for the subscribers' *quo*; the sacred ægis of personality is stripped off at the compositor's case, and the writer must appear before the tribunal of the reader. While we shall ever bear in mind the motto of this department of THE INVESTIGATOR, we shall also act upon the belief that the plainer the criticism of, the less trash will be in, our journals.

CARL MÜLLER.

MALIGNANT ABSCESS.—In the March number of THE INVESTIGATOR we find the history of a case of "Malignant Abscess." The difficulty here seems to have been that Dr. A. treated the abscess instead of the patient. It is plain to be seen that there was a strumous diathesis to contend with; that the scrofulous element was aroused in all its fury and malignancy, and the whole attention of the physician should have been turned to that existing condition. The abscess was only one of perhaps a train of symptoms with which the patient suffered, and time and medicine spent on it alone, was time and medicine wasted.

There are no reasons given why the drugs named in the course of the treatment were used.

The first prescription was *Merc.* 3 and *Lachesis* 10. We are inclined to think this was a strange combination, as these two drugs could hardly have been indicated at one and the same time. The very fact that there was a "slight degree of tenderness," contra-indicated *Lach.*, as well as the

fact also of the difficulty being on the *right side*. *Lach.* shows its chief effects on the *left side*, and there is extreme tenderness of the parts involved.

No indications for the use of *Acon.* and *Bell.* are given, but we learn that the case was aggravated under these drugs, and perhaps the preceding ones. Nor are any reasons given for using *Calc.* and *Sulphur*, the patient growing rapidly worse at this juncture.

As regards the opening of the abscess, nothing whatever was to be gained by this procedure, unless the specific poison in the system, which paralyzed all local efforts, was first subdued by the proper homœopathic agent.

We are sorry to see that the doctor used *Morphia* in this case; nothing could have done the patient such direct injury as this. It was a fatal step, and ill becomes a homœopath. In such a critical case as this, when the system is almost completely overwhelmed with an inherited specific poison, we build our hopes of success in being able to get even the faintest response in the shape of a reaction to the properly selected drug; and to destroy this only remaining chance by benumbing all the faculties of the body with a narcotic, is, to say the least, a very grave mistake. Who is able to select the *similimum* in a desperate case when the patient is under the influence of *Morphine*? Suppose this man could not sleep on account of pain, would a few nights' loss of sleep have been as detrimental to him as his sleeping the long sleep of death? We do not say that he would have recovered under the most favorable circumstances, but we do say it would have been the highest satisfaction to know that he had the very best opportunity afforded him.

As this case stands reported, we see in it the strongest indications for *Arsenicum*. This drug would, in our opinion, have done more for this patient than any other with which we are acquainted.

Had the attack assumed a chronic form, the symptoms developing themselves slowly, *Aur. mur.* would have been indicated, and in all probability would have acted curatively, as I have found this remedy prompt and reliable in its action in scrofulous subjects suffering with chronic suppurations about the neck. Not only curing, but preventing further return of these external symptoms of an internal poison.

If *Mercury* has been taken in excess by such patients, this drug is all the more strongly indicated.

THERAPEUTIC CRITIC.

EXTRACTS FROM FOREIGN JOURNALS.

Dr. Eusenberg, of Coblenz, Prussia, finds *Iodine*, in extremely small doses, of great benefit in the vomiting of pregnancy, a dose several times a day; and he finds the same remedy equally beneficial in the cardialgia accompanying pregnancy. *Iodide of potash* possesses not the same remedial power in that state.—*Reus's Ver Zeitung*.

Dr. Tousset, of Paris, has given, in two very severe cases of true diphtheria, the *Cyanuret of mercury*, so highly recommended by Dr. Villers, and saved the life of both patients.—*Bibl. Homœpat. de Paris*.

Scanzoni and Recklinghausen observe that there is a genetic connection between chlorosis and cystic diseases of the ovaries, frequently affecting both ovaries.

Kissingen-water, a *tablespoonful for a dose*, is an excellent remedy for chronic diarrhœa, for the chief action of this mineral water is an excitation of the secretions on the surfaces of all mucous membranes, especially of the digestive organs.—*Courrier Medicale*.

PANARITIUM AND ITS TREATMENT. By Dr. A. Chargé, editor of the *Bibliothèque Hom.*—There are three varieties. 1. The inflammation is

developed between the epidermis and the skin, after a superficial prick, or after tearing off a hang-nail. This is the lightest degree of panaritium, usually called "whitlow." Its symptoms are: a shining red swelling on the puffy side of the finger or around the nail, with more or less pain, followed soon by a rising of the epidermis, and the formation of a vesicle filled with a sero-purulent or bloody liquid. Opened spontaneously or artificially, an albuminous exudation trickles out, forming either an ulcer or a perforation of the subjacent cellular tissue. Its remedy is *Mercury*.

2. The inflammation resides in the cellular tissue. 3. The inflammation extends in the sheath of the tendons,—tendinous panaritium. These two varieties constitute alone the real panaritium, and are only two different degrees of the same disease. The tendinous panaritium is the most severe, and succeeds often to the phlegmonous form. Their symptoms are: insupportable shooting pains; hot, burning swelling, with deep-seated pains, fever, loss of sleep, continual anguish. It may terminate in suppuration, exfoliation of the tendons, caries of the os phalangis, loss of the finger. It is therefore of the utmost importance to arrest its progress as soon as possible. A very good abortive treatment, which we have used many a time with great benefit, is: To throw a whole lemon in boiling water, and let it boil for seven or eight minutes. In the centre of the lemon an opening is made lengthwise, and the affected finger thrust in, so that it is covered as from a glove, and a handkerchief wrapped all around the whole hand, which must be kept in a sling, and when in twenty-four hours the apparatus is taken off, the panaris is aborted. The truly homœopathic remedy for the panaritium is the *Myristica sebifera* (*Le muscadier de Cayenne*, according to the pathogenesis published by Mure in his *Materia Medica* of Brazil), which ought to be given as soon as the first symptoms show themselves, in one of the higher dilutions (12 to 30.) *Hepar* and *Silicea* will obviate all surgical interference, should it be impossible to stop its progress, when suppuration has already set in. With these three simple remedies, every panaritium can be cured.

A Homœopathic hospital has been lately established in the village of Konnugur, Bengal, E. I. Dr. Baho Rajendro Dutt stands at the head of it. One of the wealthiest planters has given one of his houses rentfree for the use of the hospital, and subscriptions enough have been received to ensure its life for the next two years.—*Journal du Dispensaire Hahnemann*.

Extracts from the *Rivista Omiopatica*. Translated by S. L.:

PHYSALIS ALKENKENGII.—Three doses, containing each four globules of the 12th dilution, given at an interval of four hours, cured an enuresis nocturna in a child, of three years' standing. Four months have since passed, and we may consider it therefore a radical cure.

PREVENTION OF HYDROPHOBIA.—The rural population of Galizia have observed since a long time, that dogs bitten by the common viper, which is very frequent in that country, are not apt to contract hydrophobia, neither spontaneous nor communicated. They bring, therefore, their young hounds and watch-dogs in the marshes, where the vipers abound, in order to have them bitten. To prove the truth of it, we had several young dogs, of five and six months old, bitten by vipers, and the immediate effect was always tumefaction around the wound, fever, somnolence, malaise, lasting about three or four days. Olive oil internally, and as topical application, alleviated somewhat the morbid phenomena. A few months later we had the same dogs bitten again, but it produced only slight tumefaction, without any other effect. Some of these dogs were exposed to the bites of dogs suffering from hydrophobia, but none of them took the disease. We intend to continue our experiments, as it would be a great boon to have a reliable preventive against this disease.

THE
MEDICAL INVESTIGATOR.

VOL. VI.—JUNE, 1869—No. 9.

MINNESOTA FOR PULMONARY DISEASES.

MR. EDITOR:—Much has appeared in all kinds of periodicals of the beneficial effects of our climate on consumptives, which is so far from being the case, that I am tempted to give you a brief letter setting forth the *facts*, and let you and your readers judge for yourselves.

Our great elevation above sea-level, the amount of ozone we possess, and the many topographical advantages and peculiarities are admitted; but whatever brilliant anticipations are excited by the theory, in practice they are ever found delusive, and the result any thing but what the throng of health-seekers look for. It does not seem to me that a country in which the mercury in the thermometer ranges from 104° above zero, to 40° below, is just the place for phthisis; or rather, it is just the place for it, but not for its cure. Our winters are six months long, and rarely is the mercury higher than “freezing.” In the winter of 1867–8, it was most of the time 20 degrees below zero.

So many patients come to us from Eastern physicians, only to die in a short time, that many of us have about come to the conclusion, that when you in the East get unusually unpromising patients that you want to get off your hands, you send them to Minnesota. Some few are benefited, even restored to health, but they are terribly in the minority. Perhaps they would just as surely have recovered health in the East. I have often remarked

that a change of scene, if only of forty miles, from hill to plain, or *vice versa*, benefits a consumptive just as much as a journey of 1,500 miles. I am in attendance on a family now, whose history is a very sad one. The father, an old decrepit man, on the representations of his son, who *has* been benefited by our climate, sold the old homestead in New York, in which he was born, and for the sake of his two daughters, who were *threatened* with consumption, moved to this city; and, after all his sacrifices, has witnessed the death of one daughter, and now sees his remaining one in the last stages of that terrible scourge. All this in six months! They were not considered dangerously ill at home, and came here to avert the danger, and coming only hastened its development.

The immediate accompaniment of death seems to be a peculiar diarrhœa. The stools are just one or two hard balls of dark-colored fœces, the passage of which is attended with terrible pain in the back and at the anus, followed by a gush of fluid stool with a faint, sickening sensation, then a little blood; this is followed by a period of rest, varying in time from a half an hour to one or two hours. This comes on about a week before death, and in every case I have seen, acts precisely alike.

The water we have here is saturated with magnesia, and *that* may account for the diarrhœa. I have never been able to check this, or produce any effect upon it by any of the remedies I have ever used.

Let me bring this rambling letter to a close by asking our Eastern brethren to think twice before they load our case-books (in the language of insurance men) with "bad risks." Keep them at home! they will almost surely die; let them die among their friends. The journey, and the severe weather they are certain to experience, will almost certainly hasten comparatively slight cases to a fatal termination.

OWATONNA, MINN.

J. G. GILCHRIST.

“THE ESSENTIAL NATURE, CAUSE, AND CURE OF DISEASE.”

IN a sense, disease itself is a symptom, but it is a symptom always present with every malady of mind or body.

If, then, we make the word disease to represent all the ills that man is heir to, I should say the essential nature of disease is pain, with inflammation.

“*Cause.*”—The cause of disease may be any thing that is capable of producing pain, with general fever or local inflammation.

“*Cure.*”—The cure of disease is solely the work of nature. All we can do, and all we ought to try to do, is first, to remove all obstacles, place the part or parts which suffer in a position favorable for healing; and secondly, gently stimulate the affected parts, first, to enable them to perform their function, and secondly, to supply them with live blood to carry on the healing process while nature performs the cure.

Without entering into logical detail, our reasoning is briefly this: Inflammation and fever are one and the same; the only difference is, the one is local, the other general. We find inflammation and pain always present with every form of disease, constituting its “essential nature.” True, cause must precede effect, but we are not sensible of the presence of the cause, till we feel its effects.

With regard to “*Cause.*” Almost every thing in nature may become the cause of disease by improper and excessive use; or may become remedial by judicious use.

“*Cure.*”—To conduct disease to a cure, we must select a remedy similar in its effects to the effects of the cause, else it can not reach every part of the organism which suffers; and, therefore, can not furnish the stimulus necessary to bring live blood to the diseased organ for its resuscitation, nor to enable it to perform its functions during the process of healing. If the remedy we select be capable of producing similar effects with those of the disease, then it follows that we must use very small doses, or we will add fuel to the fire. Is not this the essence of Homœopathy?

If my solution of the vexed question should not be satisfactory, it will be all the easier improved upon; and it is only by comparing the views of the many that we can expect to arrive at any thing like truth upon such subjects.

Respectfully yours,

VICKSBURG, *March 2*, 1869.

A. Cox.

“THE NEW MALARIAL FEVER.”

EDITOR MEDICAL INVESTIGATOR :—Dr. Boynton’s cases of New Malarial Fever, reported in the March number of THE INVESTIGATOR, I think bear a very strong resemblance to the Syrian Fever, and to the Malarial Fever of Rome, and even to our own Malarial Fevers; and, I think, instead of being a new Malarial Fever, it will be found to be but a malignant form of the same old disease we have been so long contending with, attacking persons debilitated by previous drugging with *Quinia* “tonics,” bad whisky, and “liver medicines;” nor do I think the “dry tongue, with deeply crimped edges,” is ever seen in a patient who has not been drugged with *Quinia*, some of the numerous “ague mixtures,” *Calomel*, *Podophyllin*, or some drastic purgative.

The great amount of malarial poison in the system of such cases, irritates the already debilitated nervous system, especially the sympathetic, and cerebro-spinal: and the vital forces, are seemingly as much prostrated in these attacks, as in a case of Asiatic cholera; and hæmaturia, dysentery, diarrhœa, or hæmorrhages from any of the various organs, is not an unfrequent accompaniment of this disease.

I have observed, for a number of years, although I have never seen it mentioned in any of the books or periodicals, that you can not produce *cinchonism* in a patient laboring under the influence of malarial poison, no matter how large the dose of *Quinia*, nor how frequent you administer it, until the “poison” is neutralized, “antidoted,” or overpowered, at least for the time being (although the remedy may not cure the disease), any more than you can produce intoxication with alcohol in a person bitten by a rattle-snake, until the snake poison is, to a great extent, destroyed.

A prominent diagnostic symptom, or even key-note, to this malarial poisoning or disease, I have never known to be absent: the papilla on the tongue, especially near and on the tips and edges, are always red, elevated, and enlarged, in exact ratio to the amount of malaria poison in the blood, or, at least, in the system. This I have observed, for the last twenty years, not only along the Mississippi river, and other streams, in Iowa, Illinois, and Missouri, but among the swamps of Tennessee and Mississippi, and in the malaria districts about Rome, and the valleys and marshes of Syria and Palestine.

Our remedies should be selected, looking to this as a prominent diagnostic symptom, or even as the key-note to all other symptoms; and unless we do, we will certainly find ourselves many times in the dark in making up our "totality of symptoms," and will many times fail in curing diseases, which, if this be kept in view, it will aid us greatly in prescribing correctly, as well as intelligently, and many symptoms which, perhaps, gave us no little trouble previously, will disappear as if by magic under the influence of some proper "antidote," or whatever you choose to call it, to the miasm or malarial poison.

Do you think if Dr. Boynton had kept this in view—made this his key-note to start from in making up his "case"—he would ever have prescribed *Camphor*, *Chloroform*, *Calomel*, etc., in his case of "New Malarial Fever?" Surely not; he would at once have looked for some remedy among that class known to remove the effects of this poison. A case in point:

On my arrival in Naples from Rome, Sept. 13d, 1867, I found Col. H—, aged 65, a large fleshy man, prostrated with a severe, painless diarrhœa. He had returned from Rome several days previous, where the cholera was then prevailing somewhat extensively, and where he was attacked with this diarrhœa. For the past three or four days he had been under Allopathic treatment, and had taken various "cholera mixtures," astringents, *Calomel*, *Blue mass*, *Chalk mixture*, etc, but only to make things worse. He had frequent and copious evacuations, of a light color; little or no pain, but feeling very much prostrated after each evacuation of his bowels; some nausea; mouth dry; tongue coated a yellowish-brown, except tip and edges—tip, for about half an inch back, and edges *thickly studded with deep red, and very prominent papilla*. Here was the key-note, and I decided at

once on *Boletus* as the remedy. *Boletus lar.*, one drop every hour to be taken in water. After the *first dose*, he expressed himself as cured. To use his own words: "After taking the first dose, a great weight seemed to be lifted off of me, and I feel no more desire for an evacuation of my bowels." No more medicine unless the diarrhœa returns.

Sept. 4.—Slight looseness of the bowels; took two or three doses *Boletus* at intervals of an hour, after which he had no further trouble, and in a few days was in his usual health.

HANNIBAL, MO.

G. B. BIRCH, M.D.

DIFFICULT AND RETARDED DENTITION.

EDITOR INVESTIGATOR:—In the December number of THE INVESTIGATOR I noticed a discussion, reported to have taken place in the Cook County Medical Society, on the subject of dentition, in which the use of the lance was generally denounced. The manner of using it (as described in that discussion), is, in my opinion, the cause of failure to gain the object desired, more than is generally supposed by medical men. I have made a specialty of teeth and their diseases, including the process of dentition, for the last fifteen years, and my experience teaches me that there is a wide difference between *difficult* and *retarded* dentition. The latter can be cured physiologically, while the former can, without doubt, be cured by the use of the lance. The latter is caused by insufficient nutrition; *i. e.*, the food of the child does not contain enough of the tooth and bone producing elements, which supplied, the disease will remedy itself in a short time.

The *difficult* dentition is, undoubtedly, when there are systemic impression produced while the teeth are pressing under and against the periosteum of the alveolar; scarcely ever from pressure against the softer tissues. This pressure is instantaneously removed by cutting down to, and through the periosteum, to the new tooth; cut the shortest way to it, not through the thick tissues down the middle of the arch, but from the outer or inner side of it, as the case may be. The cicatrix theory is all a humbug.

From this standpoint, you see that lancing for retarded dentition would do no good whatever, while for difficult dentition, it

would be *just the best thing that could* be done. I wrote this hoping to awaken a desire to search after truth on this subject in the medical profession, as it has long ago in the dental.

Very truly yours,

WM. O. KULP, D.D.S.

MUSCATINE, IOWA, Feb. 13, 1869.

PHYSOMETRA.

BY DR. VAN DEN BERGHE.

Mrs. V., 28 years old; married, but without children; felt from time to time pain from the stomach to the kidneys. She was troubled also with a tumor, of the size of a child's head, jostling against the abdominal walls, with spasmodic contractions in some part of the uterus. At intervals of rest we examined it, and it appeared like a voluminous body, ovoid and hard, as if she were in an advanced state of pregnancy; still, auscultation revealed no sound of the foetal heart, and percussion gave rather a tympanitic sound. Vaginal examination was impossible, as it produced intense pain; the vagina was red and swollen, and from the meatus urinarius flowed gonorrhœic pus, thick and white. Micturition was painful, and the urine scalding. The tumefaction of the mammæ, the dark color of the areola, and the brownish hue of the linea alba, raised suspicions of pregnancy, although the menstrual flow had been hitherto regular. Our diagnosis was physometra, and we began by attending to the urethrovaginitis, prescribing *Acon.*⁶, 10 globules in water; a tablespoonful every hour, to be followed by *Cannabis*³; but neither this nor *Cantharides*⁶ did her any good. We tried, therefore, *Sepia*³⁰, 4 globules in water, a tablespoonful every two hours, and, as she improved, we gave her another dose *Sepia*³⁰⁰, which made the gonorrhœa disappear. Still the tumor on the stomach was as large as ever, and we selected *Phosphor*³⁰, 4 glob. in water, for its removal, and without repeating the dose, it seemed as if the gases were re-absorbed, and the uterus returned to its normal state.—*Journal du Dispensaire Hahnemann de Bruxelles.*

CENTRAL NEW YORK HOMŒOPATHIC MEDICAL
SOCIETY.

AUBURN, *March 31st*, 1869.

THE Fourth Annual meeting of the Central New York Homœopathic Medical Society will be held at Syracuse, on Thursday, the 17th day of June, 1869, at 10, A. M. Subject for discussion, "Aconite." Yours, etc.,

C. W. BOYCE, *Sec'y.*

At the last meeting of this Society, March 14, Dr. Boyce read an able paper instituting a careful comparison of *Phosphorus*, the subject for discussion, and *Arsenicum*, in their special relations to the different organs of the body.

After the reading of the paper, the matter was fully discussed by all the members present, with cases illustrating the curative power of the drug.

The secretary read communications from Drs. Dunham, of New York, and Kitchen, of Philadelphia, on the curative power of *Phosphorus*. Dr. Kitchen finds the remedy beneficial for hoarseness in public speakers, and in eruptive fevers. Dr. Stow called the attention of the Society to the valuable effects of the remedy in the various forms of nervous diseases. Dr. Watson directed the attention of the Society to the benefit to be derived from the use of *Phosphorus* in the treatment of Paresis and progressive locomotor ataxia. Dr. Edward Loomis reported a case of affection of the lungs, attended with repeated attacks of hæmorrhage, which were in every instance promptly arrested by *Phosphorus*. Dr. Wells reported three cases of treatment illustrating the peculiar temperament in which the remedy is especially indicated. Dr. Boyce reported an interesting case in confirmation of the same principle. Dr. Munger related a case of lumbar abscess, attended with a troublesome cough, which was relieved by the use of *Phosphorus*. Dr. Hawley related a case of painless diarrhœa, of eighteen months' duration, permanently cured with this remedy. Dr. Stebbins reported a case of chronic diarrhœa completely cured by this remedy.

L. B. WELLS, *Sec., pro tem.*

CURE OF POLYPI, WITH REMEDIES.

(Translated from *Rivista Omiopatica.*)

G. P., sixteen years old, has two polypi of such dimensions in his nostrils that they are entirely closed up; they hinder his respiration, cause restless sleep, and as he has to lie with his mouth open his throat is constantly dry, and by the least effort to close it, paroxysms of suffocation set in. Several physicians, who had seen him, declared that only surgical aid could cure him; but as the parents were unwilling, Homœopathy was called in as a last resource. In order to give the patient some relief in breathing and speaking, we began the treatment with *Phos.*³⁰, 4 globules, and awaited the action of this one dose for twenty days, as the polypi diminished in volume, and patient breathed more free. In August he received another dose of *Phos.*; but as in September amendment did not continue, and we had reason to suspect a psoric diathesis, we concluded to give *Sulphur* in alternation with *Calc. carb.* We began with *Sulph.*³⁰, 4 globules, three doses for three consecutive days. After the third dose I observed a herpetic eruption under the nostrils, with pruritus and coryza. We left him without medicine till the eruption had completed its course, and in October he got one dose *Calc. carb.*³⁰, 5 globules. After ten or twelve days we could not see any sign, either in its favor or contrary; but about the beginning of November amelioration proceeded rapidly, so that by December the young man could attend balls and theatres, and by January not a vestige of the disease remained.—*Dr. Alvarez.* S. L.

Dr. Rast found acute tetanus trumaticus mostly fatal; in its chronic state it allows a more favorable prognosis. Hot baths, of three to twelve hours' duration, and frequently repeated, are the most efficacious remedy. *Chloroform* and *Morphine* are of little use. *Curare* produced in one case profuse sweating. Recklinghausen has made several microscopic obductions of persons who have died from tetanus, and has never found any alteration in the spinal marrow, only the nerves lying nearest the wounded part showed some redness.—*Verhandlungen der Med. Ges. in Wurzburg.*

ALTERNATION OF REMEDIES.

BY C. S. ELDRIDGE, M.D., OF BAY CITY, MICH.

MANY prominent writers of our school refuse to admit that an administration of more than one drug at a time is in strict keeping with the homœopathic law of cure; asserting that if one drug is certainly indicated in a given case, the use of another can not be; and in so selecting a second drug, affirm that it constitutes a breach of the *law*. Numerous are the practitioners of ability who honestly and conscientiously apply this principle to all grades and types of diseased action coming under their professional care. And it is fair to suppose, from their clinical reports, that such success in their practice, as they may justly feel proud of, results therefrom.

Again, another class of practitioners equally earnest and intelligent, meet, according to their published reports, with the happiest results from the employment of drugs in alternation. How, then, is it that, though different views are entertained, and principles diametrically opposed to each other are applied in similar cases, that the respective advocates of opposing theories attain the same satisfactory results? Although it is generally conceded that the maxim *Similia similibus curantur* implies the cure or eradication of diseased action by virtue of power inherent in a drug to create in the healthy organism conditions like unto those produced by unknown or sporadic causes, we find any thing but a like unanimous view, throughout the profession, in relation to the administration and action of drugs.

Upon the one hand, an essay sets forth an account of the immense benefit to be derived from drug alternation; and upon the other, an article declaring the impracticability and irrationality of such a course.

We notice throughout the profession a great disparity of ideas concerning the action of drugs upon the human organism, while under a pathological impress. One writer asserts it as his opinion that a certain drug is curative in a certain disease from the power it possesses to engender what might be termed a vicarious or

drug disease, which shall serve to supplant the existing diseased action, and thereby effect a cure. Another becomes wedded to the belief that the essential element of the drug grapples (as it were) with the modified or diseased vital force, and holds or neutralizes it, while nature makes the reparation; and still another, with no less avidity, essays to elucidate the dynamic theory of drug power.

Amid such a complication of ideas, the aspiring tyro, under bewilderment, asks, where is the pathway leading from such a labyrinth of Utopian ideas, conjectures and theories, into the open sunlight of scientific medical truth? This is the natural result of illiberal teaching, writing, etc.

The questions of drug alternation and action are yet mooted ones, having, ever since the birth of homœopathy, received no little attention from our most profound and masterly intellects. Since Hahnemann disclosed to the practical world the maxim on which our school is founded, there has been an unmitigated wrangling over these questions, and whether a satisfactory solution shall be arrived at, time only can determine.

Medicine has not yet been assigned its place among the exact sciences, and, only can be after thorough and scientific logical argumentation, *pro* and *con*, shall have unearthed its strata of laws, yet imperfectly elucidated. Amid the comments and criticisms, naturally resulting from the physician's love for scientific truth and professional *éclat*, as he attacks and analyzes the theories, principles and conclusions, honestly presented by his colleagues, he should remember always to entertain them with consideration and respect. When all men shall agree touching matters of science, the wheels of progression will cease their revolutions, and the beating of the great scientific pulse will no longer be perceptible.

It is certain that no medicine can act upon the organism unless the same be brought into *immediate contact* therewith; but after having settled into the belief that medicines can act in no other way than by contact, we are still confronted by an abstruse problem in calculating upon the *precise* mode or manner of their action.

Doubts many times arise where a certain curative result has been attained, upon what hypothesis to account for the *modus operandi* of the drug selected. It may be brought into direct

contact with the system, through the process of olfaction, through the nervous or arterial system, and a cure consequently results in either way. Cases are reported by Hahnemann, where patients laboring under very distressing symptoms were cured by a mere sniff at the mouth of an open vial containing an attenuation of the most judiciously selected drug.

Our illustrious author in each instance, probably, according to his view, believing the drug to so nearly approximate the similitum, that he considered it essential to produce only the mildest impression upon a sensitive organism, lest an aggravation should consequently ensue. He therefore administered just so much, quantitatively, of the drug *par excellence*, as might be received and transmitted to the locality suffering from disease through the nervous distribution upon the schneiderian membrane. Had the semblance here been represented by a *less* number of *symptomatic* and *pathogenetic* characteristics, the dose would have, undoubtedly, been materially augmented. Should we administer a drug to a patient wherein the symptoms portrayed found an almost identical personification in the pathogenesis of our selected remedy, we should be much more likely to enhance the difficulty already existing by giving a material quantity, than if the case presented only a few *non-specific or generic* symptoms. It is the specific relation or affinity between the characteristics of drug and disease that renders the former, an agent of curative adaptation to the latter. The curative power or force of a drug, then, (according to our view) lies in its intrinsic capability of producing those pathogenetic manifestations, in an organism not deteriorated by morbid influence, which shall find in the diseased organism its pathological or symptomatic prototype.

Through the force of adaptation or affinity we observe various drugs producing certain or specific effects upon certain structures and functions of the animal economy. We also observe that some medicaments produce definite impressions upon this or that part of the system, while others do not affect the same organ or locality even when administered at the same time; but may, however, violently attack some organ or function located elsewhere.

Now, it seems rational to suppose that this accrues from the *inherent force of electric attraction*. Abundant toxicological, as well as clinical, experience teaches a corroboration of our statement.

Most physicians have noticed the effect of *Strychnia* in cases of attempted suicide, where its incipient and most terrible consequences were expended upon the spinal cord; and every case of poisoning by *Opium* indicates the wonderful effect of this drug upon the brain and bowels; while those nauseating commodities *Ipecac* and *Tartar emetic* tell of most wretched gastric derangements which they are capable of producing. Now, if one medicine acts upon a certain part of the system, which it is said to influence more effectually and potently than any other, why is the practice of alternation so strongly assailed? Why do physicians strive to erect barriers against its practical application?

Cases complex in their nature, affording a wide and diverse range of symptoms, of which the *more prominent are certain to be noted*, often present themselves to us in which one drug fails to cover the totality of symptoms; but a judicious selection of *two*, according to the *spirit* and *meaning* of the law, meets the demand, covers the extremes, and conducts the case to a successful termination.

If, in a given case, we find strong indications for the exhibition of *Aconite*, in the heat and peculiar tingling or pricking of the skin, together with bounding pulse, indicating a sthenic condition; also the most excruciating pain upon the slightest motion, with tension, redness, and swelling of the joints, so imperatively clamoring for *Bryonia* — what should be our action in the premises? Would it not be acting in accordance with the most sensible conclusion to administer these two remedies in alternation? Do not such views comport agreeably with well-grounded experience in this direction? We must not here forget the principle of *elective affinity* heretofore noticed. In the example above alluded to, will not *Aconite* take up its curative abode within the proper limits of its known jurisdiction, leaving *Bryonia* to perform its good work in the department where its homœopathic rapport is acknowledged? We believe, therefore, from the foregoing principle, in the feasibility of medicines acting *pari passu* for the eradication of diseased action.

Of course, we should not apply this principle in employing drugs known to be chemically or otherwise *antagonistic to each other* in their action; but when, after vainly seeking one remedy encompassing and clearly representing the entire range of morbid phenomena observed in this or that particular complaint, we

have always deemed it justifiable, and not in contradiction to the law, in making such another selection of a drug as will tend, from its specific effect, to facilitate and expedite the cure.

This, however, we should not do in the treatment of a case where *one* drug well represented the aggregated phenomena of disease, as under these circumstances a pernicious result would, in all probability, follow from its *generic effect*. In such a case the elective affinity or specific adaptability would be wanting, for the very reason that the organ to which this remedy is most adapted is not the seat of organic or functional derangement.

We should, therefore, only resort to the double exhibition of drugs when there exists a manifest propriety and necessity, affording a more generous and certain prospect of cure. Doubtless, in many, perhaps a majority of cases, the single remedy will prove adequate to meet all emergencies, and we have strong reason to believe that such will more especially be the case where diseased action but locally exists, or is circumscribed in its effects, where the remedy is not called upon to permeate localities, where its specific relationship may be questioned.

We are, however, two incredulous to believe that medicines can not act *curatively* when administered in alternation, as our version of the law, after considerable experience, and patient, unbiassed observation, justifies us in arriving at no such conclusion.

LACHESIS ANTIDOTAL TO CROTALUS HORRIDUS AND BUFO.

Rattlesnake Bite.—I was called in haste to visit a boy, 13 years of age, who was bitten in the toe by a rattlesnake. (*Crotalus horridus*.)* The leg below the knee was terribly swollen, black and spotted. I applied *Arnica* locally, and gave *Ars.* and *Belladonna* in very frequent doses, for about one hour and a half. *Belladonna* prevented congestion of the brain, but the swelling was not relieved. I then gave *Lachesis* 3rd for several hours, and the swelling became greatly reduced. I ordered the *Lachesis* to be continued once in two hours. The next day it

* We presume that the pathogenesis of this species of *Crotalus* does not differ much from that of *C. cascavella*, as developed by Drs. Mure and Martin, of Rio Janeiro, Brazil.

was repeated only once in four hours, with the *Arnica* locally applied. In about nine days the boy was well.

Case 2.—A young man about 19 years old got a small and harmless—not poisonous—snake into his boot. He was greatly frightened, and for nine weeks was quite ill, in consequence; nothing that he took seemed to benefit him. He vomited often, was pale, had no appetite, could not sleep well, and grew emaciated very rapidly. *Lachesis* 6th cured him in a few days.

Lachesis vs. Bufo.—The Indian murderer often poisons his enemy by taking the eggs of the warty toad, drying them, and pulverizing them, then introducing the powder in some way into some part of the body of his victim.

An old Roman Catholic missionary, called "Father Pierze," who has labored among the Chippewas, in upper Minnesota, for the last forty years, is accustomed to come to me for his medicines. Among other things I once gave him *Lachesis*, and told him of its use in snake-bites, etc. One of the Indians hated the old man and tried to kill him by poison. He came one morning and offered to shake hands, appearing very friendly. Father Pierze noticed that the Indian kept on his buck-skin gloves, nevertheless he gave his left hand, which the Indian shook heartily, and then after a few apparently friendly words took his leave. Father Pierze at once noticed a very strange feeling in his left arm, which began to jerk involuntarily and to swell very rapidly. He immediately perceived that he was poisoned, and sent for another Indian, a friendly, christian Indian, who had once been a powaw, or doctor. He told Father Pierze, that he was probably poisoned by the toad's eggs (*Bufo*)* which had been used in preparing the gloves for the murderous work, and that he would doubtless soon die, if he had not some powerful medicine to cure him. Father Pierze immediately resorted to *Lachesis*, and after taking a few doses of globules (he had no other preparation,) he was entirely cured. He told me of the cure afterwards, and was very grateful, not doubting that the *Lachesis* was the means of saving his life.

In a practice of several years, I have had a large number of

* Dr. Houat in *El Criterio Medico* has given us a very complete pathogenesis of *Bufo*. Who will translate it? A partial proving may be found in Mure's *Materia Medica*. Lippe's work has a valuable and available synopsis of *Bufo*.

cases which have demonstrated to me the great value of *Lachesis*, especially :

First : In cases of animal poisoning.

Second : In cases of difficulties arising from being frightened by snakes.

Third : In protracted and difficult parturition.

CLINTON, MINN., *March 1st*, 1866. C. S. WEBER, M.D.

THE LARYNGOSCOPE AS A MEANS OF DIAGNOSIS.

BY HENRY N. AVERY, M.D., NEW YORK.

It is the duty of physicians and surgeons to avail themselves of all improvements that will assist in diagnosing and treating diseases that come under their observation.

It is well known that close study and a proper understanding of pathology, combined with a knowledge of symptomatology, as Homœopathy teaches, has, and will give us more light upon abnormal conditions of the human system than we have learned, or may learn, from all other sources. Still, with our superior knowledge of diseases and their treatment, we should not imagine that further investigation is unnecessary. On the contrary, the diligent inquirer finds new fields constantly opening to his view, and new difficulties presenting themselves.

To solve some of these problems I desire to call attention to an assistant that should be used by every physician,—the Laryngoscope.

Topographical surgery has received no greater assistance than this instrument has afforded.

Diseases of the larynx and naso-pharyngeal cavities have remained obscured, from the fact that they have been hidden from view. It was formerly impossible to recognize changes in the larynx and epiglottis from an inability to bring these parts within the field of vision.

Thanks to Türck and Czermak, we now have unveiled to us what formerly was a mystery. To these gentlemen belongs the credit of perfecting the Laryngoscope. A little practice and study will enable any practitioner to bring this instrument into

such use, that he will derive great benefit in treating diseases of the larynx.

In some cases of laryngeal diseases we may doubt our conclusions, formed from ever so careful an examination ; for it is almost impossible for any one, no matter how great his experience, to know whether the disease is caused by laryngeal ulceration, destruction of the cartilages, abscess, tumor, or œdema ; but, with the assistance of the Laryngoscope, we have only to look and all doubt is removed.

The practitioner will meet with many cases that require the aid of the Laryngoscope, and the progress of all will depend upon the knowledge of the disease, which is so much more accurate by the use of this instrument. If any assistance can be obtained, it is his duty to avail himself of it. A few instances may be mentioned when the physician would be benefited by the employment of the Laryngoscope.

In hereditary incipient phthisis, anœmia of the mucous membrane of the respiratory organs, is one of the first signs indicating the true condition of the patient. Hyperœmia may be present, we may have venous congestion, or varicose veins, the result of the congestion. All these different conditions are presented to us, and we can then judge whether local applications are advisable.

A case is recorded in which a broken pin was swallowed, and became firmly attached to the epiglottis. The true nature of the case was not revealed until the Laryngoscope was brought into use, and the pin was discovered in the right side of the epiglottis, when it was removed.

Another case is one where the laryngeal cavity was discovered to be filled with cauliflower excrescences. There are also cases recorded of tumors being discovered, and their nature ascertained.

In treating ulcerations of the epiglottis great assistance will be afforded by this instrument.

It is to the Homœopathic physician that this instrument is to be of the greatest benefit ; for with it he will be armed with a double weapon. His constitutional remedies, combined with local treatment in cases that require it, will prove of the greatest service.

I would urge the profession to investigate and adopt this valuable instrument, promising that they will not be disappointed in the results obtained.

THE USE OF CARBOLIC ACID AS A DRESSING FOR WOUNDS.

Read before the Central New York Homœopathic Medical Society.

CARBOLIC ACID is comparatively a "new remedy," having been introduced to the profession within a few years, and principally as a disinfectant—hygienic and not therapeutic.* Its power to disinfect is unequalled, but I have never known it to be used for any other purpose until within one year. Indeed, only one and a half years ago I enquired at one of our principal drug stores for *Carbolic acid*, and the druggist did not know that there was such an article.

In using this remedy as a disinfectant, and noting its great value, I was led one year ago, or thereabouts, to apply a lotion consisting of *Carbolic acid*, ten drops, and half-pint of water, to a wound on the left side of the face of Mr. M. M. Fry, aged 70, who was unloading a log from whatever conveyance it rested on. The "binder" was loosened, and flew with such force that striking Mr. F. on the left side of the face, about half-way between his nose and the cheek bone, the blow of the stick completely turning the flesh over, from the point where it struck to the ear, a wound four or five inches long by three or four wide, and down to the bone. The flap was placed as nearly as possible to its place, and retained by a few adhesive strips. There was more or less bleeding, but owing to its being done with so blunt an instrument the bleeding was not very great. From such a wound, produced in this manner and in so old a man, I expected there would be profuse suppuration, and be a long time in healing. In order to correct any bad smell that might arise from the wound during the stage of suppuration, I prepared an ordinary sized coffee-cup full of water and *Carbolic acid*—ten drops of the latter. With this lotion the parts were to be kept wet. I visited Mr. Fry three times within a week, and to my surprise there was not a drop of pus discharged, and at the end of the week the wound was entirely healed and has remained so to this day.

*Dr. Hoyme, of this city, has prepared a pathogenesis of *Carbolic acid*, made up of a large number of careful provings. The study of the symptoms has convinced us that it is a drug of power, and one that the profession should be familiar with.—ED.

This surprising result led me to use the same preparation in the following cases:

1. Charles Stalker, aged 18, got his right middle finger smashed in some machinery. The first phalanx was smashed fine, and felt like pieces of bone in a small bag. The first joint was implicated. The wound was compound, and pieces of bone protruded. The condition was so bad that it did seem wrong to try to save the end of the finger; but with the knowledge of the above case before me, I concluded to try the lotion. The finger was put in as good shape as possible, and held by adhesive strips, and the lotion applied. In an incredibly short time young S. used his hand to write with, and has continued to do so until the present. He removed one or two fragments of bone, but there was no suppuration, nor much soreness. Even the joint is intact.

2. R. S., aged 33, brother of the last patient, fell from a chestnut tree, and in striking the ground fractured the molar bone and suffered a bad cut from the eye to the cheek. The molar bone was fractured and driven down upon the muscle beneath it. The eye and its surroundings were "blood-shot" and greatly swelled. This wound was dressed with the *Carbolic acid* lotion with the same result; that is, no formation of pus, and entirely healed in a few days.

3. A. W., aged 20, received one week ago a deep cut between the thumb and forefinger of the left hand, severing an artery. The bleeding was arrested in the course of a few hours by an application of *Moussé's solution*, which produced a firm clot in the wound. This clot was not removed for three or four days, when the lips of the wound were brought together, and to-day the wound is nearly healed. Not the least sign of suppuration. The wound was dressed with *Carbolic acid* lotion.

From this uniform success in treating wounds with *Carbolic acid* lotion, I tried its effect on a "broken breast" some weeks ago. The abscess had formed and opened, and was discharging freely of pus. The usual inflammation was present, and altogether the case gave evidence of continuing indefinitely. These cases have always been, in my hands, prone to continue for a long time discharging, with little satisfaction in treatment. One thing I think I have noticed, and that is that when the abscess has been a long while forming it is apt to continue discharging for a long while. This case had been several weeks in forming,

and went on to suppuration in spite of my best efforts. There was profuse discharge and great soreness of the breast. The opening would admit the ends of three fingers with ease. Now here was a case to try the curative virtue of *Carbolic acid*. A lotion was prepared and used, and a small quantity made to enter the abscess. The suppuration began to diminish at once, and sooner than I ever saw a sore breast of this extent heal at all, was this one cured.

To these cases I wish to add one which may be regarded, in all probability, as pathogenic. Sometime during the summer I had occasion to use some *Carbolic acid*, and through carelessness a quantity was spilled in my left hand. It was necessary to leave it in contact with the skin for a few minutes. Some of it trickled down between the fingers and remained as a drop on the back of the middle finger. Before it could be removed there was a peculiar feeling of stiffness and discomfort (puckering) of the entire hand. This discomfort remained on the middle finger until night. At one spot it never left until there appeared a small pimple, which increased in size until it became a sore resembling a carbuncle. The flesh suppurated until a probe could be passed nearly through the finger. For several days the sore hand was intensely painful, and prevented sleep for several nights. It healed finally, but was a serious sore. Was this or not the effect of *Carbolic acid*?

I am firmly convinced that there is no remedy which will compare at all favorably in its healing power, in wounds, with this.

C. W. BOYCE, M.D.

ANNUAL MEETING OF THE INDIANA STATE INSTITUTE OF HOMŒOPATHY.

CONVENED at Indianapolis, May 12th. A goodly number were present. New members were received.

DR. EGGERT, from a Committee on Surgery, read a paper on Panaritium, recommending *Nitric acid*, alledging that failure is probably due to the use of an inferior article. If the bones are affected, *Silicea*; if gangrene exists, *Lachesis*. A properly attempered solution of *Caustic potash* for a bath. (This paper was ordered to be published.)

DR. BOYD: There is a species of this that separates the skin by an aqueous fluid; local treatment only is necessary; *Nitric acid* or *Nitrate of silver* is excellent then; the dead tissue must be dissected off up to the margin of the healthy tissue. Internally, even in Syphilitic cases, *Nitric acid* is to be preferred.

DR. BAER: The disease is apt to be endemic; numerous some seasons, other seasons are free. When endemic, even clean cuts, in healthy temperaments, will suppurate. Have suffered much personally. If the limb is cold, shower with hot water from a foot in height, the healthy portion of limb being protected against it by wrappings. In bad cases, one or two shocks of electricity will prove useful. Have relied on *Silic.*, *Baryta*, *Calc.*, and *Hep. sulph.*

DR. JENNINGS: Have been called in consultation where extensive destruction was going on; poultices of fresh yeast and pulverized charcoal acted beneficially. Has found *Hep. sulph*³⁰ efficient in Panaritium of cellular tissue, where symptoms indicated suppuration would soon set in. One dose has arrested the diseased action.

DR. BURNHAM: Where there is any abscess there should be free use of lancet.

DR. BALL: Yes, I fully agree with Dr. Eggert in that.

DRS. BAER, BURNHAM AND ROBINSON: Have used *Carbolic acid* with good and prompt results.

DR. COMPTON: Have used it with *Glycerine*.

DR. BAER: Some persons cannot bear even a very weak solution of *Glycerine*. *Lime water* is better than rain water for holding *Glycerine*.

DR. BURNHAM read a paper on Medical Diagnosis. Skill to detect disease outruns power to cure, was the old maxim; but improvement has been cheering, and our School welcomes all helps in Diagnosis.

DR. BOYD: The more familiar we are with pathology, the more confident we shall be. To know pathology is of the last importance. As, for example, in the passage of gall stones. If we know what is going on, we can better assure our patients, and better treat the disease.

DR. JENNINGS read from his case book, showing the successful use of high attenuations in extreme cases.

DR. CORLISS asked concerning treatment of night sweats.

DR. BAER, in a case of tuberculosis, is giving *Carb. veg.*²⁰⁰.

DR. BURNHAM: A case had been under Allopathic treatment a long time, for chills. *Carb. veg.*²⁰⁰ relieved her. There had been a gathering in one breast; bloating in epigastric region. She had been severely treated with *Ars.* and *Quinine*.

DR. BOYD: Dr. Jennings relates arrest of premature labor, at six months, with *Pulsatilla*³⁰. When labor has progressed so far as to produce extensive hæmorrhage, and clots come away,

the idea used to be that the fœtus ought to come away. Had a case; she had never carried a child beyond the third month. Premature labor came on at three months with her last child. Uterine irritation has existed ever since first miscarriage; breast contained milk all the time for the last three years. Labor pains had come on; hæmorrhage was great; floating before eyes of a brilliant light, led to giving *Belladonna*. She is doing well.

DR. CORLISS: We are apt to neglect specific symptoms; pay too much attention to the attendant sympathetic symptoms.

DR. BOYD: The more and longer I practice the better satisfied I am to confine myself to one carefully selected remedy — persevered in, it is likely to be successful. Case may change, and require a change of remedy: the pathogenetic symptoms of the remedy, and the pathognomonic symptoms of the disease should correspond.

DR. CORLISS: Is disease a unit? If so, the remedy is a unit.

DR. BOYD: That has been the doctrine, that two diseases of the same kind can not exist in the system at the same time. This is the Hunterian axiom; and Pareira says that the ability of a medicine to cure depends upon its power to produce the disease. Wood has said that diseases are cured by supercession, *i. e.*, by superinducing another disease. Very well, then to act rationally we would desire to superinduce a similar disease. This leads me to question the efficacy of attenuations so high that they have no pathogenesis.

DR. JENNINGS: I have obtained from Fincke's *Phosph. c. m.* (so claimed), in a case of tuberculosis, the ecstasy produced by *Phosphorus*.

DR. BAER: Matter is indestructible; each particle has its own identity existing in the very atoms, positive and negative poles, activities and passivities. Bodies in mass are inert. Liberated, atomized, the power of a body will be exerted, if properly conditioned. If put into water with other articles, its association may be such that it cannot exhibit itself. Atoms can not be chemically decomposed; and, however much distributed, it preserves its identity and properties. According to Bunsen, there is no chemical combination but by juxtaposition, not continuity, but contiguity; particles do not flow into and destroy each other; but there is affinity regulating association. The solar spectrum leads to the doctrine that there is no disintegration.

DR. BOYD: But, as a therapeutic agent, chemical combination of two in a third substance, the effect of each agent is changed. Often, by chemical combinations, we obtain more powerful effects.

DR. JENNINGS: The effect of *Morphine*, in crude doses, is often counteracted by our attenuations, even to the zoöth.

DR. BOYD: Am becoming more and more opposed to gross, crude preparations. We have not a true pathogenesis of them —

they are irritants, escharotics, and the like; a true pathogenesis can not be had from crude, gross drugs.

DR. BAER: One writer, 100 years ago, said the power of a drug to cure disease depends upon its approach to infinity. Diseases come into the system in attenuations. Disease is change of polarity of atoms.

DR. BAER: Bunsen has said that he has detected polarity in the one-millionth part of a grain of Sessium, Iridium, Osmium, and Cadmium, the four metals discovered in the rays of the sun. If so, then the atoms of all things have polarity. The progress of Science shows that it is fast falling away from Allopathia, and authenticating the doctrines of Hahnemann.

The Institute elected, as delegates to Western Institute, Drs. Eggert and Robinson; to the American Institute, Drs. Baer and Eggert.

The officers elected for the ensuing year are: President—O. P. Baer, Richmond; Vice-President—William Eggert, Indianapolis; J. A. Compton, Muncie; Cor. Sec. and Treas., N. G. Burnham, Indianapolis; Record. Sec., C. P. Jennings, Shelbyville.

Censors: William Eggert, Indianapolis; C. T. Corliss, Indianapolis; S. A. Robinson, La Porte; M. H. Waters, Terre Haute; W. E. Carnahan, Cambridge City.

Adjourned, to meet the first Wednesday in November next.

C. P. JENNINGS, *Recording Sec.*

POISONING BY PETROLEUM.

TRANSLATED FROM "EL CRITERIO MEDICO," BY S. L.

1. A man, coming home intoxicated, swallowed by mistake over a pint of rectified petroleum, and was instantly attacked with burning pains in the throat and violent colic, with nausea; shortly afterwards dreadful tetanic convulsions set in. The sufferer twisted himself about with the terrible pains he experienced, and his general tonic spasms forced cries of anguish from him. After a short respite of a few minutes, the same scene repeated itself over and over again. During the paroxysm he could not swallow any thing, as it produced extraordinary efforts to vomit.

A physician being called in, an emeto-cathartic was given, which produced abundant vomiting of matters of the odor of petroleum, with alleviation of the convulsions. Emollients, with English *Magnesia*, were now given, and after three hours of vigorous medication science triumphed over the disease. To-day nothing remains of his disease but a light inflammation of the throat and intestines. A violent ophthalmia was produced by the

petroleum vapors, which escaped his mouth during his efforts to vomit; but after a few days he went to work again.

2. Don F. R., 40 years old, given strongly to drink, took part of a litre of petroleum, mixed with water, and did not find out his mistake during swallowing it, till towards the last drops he felt a burning pain in the mouth, throat and stomach, and the eructations of the petroleum vapors produced great repugnance, with frequent nausea. A physician being called in, hot drinks were given to produce vomiting, but they only increased the nausea and the throwing off the fluid taken, and soon an agitation of his muscles, with vertigo, set in. He laid down on a couch, but all his symptoms got aggravated, instead of getting better. The picture which our patient now presented was truly imposing; his face contracted, his eyes brilliant, his convulsive agitation allowed him hardly to utter a word; cold extremities in spite of all his covering, contracted pulse and incessant nausea. He told with difficulty how his throat and bowels felt on fire, that they appeared to him fearfully distended, and he feels obliged to press with his hands on the epigastrium, although this causes him pain, and that the eructations of petroleum seemed to him insupportable. He had great præcordial anxiety, intense colicky pains, lamented continually with great fear of death, and could not remain one moment in the same position; vertigo, dimness of sight, severe itching of the eyelids, and steadily increasing thirst. Although he had thrown up a dark burning fluid, with much gases of the odor of petroleum, still he felt no relief from it, or rather the burning in his digestive organs and the nausea steadily increased.

