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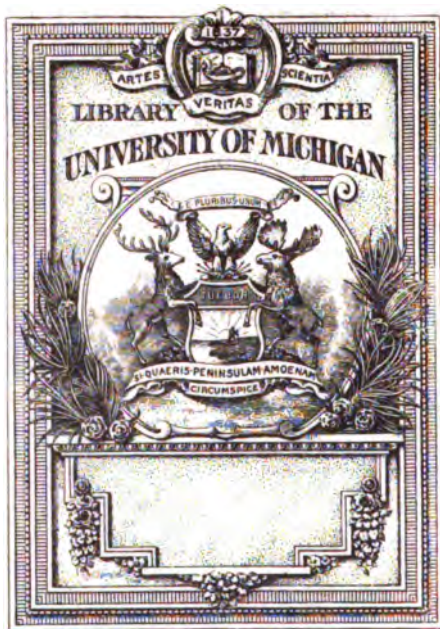
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ERYSIPELAS. \*

W. L. GALLOWAY, M. D.



ERYSIPELAS is an acute, specific and contagious disease, characterized by such constitutional symptoms as are usually observed in the febrile state, and by a peculiar form of inflammation attacking, for the most part, the skin, subcutaneous cellular tissue, and mucous or serous surfaces. The affected surface becomes swollen, hot, reddened, painful and often the seat of well-developed vesicles or bullæ. This condition may spread over large surfaces with great rapidity, and, as the morbid process goes on, the parts affected are sometimes destroyed to a considerable extent. The disease commonly terminates in either desquamation or suppuration, the former usually leading to resolution, while the latter, if it continues through a long period of time and tends to serious depression of the vital forces, may lead to grave conditions, even sometimes death.

The disease is equally common—apart from the puerperal state—in both sexes, and at no particular age is the average rate of occurrence higher than at another. It has occurred in all parts of the world, and at all seasons of the year.

The local manifestations of erysipelas are usually in the skin, which takes on a peculiar and distinct form of inflammation, but other portions of the body are also liable to be affected, and in fact,

\* Read before the St. Louis Homœopathic Medical Society.

the disease may extend itself over any continuous surface, such as the mucous and serous membranes, or the lining membranes of arteries, veins, and lymphatics. The constitutional disturbance, and not the local manifestation seen on any external or internal surface, should be regarded as the essential abnormal condition. The skin is more frequently affected because the external surface of the body is more often the seat of a wound, which is the most common exciting cause of the disease. The causes at work in the production of erysipelas are manifold. Some individuals possess such an inherent predisposition to this affection that the least exposure to cold, a slight wound, or the sting of an insect may cause the disease to manifest itself. This predisposition may be acquired by various transgressions of the laws of health, such as intemperance in eating or drinking, over-exertion of mind or body, or inattention to hygienic rules. Erysipelas occurring in consequence of some simple exciting cause is more frequently met with in people who are addicted to the excessive use of intoxicating liquors, or in that condition of the system in which inflammation is not followed by the formation of lymph, but tends to cause ulceration. The latter condition may be found in both the rich and poor. In the former class, it may be caused by luxurious and debilitating habits, or want of exercise, and in the latter class by overwork, insufficient or poor food, intemperate habits, exposure, or impure air. Some nervous conditions of the system seem to predispose to the supervention of erysipelas; the disease appears to be easily excited in a person whose mind is weak, or whose nervous system has undergone any great shock from anxiety, fear, loss of sleep, etc. A diseased state of the blood is also said to be a predisposing cause, more especially in diabetes and kidney diseases accompanied by albuminuria. Persons of a plethoric habit, with a tendency to gout, are sometimes the victims of erysipelas, which fact has led some to infer that such people possess a predisposition to its occurrence. Diet is doubtless very often accountable for the appearance of erysipelas.

Excess of food and unsuitable quality, are both to be regarded as conspicuous factors in the causation of the disease. Fish, especially shell-fish, is, in many individuals, sufficient to call forth the disease, and some fruits, as strawberries, are in like manner at times followed by erysipelas. The injurious effects of wine and beer, and of indigestible articles of food, as cheese, pickles, spices, pastry, and the like, are frequently seen when patients present themselves with this malady. Uncleanliness, or the presence of effete or putrefying animal matter upon the surface of the body, especially near a recent wound, must likewise be considered as a fertile exciting cause. Suppression of habitual discharges, whether normal or not, checking of perspiration, retention of matter liable to putrefaction, and application of acrid substances to the skin may also be mentioned as causes tending to produce erysipelas. By some authorities the disease has been claimed to be due to the presence of specific bacteria, but this is not certain. Green says that micrococci have often been described in erysipelatous skin, especially at the spreading edge. Bacteria may

transfer the infection, as carriers, but it is very doubtful if, in their character of bacteria, they are actively causative of the disease.

Erysipelas is without doubt contagious, parturient women and hospital patients being especially liable. Besides being contagious, it is also epidemic, so that every precaution should be taken to prevent the spread of the disease when it makes its appearance.

There are various forms of erysipelas: external, where the skin and subcutaneous areolar tissue are attacked, and internal, where the mucous or serous membranes, or the lining membrane of arteries, veins, or lymphatics are affected.

External erysipelas is divided into 1st. Simple, or Cutaneous; 2d., Oedematous; 3d., Phlegmonous; and 4th., Gangrenous. The simple or cutaneous form more frequently affects the face, and is then also called facial erysipelas. The attack is usually ushered in with a chill, which is followed by fever. The temperature varies from 103° to 105°, and the pulse from 100 to 140. Headache and anorexia are usually present, and sometimes delirium, nausea and vomiting. The local manifestations usually commence with a little burning heat, burning, and redness of the skin on the nose, cheek or forehead. The parts around may be slightly oedematous. About the third day, the eruption and swelling are well marked, and the disease now spreads to adjoining parts. Usually about the sixth or seventh day the swelling and redness abate, and desquamation begins. There may be a relapse here and a resulting repetition of the whole train of symptoms, but a second attack is usually not so severe as the first. The disease is almost invariably accompanied by enlargement and tenderness of the lymphatic glands of the neck, and, in some cases, this may even precede the rash. Cases of this variety are not generally fatal.

In the oedematous form, the swelling and oedema are marked, but there is comparatively little pain and inflammation. The redness of the skin and constitutional symptoms are not so prominent as in other forms of the disease. The skin becomes baggy, and pits deeply on pressure. In children, the scrotum is liable to be attacked. It may become as large as a cocoanut and filled with serum. The oedematous form is chiefly met with in old people, or in persons with a predisposition to dropsy. The neck, legs, scrotum, and labia are the regions of the body more often attacked.

Phlegmonous erysipelas is a more violent form, and here the prognosis is always grave. It has also been called cellulo-cutaneous erysipelas, cutaneous cellulitis, and malignant erysipelas. This variety may arise from some traumatic cause, and is usually attended with more or less of blood-poisoning. It often begins on the head or neck, very closely resembling a boil, and extends rapidly to neighboring parts. It may terminate suddenly, or the morbid process may go on for ten days or two weeks, being characterized by great sloughing of the cellular tissue and discharge of pus. In this form of the disease the swelling, tension, and pain are very marked. In the beginning the skin may be slightly reddened, but, as the disease progresses, it becomes darker in color, and sometimes the surfaces in-



volved speedily assume a dark brown or blackish color. The constitutional symptoms resemble those of an asthenic fever. The fever is marked, the temperature running up to 105°, or even higher. The skin is hot and dry. Sordes appear on the teeth. The tongue is thickly coated. The mind may become clouded, and actual delirium is not infrequently an early concomitant. Diarrhœa, hectic sweat, and great prostration are commonly noted. In the disorganizing process, the skin is usually the first to give way and slough. As the disease progresses, the areolar tissue is destroyed, the muscles are separated from each other, and pus collects wherever it can find a cavity in which to lodge. Ulcers may form, which heal slowly, often leaving such scars as result from severe burns. In the worst cases, the connective tissue is thrown off in shreds, the muscles become gangrenous, the integument sloughs, and even the bones and cartilages may be destroyed. In these extreme cases, where there is complete death of the part, the disease has been fitly termed "gangrenous erysipelas."

Erysipelas has also been divided into the idiopathic form, where there has been a pre existing erysipelalous tendency or predisposition in the system, and the traumatic, in which the disease has been caused by the absorption of some poison into the system—generally through a wound.

Erysipelas sometimes makes its appearance in newly born infants. The prognosis in such cases is extremely grave, owing to the weak condition and feeble reactive power of the child. It usually begins a few days after birth, being characterized by a dusky redness appearing first about the abdomen and genitals, which rapidly spreads to other portions of the body. The tendency, in these cases, is toward gangrene of the parts affected. Inflammation of the umbilical vein, or of the umbilicus itself, and exposure of the mother and child to depressing influences have been cited as causes at work in the production of this form of the disease. It has been met with more often in lying-in hospitals.

When erysipelas invades any internal surface it is described as internal erysipelas. The mucous membrane of the fauces is the surface most often involved in attacks of internal erysipelas. This form is especially contagious, and sometimes epidemic.

Erysipelas of the fauces does not usually occur alone, but is commonly encountered at the same time that the disease appears on the external surface of the body. It more often occurs in consequence of the facial form spreading to the fauces.

Under homœopathic treatment, the prognosis in a simple case of erysipelas may be regarded as favorable. Even in childhood, a large surface may be involved without unfavorable consequences. While the foregoing remains true, the disease should always be regarded as serious, especially when complicated with another malady. It is often of grave import where surgical injuries exist, or in the puerperal state. The prognosis is rendered more grave when the disease is complicated with scrofula or phthisis, or when it appears among the aged or debilitated.

The treatment of a mild case of erysipelas is mainly, if not altogether, medicinal. In cases of a more severe type, however, local applications are sometimes of service. Lead washes, iodine, and poultices should never be used, and the application of mercurial ointment, caustic potash, or nitrate of silver is worse than useless. Plain, warm water is sometimes the only local application required. Weak solutions of Cantharides or Apis Mellifica may be of service. Calendula and water, in the proportion of about 1 to 4, will sometimes be found useful. Dry flour sprinkled over the affected parts will often afford relief from heat and pain. Powdered starch may be used for a like purpose. Vaseline has been recommended to relieve the burning and itching.


The surgical treatment of erysipelas involving certain regions of the body or the deeper parts is a matter of importance. Where the parts are swollen, dark in color, and show a tendency to gangrene, small incisions, about half an inch long, should be made. This will greatly reduce the swelling. When suppuration is present, free incisions are requisite for the liberation of pus, and all sloughs and cavities containing pus should be treated by antiseptic methods.

The internal treatment is of the utmost importance, and in every instance the remedy should be carefully chosen. Hughes says that the treatment of simple erysipelas is one of the best defined and most successful things we have in homœopathy. He says further that the treatment resolves itself into the discriminate use of three remedies—Belladonna, Apis, and Rhus. Other remedies, however, are often indicated, especially in the phlegmonous form. Among others may be mentioned Acon. Ars. Canth. Puls. Hepar. and Sulph.

The hygienic and dietetic treatment also deserve consideration. The room in which the patient is confined should be kept at as equable a temperature as possible. Draughts should be avoided, and yet a free circulation of fresh air maintained. Quietude and absolute cleanliness, both of the room and of the patient's person, should be enforced. Every care should be taken to sustain the patient by nutritious diet, avoiding any mere stimulation. Alcoholic beverages in every form should be interdicted. Soups, broths, milk, beef tea, chicken and fish, with fruits and fresh vegetables, will form a sufficiently varied and nutritious dietary.

### CROUP.\*

LIZZIE GRAY GUTHERZ, M. D.

 TWICE within the past six months, I have been importuned by agents to subscribe for the "Cyclopedia of the Diseases of Children, medical and surgical." Unquestionably these volumes are valuable additions to any medical library, particularly to that of the young practitioner. The introductory remarks of this work were written by the well-known physician, Dr. A. Jacobi, of New York City. Said remarks, coming from

\*Read before the St. Louis Homœopathic Medical Society.

so learned a man (excuse the slang expression), fairly "staggered" me when I opened the first volume. Referring to the instruction given in medical colleges on the diseases of children, this otherwise well-informed allopathic M. D. says: "To my knowledge, there is no school in the country which lays the least stress on that branch of instruction; for I hope there is nobody nowadays, even among the teachers of medicine, who believe that a few didactic lectures of the Professor of Theory and Practice are a sufficient preparation for the preservation of the children of the people. No examinations being required by those to whom the student looks for direction and enlightenment, he neglects the study to find too late the mistake he made in so doing." Think of these sentiments emanating from an old and able practitioner, and a man who has for years been Dean of the University of New York, and a member of the "State Examining Board." In a late review of books, I notice that these prefatory remarks, which so amazed me, have caught the attention of Dr. Henry M. Dearborn, Professor of Theory and Practice in the New York Medical College and Hospital for Women. He says: "However justly this may apply to the old-school institutions of this country, it is not true of the two homœopathic colleges of New York City, where pædology is an essential branch, and taught both in the lecture-room and at the bedside. Moreover, their students know beforehand that they will have to prove, before being permitted to practice, their acquaintance with what they are *compelled to learn* of diseases of children—as in continental Europe."

Having graduated from a homœopathic college, and received my instruction in pædology from Drs. Julia Van Evera and Abbie H. McIvor—women well known even in that great metropolis, the former of whom has for twenty years confined her practice exclusively to children, taking her students to the bedside of her private patients, and going with them on their rounds through the "Laura Franklin Free Hospital for Children," the largest and most perfect hospital for children in New York City, and homœopathic to the *foundation*; having, I repeat, received my instruction from this noble woman, "who many a time and oft" reiterated, nay, hammered this into our heads: "Never leave a child with croup until relieved, no matter how light the case may seem; never! though the wealth of Golconada awaits you by so doing;" being thus impressed by her precepts and practice—I have often marvelled at how seldom one hears an essay on the diseases of children, or even these all-important ailments alluded to in medical societies, conventions, etc. However, *retournons à nos moutons*, let us return to our sheep, as the French say, or rather our lambs, since croup claims the babies for its own, and oftentimes the ewe lamb of the flock. This fell disease may be classified under the headings of false or catarrhal croup, and true or membranous croup. From its frequency, violence and danger it takes a front and highly important rank among diseases peculiar to the earlier years of childhood, attacking children chiefly between the first and fifth year. It is an acute and violent inflammation of the larynx and trachea, but is also something more.

It is a spasmodic action of the muscles of the larynx, which action gives rise to much of the peculiar cough, paroxysmal dyspnoea and stridor characteristic of the disease. Thus this affection, composed, as it were, of distinct elements, differs somewhat as one or the other element predominates. Inflammation may be comparatively slight and spasm play an important part, or *vice versa*, and the formation of a false membrane result. Under the first head comes disorders known as false or catarrhal croup, stridulous laryngitis, spasmodic laryngitis. Laryngitis is, however, most frequent among adults, tracheitis rare; but infants rarely have one without the other. So the second class belongs to true or membranous croup, or pseudo-membranous. False or catarrhal croup is common to childhood, and manifests itself most frequently at night. Child is apparently well at bed time; troubled, perhaps, with a slight catarrh or fretful from teething or gastric irritation, will awake suddenly in alarm, and with difficult breathing. At intervals the child coughs violently, and the cough, cry and voice will be loud, ringing and hoarse. At each inspiration is heard a shrill, croupy, crowing sound, never forgotten when once heard. The face is flushed, pulse frequent bounding and hard, skin hot, though in the majority of cases the fever is not of an active character; manner restless, though the patient is drowsy and sleepy. After paroxysm subsides, breathing is better and the child may rest well till toward morning, when attack is apt to be renewed. If relieved, all is well, otherwise paroxysms may recur for several nights.

The causes of croup are, usually: Exposure to dampness or winds, sudden changes of temperature, injudicious clothing, sojourns on the seashore in child showing predisposition to this disease. Under Homœopathic treatment, this form of croup is rarely fatal, but if neglected or mismanaged it may spread to the faucial and pharyngeal cavities, or downward to the bronchial ramifications, giving a complication of croup with pneumonia. The tendency of this disease is to terminate favorably in sixty or seventy-five hours. In manageable cases, under judicious treatment, they are relieved.

In true, or membranous croup, we have not only inflammation, but in so violent a form that it results in the formation of a false membrane. There is a plastic exudation lining of the larynx, which extends to the trachea and bronchial tubes, and is seen on the fauces and tonsils. The symptoms of this dangerous malady are similar to those of false croup, but all symptoms do not manifest themselves at once. Fever first slight, then high; may remit. There is much anorexia and hoarseness. As the disease progresses, the voice becomes totally suppressed. The child may remain in this state for several days—restless, head thrown back, respiration labored. Sometimes solid masses of membrane are coughed up. The cough stops, the countenance becomes livid, and unless relief be given by medical or surgical means, the little one dies comatose and suffocated. Frequently an attack of bronchitis, or pneumonia, hastens the termination, a fact which impresses upon us the importance of examining the lungs in cases of croup. In diagnosing spasmodic laryngitis, or

false croup from membranous croup, the main difference is that the invasion is much more sudden, usually, and of shorter duration in the former than in the latter. There is also the absence of the pharyngeal exudation often seen in true croup. However, the absence of the membrane in matter coughed or vomited up by the little sufferer is not an infallible sign that the case is not membranous croup. This is a disorder not apt to be mistaken, and we must judge of its existence by the grouping of symptoms. In fact, diphtheria is the only disease for which it might be taken, and it may be diagnosed from it by the absence of constitutional taint, the lack of contagion, the nature and color of the deposit, and the outspoken manner in which it presents itself.