The physician gave him six globules of *Ipecacuanha*²⁰⁰ on account of the steady nausea with vertigo, the distended and sensitive stomach, the colicky pain with thirst, and the agitation with impatience. Six globules were dissolved in a glass half full of water, and he took a spoonful every five minutes. After having taken the third spoonful the patient began to feel somewhat relieved, manifesting itself by diminution of the distention of the stomach, notwithstanding that the nausea, the pains, the burning and the eructations were rather increased. He took now a spoonful every hour, and after four hours more the vertigo, the pains, the nausea were also relieved. One could see now a notable diminution of all the other symptoms, somewhat increased by turns through the eructations, which were insupportable by their fœtid smell, to remove which our patient rinsed his mouth out constantly with sweetened water; he felt also a constant itching in the nose. He kept on taking the same medicine, every four hours, for a few days longer. and was soon able to be out again.

PAZ ALVAREZ.

EDITORIAL.

PRIZE ESSAYS OR MONOGRAPHS.

PRIZES have been offered repeatedly by our societies, and others, for essays on some special medical topic, but, as far as we have learned, these prizes have not been contended for to the extent that would have been expected. The Illinois State Hom. Med. Association offered a prize for the best essay on Leucorrhœa. The Western Institute of Hom., ones on Nasal Catarrh, Syphilis, Diseases of the Bones, and on Dysmenorrhœa. The *U. S. Med. and Surg. Journal*, on Prairie Itch. The Mass. Hom. Med. Society, on *Dioscorea*, etc.

We believe the reasons our physicians have not contended for these prizes are chiefly: They have not the time to spare. The standard has been set so high that \$100 will not pay for the trouble of preparing such elaborate monographs. Experience is what is wanted. Those who have the time have not the experience, and *vice versa*.

To prepare a valuable essay—one satisfactory to the profession—on the above or any other subject, the experience must be ground out slowly during a long practice, or else it must be compiled from the experience of a large number of physicians practicing in different parts of the world. The latter plan has been attempted by individuals with only partial success. There is a strong feeling among our practitioners against giving into the hands of one of their number the golden experience they have hammered out of daily practice, even if due credit is given. Dr. Franklin, in the preparation of his work on Homœopathic Surgery, has felt, and is feeling this lack of assistance. The profession themselves will be the greatest sufferers. We wish that this were otherwise.

Our German colleagues are attempting a Clinical or Applied *Materia Medica**, by certain physicians pledging themselves to take certain drugs and work them out, illustrating their sphere, etc. They contend "it is the duty of every physician to gather the clinical experience which he has gained during many years of hard labor, and aid in the good work." Although they make a vigorous "appeal to all physicians for aid in this necessary and useful undertaking," we opine the work will not be taken hold of with great zest even if it is under the supervision of the Homœopathic Medical Society of Dresden.

We believe we should have elaborate and carefully prepared monographs on many particular diseases, topics, and drugs, and that there is a plan of obtaining the experience and observations of the whole profession. But this plan is not the prize plan, at least at this stage of

* See Vol. VI., pp. 287, April issue.

development of our profession. It might be done by our journals, calling out and publishing the experience of quite all of our practitioners on any one particular topic. This mass of matter could then be carefully collected, edited, and published in book or pamphlet form for ready reference. It might be done by the bureaus of the American Institute of Homœopathy, selecting certain subjects to be discussed by all the local, county and state Medical Societies. The secretary of each of these societies then transmitting to the bureau to which the subject belongs, the discussion, in full, of his society. This arrangement would elicit the united experience of the whole fraternity. THE INVESTIGATOR is striving to present the experience of the profession on certain topics, and is unearthing valuable items, as its readers can testify, but from false modesty or diffidence on their part, contributors are not as liberal as mutual advantage demands. Again, the desire for change—something new—is so strong, that any one topic can not be considered in every issue. The scraps presented are “filings of gold” to many a care-worn practitioner.

Since writing the above, we are pleased to welcome two valuable monographs*—one from the East, the other from the West. The one, we learn, “has been the work of odd moments and little remnants of time redeemed from busy days.” This work was “prepared for his own use as a labor-saver, and as a receptacle for clinical observations, and for gleanings from others, and from the periodicals.” The other author has “been animated by a desire to throw the light of all the information obtainable upon a subject hitherto but little dwelt upon by authors in our school.”

It will be seen that even these authors, “who trod a path untrod before,” did not feel satisfied in presenting their own views and experience, but desired to incorporate in their works combined experience.

As it is evident that the prize plan fails to call out gems of thought and valuable scraps of experience, other plans should be devised and encouraged whereby we might obtain complete monographs upon all the principal topics and diseases.

CORRESPONDENCE.

AMERICAN INSTITUTE OF HOMŒOPATHY.

“Write freely on all practical topics for your Medical Journal.”

TWENTY-SECOND SESSION.—*Boston*, June 8, 9, 10 and 11, 1869. The Twenty-second Annual Session of the American Institute of Homœopathy will be held at Horticultural Hall, Boston,† commencing Tuesday, June 8th, 1869, at 10 o'clock, A. M., and to continue four days.

* See Reviews, on another page.

† We are trying to get a reduction of fare on the R. R's. to Boston. Those who intend to go, by writing us will be informed as soon as arrangements are perfected.—T. C. D.

The usual Preliminary Meeting for the interchange of friendly greetings and introductions, will be held the evening before, at 8 o'clock, at the house of Dr. S. Gregg, No 35 Howard street.

The following order of business has been arranged by the Executive Committee with the concurrence and assistance of the Committee of Arrangements:

FIRST DAY.—Morning Session.—On Tuesday morning, at 10 o'clock, the Institute will be called to order by the President, Henry D. Paine, M.D., of New York.

An address of welcome to the members will be given by David Thayer, M.D., of Boston, Chairman of the Committee of Arrangements.

The election of officers will be next in order, and the appointment, by the elected President, of the Committee on Credentials and the Auditing Committee. The Reports of the Secretary, I. T. Talbot, M.D., of Boston; the Treasurer, E. M. Kellogg, M.D., of New York; the Committee on Finance; the Committee on Credentials; the Auditing Committee; and the Censors, will occupy the remainder of the morning session.

Afternoon Session.—The Report and papers in the charge of the Bureau of *Clinical Medicine*—Drs. H. D. Paine, New York, S. M. Cate, Salem, Mass., D. H. Beckwith, Cleveland; S. Gregg, Boston, P. P. Wells, Brooklyn, J. C. Burgher, Pittsburgh, N. F. Cooke, Chicago, W. H. Holcomb, New Orleans, and J. Hartmann, St. Louis,—will be presented and discussed.

Evening Session.—At 8 o'clock, in the same hall, an address will be given by Professor R. Ludlam, M.D., of Chicago. The public will be invited.

SECOND DAY.—Morning Session.—The Report of the Bureau of *Materia Medica, Pharmacy and Provings*—Drs. C. Wesselhøft, Boston, W. Williamson, Philadelphia, W. E. Payne, Bath, Maine, H. L. Chase, Cambridge, Mass., S. B. Barlow, New York, E. M. Hale, Chicago, J. P. Dake, Salem, Ohio, G. E. Belcher, New York, and J. L. Keep, Brooklyn,—together with the accompanying papers, will be presented and discussed.

This will be succeeded by the Reports of the Committee on *Nomenclature and Pharmacy*—Drs. W. Williamson, C. Hering, C. Neidhard, Jacob Jeanes, F. E. Boericke, all of Philadelphia; and the Committee on a *Homœopathic Dispensatory*—Drs. Carroll Dunham, New York, C. Hering, Philadelphia, A. Lippe, Philadelphia, G. W. Barnes, Cleveland, A. E. Small, Chicago, and J. T. Temple, St. Louis.

Afternoon Session.—The presentation and discussion of the Report and papers of the Bureau of *Obstetrics*—Drs. R. Ludlam, Chicago, H. N. Guernsey, Philadelphia, J. H. Woodbury, Boston, T. G. Comstock, St. Louis, E. M. Kellogg, New York, J. C. Sanders, Cleveland, and T. F. Pomeroy, Detroit—will be first in order; to be followed by the Report and accompanying papers of the Bureau of *Surgery*—Drs. J. Beakley, New York, W. T. Helmuth, St. Louis, G. D. Beebe, Chicago, E. C. Franklin, St. Louis, Bushrod W. James, Philadelphia, T. F. Allen, New York, C. T. Liebold, New York, J. C. Morgan, Philadelphia, M. Macfarlan, Philadelphia.

Evening.—A DRESS LEVEE will be given by the city of Boston,* at 8 o'clock, at the Music Hall, to the members of the Institute and their ladies, at which every member is invited to be present.

THIRD DAY.—Morning Session.—At 10 A. M., the discussion of subjects relating to Surgery, if unfinished, will be continued.

The Report and papers of the Bureau of *Anatomy, Physiology and Hygiene*—Drs. C. Dunham, New York, J. H. P. Frost, St. Louis, T. P. Wilson, Cleveland, J. J. Mitchell, New York, C. W. Boyce, Auburn, N. Y.,

* We learn that the City Fathers have voted \$2,500 to entertain the Institute. We trust the West will be largely represented.—ED.

A. R. Morgan, New York, and L. M. Kenyon, Buffalo, N. Y.—will be presented and discussed.

Afternoon Session.—The Report of the Bureau of *Organization, Registration and Statistics*—Drs. H. M. Smith, New York, H. M. Paine, Albany, E. B. Thomas, Cincinnati, T. C. Duncan, Chicago, and F. Woodruff, Ann Arbor, Mich.—will be given; to be followed by the Report of the *Necrologist*—Dr. S. B. Barlow, of New York.

Also, Reports from the following Committees: *On Medical Education*—Drs. C. J. Hempel, Grand Rapids, Mich., D. S. Smith, Chicago, T. G. Comstock, St. Louis, H. B. Clarke, New Bedford, Mass. *On Foreign Correspondence*—Drs. C. Dunham, New York, T. S. Verdi, Washington, I. T. Talbot, Boston, B. De Gersdorff, Boston, and J. H. Pulte, Cincinnati. *On the Publication of a Journal*—Drs. T. S. Verdi, Washington, E. C. Franklin, St. Louis, G. E. Belcher, New York, H. M. Smith, New York, and C. J. Hempel, Grand Rapids, Mich.

Evening.—A Dinner will be tendered to the members of the Institute by the Massachusetts Homœopathic Medical Society, and a cordial invitation is extended to all the members to be present.

FOURTH DAY.—This will be occupied with unfinished business, selection of time and place of next meeting, new business, resolutions, etc., the announcement of Bureaus and Committees for the ensuing year, adjournment.

Members desiring to present any subject for the consideration of the Institute, are requested to communicate with the chairman of the appropriate Bureau or Committee; or if it is upon some subject not already classed, notice should be given to one of the members of the Executive Committee, on or before June 1st, in order that the proper place may be assigned.

It is important that all Homœopathic Societies and Institutions should be represented by Delegates in the following proportion:

State Societies, or Associations of more than fifty members from different States, two delegates, with an additional delegate for every twenty members.

County or local societies, colleges, hospitals, dispensaries, or medical journals, one delegate each. When not otherwise appointed, local societies are authorized to appoint delegates for Homœopathic institutions. Delegates will please send early notice of their appointment, and also a report of the institution which they represent.

It is desirable that every Homœopathic physician, of good and regular standing, in the United States should be a member of the Institute, even if he can not be present at this session.

It is twenty-five years since the Institute was organized in New York, and it is hoped that a special effort will be made by every member to render this a peculiarly important and interesting meeting.

I. T. TALBOT, *General Secretary.*

BOSTON, *May 10th, 1868.*

. There are a few copies of the Transactions for 1868—460 pages, price \$3.00; for 1868—600 pages, price \$4.00; and for several of the previous years, price \$1.00 each, which can be obtained of the General Secretary.

The Committee of Arrangements hope that the approaching session will be a very large and interesting one, and they desire to do all in their power to contribute to the comfort of the members who may attend.

They have secured from the principal hotels the promise of special attention to the members stopping with them.

Nearly opposite the Hall is the Tremont House, and in Bowdoin Square—a five minutes' walk—is the Revere House; both of these are well-known first-class hotels; board \$4.50 per day, parlors and additional

rooms extra. The Parker House, School street — also but a few rods from the Hall — is kept on the European plan, and is a favorite hotel; rooms and service from \$1.50 to \$12.00 per day, meals extra. The American House, on Hanover street, a large and well-kept house, is within a five minutes' walk; board \$4.00 per day. The Clarendon House, on Tremont street, twelve minutes' distant in horse-cars, new, quiet and excellent, has a few suites of rooms at liberty; board \$3.00 per day. The Everett House, Washington street, twenty-five minutes in the horse-cars, offers well-furnished rooms at \$1.00 per day. The St. James Hotel, Franklin Square, twenty minutes' distant in the horse-cars, which run every two minutes, is a large, new and elegant hotel; board \$4.50 per day: this house will make a slight reduction to members. The United States hotel, Beach street, directly opposite the Albany and New York Railroad station, and about eight minutes' distant from the Hall, either walking or in the horse-cars, has recently passed under new management, and has been thoroughly refitted; the proprietors have very kindly offered to the members and their families a handsome reduction from the regular rate of board — \$4.00 per day.

It will aid in their efforts if every member intending to be present during the session would inform the Committee, who will be happy to assist them, either in procuring rooms, or by imparting information in regard to the meeting.

We remain, very cordially,

DAVID THAYER, 58 Beach Street,
L. MACFARLAND, 1492 Washington Street,
SAMUEL GREGG, 35 Howard Street,
MILTON FULLER, 35 Essex Street,
I. T. TALBOT, 31 Mt. Vernon Street.

BOSTON, May 10, 1869

A HIGHER MEDICAL SCHOOL.

DEAR DUNCAN: I concur fully in all that Dr. Bartlett writes, with one qualification. I am not so much impressed with the self-sacrificing character of the mass of the occupants of chairs in our medical colleges. On the other hand, the chief obstacle to a national effort on behalf of a college that would elevate medical science, and be an honor to the Homœopathic profession, would be found in their selfishness. They have generally occupied their positions with a view to acquiring some local celebrity and thus extending their practice. And they will most decidedly object to having their small structures overtopped by some National Institution.

With regards,

H. P. GATCHELL.

KENOSHA.

ERGOTIN IN PERTUSSIS.

Ergotin in Pertussis and Laryngeal Spasm. (See *British Medical Journal* September 5, 1868). Here is a specific for Hooping cough! A regular specific? To be given in lozenges, as they say, "the drug concealed in sugar." "It lessens the amount of congestion in the bronchial mucous membrane, and relieves the spasm and contraction of the glottis." Surely this savors strongly of similia. Who among the myriads of regular allopaths has not used this drug to produce muscular contractions, knowing that it possesses the power of producing convulsions, and still they revile the law as a "wild dogma? A journal that quotes the above also quotes the words of a regular professor. Hear him: "By a spick and span method of ignoring fixed truths, and inventing wild dogmas, it is the easiest of all things to gain a spurious fame, and even to live, as Hahnemann has long lived, on the uplifted ignorance of the illiterate in science." The proof is wanting, Sir! C. D. FAIRBANKS.

THE HOMŒOPATHIC MEDICAL SOCIETY OF THE STATE
OF NEW JERSEY.

An Abstract of the Minutes of the Second Annual Session held in Newark, May 15th, 1869.—The Regular Annual Meeting of the New Jersey State Homœopathic Society was held in Newark, on the 15th of April, Dr. J. J. Youlin, of Jersey City, presiding.

After the introduction of Drs. B. W. James and R. J. McClatchey, delegates from the State Society of Pa., and Drs. H. M. Paine, and R. McMurray, from the N. Y. State Society, also Drs. Hocking and Kellogg, visitors, the morning hour was occupied by Dr. F. Rockwith, of Newark, with an address on the History of Disease.

By invitation of Dr. F. Nichols, President of the Eastern District Homœopathic Association of N. J., the Society adjourned to partake of an elegant collation provided by the former body, at which there was not only an abundance of material comforts, but such a "feast of reason and flow of soul," as to warm and cheer the hearts of all present.

Eleven new members were presented by the Board of Censors at the afternoon sessions and elected.

The attention of the Society was called to a case of enlargement of the submacillary and cervical lymphatic glands in a child. Dr. James advised a thorough trial of internal remedies before operative interference. Similar cases were reported cured by *Phos.* and *Merc. viv.*

Among other matters of interest in connection with the Bureau of Practice, Dr. McGeorge reported progress on a case of fungoid enlargement of the ear, benefitted chiefly by *Chin.* and *Phos. 200c.* Dr. Richards—A case of chronic diarrhœa of one year's standing cured by *Nux 200c.* Three cases of prurigo of three months' duration cured in three days with *Caust. 1.*

Dr. Kinne reported a peculiar case of erysipelas, in which there seemed to be subsidence of external symptoms with apparent transfer of the disease to the brain, the patient manifesting the same excitability and dysphagia seen in hydrophobia. *Stram.* was suggested by Dr. McMurray as an appropriate remedy for that condition.

Adjourned to meet at the call of the President in September, at Jersey City, at the date of the semi-annual meeting of the N. Y. State Society, in New York City.

In the evening the Society and public were pleased to listen to an interesting and structive address delivered by the President, J. J. Youlin, M.D., on the History of Medicine, but especially on the rise, growth, and present status of Homœopathy.

Officers for the ensuing year.—J. J. Youlin, M.D., Jersey City, President; F. Nichols, M.D., Hoboken, Vice-President; R. M. Wilkinson, M.D., Trenton, Second Vice-President; F. B. Mandeville, M.D., Newark, Third Vice-President; L. Dennis, M.D., Newark, Recording Secretary; F. Rockwith, M.D., Newark, Corresponding Secretary; E. C. Webb, M.D., Orange, Treasurer; Drs. McGeorge, Rockwith, Street, McNiell and Martin, Board of Censors; Drs. Mandeville, Wilkinson and Richards, Board of Practice; Drs. McGeorge, G. W. Bailey, and Tompkins, Board of Materia Medica; Drs. Webb, Younglove and Laine, Surgery; Drs. Rockwith, Dennis and McNiell, Obstetrics. Drs. Mandeville, Youlin and Dennis, Committee on Publications; Drs. Dennis and Andrews, Auditing Committee.

Delegates.—To American Institute of Homœopathy, Drs. J. J. Youlin, and F. A. Rockwith; to Western Institute of Homœopathy, Dr. E. C. Webb; to Maine Medical Society, Dr. F. Nichols; to N. H. Medical Society, Dr. S. B. Tompkins; to Vermont Medical Society, Dr. C. F.

Fish; to Massachusetts Medical Society, Dr. L. Dennis; to Philadelphia Medical Society, Dr. F. B. Mandeville; to Michigan Medical Society, Dr. G. N. Tibbles; to Indiana Medical Society, Dr. E. R. Laine; to Illinois Medical Society, Dr. G. W. Richards; to Ohio Medical Society, Dr. J. D. Annin; to Missouri Medical Society, Dr. J. J. Youlin; to Rhode Island Medical Society, Dr. O. Bingham; to New York Medical Society, Dr. J. Younglove.

J. J. YOULIN, M.D., *President*,
L. DENNIS, M.D., *Secretary*.

HYGIENIC — WHITE-WASHING.

CASES of pneumonia will assume the typhus state if placed in hospital wards in which typhus fever patients have been confined, though the ward has had no cases of typhus for some time previous.

In the same wards, after having been white-washed, the typhus type are the exception; whereas, previous to this sanitary measure, it is the rule.

As a strong argument, I copy from the *Homœopathic World*, for Dec., 1868, published in London, Rev. Dr. Phillip, as the authority whom the editor quotes. the following:

“The Jews live here (Rome) to the number of near 5,000, crowded closely together, although the rest of Rome is but thinly populated.

“It is a remarkable fact, however, that epidemics have seldom done much harm here. The plague and the cholera have been repeatedly in Rome, but the Jews in the Ghetto have not suffered much from either. Famine has been in Rome several times, but the Jews in the Ghetto do not suffer very much from it.

“There are natural causes to which this wonderful preservation may be, at all events partially, attributed.

“The Jews white-wash their poor dwellings for every festival, and many of them do so every Friday for the Sabbath.”

Householders should see to it, that their rooms and outhouses be white washed frequently.

“The best physician is he who is, at the same time, a friend.”—*Dr. Hufeland*.

Physicians, advise your friends [and patients, Dr.?—*Ed.*] to use sanitary measures for the *preservation* of health. H. T. F. G.

REVIEWS.

THE HOMŒOPATHIC THERAPEUTICS OF DIARRHŒEA, DYSENTERY, CHOLERA, CHOLERA MORBUS, CHOLERA INFANTUM, AND ALL OTHER LOOSE EVACUATIONS OF THE BOWELS. By J. B. Bell, M.D. Philadelphia: A. J. Tafel. Chicago: C. S. Halsey. 12mo. Pp. 168. Price \$1.25. May, 1869.

The author, during his practice, “ground out,” and has here given us the characteristics for 108 remedies in all kinds of loosenesses of the bowels. He gives under each remedy the character of the stool, the aggravations, the ameliorations, symptoms before, during and after stool, and the accompaniments. Following this is the Repertory; first is the remedies for the diseases by name, then the characteristics of the stool are arranged in alphabetic order for ready reference. The same arrange-

ment is found under the head of aggravations, ameliorations and accompaniments of the evacuations. The general accompaniments are arranged under the usual anatomical heads.

This *Materia Medica* and Repertory, we are certain, will be found very satisfactory as a work of reference in practice. It is a work that will aid us much in perfecting our knowledge of our therapeutics in this direction. Bœninghausen began a good work by collecting into a monograph all the remedies that produced cough, fever and headache, and we hope the good work will go on until not a disease nor topic but will have its monograph.

The only fault we find with the author is, that he did not give us the etiology, pathology and symptomatology of diarrhœa, dysentery, etc., and thereby made his monograph a complete one.

OUR *Materia Medica* Editor adds: "The appearance of this monograph should be welcomed by every friend of progress in the homœopathic school of medicine. It has not yet been extensively subjected to the test of clinical application, but it discloses abundant evidence of being especially adapted to the purposes intended, and will no doubt fully meet the expectations of the author. It contains not only the symptoms of the remedies in the *Materia Medica* on the subjects treated of, but also the clinical experience of a great many practitioners of our school gathered from medical journals, and the experience of ten years' active practice of its vigilant and pains-taking author. Works of this kind are needed by every practitioner who wishes to save time in the selection of remedies, and yet increase the accuracy of his prescriptions. No where else in our literature can be found such an amount of reliable information on bowel complaints as is here presented in a form so condensed, and yet sufficiently explicit for all practical purposes. We have a few monographs of the kind on other subjects, and can profitably use many more, only give them to us in pages of the octavo size, so they can be bound in volumes of convenient size for use, rather than in *little* books which are liable to be mislaid or lost.

"We heartily endorse the suggestion of the author, that every homœopathic physician who uses this book should add new symptoms, and mark those he sees confirmed in practice, and furnish the fruits of his observations to be incorporated in a future edition, should one be called for.

W. W.

SELF-ENERVATION; ITS CONSEQUENCES AND TREATMENT. By C. S. ELDRIDGE, M.D. Bay City, Mich. With an Introduction by Prof. Joseph Hooper, M.D. Chicago: C. S. Halsey. 1869. 12mo. Price \$1.00.

In a typographical point of view this is the finest work yet issued by any Homœopathic publisher. Self-enueruation is a disease frequently encountered, and some cases prove exceedingly stubborn, because, through delicacy, we can not or do not get at the remedy. The profession will, we are sure, therefore, hail this work with pleasure.

The author has given us the disease in full; its symptoms, pathology, sequelæ and treatment—moral, hygienic, dietetic and remedial. The remedies are selected with great care, and bear the impress of having seen service. The field is a new one, and we are sure the work will prove a very practical one. The chief fault we see in the work is lack of an index. *All* the remedies bearing at all on the disease should have been presented, and the disease could have been considered at greater length.

PHYSICIAN'S MEDICAL COMPEND AND PHARMACEUTICAL FORMULÆ. By E. H. Hance, Philadelphia. 1868. 16mo.

This is a pocket work containing formulæ, a list of the *Materia Medica* (O. S.), and antidotes of poisons. Among the list of drugs we notice a few of our popular remedies, as *Bry.*, which is there a hydrogogue, cathartic and emetic—definite decidedly. It would puzzle a homœopath to prescribe his well-known *Bry.* by such general indications.

If our old school friends—the authorities—would drop their unscientific and inaccurate classification, a great stumbling-block would be removed to progress.

If any of our readers get into the fog in reference to the indicated remedy, instead of prescribing two or three remedies in rapid alternation, get this book, select one of these cannister shots, and fire away! They will hit—somewhere.

We are informed that the doses here given are *smaller* than those found in the *recent* edition of the "U. S. Dispensatory." Why this leaning towards small, infinitesimal, doses?

MANUAL OF THERAPEUTICS. By Richard Hughes, L.R.C.P., (Ed. Exam.) M.R.C.S., England. London: H. Turner & Co. Chicago: C. S. Halsey. 8vo., pp. 540. Price, \$3.00.

Those who possess this author's work on Pharmacodynamics, know what to expect in this volume. Quite all the diseases "flesh is heir to," are here briefly considered. As a rule, the treatment alone is given. He first considers "similia," the dose, repetition, change, alternating, auxiliaries, the duties of the homœopathic physician; and then takes up the treatment of blood diseases, diseases of nervous system, eye, ear, digestive organs, respiratory organs, circulatory system, urinary organs, sexual organs, male and female, skin, locomotive organs, and diseases of children, casualties, etc.

We find here, too, many pathological indications, and a little too much reference to authors in the selection and use of the remedies, and not enough appeal to pathogenesis. But we must remember that he who expects to use this work is an allopath, and can approach our system and position only by his own way, gradually. The manly, true, and brotherly spirit of these letters will especially commend them to those who bristle with opposition to homœopathy.

We believe it is the duty of every one of our readers to put a copy of these works—Pharmacodynamics and Therapeutics—into the hands of at least one honest, inquiring, allopath practitioner.

We regret that a breach of publisher's etiquette should have rendered a note necessary, informing the American profession that the American edition of the *Pharmacodynamics* was issued without the sanction of H. Turner & Co., or R. Hughes.

THE HOMŒOPATHIC DIRECTORY FOR 1869. London: H. Turner & Co.

This is an annual volume giving a list of our British brethren, a list of their hospitals, dispensaries, and societies, medical acts, and an abstract of the contents of British homœopathic medical journals. These serials give us a fair view of the progress homœopathy is making among that conservative people. The exhibit is a very flattering one. This work makes a very satisfactory addition to any physician's library, and copies may be had at this office.

DOUGLAS' PRACTICAL HOMŒOPATHY is the best and cheapest work for domestic use I have ever seen. It is plain and concise, yet in these 132 pages I find nearly every important medical want ever found in an ordinary family. In examining it for the use of my friends at a distance, I have added a few notes on the margin; but, excepting a pretty free use of *Gels.*, which for malarial districts is none too free, I find no fault with its therapeutics. I shall unhesitatingly recommend it to my lay friends, and hope it will find its way to many homes, and to every physician's table.

I sincerely congratulate the author and publisher on their editorial and typographical success, and the profession generally on the advent of such a *help*, "a little monster" to run the blockade of old quackery.

Yours, very truly,

CHAS. D. FAIRBANKS.

LOCAL REPORTS OF DISEASE, TREATMENT, ETC.

"Observe, Reflect, Compare, Record."

POUGHKEEPSIE-ON-THE-HUDSON.—Disease in this locality during the past winter has been peculiarly severe. Late in the fall, an epidemic prevailed, which simulated influenza. Dull pain in the forehead, followed by "stoppage" of the nose, ushered in the attack. These symptoms soon gave way to a cough, which continued two or three weeks; a few had severe pains in the limbs. *Nux vom.* and *Arsenicum* relieved the first symptoms, and *Tartar emetic* the cough. In February, peri-pneumonia notha prevailed. The pain in the side, dyspnœa, thirst, cough, and weakness, were controlled by *Bry.*, *Ars.* and *Phos.* Pleurisy usually accompanied the lung trouble.

Scarlet fever has been of the malignant type. The rash frequently followed the sore throat within twenty-four hours. An early swelling of the glands, an acrid discharge from the nose, a characteristic restlessness, alternating with coma, were among the prominent symptoms. *Bell.*, *Rhus.* and *Sulphur* were the remedies.

An ulceration of the tonsils has been prevalent. *Bell.*, *Merc.*, *Iod.* and *Kali. bich.* have proved very efficacious.

The semi-annual meeting of the Dutchess County Society took place on the 6th inst. Dr. I. S. P. Lord, formerly of your city, was chosen delegate to the American Institute of Homœopathy, in place of Dr. H. N. Avery, removed to New York. Dr. Bartlet presented to each member of the Society a bottle of "*Rubigo Frumenti Indici*," 30th. He stated that the remedy had proved almost a specific in intermittent fevers. The Society resolved to prove the remedy, and report at the annual meeting. It cured promptly the first and only case in which I have used it.

April 20, 1869.

EDWARD W. AVERY, M.D.

OSKALOOSA, IOWA.—Prevailing diseases here for last six weeks have been: Measles, pneumonia, and epidemic influenza. Of measles I have treated within that time over sixty cases. All done well, and the recoveries were complete without a single exception, while "old school" lost two cases, with quite a number of cases "dragging" along. Medicines used was chiefly *Aconite*, *Bell.*, *Puls.*, and *Kali. bich.* Pneumonia has yielded readily by the use of *Aconite rad.*, *Bry.*, *Phos.*, and *Tart. em.* Influenza to *Nux.*, *Bell.*, *Ipec.*, and *Kali. bich.* All of the 1st and to the 3d, none higher used, and never two remedies in alternation. Yours, etc.,

April 30, 1869.

O. T. PALMER.

QUERIES AND ANSWERS.

"He that questioneth much shall learn much."—BACON.

QUERY:—Could symptoms of putrefaction be present three days after death, when the party was in full health at the time of his death? and what drug would cause early decay?

ANS. 1st. Yes: not often seen, however, but still feasible.

2d. Remedies that would cause gangrene of single parts, when taken in sufficient quantities, will likewise cause early decomposition, such as *Secale*, *Lachesis*, *Crotalus*, etc. Cases in which rapid decay has occurred, do not owe it so much to the drug used, as the sudden, violent termination of life. Instantaneous killing by accidents usually results in rapid decomposition.

J. G. G., *Jurisp. Ed.*

LOCOMOTOR ATAXY.—Will not some of the writers in our ranks furnish, either to this or the *U. S. Med. and Surg. Journal*, an article on Locomotor Ataxy, its pathology and treatment.

S. J. B.

SURGICAL.—I. What do you think of the chances of success in operating on a fissure of the palate, in a child three years old, where the fissure is about half way through the hard palate?

If the gap is not very wide, and the case is properly trained by having the part frequently rubbed with the finger, tooth-brush, spoon, or other instrument, until the contact produces no spasmodic action or sensitiveness from the touch, and the patient can be kept entirely passive by means of some unirritating anæsthetic, or otherwise, the operation of staphyloraphy will be likely to prove successful.

If the fissure is very wide it is best to have an obturator made and inserted.

2. What do you think of a case having thirty-three nasal polypi removed, and not all taken out at that! Is such a thing possible?

Such a case is highly improbable. I should think of it much the same as any reasonable man would of a silly backwoodsman who should attempt to remove a tree from the forest or ground by pulling off its leaves and small branches, instead of attacking its trunk or roots.

THE CRITIQUE.

"Nothing extenuate, nor ought set down in malice."

"WHY SHOULD INFANTS WAIT SO LONG?"—Dr. True's query in the May No. asks: "If we consult the aboriginal tribes of any country or any unsophisticated nation, * * * they all abnegate such teachings, do they not?"

We are aware of, at least, one exception: the *Tinneh* or *Chepenyan Indians* of British and Russian America. Bernard R. Ross, Esq., Honorable Hudson's Bay Company, says in a MS. communicated to the Smithsonian Institution: "Nature certainly does more than art for the rearing of these people. 'God tempers the wind to the shorn lamb,' and causes them to thrive under numerous disadvantages. Immediately

after birth, without washing, the infant is laid naked on a layer of moss, in a bag made of leather, and lined with hare skins. This bag is then securely laced, restraining the limbs in natural positions, and leaving the child freedom to move the head only. In this phase of its existence, it resembles strongly an Egyptian mummy. Cradles are never used; but this machine called a 'moss bag,' is an excellent adjunct to the rearing of children up to a certain age, and has become almost, if not unanimously, adopted in the families of the Hudson Bay Company's employés. The natives retain the use of the bag to a late period, say until the child passes a year, during which time it is never taken out except to change the moss. To this practice, continued to such an age, I attribute the turned-in toes and rather crooked legs of many of these Indians. A child is not weaned until another takes its place, if the mother has milk to give it, and it is no unusual thing for an Indian woman of these tribes to suckle a child three or four years old, with a baby at her other breast at the time. Respecting the food of infants, the routine is as follows: If the mother has milk, they suck so long as she yields it; otherwise, mashed fish, chewed dried meat, or any other nutritious substance that can be had from a not very extended variety is given. * * * * *

Another extraordinary practice is, their giving *no nutriment to infants for the first four days after birth*, in order, as they say, to render them capable of enduring starvation in after life, an accomplishment which they are very likely to stand often in need of."*

In this paper, which will repay a thoughtful perusal, Mr. Ross says: "The Tinneh are far from a healthy race. The causes of death proceed rather from weakness of constitution and hereditary taint, than from epidemic diseases, though when the latter do come, they make great havoc." He also affirms that a confinement "once in three years," is "a high average for this people." Yet, "premature deliveries are very rare, and the women experience but little pain in child-birth, a few hours repose after the occurrence being sufficient to restore nature."

It is a question how far this "weakness of constitution," and these infrequent conceptions, are dependent upon the prolonged lactation.

We may learn from the experience of these Tinneh Indian babies not to be in too great a haste to force "spoon victuals" or "pap" into any babe whose mother's milk is "slow in coming."

We always order the child to the breast within two hours after an ordinary labor. The stimulus of suckling seems to hasten the lactiferous evolution.

CARL MÜLLER.

PNEUMONIA AND TARTAR EMETIC.—In a recent discussion on "Pneumonia" by the members of the Cook County Homœopathic Medical Society, one of the gentlemen present, in speaking of *Tartar Emetic*, made the following statement. "I have used the remedy, but not successfully, probably because the symptoms as given in the Repertory are few and unsatisfactory."

This, and similar statements which I have met with from time to time in our journals, has called my attention particularly to this, as I consider it, powerful agent, and lead me to offer a few remarks as to its proper uses in the disease above mentioned.

The proving of *Ant. Tart.* in our *Materia Medica* is, I admit, meagre enough, and yet sufficient is known of the drug, to make it an indispensable medicine to a Homœopathic physician.

I have treated many cases of pneumonia, when the symptoms indicated this remedy, and this only, and without which I verily believe I could not have relieved my suffering patients. To be brief, I will at once

* Smithsonian Report, 1866, pp. 304-5.

proceed to give the pathogenetic effects of *Tartar Emetic* as far as known, denoting its action on the bronchi, lungs and pleura. "Much coughing and violent sneezing; tickling in the air passages which provokes cough; loose night cough; mucous roncus; *gasping for breath* at the commencement of every fit of coughing; burning sensation under the sternum; continuous, violent rheumatic pain in the *left* side of the thorax; fits of soreness in chest, attended with *hopeless despair*; *sensation as if the chest was lined with velvet*; *short, laborious breathing, making it necessary to sit up in bed*; relieved temporarily after coughing and expectorating; *nightly paroxysm of orthopœna*; unusual oppression of the chest."

The symptoms in italics are highly characteristic of this drug, and as far as they go are of the utmost value to us. The lungs of animals which have been poisoned with *Tartar Emetic* have on examination after death, been found to be in a hepatized condition, and it is in this condition more particularly, that I have had such good success through the persistent use of this medicine.

Patients who have been through the various stages of pneumonia, and hepatization had already set in, and death seemed imminent, I have restored to perfect health by the prompt and persevering use of this invaluable agent.

If the reader should, in the course of his practice, meet with such a case as I am now about to describe, my advice is to give *Tartar emetic*, and persevere in its use, though no immediate benefit is observable, and do not change it for any other drug, except for the very strongest reasons.

You enter the sick chamber and find your patient sitting up in bed gasping for breath, with his shoulders elevated to his ears in the effort; his face the picture of despair. You watch the walls of the chest, but find no motion there. You tap with the fingers over the region of the lungs and there is no resonance, the sound elicited is like that obtained by thumping on a board. You take note of the abdominal muscles, and you find them hard at work carrying on the process of breathing. You place your ear to the chest, and no air seems to enter the lungs at all. The case looks desperate; the patient expects to die — his friends have already given him up. Now give your *Tartar emetic* every fifteen minutes in water, and persevere with it, for speaking from experience, it will see you through in many cases which at first sight you had already, in your own mind, despaired of. There is not much said about the character of the expectoration which this drug produces. In those cases of pneumonia and diseases of the bronchi, especially in children, where this drug has given me the utmost satisfaction, the expectoration consisted of white, frothy mucus (no blood) coming *constantly and profusely*, so profuse oftentimes as to almost strangle the child. A case of this kind which I had last winter, in a child four years old, the expectoration was so constant and so profuse that the nurse had to sit by the bed constantly, and swab out the mouth and throat with a sponge attached to the end of a stick which I made for the purpose. I persevered for three days in the use of the drug, and saved the child. It had no further trouble, excepting the formation of a tumor on the right side of the neck during the convalescence, the size of a small egg, which was promptly cured with a single prescription of *Arum mur.* THERAPEUTIC CRITIC.

SURGICAL.—In the March number of THE MEDICAL INVESTIGATOR, we find the following statement: "The European surgeons are practicing reductions of hernia without the ordinary taxis, by winding layer after layer of elastic bandage upon the scrotum, until the tension of the rubber

forces the gut back into the abdomen." We would like to have a little more light upon this subject, for, it seems to us, that unless the hernial opening was extremely large, this would be an admirable mode of producing gangrene in the protruded portion of the intestine, even if no injury was done to the other contents of the scrotum. It certainly would do no good except in scrotal hernia. We remember seeing, while in Europe, a good mode of taxis which has faithfully served us to advantage upon many an occasion since in strangulated cases. It consists in grasping the hernial sac with the thumb and two fingers near the constriction, and then drawing downwards upon the sac, which opens the orifice wider, while, at the same moment, the intestine must be pushed up through it with the other hand, or with the palm of the same hand. This, we know, will prove far more efficacious in incarcerated hernia than Prof. Hopp's mode of "the application of a swine's bladder filled with hot milk," or, as in the case of the child he treated "with the application of hop cataplasms," mentioned in the January number of the *Homœopathic Sun*.

In the transactions of the *Western Institute of Homœopathy*, for 1868, we find a very good surgical section, and we would be glad if all our state societies would make a special section on surgery for their annual meetings, and that a portion of the time of the meetings be devoted to the discussion of surgical topics. We are glad to see that Dr. T. P. Wilson condemns the practice of giving a full dose of castor-oil before the operation for *fistula in ano*, and full doses of opium afterwards. As he suggests, it is "imitating a foolish allopathic practice. It is both unpleasant and hurtful, and should be abandoned." We also agree with him, that the knife is the proper remedy for fistula, and that the ligature is but a lame substitute, "being an unfortunate compromise between the surgeon's duty and the patient's fears and prejudices."

In the March number of the *Western Homœopathic Observer*, Dr. Francis Black relates a case of ovarian cystic tumor, which was cured. Various remedies had been given, prominent among which was the *Bromide of Potassium*, but that *Conium Maculatum* was likewise given during the treatment of the disease, and he asks the question. "Was the recovery of this case dependent or independent of the *Bromide of Potassium*?" It may have been that this remedy had a beneficial action upon this case, although used in very large doses, but from our own experience, and the experience of others, in the use of *Conium* for these ovarian growths, we are much more inclined to give the credit in this case to the *Conium* rather than to the *Bromide*, and we trust this remedy will never be lost sight of in the radical treatment of these abdominal growths, nor should *Carb. Animalis*, or *Lycopodium*, etc., be forgotten, notwithstanding the efforts that some physicians are constantly making to naturalize improved, or but partially proved allopathic remedies too hastily into Homœopathic practice, without consulting the *Materia Medica* for the well-proved older remedies.

SURGICAL CRITIC.

PUBERTY, ITS SIGNS.—Build the foundation strong! Young girls, at the age of puberty, are oft-times alarmed at evidences of budding womanhood, and attempt to conceal the fact from their mothers.

I have been informed by a lady that she concealed for some time from her guardian the fact of her having menstruated; and following an attack of measles, having contracted a cold, her menses were suppressed for over a year.

From that time she dates the commencement of a life of disease and suffering.

A former patient of my father's, having menstruated, resorted to a creek and washed her clothing, and thereby contracted a cold, from the effects of which she suffers to this day. Another burned her clothing to shield her from discovery.

I do not deem it at all necessary to dilate upon this subject, but let physicians consider the ailments to which the uterus and its appendages are liable, and the slight causes that contribute thereto, and they are guilty unless they cause mothers to watch closely their daughters.

One word in this connection: Do not allow girls at this age to remain five or six hours daily in school, as they are oft-times compelled to do by iron-handed but asinine-headed school directors. Four hours daily is long enough, at the age of puberty, to confine a child to studies, in most instances.

H. T. F. G.

HYGIENE.—A journal which aims to teach the laity the laws of hygiene should be consistent.

Hall's Journal of Health comes for May with, first, eight pages of "Physiology of Preaching"—an article which, in the columns of a church paper would be appropriate, in a journal devoted to hygiene it is not.

Next is, "Resignation." That "Uncle Davy" did service in erecting a church is obvious.

"How to Reprove"—a squib fitted for the item column of a newspaper. Scarcely six pages, out of twenty-one, are devoted to health.

Dr. Hall's journal, generally, has good suggestions to the people.

The doctor should not rely entirely on the reputation of his generally valuable journal for its continuance in favor.

By this time (it is now in its sixteenth volume), instead of twenty-one pages, it should contain fifty.

Laudation is agreeable; finding fault is unpleasant to

H. T. F. G.

PERISCOPE.

BUFFALO HOMŒOPATHIC DISPENSARY.—The annual meeting of the Board of Trustees of this organization was held at the Homœopathic Pharmacy, on Tuesday, May 11th. Trustees present: Hon. D. S. Bennett, O. L. Nims, S. H. Fisk, Sheldon Pease, Jacob Beyer, L. C. Woodruff, and F. H. Root.

The meeting was organized by calling O. L. Nims to the chair. A report of the affairs of the association for the past eighteen months was then made by Dr. A. T. Bull. as follows:

Some eighteen or twenty months ago the Homœopathic physicians of Buffalo, seeing the need of a charity of this kind, convened and organized a society, to be known as the Buffalo Homœopathic Free Dispensary, under the law governing such corporations. A room was rented, furniture bought, and the institution went into active operation. The first expenses were met by subscriptions of ten dollars each among thirteen attending physicians, after which subscriptions were raised among the friends of Homœopathy to the amount of three hundred and ninety-seven dollars and twenty-six cents. Expenses up to date for rent of room, warming, gas, and medicine, were two hundred and two dollars and seventy-seven cents, leaving only a small deficit to be provided for the coming year.

Number of patients prescribed for, 1292; office prescriptions made, 792; number of visits made, 2278; number of deaths, 9; result unknown, 227; now under treatment, 97.

An effort was finally made to obtain State aid, which happily proved

successful, as the result of the efforts of friends here, and especially the friendly aid of Dr. H. M. Paine, of Albany.

On motion, the report was accepted, and the meeting proceeded to the election of permanent Trustees, as follows:

Hon. D. S. Bennett, President; A. T. Bull, M.D., Vice President; L. C. Woodruff, O. L. Nims, Jacob Beyer, Sheldon Pease, A. R. Wright, M.D., G. W. Lewis, M.D., H. Foster, M.D.

H. T. Appleby was then elected Secretary and Treasurer.

O. L. Nims resigned the chair, which was filled by the President-elect, who, pursuant to the by-laws, appointed the following committees:

Auditing Committee—Sheldon Pease, Jacob Bryer.

Soliciting Committee—Dr. H. Foster, O. L. Nims, Dr. A. R. Wright.

Expense Committee—Drs. Wright, Lewis, and Bull.

The following attending physicians were then appointed:

Dr. L. M. Kenyon, Dr. A. R. Wright, Dr. G. W. Lewis, Dr. E. G. Cook, Dr. A. T. Bull, Dr. H. Baethig.

A resolution of thanks was tendered Mr. Halsey for the use of rooms for the purposes of the association, and to Mr. Appleby for his unvarying attention to its interests.

H. T. APPLEBY,

BUFFALO, N. Y.

Secretary and Treasurer.

RAIL ROADS EAST.—During the summer months, and especially during the early part of June, numbers of our Western readers will be going East on a pleasure trip. For comfort and convenience we recommend the Michigan Central R. R. The fare to Boston is only \$23.00—about half fare compared with Western roads.

MICHIGAN CENTRAL—UNION DEPOT, FOOT OF LAKE STREET.

	<i>Arrive.</i>	<i>Depart.</i>
Mail Train.....	*5:00 A. M.	*7:40 P. M.
Day Express.....	*8:00 A. M.	*8:00 P. M.
Pacific Express.....	5:15 P. M.	9:00 A. M.
Night Express.....	†9:00 P. M.	*6:30 A. M.
Kalamazoo accommodation	*3:55 P. M.	*11:00 A. M.
(Cincinnati and Louisville Trains.)		
Day Express.....	*8:00 A. M.	*9:45 P. M.
Evening Express.....	‡3:55 P. M.	‡6:30 A. M.

*Sundays excepted. †Saturdays excepted. ‡Mondays excepted.

PERSONAL.—J. Meiller Smith, M.D., has located at La Fayette, Ind., and has entered into partnership with K. W. Waterman.

DR. J. G. RISCHER has removed to Waterloo, Iowa.

WE regret to announce the death of Dr. E. Burdick, of Walworth, Wis., of Nephritis, and Dr. Green, of Rockford, Ill. The latter was the pioneer of Homœopathy in that county.

THE
MEDICAL INVESTIGATOR.

VOL. VI.—JULY, 1869—No. 13.

ACUTE YELLOW ATROPHY OF THE LIVER.

ILLUSTRATED BY A CLINICAL CASE.

LAST fall I was summoned to attend Mr. S., for several years past a resident of this city, and native of this country, some thirty years of age, middle-sized, who formerly had enjoyed good health. His complaints were wandering pains in his trunk and extremities, with a diminished appetite and moderately coated tongue, his pulse beating about 100. These plain symptoms would evidently establish the diagnosis of a rheumatic-gastric fever of a non-inflammatory character. I put the patient immediately on a strict diet, with a moderate quantity of cold water to drink, administering internally *Aconite* and *Bryonia*, 3rd dilution, every hour alternately. Next morning I found him improving rapidly, and the subsequent day fever and pains had completely disappeared, so that he only complained of some muscular weakness, and a looseness of his bowels, manifesting itself by frequent and small mucous movements, attended with more or less griping pains, and a tendency to vomit. This new trouble, which had befallen the patient early in the morning of the third day, was in all probability owing to an excessive amount of ice-water, which the patient had consumed, against my orders, during the first and second day of my treatment, while he was molested by a violent thirst. Now I prescribed *Aconite* and *Mer-*

curius, 3rd and 6th dilutions respectively, every half an hour one dose, with lukewarm toast-water or watery gruel to be taken freely. The following day, being the fourth of my attendance, there was no more trouble of the bowels, and the dysentery had disappeared altogether. The patient might have been considered as cured by this time, but for a slight affection of jaundice, with a little feverish irritation (the pulse beating about 96 in the forenoon), which had appeared in connection with a new and thin mucous coat on his tongue. At the same time he felt more prostrated, and dull in his brain, with a certain apathy and drowsiness, more than is due in ordinary circumstances. Towards evening the pulse rose as high as 120, there being considerable congestion and heat of the head, so that the patient was for several hours quite unconscious. In the morning of the fifth day the same appearance as the day before, when the patient lie in an apathetic and drowsy condition, answering questions in an indifferent manner. In the evening the like exacerbation. On the sixth day the same symptoms. Such an intense exacerbation of the fever, from 96 in the morning to 120 in the evening, I could not explain satisfactorily to myself by a regular increase of the fever, as it occurs in common intermittent fevers, and I was therefore led to the opinion that the catarrhal-gastric affection, which had recommenced with the appearance of icterus, was assuming the form of a modified intermittent fever, although the feverish affection never made a perfect intermission, as is the case in ordinary intermittents.

In former years, especially in 1854, I observed intermittent fevers in this city, where patients, during the acme or height of the affection, had a pulse of over 120, with intense heat and delirium, raving at times like persons in typhus or typhoid fever. But still there was some doubt in my mind, if this case was really to be classed under the common catarrhal-gastric fevers, with an intermittent or remittent character; as for the remittent character, the feverish affection was deviating and differing too much during the stage of exacerbation from that of remission, and for the intermittent form there was evidently a lack of a complete intermission. The icterus, which had attacked our patient so suddenly overnight, from the third to the fourth day, was seemingly a so-called catarrhal one, the catarrhal affection of the mucous membrane of the stomach and duodenum having extended into the biliary duct, thus causing a stagnation of

the secreted bile within that organ, and by absorption of some of the bilious elements into the blood a rapid icteric discoloring all over the surface of the organism. This pathological explanation presented a rather plausible aspect. I began gradually to suspect, however, the real nature of the disease, apprehending that something more grave or serious might be at the bottom of the affair. On the eighth day I was induced to examine the condition of the liver by percussion, when I found, to my surprise, an absolute impossibility to determine the inside limits of that organ towards the abdomen, which, in a normal state, is described by a line running from the lower end of the tenth rib, in the right hypochondriac region, in an oblique direction over the epigastric region, between the umbilicus and xiphoid process, and terminating about an inch on the left of that line. The sound of percussion was moderately tympanitic on that spot and over the whole inside half of the liver. As there was no particular state of flatulency of the abdomen, which might have explained this want of a dull sound of percussion, as is peculiar to the liver, the idea struck me at once, that the organ in question must be necessarily in a deranged condition. The recent theory of an acute atrophy of the liver (which I had never seen illustrated by a *post-mortem* examination, in spite of my frequent hospital attendance in Vienna, Prague, and Berlin, five years since, during a whole year, where every corpse is dissected without exception before interment) began then to settle fast on my mind. On the same day the wife of the patient, becoming more and more alarmed about the fate of her husband, proposed a consultation with Dr. W., member of our Homœopathic Society, which was quite desirable to me. The Doctor, after weighing the history of the case from its commencement, shared the same opinion with me in regard to my original diagnosis, viz., of the existence of a simple gastric fever, with catarrhal jaundice; and he also agreed to my therapeutics, which I had employed for several days previous, that is, *Aconit.*, *Bell.*, and *Bryonia*, 3rd dilution. As for my hypothesis, that there might be probably another and fatal affection concealed behind the plain and apparent symptoms, on account of the perfect absence of the normal percussion sound of a considerable inside portion of the liver, he was rather skeptical, as I was myself, and quite the largest majority of physicians would also have been. But still I could not avoid informing

Acute Yellow Atrophy of the Liver.

Mrs. S. about the possibility of extreme danger in which her husband was, if my anticipations should prove correct of an acute atrophy of the liver, by which life is inevitably destroyed within a few days.

The subsequent night, about three o'clock, I was called in great haste to see the patient. I found the patient, only partly to my surprise, in a dying condition, nearly pulseless, soporous, and with the peculiar tracheal rattling, mostly the forerunner of approaching death, which followed within half an hour after my entrance into the room. This rapid termination only confirmed my suspicion of the most destructive disease of the liver; for no other affection could have proven so rapidly fatal. A common gastric fever, with or without a simple jaundice, terminates generally in recovery, never destroying life with such intense cerebral symptoms, and in such a short space of time. A *post-mortem* examination was obstinately refused by the relations, and science thus deprived of a very instructive sample of pathology.

Apoplectic fits occur among persons of an advanced age in jaundice, but never in individuals in the prime of their life. Thus the whole illness of this exceedingly rare case had not lasted longer than eight days; and the acute atrophy of the liver more than about five days from its first outset to the fatal termination, if the preceding affections of rheumatic fever and dysentery are looked upon as non-essential and merely accidental forms, having neither a direct nor indirect bearing on the disease in question. Having no recent pathological work on the subject, I was obliged to confine my theoretical information exclusively to the description given in Prof. Niemeyer's book on "Special Pathology and Therapeutics," Berlin, 1863.

Symptoms and Course of the Disease.—The first stage, which corresponds to the forming exudation in the liver, is attended with but few characteristic appearances. The patients have no appetite, complaining of pressure and fullness in the epigastrium, and of other troubles which point to a gastro-intestinal catarrh. To this, in most but not in all cases, a moderate icterus is added, creating the suspicion that the catarrhal affection has been extended from the duodenum to the ductus choledochus. *Not one symptom betrays the danger in which the patients are.* The aforesaid appearances ought not to be taken for those of a pro-

dromal stage; it is to be rather supposed that the gastro-intestinal catarrh had already risen by a disturbance of circulation in the liver, being the first consequence of the exudation in the parenchyma of the liver and of the compression of the capillaries of that organ. This presumption is still more justified by the fact, that almost invariably during the further progress of the malady severe phenomena of stagnation within the district of the portal vein, hæmorrhage of the stomach and intestines, swelling of the spleen, etc., are observed. The icterus seems to be occasioned by a compression of the minutest biliary ducts. The weak, but not entirely wanting color of the excrements, proves that the bile is not completely secluded from the duodenum. In some cases the disease takes a latent course in the first stage, and the threatening symptoms of the second stage appear in the midst of a seemingly undisturbed health.

In the second stage, which corresponds to the decay of the cells and to the reduction of the liver, being connected therewith, the patients, during the increase or first beginning of the icterus, complain of some violent headache, while the region of the liver is, with but a few exceptions, very sensitive to the touch, becoming, as they do, very unquiet, excited, and delirious. Sometimes the aggravated irritation is also propagated to the motory nerves, so that partial or general muscular convulsions arise. Soon after, and in some cases without those preceding phenomena of irritation, the patients are seized with an insuperable prostration and weariness; they fall into a profound sleep, out of which they may be brought to their senses, at first momentarily, especially by a pressure on the region of the liver, but later they can not be awakened at all. Then the previously normal or even retarded pulse always grows very frequent. The temperature of the system rises to a significant intensity; tongue and gums appear dry, and covered, as it were, with soot; the discharges of fauces and urine ensue involuntarily. With increasing collapse, very great frequency of the pulse, growing continually smaller, and an eruption of profuse perspiration, the patients, without awaking from their coma, mostly expire on the second, seldom on the fourth or fifth day, or still later. These grave disturbances of the nervous action, and the perfect and general paralysis, which is developed in a few days, are the most constant and important morbid appearances in the acute yellow atrophy of the liver. However,

they are by no means essential to this affection exclusively, but also occur, though more rarely, in the course of the cirrhosis and the destruction of the liver-cells, produced by an intense and long-lasting stagnation of bile. They may be further determined as consequence of the acholy or want of bile, according to Frerichs, of Berlin, as they do not arise from palpable changes in the nerves and nervous centers, nor from an intoxication of the blood by absorption of bile; but in this way, that after the destruction of the liver-cells no bile is formed, and that instead of bile abnormal products of decomposition, as yet entirely unknown and obnoxious to the organism, arise. In the acute atrophy of the liver, in which the most extensive destruction of liver-cells occurs, the existence of abnormal products of decomposition has been proven by Frerichs in the most striking manner. While the urea, the most important final product of the normal change of matter, disappeared from the urine of the patients, *leucin* and *tyrosin* appeared in it, which substances never else exist in the urine. But it has been shown by positive facts, that these substances do not poison the blood, leading to an abnormal function and paralysis of the nervous system.

Whenever the compression of the capillaries of the liver grows so important that the nutrition of the cells of the liver is interfered with, efflux of the blood from the portal vein must also essentially be obstructed. According to that, we do not rarely, in the second stage of this acute atrophy, perceive that the symptoms of acholy are combined with those of stagnation, as they likewise accompany the cirrhosis of the liver and the pylephlebitis, or inflammation of the portal vein. Finally, the nutrition of the capillary walls is early disturbed by the severe alteration of the blood, and frequently petechiæ on the external skin and hæmorrhages out of several organs, principally from the nose and the uterus, take place.

The physical examination yields exceedingly significant results, exhibiting, as it does, the rapidly progressing reduction of the liver. At first the sound of percussion in the epigastrium becomes full in a striking manner, as the reduction commences on the left part; but a few days later often no trace of a liver-dullness is to be discovered. The complete disappearance of the liver-dullness partly depends on the circumstance, that the relaxed organ is sunk down and pressed towards the spinal column by

intestines containing gases. Besides the decrease of the liver-dullness, the increase of the dullness of the spleen is important for the diagnosis; the tumor of the spleen, however, does not always become so significant that it may be proven by physical means, and in many cases it stays away altogether.

Anatomical Appearance.—In a high degree of the disease the liver is greatly, sometimes more than one-half, reduced, experiencing a certain flatness by a prevalent decrease of its thick diameter. Its serous cover is somewhat strained, sometimes even folded. The parenchyma is relaxed and flaccid, and the organ is sunk down towards the posterior wall of the abdominal cavity. The color is saturated yellow, its consistence diminished, the acinous or glandular structure not to be recognized. Upon examination with the microscope, instead of normal liver-cells, only masses of detritus, drops of fat and kernels of pigment, are found. In the right lobe, in which the alterations were less advanced, Frerichs discovered between the little lobes, that were surrounded with hyperæmic vessels, a filthy, gray-yellowish substance deposited, by which they were separated from each other. Further, the hyperæmia of the capillaries disappeared, the size of the lobuli became smaller, their color more yellow, while the intervening gray substance prevailed. The biliary ducts and the gall-bladder usually contain a scarce, more mucous secretion. The fæces, too, are faintly tinged; sometimes the intestinal contents are sanguineous. In most cases the spleen is enlarged. Frequently ecchymoses are found, and these principally in the peritoneum, and in the mucous membrane of the stomach and the bowels; but also not infrequently in other serous membranes, and in the external skin. In the kidneys Frerichs observed not only pigment deposited within the epithelium, but also fatty degeneration and decay of the epithelial-cells. In the blood the same investigator found large quantities of leucin, and also in the urine this substance, as well as tyrosin, and a peculiar extract-like agent could be exhibited.

Therapeutics.—On the therapeutics of a disease, of which it is very doubtful whether it may ever terminate with recovery, evidently nothing reliable, and based on experience, may be said. In the first stage purgatives, and cold dressings over the right hypochondriac region, had to be applied, if the first stage could be distinguished from a simple catarrhal icterus. In the second

stage, abstraction of blood has had a noxious influence on the course of the disease, according to all experiences hitherto made about it. As long as symptoms of irritation, great excitement, delirium, convulsions, exist, ice-applications on the head; if paralysis comes on, cold shower-baths are to be used, which treatment, on account of its sometimes favorable effect in inflammatory affections of the brain, has also been transferred to the toxical affections. Although all comatose patients during a shower-bath momentarily come to their senses, a lasting success may never be expected in this disorder. The same holds true of the internal and external use of stimulants, which during the paralytic appearances, and the mineral acids, which during the symptoms of petechiæ, and of the ice-pills, which against the violent vomiting hæmorrhage of the stomach and bowels, have been recommended.

J. B. BRAUN, M.D.

CHICAGO.

CARBOLIC ACID IN SCARLATINA ANGINOSA.

April 27th, 1869.—Called this evening to see L. G., a delicate girl, æt. twelve. Found her restless, flushed, slightly delirious, with headache, pulse 130, thin, white coat on tongue, pain in swallowing, fauces swollen and red, nausea, etc. Has had fever two days. I prescribed *Belladonna* and *Aconite*, 1st decimal of each, every hour alternately.

28th, eight o'clock A.M.—Found an increase of all the symptoms, with red points showing themselves thickly beneath the cuticle over the face, neck, and hands; pulse 140; fauces more swollen, and reddened; coat on tongue thickened, but showing a few red points through it. Continue the *Bell.* and *Aconite* every hour. Directed the application of a cold bandage to the throat, to be changed every two hours; to be allowed as much cold water or lemonade to drink as she desired. Nine o'clock P.M., symptoms increasing; pulse 144.

29th, A.M.—Symptoms all increased as the rash develops. Gave *Rhus Tox.*, 2nd decimal, instead of *Aconite*, every hour alternately with the *Bell.* Continued compress to the throat; to be rubbed all over with *Adeps*, morning and night. Nine o'clock P.M., worse.

30th.—Has been steadily growing worse. This morning her condition is thus: Sleeping uneasily, with eyes half closed; twitching of hands and limbs; starting from sleep, she is delirious, talking constantly; moaning from intense cephalalgia; tossing from side to side of bed; pulse 160; tongue thickly coated in center with yellowish-white fur, which is dotted here and there with projecting red papillæ; throat so inflamed and swollen, within and without, that swallowing is difficult and painful, and even breathing is impeded; nasal membrane so tumefied as to necessitate breathing through the mouth; lips dry, cracked, and very painful; she can hardly open her mouth sufficiently to permit an examination of the throat, because of the painful tumefaction; odor of breath almost unbearable; fauces fiery red and greatly swollen; patches of diphtheritic exudation thickly cover both tonsils, and even extend to the posterior wall of the pharynx; the fur is disappearing from the tongue, leaving that organ of a glassy red color, roughened with enlarged papillæ, stiffened and swollen; also near its tip are a few spots of the exudation; urine scanty and red; has an operation of the bowels as often as every hour. The eruption is not diffused equitably over the entire surface, being interrupted in many places, and it is of a *dusky* red color. Innumerable small (miliary) vesicles exist generally over the body.

We have thus developed a very serious case of scarlatina anginosa. The mother is almost frantic, for she knows of the death of a little girl in our city, two weeks ago, from this same scourge, who had had Homœopathic treatment from my colleagues. I myself am in no easy frame of mind, for I can not forget case after case that has gone down to the grave in spite of all our system could do. The remarks of a writer in the "Philadelphia Journal of Homœopathy" (1853, page 336) are brought forcibly to my mind: * * * "The mortality from scarlatina, even under Homœopathic treatment, is sometimes so great as almost to make the ashes of Hahnemann shake in his tomb." *Bell.* and *Rhus* have certainly so far availed nothing. What shall I do? I think of *Carbolic acid*, with its wonderful power over noxious agents; and I remember how often I have thought, and how frequently seen suggestions, that it would probably prove efficient in the class of diseases to which this belongs. It is true that I do not know that it will *produce a rash*, nor do I know

that it will *not*. *I determine to try it.* I procure an ounce of Nichols' "Aqueous Solution of *Carbolic Acid*," and direct two drops to be given every hour. I mix $\frac{3}{4}$ ss. with $\frac{3}{4}$ vj. of rain-water, to be used as a gargle every two hours. Discontinue the cold compress. Continue the application of the *Adeps*, it affording great temporary relief. Ten P.M., I *think* she is rather better. The gargle has effectually destroyed the odor of the breath.

May 1st.—*I know* she is better now, although very weak, and pulse still quite high, 152. Give the drops every two hours, and gargle every three.

From this time she slowly but steadily improved under the *Carbolic acid*. Desquamation commenced on the ninth day.

None of the long list of ills that are wont to follow scarlet fever have as yet shown themselves.

The contagion in this case was communicated from the physicians who attended the fatal case above alluded to. Physicians treating scarlatina should, before coming in contact with persons who have not had the disease, be very careful to change their clothing, and to wash themselves, hair and all.

DECATUR, ILL.

J. W. ROUTH, M.D.

DYSENTERY AND HOOPING-COUGH.

COOK COUNTY MEDICAL SOCIETY REPORTS.

October 1, 1868.

THE President, Dr. F. A. Lord, in the chair.

Dr. R. Ludlam—I would inquire of the members if they had met unusual complications this summer; as hooping-cough and dysentery, or hooping-cough and cholera infantum, both present in the same patient at the same time. During the past summer have had a number of such cases. In some cases hooping-cough would set in during an attack of cholera infantum, the diarrhœa would change into dysentery, or perhaps into marasmus, and the hooping-cough would continue its course without interruption.

Dr. Hedges—Have had a case of not exactly such complication, but have had one that first set out as cholera infantum, and subsequently dysentery was added to it. It was my own child.

During the heated season it had cholera infantum so badly that I despaired of its life. I consulted with Dr. Cooke, who advised a trip on the lakes. It was sent to Western New York. On the route it improved, but after being on land for a time the disease returned, and with it dysentery. It was then in charge of my uncle, Dr. Hedges, of Jamestown. The case grew so rapidly worse that he called Dr. Ormes in counsel. Dr. O., who has had a large experience in such cases, and as the remedy indicated—*Calc. c.*—did not serve to control the attack, advised an unusual preparation of *Calc. c.*, made from egg-shell. This was to be given in the 2nd trituration. Dr. H. said it took six hours to make the first trituration, and three hours the second. This was given the child, and in a few hours improvement was manifest, which continued, and the child is now perfectly well.

Dr. Woodward—Did not the ordinary preparation of *Calc. c.* do any good?

Dr. S. P. Hedges—They said not.

Dr. C. C. Smith—Was there any thing peculiar about the dysentery?

Dr. S. P. H.—There was nothing peculiar, so far as I could learn. There was great straining, and it seems as if the child would go into convulsions. The straining would precede and accompany the stool, and would last in all about five or ten minutes.

Dr. Ballard—Were the discharges bloody?

Dr. S. P. H.—There was some blood in them.

Dr. J. W. Streeter—Had seen some of these cases; one case of hooping-cough and cholera infantum. The hooping-cough was not very severe. *Ipecac.* and *Merc.* cured the case.

Dr. F. A. Lord—Have had one case of hooping-cough and dysentery. *Merc.*, 12, in a few days controlled the dysentery, and *Carbolic acid* the hooping-cough; at least it grew so mild that I have not seen the case since.

Dr. S. P. H.—In what strength did you use the *Carbolic acid*?

Dr. F. A. L.—It was the 3x, internally.

Dr. Duncan—I have not met with any case where hooping-cough and dysentery were present at the same time; but I have had one case of the former disease (hooping-cough) and cholera infantum. About the time the child began to cough diarrhœa

set in, which grew worse continually. The child became emaciated; lost its appetite; had continual thirst; was very irritable, and when the paroxysms of coughing came on it would almost go into convulsions, grow black in the face, gasp for breath, stiffen out, and at times become unconscious. It was distressing to witness these paroxysms. At first *Tart. em.* seemed to control both cough and diarrhœa. *Cham.* subsequently was the only remedy that had any impression on either and both diseases. This case came into my hands about the time the heated term commenced. As it grew worse by the prostrating effects of heat, I counseled the parents to take it a trip on the lakes, as my remedies seemed powerless for good while the weather was so excessively hot. They followed my advice, and took a trip up to Milwaukee, across the lake, and back again. The father remarked that before they arrived at the Michigan shore the child's appetite improved, and all of the symptoms lessened in severity. Improvement continued, under the properly selected remedy, and the child is now well.

Dr. L. H. Holbrook — Have had one case of cholera infantum and hooping-cough combined. The chest symptoms were more like those of inflammation of the lungs than simple hooping-cough. *Tart. em.* controlled it. The cough was quite light.

Dr. Streeter—As an anomaly, I will report a case of hooping-cough in an old lady forty years of age. She had the disease quite severely.

Dr. J. Braun — Had one case of hooping-cough and dysentery. The child had been sick three weeks before I saw it. The severe cough brought on an attack of bronchitis, which *Acon.*, *Ipecac.*, and *Merc.* would not relieve. The dysentery ended with diarrhœa, as it always does in such cases. The hooping-cough abated in severity, but I could not reduce the fever. *Bry.* would not do it. The excessive hot weather seemed to wilt it away. It lost its appetite. The pulse exceeded 120; I could not reduce it. The child died in convulsions.

Dr. R. Ludlam — Has any member seen a case that had hooping-cough and *bona fide* dysentery together, get well?

Dr. Braun — Had a case in the winter. Child had both diseases at the same time. *Puls.*, *Ipec.* and *Acon.* cured the case in a week.

Dr. R. Ludlam — I mean in severe cases occurring in the summer season?

The Chair—The worst case I ever saw, of either dysentery or hooping-cough, was one in which both diseases were present at the same time. The case first began as cholera infantum and hooping-cough. The bowels would now be better, then worse. After a time the cholera infantum changed to dysentery, making the worst case I ever saw. The child died in convulsions, During the treatment I used various remedies that seemed indicated, but with little avail. Since then I have had similar cases, only not quite so severe, and those have yielded to treatment.

Dr. R. Ludlam — Had treated many cases of hooping-cough. This disease prevails mostly, as we all know, in the spring and autumn. Have seen an unusual number of cases of hooping-cough this summer. Where this disease and cholera infantum are present in the same case, the tendency is to marasmus. When dysentery sets in, in addition, the case assumes an alarming aspect, and the patient generally dies in a short time. Have seen a number of such cases, and they have, as a rule, proved fatal. As far as my observation has gone, the dysentery has set in upon the hooping-cough, and the child has always died in severe convulsions. Have seen some interesting complications the past summer. A case we had at the college clinic to-day was very interesting. The child first had scarlet fever, then measles, then dysentery, and now has marasmus. All these diseases occurred consecutively, and in rapid succession, and were all well marked. These complicated cases are interesting. They should be carefully watched and noted down for the benefit of the physician. They are exceedingly difficult to treat successfully. I think I have never heard of a severe case of hooping-cough and dysentery getting well, especially if they appeared in the summer or autumn. They might get well if occurring in the winter, as they are not usually so severe at that season, and we have not the prostrating effects of hot weather to contend with.

Dr. Bacmeister — I have not had any experience in such cases; but would offer one suggestion that might be of benefit. If you have a case of hooping-cough, and dysentery also set in, I would leave the other disease and go to work on the dysentery. That is following the Hahnemannian principle, that the last symptom, or class of symptoms developed, is the most important.

THE PROVING OF DRUGS.

SOME PERTINENT SUGGESTIONS.

IN every case the drug selected to be proved should be perfect of its kind. Its description as to name, appearance, physical properties, the part used, mode of preparation, etc., should be fully set forth. If it be a plant, the place of its growth, the state of its maturity, and the season when gathered, should be stated, so that a knowledge of its identity in the articles and uniformity of preparation of the medicines employed in provings and prescriptions throughout the profession may be attainable. In some cases it may be expedient for the prover to preserve specimens for future examination and comparison. Plants in the wild state, and from their native soil and climate, should be selected in preference to those which have been subjected to the influence of cultivation, or transplanted to a strange land and latitude.

Mineral substances for medicines should be obtained chemically pure, when possible, or the process of preparing them given in detail.

Similar rules should be observed in the selection of substances and specimens from the animal kingdom, and additional care taken in the preparation and preservation of the articles to guard against the loss of medicinal properties from early decomposition, incompatible menstrua, etc.

There is one subject on which I believe all careful provers of drugs are agreed; that is, the symptoms which are caused by the smallest doses capable of producing reliable effects, present a more perfect outline of the pathogenesis of a drug, and are more certain guides in the treatment of disease, than those obtained from larger doses. Hence it is important to choose a dose of appropriate size. As the susceptibility to the action of drugs in different persons varies very much, it requires some judgment to adapt the size of the dose to the susceptibility of each prover. Besides this difference of susceptibility in persons, some are much more easily impressed by particular drugs than by others, and hence care should be taken to get the right dose in such cases, in order to obtain the best results. Not only are different provers affected differently by the same dose of a drug, and more suscepti-

ble to the action of one drug than another, but in all their provings of various drugs, one will get symptoms chiefly in one portion of the system, while another will observe symptoms in a different portion. This circumstance, so far from forming an objection to the symptoms of certain provers, rather increases their value and tends to confirm their truthfulness. The almost endless variety of susceptibility and constitutional peculiarity of individuals in regard to the action of drugs, affords sufficient explanation of the diversity in provings; and shows the necessity of a drug being proved by a number of persons sufficient to embrace the different constitutional peculiarities, in order to bring out all of its symptoms.

Some provers get symptoms only from massive doses of the crude drug, drops or even drachms of the tincture, grains or scruples of the substance; while others get them in abundance from a few drops of the first, second, or third dilutions and triturations, and still others get them from the thirtieth and yet higher dilutions. The judgment and experience of the prover in each case must fix the size of the dose. If the one first chosen should not be sufficient, a larger one must be adopted.

In regard to repetition of doses in the proving of medicines, physicians are not all of one mind. Most of the symptoms of our *Materia Medica* have been obtained from repeated doses, the prover continuing to take the medicine throughout the proving. Some important provings have been made by taking a single dose, and awaiting the result. Others, equally important, have been made by repeating the doses until symptoms begin to appear, and then ceasing to take the medicine. Now, each of these methods has some advantages over the others, and neither of them would answer well in all cases of either drugs or provers; it is, therefore, probably better to let each prover follow his own inclination, and make a faithful record of his proceedings. A diary should be kept in every case, and the symptoms recorded as near as they can be in the order of their occurrence. The size of the dose should always be stated, as well as the hour of taking and repeating it, and also the hour of the day or night when the symptoms begin to appear. The prover should record every perceptible effect of a drug, however trifling it may appear to be, as well as the hour of its commencement, the length of the time of its continuance, and the time of its leaving; if it reap-

pears, he should note the length of the interval of its absence, and also the time of its reappearance. If a symptom subsides and is reproduced by any cause, the cause and attending circumstances should be mentioned in the record.

A little attention to the following cardinal points of symptomatology will render the operation of recording symptoms quite easy, and facilitate their arrangement for use in practice, viz. :

1. Give the quality of the symptoms, *i. e.*, the sensations and the perceptible phenomena.
2. Give the locality of the symptoms, *i. e.*, the region of the body, which side, and the name of the organ, when it can be done.
3. State the time of the first appearance, the exacerbation and amelioration of each symptom, *i. e.*, the hour of the day or night of the occurrence of symptoms, the influence of rest, motion, and other circumstances.
4. The conditions and causes of aggravations.
5. The circumstances and causes of ameliorations.

It may be stated concerning the size of the dose usually taken for the proving of medicines, as a guide to beginners, that it may be varied to suit the susceptibility or fancy of the prover, and the activity of the drug, from three to five grains of the first to the twelfth trituration; five to fifty drops of the tincture; five to twenty drops of the first, third, or sixth dilution; and from one to ten drops of the eighteenth, twenty-fourth, or thirtieth attenuation. The triturations and the drug in substance may be taken without being mixed with any thing, but the tincture and dilutions should be always taken in water, or in a powder of sugar. If a single dose does not produce symptoms, it may be repeated every six or twelve hours until symptoms begin to appear and then stopped, or continued until the action of the drug is called out to the satisfaction of the prover. Hahnemann, when proving a drug that was used by the old school, was in the habit of taking a single dose of the recognized size, and then recording the symptoms.

During the proving the experimenter should continue his usual course of life; and if the symptoms should be more violent than agreeable, let him not take an antidote without sufficient reason, lest he spoil a valuable proving.

W. W.

ILLINOIS MEDICAL ASSOCIATION.

FIFTEENTH ANNUAL SESSION.

THE Fifteenth Annual Meeting of the Illinois State Homœopathic Medical Association, was held in Chicago, May 18 and 19. The President, Dr. G. D. Beebe, in the chair.

Dr. J. S. Mitchell gave a sketch of *crusta lactea*, which he declared to have lately come under his notice far less frequently than in previous years. Dr. Holbrook suggested *Carbolic acid* for the complaint. Other remedies were proposed and discussed by Dr. Coe and other gentlemen. Dr. Wales, during the past year, had found this complaint more prevalent than usual.

Dr. Foote suggested that the discussion by any member be accompanied with a description of symptoms of the case, and of the proposed remedies.

The President hoped the committee would, in their printed report, give a pathological report of *tinea capitis* and *crusta lactea*. He believed the crusts were the outcropping of some systemic taint.

Dr. Cooke thought the two diseases, *crusta lactea* and *tinea capitis*, were confused in the discussion. *Crusta lactea* was a constitutional disease, while *tinea capitis* was purely local and contagious.

Dr. L. Pratt moved that the Committee on *Crusta lactea* be continued, and that they make a full report at the next meeting.

AN ADDRESS OF WELCOME

To the delegates was delivered by Dr. D. A. Colton, on behalf of the Cook County Society.

Dr. Pratt responded briefly on behalf of the Association.

Dr. Smith gave a brief sketch of the way in which Homœopathy was espoused by the Chicago press.

Dr. Beebe gave a report on *talipes*, exhibiting woodcuts and several plaster casts. It was stated by him that it was futile to attempt to straighten the foot without severing the tendons, except in cases of infants a week or two old.

THE OPERATION.

He then exhibited a "specimen" presented by Dr. Pratt—a man who had received a kick on the eye from a horse. The facial integuments had been severed, and the eye-ball had swollen to an immense size and subsequently contracted. The result of the contraction was a flaccidity of the lower lid, to remedy which it had been cut and taken up.

The operation was soon completed, the glass eye, in the form of a cup, fitting on to the shrunken eyeball, and the patient rolled joyously a pair of orbs, that might have been both natural.

The Board of Censors recommended the following gentlemen, who were accordingly admitted members: Dr. L. E. Clark, of Sandwich, Ill.; Dr. A. G. Beebe, Dr. J. W. Hawkes, and Dr. A. H. Hull, of Chicago.

ANÆSTHETICS.

Dr. A. G. Beebe read an essay on the comparative value of *Bi-chloride of methylene* and *Chloroform*, comparing several instances of the use of the first with the corresponding use of *Chloroform*. He believed the former would never come into general use. He had never heard of a death from the administration of pure *Chloroform* under the treatment of competent operators.

Dr. Small said it had been a question with regard to the fitness of subjects. He would inquire if in any cases of disease of the lungs or arterial system, or in any chronic hepatic disease, *Chloroform* could be safely administered. He would like to hear from any present their experiences.

Dr. Miller had frequently heard of deaths.

Dr. Cooke had been in the habit of laughing at such cases. He had administered *Chloroform* in cases where the administration of an opiate would undoubtedly have been fatal. He found that the pulse actually rose under those circumstances. He declared it as his belief that a patient who was capable of living was capable of taking *Chloroform*. His rule was this: Inasmuch as whatever subsequently happened to patients was immediately charged to *Chloroform*, the prejudices of the patient should be studied and yielded to.

Dr. Barker was opposed to the use of *Chloroform*, *in toto*. The paper by Dr. Hedges, last year, was very good. Yet an agent that could produce total unconsciousness must certainly leave traces on the system.

Dr. Cooke could not see, in any case where Homœopathic medicines could give no relief, why *Chloroform* should not be administered.

Dr. Small had never, in cases of labor or any other, given

Chloroform without success, for the last fifteen years. His experience went to show him that *Chloroform* was given to aid women in their hour of peril. He never gave *Chloroform* in early stages of labor, except in convulsions. There were many deaths from the use of laudanum and other anodynes which were never mentioned. Yet, a death from the use of *Chloroform* was heralded from one end of the land to the other. He saw no reason why *Chloroform* was opposed to physiology.

Dr. Hedges had seen, in medical works, arguments against the administration of *Chloroform* in cases of aneurism and fatty degeneration of the heart, but had never found them attended by fatal consequences in this city, or any where in his experience.

Dr. Cooke believed these objections to be scientific, not practical ones.

Dr. Barker gave an instance where *Chloroform* had been useless in a case of convulsions in labor, and in which the patient died.

Dr. Mann cited a similar instance, where *Chloroform* proved useless in convulsions.

Dr. Clarke was confident that he had saved the life of two patients suffering from convulsions, which were due to dropsical effusions, and that it was by means of *Chloroform* that this salvation was effected.

Dr. Coe inquired whether any simple test existed for the pure article, and was directed to Dr. Hedges' report last year.

Dr. Temple inquired on what grounds the faculty, as Homœopaths, could resort to *Chloroform*; there was no disease so fatal as puerperal convulsions. He had had cases where a few pellets had removed the difficulty as if by magic.

Dr. Beebe expressed his belief that the cases failed from timidity of administration. He was equally certain that *Chloroform* could control puerperal convulsions. The anæsthesia should be profound in such cases. There was no danger, even where the anæsthesia was sustained for seventy-two hours, as long as atmospheric air were allowed in sufficient quantities to support life. In epileptic convulsions the same treatment held good.

Dr. Barker inquired how *Chloroform* would affect a patient where determination of blood to the brain existed.

Dr. Beebe replied that even in cases of effusion he had successfully used *Chloroform*. There were cases where, from lesions of the nerve centers, paralysis of the pneumogastric supervened, but these were capable of being restored by vigilance. For the accomplishment of surgical operations and in labor, he believed that *Chloroform* saved 1,000 cases where it sacrificed one.

Dr. Foote cited an instance supporting the President's views.

The evening session was held in the County Court-room, and was called to order by Dr. L. Pratt, in the absence of the President and Vice-President.

DIET.

The report of Dr. J. S. Mitchell on the subject of "Diet with Reference to Health," was read. He did not think the use of tobacco, tea and coffee was absolutely injurious to the human system. The system frequently becomes capable of sustaining, for a time, the effects of even virulent poisons, and the three above-named articles were not virulent poisons. A gentleman who went without meat for six months longed for it as the drunkard for alcoholic liquor. The human frame, he thought, was created to indulge in both animal and vegetable diet. Experience has proved that vegetable diet for the masses has proved a failure. The best substitute for breast-milk for infants was cow's milk, but infants frequently perished from inanition when fed entirely on the latter. The addition of a little sugar to cow's milk after the latter has stood for some time, would add considerable nutritive matter to that fluid.

The following important amendments to the constitution, offered by Dr. Duncan, a year ago, were called up and passed, except the first one:

"From Art. I., strike out the word 'Homœopathic.'"

"Change Art. II. so that it will read: 'The Association shall be composed of permanent and honorary members and delegates. Permanent members shall include present members, and such as may hereafter be elected in conformity with Art. IV. Honorary members may be elected annually, not to exceed five in any one year; they must be non-residents, and have been proposed at a previous annual meeting. Each County Medical Society shall be entitled to one delegate for every five members of such society. Each College, Hospital, Dispensary and Journal, shall be entitled each to one delegate. The entire permanent membership of the Association shall be classified under one or more of the different departments of medicine that they may select.'"

"In Art. III., after the word 'elected,' insert, 'by ballot.'"

"In Art. IV., insert the word 'permanent,' before 'membership.'"

"In Art. VI., for 'two,' substitute 'five,' and strike out all after the word 'meeting.'"

"Change Art. VIII., so that it will read: 'There shall be standing committees of not less than three, on the following departments of medical science: Anatomy, Physiology, Pathology, Obstetrics, Diseases of Women, Diseases of Children, Surgery, Chemistry, Hygiene, Jurisprudence, Materia Medica, Clinical Medicine, Climatology, Pharmacy, Helminthology, Histology, Psychology and Dentistry. The first named on each committee shall report on the improvements, observations, advancements and discoveries made in their departments. There

shall also be a committee of one, on Medical Education, Organization, Literature, History, Statistics and Necrology. These committees to report annually.'"

Dr. Coe detailed a case of icterus and passage of gall-stones, following a severe fright. The attacks of pain occurred each day at 2 P. M. Why this periodicity?

Dr. Colton thought the human system strongly predisposed to periodicity.

Dr. Ludlam suggested as the best remedy, *China*.

Dr. Duncan cited a similar case of icterus, following fright. *Merc.*³⁰ cured the case rapidly.

Dr. Coe related a case where a habit had been formed of spasmodic forcibly closing of the eyelids.

Dr. Miller thought it a bad habit easily acquired.

Dr. Coe told the parents that he thought he could cure the boy. He took his Homœopathic bible—*Symptomen Codex*—and determined to look up the remedy. He began with "*A*," and ran down to *Tart. em.*, there he found the symptom, "disposition to close the eyes forcibly." He gave the 3rd dec. twice daily, and the boy is now well. He had the trouble over a year.

SECOND DAY SESSION.

Dr. Beebe in the chair.

An essay on Medical Topography was read by Dr. T. C. Duncan.

Dr. Mann said he had seen persons from the East suffering from phthisis, who had been cured by the air of the Western prairies.

Dr. Barker never had the slightest doubt that mineral deposits had a very marked effect on different subjects. The same remark applied to decomposed animal and vegetable matter. He could give testimony from his own experience, with regard to the power of relieving pulmonary disease by the air of prairies. This he attributed to the decay of vegetable matter.

Dr. Hoyne stated that typhoid fever, in the East and West, offered many different symptoms.

Dr. Coe believed that different localities would require different remedies and attenuations for a similar train of symptoms.

Dr. Jennings, of Indiana, found that in the worst districts the highest attenuations could be safely relied upon.

Dr. Smith thought that in any part of the world the same treatment would control the same disease. The result of twenty-five years' experience convinced him that the highest attenuations could be successfully used in acute as well as in chronic diseases. He found physicians in Europe using the highest attenuations, and that, too, with marked success.

Dr. Pratt thought if a remedy was applied to the pathological

conditions of the disease, the higher attenuations would be as successful as the lower.

Dr. Hedges cited an instance where the highest attenuations proved successful, and where the lower attenuations failed to produce any effect in checking intermittent fever.

Dr. Foote quoted an instance where he had cured a case of intermittent by administering a dose of a remedy whose strength he was ashamed to state.

Dr. Duncan had inquired of many physicians their views of the various localities, the chief symptoms the disease presents, and the remedies curative. He had found that bilious fevers were more mild in New York State than in Illinois, and that they were more successfully treated in N. Y. by the higher attenuations.

Dr. Moore had always found that elevated regions were favorable to the cure of phthisis. He gave an instance of an individual suffering from a pulmonary difficulty, whom he placed in a vacuum, and who, on the second application, was in a fair way of recovery. He had found many instances where the system was influenced by the thermometric as well as the barometric influences. He again asserted that altitude was favorable to the arrest of disease.

Dr. Temple, of St. Louis, said physical laws were not changed by localities; they were inherent and immutable. All the medicines had their peculiar properties every where. In the same locality several cases were cured by different remedies, owing to the diversity of human constitutions. Every year proved to him the superiority of the higher attenuations.

Dr. D. S. Smith, of Chicago, gave a report of the Hahnemann Medical College. He proposed that something be done to aid the trustees of that College, and assist them in their generous labor. The time for so doing was now favorable, for many among the Homœopathic fraternity were wealthy, and could assist right nobly. He had received pledges of co-operation, and was ready to say, that by next fall several steps could be taken for erecting a desirable Hospital and College building.

Dr. Cooke, of Chicago, said that the Hahnemann College, it was ridiculously rumored, was about to dissolve. He found that rumor was prevalent among a few members, and feared the "wish was father to the thought." Such an institution as the College could not be killed by the disaffection of a few.

Dr. S. P. Hedges, surgeon of the Half-Orphan Asylum, read a report of the institution. The average attendance was 75. Their ages ranged from 1 month to 14 years. There had been but 4 cases of hooping-cough; there were 50 of ophthalmia, and

numerous cases of fever, dysentery and diarrhœa. There were 2 deaths, both of infants; there were 30 cases of *eczema* and *crusta lactea*, all cured; 7 of erysipelas, 6 of granular ophthalmia, 5 of *meningitis*, and several others.

The report of Dr. L. Pratt, Treasurer, was read. The receipts for 1868 were \$111.72, the disbursements, \$113.12, leaving an indebtedness of \$1.40.

Dr. Small, speaking on cholera, ordered immediate cessation from exertion on the part of the patient, and forbade the use of opium. His experience went to prove that *Veratrum album* was the safest and most reliable remedy.

On motion, Dr. Small was requested to write his report and give it to the Publishing Committee.

AFTERNOON SESSION.

A woman was brought in by Dr. Moore, suffering from *torticollis*, wry neck, produced by congenital contracture of the *sterno-cleido-mastoid* muscle. Dr. Beebe stated that the spine was slightly distorted, and a merely mechanical contrivance would be utterly powerless to remedy the deformity. The sternal portion of the muscle was severed.

OFFICERS.

President—O. H. Mann, M.D., Evanston.

1st Vice-President—J. C. Burbank, M.D., Janesville, Wis.

2nd Vice-President—John Moore, M.D., Kankakee.

Recording Secretary—J. S. Mitchell, M.D., Chicago.

Corresponding Secretary—S. P. Hedges, M.D., Chicago.

Treasurer—L. Pratt, M.D., Wheaton.

Board of Censors.—Dr. W. C. Barker, Waukegan; Dr. E. M. McAfee, Mount Carroll; Dr. G. W. Foote, Dr. C. A. Wilbur, and Dr. N. F. Cooke, of Chicago.

Dr. D. S. Smith spoke on the subject of admission to the American Institute, advising the gentlemen present to become members of that honorable body.

DELEGATES.

The following gentlemen were elected delegates to represent the Illinois Association at the American Institute of Homœopathy, to be held in Boston on June 8th: Drs. D. S. Smith, R. Ludlam, G. W. Foote, J. Davies, N. F. Cooke, S. P. Cole, of Chicago, and O. H. Mann.

On motion, Drs. Duncan, Smith and Foote were appointed to confer with the railroad companies for commutation tickets to Boston.

The following gentlemen were appointed delegates to the Western Institute: Drs. Duncan, Ludlam, Baker and Coe.

COMMITTEES.

The Chair then announced that the next business in order was the appointment of committees on the various branches of medical, surgical, and other sciences, and reported the following:

Anatomy—Drs. S. P. Hedges, A. E. Small, Jr., W. S. Moffat.

Physiology—Drs. J. S. Mitchell, A. W. Woodward, O. H. Mann.

Pathology—Drs. H. R. Stout, D. A. Colton, G. R. Woolsey.

Obstetrics—Drs. S. P. Cole, R. Ludlam, N. F. Prentice.

Diseases of Women—Drs. L. E. Ober, W. C. Anthony, J. Davies.

Diseases of Children—Drs. H. W. Wales, S. R. Mason, H. N. Small.

Surgery—Drs. L. Pratt, J. C. Burbank, C. A. Wilbur.

Hygiene—Drs. W. C. Barker, J. E. Morrison, R. B. Clarke.

Jurisprudence—Drs. L. Dodge, E. H. Kennedy, W. D. McAfee.

Materia Medica—Drs. T. Bacmeister, T. S. Hoyne, W. H. Burt.

Clinical Medicine—Drs. N. F. Cooke, M. D. Coe, F. H. Van Lieu.

Climatology—Drs. H. P. Gatchell, E. M. P. Ludlam, H. Pearce.

Pharmacy—Drs. Kneipcke, G. E. Shipman, C. A. Jeager.

Helminthology—Drs. H. B. Wright, J. B. Gully, W. S. Johnson.

Histology—Drs. R. Ludlam, A. R. Bartlett, E. M. McAfee.

Psychology—Drs. T. C. Duncan, J. Moore, R. F. Baker.

Dentistry—Drs. R. E. W. Adams, E. Parsons, M. F. Page.

Medical Education—Dr. A. E. Small.

Organization—Dr. G. W. Foote.

Literature—Dr. T. C. Duncan.

History—Dr. D. S. Smith.

Statistics and Necrology—Dr. H. P. Gatchell.

The Association will hold a semi-annual meeting in the second week in November.—*Republican.*

EDITORIAL.

STUDYING CASES.

THE advice that the veteran Homœopathic practitioner impresses most forcibly upon the mind of the novice, be he proselyte or recent graduate, is, "Study well your cases." Year by year we are impressed with its continual necessity,—no one duty being more loosely performed, or more entirely neglected. One who has to prescribe for five, ten or twenty patients a day, may declare that he has not the time to study each individual case in all of its bearings. Is it not a most unfortunate thing for many of us that we "have so much to do?" If a little method, and a desire to learn all possible, were infused into our investigations and practice, we would not regret we were so busy.

We believe there are none so blind to-day as to contend that the knowledge of disease, as such, is of little use to Homœopathic practitioners. It seems the settled conviction of the entire school that we must learn all we can of both diseases and remedies.

Homœopaths above all others should never be at a loss to make out a diagnosis, weighing as we do the importance of each minute symptom. In the early or prodromal stage of fevers, in many of the diseases incident to childhood, and in many insidious but fatal diseases, how often do many of us confess our ignorance in this art by telling the anxious ones: "We will have to wait a little." How provoking, when we know delays are dangerous! If we do not keep posted on the improvements being made in this department of our art, are we not culpable? Seeing that we are usually called so early, to ward off an attack, can not we learn more of the early characteristic symptoms. "More light" here—how valuable! To what rich veins of practical knowledge are we led by the complications that may and do arise, when they are explored to their utmost recesses! How often are we well repaid by the study of a disease in all of its possible complications! It seems almost impossible at times for us to comprehend the gravity of a case. An insidious disease, presenting few or no alarming symptoms, taxes to the utmost all our prognostic powers. Our art suffers much from gross ignorance at this point. How important to be able to see the end from the beginning! Here is another field for more study.

The changes that are taking place in the organ or body diseased, receive too little attention. Let us study our cases by auscultation, percussion, by every appliance for physical exploration, and make *post-mortem* examinations as often as possible.

How many of our cases throw light on the cause of the attack? Etiology will repay full investigation; and most careful study in each individual

case, for our remedies are interested. If we have not studied our patients while well, warned them of the diseases they are predisposed to, the causes of disease they can escape, and the particular points of danger to them, have we done our whole duty as physicians?

We are apt to think, in our zeal for the use of remedies, that treatment consists in their use alone. On this point Dr. Dunham aptly remarks: "We, Homœopathic physicians, having a law for the selection of drugs which approves itself in our daily experience, are in danger of unduly extending the domain of this law, and of looking with a jealous eye, or too carelessly, upon hygiene and the expedients to which it directs us." In each case of disease we should know just what hygienic measures will be of avail, and how much such measures have to do with the subsequent recovery.

The dietetic rules as handed down to us are arbitrary. If we break loose, we are apt to fall into stereotype ways. In each case we should *know* that our directions on this point are the best.

The chief value of studying each case will be felt when we come to select our remedies. Out of the three hundred or more, we soon are able to decide which one (or ones) will cure with almost unerring accuracy. We may find out after years of *trying*, without studying our cases with the *Materia Medica*; but we have not guessed at the disease, should we guess at the remedy? How shall we proceed to the selection? We may depend upon a work of practice, but one of the remedies there selected may be the similimum or it may not: then what is to be done? We have learned to diagnose disease by careful study and close observation, and must learn to diagnose our remedies in a similar manner. The Repertories and Comparative works have done much for us, but just the remedy we want may not be found in them, as they are not "up to date." The best plan is to take our case to the *Materia Medica*, and compare it with remedy after remedy, until we find the one to cover it. We should learn the characteristics of each remedy as soon as possible. Some physicians take a certain disease, or class of diseases, and look up all the remedies bearing upon them, and write them out for ready reference. We have known physicians called to prescribe for a case with symptoms new to them, spend a whole day over the "Symptomën Codex," looking for the remedy that would cover the case. Such "close prescribers" are usually very successful practitioners. Cases thus "studied out" at the threshold of practice, will save subsequently much time and study.

Let us endeavor to select the similimum for every case, and we will refer to the *Materia Medica* quite frequently. It is easy to put in two or three shots, but it is not very scientific. If not able or convenient to study the case *before* prescribing, we should look over the ground carefully, and see if we could have made a better "hit." Clinical experience should daily add to the list of verified symptoms.

The selection of the remedy is the all-important part. More, however, depends upon the potency than many imagine. "The closer the similimum the higher you can give your remedy," may be a very good rule, but

it has its exceptions, and we should know when they occur, and the why in each case.

Then come the questions, How often should the remedy be repeated? If the remedy is the exact simillimum, why give more than one dose? When are more necessary? Can our cases throw no light on these points?

If we studied all our cases fully, prescribed accurately, and "checked off" the symptoms cured or removed, we would soon be the best of diagnosticians, never be at fault in a prognosis, know more of etiology, be expert pathologists, skilled in the use of our armamentarium, and would soon know the value of each individual symptom now found in the pathogenesis of each remedy. Verily, we should *study our cases!*

THE ILLINOIS MEDICAL ASSOCIATION held an interesting session, a report of which appears elsewhere. The attendance was not as large as it might have been. Important changes were made in the constitution, and it is to be hoped that every Homœopathic physician in the State will see that he is represented by membership or by delegation. County societies promise to be plenty henceforth.

The "classification" will tend to bring out talent unappreciated or unknown. The twenty-two committees, in their annual reports, will give "a grand panoramic view" of the discoveries, improvements, etc., being made in medical science; also, individual reports on particular topics, at once interesting and valuable.

The discussion on the comparative merits of *Chloroform*, and other anæsthetics, indicates the views of the majority of the members present.

Topography, in a medical point of view, elicited a lengthy and interesting discussion, showing that our profession are "posted" on all subjects that bear on diseases and treatment. Some of the members, as we expected, denied that location had a marked influence on diseases and remedies.* The other reports were interesting and exhaustive, but called out no discussions.

The report of Dr. Hedges is a grand exhibit, and may be used as a lever to obtain the medical control of similar public institutions, many of which may be had for the asking, or by a little combined effort. The Allopaths have shewed us our strength in the legislatures. Now we may ask and receive. Shall we up, demand, and get our rights?

ACUTE ATROPHY OF THE LIVER, or "Malignant Jaundice," to the consideration and illustration of which we yield a large amount of space, is

* A careful study of "Local Reports of Disease, Treatment, etc.," or an extensive correspondence on this subject, will be apt to call up such questions as these: Why is it that a disease in its migrations skip certain localities completely? Why does it now call for one remedy, and in another locality is cured only by a similar remedy?—Ed.]

a disease upon which we certainly need "more light." Perhaps none of the rapidly fatal diseases mask their course more completely. "*Not a symptom betrays the danger in which the patients are.*" Have we only the one unmistakable sign, "*rapid decrease in the size of the liver,*" to warn us of the fatality of the case before? We look upon the gastro-rheumatic symptoms of Dr. B.'s case as symptoms of the first stage of the disorder. Although the doctor is a very close observer, we opine there must have been other earlier and characteristic symptoms than those he recorded. What is the cause of this disease?

The attempts at cure have been remarkably unsuccessful. The remedies heretofore used have been entirely inefficient to arrest its progress. Raue suggests *Acon.*, *Bell.*, *Bry.*, *Calc. c.*, *Ipec.*, *Leptandrin*. We see that, in Dr. B.'s case, the first three of these remedies were powerless to stay the progress of the malady. Dr. Hughes thinks *Phos.* the remedy. From the pathogenesis of this drug as now developed, we would not surmise such to be the case. Recent cases of poisoning* by *Phos.* have however revealed it as the pathological similitum. Should *Phos.* prove as valuable in all stages of the disease as is hoped, a most important fact for medical science and Homœopathy will be gained.

As the whole subject is one of deep interest to the profession, will not some one elaborate a paper on acute yellow dropsy of the liver and its treatment?

CORRESPONDENCE.

HOMŒOPATHIC MEDICAL SOCIETY FOR THE WESTERN DISTRICT OF NEW JERSEY.

AGREEABLY to a call signed by W. McGeorge, M.D., Hightstown; R. M. Wilkinson, M.D., Trenton; H. F. Hunt, M.D., Camden; J. G. Streets, M.D., Bridgeton; and W. Ward, M.D., Mt. Holly, the following physicians assembled at the West Jersey House, Camden, on Wednesday, May 19th, 1869, viz.: Daniel R. Gardiner, W. H. Maline, E. H. Bancroft, R. M. Wilkinson, J. G. Streets, E. K. Phillips, H. F. Hunt, S. E. Allen, L. W. Brown, Isaac Cooper, M. F. Middleton, A. Kirkpatrick, E. B. Hall, J. H. Austin, — Platt, A. M. Stackhouse, and Wallace McGeorge, and organized the Homœopathic Medical Society for the Western District of New Jersey.

The meeting was called to order by Dr. McGeorge, Chairman of the Committee of Arrangement; and, on motion, Dr. Kirkpatrick was elected President, and Dr. McGeorge Secretary.

A committee, consisting of Drs. Hunt, Streets, Wilkinson, Allen, and Kirkpatrick, was appointed to draft a constitution and by-laws.

The committee presented their report, which was read and accepted.

The constitution and by-laws were then read and adopted.

The society then adjourned for dinner.

During the afternoon session, the following officers were elected:

* British Journal, vols. xxi. and xxiii., 1863 and 1866.

President, D. R. Gardiner, M.D., Woodbury; *Vice President*, R. M. Wilkinson, M.D., of Trenton; *Secretary*, Wallace McGeorge, M.D., of Hightstown; *Treasurer*, J. G. Streets, M.D., of Bridgeton; *Board of Censors*—Drs. W. H. Maline, H. F. Hunt, and Isaac Cooper.

Communications were then read, and the following candidates proposed for membership: M. W. Wallens, M.D., of Woodstown, and David E. Gardiner, M.D., of Bordentown. The Board of Censors reported them eligible, and they were unanimously elected members.

The President made the following appointments:

Bureau of Obstetrics . . Drs. Wilkinson, Maline, and Bancroft.

“ “ *Surgery* . . Drs. Middleton, Cooper, and Austin.

“ “ *Practice* . . Drs. Hunt, Brown, and Streets

“ “ *Materia Medica*, Drs. Kirkpatrick, Allen, and Phillips.

Dr. H. F. Hunt was elected Delegate to the American Institute of Homœopathy, and Dr. R. M. Wilkinson, Alternate.

Dr. J. C. Morgan, of Philadelphia, being present, addressed the Society, appealing to them in behalf of the proposed hospital in Philadelphia, under Homœopathic auspices.