Regarding remedies, Aconite, Belladonna, Spongia, Hepar, Ip. Phos. and Tartar emet. would suggest themselves in catarrhal croup, and Acetic Ac. Iodine, Kali Bi. etc., in the membranous variety.

In the matter of general treatment, relative to topical applications, electricity, hot baths, moist air, emetics, stimulants, etc., etc., each individual physician must be the judge of the efficacy of these agencies in each individual case. Albeit, my belief in Homœopathic remedies, judiciously selected, is based on a very firm foundation.

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### CALC. CARB. IN GALL-STONE COLIC.

H. ALONZO M'CHESNEY, M. D., OSCEOLA, NEB.

 THREE months ago I was called to Mrs. G., thirty-five years of age. She was of a bilious temperament, quite slim, weighing about 140 pounds. She had suffered for over ten years from gall-stone colic, and the remedies of the old school had never given her any permanent relief. For some time, however, they, the *scientific gentlemen*, had given up in despair, and only gave her, as means of relief, an anæsthetic. She became desperate over her condition, and declared she would much prefer the great inevitable than to take any more of the strong medicine. Finally, another severe attack came upon her, and, under considerable scepticism, she concluded to try Homœopathy, without expecting any relief. The attacks came on without any warning and very suddenly, as a cutting pain would set in under the right shoulder blade, running from there to the right hypochondrium and epigastrium. Her pains were sometimes so violent and unbearable that she would throw herself upon the ground, emitting terrible cries and tearing her hair. The attacks lasted usually about fifteen minutes, and generally terminated by the vomiting of fluid bilious masses, containing sometimes compact. At the end of such an attack, when I was present, the patient had vomited up a mass of these concretions, having the circumference of a pea, and of very different forms. I gave a dose of the 30x every five minutes. After the third dose, the patient was very much improved. Think-

ing, perhaps, she had received an opiate, she said she had never taken anything which had helped her so quickly. She took the remedy three times daily, the attacks became less and less frequent and intense, finally disappearing entirely. No recurrence up to date.

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### LA GRIPPE.\*

M. U. SARGENT, M. D.

“ A GRIPPE” has always been an irregular, whimsical visitor to the earth.

Unheeding the *cold* reception that is everywhere tendered her, she continues her visitations until she traverses the globe. This usually takes her from two to four years, although her steps are very uncertain, as she may travel over a continent in a month, or take a month to reach a little hundred miles.

It has been quite a long time since her last visit, and we had almost ceased to expect her to return, when suddenly she is with us again. She is dressed this time in a little different style, as, indeed, she seldom appears exactly the same, though having the same general features.

The cause of “La Grippe,” like that of all epidemic diseases, is involved in obscurity. We say that is due to some atmospheric influence (whence the name “*influenza*,” given to it by the Italians), but what this influence is, seems impossible to discover. Some have guessed that it was an excess of ozone in the air; others say that it is a germ. Yet it would seem that, if it were a germ, the climate of Russia ought to be cold enough to freeze it into quiescence, at least; but it is there that it thrives best.

We can not use our old and tried friend, the weather, as a scape-goat on this occasion, for La Grippe appears regardless of pleasant or foul weather, and seems to be ruled by neither times nor seasons.

La Grippe, the influenza, catarrhal fever, or as some authors call it, epidemic bronchitis, is characterized by a sudden and violent inflammation of the mucous membranes of the eyes, nose, throat and bronchial tubes, lachrymation, sneezing, coryza and cough.

The attack is ushered in by a chill, which is followed by fever, headache, pain in the back and limbs, with very great debility and depression of spirits. Physical or mental exertion becomes impossible, the digestion is impaired, there is loss of appetite and, perhaps, nausea and vomiting, with constipation and diarrhœa.

When uncomplicated with other diseases, the influenza usually lasts from six to ten days. The fever reaches its height on the third, fourth or fifth day, and then terminates with a critical sweat, or flow of urine, or diarrhœa, or it may terminate by a gradual subsidence of the symptoms. Under Homœopathic treatment, however, the duration of the disease is very materially lessened.

One attack does not preclude the possibility of another, and relapses are frequent. Especially are those liable to relapses who have a cough remaining after the subsidence of the fever.

The influenza is not a dangerous disease in itself; but it is liable to be complicated, or followed by various other diseases, of which complications or sequelæ Capillary Bronchitis and Pneumonia are most frequent and dangerous. It has, moreover, been suggested by some one in the present epidemic that provings of Antipyrine are also quite dangerous complications, if pushed too far.

The death rate, however, is usually small in comparison to the number of cases, although the numbers appear quite large. Watson says that more people died during an epidemic of Influenza in 1837 than during epidemic cholera in 1832; but this was due to the much more extensive prevalence of the influenza.

Epidemics of influenza vary in regard to the prominence of certain symptoms of the disease. In some the fever is more active and the prostration not so great, while in others the pains and soreness of the limbs are most prominent.

The one now prevalent seems to emphasize the pains in the head, back and limbs until they approach in severity the pains of the Dengue, or break-bone, fever of the South. The prostration and nervous symptoms are also very marked.

Although our city has been blessed in her exemption so far from any very extensive visitation of "La Grippe," yet most of us have doubtless had a few cases.

For the few cases that I have had during the past few weeks I have found no one specific remedy.

The disease is greatly modified by the individual constitution, and presents important differences in detail of symptoms; hence demands different remedies.

One case, where there was a very high fever with chilliness when uncovering, or when going into the open air—a raw, scraped feeling in the throat, worse when not swallowing—cough relieved by warm drinks and worse in the open air; constipation, with frequent unsuccessful urgings to stool—a never-get-done feeling, sneezing, coryza, etc., was relieved promptly by Nux vom. <sup>mm</sup>, one dose.

Another case of a lady who suffered with a burning fever and great thirst for large quantities of water, severe aching of the bones, and such general lameness, with soreness of flesh, that the least motion was unbearable, violent cough with profuse yellow expectoration, was relieved by Bry. <sup>1m</sup>, one dose, so that the fever lasted only twelve hours.

I was called to see another lady about 61 years of age, having a previous history of chronic bronchitis, who was suffering with the following symptoms: Cough very violent, shaking the whole body and causing involuntary urination; also accompanied by yellow expectoration and a bursting pain in forehead when coughing; great chilliness with unquenchable thirst; irritability, extreme mental and physical prostration, distressing pains all over the body, and especially in the nape and back, sneezing, fluent coryza, profuse, gushing,

corrosive diarrhœa of blackish fluid, aggravated when moving about. She also complained of a sensation as though her tongue was covered with hairs which she could not wipe away.

One dose Nat. mur. <sup>cm.</sup>, relieved the aching in bones and the coryza within a few hours, but the cough and diarrhœa continued. I had hoped that these would pass away of themselves without further medication, but instead they seemed better for a time, then grew worse again after a few days. The cough again became very violent, and the patient complained of a sense of sinking and emptiness in the chest, which was not relieved by eating. Her stool was green fluid, expelled quickly very frequent, but not very profuse, with prolapsus of the anus during stool.

She was very much concerned about her health. Sep. <sup>4m.</sup>, one dose, relieved all her symptoms so that she was decidedly better in twelve hours, and has continued to improve up to date.

DIFFERENTIATION OF REMEDIES IN LA GRIPPE, BY L. O. M'ELWEE, M. D.

BESIDES the remedies that have been mentioned above, the following will be found useful:

*Aconite*.—When with the symptoms that usually accompany La Grippe we find anxious restlessness, agonized tossing about, great thirst, fear of death, predicting the day, pressive shooting pains, especially on moving the eye-balls; the conjunctivæ injected but no discharge, profuse lachrymation with intense pains in the eyes, relieved by bathing in cold water. Extreme sensitiveness to noises, music being unbearable. Face livid while lying down, but becomes deathly pale on rising, accompanied by vertigo. Smell acutely sensitive; coryza with headache, roaring in the ears and fever. Better in the open air; worse from talking.

*Arsenicum*.—Fluent coryza with frequent sneezing, which does not afford relief; hoarseness with swollen nose, and the discharge is burning and excoriates the nostrils; dryness of the mouth, with the characteristic thirst; intense anxiety with restlessness, dread of death when alone or on going to bed; can not find rest anywhere.

*Allium Cepa* and *Euphrasia* will be distinguished from each other by the difference between their discharges, the tears of the first being profuse and bland, with acrid nasal discharge, while with the second we have the reverse; the rest of the symptoms corresponding to each drug; rapid cures will result from their use.

*Antipyrine*.—This new remedy has won many laurels in the treatment of La Grippe, especially in the old school. It has only recently been proven, and its proving can only be found in Allen's hand-book. Its pathogenesis strangely resembles the published accounts of the prevailing epidemic, all the catarrhal symptoms, bone pains, malaise and general congestion being present, the most remarkable mental symptom being a sensation as if the body were filled with ice.

\*Read Before the St. Louis Homœopathic Medical Society.



*Bryonia.*—This remedy has been more frequently indicated in this city than probably any other medicine. The patient nearly always is very irritable and wishes to be alone; don't wish to talk or to be spoken to, but lies perfectly still, because it makes all of his pains worse to move. The headache and chest pains are intensely aggravated by coughing; the flesh is sore, sensitive to touch; bowels constipated; tongue furred, white, with bursting frontal headache.

*Gelsemium.*—With the fever the eyes are brilliant and the patient is loquacious; there is a shooting pain through the temples and the frontal sinus; fullness in the head; heat of the face; chilliness; pulsation of the carotids; thick speech; brain feels as if bruised; eyeballs feel sore when moving them; desire to be quiet, to be let alone; does not wish to speak, nor have anyone near for company, even if the person be silent; sensation of a band around the head above the ears; scalp sore; great prostration of the whole muscular system.

*Mercurius.*—Coryza fluent, corrosive, with much sneezing; worse from damp weather at night and from either cold or warm air; lachrymation profuse, burning, acrid; worse at night and much from the heat and glare of fire: tongue swollen, coated white, flabby, taking imprint of teeth, the breath very offensive; profuse perspiration, which gives no relief; cough dry, fatiguing, racking, in paroxysms; worse nights, with utter impossibility of lying on right side.

*Natrum Mur.*—Headache as if bursting, with red face, nausea and vomiting before, during and after catamenia; as if beaten with little hammers; better when sweating; sensation as if a worm were in the nostril; tears stream down the face whenever he coughs; dreams robbers are in the house, and on waking will not believe to the contrary till search is made; dreams of burning thirst; coryza fluent, alternating with stoppage of the nose; posterior nares dry, with hawking in morning; spasms of sneezing each morning; loss of smell and taste. Aversion to bread, of which she was once very fond; violent, unquenchable thirst; worse evenings.

*Nux Vomica.*—Oversensitiveness to external impressions, noise, odors, light or music, with inclination to become excited or angry; coryza dry at night, fluent by day; worse in a warm room, better in the cold air; sneezing early in bed; scraping in nose and throat; acrid discharge from the obstructed nose. The headache is worse from mental exertion, exercise in the open air and after eating; better after rising in morning in warm room, and when sitting quietly.

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**TEST FOR BLOOD.**—A very delicate test for blood is obtained by adding one or two drops of guaiac to a half ounce of water, to which has been added a single drop of blood. A cloudy precipitate of the resin appears and the solution has a faint tint. If to this be added one drop of an ethereal solution of peroxide of hydrogen, a blue tint appears which upon a few moments' exposure gradually deepens.—

## THE COMPENSATION OF MEDICAL EXPERTS.

PROF. I. D. FOULON, A. M., LL. B.

**R**ECENT issue of the London *Lancet* relates that at Rodez, France, the medical men, backed by the Medical Association, refused to make a *post mortem* examination of the body of a young woman found in a field, on the ground that the fee allowed was too small. For more than a week the body remained unexamined, and some suspected prisoners had to be released in the absence of confirmatory medical evidence. Some of the doctors have been fined in consequence, but have appealed. The question has been discussed in the French Senate, who find that they have no more power over the physicians than over day-laborers.

This opinion of the French Senate is in consonance with all our American decisions upon the subject. No court has yet held that a medical man is bound to perform professional work out of the court room, with or without pay. He is perfectly free to undertake such work or not, but having performed it, it has been held that he could not refuse to testify to the facts which he had discovered as the result thereof, for instance of a *post mortem*. This brings us to another vexed question: Can an expert be compelled to give his opinion without other compensation than the *per diem* of ordinary witnesses? In England this question has been decided in the negative. In Ontario certain professional fees for *post mortems* are fixed by statute. In the United States, Iowa, North Carolina and Rhode Island have statutes which provide that experts called in criminal cases on behalf of the State shall receive extra compensation, the amount of which is left discretionary with the court. Indiana, upon the other hand, has a special statute which compels medical experts to give their opinions without extra compensation. This statute was passed because of a Supreme Court decision to the contrary, which we shall presently notice at some length. In the absence of statutes, the few decisions of the question which have been rendered by appellate courts are not in harmony with each other.

The first case in which the question of the liability of experts to be compelled to attend and testify was passed upon in the United States seems to have been in *Re Roelker* (1 *Sprague*, 276), decided in Massachusetts in 1854. Roelker had been subpoenaed to attend court as an interpreter of the German language, but had paid no attention to the subpoena. Thereupon motion was made for a *capias* to bring him into court. This motion was denied, and in deciding it the Court said:

“To compel a person to attend, merely because he is accomplished in a particular science, art or profession would subject the same individual to be called in every cause in which any question in his department of knowledge is to be solved. Thus, the most eminent

physician might be compelled, merely for the ordinary witness fees, to attend from the remotest part of the district, and give his opinion in every trial in which a medical question should arise. This is so unreasonable that nothing but necessity can justify it. It is not necessary to say what the Court would do if it appeared that no other interpreter could be obtained by reasonable effort. Such a case is not made as the foundation of this motion."

In 1877 the Supreme Court of Indiana had before it two cases (*Buchman vs. State*, 59 Ind., 1, and *Dills vs. State*, 59 Ind., 15) arising out of the selfsame matter, in which the Court, by a vote of three to two, decided that physicians could not be compelled to testify as experts without extra compensation. The opinions in these cases are noteworthy not only as having been the occasion of the enactment of the statute above referred to, but also as having been apparently well considered and presenting both sides of the question with considerable force.

The facts, in brief, were that one Hamilton had been indicted for rape, and on the trial Drs. Buchman and Dills, having been subpoenaed as witnesses, took the stand and were asked certain questions concerning the character of menstrual blood. These questions they severally refused to answer, on the ground that the answers they would have to give would depend upon their professional knowledge of the subject, and they denied the right of any one to extort this from them without compensation. The trial court held that they were bound to give their opinions without other compensation than that allowed to ordinary witnesses. They persisted in their refusal to answer, and were committed as for contempt. From this commitment they appealed. The Court, as already stated, by a vote of three to two, held the commitment erroneous and reversed the judgment of the lower court, partly on the ground that the Indiana constitution forbids the demanding of the performance of any "special service" by any one without compensation, but mainly upon the broader ground that "the knowledge and learning of a physician should be regarded as his property, which ought not to be extorted from him in the form of opinions without just compensation."

This reasoning appears, at first sight, thoroughly sound, and as, besides, it appeals to the self-interest of the large majority of our readers, they will probably consider it very strong, if not unanswerable. Such, however, was not the view of the case taken by the Chief Justice of the Court—Biddle—who delivered the dissenting opinion (in *Dills vs. State*, the opinion of the majority being in *Buchman vs. State*). His views are certainly worthy of careful consideration. Among other things, he says: "In judicial trials justice demands the truth as to facts in all departments of human knowledge, and the State has the right to compel witnesses to appear and testify concerning all matters within their knowledge, belonging to human affairs, wherein their testimony is not prohibited by law. The appellant attempts to justify himself upon the ground that his professional knowledge is his private property, but admits that the State may command him to appear as a witness and compel him to testify

like other witnesses as to ordinary facts, not involving the skill of his profession. It seems to us that this is an admission of the principle which must decide the case against him. His professional skill is no more his property than his time is; for, without time, his skill would be useless. Nor can we see that the right of property he holds in his skill is of any higher degree, as property—though of a higher degree in knowledge—or any more under the protection of the law, than the property in the muscular strength of the common laborer; nor that he has any more right to withhold his skilled knowledge than his knowledge of the most ordinary fact. Justice demands that every witness should testify, under the rules of law, to what he knows of the case in which he is called, whether he testifies as an expert or as to facts, or as to common or skilled knowledge. \* \* \* The consequences following the principles contended for by the appellant, if they were established as law, would enable prisoners who had the means to pay professional fees to their witnesses to obtain a fair trial, and to deny a fair trial to those who were unable to meet its expenses. Such a system of jurisprudence, in our opinion, would be discreditable to a civilized State.”

Judge Parker, of the United States District Court for the Western District of Arkansas, in 1881 (in *U. S. vs. Arena Howe, Central, L J., 199*) refused to commit one Dr. Bennett for contempt of court on account of his refusal to testify as a medical expert unless paid a reasonable compensation as such.