Upon motion, the Society then adjourned.

(Signed) WALLACE McGEORGE, M.D., *Secretary*.

THE MEDICO-CHIRURGICAL SOCIETY OF KANSAS.

PURSUANT to a call, the following Homœopathic physicians met April 14th, 1869, at the office of Drs. Mayer & Edic, in the city of Leavenworth, viz.: Drs. Richard Huson, Samuel K. Huson, W. B. Bolton, B. L. Davis, C. E. McCollister, J. A. Rubicon, G. H. P. Johnson, Lewis Grasmuck, William G. Hall, Joseph Field, R. M. Huntington, — Stockham, Martin Mayer, and John J. Edic.

Dr. M. Mayer offered the following resolution:

Resolved, That, in the opinion of this convention, the time has come when the cause of Homœopathy demands that we should organize ourselves into a State society, and that we now proceed to form such an association.

This resolution was discussed by Drs. Mayer, Huson, Grasmuck, Stockham, Rubicon, and Edic. Letters were also read from physicians in various parts of the State, fully and enthusiastically endorsing the movement. The resolution was carried.

A constitution and by-laws, presented by the committee, Drs. Mayer, Grasmuck, and Rubicon, was adopted.

The following gentlemen were elected officers:

President—Richard Huson, M.D., of Lawrence.

Vice President—James A. Rubicon, M.D., of Atchison.

Secretary and Treasurer—Martin Mayer, M.D., of Leavenworth.

Board of Censors—Lewis Grasmuck, M.D., of Weston; B. L. Davis, M.D., of Fort Scott; W. B. Bolton, M.D., of Topeka; R. Huntington, M.D., of Wyandotte; John J. Edic, M.D., of Leavenworth.

Orator—C. E. McCollister, M.D., of Manhattan.

Delegates to American Institute of Homœopathy—Martin Mayer, M.D., of Leavenworth; Samuel K. Huson, M.D., of Lawrence.

SECOND DAY'S PROCEEDINGS.

The Homœopathic Medical Society of the State of Kansas reassembled at eight o'clock, A.M., the President, Richard Huson, M.D., in the chair.

On motion, Drs. Mayer and Rubicon were appointed a committee to procure a suitable seal with device and inscription, and certificates of membership, for the use of the Society.

On motion, Drs. Mayer, Bolton, and S. K. Huson, were appointed a committee to procure a charter at the next session of the Legislature.

The Society then adjourned, to meet at Lawrence on the first Wednesday in May, 1870.

RICHARD HUSON, M.D., *President.*

MARTIN MAYER, M.D., *Secretary.*

PULSATILLA IN MAL-POSITIONS.

DEAR EDITOR: * * * As to *Puls.* in mal-positions, I can't say exactly that I have had any experience that I can "*put my finger on,*" that would prove what is claimed for it in rectifying such positions; but this I can say, that I have always used it to a greater or less extent when labor is pending, to facilitate, if not to rectify, and that *I have never had other than a head presentation*, since I practiced with Homœopathic medicines, now nearly sixteen years. How much or how little *Puls.* may have had to do with this result, I am sure I do not know. I use it usually from the 12th to the 21st dil., and in water, it has invariably, when used, given me satisfactory results, in the way of promoting gentle, natural expulsive pains, both as to the child and the placenta. I say *always*, with only one exception, however, where the reverse was the case, when it was too slow in its action, and *did not* yield satisfactory results. I have always had the idea, or notion, that *Pus.* had *much* to do with regulating every thing in connection with parturition, and *therefore* have used no other remedy on such occasions.

You may do with these observations as you think best; the facts are as stated, and I do not care who knows them, and I very well know that very few physicians of sixteen years' practice with Homœopathic remedies can make a similar statement, but I have not the conceit or vanity to suppose that it is in consequence of any superior skill—wish it was—but rather in consequence of a series of good luck—in *obedience, and in subservience*, to the Homœopathic law of cure. I can also say that I have but little faith in instruments, in labor, believing that time and patience—under Homœopathic treatment—are about as good instruments as a physician requires, to facilitate a happy issue. For his own *convenience and advertisement*, he may find forceps a very nice thing; but as to this, and as to *Puls.*, I am speaking only as to my own experience and observation, and am not attempting to lay down any rule of action for others. I am free to confess that I most truly believe that *instruments* are used, in parturition, far too often, and to a very great extent "*for effect,*" more than for the good of the patient.

T. F. POMEROY.

DETROIT, Jan. 22, 1869.

NEW YORK COUNTY HOMŒOPATHIC SOCIETY.

MAY MEETING.—Summer laziness is upon us, and none of the fellows were ready with a report or a paper.

Clinical cases being then in order, Dr. H. D. Paine reported a case of carbuncle on the neck of an old man, treated successfully with *Carbolic acid*, 1 to 4 externally, and *Arsenicum* (burning pain) internally, where the slough came away in a very short time, leaving a hole over an inch deep. No anatomist could lay bare the muscles cleaner than it was done in this case, and granulation and cicatrization kept *pari passu*. Immediate relief from pain followed this application. Formerly he used the crucial incision, but never gave such prompt relief. Dr. Houghton had one on his face, near the lips, last year; the whole face was purple, very sensitive to the touch, and an application of very diluted *Carbolic acid* aggravated the case terribly. Great relief was experienced

from the application of a paste, made from *Phytolacca* powder, and by the internal administration of *Lachesis* and *Carbo veg.* health was restored. Dr. McMurray shortens the case by early crucial incisions, and the carbuncle aborts, and sleep follows the incision. Dr. Liebold prefers deep cauterization with *Nitrate of silver*. He takes a piece, at least two inches long, and well pointed, and thrusts it in over and over as deep as possible, and the slough is thus removed in a few days, and a clean ulcer established. Drs. West and Lilienthal prefer the dry *Caustic potash* for cauterization, as producing a more penetrating effect, which was denied by Liebold, if you only go deep enough with the *lapis infernalis*. Dr. Kellogg cites English Allopathic authorities against incisions. Dr. Allen wishes that we should consider more internal remedies, for, after all, a carbuncle is only an elimination of a poisonous matter from the blood.

A transition from carbuncle to abscesses in mammæ was easy enough. Dr. Demarest requests the opinion how to keep the breast from secreting milk after confinement. He is engaged in a case now, where the woman had suffered from the mammary abscess with her two children, and pregnant now the third time. She would like to be relieved from this purgatory. She has extremely large breasts, even when not pregnant, but the ducts in the nipples are so small, that hardly any milk escapes, in spite of all traction. *Bryonia* and *Phosphor.* were recommended; also, the internal and external use of *Iodide of Potassium*, in appreciable doses, the *Belladonna ointment*, strapping the mammæ before confinement, *et id genus*, without coming to any decision.

Dr. BLAKELOCK uses the *Carbolic acid* with great benefit in whooping-cough (he learned it from reading THE INVESTIGATOR, he says), as long there is not any bronchial complication, when he prefers the *Bichromate of potassium* 1-10, which is also his favorite remedy in capillary bronchitis.

Dr. LIEBOLD uses the *Carbolic* also with great benefit in whooping-cough, and where this fails, *Sticta pul.* is his favorite.

Dr. BLAKELOCK treated a case of acute laryngitis (?) with perfect aphonia, where every ordinary remedy failed (*Caustic* and *Phosph.* had been tried), and a student of Bellevue Hospital proposed the *Bromide of Potassium* (very fashionable now), which gave relief in three grain doses; with the relief came sleep, and she recovered.

Dr. ALLEN finds indication for *Bromine*, but what is the use, to combine it with the *Potash*, which makes it a different remedy. Full justice was done to the hypnotic powers of the *Bromide of potassium*; but the same will result from the application of the truly Homœopathic remedy.

Time was up, and after appointing committees for taking care of all who will honor the New York State Society, at their meeting in New York during September, the Society adjourned.

REVIEWS.

AMERICAN INSTITUTE TRANSACTIONS—Twenty-first Session.

This volume of 546 pages is a credit to the source from whence it emanates. With the proceedings proper our readers are familiar.* The report of the Bureau of *Materia Medica* (152 pp.) gives us some additional symptoms of *Lilium tigrinum* and *Iris*, and a very full proving of *Ptelea trifoliata*. The first of these remedies is receiving much attention. The Bureau of Clinical Medicine gives (79 pp.) a lengthy argument on "Therapeutics as related to Pathological Anatomy;" "Suggestions on Hydrothorax" point to *Sulph.* and *Kali.* as the principal remedies. *Apis* is not mentioned. "Yellow Fever in New Orleans in 1867," is

* See vol. V., pp. 289-312, 325-337.

interesting and valuable. A unique case of "Intestinal obstruction" is given. "Tuberculosis *with* Sound Lungs" is a valuable contribution to science. "Thermometrical Phenomena in Disease," is a good *resumé* of Allopathic experiments and observations. The report of the Bureau of Obstetrics is meagre (30 pp.) "Report on Obstetrics" objects to the bandage, and details a case of imperforate hymen ruptured with *Silicea* 600th! Was it a case of imperforate hymen or occluded vagina from impacted fæces? In "Obstetric Notes" we find indications for the use of the forceps. "Spasm and Rigidity of the Os Uteri," suggests many "expedients" for that condition. "Rupture of the Thoracic Aorta in a Child" closes the report. The report of the Bureau of Surgery (35 pp.) contains "Strangulated Femoral Hernia," "Ligature of the External Iliac Artery," "Surgical Operations," "Imperforate Anus," "Cases from Practice," "Pittsburg Hospital Cases," "Surgical Experiences," and "Caries of the Ankle Joint,—all very interesting. The report of the Bureau of Organization, Registration and Statistics contains (53 pp.) some general suggestions, a report of the Committee on Foreign Correspondence, and a flattering exhibit of our institutions. The reports of the Bureaus of Anatomy, Physiology, and Hygiene (76 pp.) include "Reports on Anatomy," "Report on Surgery," "The Province and Medical application of Hygiene," "Atmosphere and Water," "Alcohol as a Hygienic Agent," "Formation of Sound Teeth," and "Shedding of Deciduous Teeth." Twenty-eight reports in all, having a practical bearing. As we have already said, this volume is a credit to the society; but what would it have been if only a few more of the about five hundred and fifty members had contributed to its pages. We like the word "bureau," but it should imply something more than "committee." The Bureau of Surgery should include all the members who make any pretensions that way. A chairman of such a bureau could present a report that would be astonishing. It may also be expedient to make a "big show" at the annual sessions; but we doubt the necessity of this "policy" being carried into the volume of transactions of this scientific body.

THE CRITIQUE.

"Nothing extenuate, nor ought set down in malice."

SURGICAL.—*In the Proceedings of the Michigan Institute, 1868,* an interesting report on Surgery, by Dr. A. Sawyer, is found. It illustrates the importance of good, sound diagnosis. A Frenchman, with hectic fever, night sweats, racking cough, copious expectoration, and emaciation, was found to have necrosis of the carpus and metacarpal bones of left hand, and regarding this as the cause of the apparent phthisis pulmonalis symptoms, he amputated the hand, and soon all constitutional symptoms disappeared, and the patient's life was thus saved at the hand of surgery.

His case of injury of the arm, in which an Allopath bandaged the limb so tight as to produce gangrene up to and involving the shoulder, illustrates the folly of physicians trifling with surgical cases. We have just seen a case in which two Allopathic *medicals*, and one a *medical* professor, bungled a case of a simple incised wound, in which sloughing and secondary hæmorrhage, by too tight bandaging, took place, involving nearly the loss of the life of the patient, and the certain impairment of the right hand of an intelligent young lady. We have no doubt the time will come, and we hope soon, when a decided line of division shall be made between the duties of the surgeon and the physician, and each shall attend simply to his own class of cases. A medical practitioner should never undertake

the treatment of a surgical case without advice, unless he understands surgery well himself.

Another case he reports, he found it necessary to amputate a leg below the knee, where gangrene had resulted from a crushed foot, while the patient was laboring under the following unfavorable symptoms: "No sleep for several nights, quite delirious, pulse rapid and wiry (160 per minute), tongue parched, red at tip and edges, the rest dark brown, with no appetite, and no line of demarcation formed." The patient would have died soon, and before a line of demarcation could occur in the limb, but promptly assuming the responsibility, the surgeon at once performed an amputation, and the man's life was saved.

We should not forget that the life of the patient is more important to save than a mere member or portion of the body, and the result of this case demonstrates the value of acting upon this principle.

His case of fistula, in one cured by ligature, we consider applicable only to such a case as he had here to treat; that is, one affected with a lung disease, or to such cases as are much enfeebled and emaciated, and not at all the best procedure in ordinary cases. Complete incision through with the knife is the quickest and most effectual plan of radically removing this unpleasant difficulty, and this is the plan we advise.

In the *Transactions of the American Institute of Homœopathy*, 1868, we find reports from the different Homœopathic colleges, but in none of them do we find any account of a single operation that has been performed at any of their clinics, and as four professors of surgery in these colleges appear in the report of the Bureau of Surgery, with special reports on isolated cases of ordinary operations, and occurring, we suppose, in private practice, we are led to believe that the college clinics during the past winter session have been a miserable failure. We did expect to find some such statistical reports, and at the very least a summary of recent surgical improvements from this bureau, but instead thereof, we find a great display of the letter *I* in the various operations reported, inasmuch as there is little seen in them aside from what can be found beneath the dusty lids of some abandoned or antiquated work on surgery.

Why is not the American Institute alive to the importance of appointing each member of its bureaus a special department or speciality to investigate and report upon? It should also, especially in this bureau, restrict such committeemen to the more *recent* modes of operation and improvements in surgical appliances, instruments, and modes of treatment, etc., and if this were properly carried out, we should have fewer repetitions for the committee of publication to print in the *Transactions*, and the volume would be greatly enhanced in value, independent of the fact that much of the now dormant talent of the Institute would be developed or brought to light, and the members of the Society kept annually posted in the new improvements and new remedies in obstetrics, medicine and surgery that are continually coming up, for deeper researches are constantly being made in every department.

CHIRURGICAL CRITIC.

ALTERNATION OF REMEDIES.—In THE MEDICAL INVESTIGATOR for June, we find the following in the article on "Alternation of Remedies," by Dr. Eldridge, of Bay City, Mich.:

"If, in a given case, we find strong indications for the exhibition of *Aconite*, in the heat and peculiar tingling or pricking of the skin, together with bounding pulse, indicating a sthenic condition; also, the most excruciating pain upon the slightest motion, with tension, redness, and swelling of the joints, so imperatively clamoring for *Bryonia*—what should be our action in the premises? Would it not be acting in accord-

ance with the most sensible conclusion to administer these two remedies in alternation?"

We answer, No! In the case as the doctor states it, either *Aconite* or *Bryonia* alone might be indicated. One additional symptom probably would turn the scale in favor of one or the other. But even if neither one nor the other was indicated, the true Homœopathic and scientific method of procedure would be, to seek some one medicine which would cover the totality of the case, and not *lazily* give both medicines in alternation.

"In the example above alluded to, will not *Aconite* take up its curative abode within the proper limits of its known jurisdiction, leaving *Bryonia* to perform its good work in the department where its homœopathic rapport is acknowledged?"

In answer to this question, we refer the doctor to a careful reading of Hahnemann's Preface to "Thesaurus Medicaminum," Lesser Writings, p. 344. Hahnemann satirically says: "It is my sovereign command that none of these ingredients (*Aconite* or *Bryonia*) venture to quit the post assigned it in the human body."
Dixi.

HYGIENIC—CREAM AND MILK.—"Is cream any more easily digested than milk? It is not. Oily food of any kind is difficult of digestion."—*Herald of Health.*

The above from the column of "Answers to Correspondents." The doctor (Wood) should not lose sight of the fact that a moderate supply of fat makes food more easy of digestion. Neither should he forget that there is in man a duodenum for the purpose of assimilating oils. The consumptive thrives better on fats than on any other article of food he may take, although saccharine substances are of great value. And it should be known to a physician that the stomach is generally weak in tuberculosis pulmonalis, partaking of the tone of the general system.

CARBONIC ACID.—In "Hall's Journal of Health" for July, 1868, the editor, in a review of tracts on warming and ventilating dwellings, asserts that, "if carbonic acid is breathed into the lungs, it will destroy life in a few minutes, not because it is poisonous, but *simply because it has no nourishment for the lungs in it.*"

Is it not because it prevents the exhalation of carbonic acid and the inhalation of oxygen? The *Cyanide of potassium* causes death, but it is not because of want of nourishment, but because it causes œdema of the glottis, and suffocation. Again, does any thing nourish the lungs but the assimilated aliment given it as to any other organ or member of the body! If the doctor publishes a journal for popular education, he should not (for Charity's sake, I'll say) make such crude statements.

On reading further, my attention was attracted to the statement that coal, in burning, gives off, among other gases, sulphuric. That is an error of expression or idea. It (coal) gives off sulphurous acid. The formulas for the two are: Sulphurous acid, S O_2 ; sulphuric acid, $\text{S O}_3 \text{ H O}$. S O_2 is converted into S O_3 , by the addition of one atom of oxygen.

The reforms recommended by Dr. H. in heating and ventilating dwellings are well worthy the attention of architects and householders. Much of our ill health is due to our wretched neglect of the laws of hygiene in this particular.
H. T. F. G.

PERISCOPE.

CARBOLIC ACID.—Dr. G. Fuller, of St. George's Hospital, has tested the value of *Carbolic acid* in the treatment of diseases. Usual dose for men, eight to fifteen drops, four times a day, but for most persons, especially women, six to seven drops is a full dose. Symptoms by large doses: a sense of burning in the throat on swallowing the draught, a giddiness and fullness, or peculiar feeling in the head, with cold clammy perspiration, and feeble pulse in some cases; the urine shows a peculiar greenish tint, and the *disappearance of all deposits of lithates*. In dyspeptic cases—of the fermentative class—accompanied by copious evolution of gas from the stomach, and discharge of fœtid evacuations from the bowels, it checks fermentation, and puts an end to the evolution of gas. In the form of spray (5 to 10 drops to one ounce of water) it has been found to act beneficially in laryngeal phthisis, in chronic bronchitis, in gangrene of the lung, and in various affections of the throat, including diphtheria.—*Brit. Med. Journal*.

DR. CHARGE GIVES US THE GOOD ADVICE WHICH HE RECEIVED FROM BËNNINGHAUSEN: Remember always the remedy which has cured the first disease of your patient, as it may be of service to you in later years with the same patient, although suffering from a different complaint; because the medicine which helped in the first case has shown its perfect appropriateness to the entire constitution of the subject, and knowing it, it is our duty to make use of such a knowledge.—*Bibliothèque Hom.*

IN Bourgueil, Switzerland, the county hospital has been put under Homœopathic physicians, Drs. Renault and Chauvet, especially on account of the great diminution of expense.

AT THE FEBRUARY MEETING OF THE HOMŒOPATHIC SOCIETY IN PARIS, HOOPING-COUGH was the subject of discussion. Cretia remarked that a cure in six weeks may be considered very successful, and to perform it in three weeks is something to be proud of. He relies chiefly on *Drosera*, in large doses (4 to 16 drops of the tincture in four table-spoonfuls of water, to be taken daily in four doses), and for a long time, for as the disease is obstinate, the remedy must follow the disease in all its phases, from prodromie to the end. Tousset considers *Cina* 3rd one of our best remedies in hooping-cough. Desterne gives *Drosera* 200th for nine days, *Veratrum* for eight days, *Carbo. veg.* for other eight days, and finishes it off with *Hepar*: but he has cured cases with *Drosera*, and with *Ipecac.*, followed by *Drosera* in eight days.

At the same meeting Dr. Molin reports a case of diabetes mellitus, cured by *Nitrate of Uranium* 6th, a drop morning and evening without any change of the usual diet. The same woman had an attack ten years before of the same disease, cured at that time by *Nux* and *Sulphur*, and she had enjoyed good health in the interval.

At the March meeting, diabetes mellitus was the subject of discussion. Tousset relates three cases, two of them cured by the *Nitrate of Uranium* 6th, patients aged 70 and 50; but in a girl of fourteen years, suffering from the same disease, it did not succeed. He recommends a trial with *Curare*, which, according to Claude Bernard, produces palsy of the motor nerves, of the great sympathetic, and an abundant saccharine secretion. Cretin and Love praise also the value of *Nitrate of Uranium* in glucosuria. All agree that, although absence from feculent food or sugar is not absolutely necessary, still it is a great aid to the cure.—*Bulletin de la Société Méd. Hom de France*.

OZANUM REMARKS: THAT RHODODENDRON has a very positive action on the serous membrane of the testicles and on the ovaries, perhaps also on the fibrous and muscular layers which cover these organs (cremaster and tunica albuginea in man, fibrous and muscular covering of ovarian cysts), producing, by contraction, the rupture of the cysts; but such a dangerous state might be diminished by giving the medicine in a high dilution (C. C.) Desterne has observed the same action from *Lycopodium*. Ozanum has used *Rhododendron* with benefit in hydrocele, and for the removal of ovarian cysts.

PHOS. IN CATARACT.—Tavignot extols the treatment of cataract by instillation of phosphorated oil of a strength of 1 to 300-500, and the French Academy has ordered a committee to report on it. It is a pity that Homœopathy has done the same thing long ago, by the internal administration of phosphorus in middle and high dilutions.

CALC. IN BRIGHT'S DISEASE.—Kuchenmeister recommends limewater as a diuretic in Bright's disease, on account of its quality to dissolve the protein. It is most successful in anasarca, less in internal dropsies.

PELLIZARI, OF FLORENCE, RECOMMENDS AGAINST SIMPLE SOMNAMBULISM, that the patient, before going to bed, should bind round his leg one or two layers of thin copper thread, flexible and long enough to be connected with the floor of his room; in the morning the conductor is taken up. Eighteen patients have been treated. The copper acts in some as a perfect preventative, in others it cured radically the disease.

MINERAL SPRING WATERS are attracting much attention in the profession, chiefly from the amount of one or another medical ingredient. The Spencer Springs, at Spencer, N. Y., being quite popular, on account of the large amount of *Iron* they contain. Dr. E. Jay Morgan has the management of these springs, and we wish the doctor success. We would advise the profession to test the waters.

DR. ERICHSEN (*Petersburg Med. Zeitschrift*), one of the best Allopathic physicians of that city, says: "Every physician has found out by this time how unsuccessful external applications are in diphtheria, as the disease progresses steadily in spite of the cauterization, for it is impossible to apply the caustic to all infected parts, and even, if it were possible, it could only reach the surface, and never enter those deeply-lying secretic tissues, which we find in the diphtheritic process. Let us therefore centre our whole attention on the internal treatment of this fatal disease, and find out the means to avert such a catastrophe."

A very good advice also to many Homœopaths!!!

PROF. PITHA reports the case of Prince S., suffering from multiple medullary carcinoma, which the late Dr. Fleischman fully eradicated by the methodical use of *Phosphor.* and *Silicea.*

THE SOCIETE MEDICALE HOM. DE FRANCE, at Paris, has 34 resident fellows in Paris; 48 associate members in France; 146 foreign associates, of whom 11 are from the United States, namely Bianchini, Cartier, Philip Lanar, Sal-Tordanet, all of New Orleans; Hering, of Philadelphia; Steen, of Aurora, Ill.; Hull, Koch, Marcy, Savary, Wetherill, of New York, and 18 honorary members.

HALE'S "NEW REMEDIES" has been translated into German by Dr. Th. Bruchner, of Basel, and published at the Pharmacy of Dr. W. Schwabe, in Leipzig.

LANGENBECK proposes to cure aneurism by hypodermic injections of *Ergotine* in the immediate neighborhood of the aneurism. Several successful cases are reported.

LEMBKE RECOMMENDS INJECTIONS OF KALI HYPERMANGANIC (solution 1 to 9, and of this solution twenty drops in a pint of water) for old gonorrhœa, when all pains have passed away. The disinfecting power of the remedy is the cause, most probably, of its curative action.

LUIKE APPLIES THE OLEUM TEREBINTHINA externally in erysipelas traumaticum, considering it of parasitic origin, as he has been using, with excellent effects, this oil against other parasitic affections of the skin, and found it invaluable. He applies it to the whole affected surface twice a day, until the erysipelas disappears. The temperature decreases, and the infectious (pyogenic) matter is destroyed.—*Berlin Wochenschrift*, 1868.

EXTRACT FROM THE REPORT OF THE MEETING OF THE HOM. SOCIETY OF PARIS, MARCH, 1869.—Ozanam has removed all the symptoms produced by a tœnia with *Mercur.* 30th; pieces three yards long passed away with the stools. Molin, after the fruitless use of *Filix mas.*, *Asafœtida*, *Kouso*, etc., succeeded with *Sulphur* 30th and *Mercur.* 6th, one drop every four days; eight years have passed, and patient has never suffered since from worm symptoms. Desterne gave to a lady who suffered from a tœnia for twenty-eight years, *Tania* 4th attenuation, and seven years have passed since, without any return of the symptoms.

In the discussion of hypertrophy of the skin, Love says that he has seen it cured by prolonged administration of *Lycopodium*. Desterne has removed the painful callosities on the sole of the foot with *Silicea* 30th; another time he removed a horned fleshy excrescence in the face with *Lycopodium*, which in fact seems more indicated, when these hypertrophies are pediculated.

Ozanam recommends *Ustilago madis* for hypertrophy of the nails.

The typhoid fever, raging in Brussels, was then discussed, but nothing new elicited.

Du Plauty has produced, *Bryonia* and *Mercur.*, symptoms in animals greatly resembling croup, and since he gives *Bryonia*, diluted in hot water, by inhalation, or when spasmodic symptoms prevail, *Belladonna* by inhalation and internally; he does not fear so much this disease. Croup is offered, therefore, as the subject of the next discussion.

HORTELOUP calls attention, in the *Gazette Hebdo.*, to a result of the action of *Chloroform* not yet observed. This is a series of paroxysms of sneezing (fifty-five in one hour), although the patient was respiring pure air at the time.

[In spasmodic hiccup, *Chloroform* has succeeded when other means failed, and we have no doubt it will prove its Homœopathicity in sneezing.] S. L.

PATIENTS GOING TO KARLSBAD for the cure of abdominal plethora, get also frequently delivered of their chronic coryza, which troubled them since years. Hirsh tried, therefore, in acute and chronic coryza *Natrum carb.*, and is extremely successful with it in such cases. A. H. Z.

GOULOU, SEN., CORROBORATES THE STATEMENT OF BOLLE, that inflammation of the fauces is frequently cured by gargling with a solution of one grain *Merc. corros.* in six ounces of water. A. H. Z.

DR. HEYEN, OF SLOTHURN, Switzerland, has treated, in his dispensary, during 1868, 27,300 patients—7,000 more than the year previous.

TIEDMAN AND MORTON give, in the *Liberté* of Paris, the following interesting studies: The European brains average 1,328 grammes (about 43½ ounces); of these the German brains average 1,425 grammes, the English 1,389, the French 1,353, the Slavonic 1,300, the Gipsy race 1,245. Berthoud mentions also that the female brain weighs always less than that of males.

A LARGE HOMŒOPATHIC HOSPITAL is to be established in Farnbühl, Canton Luzern, Switzerland, under the auspices of Drs. Breukner of Basel, Heyer of Murgenthal, and Lehner of Luzern.

THE CHEVALIER, Dr. Arnulphy, was the recipient of a brilliant serenade on the fifteenth anniversary of the establishment of his Homœopathic dispensary at Nice, Italy. Deputations from the nobility and from the citizens thronged the room, to bring their felicitations.

CHELIDONIUM ought to be a grand remedy in diffuse nephritis (morbus Bright.) The presence of renal cylinders in the turbid urine shows a metamorphosis in the tubes of Bellini with exudation, the uric acid is augmented, the chlorides diminished. Five provers suffered from frequent inclination to pass urine, some had œdema of the feet, neuralgia pains in the extremities, prosopalgia trigemini, especially of the supra-orbitalis; others hemicrania, hemcnolency, and heaviness in all the extremities. After taking ninety drops of the tincture, an attack of amblyopia with vomiting came on, similar to an attack of apoplexy of the retina, as it is observed in Bright's disease.—*Rivista di Roma*.

DR. ERNST GUISAN PROPOSES THE ARSENATE OF POTASSIUM as a remedy when hydrophobia has fully developed itself. He gives it in pills, three, four or five times a day, according to the intensity of the symptoms, 1-20th, 1-15th of a grain. Also as a preventative, when the physician is called in, soon after the wound is inflicted, he proposes *externally* to apply to the wound diluted Fowler's solution, and *internally*, during six or seven weeks, morning and evening, a pill of 1-20th of a grain (for children 1-40th of a grain) of *Arsenate of potassium*.—*Guisan (de la rage, sa nature and sou traitement)*.

MENTAGRA.—Gruby and Bazin have demonstrated that the inflammation of the bulbi of the hair is caused by a cryptogam (trichophyton), and *Alkohol*, externally applied, is therefore the best means for the total destruction of these fungi, and it will prove its curative power here as everywhere, where the disease is caused by parasites.

TOMATOES.—Hausmann recommends ripe and juicy tomatoes, cut in slices, as the best external application for *carbuncles*. They not only cool the diseased parts, but they also hasten the discharge of the core, and their application does not interfere with the use of internal remedies.

[Does not H. know that *Lycopersicum* (tomatoe) is a *remedy* for "biles?"]—Ed.

DR. G. CALVERT states that the best antidote to *Carbolic acid*, after the stomach-pump, is large doses of olive or almond oil, with a little castor oil. Oil is a solvent, and, consequently, a diluent of *Carbolic acid*, and may be used to stop the corrosive effect of the acid, when the action on the skin is too violent.

DR. RABUTEAU considers the alkaline bromides the best antidotes for lead and mercurial poisoning. The bromides are eliminated slowly from the body; they are found in the urine and saliva at least three weeks after indigestion, but traces of them can be found in these liquids within ten minutes from the time they are taken into the stomach.—*Gazette Hebdomadaire*.

PRURITUS VULVÆ is often entirely cured, and always diminished, by a lotion consisting of five parts of corrosive sublimate dissolved in fifty parts of *Alkohol*. A tea-spoonful of this solution is to be diluted with a pint of tepid water, and applied as a wash to the parts several times in the day.—*Gazette des Hôpitaux*.

PROOF OF EXISTENCE OF COPPER IN THE BODY, nineteen years after swallowing a copper coin.—W. K., a peasant woman, twenty-five years old, married, but without children, phlegmatic temperament, pale skin, of an ashy color, suffering with dysmenorrhœa, relates that since childhood she is tormented with a disagreeable, metallic, coppery taste, and suffers from it still. She is in the habit of scraping off her tongue every morning, and the scrapings have for long time a greenish color. She suffers the most after performing some hard work, or after eating potatoes or any other sour substances. Our patient is neither hysteric, nor given to fraud, but an open-hearted woman of natural simplicity. We requested her, therefore, to save the scrapings of four mornings, and chemically analyzed. Every one showed a trace of copper; for after reducing them to ashes, the first one gave, with sulphuretted hydrogen, a blackish cloud; 2, with caustic ammonia, a bluish tint; 3, ferrocyanide of potassium gave the liquid a brownish-red color; 4, a piece of polished steel was immediately covered with oxyde of copper.

The old mother relates that she swallowed a copper coin at the age of five years, and in spite of physics given to her, she never passed it, although the stools at that time were carefully examined. She felt all this time pretty well, but complained of sensitiveness at one place in her stomach, and it is therefore rational to believe that the coin remained encysted for a long time in the sensitive spot of her stomach, and that a very slow decomposition takes place by the gastric acids. It may be, also, that the hard work which she has had to perform, may have displaced certain formerly encysted parts of the coin, and rendered them thus more amenable to the acids. Even at school she could calm her sufferings by eating chalk, a practice which she kept up even now. Copper-colic she never complained of, but suffers frequently from a habitual, semi-lateral headache, occupying the right side, and from sore throat. A few years after swallowing the copper coin, she had a pustular eruption over her body, but of what nature it was we could not find out.—*Allg. Hom. Zeitung.*

PLANTS AS ANTI-MIASMATIC.—The negroes in the Southern States plant sun-flowers and castor-beans about their cabins, for the purpose of preventing local diseases, caused by impurities in the air. In Belgium they have made similar experiments, and have found that these coarse and ungainly plants completely disinfect the air, by changing the miasmatic effluvia into various forms of vegetable tissue. In India they plant the betel pepper around their dwellings for a similar purpose.

TRANSLATION OF GRAUVOGL.—During the year 1866, Dr. Shipman received a copy of "Lehrbuch der Homœopathie," from the author, with a request that he translate it into the English. The undertaking was a stupendous one, but is now complete. Dr. S. now asks the profession if they wish the work published. (See accompanying circular.) Those who have the original urge its publication. We hope that at least five hundred physicians (the number of subscribers he must have before the work will be put into the printers' hands) will at once subscribe for the work, so that we may have the publication shortly.

Dr. Comstock remarks: "Dr. Geo. E. Shipman has just completed a translation from the German of Dr. Grauvogl's very elaborate work upon the physiology, pathology, and therapeutics of Homœopathy. The translation of this work must have been indeed a Herculean task, and the profession are greatly indebted to Dr. S. for placing it within their reach. Dr. S. will be subjected to a great expense in the publication of this work, and proposes to issue it by subscription."—*Western Observer.*

FOR THE CURE OF ULCUS MOLLE SYPHILITICUM, which Allopaths usually destroy with *lapis infernalis*, and leave the patient exposed to

chronic affections, Villers advises never to give *Mercury* in that form, but to rely strictly on *Hep. sulph.*, internally and externally, for a radical cure. He prescribes *Hep. sulph., calc.*, dil. c. 12, morning and evening one drop in a tea-spoonful of water; and externally *Hep. sulph. calc.*, trit. c. 2, one grain in half cup lukewarm water, to bathe morning and evening the affected parts.—*Klinik.*

PERSONAL.—Wm. Briggs Garside, M.D., is physician for diseases of women to the Brooklyn Homœopathic Dispensary. W. C. Richardson, M.D., has removed from Petersburg, Ill., to St. Louis, Mo. A. J. Sawyer, M.D., President of Michigan Institute, has been elected Mayor of Monroe, Mich. G. H. Blair, M.D., was recently appointed by Government, surgeon to the Marine Hospital, Cleveland.

QUERIES AND ANSWERS.

“He that questioneth much shall learn much.”—BACON.

“Which is the best chemical journal? Which one would be of most interest and value to the busy practitioner?” There find their way to our office, *The Chemical News* (\$5.00); *Boston Journal of Chemistry* (\$0.50); *Journal of Applied Chemistry* (\$2.00); *The Druggists' Circular and Chemical Gazette* (\$1.50); *Chicago Druggists' Price Current and Chemical Repository* (\$1.00), monthlies; and the *American Gas-Light Journal and Chemical Repository* (\$3.00), semi-monthly. The last three, as will be inferred, are devoted to chemistry only incidentally, containing scissored articles principally. The third is devoted to chemistry as applied to Arts, Manufactures, Metallurgy, and Agriculture; its articles are chiefly essays, elaborate and booky. The Boston one is devoted to chemistry as applied to *Medicine*, Agriculture, and the Arts. The *News* is the only strictly chemical sheet, and therefore the best. There may be a little too much “high art” in it to be relished by every physician, still a little familiarity with its pages will discover much valuable and available matter. The Boston sheet, since it attempts to popularize chemistry, and is spicily edited, will give most satisfaction to physicians in general. The *Chemical News*, however, is undoubtedly the best; the Boston sheet is well worth its price. The difference in price very well represents the difference in value, in our opinion. No physician is fully qualified for his profession who is not familiar with the principles, and more or less of the details of chemistry. Those “who are not chemists” to that extent at least, should procure some good elementary work, as Roscoe's, and “study up.” Every physician ought to take, and be able to appreciate most of the contents of the *News*. An American supplement has recently been added, very much enhancing its interest to physicians on this side of the water.

F. A. L., CHEMICAL ED.

LOCAL REPORTS OF DISEASE.

OTTAWA, ILL.—Health of the city very good, except occasional cases of catarrhal sore throat, yielding readily to *Bell.* and *Phytolacca*.

A young friend just from Cortland, near Syracuse, N. Y., states that scarlatina maligna prevails very extensively there, committing great ravages. He knew nothing of the treatment.

Who will add any clinical evidence to *Ailanthus*. See Dr. Dunham's article in April No. “United States Journal.”

Truly yours,

CHAS. D. FAIRBANKS.

FARMINGTON, ME.—For a month there has been much less than the usual amount of sickness for this season of the year, but few deaths.

April 22, 1869.

O. W. T.

THE
MEDICAL INVESTIGATOR.

VOL. VI.—AUGUST, 1869—No. 11.

DIFFERENTIAL DIAGNOSIS OF COLIC.

THE following differential diagnosis of colic remedies will be perused with interest by those who have had stubborn cases of this disorder to deal with :

Colocynthis.—The colic is a *simple neuralgia* of the nervous mesentericus superior; the pains are exceedingly violent, with a sensation of clawing and pinching, emanating from a central point of the abdomen, where the pains are the severest, radiating from there over the abdominal organs, remitting for several minutes, only to return again with greater force; flatulent distension of the bowels; tenesmus; thin, yellow, mushy stools, coming away with a rush, and some relief after stool; increased urination; great restlessness; aggravation of the pains from every motion; relief by bending double, by pressing the abdomen against something hard, by stool and urination. *No fever*, and the appetite not essentially diminished; caused by indignation, catching cold, or dietetic errors.

Asafœtida.—Colic in consequence of morbid innervation, as from hysteria, or obstinate constipation. The distension of the abdomen is mostly only a *partial* one. The paroxysms in consequence of the spasmodic partial contraction of solitary intestinal parts is always accompanied by manifestations of motor antiperistalticus; eructations upwards without relief; nausea; vomiturations; fainting during the height of the paroxysm, without being

able to pass a flatus downwards; globus hystericus; amelioration from external pressure.

Chamomilla.—Colic caused by atony of the mucous membrane and the glands of the stomach and bowels, after indignation; menstrual disturbances. Digestion is interrupted, flatulency and colicky pains are the consequence. The neuralgia is here peripheral, whereas for colic it must be central. The whole abdomen is distended like a drum, and wind passes off only in small quantities without relief, or excessive pains, with the sensation as if the parts were rolled up into a ball; vomiting; green slimy diarrhœa; great restlessness and anxiety.

Pulsatilla has nearly the same symptoms as *Chamomilla*. In both, the abdomen is very sensitive to the touch, with aggravation from sitting or lying, and mitigation from walking about; the colic is worse in the evening and at night; the pains *press more towards the rectum*, with feeling of heaviness in the abdomen, as of a stone, with some relief from the mucous, albuminous, or bloody-tinged diarrhœic stools; constant inclination to micturate, with secretion of a dark-colored urine, depositing a slimy sediment. Tearful disposition.

Belladonna.—The colic is caused by a congested state of the bowels; the circulation of the blood is altered, and stool gives no relief. It is much more enteritis than enteralgia (?) In menstrual colic the pressure is here more *towards the womb*, as if every thing would fall out. In intestinal colic the transverse colon protrudes like a pad all the way across the belly; pressure of the abdomen, which is drawn in (when lying down); painfulness of the abdomen to contact; colic, as if a spot in the abdomen were seized with the nails; a griping, clutching, clawing pain. *Violent contractive griping*, worse when walking, as the least jar increases the pain. The patient bends *backwards* for relief, and the pains come on suddenly, and disappear as suddenly. Sense of soreness deep in abdomen; frequent desire to urinate, with scanty secretion of urine.

Dioscorea.—Steady twisting pains in abdomen, *not remitting*; severe cutting, tearing, burning pains; painful on pressure, worse when lying down; motion aggravates in the beginning, and relieves afterwards; bilious colic and diarrhœa early in the morning, whereas colic is worst in the evening, from motion, and the neuralgic pains are remittent.

Carbo veg.—Hæmorrhoidal colic ; extreme flatulency ; gnawing pains, with distension of abdomen as if it would burst ; emission of flatus and of hard stool relieves ; aggravation from eating, if ever so little, with sour and rancid eructations ; oppression of the chest, from the over-distended abdomen ; foul breath ; headache ; bruised feeling, and chilliness over the back ; *caused by the use of fat or spoiled meat, and the use of fermenting beverages at the same time.*

Lycopodium.—Colic caused by eating heavy farinaceous food, or drinking sour small beer, which ferment in the bowels, producing an accumulation of gas ; eructations ; colic ; desire to go to stool, with inability to accomplish any thing ; belching without relief ; passing flatus downwards relieves ; aggravation from eating, if ever so little, as every thing produces fullness and distension of the abdomen ; it really seems as if every thing turns into flatus.

Arsenicum.—After the use of *ice-water, ice-cream, sour wines, or sour milk, bad sausages, cheese, or unripe fruit* ; frequent sour eructations and pyrosis, with nausea ; sour vomiting ; the burning, griping pains remain considerable time after vomiting ; sensitiveness of the stomach to slight or strong pressure ; burning, clutching pains in bowels, with simultaneous frequent inclination to stool, with black, burning, excoriating passages ; sensation as if the abdomen would burst *before the stool*, sensation of contraction just above the anus *at the stool* ; burning in the rectum, with trembling of the limbs and great exhaustion *after stool* ; relief from warm applications ; aggravation at night, after eating and drinking.

Podophyllum.—The colic is of a high grade and painful, *originating in a depraved and excessive bilious secretion.* The disturbance in the nervous ganglia is only the consequence of the excessive hepatic action. Cramps in the bowels, with retraction of the abdominal muscles, or crampy drawing up of the muscles into lumps and knots ; frequently recurring, but transient abdominal pains, ameliorated by pressure ; severe straining during stool, with emissions of much flatulence ; stools very offensive, viscous, gelatinous, yellow or dark green, often accompanied by prolapsus ani ; the pains and discharges worst in the morning or forenoon, and excited again by eating or drinking. The pains in the back and abdomen are *worse during the passage, and continue after.*

Nux vomica.—*Taste of foul herbs in the mouth.* Colic caused by the use of amyloid substances, with prevailing acidity in the stomach, and turgescence of the flatulency more upwards, and when Allopathic remedies have been used without benefit, stomach distended, and scrobiculus cordis arched forward; tenderness of the stomach, increased by slight, but diminished by strong pressure, or by bending the body forward; flatulent distension of the abdomen, with pressure upwards into the chest, and downwards upon the rectum and bladder; constant urging to stool, without effect, and frequent desire to pass water, or passing only small quantities of fæces at each attempt; aggravation by motion, after eating, and about a few hours after midnight, or upon waking in the morning. In *Nux vomica* the pains cease as soon as all the offending masses are thrown off, and a copious stool is therefore a sure sign of relief.

Plumbum.—In this colic the motory nerves are mostly affected, whereas *Colocynthis* attacks the sensory nerves. We have here, also, *constipation, but no flatulency*; frightful pains, particularly around the umbilicus; the abdominal walls are drawn towards the spine, so that it appears hollow like the bottom of a boat; the frightful pains radiate upwards towards the chest, and downwards to the pubes,—are clawing, twisting, with pressure on the bladder; obstinate constipation, from paralysis of the intestines.

In *Cuprum* the spastic symptoms prevail over the paralytic ones, the reverse is the case with *Plumbum*; cramps of the stomach and bowels, attended with vomiting and purging; *spasms in the extremities*; cutting pain in umbilical region, as if a knife was thrust through to the back, with piercing, torturing screams; suppression of urine and stool, or else violent diarrhœa; copious, painful, blackish passages, sometimes mixed with blood, attended with tenesmus and weakness.

Iris versicolor.—Rheumatic or bilious colic; a grumbling belly-ache, most prevalent at the changes of the season, with very fœtid discharge of wind, attended occasionally with an involuntary escape of fluid, soiling the sheet; stools of scybalous matter, mixed with fluid mucoid fæces of an offensive, putrid, and coppery color; fever, with hot perspiration; white tongue, and severe headache.

Leptandra virg.—*Bilious colic*; constant dull aching pains in the umbilical region, with occasional sharp, cutting pains, with

rumbling and desire for stool ; profuse, *black*, papescent, tar-like, very fœtid stools, generally in the afternoon and evening, with excessive debility after it, especially in the bowels and rectum ; sense of coolness in the alimentary canal ; the pains are aggravated by drinking cold water.

China.—Distension of the abdomen, with pressing under the short ribs ; rumbling, and cutting pains in the bowels ; worse at night ; uncomfortable feeling after eating, with eructations with the taste of the food taken ; flatulent colic, accompanied by diarrhœa ; black, watery stools, containing undigested food ; brought on by eating food or drinking new beer, in anæmic and debilitated persons.

Veratrum alb.—Severe griping, cramping pains in stomach and abdomen ; the abdomen swollen and very sensitive ; no flatus upwards nor downwards ; constant desire for cold drinks ; coldness, cramps and cutting as with knives in the bowels, before and after stool ; violent watery diarrhœa, with extreme prostration and cold perspiration ; after eating fruit or vegetables.

Other remedies, as *Bry.* or *Merc.* for rheumatic colic ; *Hyosc.*, *Ignat.*, *Cocculus*, *Ipecac.* for nervous colic ; and many more, may find their special indications, and can be easily compared. “ *Sublata causa tollit affectus*,” finds in no disease a closer application than in the different forms of colic, and strict investigation is certain to be rewarded by rapid relief of the patient. S. L.

HYDRASTIS CAN. IN GENERAL MARASMUS.

MR. F—, æt. twenty-two, had measles two and a half years before. Treated by an Eclectic ; did not get up well. To use his own words, “ began to lose flesh, though he seemed to relish food as well as ever, and ate quite heartily.” Went through a course of “ Old School ” medicine, and was no better. Got disgusted with medicine and doctors, and went home to try his mother’s care and nursing, and herb teas.” Still no better. Got a firm impression that if he could go to Dr. —’s celebrated “ water-cure ” establishment, he could be cured in a few weeks. At quite a heavy expense he was taken there, and put under

thorough treatment. Stayed eight months, and was sent home to die among his friends.

Such, in brief, was the history of the case, as related to me by the young man's friends. The writer undertook the treatment of the case from his own interest in the young man's welfare, and not from any solicitation from him or his friends. [A not-to-be commended policy.—ED.]

Found him very much emaciated; scarcely weighing more than 80 or 85 lbs., his usual weight being 150 lbs. Very moody, and depressed in mind; averse to conversing; at times so excited as to curse his mother for the least thing, and throwing his food or medicine across the room. Lungs and heart nominal. Liver considerably atrophied,—not more than two-thirds its natural size. Kidneys seemed to sympathize with the general wasting away. Urine scanty and high colored. Such was the nervous condition of the patient. I could not make a close and critical examination; but, from this partial investigation, concluded that *Hydrastis can.* was the remedy, if any help could be rendered at all.

Prepared a prescription by putting fifteen drops of saturated tincture into a tumbler half full of water, with directions to give a tea-spoonful every three hours.

Called again next day. Had not taken medicine since nine o'clock the evening before. In one of his usual fits of frenzy, had thrown medicine, tumbler and all, against the opposite side of the room! Was feeling quite calm then. Left prescription same as before, and after spending nearly an hour persuading him to take it, which he said he would, *to please me*, I promised to call again in two days. Sent for next morning. *He would not take his medicine.* Found him much as before, and persuaded him to take his medicine regularly. His mother thought he had less nervous excitement on the whole than heretofore.

From that time on, the improvement was steady and rapid. Dismissed him in about four weeks. In less than three months he resumed his apprenticeship in the blacksmith shop, and has remained well since.

Whether another remedy would have done as well, or the same remedy would have done better in a higher potency, the writer did not stop to consider. He was satisfied then, and is now, that *Hyd. can.* cured the patient.

L. D. H. RETSBEW.

LITTLE ROCK, ARK.

MICHIGAN HOMŒOPATHIC INSTITUTE.

ANN ARBOR, 1869.

THE tenth annual session of the Michigan Homœopathic Institute was held in this city, May 18th and 19th. The President, Dr. C. A. Jeffries, in the chair.

The Institute elected the following officers :

President—Dr. A. I. Sawyer, of Monroe.

Vice-President—Dr. I. N. Eldridge, of Flint.

Secretary and Treasurer—Dr. J. D. Craig, of Niles.

The Committees on Obstetrics, Diseases of the Eye and Ear, and Intermittents, submitted reports. Dr. Craig, of the last mentioned committee, in a verbal report, stated that in cases of intermittent fever he did not depend upon *Quinine* as much as he had formerly done, having observed that it only broke up the fever temporarily, to return again in a week or so. He had had only one case, in his experience, of cure of fever and ague by *Quinine* alone.

Dr. Jeffries desired to have this subject discussed, as it was not yet a settled fact what was the proper use of *Quinine* in the practice of Homœopathy.

Dr. Hempel always treated fever and ague with *Quinine*, which he considered the great remedy for this disease. He generally gave it in doses of one-quarter to one-eighth of a grain, and condemned the giving of large doses, such as is given by many Allopathic physicians, of from five to twenty grains. He gave some incidents of his experiments with *Quinine*, mentioning many cases of successful treatment of pneumonia, neuralgia, and dysentery with it. He said that *Quinine* had been greatly abused, and that it ought not to be entirely condemned.

Dr. Craig had never failed to cure intermittent neuralgia or intermittent dysentery with *Quinine*, but in cases of fever and ague he had never, except once, succeeded in thoroughly breaking up the disease. He related a case in which he treated fever and ague successfully with *Coffee*.

Dr. Jones, in cases of congestive chill, administered *Quinine*, giving two or three doses during the chill, and *Arsenic* during the intermission.

Dr. Sawyer, chairman of the Committee on Surgery, made a

report thereon. He disapproved of a rash or too free use of instruments, and said that no one should undertake any operation unless he is intimately acquainted with anatomy and the principles of surgery. There are some physicians among the Homœopaths who have given much time and study to surgery, and have acquired great skill therein. To these surgeons many of our physicians recommend their patients, and he suggested that, in such cases, the fee should be divided proportionately between the surgeon and the physician who recommends the patient to his hands. In connection with this report Dr. Sawyer offered the following resolutions :

Resolved, That the Michigan Homœopathic Institute, fully realizing the importance of encouraging the study and practice of surgery by the Homœopaths of this State as a means whereby to secure that patronage and influence necessary to a more successful competition with our Allopathic brethren in all departments of the medical science, we will do all in our power to promote this object.

Resolved, That we will, as a means to this, as far as practicable, recommend all patients requiring surgical aid to apply to such of our school as may have proved themselves worthy of that trust, either by practical experience or manifest familiarity.