Upon the other hand, in Alabama (*Ex parte Dement, 53 Ala., 389*) and in Texas (*Sumner vs. State, 5 Tex. Court of Appeals, 374*) it is held that physicians can be compelled to testify as experts without other compensation than that accorded to ordinary witnesses.

The condition of the law in the United States may, therefore be summarized as follows: In four States, Iowa, North Carolina, Rhode Island and Indiana, this matter is now regulated by statute. In the absence of statutes three State courts of last resort have pronounced themselves upon this question—one (Massachusetts) against compulsion to testify as expert without extra compensation; two (Alabama and Texas) in favor of such compulsion, while one United States Court, in Arkansas (whose decisions are not binding upon State tribunals, however), has agreed with the Massachusetts ruling. In all the other States the question remains a mooted one, and their trial courts, in the absence of superior authority, are perhaps as likely to decide in one way as in the other.

Our own view of the law will place us, we fear, upon the unpopular side of the question—unpopular, we mean, with the medical profession, not with the laity, as witnessed by the passage of the Indiana statute above referred to.

It is claimed for the professional expert that his profession is his capital, his property, and that, therefore, just as no man's property can be taken for public uses under the law of eminent domain without compensation, so the professional man's skill or knowledge cannot be taken from him without similar compensation. The cases, however, are not at all similar. When a man's house, for instance,

is torn down to open a public street, his house is destroyed, he no longer has it. But when a physician has imparted his knowledge as an expert he still has all that knowledge—perhaps in better shape than ever. He has not been deprived of his knowledge, and therefore there is no reason why he should be compensated for that. What he has lost is his time, and his time may be worth ten, twenty, thirty times as much as that of a day laborer. But, then, there are other men, not professional, managers of large commercial and manufacturing establishments, whose time is worth perhaps even more. If the value of each man's time is to be determined in each case in which he is called as a witness, the courts will be occupied far more with the settlement of the fees of witnesses than with the matters in litigation. That is the reason, of course, why a fixed rate of witness fees has been established; and that, we think, in the absence of statutory provisions to the contrary, is all that the law contemplates the expert should receive.

While there is so much talk about medical legislation, would it not be well to bring this question before the legislatures of the several states, in order that the law may be settled and the physicians may know their rights and duties in such matters? And if that were done, would not the best method be to provide a regular fee-bill for professional expert work, as has been done in Ontario? Or are we too wise to learn anything from the "Canucks?"

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### COLLEGE NOTES.

COMPILED BY W. E. BRUCE.

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**PROF. REED.**—*Case of Albuminuria.*—I want to present to you the history of a case, the cure of which is certainly convincing proof of the efficacy of medicine prescribed according to the Homœopathic law.

*Emmet L., Age 15 Years.*—During the three years previous to the time that I was called to see him, he had been working in the Missouri River bottoms. While there he was subjected to certain exposure, unavoidable and otherwise, such as sleeping on damp ground, going in swimming, etc.

The first symptoms noticed were: Aches and pains in bones, lassitude, loss of appetite, etc. Later came a high fever, assuming a tertian type.

This fever was ushered in by a chill occurring every other day between 8 and 9 o'clock A. M.

Coldness was felt first in fingers, extending to hands, also in toes extending to feet; next rigors up back, accompanied by thirst. He also had thirst before the chill.

He had great desire for warmth during the chill. The fever following the chill was characterized by thirst for cold water, headache,

nausea, vomiting of bile, cough, restlessness, desire to uncover, irritability and aggravation from consolation.

During the sweat, the aches and pains in bones, headache, cough, in fact, nearly all of the symptoms were ameliorated.

In the apyrexia the cough, which had been ameliorated by the sweat, returned. It was aggravated on lying down at night, and upon getting up in the morning. Great weakness attended this stage. His face was swollen—swollen upper lip and puffed eyelids. An examination of his urine revealed albumen to the amount of 46 or 50 per cent. Specific gravity, 1,007.

On the evening of November 1, at the close of the paroxysm, three powders of Nat. mur. 200th were given, to be taken six hours apart. This medication was followed by a slight amelioration of symptoms. After watching forty-eight hours from the giving of the last dose, I deemed it advisable, owing to the *seemingly* slight improvement, to repeat the remedy, and on November 3 one dose of Nat. mur. 6M (Fincke) was given. This was followed by diminution of albumen fully two-thirds; but, on the other hand, an increase of the febrile condition. The paroxysms were similar to the former ones, characterized by chill, fever and sweat, headache more intense and thirst in all the stages. Considering this an aggravation of the remedy, he was placed upon Sac. lac. for several days, but no abatement of symptoms followed. At 2 o'clock P. M. on the 10th day of November he received another dose Nat. mur. 6M. The next morning he had a slight fever, but the succeeding morning there was none. The irritability and restlessness abated some, and he showed many evidences of improvement, the albumen gradually decreasing until there were only slight traces. On the 15th of November the fever returned, and on the 16th he received another dose of Nat. mur. 6M; and, as before, there was a slight fever on the 17th—none on the 18th. The albumen, which had increased again to 10 or 12 per cent., began to decrease. On November 24 fever again returned with the usual routine of symptoms. Prescribed Nat. mur. 6M, one dose. The usual amelioration followed, the albumen decreasing as the fever abated. On December 7 fever returned, and he received Nat. mur. 6M, one dose. At this time the albumen did not increase on the return of the fever, as it had heretofore done. This was the last dose he received, and since that time he has gradually improved, appetite has returned, cough has vanished, etc.

There is no trace of albumen whatever. However, we have a watery appearance of urine, its specific gravity being 1,013.

Acting in the capacity of a diagnostician we would call this a case of albuminuria, but you will observe we did not treat albuminuria, but the individual, our guide to the remedy being the symptoms which he presented.

Now let us take a *résumé* of the case and see if any mistakes were made. We know we had the right remedy. Why? Because the morbid condition of the patient has been changed to one of comparative health.

As to whether this change was brought about in the least possible time is the question.

I think I made a mistake, and it was one of the three mistakes which Hahnemann cautions us against. I will give them to you:

“There are three mistakes which the physician can not too carefully avoid. The first is to suppose that the doses which I have indicated as the proper doses in the treatment of chronic diseases, and which long experience and close observation have induced me to adopt, are too small; the second great mistake is the improper use of the remedy; and the third mistake consists in not letting a remedy act a sufficient length of time.”

I am going to point out to you the error that I think I made, so that you can profit by it. It is covered by the “third mistake” that Hahnemann warns us against.

If the first three doses given (which was virtually one dose) had been permitted to act as long as they would, my patient would, no doubt, have made a much quicker recovery, and would not have experienced the severe aggravation which the repetition certainly produced. In other words, by repeating I “spoiled my case.”

When you get out into practice you will find that the spoiling of a case is a very serious affair, and one that will require time and judicious measures to rectify.

I would say that this boy had been under allopathic treatment before I saw him, and had been given up to die. Fortunately the allopath’s mournful prophecy is often not fulfilled, and the gloom that gathers when anticipating the death of a beloved one is dispelled when the indicated remedy is given a chance to exert its mild but wonderful power.

**OPHTHALMOLOGY.**—**PROF. CAMPBELL.**—*Ophthalmia Neonatorum.*—“This is a disease found in new-born children. Much of the blindness that dates from infancy is due to this disease.

*Causes:* Contagion. The child’s eyes are inoculated by either a leucorrhœal or gonorrhœal or vaginal discharge as it passes from the uterus. Sometimes it results from the carelessness of nurses in not washing the eyes thoroughly. It will appear in from twelve to seventy-two hours after inoculation.

If ophthalmia develops two or three weeks after the birth of a child, it has not been caught from the mother. Nurses should be very cleanly in their care of the child. They should especially see that their hands are clean.

This affliction cannot be considered as a pure conjunctivitis; it is generally noticed first by the nurse.

*Symptoms.* Eyes are glued together. Discharge first mucopurulent then purulent, finally becoming yellow; eyes red and inflamed; discharge becomes copious, it comes out every time the lids are opened, papillæ red and swollen, and there is a tendency to ectropion.

A diphtheritic form may be assumed. The lids become thin, hard and hot, the discharge thin and flaky and adhering to the conjunctiva.

*Prognosis.* In most cases, if the child is seen in time and it is given the proper treatment, it is certain to get well. There are some

cases that are so severe as to render a favorable prognosis out of the question.

*Treatment.* The first prerequisite is *absolute cleanliness*. To cover up the eyes, take a piece of adhesive plaster, stick it on brow, nose and cheek, leaving the outside open, to let out any discharge. Treatment is both local and constitutional. Cleanse the eye often with tepid water. You can wipe off the outside with cotton. Be sure and burn all pieces of cotton that you use.

In mild cases, you can use the following:

R Alum..... gr. ij  
Aq. dest..... ℥ ʒ i

In more severe cases, an Argent. nit. solution of 1 or 2 gr. to the ounce can be used. Do not trust to the nurse to put it in, but do it yourself. It should be used three times a day. Or you can use a solution of Boracic acid, 10 grs. to the ounce. Put it into the eye every half hour during the day and every hour during the night, 10 drops being a sufficient quantity at a time. Watch the cornea in these cases. If it becomes involved, it first looks "steamy," next ulcerated. If the ulceration is allowed to go on, perforation follows, and lastly the discharge of the vitreous humor. Avoid all irritating substances. When the cornea is about to become involved, you can use the following:

R Atropiæ Sulph. .... gr. j  
Aq. dest..... ℥ ʒ i

M. ft. sol. Sig.: One drop in eye.

When the pupil is threatened, use—

R Eserin. Sulph..... gr. j  
Aq. dest..... ℥ ʒ ss

M. ft. sol.

You will find that pus comes out and sticks to lashes. To prevent this, use—

R Pulv. Boracis..... gr. j  
Vaselini Alb ..... ℥ ʒ ss

M. ft. ungt. Sig.: On lid edges.

Do not use "mother's milk" in the eye. Great care, vigilance and system are necessary throughout the entire treatment.

As for internal remedies, one of the following may be thought of, as indications may require: Acon., Arg. nit., Cham., Sulph., Apis., Ars., Lyc., etc.

*Physical Diagnosis—Its Importance.*—One thing the Homœopathic Medical College of Missouri can boast of that is not possessed by most other colleges, is this: a separate and distinct chair on *Physical Diagnosis*.

At any rate no other Homœopathic College in the West has set apart a special chair for this important branch.

To be sure, diagnosis is not of the importance to the Homœopath that it is to the Allopath, who can do nothing toward treating his case until he finds out what particular name shall be given to the condition presenting.



Reasoning according to Allopathic logic, if a disciple of that school is a poor diagnostician he must, of necessity, be a poor prescriber; and though he is honest in the diagnosis made, yet it is wrong, and his treatment is wrong, and thus the poor patient gets the benefit of many a doubt, although he may, in the few moments of consciousness allowed him, doubt the amount of benefit derived.

To the Homœopath, physical diagnosis as a collateral to the therapeutic law is of great importance. A knowledge of it sometimes acts as a friendly guide-board to the indicated remedy.

It places the Homœopath upon an equal footing with the Allopath, who always claims more or less prestige, because of his diagnostic abilities.

Again, inquiring humanity are always anxious to know what the matter is in a given case. To be able to inform them intelligently is a gratification to them, a satisfaction to yourself, and an indorsement that will presage largely your future success as a physician.

This chair is ably filled by Prof. Burleigh—certainly the right man in the right place, as he has made physical diagnosis a special study for several years.

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#### DISCUSSION OF

#### DR. T. G. COMSTOCK'S PAPER ON "GONORRHOEA AND ITS CONSEQUENCES IN WOMEN."

[This discussion reached us too late for insertion with the paper last month. We think it of sufficient importance to publish it now.—EDS.]

DR. C. T. ELLIS, Eureka Springs, Ark. It is a little curious to note that the views of to-day correspond with the views expressed during the life of Hahnemann, who noticed that syphilitic was more difficult to cure than syphilis.

DR. A. C. WILLIAMSON, of Springfield, Mo. Years ago Dr. Connelly mentioned the fact that syphilis was more readily cured than gonorrhœa, and I like that idea.

DR. WM. D. FOSTER, Kansas City, Mo. The point of greatest importance to us is the treatment of gonorrhœa. I did not understand whether Dr. Comstock advises the use of injections during the acute stage or not.

DR. T. G. COMSTOCK. I am very careful about the use of injections during the acute stage of this disease.

DR. E. H. PRATT, of Chicago, Ill. Syphilis is a deep vaccination. It goes from generation to generation. I do not believe that gonorrhœa does that. It was a gonorrhœal clinic that first led to the inception of orificial philosophy. We had about that time a dozen cases of gleet. We were passing sounds on them. Tried injections and injections. The majority of them would linger along,

while some would get cured at once. I found that by going on with the official work they would get well in a short time. There is an inflammation of the mucous membrane. I think dilatation will cure gonorrhœa.

I had a case in which the discharge was arrested by means of strong injections. This was followed by a violent attack of fever, which later developed into an epididymitis. The mind of this patient seemed affected. I placed him under an anæsthetic, and by means of dilatation and circumcision cured him so promptly that it surprised me. His condition was, therefore, kept up by reflex action.

DR. A. C. WILLIAMSON, Springfield, Mo. I had in my practice two cases of gonorrhœa, where the patients were under fourteen years of age. In the one case the discharge had continued for ten days before he was brought to me. I prescribed for him, and in three weeks he was well.

The second case was as bad. I used no injections and he got well. I believe that every case should be treated without injections.

DR. H. BARTENS, Nokomis, Ill. I read an article lately in which medicated bougies were recommended instead of injections.

DR. PHIL PORTER, Cincinnati, O. I recognize the importance of this disease to gynecology. I look upon gonorrhœa as one of the causes of sterility. In regard to its relations to salpingitis and other diseases of the uterus, as endometritis, I must confess that my experience has not been the same as Dr. Comstock's. I have seldom found it to pass into the body of the uterus. I do not believe that women can properly use injections.

Litmus paper can be used to differentiate, whether a discharge is specific or not. In gonorrhœa the discharge is acid, and will turn blue litmus paper red; in other conditions the discharge is usually alkaline.

There is a suppository made consisting of elaterium and some preparation of alum, which is sometimes used in the treatment of this disease. This is a powerful drug, and should be used with a great deal of care, since it destroys the epithelium. It is a dangerous thing to use. I agree that we can do a great deal with internal medication. I do not believe that this disease attacks the Fallopian tubes, or periuterine tissues, as other specialists claim.

DR. DAVIS. I had an opportunity of seeing quite a number of cases in hospitals. The majority of them were in degraded women. In nearly every case of salpingitis they were longer to cure, and would require greater care. When they were discharged from the hospital they would soon return, because their trouble was of a subacute form. We have had other cases at times come in without such a history. These would get well very much quicker. Those with a history of gonorrhœa are always more difficult to handle.

DR. S. B. PARSONS, St. Louis, Mo. Where you know nothing about the history of the case, and a patient comes to you with uterine trouble, how do you know that the case is due to gonorrhœa in the male? There are ways in which it can be done, but none of

you stated the manner. Remember that gonorrhœa in the male and the female is different, in the fact that it does not attack the same tissues. Now, how do you know?

DR. PHIL PORTER. I don't want the society to think that I use this heat treatment in all cases. It is occasionally indicated. There are certain conditions which predispose to cellular infiltration and inflammation, and whether you have a previous history of gonorrhœa or not, there are certain patients with an idiosyncrasy, or dyscrasia, for this disease, and I don't think that we should classify this class of cases with those that are due to gonorrhœa. I would like the question of Dr. Parsons answered. I have never been able to separate the effects of a profuse gonorrhœa from the effects occurring in other conditions.

DR. T. G. COMSTOCK. I expected the paper to meet with a great deal of opposition, and am surprised that it was received so kindly. I insist that gonorrhœa is a very difficult disease to treat in at least three cases out of every ten. I mentioned the fact in regard to diagnosis that it was very difficult to diagnose. Sexual excesses with a woman suffering from leucorrhœa will produce gonorrhœa in the male.

I know of a case in one of our best families. The man was pronounced perfectly well, got married to a young lady perfectly well. Three weeks afterward, the lady suffered with urethritis, cystitis, salpingitis, and a tremendous, vicious discharge from the uterus and vagina. All this came from that gentleman's work. In regard to the diagnosis, sometimes you can make use of the microscope to find micrococci. If the secretion is acid, it is gonorrhœa. If it is alkaline, it is not. That is not quite true. I have a case now, a lady suffering with endometritis and salpingitis. The physician wrote me that the husband had gonorrhœa, and hoped I would keep the woman in St. Louis all summer.

I have had cases of gonorrhœa that sometimes lasted eighteen months. That man has all the indications of an enlarged prostate. I studied syphilis with Prof. Siegmund, Professor of the University of Vienna. After being in Vienna some two years, Prof. Siegmund delivered a lecture in which he stated that it was fixed in the minds of the people that syphilis was incurable. He stated that it was curable, and I agree with him.

#### CHLOROFORM IN OBSTETRICS.



THE action of chloroform upon the parturient woman is an old subject for discussion, yet its importance always commands attention. Dr. F. W. Albright, in the London *Lancet*, makes the following points:

But one well-authenticated case of death is on record where the administration was by a medical man, and in that case no necropsy was made.

Dangerous symptoms have occurred but a very few times, and then almost always from the violation of the rules of proper administration.

The danger, when chloroform is used only to the extent of mitigation or abolition of the suffering of childbirth, is perfectly *nil*; when carried to the surgical degree for obstetric operations, the danger is far below what it is in surgery.

No proof can be furnished that the parturient woman enjoys a special immunity from the danger of anæsthetics, although facts seem to indicate that such exists. Her best safeguard lies in the care and watchfulness of the administrator.

The action of chloroform upon the uterine contractions may vary according to the period of labor and the peculiarities of the patient, and especially with the degree to which anæsthesia is carried.

A temporary diminution or cessation of uterine action is not at all infrequent. Occasionally, however, chloroform permanently abolishes the pains.

Obstetric anæsthesia or analgesia has no effect, as a rule, upon the uterine contractions.

In surgical anæsthesia, the energy, frequency and duration of the contractions may be, and generally are, lessened; in deep narcosis uterine action is in abeyance.

Upon withdrawal of the anæsthetic, and with the disappearance of the anæsthesia, the uterus promptly resumes its functions.

The tendency of the agent is then toward causing a diminution of uterine action, and this tendency should be kept constantly in mind by the accoucheur.—*St. Joseph Med. Herald.*

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## THE ALABAMA CASES.

PROF. I. D. FOULON, A. M., LL. B.

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**F**OUR readers have been able to make head or tail of the accounts of the cases brought in Alabama against Drs. Geo. G. Lyon, of Mobile, and A. P. Myers, of Whistler, from anything that has yet appeared in the medical journals, they have done far better than we. The fact is that, without knowing what the statutory provisions are which regulate the practice of medicine in that State, the mere syllabus of the decision in the case of *Brooks vs. State* (on whose authority the cases against our homœopathic friends will be dismissed, unless, on rehearing, the Court should reverse itself,) is practically unintelligible, and, at the date of this writing, a syllabus is all that has been published.

The statutes of Alabama regulating the practice of medicine are both civil and criminal. The sections which apply to the civil side of the question are as follows:

Section 1296 provides that where no board of examiners is organized in accordance with the Constitution of the Medical Association of the State of Alabama, the Court of County Commissioners may establish a county board of examiners of not less than three nor more than seven.

Section 1297 defines the powers and duties of such boards. We quote the next three sections that apply to this matter, *verbatim* :

"SECTION 1298. A regular graduate of a medical college in the United States, having a diploma, is entitled to practice medicine, without license, in a county having only a medical board established by the Court of County Commissioners, upon record of his diploma in the office of the judge of probate of the county ; and for the record thereof, the judge of probate is entitled to a fee of one dollar."

"SEC. 1301. The board of censors of the Medical Association of the State of Alabama, \* \* \* and the boards of censors of the several county medical societies in affiliation with the Association, and organized in pursuance of its Constitution, are constituted boards of medical examiners, having the authority and subject to the duties hereinafter prescribed."

"SEC. 1302. Without a certificate of qualification from an authorized board of medical examiners, except in the cases hereinbefore provided for, no person must engage in or pursue the occupation of a druggist, or deal in drugs and medicines, or practice medicine in any of its branches or departments, as a profession or means of livelihood."

Finally, Section 1318 provides that contracts for medical service, whether express or implied, shall be void unless the physician or surgeon has authority to practice, obtained according to the provisions of the statute.

In other words, the civil penalty attached to non-compliance with the law is the loss of fees, if the patient chooses to base his defense to a claim for fees upon that non-compliance.

In the *Criminal Code* is Section 4078, under which Brooks, Myers and Lyon were prosecuted. This section is as follows :

"Any person practicing medicine and surgery, or engaging in the business of a druggist or dealer in drugs or medicines, without having first obtained a license, or diploma, or certificate of qualification, or not being a regular graduate of a medical college in this State, having had his diploma legally recorded, must, on conviction, be fined not more than one hundred dollars."

Now, the decision in the case of Brooks is simply that, in view of the terms of the section just quoted, a physician cannot be convicted of a crime if he has "first obtained a diploma," and Dr. Brooks had a diploma from a Georgia college, just as Dr. Lyon had one from Pulte and Dr. Myers from the Homœopathic Medical College of Missouri, which they had had duly recorded in their respective counties. There is here no "knocking out" of the law, as some of our friends imagine—only a statement that Brooks (and therefore Lyon and Myers) had so far complied with its provisions that he (and therefore they) could not, under the terms of the statute, be held liable to criminal punishment, although they did violate the civil law. Far from declaring the law unconstitutional, the Court, according to the syllabus at hand (for which we are indebted to the courtesy of Dr. E. Lippincott, of Memphis), upholds the constitutionality of the law—since :

“It is held that the State, under its police power, clearly possesses the power to prohibit any person from practicing medicine without a license or other test for ascertaining the qualification and fitness of the applicant. The power is supported by the same principle as that which justifies quarantine, compulsory vaccination, sanitary sewerage, and many other forms of public necessity. It is a mere agency for protecting the public against the dangers of charlatanism or quackery in medicine. This power is lawfully lodged in the medical boards of the State, and it is no objection that the law goes into effect upon the contingency of the medical county boards being organized in the counties. Local-option laws and stock laws are made operative upon precisely the same principle.”

Now, there is nothing in all this to get hysterical about, as some of our cotemporaries are doing. The effect of the decision is simply that, until the next Legislature meets, homœopaths may, without fear of being prosecuted criminally, settle in Alabama and practice homœopathy without having first submitted to an examination at the hands of the old-school body. The next Legislature may so amend the criminal statute as to make those who do not comply with the requirements of the civil statute punishable criminally. It therefore behooves the Alabama homœopaths to be watchful, and to see that their claims are properly presented to the law-making power.

The cases of Drs. Myers and Lyons were not in such a shape as to have brought out a decision upon the merits. Aside from the technical point upon which they will escape punishment, about the only point that could have been raised would have been as to whether the examining bodies, as constituted by the statute, were legal, and about the only objection that could have been raised against them would have been that they were incompetent to examine on homœopathic therapeutics and materia medica, and prejudiced against the system as such. In other words, their only defense would have been a plea to the jurisdiction of those bodies, based upon (1st) incompetency and (2nd) prejudice. As to the first, there can be no doubt that it would be in law untenable; and as to the second, we do not believe that it would stand, either. Tribunals are often prejudiced, and yet have jurisdiction. For instance, there is a widespread belief in the North that a negro and a Caucasian do not stand upon a footing of equality in the Southern States. Let us assume that such is the fact. Could a negro refuse to be tried before a white judge and jury on the ground of race prejudice? The question answers itself. His remedy, if unjustly sentenced, would be by appeal.

As we showed in our review of the Dent case (W. Va.—CLINICAL REPORTER for April, 1889,) and as intimated in the syllabus of the Brooks case (*supra*), there are limitations upon the police power of the State—much more so upon the exercise of that power; and if any partisan board of medical examiners refuses an otherwise qualified petitioner a license to practice, simply because the prospective practitioner proposes to practice another system of healing, the courts will undoubtedly compel them to grant such license.

It is best, of course, to avoid conflict, if possible, by the establishment of separate boards; but in those States where partisan

boards exist, it seems to us that the wiser course would be for homœopathsists who desire to practice medicine to submit themselves to the requirements of the law, and then, if denied their legal rights, to seek their redress at the hands of the law, and thus establish, once for all, in their own State, that the law is no respecter of "schools" of medicine.


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## SPRAINS—DIAGNOSIS AND TREATMENT.

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Z. S. FOULON, A. M., M. D.

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 IN THE following short article we shall not attempt to speak of the different kinds of sprains, as it would require too much space to do so; nor shall we speak of the many complications of sprains; nor shall we attempt to discuss the different conditions which modify sprains, such as age, muscular development, sex, hereditary taint, etc.; and lastly, we shall take it for granted that our reader is acquainted with the different kinds of joints and their complicated anatomy.

We ask, what is a sprain? A sprain is anything between a simple stretching of the ligaments of a joint and their partial rupture without a complete separation of the articular surfaces.

Here we are called to a case. If the joint is a superficial one and the injury of recent origin, there is generally no difficulty in the diagnosis, and we can proceed immediately with our treatment, since the severe pain, increased on movement, its sudden onset and peculiar character, the nature of the accident, the helplessness of the limb, the more or less rapid swelling of the part, etc., are generally quite sufficient to make our diagnosis positive. But our case may be one where we have to diagnosticate between a sprain, dislocation, fracture in the neighborhood of the joint, and, in the case of children, separation of one of the growing ends of the bones, when swelling and ecchymosis from effusion of blood in and around the joint, and, later, inflammatory effusion into the synovial cavity have taken place.

Such a case presents the greatest amount of difficulty. How are we to proceed? There are but two ways: Either wait without a definite opinion for days, perhaps weeks, until the swelling subsides, or anæsthetize the patient and proceed immediately with the examination and diagnosis. We think there ought to be no hesitation about the administration of an anæsthetic, for, in the former case, such grave changes may take place in the intervening time that the joint may remain stiff or imperfect in its action for the remainder of the patient's life, in spite of any after-treatment. By giving an anæsthetic, the advantages of being able to examine the joint most thoroughly without any muscular rigidity, and applying the first dressings quietly and systematically, are so great that that, coupled with

entire absence from pain and the little risk incurred, ought not to allow us to hesitate as to our course in the matter.

Having our patient anæsthetized, with all the muscular structures relaxed, we grasp the injured limb, and, keeping a perfect mental picture of the anatomical relation of the parts before our eyes, we look for any deviation from our standard.

As a rule, there is not much difficulty in distinguishing a sprain from a fracture. The preternatural mobility, the deformity, the rough, grating sound caused by the broken ends of the bones, are nearly always sufficient to diagnosticate a fracture. If, however, the ends of the bones are driven into each other, it is not always easy to make a distinction.

To diagnosticate between a sprain and a dislocation is not so easy; in fact they are really the same thing, only that in the case of the former, reduction has taken place spontaneously. Inability to move the limb on the part of the patient; an alteration in the relations of points of bone about the joint; alteration of the axis of the limb; shortening or lengthening; an abnormal position of the ends of the displaced bones, are signs common to all dislocations. In short, in a sprain, the articular ends which, at the moment of the accident, are wrenched apart, slip back again into their natural position of their own accord; in a dislocation they slip still farther apart. Having diagnosticated a sprain, we begin immediately with our treatment; for it is essential to begin at once, as every moment lost makes a serious difference, and whatever is done must be done thoroughly and intelligently—the sooner the better. We must remember that blood is being poured out from the wounded vessels and accumulating in the synovial sack and in the interstices of the tissues, and that it must be stopped, and that at once, if recovery is to be speedy and not preceded by inflammation which causes a tedious convalescence, leaving too often a weak and untrustworthy joint. Hence, we must insist on beginning at once, for that is the most important time, and the one most often fooled away.

Extravasated blood serves only to separate the ends of torn ligaments and distend the synovial sack, causing tension and excruciating pain, to be followed either by the absorption of the extravasation which may leave a loose capsule, and therefore a weak joint, or, again, what will be still worse, the extravasation may either break down and form an abscess, or become organized into a hard mass which is sure to interfere with the free motion of the joint. We must, therefore, stop the bleeding as soon as possible, and to do so we have at our command cold, heat and pressure—we would say cold and pressure in cases of deep injuries, and heat and pressure in superficial ones. In speaking of cold, we have no reference to the routine way in which it is generally applied; a wet bandage is smoothly and uniformly bound around the joint; it looks well, and, for the time being, the uniform coldness and pressure relieve the pain. Soon, however, the coldness gives way to heat, and the bandage gets looser and looser as it becomes dry. If we now remove the bandage, we see a shiny and swollen joint; all the hollows are filled



out, and it is perfectly smooth. The principle of cold and pressure in such a case was right, but wrongly applied.

Cold, to be effective, must be continually applied until the required effect has been secured. It matters not how we apply cold; the secret of success in its application is not to allow the injured joint to recover its temperature until the required effect is obtained. Care must be taken not to apply it too long, as it would induce the state of passive congestion. As soon as the swelling ceases and the skin begins to look dull, the maximum amount of good has been secured. As to its method of application, as we said above, it matters very little which method we employ, so we do our work effectively. It is all a matter of taste and circumstances. The one which is the most easily and the soonest applied is the best. Any cold in the form of ice-bags, or tubing in which there is a continual flow of cold water, worked on the siphon principle, is neater and possibly as good as anything. Moist cold has the benefit of evaporation, and of always being at hand and ready for use. Cold water is found in every home. The injured joint may be immersed in it, or else the cold water may be poured on freely. Pouring requires more care and persistence, but the impact of the water gives us a shock and influence upon the nerves which cannot be secured by any other method. What we have said of cold is also true of its opposite, heat, only that, to produce the same effect as cold, will require a temperature as hot as can be borne, and cannot therefore be employed to diminish the caliber of the vessels in the deeper-lying structures, for fear the skin would be injured.

We now come to pressure, or, in other words, bandaging. As we said before, this is often wrongly applied because it is done without a proper regard to the structure of the joint. The bandage is applied smoothly and evenly, so that the pressure falls, not on the parts required, but on the bony prominences, instead of on the tendon sheaths and the interspaces between them and the bones which are sure to be filled up with extravasated blood unless pressure is rightly applied. So we see that the method of application is all-important, or else pressure, which when rightly applied is perhaps our most efficient means for stopping bleeding and securing the absorption and disposal of blood that has already escaped, will perpetuate the evil it is intended to prevent. Having stopped any active inflammation and extravasation by means of cold or heat, as indicated before, we fix the joint in the most suitable position. Pads are now made to fit in any depression, no matter how small. For this purpose nothing is better than common cotton, as its elasticity keeps up an even and equable pressure, and, as the swelling diminishes, the bandage still keeps up the compression.

Being careful that the pads are moulded to the proper shape of the limb, the bandage is now carefully and evenly applied, beginning from below and working gradually upwards. The all-important question now is: How long is it to be left that way? Said John Hunter: "In sprains of joints, rest is the first principle." No surgical principle was ever more rightly laid down than that. Lacerated

ligaments cannot heal nor extravasated blood be absorbed in a day. Still, a sprained joint is not to be kept at rest too long, or else definite changes are sure to take place in its structure, causing stiffness and rigidity, thereby destroying its function—movement.

It may be laid down as a rule that the sooner movement is begun without exciting inflammation, the better. And right here we must distinguish between passive and active movement. In the former case it is not carried on by the patient, but by some other force; hence there is no contraction of the muscles, and therefore no strain; in the latter case the reverse is true. We may lay it down as a broad rule that passive movement may be begun on the second or third day, or as soon as active inflammation has subsided. Such a course will prevent any adhesions or stiffness.

The foregoing comprises in a few words the diagnosis and treatment of sprains. We purposely omit the subject of massage, as also of forcible manipulations, as these belong more properly to the treatment of old sprains, where we have adhesions and stiffness.

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## BRIEFS.

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**NEURALGIA OF THE TRIGEMINUS.**—Prof. Smith (University School of Medicine) calls attention clinically to the external use of aconite in hot water for neuralgia of the trigeminus, with face red and hot, tension of muscles, numbness, restlessness and anguish.

\* \* \*

**TONSILITIS.**—Never excise the tonsils unless absolutely necessary. Always try remedies first. Baryta carb. is valuable in the treatment of chronic tonsilitis.—*Prof. Cowperthwaite.*

\* \* \*

FROM tabulated figures, it appears that the death-rate of twenty-six of the principal cities of America, with a population of 9,873,448, is 20 per 1,000. I think it morally certain that this rate could be reduced by methods now known to sanitary science to 16 per 1,000, and probably still less than that. The death-rate for London for the year 1888 was 18.5 per 1,000. This can be still further reduced. That of New York and Brooklyn for the same year, taken together, is 25.5 per 1,000. New York, 25.9; Brooklyn, 23.7. The death-rate of these two cities, if reduced to that of London, would secure a saving of 7 per 1,000, or annually 15,986 lives. These lives are public wealth. But this is not all. For one death annually two persons are sick during the entire year, or, in other words, there are two years of disabling sickness to one death, 31,972 years in New York and Brooklyn of sickness, preventable sickness, annually.—*Dr. H. A. Johnson.*

\* \* \*

THEY say that the aggregate cost of the homœopathic hospitals of this country is \$11,000,000.—*Medical Era.*

**FOREIGN BODY IN THE THROAT.**—A foreign body lodged in the throat can often be dislodged by introducing a speculum or pencil into the ear. The speculum or pencil presses upon the distribution of Arnold's nerve, and, by reflex action, excites a cough that will tend to dislodge the foreign body.

\* \* \*

**ERYSIPELAS.**—One of the best applications in erysipelatous inflammations is the following: Naphthalin, one dram, dissolved in sufficient ether; cosmoline, one ounce.

\* \* \*

**APPARENT DEATH FROM CHLOROFORM.**—A large cloth, wrung out of boiling water and applied to the cardiac region, is said to be able to save many desperate cases of apparent death from chloroform.

\* \* \*

**ABSCESS OF THE ANTRUM.**—A new diagnostic sign of abscess of the antrum was brought forward by Dr. T. Heryng, of Warsaw, at the Congress of Otology and Laryngology, held at Paris during September. The patient is placed in a dark room and his mouth lit up with a small electric lamp, placed above the tongue. Two bright red spots will then appear below the lower eyelids. If the cavities are filled up with pus, or occupied by a tumor, these red spots will not appear, but as soon as the pus escapes or the cavity is washed out, the spots again become visible.