Dr. Hempel read the report of the Committee on Materia Medica. He queried whether, as we learn more of the human system, we should use more complicated remedies. The Homœopathic Materia Medica contains over 600, of which more than 400 are more ornamental than useful. He advocated an enlightened empiricism. He would determine the therapeutic character of drugs by the systematic experiments of persons in health; and drugs should be classified in accordance with the pathological conditions in which they are used. He maintained that in all cases drugs are not necessary to the restoration of health, that nature is *the* great restorer, and that abstemiousness, change of diet and air, are in many cases better than all the drugs that can be administered. The physician sometimes puts too much dependence on his art for the restoration of the patient, and neglects the restoratives that nature has offered. We are justified, he said, in mingling with drugs other palliatives, and he has never hesitated to use any practice which would result in restoration. The wet cloth bath, etc., were advocated, and he in some cases allowed the moderate use of lager beer, or of a cigar, though he generally used his influence with his patient to break off these

habits. He thought it was not possible to obtain by rule the dose to give in all cases. We should avail ourselves of the entire scale of Homœopathic doses.

After the reading of his report, a discussion ensued upon some of the points presented. Relative to the use of stimulants and tobacco, Dr. Hempel, in answer to a question, stated that when a patient complained that it was difficult to break off the use of tobacco or liquor, he allowed him the moderate use of it for a time, and after reducing the daily allowance, he endeavored to persuade the patient to a total abstinence therefrom.

Dr. Craig found that the best way to cure the appetite for tobacco was the wet-cloth bath, after several applications of which the patient generally had no desire for that stimulant.

[As usual, the University question called out a good deal of discussion, and a number of resolutions were offered, presenting the different views of the Michigan fraternity. The following, however, were finally adopted.—ED.]

Whereas, The Board of Regents still refuse to fulfill the Legislative enactment of 1855, establishing Homœopathy in the University of Michigan, and, *whereas*, the Supreme Court has failed to decide what the law is, governing the case, therefore,

Resolved, That we will labor persistently and unitedly for the establishment of Homœopathy in the University of Ann Arbor, with all the rights, privileges and prerogatives that are now or may be hereafter granted to or enjoyed by the medical department of the University.

Resolved, That, inasmuch as the friends and patrons of Homœopathy are now being taxed for the support and maintenance of the present medical department of the University, we will unitedly and indefatigably make our appeal through the ballot-box and to the Legislature, in order to secure and permanently establish the above object; and that we will exert our influence with the Legislature of the State to withhold all further legislative or pecuniary aid to the University until our rights, as herein expressed, are attained.

Resolved, That a Committee of five be appointed to carry out the express object of these resolutions.

Drs. I. N. Eldridge, S. B. Thayer, C. T. Harris, C. A. Jefferies, and A. I. Sawyer, were appointed said committee.

Flint was designated as the place of the next annual meeting, on the third Thursday of June, 1870. After some miscellaneous business, the Institute finally adjourned.—*Tribune*.

WESTERN INSTITUTE.

ANN ARBOR, 1869.

THE seventh annual meeting of the Western Institute of Homœopathy convened in this city, May 20th and 21st.

The meeting was called to order by the Secretary, Dr. T. C. Duncan, of Chicago, in the absence of the President and Vice-Presidents, and Dr. D. H. Beckwith, of Cleveland, was called to the chair.

[We present a brief abstract of the practical part of the meeting. A full report, with the papers, will appear in the volume of transactions, soon to be issued by the Society.—ED.]

Dr. J. D. Craig, of Niles, from the Committee on General Pathology, reported a case of a child, two years old, suffering with severe coughing, and having every evidence of consumption, who was cured by the 30th centesimal dilution of *Pulsatilla*. He also reported two other cases of treatment by high dilutions, in one of which no perceptible improvement was observed for a number of days, yet he continued with the same treatment until favorable symptoms were observed and the patient restored.

Dr. Hempel admired the pertinacity with which Dr. Craig adhered to his treatment, and said it showed the importance of adhering to a remedy which the physician believes to be the right one, though no immediate effect is perceptible.

Dr. Craig had seen cases where high dilutions were best, and he had no infallible rule of giving the dilutions, but mainly judged of the strength of the dose from the temperament of the patient.

Dr. Bartlett, of Aurora, Ill., had a case of a lady suffering from phagedenic ulceration of the os uteri, who was seventeen years under the care of an Allopathic physician. He was sure that *Thuja* was the remedy for her disease, and was doubtful what attenuation he should use, but first commenced with the tincture, and ran up to the 30th potency. He continued for four months between these variations, and finally concluded to try a higher dilution, and administered some of the 200th, when the woman was cured in four months.

Dr. Beckwith, of Cleveland, read a very interesting paper on "Longevity." He claimed that the effects of Homœopathic

medication, compared with other systems, tended to prolong life beyond the ordinary average. One-twentieth the weight of man and one-sixteenth the weight of woman should be adipose. When it deviates from that standard it deviates from the standard of health. In olden time the people, as a class, outlived by a few years the past generation. Some of the present generation will nearly reach the age of the ancients. Persons are now living from 95 to 105 years of age, with a fair prospect of an additional lease of life of five to ten years. Dr. Beckwith then read statistics of deaths in London in 1693 and in 1789, which showed that in the latter year twenty per cent. more people attained the age of seventy and upwards than in the former. From all the facts he had derived from writers on longevity, he was satisfied that the longevity of Americans compared favorably with that of Europeans.

Dr. A. R. Bartlett read a very interesting article on "Ante-Natal Influences," holding that ante-natal perversions, sins, griefs and passions on the part of the parent or parents, entail untold misery upon humanity. The temperament of children, and their intellectual and moral character is often determined by that of the parent during gestation, as is also their physical structure. The article contained much useful information.

Dr. G. W. Perrine, of Milwaukee, read a valuable paper upon "Intra-Capsular Fractures of the Femur," giving a history of several cases.

Dr. Baker made a few remarks on the same subject, endorsing the practice of Dr. Perrine, and urging on Homœopathic physicians more study of the subject of surgery.

Dr. C. J. Hempel, of Grand Rapids, then read a very able report upon "Correlation of Pathogenesis and Pathology." He contended that a drug is the material type of some disease. A cure is the conversion of the morbid force into its correlative or corresponding drug force. The object and aim of drug proving is to find with what abnormal state a drug is in correlation.

Dr. C. T. Harris, of Ann Arbor, read a lengthy review upon four lectures against Homœopathy, by Dr. Palmer.

Dr. Page, of Appleton, Wis., detailed a number of formidable surgical cases which recovered rapidly under the use of *Calendula*. Dr. Craig, of Niles, cited similar severe cases, cured under the same treatment. Dr. Cole, of Chicago, mentioned a case where

the muscles were torn from the forearm, which recovered rapidly and without pain under similar treatment. Dr. J. C. Sanders, of Cleveland, detailed a case of fracture of the cranium and laceration of the scalp, which recovered in two weeks, the patient having no pain. The dressing was cold water.

Dr. Van Norman, of Ashtabula, Ohio, related a case of extensive abscess in the neck, cured in two weeks by injections of *Calendula* lotion.

Dr. Baker inquired if the members had used *Carbolic acid* in such cases.

Dr. Van Norman of Ashtabula, Ohio, cited a case of attempted suicide by a lady who cut her throat, severing the wind-pipe, and who recovered in six weeks, treated with *Carbolic acid*.

Dr. Baker, of Davenport, Iowa, had made extensive use of *Carbolic acid*, in wounds of all kinds, with the most happy results.

Dr. Perrine, of Milwaukee, presented an interesting case where the calf of the leg was entirely torn off by a railroad accident. Different applications were tried for two years, without being able to heal the wound. Dr. Perrine then applied *Carbolic acid*, and the wound is now quite healed up.

Dr. Cole called the attention of the Society to the use of *Carbolic paste*, made of a solution of *Carbolic acid*, boiled oil, and whiting.

Dr. Beckwith preferred *Carbolic acid* to *Arnica* or *Calendula*, especially in burns and in prurigo.

Dr. Duncan inquired if the members had seen the proving of *Carbolic acid*. He believed it would be found Homœopathic to prurigo, as a member of the provers had a severe itching and eruptions; and cautioned the members against its free external use, as it was a powerful drug.

A letter was read from Dr. A. B. Palmer, of the Michigan University Medical College, as follows :

“ I am informed that in the meeting of your Society yesterday, my published lectures on Homœopathy were assailed as unfair representations of that system. I took much pains to state in the language of its authors the opinions they professed on all the essential doctrines, availing myself of all the authorities on the subject to which I had access, and I fully believe a fair and as full a statement was made as was practicable within the limits which the circumstances imposed. As I wish to arrive at the

truth as to what is held as Homœopathy, while I do not like to rest under charges of unfairness in entire silence, I will be glad of an opportunity of defending the correctness of the representations made in the lectures, or in case they can not be defended in any particulars, or new light is afforded as to the present doctrines of your school, I shall be glad to make suitable additions or modifications in future editions of the lectures. I will be in readiness to respond to any communication your Society may choose to make respecting the object indicated."

The communication was referred to a special committee.

A paper was read by the Secretary upon "Popularizing Homœopathy," written by Dr. J. S. Douglas, of Milwaukee, Wis. He claimed that the placing of a clear, rational theory by the side of a successful application, in disease, has inspired a firm and rational confidence in the Homœopathic system. He believed that the rapid increase of lay converts is due to the diffusion of popular literature, as much as to any other cause, and has seen more converts made to Homœopathy by means of popular periodical lectures, or plain exposition of the Homœopathic science, freely distributed through the country, than by all other means combined.

Dr. Hempel concurred in the sentiments of Dr. Douglas, saying that by diffusing the principles of Homœopathy it can be made popular. He stated that it was his custom, when he gave remedies to patients, to label it, telling them its nature, and whenever the disease returns, they can have the remedy at hand.

Dr. Bowen also concurred in this view; would diffuse its principles broadcast, giving remedies which can be used by the patient upon the return of certain ailments, obviating the necessity of calling a physician upon each recurrence.

Drs. Beckwith and Craig did not agree with the above gentlemen in all particulars, as they did not consider it expedient in all cases to let the patient know what the remedy was which was administered for a particular disease. Dr. Beckwith stated that many people have a prejudice against taking *Arsenic*, and other remedies given by Homœopaths, and he would not have this prejudice work against the system.

Dr. M. F. Page, of Appleton, Wis., read a paper upon "Malignant Erysipelas," detailing the treatment of a severe case of that disease with *Arsenic*, *Rhus tox.*, using *Aconite*, *Belladonna*, and other remedies for occasional symptoms.

Dr. J. C. Sanders, of Cleveland, offered the following :

Whereas, The establishment of the Western Institute of Homœopathy was predicated on the apparent dissolution of the American Institute, and that Institute has been revived, and is worthy of the undivided support of the profession of the whole country ; and whereas the American Institute, with the respective State and County Societies, furnish ample media for the expression and communication of thought and aspiration of the profession ; therefore,

Resolved, That a committee of three be appointed by the chair, to take into consideration the justness, expediency, and plan of merging this body into that of the American Institute, and that this committee report at the next meeting.

Drs. Hempel, Helmuth, and Ludlam were appointed such committee.

Dr. J. C. Sanders, from the committee to whom was referred the communication of Dr. A. B. Palmer, reported as follows :

“ We are highly gratified by Dr. Palmer's letter, as clearly manifesting a willingness to correct his conception of the Homœopathic system of medicine, and shape his published views accordingly. It is our judgment, however, that as the time of this Convention is nearly spent, with a large amount of subject matter yet to be presented, and especially as the proceedings of this Institute will soon be published in full, including the reviews of his published lectures, Prof. Palmer will have opportunity to reinvestigate the general subject, and can choose his own time and occasion to reconsider and correct his views.”

Dr. Bartlett, of Aurora, Ill., from the Committee on Medical Education, read a paper upon “ Medical Education,” in which he advocated the founding and endowing a National Medical University ;* after which, Dr. L. E. Ober, from the same committee, submitted the following resolutions :

Resolved, That is the duty of every member of the profession to require of any one wishing to enter his office as a student of medicine to possess at least an amount of intellectual attainment that will qualify him to receive a first grade certificate for school teaching as required by the laws of his State, together with a practical knowledge of chemistry and botany, if they are not included in the above named qualifications ; and that we will encourage all who desire to enter the medical profession, to have graduated at some regular classical college.

Resolved, That we will patronize no medical college that will receive matriculants with any less preliminary education.

* See MEDICAL INVESTIGATOR for May, page 308, for a summary of his views on this point.—ED.

Resolved, That every medical college should have a Board of Censors, composed of well qualified medical men, who shall, in company with their Faculty, examine each candidate for graduation, and not grant diplomas to any who have not a thorough knowledge of each branch included in a full medical course.

Resolved, That while we will do nothing to lower the standard of our local medical colleges, we recommend that all Homœopathic physicians give their influence to the building up of a public sentiment, which shall ultimate in the endowment of one first-class Homœopathic Medical University in America.

Resolved, That we discountenance the organizing of any medical college unless it be under the auspices of a State giving promise of its support.

The resolutions were adopted.

A report was submitted by Dr. T. C. Duncan, of Chicago, on "Nephritis."

The following officers for the ensuing year were elected :

President—Dr. L. E. Ober, of La Crosse, Wis.

Vice - Presidents—Drs. Bartlett, of Aurora, Ill., and Bowen, of Fort Wayne, Ind.

Treasurer—Dr. G. W. Perrine, of Milwaukee.

Corresponding Secretary—Dr. S. A. Robinson, of Laporte, Ind.

Recording Secretary—Dr. T. C. Duncan, Chicago.

Censors—Drs. C. J. Hempel, Grand Rapids; G. D. Beebe, Chicago; N. Schneider, Cleveland; J. D. Craig, Niles; A. Bagley, Marshall.

The Committee on Scientific Subjects reported the following subjects to be reported on at the next meeting by the members named :

Surgery—G. D. Beebe, Chicago.

Granular Conjunctivities—J. T. Boyd, Indianapolis.

Abnormal Gestation—G. W. Perrine, Milwaukee.

Bright's Disease of the Kidneys—T. C. Duncan, Chicago.

Relations of Scarlet and Spotted Fevers to Saccharine Food—Dr. J. C. Sanders, Cleveland.

Homœopathy vs. Hahnemannism—Dr. C. J. Hempel, Grand Rapids.

Effects of Climate on Longevity—Dr. D. R. Beckwith, Cleveland.

Diseases of Michigan, and their Treatment—Dr. C. T. Harris, Ann Arbor.

Uterine Diseases—Dr. S. A. Robinson, Laporte, Ind.

Cancer—Dr. W. J. Calvert, Jackson, Mich.

Pathology—Dr. J. D. Craig, Niles.

Ante-Natal Influences—Dr. A. R. Bartlett, Aurora.

Indigenous Remedies—Dr. R. B. House, Brooklyn, Mich.

Clinical Practice—Dr. L. Pratt, Wheaton, Ill.

Obstetrics—Dr. T. G. Comstock, St. Louis.

Anatomy—Dr. S. B. Parsons, St. Louis.

Tuberculosis—Dr. A. E. Small, Chicago.

Asthma—Dr. A. G. Leland, Whitewater, Wis.

Treatment of Dysentery—Dr. G. W. Chittenden.

Women as Physicians—H. B. Van Norman, Astabula, Ohio.

Psychology—Dr. R. F. Baker, Davenport, Iowa.

Medical Honor—Dr. G. W. Bowen, Fort Wayne.

Necrosis—Dr. N. Schneider, Cleveland.

Electricity—Dr. E. W. Fish, Detroit.

Chicago was appointed as the place for holding the next session of the Institute, on the third Thursday of May, 1870. The Institute then adjourned.

AMERICAN INSTITUTE OF HOMŒOPATHY.

THE twenty-second annual session of the American Institute of Homœopathy was held in Boston, June 8, 9, 10, and 11th.

The Institute was called to order by the President, Henry D. Paine, M.D., of New York.

Dr. David Thayer, of Boston, welcomed the society.

The Institute then proceeded to an election of officers, with the following result ;

President — R. Ludlam, of Chicago.

Vice-President — D. H. Beckwith, M.D., of Cleveland.

General Secretary — I. T. Talbot, M.D., of Boston.

Provisional Secretary — Timothy F. Allen, M.D., New York.

Treasurer — E. M. Kellogg, M.D., of New York.

Censors — Conrad Wesselhæft, M.D. of Boston ; Wm. Todd Helmuth, M.D., of St. Louis ; N. H. Gurnsey, M.D., of Philadelphia ; C. W. Boyce, M.D., of Auburn, New York ; L. M. Kenyon, M.D., of Buffalo.

After considerable preliminary business the Institute reached that of the greatest interest to our readers — the scientific part of the session, a full report of which we herewith present. A reference to the places visited, reception, dinners, speeches, toasts, etc., and the attention shewed this honorable body of scientific men will be found elsewhere.—ED.

Report of the Bureau of Clinical Medicine. Dr. H. D. Paine of New York, reported that no epidemic had prevailed during the past year in this country, and even the ordinary diseases exhibited a milder type than usual. The attendant conditions of Dysentery and a few other diseases, observed during the year, were treated in the report.

Dr. Cate, of Salem, read a long and interesting account of a case of sciatica resulting from gold poisoning. Dr. Smith, of Melrose, found the disease to be the result of long and close confinement in an atmosphere impregnated with minute particles of gold dust, and the case was speedily cured by a high potency of *Kali bich.*

A very philosophic and suggestive paper upon measles by W. H. Holcombe, of New Orleans, was read by Dr. Paine. The author regards chicken-pox, mumps, and hooping-cough as mild forms of small-pox, scarlet fever, and measles, and that all these diseases are the varying forms of some one original disease.

The other papers presented were by Dr. Kellogg of Southington, Conn., upon Biliary Calculi; by Dr. Wesselhæft, of Boston, upon a case of Cerebral Disease, and by Dr. Burgher, of Pittsburg, upon Therapeutics. The relation of General and Special Pathology to Therapeutics, by Dr. P. P. Wells of Brooklyn. Hydrocephalus cured by *Morphine* by Dr. Hartmann, of St. Louis. Biliary concretions by Dr. T. C. Fanning, M.D., of Tarrytown, N. Y., and a case of insanity by Dr. E. W. Avery, of Poughkeepsie, N. Y. In the case of cerebral disease the patient was cured by a high potency of *Lachesis*.

Discussion — Dr. McManus wanted to know why *Kali b.* was chosen for the case of gold poisoning. Dr. Smith thought it antidotal. Dr. Baer of Richmond, Indiana, thought a high potency of *Aurum* should have been given. He had cured Mercurealization by high potencies of *Mercury*.

In cases of biliary calculi, Dr. Thayer thought *China* the remedy.

SECOND DAY.

Report of the Bureau of Materia Medica. Dr. W. E. Payne, of Bath, Maine, read a paper on "Recording and Collecting of Clinical Provings." He dwelt upon the necessity of pure drugs, and the great difficulty experienced in separating the pure from the spurious symptoms. The work of constructing a pure *Materia Medica* had never been entered upon, and consequently the physician, in his choice of remedies, had to be as careful in his selections as though treading upon new ground. He would add new provings, and place with them confirmations of experience. The importance of correcting the *Materia Medica* at the bedside was a matter of inestimable importance.

Dr. Wesselhœft read a paper from the same bureau which was devoted to some practical suggestions, and general in their character. The concentric method of putting together the experiences of the members of the Institute, it was urged, was an important one. The improvement of the therapeutic science could not be over estimated.

It were better to ascertain by concentrated experience what disease one drug would cure than what drugs would cure one disease; and a diagnosis was of little value without a knowledge of the remedy needed. *Baptisia tinct.* was recommended for special study.

A paper was also read from Dr. E. M. Hale, of Chicago, on "Stillingia sylvatica," with clinical observations.

Discussion — Dr. Dunham urged the importance of clinical verification of drug symptoms, and offered the following resolutions, which were adopted:

Resolved, That the bureau of clinical medicine be requested to give attention to the collection of clinical verifications of the symptoms contained in our *Materia Medica* and to include such verifications in their reports, giving credit to the authors, and whatever details they may deem proper.

Resolved, That the Institute invite State medical societies to co-operate in this work of clinical verification of the *Materia Medica*.

Dr. Clary, of Syracuse, commended these resolutions, the sug-

gestions offered in the reports, and urged a more careful study of the *Materia Medica*.

Dr. D. Holt, of Lowell, Mass., followed in a similar strain.

Dr. Blair, of Cleveland, thought that one-third at least of the *Materia Medica* ought to be expurgated. It contained a good many foolish and insignificant symptoms.

Dr. Swazey, of Springfield, Mass., defended the so-called insignificant symptoms. They often pointed out the remedy.

Dr. Dunham took the same view. In the proving of *Tellurium*, Dr. Hering alone of all the persons obtained ear symptoms, but those had been verified and found useful by Drs. Wells, Joslin and others, as well as himself. The most frequently recorded symptoms are the most important. He thought that drugs were often not used because not fully developed, and instanced *Lilium tigrinum* which seemed indicated in a case but was not given because it had not uterine symptoms. A subsequent proving by a single lady had brought out just the uterine symptoms lacking. He thought that if women were admitted members, they would give us here important aid.

Dr. Martin, of Philadelphia, stated that he was trying to do in the *Journal of Materia Medica* what had here been recommended — publish characteristics, verified symptoms, etc.

Dr. McManus, of Baltimore, thought that no drug should be admitted into the *Materia Medica* that was not fully and carefully proved.

Dr. B. DeGersdorff thought that attention should be given to the pathological changes drugs were capable of producing.

Dr. Williamson then presented the report of the committee on Nomenclature and Pharmacy; noting numerous changes proposed to be made in nomenclature as absolutely necessary.

Dr. Allen, of New York, commended the general plan but thought some of the botanical changes unscientific.

Dr. Rockwith, of New Jersey, thought that it was not for this body to change well-established names. It should be done by bodies devoted to botanical and chemical science.

Dr. Williamson stated that changes had occurred in scientific nomenclature, and it was right we should conform thereto, to prevent confusion, etc. He thought the Institute highly scientific and the largest Homœopathic body in the world and respected as such, and, therefore, just the society to make these changes.

Dr. C. Dunham, Chairman of the Committee on Homœopathic Dispensatory, reported: That the proof-sheets of the Dispensatory proposed by Dr. Lodge had been examined, and they could not recommend his work.

Report of the Bureau of Obstetrics. The first paper was by T. G. Comstock, of St. Louis on "Flexions of the Uterus."

Dr. H. N. Gurnsey presented a report in which he took strong grounds against the use of all mechanical apparatus in obstetrics, believing that the Homœopathic remedy was all sufficient.

Anteflexion of the Uterus, by J. C. Sanders, M.D., of Cleveland. *A case of Ovarian Dropsy*, by J. Hartman, M.D., of St. Louis. *A case of Ovarian Tumor* of twenty years standing cured by absorption by W. Gullupe, of Bangor, Maine. *An interesting case of Imperforate Vagina*, by J. H. Woodbury, M.D., of Boston, and a paper on *Sterility*, its causes, and the means of cure, by E. Hoffman, M.D., of New York, were presented.

Discussion.—Dr. Woodbury took exception to the views presented in Dr. Guernsey's paper. He did not like this wholesale denunciation of mechanical appliances. In cases of hæmorrhage the physician must act at once to save life. The tampon, ice, or cold hand on the abdomen have saved life, and should not be discarded.

Dr. Guernsey defended his views. He knew the proper remedy would act as promptly as any mechanical appliance. He always had his pocket case handy, and he could get and apply his remedy as rapidly as they could the tampon.

Dr. Baer, of Richmond, Ind., in former years had many cases of hæmorrhage and the like, where mechanical appliances were used; recently he had few cases. He thought that care in delivery would obviate hæmorrhage. He always kept one hand on the abdominal parietes and used a little friction and compression causing the uterus to contract close upon the escaping contents. He did not often have to use the tampon or other mechanical appliance, and believed that Homœopathic remedies and care would obviate their necessity.

Dr. Holt detailed a case of sudden, gushing hæmorrhage where the life of the patient was saved by the rapid thrusting of his fist into the uterus, causing immediate contractions, arresting at once the hæmorrhage.

Dr. Guernsey had had similar cases. Where the hæmorrhage was sudden, gushing in streams of bright red blood, *Ipecac* was the remedy. If the physician knew the remedy to prescribe then there was no difficulty.

THIRD DAY.

Dr. Payne, of Bath, said that he believed Homœopathy to be co-extensive with disease, but the remedies which might give relief in cases of emergency are not fully understood and developed, and it is the duty of the physician to save the life of his patient at all events, and by the use of mechanical means if the remedies could not be brought to bear. In a practice of thirty years he had never had an occasion to use a tampon, and hoped he never should; but if a remedy did not suggest itself to his mind, rather than risk the life of a patient, he would use it.

Dr. Smith, of Geneva, said that during an experience of twenty years he had invariably labored to save the nervous energy in cases of child-birth, and had never had occasion to resort to mechanical means to ensure a delivery. Dr. Smith gave some very interesting particulars in his personal experience in obstetrics, and recommended the use of galvanism in critical cases. He believed strongly in Homœopathic treatment, and was radically and thoroughly opposed to local supports in special cases, because nature had provided the proper mechanical supports.

Dr. Ludlam, of Chicago, was called upon, and said although he was not an extremist in the use of attenuations, he had thorough confidence in the range of efficacy of Homœopathic remedies. But he believed there were cases where it was necessary to use other expedients. He did not regard his acquaintance with the remedies as by any means complete, and he thought that by the time he was a hundred years of age, he should be able to accomplish twice as much with them as at present. In the present state of medical knowledge he was convinced that these expedients were not only advisable, but absolutely necessary, and was of the opinion, that if Dr. Guernsey, with his large experience, had been uniformly and always successful, without resorting to these adjuvants, he should be credited with extraordinary skill in the selection and employment of internal remedies.

Dr. Williamson, of Philadelphia, remarked that the experience and practice of one man was not a standard for the practice of

other men, because there were so great a variety of cases. The duties of a physician were, to prevent disease, to save suffering, and to prolong life, and in many cases female suffering may be much alleviated by the use of abdominal supports. Therefore he advocated their use, and the employment of mechanical means in cases where the remedies can not or do not have an instant effect. Where a cure can not be effected, suffering can be prevented, or life prolonged. In cases of prolapsus uteri in working women, who are constantly on the go, he would make the suffering as tolerable as possible by the application of mechanical supports.

Dr. Gause, of Philadelphia, considered that Homœopathy furnished almost unfailing remedies, but accidents would occur and extraordinary cases present themselves to young physicians, who should have a knowledge of, and mechanical means at hand for emergencies. He thought it to be his duty to teach all that the literature of Obstetrics affords in regard to these cases, both old and new, and that while the use of mechanical appliances could be much restricted, they were of great value in many cases. In answer to a question, he said that the use of the bandage depended as much upon the judgment as did the selection of the remedy.

Dr. D. H. Beckwith, of Cleveland, said he had almost always resorted to the use of the bandage, and in some cases to internal supports.

Dr. Haesler, of Pottsville, Pa., was not prejudiced against instrumentation, but advised caution, and related the case of a young girl who had been treated mechanically, and upon whose decease it was found that she had been tortured through ignorance. The circumstance was related for the purpose of protesting against the use of instruments, etc., only in very extreme cases.

Dr. Guernsey was called upon to conclude the very admirable discussion, in which considerable opposition was developed, to what were regarded as his extreme views, and said he still believed in the superior efficacy of Homœopathic measures, in the most severe cases and under all circumstances, and that they could be made to supersede the use of all mechanical appliances.

Report of the Bureau of Surgery.—Dr. Helmuth, of St. Louis, presented a report on "Excision of the Lower Jaw," he desired, at this stage of the proceedings, to make an explanation in reference to the published report in the "proceedings of 1867,"

at which time he exhibited the entire bone of a lower jaw which he had removed from a boy.

In the course of a discussion on the "Bureau of Organization, Registration, and Statistics," one of the members took occasion to remark that "the proceedings of the Institute," to a certain extent, absolutely stultify us in the minds of men who are posted in the profession as Homœopathic physicians and surgeons. Dr. Helmuth stated in his report that the removal of the lower jaw was a difficult operation, and that it "had been performed but three or four times in the United States." Dr. Franklin said that when he read this it brought "upon his cheek a blush of shame that such a thing should appear in the Transactions," and that it was "a most extraordinary, and exceedingly ridiculous, and foolish statement."

In defence of the report thus made, Dr. Helmuth quoted the cases of removal of the entire bone because of necrosis of the lower jaw, and said, that out of the two hundred and sixty cases of the removal of the bone, only seven had been successful, in Europe and the United States only four of complete disarticulation. Osteo-sarcoma, he said, was worse to operate for than necrosis of the lower jawbone. Therefore, there were no reasons for the strictures put upon his report.

Dr. Allen, of the New York Ophthalmic Hospital, gave an interesting report on "Obstructions of the Lachrymal Canal," giving an account of the operations performed.

Dr. Liebold of the same institution read a paper on the treatment for cataract; also exhibited a new needle for use in cleft palate, vesico and recto-vaginal fistula, and kindred operations.

Dr. Pease, of Boston, read a paper on "Stranulated Hernia" and also exhibited a case of cancer of the tongue.

Dr. Macfarlan, of Philadelphia, reported a case of "Femoral Hernia followed by Artificial Anus" operated on successfully.

Dr. J. B. Bell, of Augusta, Me., detailed "Cases of Surgical Operations on the Eye."

Discussion.—None.

Report of the Bureau of Anatomy, Physiology and Hygiene.—Dr. C. Dunham, of New York, presented a paper on —, referred. Dr. Allen, of New York, presented a paper on the "Origin of Lymphatics and their Functions." Dr. J. H. P. Frost, of Bethlehem, Pa., on —. Dr. A. R. Morgan, of Syra-

cuse, N. Y., read a valuable paper on "Mental Hygiene and Ventilation." He contended that Hygiene was the primary department of the art of healing, and the influences of hygienic means were too often disregarded. Physicians are too apt to think that they must dose more than any thing else. After eliminating the laws and requirements of hygiene, the effects of impure air were noticed. Various methods of ventilation were alluded to. Ruttan's system was commended. Where to ventilate a room properly, passages for impure air were made in the bottom of it instead of at the top, and fresh air being admitted at the top.

Discussion.—Dr. Allen briefly discussed his paper, and alluded to the very interesting and valuable topic of the origin of the lymphatics. Dr. Baer, of Richmond, Ind., believed that his observations showed that cell life in the lymphatics was the whole laboratory of the system.

The Report of the Bureau of Organization, Registration and Statistics was presented by Mr. H. M. Smith, of New York.

It was recommended that the by-laws be changed in accordance with resolutions passed at the last annual meeting, so that there shall be a bureau of foreign correspondence, necrology, medical jurisprudence and psychology, and in order to establish a unity of interest among the members by the publication of a "Bulletin." He announced that information had been communicated to the Bureau that there was a desire to unite the Western Institute with the American.

Dr. L. E. Ober, of La Crosse, Wis., stated that the Western Institute of Homœopathy had appointed a committee on the subject of merging that society with the American Institute, and it was voted that the president of the American Institute appoint a committee for the same purpose.

Drs. O. B. Gause, of Philadelphia, L. M. Kenyon, of Buffalo, N. Y., and G. W. Bigler, of Cincinnati, O.

The Committee on the Publication of a Journal reported adversely, which was accepted.

FOURTH DAY.—*The Report of the Committee on Medical Education* was presented by Dr. D. S. Smith, of Chicago, consisting of papers by Drs. C. J. Hempel, of Grand Rapids, Mich., T. P. Wilson, of Cleveland, O., and G. D. Beebe, of Chicago.

Dr. Beebe recommended that candidates be possessed of a high-school education, a knowledge of Latin and a knowledge of one of the modern languages. The report also recommended the establishment of two colleges—one at the East and one at the West.

In the matter of examination it was recommended that instead of students appearing before the Faculty for examination, it was suggested that reports be made to the Faculty through trustees of the colleges and degrees conferred according to the scale of proficiency shown by the students.

Discussion.—Dr. Gause of Philadelphia, representing the oldest medical institution in the country, expressed his dissatisfaction with the reports. He thought that something definite should be aimed at in so important a matter as medical education. In proportion to their education would the profession be held in popular respect.

Dr. Smith, of Chicago, replied that all the matters suggested by the last speaker had been fully and thoroughly considered in the reports which had been presented.

Dr. Buck, of Sandusky City, offered the following resolutions:

Whereas, The enviable position which Homœopathy as a science has achieved places it in such a light before the world that its defects, as well as its excellences, become visible; and,

Whereas, It is desired by the American Institute that the most thorough and efficient methods evolved by the combined talent of this national body for the education of representatives of our art, should be brought to bear upon our medical colleges to the end, that they may labor together for the perfection of our art; therefore,

Resolved, That a committee of five be appointed by the Institute to confer with a joint committee consisting of one representative from each of our homœopathic medical colleges, to devise a more thorough and efficient plan of medical education than that now pursued by any, and to report the same at our next annual meeting.

Resolved, That this Institute recognize both the trials and triumphs of these colleges, and that it desires to share with them in the future, as it has in the past, both their labors and their honors.

Dr. Morse, of Salem, urged the vital importance of a thorough, careful and analytical education in order to commend the student to the respect of the profession and the confidence of the public.

Dr. Blair, of Cleveland, gave an encouraging account of the condition and prospects of the Homœopathic College in that city, and also urged the importance of a thorough medical education. He would not grant a diploma only by the consent of the censors after a most critical examination. The neglected education of many practitioners, he said, was a shame, and it was time that an improvement was made in that direction.

Dr. Guy, of New York, advocated raising the standard of the medical curriculum so that it shall no longer be necessary for any homœopathic student to seek the instruction needed within the walls of an allopathic institution.

The resolutions were then read again, and the members voted that the President appoint a committee of five to act and report upon the subject at the next meeting of the Institute.

Dr. Smith, of New York, moved that the committee on the Dispensatory be requested to report on the expediency of establishing a system of preparing homœopathic medicines. Carried.

Another paper on Clinical medicine was presented.

Dr. Paine, of Albany, gave an account of the scheme to establish an Insane Asylum in New York.

Dr. Blair, of Cleveland, gave his observations on suppressed cutaneous diseases and idiocy, believing them cause and effect.

The following officers were elected, assuming their duties January, 1870.

President—David Thayer, of Boston.

Vice-President—Dr. J. J. Youlin, of Jersey City.

General Secretary—Dr. R. Ludlam, of Chicago.

Provisional Secretary—Dr. T. C. Duncan, of Chicago.

Treasurer—Dr. E. M. Kellogg, of New York.

Censors—Drs. F. R. McManus, of Baltimore; L. E. Ober, of La Crosse, Wis.; G. D. Beebe, of Chicago; W. E. Payne, of Bath, Me.; T. P. Wilson, of Cleveland, O.

Bureau of Materia Medica, Pharmacy and Provings.—C. Wesselhœft, M.D., Boston; W. Williamson, M.D., Philadelphia; W. E. Payne, M.D. Bath, Me.; H. L. Chase, M.D., Cambridge, Mass.; E. M. Hale, M.D., Chicago; J. P. Dake, M.D., Nashville, Tenn; Geo. E. Belcher, M.D. New York; J. L. Keep, M. D., Brooklyn; J. B. Barlow, M.D., New York;

Bureau of Clinical Medicine.—H. D. Paine, M.D., New York; S. M. Cate, M.D., Salem, Mass.; D. H. Beckwith, M.D., Cleveland; S. Gregg, M.D., Boston; J. C. Burgher, Pittsburgh; N. F. Cooke, M.D., Chicago; W. H. Holcolme, M.D., New Orleans; L. M. Kenyon, M.D., Buffalo; P. P. Wells, M.D., Brooklyn.

Bureau of Obstetrics.—R. Ludlam, M.D., Chicago; H. N. Guernsey, M.D., Philadelphia; J. H. Woodbury, M. D. Boston; E. M. Kellogg, M.D., New York; J. C. Sanders, M. D. Cleveland; O. B. Gause, M.D., Philadelphia; T. G. Comstock, M.D., St. Louis;

Bureau of Surgery.—G. D. Beebe, M.D., Chicago; B. W. James, M.D., Philadelphia; T. F. Allen, M. D., New York; M. Macfarlan, M.D., Philadelphia; J. J. Detwiler, M.D., Pa.; J. B. Bell, M. D., Augusta, Me.; N. Schneider, M.D., Cleveland; C. T. Liebold, M.D., New York.

Bureau of Organization, Registration and Statistics.—H. M. Smith, M.D., New York; T. C. Duncan, M.D., Chicago; H. M. Paine, M.D., Albany; R. J. McClatchey, M.D., Philadelphia; E. B. Thomas, M.D., Cincinnati, O.

Bureau of Anatomy, Physiology and Hygiene.—C. Dunham, M. D., New York; J. H. Frost, M.D., Bethlehem, Pa.; T. P. Wilson, C. W. Boyce, M.D., Auburn, N. Y.; A. R. Morgan, M.D., New York; J. H. Pulte, M.D., Cincinnati; J. J. Mitchell, M.D., New York.

Committee on Medical Education.—G. D. Beebe, M.D., Chicago; C. J. Hempel, M.D., Grand Rapids, Mich.; D. S. Smith, M.D., Chicago; T. G. Comstock, M.D., St. Louis; H. B. Clarke, M.D., New Bedford, Mass.; A. O. Blair, M.D., Cleveland.

Committee on Finance.—H. M. Smith, M.D., New York; E. M. Kellogg, M.D., New York; W. Williamson M.D., Philadelphia; E. B. Thomas, M.D., Cincinnati; I. T. Talbot, M.D., Boston.

Committee on Foreign Correspondence.—C. Dunham, M.D., New York; T. S. Verdi, M.D., Washington; B. DeGersdorff, M.D., Salem, Mass.; J. Hartmann, M.D., St. Louis; I. T. Talbot, M.D., Boston.

Committee on a Homœopathic Dispensatory.—C. Dunham, M.D., New York; W. Williamson, M.D., Philadelphia; F. E. Boericke, M.D., Philadelphia; T. F. Allen, M.D., New York; H. M. Smith, M.D., New York; F. A. Beckwith, M.D. Newark, N. J.; J. J. Mitchell, M.D., New York.

Committee on Nomenclature and Pharmacy.—W. Williamson, M.D., C. Hering, M.D., C. Neidhard, M.D., J. Jeanes, F. E. Boericke, M.D., Philadelphia.

Orator.—C. Dunham, M.D. *Alternate*—E. M. Kellogg, M.D., New York.

Committee on Arrangements.—G. D. Beebe, M.D., A. E. Small, M.D., N. F. Cooke, M.D., E. M. Hale, M.D., D. S. Smith, M.D., R. Ludlam, M.D., G. W. Foote, M.D., S. P. Coie, M.D., and T. C. Duncan, M.D., Chicago. The next meeting will be held in Chicago, June, 7, 1870.

EDITORIAL.

SESSION OF AMERICAN INSTITUTE.

THE EAST, BOSTON, THE MEETING, FESTIVITIES, ETC.

WE attended the quarto-centennial anniversary of the American Institute. Strange, is it not, that this homœopathic body should be the oldest medical national organization. Is it therefore regular or *irregular*? Those who attended this session will not forget this epoch in our history.

Notes by the way. As we rushed over the 1037 miles that intervene between the metropolis of the interior and the "Hub," our sleeping car experience forced us to the conclusion that in R. R. facilities at least the West is far in advance of the East. The conservative character of the people was exhibited in many ways. We thought how difficult it would be to induce many of the people we saw to "go on a trip out West." The slim attendance of eastern physicians at the last session at St. Louis we can now readily account for. Query: Will the Chicago meeting also feel this influence?

A case for diagnosis. We can not run away from business. "Going East?" A patient must needs go with us. The first night out her daughter, aged 12, took cold. Second morning had the following symptoms: Continued nausea, finally vomiting; tongue coated with a thick white fur; headache; eyes injected, filling with tears; discharge of some mucus from the nose, and an eruption showing itself under the surface. After violent vomiting, this eruption came to the surface in spots crecentic, irregular, and but slightly elevated above the clear, natural, intervening surface. What was it? All the symptoms seemed to point to measles. If measles, the mother would return. A couple of anxious mothers with young babies were deeply interested in the diagnosis. All must know! A council was held with a number of our brethren who happened to be on the train. Sages said measles, and so did all. Knowing the constitution of the child, and that she had measles severely two years before, also that every time she took cold and had a deranged stomach an eruption would make its appearance, we decided it was *not measles*, and therefore not contagious. *Puls.* was given, and before we reached Boston, the eruption had all disappeared, much to the satisfaction of all, but a few. But what was the case? "A man run over" cut off our investigation of the subject. A cranium "stove in," a leg taken off, and other wounds left no diagnostic doubts in his case.

The Meeting.—We arrived at Horticultural Hall (a fine marble building) in which the meetings were held. The election was taking place.

"For President, Prof. R. Ludlam, of Chicago," greeted our ears as we entered. We were too late to hear the address of welcome by Dr. Thayer, as also to attend the social gathering at Dr. Greggs' the evening before. Formerly this preliminary gathering was the caucus, but as the officers henceforth are to be elected at the close of the session, they will no doubt sink into insignificance, and the first day will find only workers, not office-seekers, on hand. The change we think a good one.

The Collations.—The morning hour was consumed with preliminary business, election, appointing committees, reports of treasurer, executive and finance committees. Just as we were about to separate for dinner, we were requested to adjourn to the hall below, where a bountiful collation awaited to be discussed. These daily collations (for they were supplied daily) proved the life of the meeting — keeping members in the building, and affording a splendid time for social chat or private discussion. It is such a grand time: for editors to present the merits of their respective journals, to button-hole delinquent subscribers (thanks to our readers we have none) or urge brother practitioners to contribute of their experience for the good of the whole profession; for officers of colleges to urge preceptors to patronize their school; for pharmacutists to secure the trade of Drs. A. B. or C.; and for physicians to "leech" their brethren of much experience, observation or information. Thrown into the midst of two or three hundred physicians, he is a poor gleaner who does not get all his knotty questions answered, and does not go home richly laden with practical information. But remember to be as "free to give as to receive."

At the close of the afternoon session, a report of which appears elsewhere (we closed early), the members visited the Institute of Technology — a higher school for special instruction in the sciences. It occupies a fine large granite building, and is well supplied with all necessary apparatus.

The address.—In the evening the large hall was filled to overflowing with the *élite* of Boston, who listened with deep attention to the excellent address of the President, Dr. Ludlam, on "The mutual relations between Women and the Homœopathic system of Medicine." He contended that since women had been the great means of introducing, and the first to adopt our benign system of therapeutics, that they should be welcomed to our ranks and to membership. After the audience withdrew, the members of the Institute and their ladies descended to the lower hall, where a pleasant hour was spent amid feasting, splendid music, interspersed with comic recitations, etc.

The second day was begun with visiting the Natural History Building. The collection is a most extensive one, the department of Ornithology alone contains about 10,000 specimens. Their microscopic cabinet is a fine one. The afternoon session terminated at 4 P. M. in the midst of a most interesting and valuable discussion on mechanical appliances in obstetrics. A revenue cutter was placed at our disposal, and we took a trip down Boston harbor, visiting a school-ship and other points of

interest. We gleaned a fact for our hygienists: None of the boys committed to the school-ships have yet had dysentery or typhoid fever. This is some light on the etiology of these diseases.

Reception by the City.—The grand event for Homœopathy was the public reception given by the city of Boston. The reception took place in the Music Hall: and the great organ pealed forth an anthem of welcome in its richest tones; and the mayor, Hon. N. B. Shurtleff, M.D., greeted us in the presence of the wealth, beauty and fashion of Boston. A poem most appropriate to the occasion was contributed by Mrs. Howe. We give the closing stanza:

“ For sacred studies underlie
Your helpful words and deeds of cure;
And Justice sets in honor high
Your creed humane, your record pure.”

Music, singing and dancing engaged the attention of the guests. Ample refreshments provided were discussed by all. At a late hour the vast company dispersed, long to remember the reception by the city of Boston of the American Institute.

The third day morning found the members visiting the “Consumptives’ Home,” “Baldwin Place for the Little Wanderers,” and “The House of the Angel Guardian.” The former occupy five houses, and have about thirty-five inmates. This institution was founded by Dr. Cullis, one of our most philanthropic physicians. A dispensary connected with the institute is attended by Dr. Pease. The second is a home for friendless children. The sick are attended by Dr. Woodbury. The third is also a temporary home. Dr. Shattuck is the attending physician. While the members were busy visiting these places of interest, the several editors of our different journals assembled to form an editorial society—Dr. Dunham presided. After a good deal of discussion, a committee was appointed, consisting of Drs. T. C. Duncan, of Chicago; I. T. Talbot, of Boston; and R. J. McClatchey, of Philadelphia, who are to report during the next meeting of the Institute. The object aimed at is to harmonize the workings of the different journals for the good of the whole profession.

The morning session was the most interesting of all, and was the best attended. As we looked over that fine body of physicians, assembled from all parts of the country, we wished that some of our contemnners could have been present. The scientific fire seemed to be aroused in every bosom, and the spirit and zeal with which they entered into the subjects under consideration proved them worthy representatives of “Glorious Homœopathy”; and we add, enthusiastic workers in the whole field of medical science. At 4 P.M. we visited the public library, which contains over 130,000 volumes. They have quite an extensive medical library, a rarity with such institutions. It was founded, as are nearly all Boston institutions, by private endowment.

A Dinner was given in the evening by the Mass. Med. Soc. After the banquet was discussed, Dr. Swazey, president of the Mass. Med. Soc.,

gave the address of welcome. Then followed the regular toasts. (The speeches we have not room for.)

"The American Institute of Homœopathy; it celebrates to-day its quarto-centennial anniversary. In view of the honor it has won in the brief period of twenty-five years, who can anticipate its centennial glory?" Response by Prof. R. Ludlam, of Chicago, the President.

"Massachusetts; ever prompt to lend her honored influence to individuals or organizations striving for a more excellent way." Response by Hon. Oliver Warner, Secretary of State, in the unavoidable absence of Gov. Claflin.

"Boston: distinguished for her liberal hospitality. To-day she 'opens wide her gates on golden hinges' and gives grateful welcome to the representatives of medical reform." Response by W. G. Harris, President of Common Council.

"The President of the United States." Response by Hon. Chas. W. Slack. He brought out the fact that President Grant is a believer in "small pills!"

"The army of the U. S., regular and volunteer: The world is astonished at its stupendous achievements. Liberty, humanity and science join in grateful homage to the flag under which it marched to immortal victory." Response by Major Gen. H. W. Benham.

"The United States Navy: Vicksburg! New Orleans! The Kearsage! Mobile! How the pulse of patriotism throbs as memory recurs to the gallant exploits which these names recall!" Response by Admiral H. K. Thacker.

"Reforms and Reformers: Striving as we do to emancipate our profession from the errors which tradition and authority have fastened upon it, we have ready sympathy with those who seek to help mankind by urging the claims of freedom from all pretensions." Response by W. Lloyd Garrison. He was greeted with a perfect ovation of applause. He has been a patron of our system for twenty-five years.

"The Legal Profession: always ready to appreciate the progress of science, and to recognize the genius of all who contribute to its advancement. Response by W. Whiting, Esq.

"Our Medical Colleges." Response by D. S. Smith, M.D., of Chicago, and H. N. Martin, M.D., of Philadelphia.

"Our Medical Literature." Responded to by Dr. C. Dunham, of New York, and Dr. Duncan, of Chicago.

"Our Hospitals." By Dr. E. M. Kellogg, of New York, and Dr. D. H. Beckwith, of Cleveland.

"Our Pharmacies." By H. M. Smith, M.D.

Volunteer toasts followed. One was, "Our energetic Secretary, Dr. Talbot." At a late hour the happy company dispersed.

The Fourth Day.—We assisted Drs. Pease and Cole in a *post-mortem* on a young man who, the day before, was struck with a base ball on the left temple, which produced unconsciousness, followed by severe headache, and, two hours after, coma supervened, with stertorous respiration. *Aconite, Belladonna* and *Arnica* did not in the least affect these symp-

toms; death occurred seven hours after the blow. We found a rupture of the middle meningeal artery, on the right side, and the effusion of over three ounces of blood! It is a question whether quiet and *Arnica* at the very commencement would not have saved the patient's life. Trephining *might* have saved him.

The Woman Question.—The attendance this day was very large. Two hundred new members were admitted, but no women. Dr. Swazey called up his amendment, which was the signal for a general parliamentary "passage at arms." The following explanatory resolution was adopted: "*Resolved*, That properly qualified physicians, men or women, are eligible to membership." The question will no doubt come up at the Chicago meeting, and the resolution may be rescinded. We met the venerable Mercy B. Jackson, M.D., over whose admission to membership a good deal of sparring has occurred. She seems a well-informed physician, and certainly can be no discredit to the Institute, if elected.

The Athenæum, containing the finest collection of paintings in Boston, was visited, after the morning session. At 4 P.M., the Institution closed one of the largest and most profitable sessions yet held.

We then visited the vast Coliseum, where the Musical Jubilee was held the following week. Through a mal-connection of trains, we had to lay over twelve hours in Cleveland. We visited their Hospital, the nucleus of a grand institution. It being a very healthy time, there were but few in-door patients. The citizens should appreciate this move of the Homœopaths, and come up liberally to their support, so that they can duly equip this institution. We visited the Hahnemann Life Insurance Company's rooms, and other places of interest. We learn the ladies have the half of an Allopathic hospital. We were particularly struck with the number of Homœopathic surgeons in Cleveland. It seems to be a species of epidemic there to cultivate the specialities.

We might be disposed to comment on this visit, were it not for the pile of "proof," "copy," letters, etc., waiting immediate attention, and the uncomfortable feeling that we are just two weeks behind in business.

T. C. D.

THE WESTERN INSTITUTE at its last session brought to light a number of valuable papers. "Longevity" and "Ante-natal Influences" were most valuable productions, evincing careful research, and deep, original thought. "Popularizing Homœopathy" is a subject upon which we are all interested. At this day about all that is necessary is to spread abroad the published successes of our system. The fact that "Homœopathy is the Orthodox Medical Practice in Brazil" will have, with many people, more weight than an elaborate essay on "What is Homœopathy." A review of Prof. Palmer's *exposé* called out a remarkable letter from that gentleman. He *seems* an enquirer after the truth. A tournament with such a man will do Homœopathy great good. "Medical Education" seemed to engage the attention of all present. All recognize the need of better educated practitioners. We hope that each member of the whole profession will carry out faithfully the resolutions passed.

It seems evident that this young but successful society will merge into the National body. We hope that all its energy and scientific enthusiasm will be carried with it, then the fusion will result in great good.

MICHIGAN MEDICAL INSTITUTE.—Agreeably to a desire of our Michigan readers, in another column will be found an abstract of the results of the recent sitting of this body. In the interest in the University controversy, practical matters nearly got the “go-by.” The resolutions agreed upon are views every member can press. Perhaps they are not the most expedient; but they are their *rights*. In the discussion on Intermittents (as reported) some of the members seems to have lost sight of “*Similia*.” The extensive experience of many of our practitioners reveals the fact that the simillimum can not *always* be found even among the present large list of remedies. We hope the eighteen committees appointed on practical topics will give the next session more of a scientific cast. The talent, learning and experience is there, and all that is wanted is a chance for it to come out. The motto of all our medical societies should be: practical matters first; *then* special and miscellaneous business.