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## OUR BOOK TABLE.

**WOOD'S MEDICAL AND SURGICAL MONOGRAPHS**, Vol. 4, No. 3, New York, Wm. Wood & Co. \$10.00 per year, single copies \$1.00.

This issue contains "A Practical Treatise on Baldness," by Geo. T. Jackson, M. D.; "The Sphere, Rights and Obligations of Medical Experts," by Jas. J. O'Dea, M. D.; "Pathology and Treatment of Ringworm," by George Thin, M. D.; "Notes on Dental Surgery," by J. Smith, M. D., L.L. D.; and "Sounding for Gall Stones, and the Exterior of Gall-Stones by Digital Manipulation," by Dr. George Harley, F. R. S.

THE 8th yearly issue of the "International Medical Annual" (1890) is announced for early delivery.

The Prospectus gives promise of excellencies surpassing all former editions. Its thirty-seven editors in the several departments are to give a summary of New Remedies alphabetically arranged, also a *résumé* of New Treatment in Dictionary form; with references to the Medical literature of the world pertaining to the year's progress of Medicine.

Such a practical and helpful volume is of inestimable value to the medical profession. In one volume of about 600 octavo pages; price, \$2.75, post free.

E. B. TREAT, Publisher, 5 Cooper Union, New York.

**VICK'S FLORAL GUIDE.**—We have received from James Vick, Rochester, N. Y., his Floral Guide, which in beauty of appearance and convenience of arrangement surpasses anything in this line which we have ever had the privilege of seeing before. It is a pamphlet eight by ten inches in size, and with the covers, which are by no means the least important part of it, contains an even one hundred pages. Although called a "floral guide," it is devoted to vegetables as well, and includes as full a list and description of both flowers, vegetables and also small fruits as could be brought within the compass of a book of this size.

In all that the Vicks have undertaken their aim seems to have been to attain as near to absolute perfection as possible, and probably no one ever did so much

towards bringing the cultivation of flowers to the high standard which it has now attained as did the head of this firm.

The firm takes the same pride in raising choice vegetables as in developing attractive varieties of flowers, and after using their seeds for a number of years we are able to recommend them in the highest terms.

We advise all our readers to send 10 cents for the Guide (which can be deducted from first order).

"A COMPEND OF PHYSIOLOGY, specially adapted for the use of Students and Physicians. By A. P. Brubaker, M. D., Demonstrator of Physiology at Jefferson Medical College, etc. Philadelphia: Blakiston Son & Co. 12mo. Cloth, \$1.00; interleaved for the addition of notes, \$1.25.

The fact that a fifth edition of this little work has been required is proof sufficient of its popularity. Several figures and seventeen pages of new matter have been added. Enough anatomy has been inserted to make clear the physical functions without constant reference by first course students to anatomical authorities. While it should not and can not take the place of the more detailed text-books, this work is admirably adapted to refresh the memory of the student, containing as it does, in small compass, all the essential facts of physiology around which matters of detail will group themselves of their own accord.

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## FACT AND FUN.

(PUBLISHERS' DEPARTMENT.)

Fairchild Bros. & Foster's pepsin is the best.

"MR. CHAIRMAN," said a member of the dentists' convention, "we must all pull together!" [Laughter and cheers].

Read, read, read Reed & Carnick's ad. on ad. page 1.

"THOSE who are about to dye salute thee, Cæsar," said the graybeard as he delivered his coat to the darkey in the barber's shop.

Bush's is the best fluid food offered to the medical profession.

"Is this seat full?" asked a railway passenger of a drowsy party next to the window. "No, zir," said the sleepy individual, lurching forward; "but (hic) I am."

See the ad. of the Geneseo Cart Co. in this journal, if you want a cart.

THE old-school medical student who left his landlady in the lurch, being asked why he changed his boarding place said it was on account of the strong "owed her."

No pharmacy in the land beats Munson's. Remember that and write for your drugs to 411 Locust St., St. Louis.

A KNOWING heathen: A Portland (Oregon) Chinese peddler refused an English shilling offered as a two-bit piece, saying: "No good. Me heap sabe. No chicken on him."

Matthews & Lefferty "beat the world" in hats, gloves, canes, umbrellas, etc. Their ad. says they are at 719 Olive St. and it tells the truth.

A COLORABLE excuse.—*Countess*—I told you expressly to paint the chamber blood color, and you have made it blue. *Painter*—I beg your pardon, I thought the gracious countess had blue blood.

CORONERS juries proverbially bring in curious verdicts. The latest is by a Pennsylvania jury. An embankment caved in on some railroad laborers, and the verdict was: "Died of gravel."

"ROASTBEEFLAMBUTTONANDHAM," said the girl who "waits on the table" where two of our medical students board. "Well," said one of them, "I've never tasted it, but you may bring me some and I'll see what's its like."

AT the second marriage of an Alabama physician one of the servants was asked if his master would take a bridal tour. "Dunno, sah; when old missus's alive he took a paddle to her; dunno if he take a bridle to de new one or not."

CALINO thinks he has been poisoned and has a doctor called. After an examination the physician orders him to take an emetic. "It is useless," replies Calino. "I have already taken two, and they don't stay down five minutes."

A YOUNG gentleman was passing an examination in physics. He was asked, "What planets were known to the ancients?" "Well, sir," he responded, "there was Venus and Jupiter, and (after a pause) "I think the earth, but I'm not quite certain."

"I UNDERSTOOD to you say that your charge for services would be light," complained the patient, when his physician handed him a tremendous bill. "I believe I said my fee would be nominal," was the reply, "but—" "O, I see," interrupted the patient, "phenomenal."

YOUNG (but high-priced) physician—"Yes, medical science has made great strides in the last decade. The old and nonsensical practice of bleeding patients, for instance has been entirely done away with, and—"

Patient (with a groan)—"Not by a long shot, it hasn't!"

I HAVE fully tested PEACOCK'S BROMIDES and find it not excelled, and a reliable and efficient remedy, producing the most happy results in its administration in epileptic and other similar troubles. Shall continue to use it in my practice.

Lynnville, Ind.

WM. A. HUNT, M. D.

Female Physician. George, is there any prospect of its clearing off very soon? George. Not much; why?

Female Physician. Mrs. Smith sent for me to pay her a professional visit three days ago, and I have been waiting ever since for it to clear off. I'm sure she'll be expecting me.—*The Epoch.*

Druggist. Mr. Mixer, what is all that stuff down cellar?

Clerk. Oh, that's some medicine that there's no sale for. It's Drake's Digestion Provocative. I thought of getting the old junk man to carry it off.

"Nonsense! Change its name. Call it 'The Influenza Annihilator,' and we'll get rid of it fast enough.

THROUGH the telephone: "Docther, Mike Mulloney wos wurrukin' wid me about tin minutes ago, whin he was suddintly takin' with a sunstroke, an' oive called to ax ye phat oi kin do to prevent meself from takin' the same disase, as he fell agin me whin he got the fit on him, an' the boss said that oi would git the thrubble from contagion wid Mike's clothes. Phat shall oi do?"

It was in 1844 that the now well-known Aperient called "Tarrant's Seltzer" was prepared for the use of the coterie of physicians which composed the staff of the New York Hospital, and from that time to the present it has been a favorite saline with physicians of all schools.

It is not only a most palatable and safe Aperient, but is now extensively used as an antacid in Gouty or Rheumatic Diathesis and as a vehicle to administer the Salicylates, Lithia Salts and Tincture of Iron.

SIR OSCAR JENNINGS, the noted English physician, states that La Grippe is "a bastard, pulmonary rheumatism." From this it would appear that the use of Liq. Tong. Sal., (Tongaline), is particularly indicated for the relief of that trouble, which has proved such an epidemic in Europe and promises to do in this country. In Liq. Tong. Sal. we have Tonga, *anodyne*, *Cimicifuga*, *anti-rheumatic*, *anti-spasmodic*, Sodium Salicylate, *anti-germinative*, Pilocarpin, *diaphoretic*, Olchicon *anti-rheumatic*, *purgative diuretic*. It will be observed therefore that the action of Tongaline, which is exactly adapted for the indefinite kinds of rheumatism, should kill the microbe and carry such out of the system through the natural channels. In some instances the use of Quinine, Antipyrine, Acetanilid, Aconite, Benzoate of Lithia, Iodide of Potassium, etc., may also be used in connection with Liq. Tong. Sal., when indicated by the peculiar conditions of the case.

# THE Clinical Reporter.

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Volume III.

FEBRUARY, 1890.

Number 2.

## HYPNOTISM AND KINDRED METHODS.\*

PROF. W. B. MORGAN, A. M., M. D.

HE unparalleled advancement of the physical sciences in our day has had the effect of bringing the more tangible physical forces into the foreground. On all sides, there has been a tendency to bring everything down to a matter-of-fact, materialistic basis. Man himself has, by some of the leading thinkers, been estimated to be only an automaton, whose mental and spiritual attributes are evolved by chemical processes. Some one has said that "wherever you find three doctors, you can count on two of them being skeptics." There seems to be something about medical study that peculiarly inclines men to materialism in philosophy, and practice in the established schools has become almost exclusively materialistic. In the old school, bacteria hunters follow methods similar in kind to those of a man trying to get the rats out of a haystack, and in our own school, though we hear a good deal about dynamic diseases, the dynamic remedies that are sent after them are only material after all. Popular and successful physicians find out for themselves that mental and moral forces play a considerable part in the practice of medicine, but in the formulated teachings of the schools these things are hardly mentioned. Our students are taught to repair human bodies according to the same principles that a mechanic follows in tinkering a stove. They are imbued with

\* Read before the St. Louis Homœopathic Medical Society.

the idea that scientific medical practice begins and ends in the administration of the suitable material remedy.

In Mesmer's time, and occasionally since, some of the French "bigwigs" have given a little attention to mesmerism, but mesmerism, animal magnetism, the faith cure, "Christian science" and the like have been left in the hands of medically uneducated persons almost entirely, and have generally been accounted humbugs unworthy the consideration of scientific gentlemen. The other isms have been quite successfully kept in a retirement of bad odor, but "Christian science" has made a more formidable inroad upon professional territory. It has found quite extensive indorsement in the most intelligent communities, and, I believe, a former colleague of ours, now in Philadelphia, has, with his associates, recently relinquished a hospital to this sect.

It has been said of churches that "they reform their creeds only when compelled to by public opinion." Shall we, too, sit still in contented adoration of the law of similars, under the delusion that it is the *ultima thule* of medical practice, till the "Christian scientists" and others get away with a lot of our best patrons; or shall we look around us and see what is and has been going on in the world and steal the enemy's thunder? The "Christian scientists" have made as marvelous cures as any reported by Dr. Skinner, and without pretending to give any medicine. Magnetic healers are frequently employed in conjunction with able physicians to do what the latter confessedly cannot do. Enlarging our field of inquiry a little, were our forefathers as big fools as we think, when they believed in witchcraft; or have we gone as far to one extreme as they did to the other? The Indian medicine men relied more on incantation and "tomfoolery," as we regard it, than upon drugs. In the primitive Indians, the senses were acute and highly developed—not dwarfed and perverted as in civilized people. Were those Indians, trained to observe the slightest disarrangement of the leaves in the forest or of blades of grass, duped and humbugged for ages; or were their medicine men adepts in the employment of a psychic force we are too stupid to recognize? Has humanity, through all historic times, delighted in delusion; or have we, ourselves, been blind to a great fact? Can we read of Napoleon or Cortes and say that animal magnetism is a myth? Carlyle has written a book, "Heroes and Hero Worship," emphasizing the fact that a few master spirits sway the world. The masses are in a state of passive receptivity, ready to be controlled by any one capable of doing it. Any kind of an enthusiast can get a following.

Now, admitting the existence of this personal influence, it becomes of interest to inquire into its modes of exercise in the medical field. Hypnotism, mesmerism and animal magnetism are practically synonymous terms. When carried to the fullest extent, in a favorable subject, a peculiar trance condition is induced. That this condition is subjective and necessarily depends on no special forces or outside influence was first discovered by accident. A mesmerizer who used a friction electric machine in his process had five persons in a circuit

with his machine and was just about to begin operations when he was called out of the room and gave all attention to another matter for some minutes. On his return he found three of the five persons in a trance without any of his customary manipulations. Since then, the matter has been experimented on till it is established that concentrated expectation, produced in most any way, either spontaneously or through some external agency, is all that is necessary to induce the trance condition in the susceptible. In it, there is more or less complete suspension of voluntary processes and the sense of pain. Concerning the mental condition, I know of no explanation more lucid than in the case of ordinary sleep, but the insensibility to pain I have reasoned about in this manner: In a runaway or alarming accident of any kind, a person may be quite seriously injured without knowing anything about it till the excitement is over, and may be not then till the sight of blood or some other circumstance calls his attention, and then he begins to feel pain. The same person when he has a boil that needs opening will be almost killed by a pin prick. In the first case, all his vital energy is directed away from the injured part; in the latter, it is all centered on the boil. The conditions are analogous to those that obtain in the stomach, that during digestion receives a flux of blood and nervous energy, which may be directed to other channels by hard labor or excitement. Insensibility to pain in trance, results, I think, mainly, if not altogether, from diversion of a similar kind artificially produced; relief of pain is doubtless brought about in the same way.

In the treatment of non-surgical diseases by magnetic healers, etc., the trance condition is not generally used. The patient is kept wide awake — indeed, intense expectation on his part of the result desired is the directly efficient force in the case.

The patient relieves or cures himself, the operator indirectly assisting by getting and maintaining him in the proper condition, mental, psychological or whatever it may be called. "Christian science" and faith healers succeed, I think, through their ability to induce the same subjective mental condition or disposition. They appeal to the understanding through argument or prayer, while the magnetizer operates on the senses. That there is no special, divine agency about their cures is apparent from the fact that they can cure only the same character of cases that the magnetic can, and that the beneficial results with all of them are due to the subjective mental disposition of their patients is probable from the fact that the visiting of shrines and the kissing of sacred relics, which certainly emit no aura, have worked as great cures of the same class.

About this time, some of you may be thinking that I have disproved my first proposition, that there is such a psychic force as is implied in magnetism, witchcraft, voodooism, etc. Not so. Before now it has a number of times happened to me that some person I was with would speak of some subject of which I myself was thinking, and which there was nothing in our surroundings or occupation to suggest. The only possible explanation was that one or the other of us, by thinking, had suggested our thought to the other. There is



a proverb recognizing the same fact — "Speak of angels and they appear." A "Christian science" operator recently told me that he had arranged to treat at a certain hour every day a lady in Little Rock, he being here in St. Louis. He got encouraging reports from her by mail for several days, when he thought he would try an experiment. Instead of treating her at the hour agreed on, he postponed his prayer, mental concentration or whatever it was, to an hour later. My estimate of the man was such that I did not call nor think him a liar when he told me that his patient immediately detected the change he had made. The lady, by her own determined effort, was correcting her vital aberrations: the "Christian scientist," partly by mental suggestion and partly by instruction and impression, conveyed in ordinary ways, assisted her to acquire and maintain the necessary mental state.

Making proper allowance for the extravagance of their pretensions and for their irreverence in presuming that there is any special divine interposition in their behalf, the argumentative, persuasive method of the "Christian scientists" is much more commendable than the maneuvers and incantations that have at various times been employed by others seeking to exert the influence I have tried to describe.


Analyzed, this influence is seen to be nothing supernatural. It, in my opinion, consists simply in making a masterly use of common agencies. I have heard of an actor who could pronounce the word *Mesopotamia* so as to bring tears to a listener's eyes. With a good deal of native acuteness in that line, he had studied the effect of tones, and qualities of voice in exciting emotions, and had acquired such proficiency in their employment that he could touch a responsive cord at will. If a big bully, to whom some one of us had given offense, should come into our presence and without saying a word, take off his coat, roll up his sleeves and start for us, his manner and action would convey a very vivid impression. Their meaning is generally less obvious, but all movements and positions of body express something. A look, a word or a gesture sometimes convey more meaning than a ten volume treatise. A masterly use of these means, with a variable power of mental suggestion, is, I believe, all there is of animal magnetism. Its exercise is like good acting.

That it has been abused in witchcraft, voodooism, etc., is no reason why it should be ignored by scientific men or discouraged as a power of evil. Intelligent investigation and employment would dispel much of the mystery that has been thrown around the subject, and do more to correct abuses than all the drowning of witches that ever occurred.

In its real nature, I believe it is nothing different from the power exercised, unconsciously perhaps, and blindly, by all men of influence, and it cuts considerable figure in the practice of medicine by the most orthodox doctors. It seems to me, that, instead of ignoring it or considering it a dark mystery, better let alone than meddled with, it would be more creditable for us to recognize it, study it, and learn how to use it intelligently.

## DISEASES OF THE BREAST.

CONDENSED FROM THOMAS BRYANT, F.R.C.S., BY J. J. FOULON, A. M., M. D.

ITH the view of placing before the student and practitioner a clinical exposition of the abnormalities and diseases of the breast, more particularly in reference to their diagnosis and treatment, the descriptions of pathological processes have not been placed in the foremost position, and it has been assumed that the readers are familiar with the leading *macroscopical* as well as *microscopical* features of the different varieties of tumors, such as are to be found described in the many excellent works on pathological anatomy.

The practitioner, when examining a diseased breast, should always bear in mind the anatomy of the organ.

The breast is a skin gland situated in the connective tissue between the layers of the superficial fascia. It is composed of from fifteen to twenty lobes and is encapsuled, and rests and moves upon the pectoral muscles. The boundaries of the gland are not always exact, but processes or lobes often project beyond the radius of the normal gland, especially towards the axillary region. The gland itself is connected to the superficial fat by bands of connective tissue known as the suspensory ligaments of the breast. It is by the shortening of these ligaments that the characteristic "dimpling" and "puckering" of the skin, so frequently seen in the infiltrating form of cancer of the breast, is brought about.

The abnormalities of the breast and nipple show themselves either in the way of excess or deficiency. Those of excess are the most common. When a breast gland is universally enlarged, it is said to be hypertrophied and the enlargement is supposed to be due to a simple increase in the normal structure of the gland, not to an overgrowth of any one of its structures or to the presence of a neoplasm, nor is there any evidence to show that it has any connection with an inflammation. No treatment appears to have any effect in these cases except excision, which is to be performed only when the local affection is a source of serious trouble. Inflammation of the breast occurs at all periods of life, in male or female infants soon after birth; in boys or girls at the age of puberty; in women who are pregnant or lactating, as well as in any subject, male or female, who may have been locally injured. Inflammation of the breast in infants, although it may occur without any assignable cause, is often due to the rough manipulation of the nurses who "rub away the milk" or "break the nipple strings" of infants. At the age of puberty, even in the male subject, there may be signs of increased activity in the mammary gland, and occasionally this increased action goes on to inflammation and suppuration. But it is during pregnancy and lactation that inflammation of the breasts is most frequently met with. Out of the hundred and two consecutive abscesses of the breast which have passed under Prof. Bryant's observation, seventy-nine occurred during lactation, two during pregnancy,

and twenty-one in persons who were neither lactating nor pregnant. That is, four out of every five cases of abscesses of the breast occur in lactating women, the right breast being affected oftener than the left, in the proportion of five to three. Birkett states that half the cases are associated with defective nipples, and another fifth with women whose nipples are unhealthy. Two thirds of Prof. Bryant's cases occurred during the first two months of lactation, and two-thirds of these during the first month.

The earliest symptom of inflammation of the breast is a greater fullness, with more or less induration of the affected part. This increased fullness may be local or general, according as it involves only a lobe or the whole breast. As the disease progresses, pain manifests itself, also constitutional symptoms, as shown by increase of temperature. The skin over the affected gland soon becomes swollen, red, tense, or more or less oedematous. Should the inflammation continue, and suppuration take place, different varieties of abscesses may be met with, viz.: (1) Superficial abscess, which is rarely accompanied by much pain or constitutional symptoms; (2) Intraglandular abscess, which involves one or more of the lobes of the gland. Its progress is much slower than the preceding, and days and even weeks may pass, during which there may be deep mammary swelling, intense local pain and severe constitutional disturbance, without local redness or external evidence of cutaneous implication. The constitutional symptoms are especially severe during the early progress of the affection, being frequently associated with serious brain excitement and disturbance; (3) Submammary abscess is, as a rule, still slower in its progress than the intraglandular. The gland projects forward from its thoracic attachments, and upon manipulation, and especially pressure backward, gives a sense of elasticity and fluctuation which is most characteristic. The orifices of discharge are generally multiple.

The treatment of a breast while in a state of physiological activity must differ from the treatment during physiological inactivity, that is, during pregnancy and lactation; hence it seems best to divide all cases into two classes: the first including children and women independently of the puerperal state; the second, those associated with pregnancy and suckling. In Infants, the application of Gamgee tissue or absorbent cotton dipped in warm lead lotion will, as a rule, cause the inflammation to disappear without suppuration. When suppuration has taken place, the abscess should be opened, the incision being made in a line radiating from the nipple, and the cavity washed with a lotion composed of about two drachms of tincture of iodine, or one of liquor iodii, to a pint of water, some dressing being subsequently applied, such as folded lint saturated with a mixture of terebene (one part) and olive oil (four parts).

In girls, at the age of puberty, the local application of warm lead lotion, with or without opium, in the proportion of five grains of the extract to the ounce, will be beneficial.

When the action is high, appropriate internal remedies should be given; tonics being indicated for weak patients. When the

breasts are very painful, the application of belladonna, one drachm of the extract to one ounce of lard or vaseline, will be found useful. In all cases, the arm should be fixed to the side, so as to check the action of the pectoral muscles.

When inflammation of the breast occurs in women who are neither pregnant nor lactating, it is generally the result of injury, although it does occur without any such cause.

It is to be treated on the same principles as directed above, and also by the application of cold, as an ice bag, or Leiter's metallic coil, a method which, while of great value in all local inflammations, is not applicable in case of pregnancy or lactation.

Inflammation of the breast in pregnant or puerperal women is a more serious affection. Among the measures employed, the following will be found useful: horizontal posture, support of gland by bandage, gentle friction with pressure of gland toward nipple, and the application of lead and opium or lead belladonna lotion. The breast pump is not recommended, and when used it should be only by the attending physician. In all cases, in lactating women, the cause should be found and removed. If due to retained secretion, relieve the congested breast of milk; if over-suckling, stop the cause by prohibiting suckling. When abscess occurs, the principles laid down above for like cases may be followed.

It has been shown that "the investigation of breast tumors reveals merely the working of the physiological law of healthy mammary activity under altered circumstances; that various degrees of disordered function may result in various kinds of tumors and that tumor disease of the breast is essentially a disorder of function."

It seems probable, therefore, that the fibromata, adenomata, sarcomata, myomata and carcinomata of the breast have their type in a series of progressive changes which the gland undergoes in its physiological evolution. Clinically, the diagnosis between any of the varieties of breast tumors, not carcinomatous, is uncertain and difficult, and whether a tumor is to be called a fibroma, adeno-fibroma, adenoma, or adeno-sarcoma, can only, in the majority of cases, be determined by a histological examination of the breast after removal. In this case, tumors will be divided into two great classes, the carcinomatous and the non-carcinomatous, dividing the latter class into the adeno-fibromata, adeno-sarcomata and cysto-sarcomata. Although fibromata and adenomata may pathologically be kept distinct, clinically it is impossible to do so, nor is it important, as their treatment is identical. They are enclosed in a capsule, and injure the breast only in so far as they displace it or press upon it. They are, as a rule, painless. Their diagnosis should not be difficult. A fleshy or firm, movable, lobulated tumor in the breast of a healthy-looking single or married woman under thirty, with a mammary gland, its skin, nipple and skin-covering apparently healthy, with a slow and painless increase of the new growth, or, if painful, only so at intervals, or at the times of the catamenial flow, is probably an adeno-fibroma. The prognosis is, as a rule, favorable.

The only correct treatment is excision, as neither medicines nor local applications will remove them. While it may not be necessary to resort to excision as soon as discovered, since such tumors often grow very slowly, yet this should be done for a woman who is likely to become pregnant or who is past the age of thirty-five, since with pregnancy the neoplasm is certain to grow, and after the age of thirty-five adeno-fibromatous growths are more likely to pass on to adeno-sarcomatous, which are far more dangerous.

Sarcomatous tumors are new growths that originate in connective-tissue structures and are composed of embryonic connective tissue elements. These growths are generally more or less encapsuled, although in some cases they infiltrate a part, as do the epithelial or carcinomatous tumors.

They have been divided into round-celled, spindle-celled and giant-celled sarcomata. Clinically, this is unimportant, only remembering that the more elementary the cell structure and the greater the proportion of cell elements, the more rapid will be its growth, the softer its structure, and the greater the probability of a speedy return of the tumor after removal. Their growth is rapid; in fact, the differential diagnosis between an adeno-fibroma, in many cases clinically impossible, is better determined by its progress and clinical history than by its physical features. A lobulated, slow-growing, firm, fleshy, movable growth in the breast of a young woman is probably a fibroma, and not a sarcoma, whilst an ovoid, smooth, elastic tumor of somewhat rapid growth in the breast of a woman over thirty, is probably a sarcoma. The only treatment is immediate excision. Carcinoma always originates in epithelial tissues and is composed of epithelial elements. These infiltrate all surrounding tissues, skin, fat, muscles, bone, nerves and vessels. This infiltration spreads in three ways; by continuous local infection, by "lymphatic infection," involving the lymphatic glands through the lymphatic circulation, and by "secondary or vascular infection." Four main pathological points stand prominently forward in carcinoma of the breast. The first being that the disease is an infiltrating one; the second, that the infiltrating elements are epithelial and nothing else; the third, that, whilst the disease may have originated in one structure, it will, eventually, locally infect neighboring structures by a progressive infiltration; and fourthly, that the normal structures involved or infiltrated will eventually be destroyed and superseded by the epithelial infiltrating material. Clinically, carcinoma of the breast may be divided into six classes: (1) Scirrhus carcinoma; (2) hard, fibrous carcinoma; (3) the soft, encephaloid carcinoma; (4) the acute, brawny cancer; (5) the colloid cancer; (6) the cystic carcinoma.

The scirrhus carcinoma is the most slowly growing and hardest variety, being often called stone cancer. It is characterized by its peculiar power of contracting all the tissues involved into little more than a puckered scar with a central, hard, stony nucleus. The disease progresses so slowly as to last twelve or even twenty years and appear only as a local disease. Should the growth be irritated,

what has been a local disease may become a general one by lymphatic and vascular infection. Patients subject to this kind of cancer, as a rule, die from visceral metastatic growths rather than from the local disease. The second variety, the hard, fibrous cancer, differs from the former in that it is more rapid in its progress and does not tend to wither. In it, the fibrous element is more abundant than the cellular. The third variety, the soft or encephaloid cancer, is larger in size than the two preceding varieties, more rapid in its growth, and softer in consistency. On section, it has a homogeneous, brain-like, white or mottled, pink or red surface. The fourth variety, the brawny cancer, is an acute disease, rapidly infiltrating the breast and skin over it, the nipple being depressed and retracted. It is more rapidly fatal, often running its course in a few months. The fifth variety, the colloid cancer, is a degeneration of a carcinomatous growth due to inflammation and suppuration. The sixth variety will be considered separately.

If the principle that carcinoma is primarily a local disease be correct, the only correct treatment is immediate and complete extirpation. But this course is not always advisable. Operations in the atrophic or withering variety of carcinoma are not to be advocated. Such cases are very slow in their progress, but sure. Women with this variety of carcinoma always die eventually from internal disease. Nor is interference to be advocated in the acute or brawny variety. Cases in which the disease can not be wholly removed or where patients are too feeble to undergo an operation, should be left alone. Also tumors which are firmly fixed to the pectoral muscles and parts beneath; tumors complicated with lymphatic glandular troubles, especially enlarged glands above the clavicle; tumors associated with œdema of the arm on the affected side as well as those with secondary external or internal metastatic growths are not to be interfered with. The treatment by caustics has its place in surgery, but can not be considered in competition with excision. It is, however, useful in open cancerous ulcers that can not be excised. It would be well, in all cases of suspected cancer, to make an exploratory incision and also subject a portion of the growth to a microscopical examination.

We now come to the sixth variety, which includes the most perplexing of all tumors of the breast; these are the cystic tumors. These include, first, cystic degeneration of the breast, as met with in the old, as well as in glands which have long ceased to be active; involution cysts. These cysts appear more as a series of dilatations of the lactiferous ducts than of the gland structure. They are painless and have usually a greenish or black appearance, and contain a blackish, viscid or mucoid fluid, mixed at times with fat and epithelial elements. Second, cystic tumors of the gland; single or multiple, of glandular, duct or connective tissue formation, without intracystic growths. Third, cystic tumors of the breast, of whatever kind, in which papillomatous, adenomatous, sarcomatous or carcinomatous intracystic growths are present. When a single cyst exists, a simple incision and evacuation of contained fluid may

prove effectual. When more than one cyst exists in one lobe, all the cysts should be dissected out. When the cyst contains an intra cystic growth, it must be freely excised, and should more than one cyst be made out, the whole gland had better be extirpated.


Besides these, there are the lacteal cysts or galactoceles, which are comparatively rare and occur only in the breast in a state of activity, especially during the first three months of lactation. They contain milk, cream or a buttery material and are doubtless generally due to a rupture of the milk ducts and consequent extravasation of milk, although in some cases they may be caused by the obstruction and subsequent dilatation of a lacteal duct. The treatment consists in taking the child away from the breast, and if this does not suffice, aspirating or finally making an incision and evacuating the contents. The fistula thus formed will discharge milk as long as the breast is active.

Finally, there are the hydatid cysts. At an uncertain period of the cyst's life, if left to itself, it becomes the seat of subacute or chronic inflammation, which ends in suppuration and eventual discharge of the hydatids. But as the period at which this occurs is too uncertain, an incision should be made and the cyst turned out.

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#### TREATMENT, CURATIVE AND NON-CURATIVE, IN RESTORING THE DISEASED.\*

L. E. SCHOCH.

“ HE physician's highest and *only* calling is to restore health to the sick, which is called healing.”

Hahnemann says “physician,” and he says this because he meant this to apply to the physician and not to the surgeon. Physician, as here used, means those who remove the dynamic process known as disease — those that restore health to the sick by appropriate treatment.

The surgeon does not remove disease, he assists nature to remove the *results* of dynamic disturbance, and to correct abnormalities due to other causes than dynamic disturbance of the vital force.

When I say physician or surgeon, understand me as meaning those persons — each confining himself to his sphere as theoretically limited, and not as we find them at the present time; for now the surgeon is both surgeon and physician, and the physician is both physician and surgeon.

Much of the confusion which exists as to curative and non-curative treatment arises from a want of proper conception of the receptive spheres of the physician and surgeon; and the reason that many believe we have more than one system or method of curative treatment is because they cannot or do not distinguish between disease

\*Read before the Hahnemann Society of the Homœopathic Medical College of Missouri.

and the results of disease, *i.e.*, between the dynamic disturbance of the vital force and its results. Disease, as Hahnemann taught it, and as it is understood by all true homœopaths, is dynamic in its nature.

Disease *per se* is inscrutable, it belongs to the invisible, the intangible, the imponderable, the immaterial. We know it only by its external manifestations. These manifestations are the result of disease — of the dynamic disturbance of the vital force. What is usually called disease is not disease, but its results — “the outwardly reflected image of the suffering vital force.”

Disease being an abnormal dynamic process — a disturbed condition of the vital force perverting its action, a cure of disease must, therefore, be the return of this disturbed condition of the vital force to its condition of health or normal action. With the removal of this dynamic disturbance, the external manifestations all cease longer to develop, and some cease to exist. I say *some* cease to exist because the manifestations of disease may be divided into two classes, one class including those that are of such a nature that whenever the disturbance which produces them ceases, they also immediately cease. Among this class, we find mental peculiarities, pains and various morbid sensations. They are manifestations the innate nature of which we do not understand. How they originate and often why they are present is inexplicable. The second class includes manifestations which are of a more tangible nature. They are known as pathological changes. We find them most prominently exemplified in the cases where disease manifests its existence by the destruction of parts or by abnormal growths, such as tumors, polypi, etc. Upon the correction of the disturbed condition of the vital force, the manifestations of the second class cease to *develop*, but a cure of the disease (*i.e.*, a return of the disturbed vital action to normal vital action), does not imply a *removal* of these manifestations *in toto*. The cause which produced them was the disturbed dynamis. When the disturbed condition of the dynamis (vital force) is corrected, the cause of their development ceases, and, as a natural consequence, their development must cease. They no longer continue to develop, but they still are present. Remedies can not remove them, because they are not a part of the disease, but a result of it. The disease is dynamic. They are material. Their removal must be accomplished by nature — by the vital force, that is now free to act normally. The removal of a cause does not imply the removal of the results of that cause. Neither does a cure of dynamic disturbance or disease imply a removal of all of the manifestations or results of that disturbance or disease.

After a dynamic disturbance has been removed, and some of its results still remain, though no longer continuing to develop, and it is desirable to remove these still remaining results, they must then become objects for surgical attention.

An attempt to remove them by the continued use of internal remedies cannot be otherwise than harmful, as the drugs will now be acting upon an organism freed from dynamic disturbance — one that



is healthy — and a continued use of any drug cannot do other than set up a drug-disease peculiar to the drug administered. Such conditions require the attention of the surgeon rather than the therapist. The surgeon may help nature remove the results of disease after the dynamic disturbance which produced those results has been removed, and the results cease to develop.

The treatment of the surgeon, as such, in the so-called surgical diseases, is *restorative* and not *curative*, and any permanent benefit from surgical procedure in the treatment of disease can only accrue after the disease, or dynamic disturbance itself has been conquered.