REVIEWS.

G. H. G. JAHR'S FORTY-YEARS PRACTICE. (Title by Publisher.) THERAPEUTIC GUIDE. *The most important results of more than forty years practice, with personal observations regarding the truly reliable and practically verified curative indications in actual cases of disease.* By DR. G. H. G. JAHR, Chevalier. Translated with notes and new remedies by C. J. Hempel, M.D. (title by Translator.) GUIDE FOR BEGINNERS (title by author). New York: W. Radde. Chicago: C. S. Halsey. 8vo. Pp. 364. Price \$3.50.

The last title in Europe would give the proselyte (as nearly all the beginners in homœopathic therapeutics are) a correct idea of the sphere of this work; but in America, where homœopathic students began at the beginning, with anatomy, etc., it would certainly mislead. The title-page will bring it into the hands of those for whom it is intended—practitioners in our art, who need a *guide* that will scientifically point the way and not do all the thinking. The work is not Jahr's forty-years' practice, nor even a synopsis thereof, any more than the notes are Hempel's thirty years; but his experience is dropped in now and then (sometimes a little too dictatorial) to give weight to his utterances.

In 1827, when Dr. Jahr began practice, the remedies did not number sixty, and as only twenty of them were thoroughly proven, it was an easy matter to learn the peculiarly characteristic symptoms. But to-day the young practitioner is overwhelmed with the mass of drugs and clinical observations, and instead of selecting a few remedies from Hahnemann's *Materia Medica* for careful study, he has recourse to a Repertory where, unable, “to distinguish the truly characteristic and essential from the accidental and non-essential,” his difficulties seem to multiply.

After fully considering all these difficulties, Dr. J. has given us this work, “where,” he says, “I only indicate the most important and decisive points for the selection of a remedy, and where I do not offer anything but what my own individual experience, during a practice of forty years,

has enabled me to verify as *absolutely decisive* in choosing the proper remedy. * * My indications have likewise been presented with great conciseness, for it is my belief that, if the truly characteristic symptoms of a case are fully covered by the corresponding pathogenetic symptoms of the remedy, the remaining minor symptoms are of very little consequence; and to enable the beginner to obtain a knowledge of these *indications* has been my chief endeavor. * * * Of course this book can not, nor is it intended to be, a guide in all cases like my '*Klinischen Anweisungen*' (Clinical Instructions)"—an advanced work which we hope will be published. Dr. Jahr uses the thirtieth attenuation principally, and usually two globules dry upon the tongue, except in acute inflammations of the internal organs, then he uses watery solutions (two globules dissolved in a cupful of water). If these do not effect the least improvement in a proportionably short space of time, to be measured by the intensity or protracted course of the disease, the want of success is not to be imputed to the smallness of the dose, but to the inappropriateness of the remedy." How long shall we wait before becoming satisfied we have made the right selection? In sudden attacks he often changes in half an hour, and even in less time when improvement does not manifest itself. "In chronic diseases, when one remedy alone is capable of achieving the *whole cure, slight symptoms of an incipient improvement will, according to my observations, show themselves in the first week or in the first fortnight*, and if these preliminary symptoms do set in, the physician can not watch the subsequent aggravations with too much care, unless he means to spoil every thing by the premature exhibition of other remedies. On the other hand, it is an established fact that *where even the discriminating eye of the most careful observer does not even perceive the slightest signs of a beginning improvement in fifteen or twenty days after the exhibition of a remedy in chronic diseases*, nothing better can be expected of this drug, and some other remedy will have to be chosen." Such are his views of these vital questions.

This work takes up the diseases incident to the different parts of the body, also general diseases, fevers, etc., giving clearly the therapeutics for each disease, closing each chapter with *special indications*. Many of the minor affections only met with in every day practice are here carefully treated. This work will prove a very acceptable help to those who are attempting to always select the similar remedy for each case.

CORRESPONDENCE.

WESTERN INSTITUTE AND ANN ARBOR.

DEAR INVESTIGATOR: May 19 found us on our way to Ann Arbor to attend the Western Institute. We found but a slim attendance; no one from St. Louis, no one from Cincinnati, none from Indianapolis, two from Cleveland, and only two from Chicago! Where is the former enthusiasm for this society? The flood of "regrets" that poured in showed us. The society was soon at work, and a more harmonious and spirited session we never attended. As a full report of the meeting will no doubt appear, prepared by the worthy Recording Secretary—your able editor—we will content ourselves with the undercurrent.

A lengthy address of welcome gave us the whole University Question over again—a subject of deep interest to our Michigan brethren, but, we fear, their fondest hopes will not be realized. 1st. Because they are not

united. 2nd. Because it would be impolitic for allopathy, and 3rd. Because they can not make it appear a necessity with six other homœopathic colleges already in existence. Prof. Palmer's Lectures on Homœopathy have created quite a furore among them. There is a general rush "to arms." By the way, it is the best attack our system and practitioners have yet received, and hits some pseudo-homœopaths right between the eyes. The trouble with these practitioners is, it takes so much *hard* study to practice strictly according to our law, that many shirk, and thereby bring our system into disrepute. We look upon Prof. Palmer's strictures as "timely and good." It was stated, by those who know him best, that his supposed desire for truth was simply a trap to learn our weak points for further exposition and perversion, if possible.

On the evening of the first day the usual banquet was given the Institute by the Ann Arbor physicians, of whom there are about half a dozen. The evening passed off pleasantly with toasts, speeches and music. A drenching rain setting in prevented the anticipated visit to the Observatory.

The second day the attendance was considerably increased, and close attention was given to the business, for rumor said that certain resolutions were to be presented on the University controversy having a Detroit branch in view, but they were crowded out.

The Institute took an early recess to visit the University, in compliance with an invitation of Prof. Haven. We first "did" the law department, under the escort of the worthy president, Prof. Haven, and gave the Library, composed of about 15,000 volumes, a close inspection, particularly the medical alcoves. Here we found but a few Homœopathic works, such as *Hempel's Materia Medica*, *The American Observer*, *New Remedies*, etc. How, we thought, can a student (or Prof. Palmer) get a true idea of our system from such a library! We asked the librarian if that was all the homœopathic works the University possessed. He informed us they did not purchase homœopathic works, but those were donations; he said further that donations were gladly received. Will not our editors, authors and publishers* bear this in mind, and contribute liberally to this Institution, as they should to every other public institution where young men are being educated for medicine? We next passed through the spacious museum, filled with its natural history specimens, curiosities, paintings, sculpture, mechanical and botanic specimens, *ad infinitum*. We then visited the medical department, which occupies a very large building. The museum and dissecting rooms are the best we have yet seen. The lecture rooms are commodious and well lighted. The chemical department came next, and is the best appointed we have yet visited.

They have here splendid facilities for instruction and illustration. The clinical instruction obtained by the medical student, however, must be meagre and their knowledge of medicine therefore largely theoretical (the best point from which to view old school medicine. How it would shrink by the side of the medicine of experience—homœopathy!) † If the student there is favored with as good teachers as he has apparatus, he will be exceedingly fortunate, but such, we learned, is not the case. They give too much importance to buildings, museums, etc. Few and poor instructors is their weakness.

From Chicago we carried the intelligence that quite a number of the most active members talked of resigning, believing the Western Institute interfered with the proper working of the Western state societies, and

* THE INVESTIGATOR and all other works published by this House will be contributed regularly.—C. S. H.

† Were it not for the flourish of trumpets made at Hospital colleges over surgical operations and apparatus for physical explorations, the students would soon see through their unscientific and hazardous system of practice.

drew away the interest that belongs to them and the American Institute, and hence the origin of the resolutions to coalesce with the latter body. This move will infuse Western vim and vigor that it sadly needs. We look upon this move as a specimen of good statesmanship. C.

PARIS MEDICAL SOCIETY.

APRIL MEETING HOMŒOPATHIC MEDICAL SOCIETY OF FRANCE.—Du Planty, dissatisfied with the instruments for tracheotomy, uses now a trochar of his own invention for this purpose, and praises *Bryonia* by inhalation; for when children were poisoned by this plant, false membranes were found in the trachea, and in experiments with cats, he produced pseudo-membranes.

Petroz recommends the alternation of *Bryonia* with *Belladonna*, especially when spasmodic cough is present.

Dr. Du Planty believes that croup has changed aspect of late years; formerly the false membranes were more annular, but now they spread over a larger space.

Jousset uses a double canula in tracheotomy.

Arsenic.—Jousset had the 6th dilution of *Arsenic* examined by Marsh's test, and the presence of the metal was clearly proven.

Rafinesque is acquainted with a lady who knows the taste of *Phosphorous* even when given in a high dilution.

Love remarks that some patients will recognize the remedy by the excessive sensibility engendered by the disease, though unable to do this in good health.

Rafinesque praises the good effects from olfaction of *Belladonna*, first dilution, for calming nervous irritations, as deleria in fever; or convulsions in children or grown persons, or to procure sleep, when, at the same time, he uses internally a higher dilution of the same or of another remedy, according to the indications. *Peonia* has cured varicose ulcers and fissura ani.—*Bulletin.*

THE CRITIQUE.

"Nothing extenuate, nor ought set down in malice."

THERAPEUTICS.—In his article on "Alternation of Remedies,"—see p. 330, *Investigator*—Dr. Eldridge does not, at least to our mind, make out a very strong case in defence of this much too prevalent habit. The Dr. gives a sample case, wherein he thinks *Acon.* and *Bry.* are required in alternation, and then asks: "Would it not be acting in accordance with the most sensible conclusion to administer these two remedies in alternation?" We answer, we think not.

In the case he cites, *Acon.* alone would be sufficient for the cure, if properly administered; at least it is in homœopathic *rapport* with all the symptoms, and we can see no reason whatever for associating any other drug with it. If, however, after the proper administration of *Acon.* all the symptoms should not be dissipated, and the remaining ones point to *Bry.*, or any other drug, it is quite early enough to prescribe the other indicated medicine.

Acon. given alone in the case before us, will do more for the patient than if given in alternation, whether it is capable of finishing the cure or not. This at least is our experience.

In pneumonia and pleurisy, where *Acon.* is indicated, our advice is to give it singly, in order to get from it all the assistance which we have a right to expect. Then, after this medicine has exhausted its action, and there be any remaining symptoms, follow with the next appropriate drug, and, our word for it, the results will be entirely satisfactory.

The great fault we find with the growing habit of alternation is, that its practice leaves us in the dark as to which was the curative remedy, and also leads us into the habit of falsely reporting cases of cure.

It is only recently that a brother arose in one of our meetings, and stated that he had cured a patient of epilepsy by electricity, although he stated in the report of the case that he used a certain remedy all through the treatment in addition to the electricity. How can any one tell which of these agents performed the cure? The report goes for nothing at all, and does not, by any means, answer the ends for which it was evidently put forth.

We do not say that diseases are not cured by the alternation of drugs, but we do say that this method of procedure is not the way to attain to a correct knowledge of the uses of our drugs, or of the extent of their powers. And just so far as we fall into the habit of alternation without taking the pains to discover *the* specifically indicated drug in each particular case, just so far will we continue to grope in the dark, never getting a clear perception of the homœopathic action of our drugs in the human system: that perception which will tend to, and ought to give us at the bedside the utmost confidence in the agents which we possess for the healing of the sick.

If we are always alternating, we are always guessing as to the results; while on the other hand, if we always aim to exhibit the *single* remedy at the proposed attenuation and dose, we will ultimately and surely arrive at a precision in practice, which the other schools of medicine never dreamed of; besides enabling us to put on record results so clear and unmistakable that we will not be ashamed to leave them as a useful legacy to those who follow in our footsteps hereafter. THERAPEUTIC CRITIC.

DEAR ED.—Only in *Hull's Jahr* do I notice *Bry.* as being antidotal in its nature to *Ac.*, and, because there recorded. I do not think I am compelled to *believe it*. The pricking or stinging of the skin under *Bry.* you will, I think, agree with me, merely represents an unimportant or generic phenomenon, while, as observed under *Ac.*, it constitutes a leading characteristic. Not the above symptom, isolated or taken without other accompanying features presented in this case or that, would lead me to the selection of a drug, but my resort would be to all, and more especially the characteristic symptoms, thereupon basing the application of my drug.
C. S. ELDRIDGE.

QUERIES AND ANSWERS.

"He that questioneth much shall learn much."—BACON.

GYNÆCOLOGICAL.—"What is the best method of restoring to position a retroverted uterus?"

C. T.

If the womb is not gravid, you may employ Elliott's sound, or Sim's elevator, more especially if the luxation is chronic. In recent cases, the finger in the posterior cul-de-sac of the vagina answers every purpose, particularly when the patient is placed over one or more pillows, upon her knees and face. The ordinary uterine sound (Simpson's) should not be used for this purpose.

If the retroversion occurs in the early months of pregnancy, there is no means of reduction to compare with the elevator invented and recommended by Prof. Guernsey, of Philadelphia.

R. L.

JURISPRUDENCE—Could phosphorus cause putrefaction to occur in three days after death?

D.

It is supposed to be possible. Spots like achymosis have been observed *often*, and *might* be mistaken for decay by the uninitiated, but general putrefaction has been observed but once. The presence of this early decay would not suffice alone for a decision, but can only be considered con-

firmation when the other symptoms correspond. The fatal symptoms (or, indeed, any symptoms) do not appear until from two to seven days after taking the poison. Death occurs in from four hours to ten days, and the extent and rapidity of the putrefaction depends upon the rapidity with which death occurs. That is, if death ensues ten days after the symptoms of poisoning were developed, the decay would not be so rapid as when occurring four hours after.

J. G. G.

OBSTETRIC.—Old practitioners assert that if time is allowed the forceps need *never* be used. Is that so?

H.

No! We often hear the assertion by old practitioners that they have had a great obstetrical practice for years, and never had occasion to use the forceps. The necessity for the use of the forceps (the child's instrument), has been recognized for the past hundred years, and even before their discovery by the Chamberlains—this is a matter which can only be settled by actual experience, but every common-sense practitioner knows that not unfrequently in many cases of labor, we must resort to art in order to assist nature and shorten the duration of the labor. This may be done with perfect safety to both mother and child and to accomplish this end, we must avail ourselves of the forceps. The great prejudice against the use of the forceps arises from ignorance and timidity. This is a subject upon which pages might be written.

T. G. C.

PERISCOPE.

G. D. BEEBE, M.D., of this city, has disposed of his agency of the Atlantic Mutual Life Insurance Co., and resumed the practice of his profession. He recently performed the most astonishing operation of removing four feet and ten inches of the intestine for umbilical hernia.

SUBSCRIPTIONS TO GRAUVOGL.—Dr. Shipman informs us that subscriptions to Grauvogl are coming in about as fast from the laity as from the profession. The names of all the subscribers will be published in the first edition. Physicians should see that their best—most influential—patrons' names are in this "Roll of Honor."

PERSONAL.—We regret to announce the death of C. A. Seaman, M.D. The doctor was an enthusiastic worker in medicine, and originator of the Cleveland College for Women. She will be sorely missed.

J. P. DAKE, M.D., formerly professor in Pennsylvania Homœopathic College, Vice-President of the Hahnemann Life Insurance company, has removed to Nashville, Tenn., and resumed the practice of medicine. We welcome the doctor to "the ranks," and to a place among our contributors.

T. P. WILSON, M.D., is "doing" the ophthalmic institutions in Europe. How rapidly our profession are getting prepared to relieve our old school friends in the specialties.

S. R. BECKWITH, M.D., resumes the scalpel again in Cleveland.

THE NATION is in its ninth volume. Its contributors are the best men in the country. "Decidedly the ablest of our weekly journals,"—political, literary, or philosophic.

THE HAHNEMANNAIS SOCIETY OF MADRID has elected for 1869, as *President*—Marquis de Nunez (re-elected).

Vice-President—Dr. Thomas Pellier.

Secretary General—Dr. Paz Alvarez.

Treasurer—Dr. Ceriaco Tejedor.

Auditor—Dr. Antonio Malveyh.

El Criterio Med.

STATISTICS OF DEATH IN ITALY FOR THE YEAR 1867.—866,865 persons died during the year 1867, of whom 443,384 were males, and 423,481 females; 535,664 were single, of whom 207,308 were males, and 248,356 females; 213,005 were married, of whom 114,137 were males and 98,868 females; in the widowed state were 118,196 (41,939 males and 76,257 females); 313,616 belonged to cities, 553,249 to the country. Of every hundred were 51 males, and 49 females; 62 single, 24 married, and 14 widowed; 36 belonged to cities, and 64 to the country.

Rivista Omiopatica.

DR. HIRSCH recommends the external application of the 3d trituration of *Hepar sulph. calc.* for the removal of ulcers and spots on the cornea. He repeats the application every second or third day, and considers the time before going to bed the best for its application. After five or six applications, the border of the macula cornea becomes thinner, and only a nebula will remain, which nature alone is perfectly able to absorb without further aid.—*Klinik.*

THE SUCCUS THUJA is indicated for painting the warty dry condylomata, and a concentrated solution of corrosive mercury for the moist condyloma, and where mercurials had been used previously, the concentrated nitric acid ought to take the place of the corrosive. The internal application with the same remedy in a higher dilution will hasten their removal.—*Klinik.*

HYPODERMIC INJECTIONS IN CASES OF POISONING act quicker to rouse the patient than by internal dosing. Thus, in a case of almost fatal poisoning with opium, Dr. Buttler injected 1-60 grain of *Atropia*; in fifteen minutes signs of life appeared, and, one-half hour afterwards, a second injection removed all danger. The subcutaneous use of *Morphia* was successfully applied in a case of *Atropia* poisoning. After ten minutes the pulse and respiration became reduced in frequency, and three-quarters of an hour afterwards the child called out lustily for a drink of water, and only the pupils remained dilated for a few days.

DR. PREYER CONSIDERS ATROPIA AS THE ANTIDOTE TO PRUSSIC ACID, which acts by suddenly and completely depriving the blood of its oxygen, and, in very large doses, paralyzes the heart. *Atropia* paralyzes the peripheral branches of the vagus in the lungs, and heart, and stimulates the central nervous apparatus of respiration, so as to produce rapid respiration. The subcutaneous injection of a *very small* dose of this is only required to antidote the prussic acid if performed quickly after the poisoning.

HYPODERMIC INJECTION OF MORPHIA was successfully applied in a case of poisoning by *Strychnia*. Two subcutaneous injections of one-third of a grain of *Morphia*, with brandy, internally, was the treatment. *Chloroform* has a beneficial but only palliative effect.

EXPERIMENTS WITH THE VAPORS OF CARBOLIC ACID on animals produced, in five minutes, symptoms of intoxication; convulsions followed, increasing in violence until the animal's death. Upon examination, the membranes covering the brain and spinal cord were injected, some of the vessels being very large. The lungs were collapsed, the heart appeared large and felt hard; upon opening it, the organ was found distended, with very large clots, which bulged out as the incision was made. A rat killed by inhaling the vapor was, after two months, free from the odor of putrefaction, although kept in a warm room.

MEDICATED SPRAYS HAVE BEEN FOUND READY ADJUVANTS IN THE TREATMENT OF DIPHTHERIA and croup. Lime water, tannin and bromide of potassium were used the most successfully. The method of using lime water is by pouring hot water on unslacked lime in a pitcher, and having the patient inhale the vapor as it rises. Proportion 1 : 30, each inhalation

lasting about one-quarter of an hour, and repeated every two hours as long as bad symptoms appear. Planchy and Ozanam recommend, also, the atomizer in croup. They use *Bryonia*, *Belladonna*, *Merc.* for this purpose. A few drops dissolved in warm water and inhaled. Planchy sometimes pencils the affected parts with the tincture of the indicated remedy, and has seen good effects of it in croup and diphtheria.

DUJARDIN-BEAUMETZ USES PHOSPHORUS (1-60 of a grain several times a day) successfully for progressive locomotor ataxia. Even the lost sexual powers were restored.

IN THE TREATMENT OF SUNSTROKE the most important fact is to place the patient in the recumbent position in the shade, where there is a free circulation of air, and disencumber him of every thing that could in any wise interfere with either circulation or respiration. Cold to the head and chest, friction of the extremities, and the internal administration of stimulants may be used with benefit. Sunstroke is caused by a combination of exhaustion and apoplectic congestion.

PROF. COMEGYS GIVES CHLOROFORM BY INHALATION in intermittent fever, as soon as the chill begins, and in every case complete relief is obtained in three to five minutes. It is not necessary to render the patient unconscious. The reaction is quickly established, the fever of much shorter duration, and the heat less intense.

STARVING INFANTS.—D. H. Corson remarks that a great many infants die from starvation. Only a few physicians and very few mothers know what quantity of milk a baby needs in twenty-four hours. Many will take a quart of undiluted milk in a day, and very few can do with less than three half-pints. Do not distend the infant's stomach with water, as it is done under the old rule, one-third milk and two-thirds water. When the milk is cold, add only as much hot water as will bring it to the temperature of the mother's milk; that is, to a pint of cool milk two tablespoonfuls of boiling hot water, the whole then well sweetened.

RACHITIS AND MOLLITIES OSSIUM.—Hillier maintains that the anatomical characters are quite different, although both are characterized by a want of lime-salts in the bones. In mollities there is an absorption of the earthy part of completely formed bone; the bone becomes more brittle and porous, while the cancelli become filled with a jelly-like, very vascular medulla. In rickets there is an abnormal growth and extensive preparation for the development of bone, with an arrest of progress of ossification. Mollities generally terminates in death; in rickets recovery is the rule, unless the patient is carried off by an internal disease.—*Half Yearly Compendium of Medical Science.*

TO THE GRADUATES OF THE N. Y. HOM. MEDICAL COLLEGE:—We, the undersigned, graduates of the above college, believing that the interest of all the graduates demand that there should be steps taken looking to the organization of alumni of the N. Y. Hom. Medical College, do hereby most earnestly, cordially and fraternally invite *all* of our fellow graduates to cooperate with us for this purpose.

In view of this subject, we would request all of the above to send their address, with suggestions, opinions and advice, to F. Seeger, M.D., North-Eastern Homœopathic Medical and Surgical Dispensary, 307 E. 55th street, N. Y., before the 1st of October of the present year.

J. J. Wallace, J. P. Ermentraut, J. H. Demarest, A. J. Bigelow, A. P. Partridge, B. L. Cettinski, J. A. Gunning, H. M. Jernegan, C. J. Mansfield, F. Seeger, C. D. Belden, John W. Miller, J. J. Clark, Wm. Brinck, H. Saltswedel, C. E. Campbell, O. R. Gross, J. M. R. Gedney.

July, 1869.

EUCALYPTUS GLOBULUS.—The leaves of this tree are used all through Spain and Portugal as a specific against the miasmatic fevers common to

those countries, so that this tree is cultivated there on account of its curative qualities, and is known among the people under the name of "fever-tree." Dr. Lorinser, of Vienna, made a tincture of the green leaves, and tried it in teaspoonful doses morning and evening against the remittent fever in two cases (pyæmia and tuberculosis). A few doses sufficed to remove the fever, and the patient, suffering from pyæmia, recovered. Dr. Gross, in Hungary, cured with it all his cases of intermittent and malarious fever, and *in no cases were relapses found*, although the patient remained under his supervision for a length of time.

A. H. L.

CETONIA AURATA IN HYDROPHOBIA.—Dr. Paul Pitet cured two severe cases of *rabies casina* by the use of *Cetonia Aurata* (a bug belonging to the order of coleopteri) and *Stramonium*, alternating the remedies every four days. He considers *Cetonia* and *Cantharides* especially indicated, when with the nervous symptoms the throat is affected, as shown by the intense inflammation of the mucous membranes of the mouth, fauces and œsophagus, extreme dryness, difficulty of swallowing, and copious, frothy salivation. After the inflammation has subsided, *Stramonium*, *Belladonna* or *Hyosciamus* will remove the remaining nervous symptoms. *Lachesis* or *Crotalus* show also in their pathogenesis similarity to rabies.—*Bibliothèque Hom.*

MINERAL WATER.—Dr. Kuhn remarks that mineral waters owe their character and their importance principally to three facts: 1st, to their thermal state; 2d, to the dynamis or the degree of concentration of their mineral principles; 3d, to the chemical nature of the same ingredients. Only the latter has been studied; the two former have been and remain neglected. (It is therefore impossible to expect from artificial mineral waters the same mineral results as from the natural waters; "the life of the water" is wanting; chemistry can only combine the ingredients.—S. L.) Dr. Band is of the same opinion, saying: "You may analyze a spring in its qualitative and quantitative combination, but you can never produce this intimate combination by your chemical science, '*il y la un secret de Dieu*,'"—here is one of God's mysteries.—*Bibliothèque Hom.*

DIVISION OF THE MATERIA MEDICA.—The Marquis de Nunez, president of the homœopathic society in Madrid, remarks, that every remedy in our *Materia Medica* ought to be divided into its three principal categories: 1. *Primary symptoms*—Every medicinal matter acts in a primary and characteristic manner on a part of the brain or *medulla oblongata*. 2. *Sympathetic symptoms*—The action set up in the cerebral or spinal system becomes reflected on the organs or apparatus which stand in greatest sympathy with that part. 3. *Critical symptoms*—To restore health again, the toxic action has to be overcome; and it produces thus different eliminating actions, either through the outer or inner skin.—*El Criterio Medico.*

A WOMAN'S MEDICAL COLLEGE has been established in Sweden. In Switzerland women are allowed to enter any university with the same privileges of other students.

DR. JAVIER ROUSSELL publishes a new periodical under the name of *Journal Homœopathique de Metz*," which promises to be the organ of northern homœopathic France.

CAPTAIN STERBY has founded a homœopathic dispensary at Stockholm, under the direction of the well-known physician, Dr. Liedbeck.

A LADY has opened a pharmacy in Montpellier, as advertised in the *Revue de Saint Pons*.

THE
MEDICAL INVESTIGATOR.

VOL. VI.—SEPTEMBER, 1869—No. 12.

REMEDIES FOR THE PREVAILING DISEASES IN
CHICAGO.

THE diseases incident to hot weather have not presented themselves as early this season, in this city, as in former years.*

Cholera Morbus.—There has been a marked falling off in the number of cases of this disease this season. As far as our observation has extended, the attacks were invariably caused by errors in diet; as, an excessive meal of green peas, green beans, etc. The chief characteristics of the disease this year have been the suddenness of the attack and the rapid prostration. One case simulated Asiatic cholera very closely; every symptom was present, excepting the white tongue and great prostration. *Arsen.* relieved all the symptoms except the cramps, which were subdued by *Verat.* In one case there was great prostration, coldness, nausea, and a feeling as if “she was going to have an awful diarrhœa.” *Arsen.* stopped the whole train of symptoms short off. In this disease this year, our experience and observation have led us to look upon *Arsen.* as meeting the *genius epidemicus.*

Diarrhœa.—In diarrhœa of adults, this remedy has been the chief one indicated. In simple diarrhœa of children, unattended

* Perhaps this is due to the approaching total eclipse of the sun, which no doubt accounts for the great amount of damp, wet weather we have had.

with vomiting, no one remedy seemed to cover the majority of cases. The chief remedies were *Arsen.*, *Cham.*, *Calc. c.*, *Sulph.*, *Merc.*, *Ipecac.* A very fleshy, scrofulous child was taken with diarrhœa; the stools were yellow, watery, and offensive. It was irritable and headstrong. We thought here was a perfect *Calc. c.* case, and with great confidence gave it *Calc. c.* 3rd, in powders. A week elapsed, and the little one was no better. The stools were now more watery. The child was losing flesh; was very restless, changing position constantly. We now gave it *Arsen.* 6th c., and the cure was rapid and permanent. Perhaps if we had given the *Calc.* higher it would have cured the case.

One important fact bearing on ante-natal questions (now attracting so much interest) is that the mother, for months before delivery, was fed with cod-liver oil, for supposed phthisis. Perhaps this will explain why this "key-note" of *Calc.* failed in this particular case.

Cholera Infantum this season has not raged with its usual severity. The only fully-developed case that we have yet (August 1st) met, was the child of an Allopathic physician. He had exhausted all his resources; tried every thing. There was copious greenish diarrhœa, vomiting, no appetite, rolling of the head from side to side, and great prostration. *Ipecac.* controlled the vomiting; *Belladonna* relieved the brain symptoms; but no remedy that we could select controlled the diarrhœa, and the child sank and died.

We have found no one drug to cover the majority of the cases. *Ipecac.* and *Belladonna* have come the nearest to it. *Cham.*, *Arsen.* *Merc.*, *Verat.*, and *Croton tig.* have been often indicated.

(*Later.*—Dr. Williamson, of Philadelphia, writes that "*Antimonium crud.* is the remedy this season for the stomach symptoms and diarrhœa of children in that city." Since receiving his note, we have seen a good many *Antimon. crud.* cases, and can recall a good many more. Standing as this remedy does, a sort of mid-way between *Belladonna* and *Ipecac.*, we must believe that it will be found to meet this disease here also, especially at the outset. Its chief characteristics are: "*Child can not bear to be touched or looked at; tongue coated white; violent vomiting, renewed after taking food or drink; diarrhœa profuse.*")

Aconite was the remedy for cholera infantum last year in New York city. The fever was more intense, in this disease, last year than it has been, thus far, this year.

We have usually found one or more teeth causing the irritation, and we have at once lanced the super-imposed tissues, to hasten their eruption. Graham gruel during this teething process has given better satisfaction than any other article of diet. Cows' milk, or breast milk even, does not always furnish the child with sufficient nutriment during this process, in the hot months. Is it because the milk is more dilute then than during cooler weather?

Dysentery.—Have met a few cases of this disease in children. For the restlessness and sharp pain the little ones seemed to be in, *Belladonna* seemed indicated and curative. But this remedy did not seem sufficient to complete the cure, and some other remedy, as *Merc.*, *Colocynthis*, *Cantharis*, etc., had to be called in.

In adults, no one remedy has been indicated so often as *Bell.* *Merc. cor.* was the remedy when the tenesmus was great, attended with hot scanty urine and thirst. The characteristic in nearly every case seemed to be the pains. *Colo.*, *Canth.*, *Caps.*, *Colch.*, *Nux.*, *Aloes* and *Rhus* were not often indicated. From my own experience, and that obtained of others, *Bell.* certainly seems the remedy for dysentery this season.

CHICAGO, Aug. 1st, 1869.

T. C. D.

ANTE-NATAL INFLUENCES.

THE good health of the mother during the period of gestation usually insures healthy offspring. There is a rare opportunity for one to reason from cause to effect, in the study of the influences of surroundings upon the pregnant woman and the future child.

The first necessary condition to be observed in the attention paid to a woman with child is, that she may have quiet; not monotony, as that would be depressing. A lady patient of mine became pregnant during the time her husband was the officer of a regiment in active service. She was very anxious and retiring during her pregnancy. The offspring, now a boy of several years of age, is quiet and retiring in his disposition; and more anxious for the health and comfort of his parents than boys usually are at his age. The lady became pregnant again, after her husband's return from the army. Freddie is the opposite of

his brother; is cheerful, lively, full of the pranks of childhood, uncommonly playful and merry. The lady was, during the pregnancy which resulted in the birth of this child, more than naturally cheerful, and fonder of society than it was her nature to be. While the one child shuns society, the other is in a state of unrest when without its—to him—charms. The qualities of the two children agree with the state of the mother in the respective terms of gestation.

This lady relates an instance which occurred some years since. A friend of hers, with black hair and eyes, married a man of similar temperament. When she was pregnant, a gentleman friend, with very red hair and whiskers, knocked one day at the door of her room, and, without thinking, she said "Come in!" he opened the door and saw her *en dishabille*. Her child was born with red hair. The shock to her nervous system was so great that the child differed thus materially from both of its parents. None of the ancestry, to the knowledge of either parent, had had other than dark hair.

Strong mental emotion affect primarily the nervous system; but we know what the action on the viscera of any strong mental emotion may be. Fright may influence the menstrual function, or produce abortion; anger may cause jaundice. The mind should be kept at perfect rest, *i. e.*, free from any perturbing influences. Music, reading, and cheerful conversation will the better fit the woman for her ordeal, and favorably influence the child's character and development. Exercise should be taken; the best kind is light house-work, walking and driving. Riding in an easy vehicle over a smooth road may be of great benefit. Hard work should be avoided; such as sweeping heavy carpets, washing or ironing clothes, any thing which would, by chance, strain or violently and persistently exercise the abdominal muscles. The sewing-machine I consider the pregnant woman's bane. When a lady seats herself at one, she dispatches work so fast that she may overdo. Always stop work, in such a condition, before becoming tired.

And now one word to the husband. You, whose duty it is to cherish and sympathize with your wife, often, although maybe unconsciously, do her and your future heir much harm. Do not consider that, as your wife is pregnant, you can have license at all times to use her to gratify your sensual passions. Bear a little

for her sake, she bears much for yours. The uterus is in a state of hyperæmia, and you should not constantly add to this excessive presence of blood by excitation. Further, you must, if the fœtus is as susceptible to influences as we have reason to suppose, increase in the future child the tendency to strong sexual emotions, which may eventuate in the formation of the habit of masturbation, which fills our idiotic and insane asylums. More dreadful still, your child, if a girl, may become so sensual in nature as to fall to that level from whence there is no resurrection.

If vivid mental emotions in the mother will cause physical deformity in the fœtus (and there seems to be little doubt such is the case), may they not cause a deficient formation of the grey substance of the anterior brain, and an increase in the development of the occipital and base of the brain? If the tendency to the formation of cancer or tubercles may be transmitted from parent to offspring, is it not reasonable to suppose that the appropriate influences may affect the emotional nature?

Further, in regard to the regimen of the pregnant woman. In the matter of food, a woman during the period of gestation should ordinarily shun that which disagrees with the stomach. Let her eat plain, wholesome food; meats, meat-broths, and vegetables should form the bulk of the diet. Abstain from richly seasoned and spiced food. Coffee is generally unwholesome, and tea should be taken weak. The child has a separate nervous system from the mother, and a knowledge of the effects of strong tea upon the mother should deter one from its use for the sake of the child. May not many cases of nervous diseases in infants be caused by the use of coffee and tea by the mother? Coffee primarily acts on the brain more vigorously than does tea.

Some mothers take wine, prescribed sometimes by physicians to strengthen. If inebriety may be inherited by the child from the father, may not the future taste for it be cultivated by the use of alcoholic drinks by the mother? The best tonics for a pregnant woman will be found to be the cool sitz-bath, and the cold sponge-bath, together with judiciously-taken exercise and food. The woman should wet a good-sized sponge with cold water, and bathe the abdomen, hips, and back, afterwards gently rubbing dry with a harsh towel until a healthy glow is produced.

The sitz-bath I have described in a previous number of *THE INVESTIGATOR*. This bath may be taken with benefit two or

three times a week. Physicians should aim to teach people how to live, and in what manner to avoid disease. The old saying, "An ounce of prevention is worth a pound of cure," though homely, is worthy of a place in the memory of every humanitarian; and who has more opportunity to practice it than the healers of the people? "The best physician is he who is at the same time a friend."—*Hufeland.* H. T. F. G.

ACONITE VS. GELSEMINUM.

HUGHES, in his Pharmacodynamics, considers *Gelseminum* in no degree analogous to *Aconite*. Our friend Douglas finds some fault with this. Let us examine with a critical eye and see who is right, and let our readers be the judges in this friendly *Materia Medica* tournament.

On the mountain ranges where *Aconite* finds its home, keen and cold winds prevail; a dry, bracing atmosphere rules there the whole year round; can we therefore wonder that the keynote to the application of *Aconite* are attacks caused by exposure to cold weather or dry winds? *Gelseminum*, on the contrary grows on the coast range of our Southern States, as Carolina, Georgia, Florida, or on the alluvial lands of the Mississippi; and the miasmatic vapors rising up from these swampy regions find their antagonist in the beautiful flower growing so plentifully there. Indeed, *Teste* is right, that a kind Providence has placed the healing balm in every place where it is needed.

Sanguine temperament, robust constitution, and diminution of pain, *when moving*, especially indicate *Aconite*, according to Hartman. Loud complaints and outcries, with weeping, tears, and despairing anxiety, characterize the *Aconite* patient. Every attempted playfulness is offensive. Every noise, even music, irritates the patient; incessant thirst for water, as every thing else has a bitter taste.

Gelseminum, on the contrary, has fever without thirst; the patient wants to *lie still* and rest, for he feels languid in body, though he can not compose his mind to sleep; drowsy, and still wakeful, or sleep with half-waking and murmuring.

Aconite is our sheet-anchor in *acute inflammatory* states, *before they have localized themselves*, and may prevent this localization; or, as Wurmb and Caspar say, "the fever must be the leading symptom," showing itself by constant burning heat over the whole body, with redness and dryness of skin after a violent chill; eyes glistening and prominent; short and anxious respiration; vertigo on assuming an erect position; tingling in lips, tongue, down the spine, and in the fingers; hot red urine, or retention of urine; constipation.

Now Dr. Wells says: We feel warranted in saying that the class of fevers to which *Gelseminum* will be found related, is that based on *blood dyscrasia*, with a tendency to decomposition of its hæmatine and globules, or to fevers of a miasmatic origin; and we may be allowed to add, that *Gelseminum* is to the class of remittent fevers what *Aconite* is to inflammation,—that is, only useful before they have localized themselves. Hughes also asserts that it certainly breaks up and cuts short this fever, as *Aconite* does with the simple fever.

The exacerbation for *Gelseminum* occurs *towards night*, and the fever passes off *without perspiration*; *Aconite* exacerbations are in the evening and *during the night*, and *Aconite* gives relief to the dry and burning skin by the grateful moisture, or even by copious sweating and increased urination.

Intermittent fever is another instance showing the great diversity between these two remedies. Nobody ever thinks of giving *Aconite* to break up an intermittent fever, and still there is no better remedy during the paroxysm, to shorten the chill, which is nothing else but an internal congestion, and derivate the circulation to the surface, producing sometimes the sweat with only moderate heat. The intermittents of *Gelseminum*, on the contrary, are fully developed cachexias, too frequently intermixed with *Cinchona* symptoms. The affection lies more in the cerebro-spinal than in the ganglionic system, and it is also here more indicated in mild, fresh cases, before any visceral complication has been engrafted on the nervous phenomenon, or, according to Ludlam, in post-typhoid intermittents, where the visceral complications have been removed, and only this abnormal nervous state remains.

Take again the first stage of typhoid fever, or, as some call it at that time, of typhus cerebri, the fever bears here always the

character of an inflammatory fever ; and still it is time lost to give *Aconite* in such a case, even if the patient also suffers from dry cough, pleuritic stitches, or other chest symptoms. Jahr advises us to rely on *Bryonia* in all such cases ; and the reason that *Aconite* does not act is easily explained, for we have to do in such cases with a zymotic poison, infecting the whole blood, against which *Aconite* is powerless ; but *Gelseminum* gives many points of resemblance to this stage of typhoid fever, when there is no intestinal lesion yet, nor any particular local complication, for to the true enteric fever, or, as Jahr justly calls it, the third and fourth stage of the typhus, other remedies, as *Baptisia*, *Rhus*, *Arsenicum*, etc., correspond far better. Morgan says : It seems specifically indicated where, from some great excitement or over-exertion, the patient sinks into a low typhoid state, with great prostration of all the vital forces, or, with other words, where the cerebro-spinal system is exhausted. But is not Asiatic cholera also a blood-poison ; and do we not find, in the collapse of the Asiatic cholera, when the chill is so deadly, that, *were it not for the consecutive fever* its true nature would be hardly recognizable, *Aconite* will still assert its power ? Douglas even considers *Aconite* superior to *Arsenicum* in those terrible cases where *vomiting and purging are wellnigh absent*, and death seems imminent from *arrest of circulation*. Müller also considers *Aconite* the one great remedy, preventing a too forcible or *inflammatory reaction* after collapse, as in congestive chills, cholera, or after the shock to the nervous system produced by severe accident, surgical operations, etc. Now in all such cases *Gelseminum* would be perfectly powerless, and why ? because in such sudden collapse the great sympathetic is attacked ; the depression of the unclouded mind seems to proceed from the region of the heart, paralyzing the vaso-motor apparatus, and interrupting all secretions and excretions ; and poisonous doses of *Aconite* have produced the same collapsed state, and will therefore cure it, from whatever cause it may have emanated ; but for the cholera itself *Aconite* is no remedy. But *Gelseminum* causes death by prostrating and exhausting the energies and vital power of the nerves of voluntary and involuntary motion, or by congestion and apoplexy of the brain and spinal marrow. *Intense prostration of the whole muscular system is the characteristic of Gelseminum ; while direct depression of the vital powers, with*

signs of paralysis of the circulation and nervous energies, is the characteristic of Aconite. The convulsions caused by *Aconite* are similar to those which follow an excessive loss of blood, whereas most diverse clonic and tonic spasms, and even tenesmus, fall under the remedial power of *Gelseminum*.

As an *arterial sedative*, the front rank, we believe, belongs to *Aconite*, as "from a continuous and powerful action of *Aconite*, its paralyzing power will influence the vaso-motor apparatus in particular, marked by intermitting, weak and irregular action of the heart, *emptiness of the left side and of the great blood-vessels*, with corresponding alteration of the pulse, even down to complete pulselessness, with oppression of the chest, anxiety, restlessness, vertigo and swooning, all proceeding from *debility of the heart.*" If the arteries by its action are emptied, it is evident that the veins must be full; and we find, indeed, excessive prominence of *venosity* and accumulation of *venous* blood in head, chest, liver and abdomen characterizing *Aconite*. In *Gelseminum*, on the contrary, the heart's action is slow and feeble; the heart attempts its beat, which it fails to accomplish, and the pulse then each time intermits, because perhaps the impulse is failing, the electric current is weak, the cerebro-spinal innervation is not strong enough to perform its action on the great muscle called the heart.

Such are only some of the many differences between these two polychrests. The indefatigable and philosophic worker of our *Materia Medica*, Dr. J. C. Morgan, has shown side by side, in "*Gross' Comparative Materia Medica,*" how they differ. Every remedy has its own peculiar sphere, and is an individual; substitution must never be allowed to enter the pages of Homœopathic literature.

S. L.

ACUTE YELLOW ATROPHY OF THE LIVER.

FROM BÄHR'S HOMŒOPATHIC THERAPIE, I. 592.

WE know very little yet about this disease; it shows in its relations great similarity to softening of the brain. The disease consists in a dissolution of the substance of the liver with considerable decrease of its volume. At the same time the liver becomes

extremely flattened, relaxed with loss of elasticity, its surface full of wrinkles. Its color is intensely yellow, without any red admixture. The disease commences either very suddenly and intensely, or by degrees. In the latter case we find different disturbances in the digestive organs, combined with a slight icterus; lasting for some time. The disease itself begins with pains in the hepatic region, which is very sensitive to pressure, and the jaundice increases rapidly in intensity. Percussion will soon demonstrate a decrease of the dull sound natural to the liver. The spleen enlarges correspondingly to the diminution of the liver. Cerebral symptoms are soon added to the local manifestations, as severe headache, restlessness, irritability, followed by delirium and muscular twitchings; fever runs very high; the temperature rises steadily; pulse frequent, sometimes very slow, always small and soft; appetite is entirely gone; stool and urine are stopped. These symptoms of severe irritation are soon followed by a total collapse. The patients become comatose, the pulse smaller and more frequent, stool and urine pass involuntarily, the tongue dry and fissured, colliquative sweats, petechiæ, hæmorrhages from the bowels appear, and death comes to the relief. We have never seen such a case lasting over a week.

The diagnosis of this disease is only then uncertain, if we neglect the physical examination of the liver, when we might mistake it for typhus, especially when the prodromal state lasted some time. Some give the prognosis absolutely lethal; others are a little more hopeful. The former only acknowledge a case to be acute atrophy of the liver when the last stage, running its course with such rapidity, is before their eyes; others believe that the disease may be diagnosed in its prodromal stage. At any rate, *jaundice should never be considered lightly*, for it is impossible to know all its consequences.

Bæhr recommends *Digitalis* in all diseases of the liver, accompanied by high-graded icterus. The severe cerebral symptoms, the considerable irritation, followed so soon by complete depression, the peculiarity of the pulse, varying between extreme frequency and considerable slowness; the retention of urine: the great painfulness of the liver, with steadily increasing icterus; the extreme anguish, yea, even the prodromal stage in a case running its course slowly, as also the collapse produced by colliquation, show the fox-glove to be a perfect simile to acute hepatic atrophy.

Phosphorus shows great similiarity to *Digitalis*. In cases of poisoning we commonly find fatty disorganization; and we know of two cases where, death resulting on the seventh day, the liver showed great similiarity to acute atrophy, especially in its cellular relations, and the gall-bladder contained instead of bile a pale yellow, slimy fluid, so viscid that it could be drawn into strings.

Acidum nitricum has also among its symptoms a high degree of icterus, pale, colorless stools, with bilious urine and great painfulness in the region of the liver. In hæmorrhoids and intestinal catarrhs we always think of this remedy, when the liver does not carry any bile to the intestines, and when the portal vessels are compressed or wasted.

Perfect collapse finds its simillimum in *Carb. veg.* The powers of the organism are prostrated, and all reaction seems impossible. It is therefore the latter stage, when it will be indicated: the circulation is encroached upon, the fullness and roundness of the body has passed away, and serous exudations in the peritonæal cavity are present: we find at the same time a high grade of gastric and intestinal catarrh, and hæmorrhages may occur. Such a state we may find among women after intense metrorrhagia, or after too long nursing of several children.

REMOVAL OF ONE-HALF OF THE INFERIOR MAXILLARY FOR OSTEO-SARCOMA.

BY S. R. BECKWITH, M.D.

Mrs. B—, aged thirty-six, observed, some three years before I became acquainted with her case, a small tumor on the outer portion of the lower jaw, about mid-way between the symphysis and angle. It soon increased in size; at times was painful. Her physician was consulted, and treated her for six months. During his treatment the growth was slowly yet steadily increasing, until he advised removal as the only successful treatment. She would not consent, and did not again apply for treatment, preferring to let it grow uninterrupted, until it had filled the cavity of the mouth and very largely distended the cheek. For months she had not been able to take any solid food, from inability to

masticate, and want of room for the introduction of food. Her nourishment was fluids taken through a tube. She had become excessively emaciated, and fearing that she soon would die, was induced to visit me. From the absence of any marked constitutional disturbance during its early growth, and its large size, the sensation of firmness being less than in exostosis or osteoma, with the peculiar crackling sensation noticed when firmly pressed upon, gave me no difficulty in diagnosing it to be a case of osteosarcoma, and I advised resection and disarticulation of one-half of the lower jaw. She readily consented, as her mind had been made up before leaving home that an operation would be necessary, and came prepared.

She was taken before the class, and with the assistance of Drs. Morrill and Bissell, it was removed in the following manner: The patient was seated in a chair, with her head thrown back, and held by an assistant. After the administering of chloroform, an incision was made along the base of the jaw, from the angle to a short distance beyond the symphysis, and a vertical cut extending from the termination of the first to the angle of the lips. The flaps were dissected above and below, freely exposing the tumor. The jaw was divided about one inch from the centre, toward the sound side, as the disease had extended beyond the symphysis. The patient was now allowed to become conscious, for fear of strangulation, by blood flowing into the trachea during the balance of the operation.

Her strength was very much exhausted, and we gave her freely of brandy, and allowed her to lie down for a short time, until she expressed a desire to have us proceed. A cord was fastened around the jaw, and forcibly drawing it outwards, the attachments were divided, with a strong scalpel, to the angle. The bone was now drawn outwards and forwards, putting its upper attachments on the stretch as much as possible. A bistoury was inserted behind the coronoid process, just below the zygomatic arch, and the temporal muscle was divided at its insertion. The jaw was now depressed, and disarticulating the condyloid process, it was drawn forwards with force, so as to remove it from the artery. The capsular ligament and pterygoid muscles were separated, and the jaw was freed entirely, save some slight attachments of the mouth, near the angle, that had not been reached before. Very little blood was lost during the operation,

and but few ligatures applied to bleeding vessels. The wound was closed by a few wire sutures, and straps applied between them; pledgets of lint, wet with a weak solution of *Calendula*, were applied to the wound, and held in position by simply a handkerchief.

The patient remained under our care three weeks, and then returned home. The wound healed almost its entire course by the first intention, and there were no untoward symptoms during the convalescence. Great care and attention were given the patient for the first few days after the operation, to prevent sinking, although she had no symptoms of dangerous exhaustion, but these were feared from her feeble condition prior to the resection.

Three years after the operation I saw the patient, and the deformity was not as great as I had anticipated. In place of the bone, a fibrinous deposit had filled up the gap in such a manner as to tolerably well preserve the contour of the face, and she was in good health.

MINNESOTA CLIMATE AND PHTHISIS.

ED. MEDICAL INVESTIGATOR:—Dr. Gilchrist's remarks in your last*—and the facts stated in his letter—have also been the result of my observations. How can it seem reasonable that a locality, where eight months of the year diseases of the respiratory organs prevail, where pneumonia and bronchitis in their several types seem at times to be endemic; where even typhoid-pneumonia may be classed with our local diseases, how can such a locality be beneficial to phthisical patients. It is true such patients feel much better at first, but like burning phosphorus in oxygen, they are consumed so much more hastily. Only exceptional cases live long enough to see another season.

Many, by business confined closely to desks in improperly ventilated, or musty offices, and as usual, living in total disregard of all hygienic laws, lose appetite, strength, become enervated, may probably have a slight cough, at once consumption seizes their imagination, business is thrown off their mind, they rush to Minnesota, breathe fresh air, eat hearty, with no care and new scenes they gradually improve, and in five or six months return, bronzed, hale and jolly, a walking monument to our climate as a cure for

* June issue.

consumptives; these are the ones pointed at by many, and yet they would have done as well half a dozen miles from home.

I write this in support of the Doctor for two reasons; first, although the idea is wholly hypothetical, as to the curative influence of this climate, yet it is hard to eradicate it; and second, there are two classes hard to convince, first, the doctors, who send them out to get them off their hands, and the numerous class who are enriched by their coming; the last class particularly, think this the very place for them.

Yours truly, P. C. REMONDINO, M.D.

WABASHA, Minn., *June 14*, 1869.

P. S.—Our own invalids leave here. One of them passed the last year in St. Augustine, Florida, where he found the climate, particularly last winter, delightful, comparing the coldest winter day there, to our pleasant May days here.

MALARIAL FEVER AGAIN.