There are several methods of treatment in vogue which are called *curative*, but incorrectly so, because they are based upon a misconception of disease. The advocates of these methods believe them to be *curative*, because they do not distinguish between disease and the results of disease. Prominent among these methods are massage and electrotherapy. Take, as an instance of such treatment, a case where the said methods are applied in motor paralysis. Here we have a condition where a dynamic disturbance of the vital force has resulted in, probably, a practical loss of the motor power of a limb. The paralytic condition — the loss of motion — is not the disease, it is but a result of the dynamical disturbance or disease. The dynamical disturbance may be removed, and the paralytic condition of the limb continue. In this case, the proper application of massage or electricity, will, in all probability, restore the power of motion to the limb. Now this treatment has not been *curative*. It did not cure any disease, it merely removed one of the results of the disease that had continued after the dynamical disturbance had been removed. Such treatment, strictly speaking, belongs to the domain of surgery and not to that of therapy. It is but a form of exercise or stimulation which restores a part much as proper exercise will restore to a limb its function that has been lost by long continued disuse. I do firmly believe that massage or electricity avail us nothing in the treatment of such conditions as long as the dynamic disturbance continues, and that they are never *curative*, though they are useful.

There are those in the homœopathic branch of the profession who claim that there is more than one method of *curative* treatment, and base this claim upon their theory of disease. An examination of their theory will show that they, too, do not distinguish between disease and the results of disease. They claim that we must go to the cell to find disease. That "disease is a mob of cells; that to say tissue is diseased is but a way of saying that its myriads of cells have been turned from their normal labor and are acting riotously. That health is cell-health, and disease is cell-disease. That health is normal cell-action, and disease is abnormal cell-action. That disease will be conquered just in proportion as the misdirected cell energy is constrained to return to its normal exercise. That therapeutics may be defined as the science of directing cell-activity, and that the reason there are so many methods of cure is because there are various ways in which cell-life or activity may be influenced."

They claim that the oxygen, the massage treatment, the use of electricity and the application of medicines in accordance with the teachings of Schüssler are *all* curative, because they all influence cell-life, and the difference lies in this, that they approach cell-life by different paths.

We know that the cell is involved in disease. Now, the question is whether this abnormal cell action that is found in disease, is disease or one of the results of disease, and whether this action of the cell can be reached by more than one route or path.

Let us, for a few moments, turn our attention to the cell. We find that the body is made up of cells—that it is an aggregation of cells; that the cell is the basic structural element of the body—its every tissue being formed from cells. These cells differ in character so as to be adapted to the office or function of the tissue or organ which they go to make up.

We find that the human organism is developed from a primitive cell—a lump of protoplasm called the ovum. By segmentation this lump of protoplasm is formed into many cells—a mass of cells. These cells are moulded into a membrane—the blastodermic membrane. This membrane separates into two, to which distinctive names have been applied, and from these membranes are developed the tissues and organs of the body; tissues with different physical properties—organs with peculiar functions. The complex being an organism—complete, wonderfully complete in every detail of structure, beautifully adapted to the subservience of its purpose.

Now, can these advocates of the cell theory of disease, tell us why this segmentation takes place in the ovum? Can they tell us why it is that after segmentation this mass of cells acts as a single body—as a unit—forming into this blastodermic membrane, and from this forming the succeeding membranes and from these ultimately all the various tissues of the body? Why this wonderful harmony of cell action?

This perfect harmony cannot be due to any force resident in the individual cell. It cannot be individual cell-life or activity. Harmony would not result from such. It must be due to some other force—a combining, moulding and directing force. A force that is in the mass and not one inherent in the individual cell. Would individual cell-life or cell-energy cause a portion of these cells to develop into osseous tissue, another portion muscular, and thus the various structures of this wonderfully complex organism? Certainly, individual cell-life cannot do this. There may be an individual cell-energy, but there is undoubtedly a higher force—a uniting, moulding and controlling force, that controls the action of the cell. It is a peculiar force which shapes its organism into one that differs from all others that exist.

This vital force, or dynamis, when undisturbed, controls the manifestations of life as present in health.

As long as this force can act or exert its influence without disturbance, as long as it controls the cell without itself being altered or

disturbed by some other force, we have, as a result, harmonious action of the cells. The normal action of the cell is due to a free and undisturbed condition of the vital force. It is therefore a result of health, or an undisturbed condition of the vital force. Whenever the vital force is disturbed or its action disordered by another force, abnormal cell action results. Abnormal action of the cell is, therefore, a result of dynamic disturbance or disease; and any treatment to correct such abnormality of action must be of such a nature as to reach and control the action of the cell *through the medium of the vital force.*

Abnormal cell action is not disease, but a manifestation of disease, and as such is not the only object to be aimed at in curative treatment. To the homœopathic prescriber, abnormal cell action furnishes but part of a group of characteristics which go to make up a disease picture.

Disease is not manifested alone by abnormal cell changes, and any treatment directed alone at such will generally fall short of the curative.

Now, as practitioners, we are both physicians and surgeons. As physicians it is our duty to use *only curative* treatment in combating disease; but as surgeons, we can and must use such treatment as will aid nature to remove the results of disease after the disease itself has been overcome.

If we learn that there are diseases and results of disease, if we learn to distinguish the one from the other, if we learn that there is only so much a remedy can do, and that nature has her share to perform — we will discover that the too long continued use of a remedy, even if the proper remedy for the removal of the disease, will prove injurious and that only curative treatment can avail us anything in the removing of disease.

Nature and pure experiment teach us that the law of similars is the only law of cure.

How the homœopathically applied remedy does cure, we do not know, nor is it requisite that we should; but we do know that it does cure. Then let us, as physicians, as homœopaths, apply the law. Let us not shrink from the labor which its application imposes. Let us become promulgators of this truth where it is yet unknown. Let us be ever ready to champion and defend it when it is assailed by ignorance or prejudice, and, above all, let us never be found trailing its banner in the dust.

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**PIGMENTATION OF TISSUES BY INTERNAL USE OF DRUGS.**—Pilocarpine, says Dr. D. W. Prentiss, will in some cases change the color of the hair to black or brown; cayenne pepper will change the color of canary birds to orange; parrots are changed from green to yellow by feeding certain kinds of fat; the brilliant colors of plumage may be restored by feeding birds on a certain kind of shrimp; madder stains the bones of pigs red, and poke-berries color crow's bones purple.

## HEMORRHOIDS — THEIR DIAGNOSIS AND TREATMENT.

EDWARD CLARK, M. D., BUFFALO, N. Y.

**S**UCCESS in the treatment of rectal disease, more especially hemorrhoids, rests very largely on the physician's ability to make a correct diagnosis. In the majority of cases this can not be done without a most thorough and careful examination. The results of specular examination, as a rule, are very unsatisfactory. Digital examination is generally fruitful of much valuable information. The only way, however, to make a thoroughly satisfactory examination of the rectum, is to stretch and temporarily paralyze the sphincter ani muscle, in order that at least the lower three or four inches of the rectal mucous membrane may be brought into view and carefully examined. In order to make this examination properly, it is necessary to resort to the use of an anesthetic; to stretch the sphincter muscle as has been done, without anesthetizing the patient, is a barbarous and cruel procedure which cannot be too strongly condemned. A great many patients object seriously to taking an anesthetic for diagnostic purposes; but if they are informed that any operation which may be necessary can be done at the same sitting, we will, in the majority of cases, perhaps, be able to overcome their objections to the anesthesia.

For office examinations, a firm examining chair, or table of some kind, is necessary.

I am in the habit of directing my patients to take a brisk cathartic on the evening preceding the expected examination, and on the following morning after the bowels have been emptied, to wash out the rectum two or three times with warm water. This cleanses the bowel thoroughly, and nothing is left to interfere with the examination.

Having thus prepared the patient, we now proceed to make our diagnosis. It may seem to some that to diagnosticate hemorrhoidal troubles is essentially an easy matter. This is true, so far as the expert is concerned, but it certainly is not true as regards the average general practitioners, many of whom take a patient's word for it, that he or she has piles. During the past two years I have had a number of patients sent to me by reputable and highly intelligent physicians to be treated for hemorrhoids, when a careful examination would reveal the fact that they were suffering from some affection of the rectum other than such disease.

An external hemorrhoid is an affection of the sub-cutaneous vessels of the ano rectal region, and is situated below the sphincter ani muscle. It consists, generally, of an enlargement, or rupture of a vein, outside of the anus. When the vein ruptures or breaks, a clot of blood of greater or less size is formed in the subcutaneous cellular tissue. This form of hemorrhoid, generally comes on quite suddenly, and forms a tense, painful, bluish tumor, situated just at the verge of the anus. When the external hemorrhoid is due to a sacular dilatation of a vein, its growth is more gradual, and is always,

of course, aggravated by straining at stool. If left to themselves, either of these forms of growth undergoes changes. The clot may become absorbed and the growth disappear; or the clot may remain for a greater or less period of time; the tumor then becomes hardened, less painful, and finally results in tags or tabs of skin which are also known as a variety of external hemorrhoids. An external hemorrhoid, when first formed, is extremely painful and annoying, causing a degree of suffering and uneasiness out of all proportion to the magnitude of the affection. If not properly treated at this time, it sometimes becomes greatly inflamed, and may result in suppuration. The treatment of this variety of hemorrhoids is quite simple, and followed by almost immediate relief from suffering. All that is necessary is to incise the tumor in its longitudinal axis and turn out the clot completely. This little operation, formerly so painful, may be done almost painlessly, by first drawing along the line of incision a wooden toothpick dipped in pure carbolic acid. After the cavity is thoroughly emptied of its contents, a shred of lint may be loosely placed in it to prevent primary union, and the patient may be instructed to wear a wad of absorbent cotton, and, perhaps, a bandage for a few days, to prevent soiling his linen.

External hemorrhoids are always venous, but an internal hemorrhoid may be venous, arterial, or capillary.

Internal hemorrhoids always tend to grow worse if left without treatment. It may be stated that an internal venous hemorrhoid is an affection of the internal hemorrhoidal veins. It will be remembered that these veins pass upward beneath the mucous lining of the rectum, and pass through the muscular coat, through little "button-hole"-like openings; they then unite with other venous trunks and help to form the portal vein. The superior hemorrhoidal veins have their origin in little blood sacs, which lie beneath the mucous membrane, just above the anus. Each one of these little sacs is connected by a small anastomotic venous twig with the external hemorrhoidal veins, thus establishing a direct communication between the portal and general venous systems. Some writers hold that these little blood sacs are incipient hemorrhoids, that enlarge principally by the contraction of the muscular fibers surrounding the button-hole like foramina through which the internal hemorrhoidal veins pass from the rectum. I am inclined to believe, however, that these little blood sacs, or venous spaces, are normal anatomical structures. I am also inclined to the belief that pressure on the veins from various causes, such as constipation, straining in defecation, and portal obstruction from whatever cause, is more important as an etiological factor in internal hemorrhoids, than in the contraction of the so-called "button-holes" in the muscular coat of the rectum.

Internal hemorrhoids are liable to be confounded with prolapsus of the mucous coat of the rectum, and with polypoid growths and papillomata. In prolapsus, the portion extruded from the anus, generally, completely encircles the anal aperture, and has, unless permanently outside of the body, the bright red color and appearance of the normal mucous membrane. When an internal hemorrhoid of

the venous variety is pressed below the sphincter ani muscle, it appears a tense, rounded or oval-shaped tumor of a bluish red or purple color. When some degree of prolapse accompanies it, there will be seen a distinct furrow of separation between it and the hemorrhoid, and the contrast between the colors of the protruding masses is very striking indeed. If the hemorrhoid partakes of the arterial character, it is generally somewhat lighter in color, and when strongly compressed by the sphincter muscle, a small jet of arterial blood is not unfrequently seen to issue from it *per saltem*. The capillary, or, perhaps more properly, the arterio-capillary hemorrhoid, is the form which, in my experience, is attended with the greatest amount of hemorrhage. This variety is rarely ever seen outside of the rectum, and consists of an elevated, roughened, aggregation of small capillary and arterial twigs under the rectal mucous membrane. The surface of this growth becomes, by friction and pressure, broken and evoked, and from it, especially after defecation, there escapes quite a copious discharge of blood. This growth properly constitutes the so-called "bleeding piles," about which we hear so much from the laity.

TREATMENT.—I shall add nothing to what I have already said on the treatment of external hemorrhoids.

The treatment of internal hemorrhoids may be discussed under the two heads of operative, and non operative, or palliative.

The non-operative measures do not, in severe cases, very often effect a cure, but in recent cases, before structural changes of any extent are brought about, they are, if persistently and faithfully carried out, productive of much good, and greatly relieve the sufferings of the patient afflicted. Astringent washes, ointments, laxatives, enemata, hot sitz baths, and suppositories all have their place and use as palliative measures.

One thing that must be cautiously guarded against, in the non-operative treatment of hemorrhoids, is constipation. This condition acts as a great evil in hemorrhoidal troubles, by compressing the hemorrhoidal veins, and it should be obviated and removed by such a combination of medicine, exercise, and regulated diet, as will secure, at least, one soft, unirritating passage of the bowels daily.

Among the astringents, which may be useful as palliative measures, we find tannin, alum, zinc sulphate, acetate of lead, carbolic acid, and extract of hamamelis. These different agents are used in various combinations, and of different strengths according to the indications to be met in individual cases. Among the drugs, which are useful in suppositories, we may mention opium, cocaine, belladonna, iodoform, and bismuth. The two last named, combined with cocaine, have given me much satisfaction.

The object to be obtained by the use of any astringent wash or ointment, is to get a mild astringent effect, instead of an irritation which will produce expulsive efforts on the part of the rectum.

If the above means are intelligently applied, and the patients are kept for some time in the horizontal position, much may be done to mitigate the sufferings of those who cannot, or will not, submit themselves to the operative plan of treatment.

Various operative procedures have been resorted to for the radical cure of internal hemorrhoids, such as stretching the sphincter ani muscle, ligature, injection of various substances into the pile, clamp and cautery, crushing, ecraseur, and excision.

Perhaps the simplest of all these methods is that of gradual dilatation of the anal sphincters. The most noteworthy advocates of this method are the distinguished Frenchmen, Prof. Verneuil and M. Fontan. It is claimed by these authorities and others, that the great majority of all cases of internal hemorrhoids can be cured by this method. In resorting to this manipulation, it is necessary to use an anæsthetic, as the dilatation must be complete and thorough, and to accomplish this without an anæsthetic is a very painful manipulation, indeed. American surgeons are not so enthusiastic in their praise of this method as the French surgeons. This method is, perhaps, most applicable to the treatment of recent cases, and, perhaps, should receive a trial in those cases where the patients have a horror of the knife, ligature, or cautery.

The treatment of hemorrhoids by ligature is very ancient, indeed. Hippocrates and Celsus both speak of it, and describe how "the operation" should be carried out. Allingham, of London, is, perhaps, the most noted advocate of this treatment. Many British and Continental surgeons, as well as many of our best American surgeons, also advocate the ligature for the cure of the piles. It undoubtedly has many commendable advantages. It is easily applied, and generally followed by satisfactory results. Death after this operation is very rare, indeed. Of 5,863 patients, operated on by Allingham, only six died, or about one in a thousand. I do not think, however, that, so far as mortality is concerned, this method of operation is any more safe than operation by excision (Whitehead's method) or the clamp and cautery. While it has its advantages, it also has its drawbacks. My experience is that the suffering of the patient, after the operation by ligature, is infinitely more severe than after the clamp and cautery operation, and the cure is certainly not more complete. I am partial to the clamp and cautery operation, because it is not difficult to perform; it is followed by perfect results when properly performed, and, as I have said, the sufferings of the patient are not at all severe after the operation. This last advantage is worthy of careful consideration, especially in the case of a sensitive, nervous patient.

Another advantage which the clamp and cautery operation has over that by the ligature, is that it is liable to be followed by much less disturbance of the bladder and consequent use of catheter.

Some writers claim that dangerous concealed hemorrhage frequently follows the operation by clamp and cautery. I hardly believe this can be true, if the operation is properly performed. When it does occur, it is either due to carelessness on the part of the operator, or it occurs in patients of a hemorrhagic diathesis.

As my experience with the operation by crushing and excision has been somewhat limited, I shall say nothing about these methods, except that I am very favorably impressed by the Whitehead opera-

tion, for the reason that it seems to me to possess many strong points as a scientific surgical procedure. The principal objection to it, so far as I can see, is that when it fails to procure primary union, there is some liability to the formation of anal stricture, owing to the contraction produced by the healing of the wound, which completely encircles the anus.

It is an operation which requires considerable skill and dexterity for its proper performance, and it sometimes is attended with considerable hemorrhage. I shall conclude this article with a few remarks on a method of treating hemorrhoids, which has been highly extolled by some, and vigorously condemned by others: a method which has had claimed for it wonderful results, which claim prolonged experience and careful observation have shown to be almost entirely without foundation; a method which is now largely practiced by the ignorant and illiterate on all cases of hemorrhoids coming under their observation. I refer to the process of injecting hemorrhoids with various substances, chief of which is a combination of carbolic acid with olive oil, or glycerine. That this method has no definite value as a curative agent, I do not attempt to affirm, but that it has accomplished all that is claimed for it, and that it is applicable to the treatment of each and every variety of internal hemorrhoids, I do most emphatically deny. While I admit that it is useful in the treatment of a few selected cases, I am certain that the indiscriminate injection of carbolic acid into all varieties of hemorrhoids by persons who do not thoroughly understand the anatomy and treatment of these cases, is a practice which is productive of dangerous results, and one which cannot be too strongly condemned.