HAVING read with some interest the articles on this subject by Dr. Boynton, and Dr. Lilienthal, in the late numbers of this journal, I feel like adding a few remarks myself, not however without feeling that perhaps enough has already been said. I am willing to agree with Dr. L., that "there is nothing new under the sun" in a certain sense; but I can not agree with him in considering the cases reported by Dr. Boynton, as genuine cases of Addison's Disease. There is some resemblance between the pathological nature of both diseases, but if it is true that "there is nothing new under the sun," I should like to understand what climatic or other conditions could so readily change in that particular regard as to give rise to so many cases of that previously rare disease. Had there been but one or two cases with the bronzed skin occurring in a considerable extent of country, one might more easily be induced to believe them cases of that anomalous affection. On the other hand, I can not believe the new fever has made its appearance, but am disposed to consider them cases of pernicious intermittent fever, or the pernicious bilious, or congestive fever of the South. Why many cases should be found differing in some respects from the ordinary course of these diseases, must be attributed to the condition of the patient when attacked. Two

cases of the three given by Dr. Osborn had been afflicted with intermittent fever, one of them for months, and this was also the condition of Dr. Boynton's patient. To those who are familiar with the appearance of individuals, as seen in the West, who are suffering from the combined effect of *Quinine* and ague, with their dingy-looking skins, almost a bronze, and disorganized condition of the blood, it will not seem very strange that such cases when attacked with pernicious bilious fever, should have the skin still more colored, and also hematuria. Dr. Boynton in speaking of these cases says: "The general supposition is that it attacks worn-out constitutions that have been for a long time subjected to malarial poison," This general supposition is in my opinion the "key note" to the position, and will explain these cases of "new malarial fever."

Dr. B. speaks of the bronzed skin as a "jaundiced hue," and Dr. Osborn speaks of it in a manner that would lead one to consider it a jaundiced condition. The bronzed hue peculiar to Addison's Disease, may of course have been present in these cases; if so, we must yield to the fact, but my impression from reading their account was that it might have been part jaundice and part purpura hæmorrhagica. However, a few *post-mortem* examinations of the fatal cases, wherein the supra-renal capsules shall be subjected to a rigid examination, will settle the question. Watson, in his account of Addison's Disease, makes no mention of hematuria as a symptom; therefore, if these cases were as Dr. Lillenthal thought, we have yet another anomaly. It seems more natural and reasonable to regard the hematuria as dependent upon the disorganization of the blood, produced by the disease of the liver and spleen, which I will venture to say existed in nearly all the cases. While serving as a medical officer in the army during the late war, my regiment (29th Ill. Vet. Vol. Inf.) happened to be ordered to Texas in the summer of 1865. We were stationed at Hempstead, Millican, and Brenham—the first two places were on the Texas Central railroad, north of Galveston—and were there from the first of July to the middle of November. The most of the time I was the only surgeon with the regiment, and had ample opportunity to witness a disease that is as much entitled to the name malaria fever as any other, but which is known to medical men as Dengue, and to the people as break-bone fever. During the three months we were there nearly

every man in the regiment had an attack of this fever; there must have been at least 500 cases, at least four-fifths of them being treated by me. I regret very much that I kept no notes of these cases for private use, as all the records were turned over to the medical department when we were mustered out of the service. The cases were nearly all alike, differing occasionally in intensity only. I was inclined to adopt the opinion of the resident physicians, viz.: that it was a mild form of yellow fever, and generally raged for a season or two before the appearance of an epidemic of the latter disease. The invasion of the disease was always sudden, and in that agrees with the cases of Dr. B., it often prostrating strong men who were well two hours before. The symptoms by which it was usually known were, chilliness, alternated with hot flashes, soon followed by high fever, strong pulse, and excruciating pains through all the limbs. There was also severe pain in the back of the neck and over the eyes, and if the patient was weak and delicate, the fever would be more asthenic than in other cases. There were never any distinct intermissions in the fever, but often slight remissions, continuous until the fever was broken, which was generally accomplished in from seven to ten days from its invasion. I never saw any bronzing of the skin or hematuria. Not a man in the whole regiment died with the disease, and yet the cavalry command of General Custar, encamped close by, lost quite a number from the disease. I learned from some of their hospital stewards that *Calomel* and other mercurials were given by their surgeons quite freely, while I gave scarcely any, treating it principally with small doses of *Quinine* (1 gr.), and *Morphia* when the pain was severe. I did not practice Homœopathy any further than could be done with the medicines supplied by the medical department, for this reason I can say little of the treatment. I tried to do no injury, and gave nature fair play. From my experience with the disease, and while admitting that *Eupatorium perf.* should do good, I would be inclined to give *Gelseminum* at first. Let any one examine the cases of Dr. Boynton, and the description of congestive or pernicious fever of the South, given by Dr. Dickson in his *Elements of Medicine*, and they may agree with me in considering them cases of that disease, and nothing *new* after all. Cerebro-spinal meningitis, thought to be a new disease, is, in my humble opinion, typhus fever, nothing more nor less.

PEKIN, Ill., May 18, 1869.

S. J. BUMSTEAD.

HOW TO STUDY THE MATERIA MEDICA.—
SUGGESTIONS.

THE *Materia Medica* of the Homœopathic school embraces the symptoms obtained from the proving of drugs on the healthy human organism, clinical experience, and deductions from observations in medicine and disease. For several years during the early history of the school, Hahnemann occasionally published symptoms of drugs obtained from provings; and in the year 1811 he incorporated all these fragmentary elements into one work, and published them as the first edition of the *Materia Medica Pura*, in four volumes, embracing the symptoms of sixty-six medicines. From that time our *Materia Medica* has steadily increased in size and extent, until it has reached its present enormous dimensions. It now covers almost three thousand octavo pages, portraying nearly seventy thousand symptoms, under the headings of about four hundred drugs. As these drugs and their symptoms are the weapons with which the physician has to meet the almost innumerable forms of disease to which the human subject is liable, it is very important that he should be well enough acquainted with them to know how to properly use them in the practice of his profession. It is not only important for a physician to be acquainted with symptoms, but it is absolutely necessary for him to understand their essential qualities, together with the conditions and circumstances under which they are developed, so far as they can be known, in order to be fully qualified to treat disease. A man may gain a kind of knowledge of symptoms by committing a large portion of the *Materia Medica* to memory, without apprehending them in the manner that will enable him to use them to the best advantage in the treatment of the sick. The great object of studying the *Materia Medica* is to become able to treat disease successfully. Medicinal diseases just as clearly and certainly proclaim the sphere and quality of the action of drugs on the sensorium, molecules, tissues and organs, by the echo of symptoms, as do diseases which arise from causes inherent in the system. The pathognomonics of drugs being the counterparts of the symptoms of idiopathic diseases; and the object of the physician in practice being to bring these two kinds of symptoms (drug and idiopathic) face to face, so as

to discover the likeness of the one in the other, it is greatly to his advantage to study the pathological and diagnostic creations of the one in the same light and relations as when investigating the idiopathic symptoms and diagnosis of the other. Unfortunately for the student, the present arrangement or classification of symptoms of the *Materia Medica* does not admit of his studying them in this manner. But at some future time, it is hoped, an arrangement based on the action of the drugs on the sensorium, the integral parts of the system, tissues and organs, and a corresponding classification of the symptoms of idiopathic diseases, will be adopted, which will enable the physician to gain a comprehensive knowledge of our *Materia Medica*, and its adaptation to practical purposes, in shorter time and with greater distinctiveness than can be done at present.

As the arrangement of the articles of the *Materia Medica* now stands, it will facilitate study to divide the drugs into families, or groups of near relatives, according to symptoms. And these, again, may be subdivided, or articles be selected from different groups according to the relations of their symptoms to diseases of different parts of the system; for instance, diseases of the head, throat, chest, stomach, bowels, etc. Other methods of grouping have been adopted. Some have adopted the natural families of plants, and other conceptions, for the articles derived from the animal and mineral kingdoms, as the basis of their groups. Jahr recommends the polycrests to be studied first; then the semi-polycrests; then medicines which have been employed; and, finally, those about which we know less. Teste selected twenty medicines as types, and then grouped around them remedies which he considered analagous.

I adopted the arrangement above recommended (of near relatives and their relations to diseases of different parts of the body) in my lectures on *Materia Medica* and *Therapeutics* in 1852, and find that it suits my habits of study better than any other with which I am acquainted. Did space allow, specimens of the groups then announced might here be given; but it does not.

Select a representative drug for the head one of each group, such as *Aconite*, *Belladonna*, *Arsenicum*, *Arnica*, *Pulsatilla*, *Sulphur*, *Mercurius*, etc., etc., and read the symptoms over carefully several times, so as to become familiar with their general range, and write down whatever strikes the mind as remark-

able, peculiar, singular, or extraordinary—the eccentricities of the drug. These eccentricities often constitute “keynotes” and “characteristic symptoms.” Then endeavor to learn the causes and conditions of aggravations and ameliorations, and the influence of heat, cold, rest, motion, position, etc. Having pretty well mastered the symptoms of the representative drug, then proceed in like manner with the other members of the group, until sufficiently acquainted with them generally, and then institute a comparison between the symptoms of the different members of the group, and ascertain in what respect they are similar, and in what they are different. This course seems to keep up an interest in the study, and enables the student to take advantage of the powers of association in the mind, so that after a while, when he meets with remarkable symptoms, or peculiar circumstances in disease, he will be able to recall the appropriate remedy without difficulty. When the remarkable and striking symptoms of a case of disease are found under a remedy, the more vague and general symptoms, such as loss of appetite, headache, disturbed sleep, etc., so common in both idiopathic and drug phenomena, will generally be found there also. The keynotes of a remedy generally correspond with the idiosyncratic symptoms of a patient.

The busy practitioner, who has not time to carry out any systematic course of study of the *Materia Medica*, may reach the same end practically by examining his patients, and recording their symptoms, with constant reference to the cardinal points of symptomatology, to wit: 1. The quality of the symptoms (kind of sensations), with attending conditions. 2. The locality of the symptoms, with the time of their occurrence. 3. The causes and conditions of aggravation. 4. The causes and conditions of amelioration. 5. The physical signs of disease. Always endeavoring to keep up in the mind a comparison of the course of development of symptoms, as well as a reference to their similarity, between the recorded symptoms of a drug and the symptoms of idiopathic disease. We should always try to learn the symptoms of drugs in the manner which nearest corresponds to that in which the symptoms of disease are presented in practice. For the double purpose of impressing treatment on the mind and of having the record of easy access for reference, every practitioner of medicine should have his prescriptions posted into his ledger.

W. W.

A CLINICAL LECTURE ON SOME OF THE DISEASES
OF WOMEN.*

BY R. LUDLAM, M.D., *Professor of Obstetrics and Diseases of Women
and Children in Hahnemann Medical College, Chicago, Ill.*

LECTURE II.

GENTLEMEN: In my obstetrical course you were told, that in forming a correct diagnosis of pregnancy, an exclusive reliance upon either of its presumptive or of its probable signs would be likely to mislead you. I will open my lecture this morning with a case in point, the counterpart of which, in some respects at least, you will surely meet with as medical practitioners.

SPURIOUS PREGNANCY.

Case.—Mrs. W., æt 42, was married eight months ago. She was at that time a widow; but had never had any children. She says, that within the eight months, or since her last marriage, she has not menstruated. Prior to that, menstruation was normal in every respect. She has had no vicarious hæmorrhage, or leucorrhœal flow. When the menses ceased she began to have morning-sickness, which continued for six weeks. She had also various caprices of the appetite, with faintness before dinner, and inordinate craving for food. There was no perceptible development of the ovum, or enlargement of the abdomen. The mammæ became swollen and sensitive.

Six days ago, after walking to church upon the icy pavement, she began to “flow.” The hæmorrhage from the uterus was passive, irregular, and slight, until the third night, when, after having had a great deal of pain about the back and loins, with some headache and debility, she awakened out of sleep very much frightened by the escape of a fleshy mass from the uterus and vagina. The flowing soon ceased, and to-day she has ventured to walk to the Clinique. In addition to the details already given, she says that all her unpleasant and indescribable feelings about the hips and abdomen were greatly relieved by a bandage worn tightly about those parts.

This was an example of spurious pregnancy, sometimes styled false conception, pseudo-pregnancy, quasi-gestation, molar gestation, or more technically *pseudo-cyesis*. The product was a fleshy mole, which the patient has preserved, and brought with

* Extracted from the coming work on Diseases of Women, by R. Ludlam, M.D.

her; and which we will now proceed to examine. Fortunately for us, she has kept it in water, and the examination will not be difficult. You will observe that the mass is about the size of a small lemon. On cutting through its walls, we come down to the amnion, which is intact. Slitting this open a slight flow of its proper liquor escapes. Here is the rudimentary embryo, which, although it has been eight months in utero, is not larger than it should have been at the sixth week of pregnancy. The undeveloped funis is but a mere thread, and ragged at its free extremity. Between the outer membranes, or rather within the thickened wall outside of the amnion, blood has been effused, and small coagulæ are seen.

These appearances indicate an arrest of embryonic development. Conception probably took place as it should have done, and all went on well for a limited period. But, for some unknown reason, the nourishing supplies that were derived from the uterine surface, and designed for the ovum, were appropriated to the abnormal, pathological growth of the chorion. The little embryo was therefore sacrificed. It died from a lack of those elements which were necessary to the development and repair of its tissues, and the hypertrophied chorion and decidua constitute this carneous or fleshy mass which is called a mole.

Although women of all ages are liable to this form of spurious pregnancy, yet it is a singular fact that those who have reached their fortieth year seem more prone to it than those who are younger. As in the case before us, it is not uncommon among women who marry a second time late in life. The formation of these moles (which are the cause, and not the consequence of the death of the ovum) is intimately connected with the history of abortion. Rigby says most expressively: "When any cause has occurred to destroy the life of the embryo during the early weeks of pregnancy, one of two results follows, either that expulsion takes place sooner or later, or the membranes of the ovum become remarkably changed, and continue to grow for some time longer, until at length they form a fleshy fibrous mass, called a mole, or false conception."

The true mole is always a product of conception. When the mass has been expelled it is not difficult to recognize it, and to separate it from spurious formations which resemble it in some respects, by the presence of a rudimentary embryo within its

cavity. If, however, the embryo died during the first month, it may have been dissolved, and we shall therefore fail to find it on dissection. Such a mole may be retained within the uterus for many months, or it may be cast off and expelled at or about the period at which the menses should have returned had the woman not been pregnant. It sometimes happens that the hæmorrhage attendant upon labor of this kind is profuse and long-continued. Generally, however, it ceases with the delivery of the fleshy mass. Ambrose Paré cites a case in which a mole was retained in the womb for seventeen years.

Among the clinical points worthy of note in the case before us, you will observe that, until her last marriage, this woman's menstruation was habitually regular and healthy. It is important to take this fact into account, for it sometimes happens that menstrual disorders predispose to abnormal developments of the membranes which enclose the ovum. Membranous dysmenorrhœa may indirectly cause this form of spurious pregnancy.

Following the arrest of the catamenia there was no vicarious discharge. Morning sickness set in, and our patient was supposed to be pregnant. This continued for six weeks, or most probably until the death of the embryo, and was accompanied by the capricious appetite, fainting, etc., to which so many women are liable after conception.

For the best of reasons there was no observable change in the abdomen. The usual development of the uterine tumor was prevented. There was no necessity for the womb to ascend out of the pelvis, as it would have done had gestation gone on properly. The embryo was dead, and its growth became impossible. The uterine cavity was already large enough to contain it, and hence there was no need of its further expansion. If the case had been one of hydatids (falsely so-called), the abdominal enlargement might have taken place. For these hydatigenous growths sometimes fill the womb, and cause it to enlarge in very much the same manner as if it contained a healthy fœtus. They may also be retained even some months beyond "term" before they are finally expelled. You should not forget that these uterine hydatids are really due to a defective organization of the placenta, or, more properly speaking, to a cystic degeneration of the villi of the chorion.

We have no means of knowing the precise changes that took

place in the breasts in this case. It is possible that the areolæ may have been discolored and the follicles about the nipples developed, as in true pregnancy. These glands are liable to become swollen and sensitive from other causes, and this general symptom of pregnancy would therefore be very uncertain and unreliable. At this time there is nothing peculiar in the appearance of the mammary glands. Usually, in similar cases, the series of changes proper to these organs, and which provides for the extra-uterine needs of the infant, is arrested when, from any cause, the embryo dies. Even when the mole or the hydatid mass is carried to the ninth month, or beyond, before it is extruded, there is generally little or no secretion of milk.

From these remarks you will infer that, although the suppression of the menses, the morning sickness, and the fickleness of appetite are to be regarded as presumptive signs of conception, and may signify that the fecundated ovum has reached the uterine cavity, and commenced to develop therein, still they do not afford a certain criterion of the progress of gestation. They may have marked its commencement; but do not indicate its possible arrest or failure. This patient had the morning-sickness during the first six weeks, but afterwards the only remaining symptom of pregnancy was the non-appearance of the menses. And the prolonged arrest of this flow is to be accounted for by the presence of this foreign body, or mole, within the womb.

Concerning the final cause of labor in this form of pseudo-pregnancy various theories have been advanced. Perhaps the most reasonable is that which refers it to the menstrual cycle, when the physiological afflux of blood to the uterine mucous membrane facilitates, if it does not actually insure, the entire separation of the decidua. At this particular period the cervix-uteri is also more or less relaxed, as if menstruation were coming on, and some slight exciting cause, as, for example, a fall, or sudden shock, or forcible exercise, as in walking on an icy pavement, may precipitate labor. Dilating pains follow or accompany the hæmorrhage. In due time expulsive contractions set in, and the womb is emptied of its contents. The suffering may be either slight or severe, its quality and degree varying with the laxity of fibre of the uterine neck, the rapidity of the labor, the size of the mole, and the temperament of the patient. It is only in exceptional cases that the mass drops away with so little pain as this

patient had. Although there are women who frequently and habitually suffer from this form of spurious pregnancy, it does not follow that one such mishap is certain to be succeeded by a second of a similar kind. Even at her age Mrs. W. might, perhaps, pass through another pregnancy successfully.

LEUCORRHŒA THE CAUSE OF IMPAIRED LACTEAL SECRETION.

Case.—Mrs. —, æt 30, of scrofulous diathesis, has one child, which is now two and a half months old. She has had leucorrhœa for more than two years. It showed no abatement during pregnancy, and continued through her lying-in and lactation. At birth her infant weighed ten pounds; now it weighs only eight pounds. Its digestive system has been constantly deranged, and its little life threatened by vomiting, indigestion, and diarrhœa. The mother's breasts have not been diseased in any way; but remained plump, soft, and natural. The quality of the milk, however, was impaired. It was thin, watery, and of a bluish cast.

A fortnight ago the child was, by my advice, taken from the breast, and ordered good cow's milk, diluted in the proportion of one-third water to two-thirds milk. Immediately it began to improve and to gain flesh, and it is now nearly well. The only treatment this patient has ever had for the leucorrhœa consisted of harsh astringent injections of *Alum-water*, *Tannin*, etc. These expedients have had the effect to arrest the flow temporarily. She describes the discharge as milky, and says it is accompanied by more or less of aching in the vagina and itching in the pudenda. The flow is more profuse after exercise. It has been her habit heretofore to menstruate too freely and frequently.

Leucorrhœa is sometimes very persistent. It may be associated, either as cause or effect, with a depraved and enfeebled condition of system. The worst cases occur in scrofulous subjects. In this class of patients there is a strong predisposition to glandular disease, and leucorrhœa should properly be classed among the glandular affections. Let us inquire into the significance of the fact that it is so frequently engrafted upon the scrofulous dyscrasia.

In the lecture upon hæmatogenesis, or blood-making, which you heard only last evening, my colleague, Professor Gatchell, directed your attention to the important function of the lymphatic glands, as related to that process. You were told that the chyle and lymph which are subjected to the action of these glands are so changed thereby as afterwards to constitute a most essential

part of the blood. The mesenteric glands manipulate the chyliferous fluid which is *en route* for the general circulation. Both the superficial and the deep-seated lymphatics are designed to absorb any surplus of serum that may have been poured out in excess of the needs of the different tissues. They are the original physiological economists. They stamp their impress upon this fluid, and then pass it along into the blood-current again. This is the function of lymphosis. As indicated in the lecture to which I have just referred, it concerns the assimilation of the oleo-albuminous element of the food. It is the first step in the process of histogenesis or tissue-making. If this step is not properly taken, the blood becomes impaired in quality, and all the functions are likely to be implicated.

Now this physiological knowledge is of practical application to the case before us. Scrofulous persons are unhealthy because this glandular system is predisposed to disease. Inflammation, or any of its consequences, may so impair the functions of the lymphatics as to impoverish the blood, and even to render it harmful to the life-processes. Under these circumstances the albuminous element is not available for the repair of the tissues. It circulates as a foreign element, which must, in some way, be eliminated and expelled from the organism. It may find an outlet through the kidneys, or some other excretory apparatus; but in escaping is very likely to develop a catarrhal inflammation of one or another of the mucous membranes. The mucous secretions are changed in amount and quality. They become the vehicle for carrying off those very elements which are needed in nutrition, but which have been rejected because the initiatory step in the process of their assimilation was not properly taken. In military parlance there is so much "red-tapeism," so much of respect for method and precedent in the affairs of our bodily organization, that the other organs and textures will neither recognize or appropriate this class of proximate principles, unless they have been identified and stamped, or acted upon beforehand.

The same is true of those glands which are set apart for the elaboration of those particular products from elements contained in the blood. It is quite as impossible for the gastric glands to secrete the proper solvent for the food from blood the quality of which has been impaired in the manner just indicated, as for the

muscular and serous, or other tissues, to repair themselves out of a like material. The mammary glands do not form an exception to this rule. This woman's milk is impoverished and injurious to the child, because in the blood which was brought to them her breast failed to find the materials out of which they could manufacture a healthful and wholesome product. Those elements were drained away in the critical discharge from the glands and follicles of the vagina and of the uterine cervix.

Morover, in consequence of the mammary glands having become eliminative, as well as secretory, it is not impossible that some of these abnormal elements may also escape with the milk from the breasts. Such a product would be both non-assimilable and noxious. The infant would become impoverished and poisoned from nursing it. It could not thrive upon such an aliment. Hence the vomiting, indigestion, and diarrhœa which have resulted in the case of this woman's child. The rapid improvement in its health from changing its diet to good cow's milk confirms the views we have taken.

In rare cases it sometimes happens that the nursing child becomes diseased in consequence of the mother's milk having been poisoned through the absorption of drugs that have been injected into the vagina for the purpose of arresting a leucorrhœal flow. I am quite confident that I have seen more than one such infant in great suffering and ill with an obscure disease which was properly chargeable to the *Acetate of lead, Alum, Tannin,* etc., that had been used in the manner indicated.

Reserving the differential diagnosis of uterine from vaginal leucorrhœa for another lecture, I will call your attention to the significance of one or two objective symptoms presented in the case now under consideration. If this patient's flow, which is sometimes profuse, and has continued for two years, came from the uterine cervix, in all probability she would have remained sterile; for, as I shall doubtless have occasion to show you, this form of leucorrhœa is a frequent cause of barrenness. And, besides, had it been uterine, and not vaginal, there would surely have been a partial or complete arrest thereof during pregnancy. Sometimes, however, both varieties may exist conjointly, or they may even alternate in the same patient.

Treatment.—In all cases of leucorrhœa which are incident to gestation and lactation, you should bear in mind that the blood is being drained of its assimilable material for the growth of the offspring. For this reason it is sometimes quite impossible to cure the affection radically until one or both these functions have ceased by limitation. In either case, indeed, the leucorrhœa may be critical, and it might therefore be harmful to mother and child, or both, to arrest it while these processes are going on. This is a forcible argument against the use of astringents which are designed to seal up this flow, and to close a species of safety-valve to the general economy.

There are two reasons that may justify, and even necessitate the weaning of the child for the cure of a leucorrhœa which is incident to the nursing period. If the draught upon the mother's resources, while nursing, cripples and undermines her strength, it furnishes a cause for this disease which is constant in its operation, and which can only be removed by putting the child away from the breast. And weaning is still more strongly indicated if the child was large and plump at its birth, and the leucorrhœa continued during pregnancy also. Besides, the safety and welfare of the infant may require that it shall be brought up artificially, rather than upon the unhealthy milk that is furnished by the mother.

Not unfrequently the cure is half performed when you have prevented a waste which only weakens the mother and injures the child. Stop the leak, and her strength may soon return. For it is a condition of healthy, glandular activity that the blood must be nourishing and stimulating to the glands as well as to other bodily organs.

It is no less important to select a suitable diet for this patient, than to decide upon the appropriate remedy for the symptoms presented. Indeed the rational method of procedure would be, first, to supply the physiological conditions that are requisite to health, in order that our curative agents may afterwards act more promptly and efficiently. Granted that, in the case before us, the function of the mesenteric glands is so impaired that they fail to effect the proper changes in the peptones brought to them from the bowel. The indication is to choose such an aliment as by their aid may be assimilated. The whites of eggs, lean meat, sea-food, as oysters or other shell-fish, or good fresh milk, are

more easily digested and disposed of, and also more nourishing than a mixed diet largely composed of fatty substances, soups, and the like. It is quite as necessary to discriminate carefully in this class of diseases, and to allow only such food as will be kindly received and appropriated, as it is in the case of the infant, whose digestion is very weak and whose alimentary system is easily deranged. Sometimes the vegetable acids are not only grateful, but really beneficial. The patient may eat grapes, oranges, tomatoes, or baked apples, or she may drink a mild wine, or an occasional glass of lemonade. Now and then the most excellent results are obtained from travel, partly because of change of scene and surroundings, but also as the phrase is, from "change of pasture." The same food, cooked differently, may be more acceptable to the stomach of an invalid, and less harmful in every way, than if she had remained at home and eaten it from the same dish and table as before.

But let us inquire if there is any means whereby the important function of lymphosis may be stimulated and encouraged. The *Salts of Potassa, Soda, Lime, Alumina, Baryta, Iron, Iodine, Ammonia, Phosphorus*, and other earths and metals are all more less intimately related therewith. As prepared by the pharmacist, or in the form of mineral waters in the great laboratory of Nature, they have long been employed for the cure of all the principal disorders of nutrition. And the almost universal record of the good results so frequently obtained from them leads us to conclude that empirical observation can not have gone very far astray in this matter. The hint at least is significant. Clinical experience confirms their value in the treatment of leucorrhœa. A majority of the reliable remedies for this disease are of mineral origin. And each of them has a specific, pathogenetic, and curative relation to the lymphatic glands. It is for this reason, doubtless, that they are most serviceable in the treatment of scrofulous and catarrhal affections of almost every kind.

Although these clinical generalities are both analytical and suggestive, they should not be allowed to substitute a more careful selection of the appropriate remedy or remedies. We must choose from among all those named, and many more beside, the proper similitum for the more prominent symptoms complained of. If you will turn to the pathogenesis of *Calcareo carbonica* you will find it. The indications for this most excellent remedy

are so positive and almost mathematically exact that we need look no further. It is called for in milky leucorrhœa with aching in the vagina, and itching in the pudenda, with increased flow after exercise, and also in the case of a woman who is subject to a too copious and oft-recurring menstruation.

In prescribing the *Calcareæ carb.* in similar cases, and indeed ordinarily, my own preference is for the third decimal trituration. And while I do not question the efficacy of the medium and higher preparations thereof, my experience is certainly opposed to the theory which holds that no curative effect can be obtained from this remedy unless it be given in the sixth or a higher potency. Mrs.— will take one-and-a-half grains of the third trituration of the *Calcareæ* morning and evening, and report at the end of a week.

TOO FREQUENT MENSTRUATION IN INCIPIENT PHTHISIS.

Case.—Mrs. S—, *ætat.* thirty-two, residing in adjoining state, gives the following history of her case. She has three children, the youngest of which is four years old. She nursed the latter for a period of twenty months, her menses appearing but twice, meanwhile. For two years past she has menstruated as often as once in three weeks, and some times every two weeks. Originally menstruation was regular, and normal in all respects. With a single exception, which occurred about four months ago, the menses have not been very profuse. Eight months ago she lost her voice, and in all this interval has not been able to speak aloud. She has no habitual cough nor sore throat, but is subject to occasional attacks of diarrhœa which is very debilitating and sometimes quite intractable. Has never had the aphonia before, neither was she subject to the croup, or to any anginose affection during infancy and childhood; is losing flesh rapidly; appetite capricious; perspires freely whenever she sleeps; no thirst; pulse one hundred and ten. Tuberculosis is hereditary in the family.

The relation of the menstrual function to the development of hereditary tuberculosis is more significant than you may have supposed. The interval between puberty and the age of thirty or thirty-five represents the period at which females are most liable to be seized with symptoms of that formidable disease. After this period, if the menses are regular, they generally escape until the grand climateric is passed. The first ten years of menstrual life show the largest proportion of cases and rate of mortality from phthisis pulmonalis. It is not uncommon for this

disease to appear in young girls at the time the catamenial function is established. Retention of the menses is very often a premonitory symptom. We shall, doubtless, have occasion to confirm its clinical import.

But it sometimes happens, that too frequent menstruation may take the place of an arrest, or tardy appearance of this flow in incipient phthisis. The case before us is one of this kind. For fifteen years, *id est*, from the age of fifteen to thirty, this poor woman menstruated regularly. Lactation was prolonged to twenty months, the menses appearing only twice before her babe was weaned. For the four months following every thing was normal in this respect. The courses then became too frequent, and have so continued until the present time.

Healthy menstruation depends upon ovulation — the ripening and discharge of the ovum, which takes place each lunar month. It is possible that the physiological condition of this peculiar flow may be supplied in exceptional cases of too frequent menstruation. But, in young subjects especially, clinical experience leads us to refer this remittent type of menstruation, as it has been styled by Dr. Tilt, to some severe constitutional or local disease or dyscrasia. Sometimes it is caused by uterine ulceration which may be either benign or malignant. More frequently it is not organic, but originates in the depraved and debilitated condition of systems that are incident to phthisis pulmonalis, and to chronic diseases of various kinds. When it occurs so frequently, it loses the distinctive character of the catamenia proper, and becomes a passive hæmorrhage. Under these circumstances the condition of the blood is such that it very readily escapes from the uterine mucous membrane, which is more than ordinarily congested. Whatever impairs the quality of the blood may thus directly give rise to a too copious, as well as too frequently recurring menstrual flow. Hence it is that instead of amenorrhœa in the early stage of phthisis, we sometimes meet with cases of troublesome and even dangerous menorrhagia. Indeed my own experience leads me to conclude that uterine hæmorrhage, active or passive, is more frequent in women under thirty-five years of age, and who are predisposed to tuberculosis, than our authors and practitioners have generally imagined. As a rule, however, it is more liable to occur in advanced stages of the disease than in

its incipency, and in child-bearing women than in those who are either unmarried or sterile.

In either sex indiscriminately it is not unusual for phthisis to commence with laryngitis and consequent aphonia. But the marked sympathy existing between the womb, the ovaries, and the larynx renders this complication more frequent among females than with males. The loss of voice in this case is significant and serious. If it were hysterical, it would not have persisted for so many months. In aphonia from spinal irritation, (unless it be traumatic), the attack comes on abruptly, continues for a few days or a week at most, and is very apt to leave as it came. Emotional causes, menstrual or sexual excitement, or bodily fatigue, may induce either of these varieties of aphonia. The loss of voice that sometimes precedes an apoplectic fit depends upon congestion of the medulla oblongata about the ganglion of the pneumogastric nerve, and is a very different affair. The obstinate aphonia, the habitual diarrhœa, the menstrual irregularity, and the frequent pulse of this patient are objective signs which must be interpreted as premonitory of pulmonary tuberculosis.

Treatment.—The remedy for this case is *Calcarea phosphorica*. And you will be surprised to observe how promptly and efficiently it sometimes acts under similar conditions to those presented by this patient. It may be given in the third, the sixth, or if you please, a higher potency. My own preference is for the third decimal trituration, of which this woman will take two grains three times daily.

Not unfrequently the *Bichromate of potassa*, *Phosphorus*, *Fodium*, or *Spongia* will relieve the hoarseness which is incident to these cases of incipient phthisis. For this purpose they may be given incidentally, or if otherwise indicated, in lieu of the *Calcarea phosphorica*.

It is quite as important to prescribe the proper hygienic conditions suited to this infirmity as it is to determine the choice of the remedy, First and foremost this patient should, if possible, remove to a climate which is less humid than this upon the lake shore. This expedient is especially advisable at this season, (February). For the weather of the late winter and early spring months in this vicinity is too changeable and withal too damp for persons who are predisposed to laryngeal and pulmonary difficulties.

She should, moreover, have a good diet, and plenty of fresh air without fatigue. And what is still more important, she should avoid an excess of family care and worry. Any little fret and friction of the domestic machinery has a wonderful influence in keeping this class of patients always on the doctor's hands.

POST MORTEM.—RETAINED FŒTUS, INSANITY.

At the request of Dr. O. S. Sanders, of this city, I recently held a *post-mortem* examination of a woman who died at the age of sixty-seven. The abdomen was much enlarged, and presented the appearance of containing a large tumor. Upon cutting down, the uterus was immediately presented in an enormously distended condition; the bladder was found very much atrophied, not being larger than an English walnut. The uterus was taken out entire, and weighed twelve and a half pounds. It was very much engorged with venous blood. An incision was made into it until the knife was obstructed by bone, and then the substance of the uterus was peeled off as one would peel an orange. The tumor being freed from the uterus, was found to weigh eight pounds, and the appearance of it in shape was that of a head, with what should be the bones, partially ossified. I divided the tumor, as I judged, through the apex of the head, passing the anterior fontanel and down to the posterior fontanel; the substance contained was of a dark gray color, and lobulated very much like the brain; in consistency it was very tough and elastic, somewhat resembling rubber.

The history of the case is as follows: Mrs. —, aged sixty-seven years, has been married, but has never had a child. Twenty-two years ago ceased menstruating. Two years afterward, or at the age of forty-seven, she manifested symptoms of insanity, and she was placed in an asylum, where she remained several months. From that time on she has been more or less insane, but never violent, the character of the insanity being of an apprehensive type, fearful that some one would take her life. She would sometimes go without food for several days, because it might be poisoned. This has been particularly the case during the last year. Since the age of forty-seven, this tumor has gradually increased in size. She has had a pretty constant offensive sanious discharge from the vagina, which she called her "periods."

G. M. P.

EDITORIAL.

THE PAST AND FUTURE.—This number closes another journalistic year. We have endeavored to transfer, from the profession in general to our readers in particular, a large amount of valuable matter in each of the twelve numbers. To comprehend the mass it makes in the aggregate, read the contents of Vol. VI. ! Perhaps more material might have been crowded into these 488 closely-printed pages, but we doubt it! The articles contributed number 144! We have twenty-one reports of medical societies, and of correspondence over fifty, while the different *items* number about *five hundred!* The chief questions discussed were: Medico-Financial Question; Basis of Homœopathy; *Lachesis vs. Apis*, and *Sopa, Puls.* in Mal-positions; Colic; Missed Labor; Hydro-pneumo-carditis: Indications for the Dose; Surgical Therapeutics; *Belladonna* Rash; Dynamics; Pathology; Malarial Fever; Pneumonia; Bronchitis Capillaris; Repertory; Minnesota for Phthisis; Alternation of Remedies; Higher Medical Schools; Acute Atrophy of the Liver, etc., etc.

With the great pressure on our columns, we have not been able to present all the valuable matter sent us. Yielding to what seems "the pressure of circumstances," our publisher gives us *eight more pages* for each number of Vol. VII. The same general plan, which has proven so satisfactory, will be continued, giving more attention to "current literature," and to "the progress in the medical sciences."

As this journal is devoted to medical science in general, it would be of value to have discussed:

In Clinical Medicine.—What self-limited diseases can be arrested, abridged, or mollified? What part nature plays in the cure; The treatment of cancer, phthisis, epilepsy, paralysis, apoplexy, granular ophthalmia, amaurosis, catarrh, fatty degeneration of the heart, Bright's disease, gonorrhœa, apoplexy, locomotor ataxy, coxalgia, insanity, etc; Diatheses (scrofulous, rheumatic, etc.); Indications for adjuvants; Limit of attenuation, etc.; Indications for selecting certain potencies, etc.

In Obstetrics.—Value of the binder; Ligaturing the funis; Indications for the forceps; Indications demanding premature delivery; Predispositions to abortion, and can they be detected; Necessity for and relative value of mechanical appliances, etc., etc.

In Gynecology.—Eclampsia; Hysteria; Displacements; Value of topical applications; Effect of the sewing machine on women; Prolapsus of bladder, vagina and uterus, with hypertrophy, etc., etc.

In Pædiatria.—Age at which independent existence is possible; Asphyxia; How to anticipate the development of the diatheses; Artificial

food, its relative value; Dentition, how best assisted; Hydrocephalus; Cholera infantum; Marasmus; Dangers in eruptive diseases, etc., etc.

In Surgery.—The different operations performed by Allopaths obviated by our remedies; Capital operations that can be performed with safety by Homœopathic and not by Allopathic surgeons; Relative merits of the different methods of arresting hæmorrhage; Amount of intestine that may be removed with safety; Relative value of *Carbolic acid*, *Calendula*, water, etc., as dressing for wounds, burns, etc., etc.

In Anatomy.—Origin of the lymphatics; Origin of the red and white blood, mucus and pus corpuscles; Terminations of the nervous filaments.

In Physiology.—Functions of the sympathetic system, also its influence on the cerebro-spinal system, and *vice versa*; The function of the spleen, of the different convolutions of the cerebrum; The physical basis of life, etc., etc.

In Histology.—The cell; Germinal and formed matter, etc.

n Pathology.—Its proper value to the Homœopath; Are the “key-notes” semeiological or pathological guides? Is special pathology the foundation of all pathogenetic and pathognomic symptoms? Special pathology of epilepsy, etc.

In Materia Medica.—The best method to study the *Materia Medica*; How to detect spurious symptoms; The relative value of physiological, toxical and clinical symptoms; How best to verify symptoms; The most scientific and convenient arrangement of the *Materia Medica*; The relative antidotal effects of our remedies on one another; The sphere of electricity; How drugs act, etc.

In Hygiene.—How does climate affect phthisis, cancer, aneurism, etc.; Best diet for cholera infantum patients; The sphere of baths, etc.

In Chemistry.—The chemical changes produced by our drugs, if any; The chemistry of our *Materia Medica*; The changes our drugs undergo in preparation, if any, etc., etc.

In Jurisprudence.—The criminalities of the practitioners, etc.

In Psychology.—Mental development; Standard of sanity; The earlier symptoms of melancholy, mania and insanity, and the remedies therefor; Best management of the insane; Curability of all cases of insanity with our remedies, etc.

These, and many more subjects that our readers may suggest, can be discussed in our pages to mutual advantage. Contributors are requested, as heretofore, to be as practical and concise as the subject under discussion will admit, as we desire to crowd a very large amount of matter in the 48 pages of each number of Vol. VII.

HOMŒOPATHIC SURGERY.—We feel an honest pride in the triumphs of our school, especially in what has been achieved in surgery. It is but a few years since our physicians took up the scalpel to make it a specialty. We now are startled by the brilliancy and the successful results of their operations. They are able, by our remedies, to obviate many of the

minor operations, and by their aid are emboldened to undertake operations the most hazardous—operations that allopathic surgeons would not attempt, because death would be the certain result. We can call to mind operations as brilliant as they were successful, by surgeons Beebe, Pratt, Helmuth, Franklin, Comstock, Beckwith, Biggar, Schneider, Perrine, Baker, Sawyer, Gilchrist, of the West; and Beakley, Allen, Liebold, Talbot, Pease, Bell, James, Morgan, Detwiler, Willard, of the East. We presume and believe there are still others who have achieved surgical honors, who have not contributed to our surgical literature.

Perhaps the most bold and successful operation is that modestly recorded on another page. In allopathic hands the case would most certainly have been carried off by peritonitis. The points of especial interest in this case are:

1st. The danger of prostration. 2d. The danger of peritonitis. 3d. The danger of enteritis. 4th. The great danger of hæmorrhage in removing so much intestine. 5th. The danger of starvation. 6th. The fact that scybala might have occluded the lower portion of the ileum and colon, so that future passage through this part, unused for five weeks, would be impossible. 7th. This patient must have lived (and she thrived) on only a very short piece of intestine. (The portion severed was of the jejunum.) 8th. The discharge at the artificial anus, as we observed it, was chiefly chyle mixed with bile. 9th. When the stomach became irritated, the discharge was nearly pure bile.

In a physiological as well as in a surgical point of view, this case is one of the most remarkable and interesting yet recorded. What a splendid opportunity was here afforded for the study of the physiological action of drugs. Dr. Bennett, of Edinburg, could have settled the question of the cholagogue action of *Calomel* on this subject, with a mathematical certainty. With an endoscope we presume, not only the ductus communis choledochus and pancreaticus might have been explored, but also the hepatic and cystic ducts. What a chance was here afforded for the study of the function of the follicles of Lieberkühn, the glands of Brunner, the solitary glands and the patches of Peyer, and, in fact, of the whole function of digestion and assimilation. It would have paid our physiologists to have hired this patient to keep the artificial anus open for study and experiment, but the comfort of the sufferer urged its early closure.

We learn that the case, elaborately illustrated and minutely detailed, with all the observations, will appear in the N. Y. State Homœopathic Medical Society's Transactions, Vol. VII., and in full in the "United States Medical and Surgical Journal" for October.

BROMIDE OF POTASSIUM IN EPILEPSY.—We find the following going the rounds of the allopathic press:

"**MODERN HOMŒOPATHY.**—*The Medical and Surgical Reporter*, (Phila.,) furnishes the following extract from the proceedings of the Cleveland Homœopathic Medical Society, recently held in that city:

“Dr. S. R. Beckwith asked if the members had any experience to report on the use of *Bromide of potassium* in epilepsy; said it was a pretty sure remedy, given in *sensible* doses. He related several cases favorably affected by its use.

“Dr. T. P. Wilson reported, that late clinical reports had shown that in bad cases of epilepsy, it was safe to give as high as *sixty grains of Bromide of potassium three times daily*; that such doses caused temporary insanity, which might be continued many weeks, and yet disappear on ceasing the use of the medicine.’

“The same journal says, that the reports of the London Homœopathic hospitals show a decided partiality for similar ‘massive’ doses.”—*Boston Medical and Surgical Journal*.

Our allopathic brethren ought to know by this time, as they no doubt do, that *Similia* is the feature that distinguishes Homœopathy from all other systems of treatment. The point they could have made to advantage, is this: is *Bromide of potassium* the similitimum of *all cases* of epilepsy? Of course it is not! Still, it is an acknowledged fact that *Bromide of potassium* in large doses, like *Quinine* in intermittent fever, will prevent, keep down, the recurrence of the epileptic paroxysms. Its action is simply *antipathic* in the majority of cases. These journals might have gloated, then, over the fact that we at times resort to pallatives. And we must admit that it shows our weakness or ignorance whenever we do.

A question arises here: if neither *Bell.*, *Calc.*, *Cuprum*, *Ignatia*, *Arsenicum*, *Opium*, *Zizia*, *Artemisia*, *Cicuta*, *Hydrocyanic acid*, *Zincum*, *Glonoine*, *Æthusa cynapium*, *Ænanthe crocata*, *Nux.*, *Strychnine*, *Bromine*, nor *Causticum*, *Cina*, *Hyos.*, *Stram.*, *Sulph.*, *Camphor*, *Cham.*, *Cocc.*, *Ipecac.*, *Kali*, *Lachesis*, *Lyc.*, *Natrum. m.*, *Nitr. ac.*, *Plumb.*, *Sep.*, *Silicea*, *Agar.*, *Con.*, *Ignat.*, *Laur.*, *Magn.*, *Mosch.*, *Petr.*, *Plat.*, *Rhus.*, *Secale*, *Acon.*, *Alum.*, *Amm.*, *Ang.*, *Ant. crud.*, *Ant. tart.*, *Arg.*, *Arn.*, *Asaf.*, *Aur.*, *Bry.*, *Canth.*, *China*, *Coloc.*, *Dig.*, *Dros.*, *Dulc.*, *Fer.*, *Bell.*, *Iod.*, *Led.*, *Mys.*, *Mar.*, *Merc.*, *Mur. ac.*, *N. mosch.*, *Phos.*, *Phos. ac.*, *Puls.*, *Ran. bulb.*, *Ran. scel.*, *Ruta*, *Stann.*, *Staph.*, *Tarax.*, *Thu.*, *Valer.*, *Verat.*, nor any other *known* remedy is indicated in a case of epilepsy, is it unprofessional, criminal or inconsistent with our duty as physicians to prescribe palliative doses of *Bromide of potassium*? If not, how much is safe to administer? Dr. Wilson seems to think sixty grains, three times a day, safe.(?) The *Lancet*, (July), records the case of an epileptic French woman who took for *one year Bromide of potassium in doses varying from thirty grains to an ounce per diem*! But at last she fell a victim to the debilitating effects of this salt, and died in a state of prostration. If this is the result of this drug, long-continued, what is gained by its use? Would it not be better to let the patient suffer on with the disease, rather than *kill* him with allopathic drugs?

Our allopathic friends seem to insist on the necessity of our giving small doses if we would practice strictly according to the law, *similia*. The point is well made. To us, as Homœopathic practitioners, the small dose is a necessity, and the resort to allopathic (or antipathic) remedies inconsistent with our pretensions.

Whatever may be the practice in the London Homœopathic hospital, if

the editors of the allopathic journals will scan their Homœopathic exchanges closely they will see that the tendency in our school in America is certainly towards the *smallest* dose. And if we can read the "signs of the times" correctly, the tendency of the whole medical world is in the same direction.

The showing in the quotation is certainly a bad one, for our Cleveland friends, indicating a tendency to empiricism and massive doses, inconsistent with their well-known pretensions to *pure* Homœopathy!

MODERN GYNÆCOLOGY.

NICOLAI once said to the famous Lessing, "You must admit that Voltaire has lately said many new and good things." "Certainly," replied Lessing, "but the new things are not good, and the good things are not new."

How far the sentiment of this famous *bon mot* applies to the claims of most modern gynæcologists, it would be very difficult to determine. That many, and perhaps most of the startling items which herald some new discovery or appliance in this branch are worthless or harmful, our physicians and patients have learned to their cost. He is a bungler who has no better and more trustworthy resources. That the best medical and surgical means for treating the diseases of women are not new, every body knows. And it by no means follows that, because the oldest practitioners are not always most skilled in their employment, or even perhaps aware of their existence, therefore, all advance in this speciality, is modern, and only what is new is worthy of notice.

Whoever keeps himself abreast with this department, has remarked the signs of a coming crisis in uterine therapeutics. The labors of Tilt and West, of Tyler Smith and Wright, of Pichard and others are bearing fruit in a growing distrust of local, to the exclusion of general treatment, for uterine diseases. For however popular and pernicious the teachings of Bennet, "the great apostle of the speculum," may have been, they are certainly waning in their influence. Common sense is coming to the rescue against indiscriminate cauterization. And so also of mechanical supports and surgical expedients, upon which so many practitioners have hitherto placed a premium.

Thanks to our increased facilities, we are daily becoming better versed in the special pathology of the diseases of women. Our doctors are more competent to recognize what, heretofore, they have unwittingly cured with internal remedies. From this cause, their personal usefulness and professional reliability are greatly increased. For the testimony of a witness is of value in proportion with his intelligence and truthfulness. The competent and conscientious physician will not travel beyond the line of his capacity. He will not claim too much for an exclusive means of cure, no matter whether it be the highly potentized remedies prescribed upon the most delicate indications, or the more crude and slashing expedients which have been so much in vogue.

At this juncture, the responsibility of our school of practitioners is very great. Admitting the wonderful fitness of our remedies for the treatment of the diseases of this sex, it becomes our manifest duty to develop and multiply our resources as much as possible. In this especial department, our literature should be richly laden with the fruits of thought and experience. Our journals should give us wheat, and not chaff; our societies, national, state and auxiliary, should harvest much that is valuable. Our books, on this and kindred topics, should abound in clinical hints; and the teachers of obstetrics, etc., in our medical colleges, should spend more time than heretofore upon every thing that pertains to gynecology. We owe it to science to be more thorough and capable, and to humanity to be more skillful and successful than our neighbors. R. L.

CORRESPONDENCE.

BUREAUS OF THE AMERICAN INSTITUTE.

WE call the especial attention of our readers to the following circulars, of the different bureaus of our National Society, sent us for publication. It will be seen that they mean "work," which augurs well for the reports to be presented at the meeting to be held in Chicago, June 7, 1870. We hope the several bureaus will meet with hearty co-operation:

ST. LOUIS, July 20, 1869.

BUREAU OF SURGERY.—In order that the Bureau of Surgery, appointed at the last meeting of the American Institute of Homœopathy, may present both an *instructive* and *practical* report, we request our surgical colleagues either to prepare, themselves, or to collect from professional friends, any records of important operations, statistics, essays on surgical diseases and their Homœopathic treatment, or other items of interest pertaining to surgical science, and to forward them to any member of the Bureau, that they may be systematically arranged for presentation at the next annual meeting of the Institute, to be held in Chicago.

Wm. Tod Helmuth, M.D., St. Louis, Mo.; Gaylord D. Beebe, M.D., Chicago, Ill.; B. W. James, M.D., Philadelphia, Pa.; T. F. Allen, M.D., New York City; C. T. Liebold, M.D., New York City; M. Macfarlan, M.D., Philadelphia, Pa.; John J. Detwiler, M.D., Easton, Pa.; J. B. Bell, M.D., Augusta Me.; N. Schneider, M.D., Cleveland, Ohio.

THE BUREAU OF ANATOMY, PHYSIOLOGY AND HYGIENE, of the American Institute of Homœopathy, consisting of Drs. Carroll Dunham, New York; J. H. P. Frost, Bethlehem, Pa.; T. P. Wilson, Cleveland; J. J. Mitchell, New York; C. W. Boyce, Auburn, N. Y.; A. R. Morgan, New York, and J. H. Pulte, Cincinnati, respectively, invite the attention of the profession throughout the country to the subjects with which this Bureau is especially concerned.

No doubt many of our colleagues are giving thought and study to some of the disputed questions of Anatomy and Histology; to the vexed problems of Physiology, such as digestion and the functions and relations of the nervous system; or to subjects of Hygiene, as, for instance, the value of climate, occupations, clothing, aliments, as preventing or predisposing to disease.

The Bureau was intended to be a means of collecting the experience and opinions of the profession on these subjects, and collecting them in a yearly report to the Institute. We, therefore, earnestly invite our brethren to communicate freely and early, with some member of the Bureau, and to give us their aid and support in the labors to which we are assigned.

CARROLL DUNHAM, M.D., *Chairman*.

68 East Twelfth St., New York.

BUREAU OF OBSTETRICS.—The Bureau of Obstetrics and Diseases of Women and Children, in the American Institute of Homœopathy, consisting of Drs. R. Ludlam, of Chicago; H. N. Guernsey, Philadelphia; J. H. Woodbury, Boston; T. G. Comstock, St. Louis; E. M. Kellogg, New York; J. C. Sanders, Cleveland, and O. B. Gause, Philadelphia, most respectfully represent:

1. That more than one half of our time and thought as medical practitioners is occupied with the subjects which it is the province of this Bureau to develop and unfold.

2. That the clinical experience of the members of this Institute, in this department alone, if properly collected and arranged, would yield an annual volume of the size of our published Transactions. (New Series.)

3. That it is the individual duty of members, and they are hereby solicited to record their observations upon whatever is connected with either department of this specialty, and to report the same to this Bureau.

4. That the members of this Bureau do really wish and need the hearty co-operation of their professional brethren in the preparation of their next annual report, in order that it may be commensurate with the growing importance of the subject in charge.

Communications may be sent to any member of the Bureau, or direct to

R. LUDLAM, M.D., *Chairman*,

297 Wabash Avenue, Chicago, Ill.

MEDICAL EDUCATION.—To the members of *The American Institute of Homœopathy*:—Among the important subjects which will come before the American Institute for consideration at its next meeting, none will perhaps excite a deeper and more general interest than that of Medical Education.

Having been placed upon the committee to report upon this subject, the undersigned is desirous of presenting a comprehensive report, and to this end earnestly invites from the membership an expression of views, with the submission of plans for the conduct of medical schools, with especial reference to thorough and efficient medical training.

Communications addressed to the undersigned prior to the first day of April next, will receive careful consideration.

Very respectfully,

G. D. BEEBE.

CHICAGO, August 31, 1869.

BUREAU OF ORGANIZATION,* REGISTRATION AND STATISTICS.—This Bureau asks the co-operation of the whole profession in the following:

1st. To aid in the completion of the registration. Every physician (whether a member of the Institute or not) should send to this Bureau at once his (or her) name and address, (if graduate or licentiate give name of institute and date.)

* As an individual member of the Bureau of Organization, etc., we have urged an increase in the number of bureaus and in the working force thereof, but have been met with the objection that there are not workers enough to fill the bureaus as they now stand (or rather, did stand before the St. Louis meeting). We have also urged a classification of the whole membership under the different departments and branches preferred by the members, to show our friends that they labor under a mistake.

Our readers who give attention to specialties, or who have a preference in study, or practice for a particular branch in any department of medical science, will please designate their approval or disapproval of the plan before the next session of the Institute, and also indicate the branch or department they desire to be classified in.

T. C. D.

2nd. To aid in perfecting the organization as a *National* institute, Louisiana, Texas, California, Missouri, Kentucky, Iowa, Tennessee, Mississippi, Arkansas, Alabama, Georgia, N. Carolina, S. Carolina, Virginia, Maryland and Delaware should all be represented by state organizations.

This Bureau would urge the organization of county and local societies, the establishment of dispensaries, and the founding of hospitals. It is the desire of this Bureau to prepare an elaborate report of all these institutions for general circulation.

3rd. To aid in the collection of statistics showing not only the *progress* of our school but also the changes that have otherwise taken place through its adoption. Statistics in reference to (a) operations, (b) the cure of diseases, and (c) the prolonging of human life.

We contend that our surgical operations are more successful than are the allopathic, that we cure our patients more rapidly, that we keep them well longer, and that Homœopathy prolongs life twenty-five per cent. We should be able to prove these assertions by the figures.

4th. Histories of institutions and individuals should be sent to this Bureau while they may be readily obtained.

Communications may be sent to any member of the Bureau :

Drs. H. M. Smith, New York; H. M. Paine, Albany, New York; T. C. Duncan, Chicago; R. J. McClatchey, Philadelphia, and E. B. Thomas, Cincinnati, Ohio.

BUREAU OF MATERIA MEDICA.—The members of the Bureau, in laying out their work for the coming year, have arrived at the conclusion that the continued proving of new drugs is of less importance at present than the verification of the great bulk of material already on hand. It is much easier to add new provings than to verify the old by clinical experiences; and it is to this subject that the Bureau of Materia Medica intends to direct the attention of the members of the American Institute, and to urge their coöperation.

The plan is as follows: To verify the existing *Materia Medica*, old as well as new, by collecting the clinical experiences of the Homœopathic physicians of America.

The facts to be collected shall be concerning well-proved remedies. The provings shall form the basis of observations, inasmuch as prescriptions are made according to them. All clinical observations upon *unproved* drugs to be avoided.

Physicians are requested to communicate only such cases as have been from time to time recorded in their case-books, dairies, etc.; all quotations from memory and generalities to be avoided.

Cases should be concisely reported; briefly mentioning the name of the disease, length of its duration before treatment, the date at which improvement commenced after treatment, and the time required to perfect the cure; but particular stress should be laid on the symptoms leading to the selection of the remedy and to the cure of the case.

State cases in which medicines were selected with care according to provings, but in which the indications *failed* to lead to the improvement or cure of a case.

Class of Remedies to be Verified.—The Bureau proposes to select particularly those medicines from the old and recent contributions to the *Materia Medica*, concerning which experience seems to be deficient, and which, though well proved, appear to have been used less than their pathogeneses demand.

In collecting and arranging communications, the members of the Bureau of *Materia Medica* will be particular to accredit each contributor with what he has furnished, by appending his name at the end, in the manner adopted by Hahnemann and later compilers, thereby making each one responsible for the accuracy of his observation.

Explanation.—For the purpose of illustrating the design of this Bureau, we append a few cases and observations, in which the following signs should be used:

The (V) denotes that all the symptoms which precede are found in the recorded proving of the drug, and were *verified*, that is, removed by its administration.

The dash (—) means that all the symptoms which follow in the same paragraph were present in the case.

The (D) indicates that these symptoms also disappeared under the use of the remedy.

The italicised symptoms are those which led to the selection of the remedy; and the name at the end of the paragraph is that of the verifier.

CASES OF VERIFIED SYMPTOMS.

Anacardium or.—*Dizziness and throbbing pain in the right side of the head, above the temple, and along the border of the orbit, relieved entirely while eating; when lying down in bed, at night, and when about falling asleep; worse during motion and work.* V. Tough or sticky mucus in the throat in the morning, an attempt to remove which ends in vomiting. D. The above symptoms, which had continued for five weeks, were promptly removed by *Anacardium* 30.—W. E. Payne.

Anacardium or.—*Cramp in calf of leg when walking, or when rising from seat or recumbent position; entirely relieved by lying down.* V. *Anacardium* 30. One dose cures in a few hours.—W. E. Payne.

Menyanthes trif.—*Pain in the forehead, more severe on left side, left eye and left ear, extending through to the occiput; much relieved by pressure with the hands.* V. Aggravated by lying down; by sleep, and by application of cold water. Cold feeling of head, as if cold wind were blowing upon it; nausea. D. The symptoms were very violent in the case of a woman fifty years of age; but disappeared promptly under a single dose of *Menyanthes* 200.—W. E. Payne.

Agaricus mus.—*Spinal irritation, with tendency to paralysis of legs, of several months duration, in a man addicted to onanism fifteen years ago. Symptoms: Pain in lumbar region and sacrum, especially during exertion in the daytime, and while sitting; pain, sore aching, but not sensitive to the touch; painful heaviness and numbness of legs after sitting and riding; improved by walking.* V. Entirely relieved in a few days by *Agaricus* 20, taken for several nights.—C. Wesselhæft.

Lycopodium.—*Cough, constant and hard, day and night, for more than a week, with extreme emaciation V and muscular feebleness D peculiar to the patients from childhood—boys about twelve years old; relieved immediately by two doses of Lycopodium.* Entire convalescence in two days. C. Wesselhæft.

Squilla mar.—*Hooping cough of two weeks duration in a woman aged thirty. Has a suffocative attack, without much cough, at about eleven o'clock every night, so violent as to make her start to her feet in the agony from entire loss of breath.* D. *Drinking cold water always brings on an attack of cough and suffocation; coughing attended with violent stitches in the side of the chest.* V. *Squilla* C cent. in water, a dose every four hours, permanently relieved these symptoms in less than a day, and reduced the hooping cough to a slight, common, catarrhal cough.—C. Wesselhæft.

Communications should be addressed to W. E. Payne, M.D., Bath, Maine; Walter Williamson, M.D., 29 North Eleventh Street, Philadelphia, Pennsylvania; E. M. Hale, M.D., Chicago, Illinois; C. Wesselhæft, M.D., 57 Chauncey street, Boston, Massachusetts.

[The circular from the Bureau of Clinical Medicine has not yet been received. We ask the attention and hearty assistance of all our readers, as well as of members of the Institute, so as to insure a full report, at the next meeting, in all the above departments and branches.—ED.]

STRANGULATED UMBILICAL HERNIA—MORTIFICATION AND REMOVAL OF FOUR FEET TEN INCHES OF INTESTINE—RECOVERY.

EDITOR INVESTIGATOR.—Agreeably to your invitation, I herewith hand you notes of an operation recently made for strangulated umbilical hernia. Knowing something of the pressure of valuable matter upon your columns, I will be brief:

July 10th I was summoned to see Mrs. J. B. Childs, of dark complexion, aged 40, and found her with a tumor of considerable size at the umbilicus, the thin integumental coverings of which were highly discolored, and on the point of yielding to a considerable quantity of fluid therein contained. I obtained from her the following history:

Some years previously, during labor, she sustained a rupture at the umbilicus, which had been troublesome at intervals since. Within a few days the tumor had appeared unusually large and hard, with intense pain and obstinate constipation, followed by vomiting, which at length became stercoraceous, and finally, when the pain had subsided, hiccough became quite persistent.

Without delay a careful incision of the integuments was made, and a considerable quantity of dark, bloody serum escaped. With a grooved director the hernial sac was freely laid open, and revealed a hernia of unusually large dimensions, the intestine was not only blackened, but at points yielding, and allowing the escape of fecal matter.

Upon a moment's reflection, I determined to cut away the decomposed intestine, and securing the healthy extremities allow fecal discharges through an artificial anus for a few days, until the danger of peritonitis should be passed, and then re-establish the natural channel. Accordingly the gut was traced to the hernial ring, and on reaching healthy tissue the intestine was here divided, and the sound extremities secured by a strong suture to the integumental margin. With a pair of scissors the gangrenous intestine was cut away from the mesentery throughout its extent till sound intestine was found on the opposite side, where it was again divided and the sound end secured as before. The mesenteric vessels which were very numerous, were closed by torsion and ice, and when the bleeding had ceased, the hernia knife was brought to bear on the ring, and this was freely enlarged. Making sure that no further hæmorrhage followed, the parts were returned within the abdomen. The inflammatory action was controlled by *Aconite* and *Arsenicum*, and the pulse, which on the day following the operation rose to 120, at the end of the third day had declined to 100, and the patient relished food and enjoyed sleep.

I now directed the preparation of a clamp, after drawings prepared by Dr. A. G. Beebe, and so soon as this was completed, was ready for the next step in the treatment. On the 31st of July a clamp was applied, the blades of which were oval and fenestrated with serrated jaws to embrace an extent of surface three-fourths of an inch wide by one and one-fourth inches long. One blade was passed into each terminal extremity of intestine at the artificial anus, and taking care that only the intervening walls of these intestines were included between the blades, they were approximated by a screw in the handles with sufficient force to cause some pain. Directions were given that if nausea and vomiting followed, the clamp should be slightly loosened, otherwise it should be gradually tightened during the next two days. On the third day the pressure was increased till the tissue embraced by the clamp sloughed, and at the same time a free incision was made from one intestine to the other, through the fenestral openings of the clamp with a gum lancet. On the day following the clamp was removed, and from that time the evacuations occurred regularly through the rectum. A digital inspection revealed the smooth rounded edges of the opening made by the clamp, and it only remained to close the integu-

mental opening, which was done by deeply set quilled sutures, and the patient departed for her home.

Since the recovery the stools are as regular and healthy in characted and consistency as before the strangulation, and digestion apparently as perfectly accomplished. Rarely have I seen the action of Homœopathic remedies more beautifully displayed than in the control of those inflammatory complications which render these operations so uniformly fatal in allopathic hands.

G. D. BEEBE.

“THE MEDICO-FINANCIAL QUESTION.”

DEAR DOCTOR:—I see that the financial question—one of vital importance—is interesting your readers. I settle with my patients quarterly. If they have not the money, I instruct my collector to have them sign the acknwoyrdment on the bill, which at once transforms it into a negotiable note. The following is a copy of the bill referred to:

		LA PORTE,.....18...
M.....		
	To S. A. ROBINSON, M.D.	Dr.
For Professional Services, etc.,	} Visits and Prescriptions, \$....
from.....18....to Office Prescriptions,
18..., as follows:		Surgical Attendance, etc.,
Received Payment,		Extra Medicines, Instru-
.....		ments, etc., - - - - -
		Total, - - - - -
		Contra Cr., by - - - - -
		Balance, - - - - -
		I hereby acknowledge the above account,
		and agree to pay the same without relief
		from valuation or appraisal laws.
	

☞ The items of this bill may be examined at any time at the office.

THE USUAL FEES CHARGED AT PRESENT ARE AS FOLLOWS:

Visit, city,	\$1.00	City business between 10 P.M. and 6 A.M., and country business after dark not less than 50 per cent. extra. Prescriptions unusually expensive, either in time or medicines, and surgical and obstetrical attendance, are charged extra.
Visit and prescription,	1.25	
“ “ country the same,		
with mileage one way, per mile50	
Office prescriptions,75	

☞ All accounts must be settled quarterly.

For country practice, the above seems to work to the satisfaction of all concerned. Yours fraternally, S. A. ROBINSON.

LA PORTE, May 22.

DIPLOMAS FOR SALE!

DEAR INVESTIGATOR:—There is a man in Milwaukee who claims to be “an agent” for the procurement of diplomas for those in need of them. The Allopathic Society of this State lately held a session in this city, and the corresponding secretary read a correspondence carried on with this “agent,” in which it appeared that the faculties of certain Allopathic colleges in New York and Philadelphia, would sell their diplomas, regularly signed and sealed, for any date the applicant wished!! It occurred to me to try the same thing, and this is the result of my correspondence:

I wrote to him as if I was one of the “diploma hunters,” and wanted one from a Homœopathic college, if possible, but one from some college any how. His reply was, that no arrangement could be made with a Homœo-

pathic college; they would not sell at any price. He could get me an Eclectic diploma for \$125; one from an Old School college in New York for \$1,000; and from one in Philadelphia for \$250. But from a Homœopathic college, thank God, one could *not* be bought.

Very respectfully,

J. G. GILCHRIST.

OWATONNA, June 19th. 1869.

[Is it not a matter of regret that *our* colleges will persist in being so very *irregular*.—ED.]

REVIEWS.

THE SEXES HERE AND HEREAFTER. By Wm. H. Holcombe, M.D., *author of Our Children in Heaven, etc.*

This work is a model of the book-maker's art. The scope and design of the work may be gleaned from the contents. "Sex. Love and Marriage Universal. Sex, Love and Marriage Eternal. What our Lord says about it. What Swedenborg says about it. Spiritual Differences Between Men and Women. The Spiritual Philosophy of Love and Beauty. The Spiritual uses of Marriage. Tendency of our Views."

This work is written in the Doctor's best style, and has called forth only encomiums from the press. It will be perused with a relish by all, even if the reader does not subscribe to the theology.

It is rare that a medical writer ventures outside of purely medical subjects, and still rarer that he succeeds in the outside venture. We therefore congratulate Dr. Holcombe on his success as an author. We also enter a plea that he do not *neglect* his medical confrères by hoarding his valuable experience and extensive observations.

MONTHLY MICROSCOPICAL JOURNAL. Edited by H. Lawson, M.D., F. R. M. S. Linden, R. Hardwicke. 64 pp. 8vo Vol. I. Price \$7.00. (Through any member of the Illinois State Microscopical Society.)

Numbers I-VIII of this valuable journal have come to hand. Although it is devoted to Microscopy in general, still very many of the articles are of the greatest interest to the medical man. It contains in each issue a "record of histological research." This will be of especial value to those who are not microscopists, but who aim to keep posted in the discoveries in this most interesting branch.

CHARACTERISTIC MATERIA MEDICA. By W. H. Burt, M.D. Philadelphia: A. J. Tafel. 12mo. 460 pp. \$3.00.

Those familiar with this author's contributions to medical science will be disappointed in this work. This is not a work of provings, but a careful compilation of all the "characteristics"—idiosyncrasies of the remedies, as Dr. Williamson calls them—observed by the profession. The remedies are presented in groups; the basis is a pathological one, and in many cases the most crude, contrasting strangely with the delicate characteristics that follow. Seeing that our author has attempted to present the pathological as well as the semeiological characteristics of each remedy, it is to be regretted that the former have not received the critical attention given the latter. The symptoms given under each drug as characteristic seem reliable; their paucity in many cases is strikingly apparent, especially in this true of the new remedies; even *Ptelia*, although so well proved, has "no key-notes." This work will no doubt satisfy those who clamor for a "whittled down" *Materia Medica*.

Due credit is given to each author quoted. The frequent recurrence of the names of physicians now in active practice, brings up two inquiries—

1st, Have the majority of these characteristic symptoms been "drilled out" during the past ten or fifteen years? or, 2nd, Has credit been frequently accorded to the wrong parties? If the former, the shewing is very flattering; but if the latter, certainly very unfair. The nightly diarrhoea of *Puls.*, e. g., credited to Guernsey, was observed and recorded by Hahnemann! "Honor to whom honor is due!" We would counsel our readers to purchase the interleaved copies (\$5.00), so that they can add the characteristics now coming to the surface continually.

LITHOGRAPH OF HAHNEMANN. 14 by 20 inches, price 75 cents.—We have received a lithograph of the founder of Homœopathy, which we presume looks as he did one day. For a large picture, it is the cheapest we have seen. Order from G. Tegtmeier, Philadelphia.

BUST OF HAHNEMANN, 8 inches high, \$2.00.—A very fine small plaster bust of our worthy predecessor. Like the many paintings of Queen Mary in the British Art Gallery, no two of the busts, medallions, lithographs, photographs or paintings of Hahnemann we have yet seen look alike. Order from Mr. Halsey.

THE ART JOURNAL: an American Review of the Fine Arts. Chicago: J. F. Aitken & Co., Opera House Art Gallery. Royal 4to. \$4.00 per annum.

This monthly magazine is an honor to Chicago and American art. The congregation of a majority of our artists into the Opera House building, gave an impetus to art, and making this city a recognized art-centre. This journal, its exponent, now in its second year, is in a very flourishing condition. Those who take an interest in art matters, may here be informed on the condition and progress of art throughout the country.

HOMŒOPATHY AND ITS PRACTITIONERS IN CHESTER COUNTY, PA. By Joseph E. Jones, M.D.—Dr. Jones has done a work that should be done in every county and state in the Union. What a monument it would make!

HALF-YEARLY ABSTRACT OF THE MEDICAL SCIENCES. July. Philadelphia: H. C. Lea. Part XLIX. 292 pp. \$1.50.

A casual observer might think, because these works were both filled with half-yearly gleanings from the British and continental medical press, that they therefore contained much in common, but such is not the fact. This number contains the *gist* of a large amount of scientific and practical matter.

BRAITHWAITE'S RETROSPECT. July. New York: Townsend & Adams. Part LIX. 280 pp. \$1.50.

This review of medicine and surgery has been a favorite for nearly thirty years. The contents gives a bird's-eye view of the progress in medicine.

THE OCCIDENTAL: A Monthly Journal of Popular Homœopathy. Edited by G. S. Walker, M.D., and T. G. Comstock, M.D. St. Louis: John V. Hogan, Publisher.

This journal, as we learn from the title-page, is devoted to popularizing Homœopathy. We believe there are many in this country who know nothing of the claims of our system, nor of its practical results. A journal that will work this field successfully is a necessity. The attempt is certainly commendable, but the results thus far have not been at all satisfactory. This journal starts out well, leaning a little too much to strictly professional matters, we think; but we hope it will be a success in presenting Homœopathy to the people, and securing the active assistance of physicians.

The general "get up" of this magazine is commendable. Its very exterior inspires confidence in the cause it presents. We are flattered to learn that it took THE MEDICAL INVESTIGATOR for its model in this regard.

THE AMERICAN JOURNAL OF OBSTETRICS AND DISEASES OF WOMEN AND CHILDREN. Edited by E. Noeggerath, M.D., and B. F. Dawson, M.D., and A. Jacobi, M.D. New York: Townsend & Adams. \$4.00. Quarterly. 184 pp.

This journal, now in its second year, is one that will commend itself to every scientific physician. Each number is well filled with valuable material. It is edited by men who are enthusiastic workers in the three departments — Midwifery, Gynæchology and Pædiatria. We commend it again to our readers.

ILLINOIS STATE HOMŒOPATHIC ASSOCIATION. Transactions of Fourteenth Meeting.—With the proceedings of this ancient society our readers are familiar. The papers are valuable; we shall give a gist of them when space permits.

The reviews of "Berjeau on Syphilis," "Sayre's on Club-Foot," "The Drift of Modern Medicine," "Transactions of American Ophthalmological Society," "Address of President Baldwin," "Phrenological Annual," "Palmer's Lectures," "Harris' Review of Palmer," etc., must be deferred.

COLLEGE NEWS.

COLLEGE ANNOUNCEMENTS FOR 1869-70.—We have received the announcements of the following colleges, Philadelphia, Cleveland, New York and Chicago, and shall give them a critical, impartial review.

PHILADELPHIA COLLEGE.—The chief characteristic of the announcement of this college, is the labored effort to prove that the present institution is the one that has been an honor to the profession these twenty-one years. The truth of the matter seems to be that the stockholders of the old college sold out to the new, and the professors who gave character and popularity to the Pennsylvania Homœopathic School—Lippe, Guernsey, Foote, Frost, etc.—have resigned. It was certainly expected by the Alumni of the Pennsylvania College, that the name, at least, would be appropriated by the new institution. They feel dissatisfied at the change. It would certainly have been good policy to have complied with their request, inasmuch as a Hahnemann Medical College has been in successful existence for ten years.*

The addition of a Prof. of Clinical Surgery. from the old faculty is the only change we note in the teaching force of this Hahnemann Medical College.

We note no change in the regulations. An appendix informs us that a three years' graded course is proposed to be instituted, "*as soon as the profession come forward and give it their support.*" Does not this college know the wants of the whole profession since it has been so often expressed of late? Does not this faculty know the profession will support the school that gives the most complete course of instruction?

Among the text-books we note, with but few exceptions, only Homœopathic works recommended. It is a humiliating but palpable fact that our literature covers but a small part of medical science. Students must pos-

* The Alumni of the Chicago Hahnemann Medical College feel that this Philadelphia faculty have committed a breach of propriety in thus appropriating the glory of their *Alma Mater*.

sess and refer to other works if they would get a complete knowledge of medicine.

CLEVELAND HOMŒOPATHIC COLLEGE.—The twentieth announcement of this college presents but few changes in the faculty.

No changes are noted in the curriculum, as in the above college a three years' graded course is promised if sanctioned by the profession. We certainly expected that this college would take the initiation in the medical education reform.

In this announcement the text-books take a wider scope. This college admits women. Fees \$85.

NEW YORK MEDICAL COLLEGE.—In the tenth annual announcement of this college we note many changes in the faculty. We miss the names of such men as C. Dunham, E. M. Kellogg, T. F. Allen, H. M. Smith, A. R. Morgan, etc., who have given character and popularity to this school. The present incumbents may be efficient instructors, but they are many of them unknown. The profession has a right to expect that this metropolis, with its splendid clinical advantages, should be the medical Mecca at the East, as Chicago must be at the West.

The curriculum and fees (\$100) remain the same.

ST. LOUIS. By a St. Louis paper we learn that a college of Homœopathic physicians and surgeons has been set on foot. We have not yet (Aug. 1st) received the announcement of either this or the Missouri School, and can not, therefore, notice them.

CHICAGO HAHNEMANN MEDICAL COLLEGE.*—In this announcement we notice some radical improvements.

1. We note the board of trustees are energetic men, popular for the zeal with which they conduct any enterprise they undertake. They have set about making the appurtenances complete.

2. Agreeable to the demand of the whole profession for better educated practitioners, the faculty has been increased to *seventeen members*. This will give them opportunity to cover the whole field of medical science.

3. The long desired preliminary examinations will be instituted. The basis of the qualifications, although not given, will be, no doubt, that sanctioned by the Western and American Institutes, and by many of the states societies, viz.: graduation from a classical college or a high-school, a knowledge of Latin and of one of the modern languages, etc.

These two improvements will secure the sanction and support of all preceptors. The other points that we have urged, *i. e.*, a longer course and a logical arrangement of the studies and lectures, will necessarily follow, as the trustees have instituted reform in the right way.

We hope the profession will continue to urge the elevation of the standard of medical education until the rest of the colleges institute (not promise) the reforms adopted by this Chicago school, and until all shall give instead of promise a complete course of instruction in medicine and in all the collateral sciences.

4. In text-books they give a preference to Homœopathic works, and also have recommended such as will give the student a comprehensive knowledge of medicine, surgery and the collateral sciences.

5. This college also admits women. The fees remain at \$85.

It will be seen that, aside from the Chicago school, none of our colleges have made the changes urged, nor come up to the requirements of the profession. Now that this school has taken the initiative, the others will no doubt follow.

We urge the profession through the journals to press this subject of a thorough medical education until *all* the colleges comply with the necessities of the times. C.

* As we go to press, we learn that Dr. Beebe has tendered his resignation of the chair of surgery.

CRITIQUE.

"Nothing extenuate, nor ought set down in malice."

SURGICAL.—An excellent method of writing surgical articles is the plan which Dr. J. B. Bell has adopted, under the title of "Surgical Memoranda," in which he embodies his personal experience in a number of cases.

Whitlow, he says, has been prevented or relieved by *Disc.* 15th; panaritium has found quick relief and cure from *Nat. sulph.* 200; *Phosphorus* 200th has quickly stopped hæmorrhage after the extraction of teeth. One case of threatened necrosis of phalanx was quickly cured by *Asafætida* 200th, where Allopathic use of *Laudanum* had not relieved.

Hypertrophy of tonsils had not been benefitted either by *Baryt. carb.* or other drug, and excision was the only permanent curative remedy.

In hydrocele he evacuates the fluid by the small exploring trocar. In one case of scirrhus of the right breast, where *great itching of the swollen gland* was the main symptom, he gave *Silicea* 200th, and afterwards 600th, and claims as the result, "entire suspension of the growth of the tumor, a lessening of the hardness, and a removal of the itching and some troublesome pains, with an improvement of the general health."

CHIRURGICAL CRITIC.

REMEDIES FOR ACUTE ATROPHY OF THE LIVER.—We direct special attention to Dr. Baehr's article on "Acute Yellow Atrophy of the Liver," p. 445. As Dr. B. observes, there is certainly a close similarity between the symptoms of *Digitalis* and those of this disease, and is worthy of a fair and impartial trial. Of course in this, as in all other cases, we must treat the individual patient according to his peculiar symptoms, and must not be content with merely looking for a medicine that produces a condition of the liver which we term acute yellow atrophy.

Phosphorus is another drug worthy of attention, and should be faithfully studied in this connection. We know of no drug which would be of greater value in the severe prostration and collapse than *Carbo. veg.*; and perhaps *Arsenicum*, in some phases of the disease, may be found of great value, in view of its prostrating effects.

As far as we have examined the matter, and become acquainted with the general symptoms belonging to this disorder, we are strongly inclined to agree with Dr. B. as to the Homœopathicity of *Digitalis* to many of the symptoms recorded; and it will, we believe, hold a prominent position as a therapeutic agent in this formidable and often rapidly fatal disease. We hope that some of the profession who have had experience in this direction will enlighten us as to the therapeutics in hepatic atrophy.

THERAPEUTIC CRITIC.

VALUE OF LACHESIS.—On page 405, "United States Medical and Surgical Journal," of Chicago, four lines from the top, Dr. W. S. Searle says: "We are within bounds when we say that, in a practice of twelve years, we have prescribed *Lachesis*, in dilution from the 6th to the 200th, more than one hundred times, and never yet saw a curative result." Dr. Searle is, evidently, not a good observer, for he could not have failed to find a curative result with any of our medicines given *at random*, in one hundred cases, if he had closely observed. His blindness may, possibly, be ascribed to the supposition that he does not believe in *potentized* medicines.

DIXI.

HYGIENIC DEPARTMENT.—EDITOR OF INVESTIGATOR: I find that not a few persons take me for editor of the Hygienic department of THE INVESTIGATOR. Now, I make blunders enough of my own, and do not wish to be held responsible for those of others. Nor do I wish to filch from any one such reputation as his labors and talents may entitle him to. I wish, therefore, to say that I do not edit that department. My son, Dr. H. T. F. Gatchell, should be credited with its blunders and merits.

H. P. GATCHELL.

THE
MEDICAL INVESTIGATOR

A MONTHLY JOURNAL

OF

MEDICINE AND THE COLLATERAL SCIENCES.

T. C. DUNCAN, M.D., MANAGING EDITOR.

VOL. VI.—No. 12.] SEPTEMBER, 1869. [WHOLE No. 72.

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Having, for a year and more, met with the liberal support and patronage of the Homœopathic Profession in Western New York and Eastern Ohio, Pennsylvania, and the Dominion of Canada, the Buffalo Pharmacy may be regarded as a permanent institution. Hoping to continue to merit, in the future, the same kindly co-operation, we would call the attention of the profession to the following SPECIAL REGULATIONS:

FIRST—Duties on goods shipped to the Dominion of Canada prepaid when desired.

SECOND—Chicago prices will be strictly adhered to, except in case of goods cheapened by locality.

THIRD—Dealers who wish to open trade with us will, upon application, receive a complete list of special and correct prices.

Otherwise, terms and regulations as published on another page.

Mr. APPLEBY, (formerly at the head of the Wholesale Department of the Chicago House,) for competency and business integrity, will refer to the entire Homœopathic Profession of Buffalo.

TENTH ANNUAL ANNOUNCEMENT

OF

HAHNEMANN

Medical College,

CHICAGO, ILLINOIS.

SESSION OF 1869-1870.



CHICAGO:

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1869.

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EDSON KEITH, Esq.

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Professor of Physiological and Medical Chemistry

LEONARD PRATT, M. D.,

Professor of Clinical Surgery and Medicine.

A. E. SMALL, A. M., M. D.,

Professor of Medical Jurisprudence.

G. W. FOOTE, M. D.,

Lecturer on Clinical Medicine.

R. N. FOSTER, M. D.,

Lecturer on Psychological Medicine.

T. C. DUNCAN, M. D.,

Lecturer on the Pathology and Therapeutics of Infancy and Childhood.

TEXT BOOKS.

THEORY AND PRACTICE OF MEDICINE.—HARTMANN'S *Acute and Chronic Diseases*; MARCY and HUNT'S *Theory and Practice*; RAUE'S *Special Pathology and Diagnosis*.

OBSTETRICS, AND THE DISEASES OF WOMEN AND CHILDREN.—CAZEAUX, GUERNEY'S or TYLER SMITH'S *Obstetrics*; SCANZONI, THOMAS on *diseases of Women*; HARTMAN, MEIGS or CONDIE on *Children*.

PRINCIPLES AND PRACTICE OF SURGERY.—SMITH, FRANKLIN or GROSS' *Surgery*; MILLER'S *Principles of Surgery*; HAMILTON on *Fractures and Dislocations*.

GENERAL AND DESCRIPTIVE ANATOMY.—GRAY, WILSON or CRUVELHIER'S *Anatomy*.

PRACTICAL AND PATHOLOGICAL ANATOMY.—HORNER'S or ALLEN'S *Dissector*; PAGET or GROSS' *Pathological Anatomy*; VIRCHOW *Cellular Pathology*.

CHEMISTRY AND TOXICOLOGY.—WELLS' or FOWNE'S *Chemistry*; TAYLOR on *Poisons*.

PHYSIOLOGY.—DALTON, CARPENTER, FLINT or MARSHALL'S *Physiology*.

MATERIA MEDICA, AND THERAPEUTICS.—*Materia Medica Pura*; GROSS' *Comparative Materia Medica*; HALE'S *New Remedies*; LIPPE, HEMPEL, HULL'S *Jahr*.

MEDICAL BOTANY AND PHARMACOLOGY.—*Flora Homœopathica*; JAHR and GRUNER; GRIFFITH'S *Medical Botany*; GRAY'S *Botany*.

PHYSIOLOGICAL AND MEDICAL CHEMISTRY.—LEHMANN'S *Physiological Chemistry*.

MEDICAL JURISPRUDENCE.—BECK or DEAN'S *Jurisprudence*.

ANNOUNCEMENT.

The Board of Trustees experience unusual satisfaction in issuing this, the Tenth Annual Announcement of Hahnemann Medical College.

An examination of the composition of the Faculty will show, that while much that was most efficient and valuable in the past has been retained, the Teaching Corps of this Institution has been liberally increased and new elements of strength added. The same remark applies with equal force to the composition of the Board itself. Those gentlemen, whose engagements precluded them from affording the necessary time and attention to the affairs of the College, have resigned in favor of others whose wealth, character and influence afford guarantees of their faithfulness to every enterprise in which they engage. The Board is determined to do all in their power to advance the interests of this Institution, until it shall attain a position in respect of its appointments and facilities for imparting a thoroughly scientific medical education second to that of no College in the country.

FACULTY.

The Trustees deem it unnecessary to advocate the claims of the old and tried members of the Faculty to the confidence and support of the profession. The names of LUDLAM in Obstetrics and Gynæcology, of BEEBE in Surgery, of COOKE in Practice, of COLTON in Practical Anatomy, of WELCH in Chemistry, are well known, while a single year of effort in the chair of Physiology has established a good reputation for MITCHELL.

Of the new members of the Faculty the Trustees would speak more particularly.

MEDICAL BOTANY AND PHARMACOLOGY.

Dr. HALE is an old Professor in a new chair. His past services in the chair of *Materia Medica*, as well as his contributions to the literature of that department of Medical Science, have made his name widely known. An original observer and lecturer, his theories and peculiar method have naturally excited some opposition, but the Board of Trustees are convinced that the services of such a man should not be lost to the College, and are happy to announce that all differences in the Faculty have been harmonized, and that the chair of Medical Botany and Pharmacology has been expressly erected, in accordance with his wishes, for the purpose of rendering Prof. HALE's talents available. It will be illustrated by means of a large collection of Pharmaceutical preparations and an extensive Herbarium.

MATERIA MEDICA

The more generally acknowledged truths of the standard *Materia Medica* have been placed under the charge of Prof. TEMPLE S. HOYNE, A. M., M. D. In the selection of the incumbent of this chair, the Trustees have been influenced by carefully considered motives. Prof. HOYNE has evinced great enthusiasm and devotion to this particular branch. He is the author of several treatises upon the subject, including a *Repertory of New Remedies*. The Board are unanimously of the opinion that the chair will be well filled from the first.

GENERAL AND DESCRIPTIVE ANATOMY

Prof. S. P. HEDGES has been induced to accept this important chair at the request of the Board of Trustees. He has the earnest recommendation of his former teachers, and is a vig-

orous student and excellent anatomist. Every resource that modern science can command will be at his disposal for the benefit of his classes.

PHYSIOLOGICAL AND MEDICAL CHEMISTRY.

The growing importance of the relations which Chemistry sustains to Medical Science and Practice has determined the establishment of a separate chair for instruction in this department of the science. Prof. LORD is well known to be peculiarly qualified for this chair, by both taste and training. Those tissues, fluids and chemico-vital processes of the body, which are of most immediate practical interest to the medical man, will receive special consideration.

MEDICAL JURISPRUDENCE.

Prof. A. E. SMALL, whose past labors in the College have contributed so much to bring it to its present high position, will during the coming winter resume active connection with the Teaching Corps. In his elucidation of Medical Jurisprudence, he will bring to bear his long experience and great erudition, and students can rely upon being thoroughly instructed in this important, though often neglected, department.

CLINICAL MEDICINE AND SURGERY.

Prof. LEONARD PRATT, who has acquired a well-earned reputation for skill as a physician and surgeon, will give practical instruction of the greatest value in the examination and treatment of the many cases the regular clinics of the College afford.

PSYCHOLOGICAL MEDICINE.

To supply a long-needed department, R. N. FOSTER, M. D., has

been appointed by the Trustees to lecture on Psychological Medicine. He has for many years been a determined student of mental phenomena, and will elucidate this branch in a manner that will be highly entertaining and profitable.

CLINICAL MEDICINE

G. W. FOOTE, M. D., a gentleman of excellent reputation as a physician, will hold a regular Medical Clinic during the session of the College and spare no pains to thoroughly ground the student in the art of diagnosis and successful treatment.

PATHOLOGY AND THERAPEUTICS OF INFANCY AND CHILDHOOD.

T. C. DUNCAN, M. D., well known through his connection with our Medical Journals and for his valuable contributions to Medical Literature, will give the benefit of his talents to the student in the thoroughness and care with which he will instruct in this most important branch.

WOMAN'S DEPARTMENT.

Guided by the progressive spirit of the age, and influenced by the recent action of the American Institute of Homœopathy, which has placed woman on the same plane with man in the ranks of the medical profession, the Trustees have been pleased to open the doors of the Hahnemann Medical College to women desirous of availing themselves of a thorough medical education. They will have accorded to them not only the courtesies belonging to their sex, but the same facilities as are enjoyed by other students. Lectures will be heard in common, so far as in the individual judgment of each Professor it may seem appropriate. The same requirements as to qualifications for

admission and graduation, and the same opportunities for distinction, are open to all.

From the peculiar adaptation of woman's mind and nature to the acquisition and practice of the medical art, the Trustees believe that what may now be termed an experiment, will, after the first year of trial, be demonstrated a complete success.

HOSPITAL ADVANTAGES.

The Clinical advantages offered the students of this college are superior to those of any other city west of New York, and inferior to none in this country. The City and County Hospital is the great public hospital of the metropolis. It receives annually two THOUSAND patients. It contains Surgical, Medical, Lying-in, and Eye and Ear departments, all of which are available for Clinical instruction. During the entire year, two Clinical lectures upon Surgery, two upon the Practice of Medicine, one on Diseases of Women, and one on Diseases of the Eye and Ear are given weekly.

These are abundantly illustrated by operations, both minor and major, physical exploration, etc. Within the past twelve-month a large number of autopsies were made in this Hospital, nearly all of which were performed in presence of the class, thus affording opportunities which are unsurpassed in this country for the study of Morbid Anatomy. The field for the study of Diseases of the Chest is almost unlimited.

This extensive and excellent Hospital is open to the students of Hahnemann Medical College for the whole year for the small sum of five dollars. The institution has the merit of being well equipped throughout, and is within ten minutes' walk from the college. Special courses of medical study will be provided in the Hospital for those desiring it, by members of its medical and surgical staff. During the next college term the surgical clinic will be conducted by Dr. E. POWELL, the medical clinic by Dr. J. P. ROSS.

THE COLLEGE CLINIQUE.

The MEDICAL Clinic will afford one weekly lecture by Dr. G. W. FOOTE. These lectures will be made to illustrate the chair of Theory and Practice. They will familiarize the pupil with the modes of examining the patient, and post him in the numerous details of diagnosis, prognosis and treatment. This part of the course is of the greatest practical utility.

The SURGICAL Clinic will be conducted by Prof. PRATT. Nothing will be spared to familiarize the student with all the minutiae of minor Surgery and whatever pertains to the proper management of surgical diseases and accidents. The major operations will also be carefully and skillfully performed in the presence of the class.

It will be remarked that these arrangements afford to the pupils of Hahnemann Medical College EIGHT CLINICAL LECTURES PER WEEK, during the entire term. Both first and second course students will appreciate these extraordinary facilities for becoming acquainted with every variety of disease. Preceptors and physicians generally will recognize the great advantage of thus combining clinical with didactic teaching, or Hospital with College instruction.

THE HAHNEMANN INSTITUTE.

This is an organization of members of the college-class, which originated and has been in successful operation since 1861. Its object is the mutual improvement of the pupils. Regular examinations are held upon the lectures by members chosen to represent the several chairs, and a beautiful diploma is awarded at the close of the term. The Institute has its own room and library in the college building and is both an acquisition and an ornament to the institution.

THE COOK COUNTY MEDICAL SOCIETY, CHICAGO ACADEMY
OF MEDICINE, AND MATERIA MEDICA SOCIETY.

Among the attractions offered the advanced pupil and practitioner in this city is the opportunity to attend the fortnightly meetings of this old and flourishing society, as well as the sessions of the Chicago Academy of Medicine and the Society of Materia Medica. The essays presented and the discussions held upon the most practical topics make those advantages almost equivalent to an extra course of clinical lectures.

EXPENSES OF LIVING, BOARD, ETC.

The expenses of living in the city of Chicago will vary with the customs and habits of the students. The necessary expenses need not exceed those of the smaller towns and villages. Especial pains will be taken by the Faculty to secure good, cheap, convenient and respectable homes for the pupils. A list of such places will be found in the hands of the Janitor at the college, to whom students are requested to report immediately upon their arrival in the city.

The winter term of instruction will be opened by a General Introductory Lecture, by Prof. A. E. SMALL, on the evening of October 13th, 1869.

Persons desiring further information are requested to communicate with the Registrar,

PROF. N. F. COOKE, M. D.,

35 Madison Street, Chicago, Ills.

REGULATIONS OF THE COLLEGE.

1. The Course of Lectures will begin annually on the fourteenth day of October, and end about the first of March, ensuing.

2. The Matriculation Ticket must be purchased from the Dean, before other tickets will be issued. To constitute a full course, all Tickets must be obtained before the tenth day of November.

3. Students who have attended two full courses of lectures in this institution, shall be admitted to subsequent courses free of charge.

4. The Faculty shall have authority to consider and decide upon cases of special application for admission to the lectures.

5. Students who have attained the age of twenty-one years may become candidates for graduation upon attending two full course of lectures, one of which shall be in this institution.

6. Applications for admission as a candidate for graduation must be made at least thirty days prior to the commencement.

7. When a candidate applies to the Dean for admission to the examination, he must exhibit his tickets to prove that the above rules have been complied with; and, at the same time, must deliver to him, accompanied by the graduation fee, a thesis, or a clinical case in medicine or surgery, treated and reported by himself, or the physiological proving of a drug, the same to be written upon uniform thesis paper. This thesis will be referred to one of the Faculty for examination.

8. Each professor, in his own department, shall examine the candidate for graduation; and the voting shall, in all cases, be by ballot.

9. During the week preceding the holidays, in each year, the

Faculty shall hold an examination, at which, all students desiring to become candidates for graduation shall present themselves, there to be examined as regards preliminary education and qualifications for the degree, other than medical, and such only as satisfactorily pass this examination shall be admitted to the final examinations.

10. No candidate shall be allowed to publish his thesis without the consent of the Faculty.

11. Candidates who have not been successful upon a first examination, shall have the privilege of a second, if they desire it.

12. Formal notice of his success will be sent to each successful candidate, by the Dean of the Faculty.

13. The Commencement for conferring the degree of Doctor of Medicine, is held by a special mandamus of the Board of Trustees at the conclusion of each regular course of lectures.

14. A successful candidate shall not be absent from the Commencement without the consent of the Faculty.

15. The amount of fees for a full course of lectures, including Matriculation Ticket and Practical Anatomy, will be (invariably in cash.).....\$85 00

Hospital Ticket..... 5 00

Dispensary Ticket, free.....

For partial course, each ticket..... 10 00

Graduation Fee..... 30 00

Students who have attended two full courses in
in other colleges..... 30 00

Graduates of other Medical Colleges..... 20 00



Matriculants

FOR SESSION OF 1868-1869.

NAMES.	RESIDENCE.	PRECEPTOR.
BELL, J. H.....	Illinois.....	W. H. Burt, M. D.
BEEBE, A. G.....	Chicago.....	G. D. Beebe, M. D.
BISHOP, L. A.....	Wisconsin.....	T. J. Patchen, M. D.
BULL, JOHN.....	Wisconsin.....	Practitioner.
BROWN, D. T., <i>M. D.</i>	Illinois.....	Practitioner.
BURR, W. A., <i>A. B.</i>	Illinois.....	C. W. Burnside, M. D.
CARPENTER, M.....	Illinois.....	Practitioner.
CHAPMAN, G. L.....	Kentucky.....	D. T. Abell, M. D.
COLE, S. P., <i>M. D.</i>	Illinois.....	Practitioner.
COMPTON, J. R.....	Iowa.....	R. F. Baker, M. D.
CORNELL, A. B.....	Michigan.....	Drs. Sill & King.
COWELL, C. W.....	Illinois.....	Practitioner.
CLAYTON, A. B., <i>A. M.</i>	Canada.....	Drs. Clark Brothers.
COLE, H. P.....	Illinois.....	J. P. Cole, M. D.
CRAMER, JUSTIN.....	Indiana.....	Dr. Bart.
DAVID J. C.....	Illinois.....	L. E. Clark, M. D.
DORION, C. N.....	Illinois.....	R. Ludlam, M. D.
DIBBLE, J. R.....	Michigan.....	H. G. Flint, M. E.
ECKLES, THOS.....	Illinois.....	J. S. Leffingwell, M. D.
FLATT, WM. K.....	Illinois.....	Practitioner.
FOSTER, R. N., <i>A. M.</i>	Illinois.....	Practitioner.
FERGUSON, D.....	Canada.....	Drs. Clark Brothers.
FARREN, SAMUEL.....	New York.....	A. R. Johnson, M. D.
FAHENSTOCK, C. S.....	Ohio.....	Dr. Rowsey.
GASSER, JOS. J.....	Wisconsin.....	Faculty.
HARRIS, RALPH.....	Illinois.....	—, Westfall, M. D.

NAMES.	RESIDENCE.	PRECEPTOR.
HIGBEE, A. L.....	Minnesota	C. H. Higbee, M. D.
HUMMER, J. N.....	Illinois.....	Practitioner.
HURTT, J. M.....	Illinois	W. H. Burt, M. D.
HADFIELD, G. A.....	Wisconsin.....	L. Kendrie, M. D.
KIPPAX, JNO. R.....	Canada.....	C. D. Tufford, M. D.
LEONARD, A. L.....	Illinois.....	Practitioner.
LUKENS, B. F.....	Ohio.....	Practitioner.
MISICK, C. S.....	Illinois.....	Practitioner.
McADAM, R.....	Iowa.....	N. F. Cooke, M. D.
MORGAN, JAMES.....	Indiana.....	Practitioner.
MARVIN, S. R.....	Illinois.....	M. S. Carr, M. D.
MILLER, E. P.....	Iowa.....	R. King, M. D.
NOBLE, JAS. H.....	Wisconsin.....	L. S. Ingraham, M. D.
NICHOL, W.....	Canada.....	C. D. Tufford, M. D.
POPPE, OTTO B.....	Illinois.....	E. Knlepcke, M. D.
PERKEY, S., <i>M. D.</i>	Michigan.....	Practitioner.
PARMELEE, M. H.....	Ohio.....	S. S. Lungren, M. D.
RICE, W. H.....	Wisconsin.....	Practitioner.
SMITH, D. M.....	Wisconsin.....	H. Pearce, M. D.
SMITH, H. W.....	Missouri.....	J. M. Smith, M. D.
SARCHET, G. B.....	Illinois.....	W. H. Burt, M. D.
SHEPPERD, G., <i>A. B.</i>	Wisconsin.....	L. C. Oliver.
STREETER, J. W., <i>M. D.</i>	Illinois.....	Practitioner.
TAYLOR, J. R.....	Kentucky.....	Dr. M. Carpenter.
WINSLOW RUSH, <i>M. D.</i>	Wisconsin.....	Practitioner.
WHITACRE, E. D.....	Iowa.....	F. A. Benton, M. D.
WATKINS, H. O.....	Illinois.....	E. M. P. Ludlam, M. D.
WILLIAMS, T. D.....	Illinois.....	Faculty.

Graduates

For Session of 1868-69.

NAMES.	STATES.	TITLE OF THESIS.
ALBERT G. BEEBE.....	Illinois.....	Antiseptics.
DARWIN T. BROWN, M. D.....	Illinois.....	Transmission of Asiatic Cholera.
JOHN BULL.....	Wisconsin.....	Typhlitis.
WILLIAM ALTON BULL.....	Michigan.....	Vie Medicatrix Naturæ.
MOSES CARPENTER.....	Illinois.....	Saliva.
GEO. L. CHAPMAN.....	Kentucky.....	The Tongue in Diagnosis.
ALLEN BENJ. CLAYTON.....	Canada.....	Puerperal Convulsions.
J. R. COMPTON.....	Illinois.....	Medical Electricity.
ALBERT B. CORNELL.....	Michigan.....	Typhoid Fever.
CHARLES G. COWELL.....	Illinois.....	Puerperal Convulsions.
LE ROY DIBBLE.....	Michigan.....	Typhoid Fever.
CHARLES N. DORION.....	Canada.....	Des Abces Mammaires.
THOS. ECKLES.....	Illinois.....	Stillingia Sylvania.
WILLIAM K. PLATT.....	Iowa.....	The Nervous Functions.
R. NORMAN FOSTER.....	Massachusetts.....	Medical Transcendentalism.
RALPH HARRIS.....	Illinois.....	How I became a Homeopathist.
JOHN R. KIPPAX.....	Canada.....	Unitus Humani Generis.
BENJ. F. LUKENS.....	Ohio.....	Periproctitis.
CHAS. LOUIS MISICK.....	Illinois.....	Placenta Prævia.
WILLIAM NICHOL.....	Canada.....	Ecce Homo.
WILLIAM H. RICE.....	Wisconsin.....	Cancer.
JOHN MILLER SMITH.....	Wisconsin.....	Opium.
J. R. TAYLOR.....	Kentucky.....	Digestion.
RUSH WINSLOW, M. D.....	Wisconsin.....	Parturition.

Honorary Degrees.

ELIAS VERNON, M. D.....	Hamilton, Canada.
T. J. PATCHEN, M. D.....	Fond du Lac, Wisconsin.
A. BAGLEY, M. D.....	Marshall, Michigan.

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TRACTED SINEWS, SPRAINS, HIP COMPLAINTS, SPINAL
AFFECTIONS, AND ALL NERVOUS DISORDERS.**

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And impart life and vigor to every organ of the body. For restoring
Exhausted Vital Energy, and in all diseases having their origin in the loss
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offered to the Profession if desired.

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Bands for the Wrist, each.....	1 00	Bands for the Waist, each.....	5 00
Bands for the Arm, each.....	2 00	Discount to Physicians.....	20 per cent.

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required, or, if bands, state the part of the body they are intended for.

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