Many writers have attributed the discovery of this mode of treatment to the quacks, but it no doubt was first practiced by a young physician of Illinois nearly twenty years ago. It was found to produce some very good results in a few cases, and he conceived the idea of selling the right to practice his secret mode of treatment to any one who was willing to pay him for the privilege. The persons buying this privilege, many of whom were inpecunious and unscrupulous physicians, were obliged to purchase from him also all the solutions which they used in their practice. The western portions of our country, particularly, were soon flooded with the itinerant or traveling "pile doctors," who went up and down seeking those, who, for a consideration of some magnitude, wished to be cured of piles by a painless and harmless(?) method. Their armamentarium chirurgicum consisted of a bottle of carbolic acid solution and a hypodermic syringe. The wonderful tales told of the cures they made, with nothing said of their many failures, induced hundreds to go into this business, so that fortunes were made by those who sold the right to practice the secret system to each other. The medical profession got hold of the secret and lost no time in testing its merits. Many of the best men in the profession were carried away with it, and were as sanguine in their predictions of what it could accomplish as were the quacks themselves. Twenty years of experience and observation, however, have convinced many that this method of treatment



has only a very limited field of usefulness, and a careful collection of statistics shows that it has been productive of much harm. In "Andrews' Rectal and Anal Surgery," a work recently published in Chicago, we find the following: "It is the old experience over again. Twenty years ago the profession was charmed by the results of coagulating injections thrown into venous enlargements in other parts of the body, but we were soon stopped by the occurrence of deaths from embolism. The hypodermic injection of piles confronts us with similar dangers.

"The following accidents have been reported out of about 3,304 cases: Deaths, 13; embolism of liver, 8; sudden and dangerous prostration, 1; abscess of liver, 1; dangerous hemorrhage, 10; permanent impotence, 1; stricture of rectum, 2; violent pain, 83; carbolic acid poisoning, 1; failed to cure, 19; severe inflammation, 10; sloughing and other accidents, 35."

Compare this with the records of the same number of cases of operation by the clamp and cautery, or ligature!

Kelsey, who first wrote favorably of this method, now says that he applies the plan mainly to selected cases of completely internal piles of moderate size, and having well-defined pedicles. In the book from which I have made the above quotation (Andrews), we read: "We were long ago reluctantly compelled to admit that these injections are dangerous, and until some way of avoiding the perils is shown, we cannot recommend them except in special and selected cases."

The "Brinkerhoff System" of treating piles is nothing more or less than the carbolic acid treatment, and the formula for the celebrated secret pile remedy of this "system" is as follows:

Carbolic acid, one ounce.  
Olive oil, five ounces.  
Chloride of zinc, eight grains.

In using injections for piles, there is a great danger of clots or globules of the injection being carried to the liver or heart. To avoid this some authors have recommended plugging of the rectum for twenty-four hours after the operation.

My rectal tampon, which I have already described, might be useful for the same purpose. It is also useful in these cases when introduced into the rectum and distended. By making downward traction with it, it not only distends the piles, but helps to turn them out of the rectum and keeps them in a position easy for treatment.

In concluding, let me quote again a paragraph from Andrews, which exactly expresses my own views on this subject: "Up to the present time science has not discovered any method of wholly avoiding the risks of the hypodermic injections. The method is moderately, but positively, dangerous, and we cannot recommend it as proper in ordinary cases."—*Abridged from the Buffalo Medical and Surgical Journal.*

## SUBSCRIPTIONS RECEIVED.

**W**E wish to acknowledge the recent receipt of the amount of their subscriptions from the subscribers whose names follow, and to whom, owing to the nearness of the publication of this issue, we have not mailed receipts. Less than one in ten of our subscribers have remitted for 1890. Brethren, we need the money. "Many a mickle makes a muckle."

Pay up!

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## THE HOMŒOPATHIC TREATMENT OF ALCOHOLISM.

DR. GALLAVARDIN, LYONS, FRANCE.

**U**NDER the above title, we begin in this issue the publication of a translation of the essential parts of Dr. Gallavardin's recent work, "*Alcoolisme et Criminalité. Traitement médical de l'ivrognerie et de l'ivresse,*" which is just from the press of Baillière et Fils, Paris. We say a translation of *the essential parts*, because certain portions of the work in question are taken up with the discussion of the evils of intemperance and a statement of the progress of temperance sentiment in the United States, while others are devoted to a discussion of the question of the freedom of teaching—in other words, to an attack upon the French system of permitting only State medical schools. These matters would be of but little interest to the large majority of our readers, and therefore we shall omit them. The balance we shall publish entire, and without note or comment.

We incline to believe that not a few will question Dr. Gallavardin's results. This it is every one's right to do, provided his questioning leads to practical experimentation, and does not crystallize into disbelief and dogmatic denial without proper examination—and proper examination, in matters of experiment, is experiment and that only.

If we are rightly informed, Dr. Gallavardin's monograph is the first upon that subject, in any language, by a homœopathic physician. This fact will surely make it acceptable to the readers of the **CLINICAL REPORTER.**

A few drunkards can be cured by means of moral instruction care in diet and hygiene, but, in the far larger number, the tendency to inebriety is the result of a species of morbid impulse which is well-nigh irresistible. This is admitted by Dr. Monin, who, in his work on alcoholism, says that "the desire for drink is a kind of mental perversion *beyond the rational resources of morals and medicine.*" This representative of allopathic medicine declares that, generally, both ethics and medicine are unable to cure drunkenness.

Hitherto, homœopathic medicine has proven itself quite as unable to cure drunkenness, because, with rare exceptions, homœopathic physicians, not knowing how to utilize the wealth of their *materia medica*, have failed to follow these two precepts of their master, Hahnemann: 1st. In the choice of remedies, note the intellectual and moral symptoms presented by the patient and produced by the drug proved upon the healthy subject. 2nd. In chronic diseases, give in one dose the remedy selected, then let it act for weeks and months.

Having followed, on these two points, the precepts of Hahnemann, I have been able to cure inebriates of their vice in one half of my cases, when the vice was not hereditary, and that by causing to

be administered to them, without their knowledge, in their food or their drink, the remedy selected for each of them. Further on I shall give the differential indications of fourteen remedies which clinical experience has proven to be efficacious against inebriety, and which may assist other means in curing men of this vice.

(To be Continued at the rate of from six to twelve pages per issue until completed.)

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WHAT THEY SAY OF THE CLINICAL REPORTER.

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DR. E. LIPPINCOTT, *Memphis, Tenn.*—“It [The CLINICAL REPORTER] is interesting. Its articles are well selected and of a high order. It is anxiously welcomed. It is worth five times its cost.” Dr. Lippincott adds a bit of friendly criticism to the effect that he would like more editorials. On this subject we will say a few words in our next issue.

DR. A. KILMER, *Gibson, Tenn.*—“Out of nine journals that come to my desk every month (all homœopathic), I prize the CLINICAL REPORTER as second to none. You may be assured of my support.”

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### COLLEGE NOTES.

COMPILED BY W. E. BRUCE.

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**MATERIA MEDICA**—PROF. REED.—In a *Hepar* felon, warmth is very gratifying, but so sensitive is it that the patient cannot bear the weight of a poultice.

A *nuæ vom.* patient may have a felon on the palmar surface of each thumb, and you will find him in the corner of the room, “hugging” the stove.

A felon that is ameliorated by holding it in ice-cold water is *Puls.* and *Ledum*.

*Hepar* is complementary to *Lachesis* in stomach troubles.

*Bell.* has an irresistible desire to jump from a high place.

*Ars.* desires to kill himself, and his chosen weapon is the knife.

*Aurum* hunts a secret way to commit suicide.

The *Ars.* headache is temporarily made better by the application of cold water—a contrary amelioration.

In intermittents, *Ars.* is a remedy to be thought of after abuse of quinine, or if the intermittent has been superinduced by exposure to salt air.

In intermittents, when the predisposing cause is contracted in the Fall, but does not break out until Spring, think of *Ars.* and *Gels.*

In a *Cedron* neuralgia, the pain returns precisely at the same hour each day.

Burning of parts not diseased—*Kalmia* and *Kreasote*.

*Robinia* has this sensation: jaw-bones feel as if disarticulated; accompanying this is an extremely sour taste or vomiting.

In Typhoid fever, *Ars.* is indicated late in the disease, when there is great weakness, although the patient thinks himself stronger than

he really is. He faints completely away, with cold sweat on the body, etc.

If you give *Ars.* in the incipency of Typhoid, you will undoubtedly "spoil your case," and you may kill your patient. Here I would caution you against the giving of *Phos.* and *Sulphur* in Tuberculosis. Do not give them when there have been tubercles deposited in the lungs, unless indications point to them, and them alone, for you may hasten the very conditions which you desire to mitigate. *Sulphur* especially, if given at the onset of the disease, may ward it off.

When you have the restlessness that sometimes precedes death, *Ars.* will do you no service, but a dose of *Tarantula* will give the patient a quiet and easy death—a striking example of *euthanasia*, produced by the indicated remedy in cases that are incurable, and certainly a most convincing proof of the verity of our law of cure.

Visible beating of the heart: *Spig. Ars. Ant. tart.*

*Sil.* has a smell of blood before the nose.

In Hay fever, *Sinapis* is indicated in extreme cases when mucous membrane of nose is dry and hot, and burns like *mustard*—there is no discharge. Symptoms worse in afternoon or evening.

When you want to vaccinate a child, give a dose of *Sulph.* eight or ten days beforehand. It will prevent the outbreak of any other disease than the vaccinia itself.

*Thuja* and *Sil.* are antidotes to the bad effects of vaccination. On this account, Boenninghausen recommends *Thuja* in variola. He gave it just as soon as the vesicles began to turn into pustules, and he said it prevented pitting.

Wart on end of nose. It had a long neck or stem, and was seedy in appearance; cured it with one dose of *Lyc. 53<sup>m</sup>*.

Sweating on uncovered parts, *Thuja*.

Hæmorrhoids itch and burn, and no relief except by sitting in a bucket of cold water: *Nux v.*

Every time patient eats he has colic, and gets no relief except by lying on abdomen: *Aloes*.

Prolapsus uteri and prolapsus recti associated with constipation is *Collinsonia*.

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## BRIEFS.

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A BACILLUS has been discovered in sections of warts, which is always present in the prickle layer. It has distinctive qualities as regards its capacity for color, and is found both between and in the cells. — *Jour. A. M. A.*

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TO ABORT A BOIL. — A writer in the *Wien. Med. Wochenschr.* states that a boil may be aborted by simply scraping the skin over the threatened seat of invasion with a scalpel until a drop or two of blood exudes on pressure. — *College and Clinical Record.*

THE following is said to be the formula of the well-known "patient" medicine, Perry Davis' Pain Killer: Alcanna, 1 oz.; pulverized myrrh (astringent), 3 ozs.; guaiaac (stimulant and alterative), 2 ozs.; camphor, 1 oz.; tincture of opium, 4 drachms; capsicum, 4 drachms; alcohol, 1 quart; water 1 quart.

\* \* \*

A ROYAL PROPHYLACTIC. — A report, which is probably a foolish canard, is cabled from London to the effect that the Prince of Wales always wears a sachet filled with frankincense next his skin as a preventive of infection, and attributes his freedom from influenza to its virtue. The Princess of Wales and her daughters wear similar sachets.

\* \* \*

DEATHS ALLEGED TO BE DUE TO OVERDOSES OF ANTIPYRIN.—The Vienna correspondent of the *Times*, writing on influenza in that capital, says: "The sale of antipyrin during the past fortnight here has been enormous, and has now been forbidden, except under doctors' prescriptions, as there were seventeen cases of death through stoppage of the heart's action owing to overdoses of antipyrin."—*Brit. and Col. Drug.*

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THE HOME OF THE "GRIP." — Dr. Edward M. Buckingham, of Boston, sends to the *Boston Medical and Surgical Journal* a letter from Mr. F. E. Rand, formerly of the Caroline Islands, a group lying about six thousand miles southwest from San Francisco. The writer says that in these islands an epidemic closely resembling the present influenza always appears twice a year, in January and August. This disease attacks nearly everybody.

\* \* \*

ANOTHER INSIDIOUS DRUG. — Owing to the prevalence of influenza antipyrine is in great demand. Dr. P. Regnaud, who ranks among the most eminent of French medical authorities, has sounded a warning voice against its abuse. Its frequent use creates a demand for it, and the effect is the undermining of the constitution attended by pains and distress. In the Paris hospitals there are now a number of its victims under treatment. Among its most evil results are epileptic fits.

\* \* \*

THE ADVANCE WESTWARD OF THE CHOLERA. — It is stated that the epidemic of cholera which has for months hung about the Tigris Valleys, and the interior of Mesopotamia, has made considerable inroads into Persia. News of its having crossed the western boundary of that empire has been received from time to time, and it is now announced to the Faculty of Medicine of Paris that there has been an alarming increase of the disease in Central Persia and on the Turco-Persian frontier, and that the inhabitants are fleeing northward.

\* \* \*

STILL THEY COME. — A new antipyretic, which is said to combine antirheumatic and analgesic properties, has been introduced under the name of "Phenylurethane," by Professor Giacomini

(*Pharm. Zeit.*) It is a compound belonging to the aromatic group, resulting from the combination of aniline with chloro carbonic ethyl ether. It is a white crystalline powder, which is insoluble in water, but freely soluble in concentrated alcohol. The dose is about seven grains. Its use is not entirely free from danger, judging by the accounts given.

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DR. A. HAMILTON DEEKENS reports the union of a cut off finger, which reminds me of what happened to an old physician many years ago, long before antiseptic surgery was practiced. A man, with a finger cut off, came to him, bringing the finger. The doctor was drunk, and sewed the finger back. It united nicely. But lo! the doctor had sewed it on with the palm surface turned the wrong way. The doctor, after sobering up, wanted to amputate the finger, and try to put it back right, but the patient declined, and the doctor was annoyed many years by having his mistake constantly exhibited as a great curiosity. — *S. W. Sanford, M. D., of Henning, Tenn., in Med. & Surg. Reporter.*

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OVER-EXERTION IN HEART DISEASE.—The present tendency, says Dr. F. P. Henry, in the *New York Medical Journal*, is to encourage patients with heart disease to over-exertion. They are not sound, vigorous individuals, and, although they should, as far as possible, keep themselves from brooding over their ailment, they should also never completely forget its existence. The only exercise in which they should indulge to any great extent is walking. Any exertion which involves much use of the arms, such as rowing, is injurious, and tennis, base-ball or swimming is suicidal. The latter is true of cold bathing, and probably the most injurious combination of exercise possible is swimming in cold water.

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CURATIVE EFFECTS OF ERYSIPELAS ON TUMORS.—Burns has collected twenty-two cases of tumors which were the seat of idiopathic erysipelas. Three cases of sarcoma were permanently cured. In four cases of lymphoma of the neck, some of the glands entirely disappeared, and the others became smaller. In five cases erysipelas was artificially produced. Three of these cases were of carcinoma of the breast. In one of them the disease was not checked; in another the tumor was diminished to one-half its former size, and the third was practically cured, a small induration in the scar, the size of a pea, remaining. A multiple fibroid sarcoma was diminished in size, and an orbital sarcoma was unchanged. — *Cincinnati Medical Journal*, December, 1889.

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SUPPURATION WITHOUT MICROBES.—In a paper read before the French Association for the Advancement of Sciences, M. Steinhaus, of Varsovia, combats the notion which has of late been gaining a strong hold of the professional mind, that without microbes there can be no suppuration. He cites the experiments of Straus, of Bary and



Christmas (among others), as giving results entirely contradictory to the doctrine that suppuration is absolutely dependent on microbes. He has himself made two hundred and forty-five experiments on dogs, cats, guinea-pigs and hares. As pyogenic agents, he has employed chloride of zinc, chloride of mercury, pure mercury, nitrate of silver, oil of turpentine, croton oil and culture broths, which had contained the staphylococcus pyogenes. All these substances were injected under the skin of animals, after having previously been sterilized in Koch's apparatus. The results were as follows: In the guinea-pigs and hares, only the chloride of mercury, mercury and the sterilized broths produced suppuration, while in the cats and dogs, besides these substances, oil of turpentine, petroleum and nitrite of silver produced it as well. These results compelled the conclusion that suppuration may be provoked by sterilized chemical bodies, and that it is possible without microbes.—*Boston M. and S. Journal*—Abstract.

\* \* \*

FOR many years past, I have directed that the mattress of every woman that I attend, in confinement, shall be covered with tarred paper. This paper can be purchased at any carpet house; it is not expensive, and is preferable to the rubber-cloth so long in use. I believe it acts antiseptically, and wherever it is used in the lying-in room the chances are that septic poisons will not be absorbed. This should be explained to the woman who is to be confined, and arranged for beforehand, and the bed made accordingly. It is impervious to water, and protects the mattress from all injury or soiling, and after the delivery it may be thrown away, leaving a clean and dry mattress for the patient to rest upon.

Quite recently I have used, instead of the tarred paper, an "accouchment sheet," made of a new preparation called "wood wool." This "wood wool" is something new, but it has been used extensively for two years past, in England and upon the Continent, in lying-in institutions. It has recently been imported into our country, and is now kept in stock at our best pharmacies. It comes in the form of a sheet large enough to cover the confinement bed; it is as soft as wool and about the thickness of two comforts, so that it will completely absorb all the discharges. It comes antiseptically prepared (by corrosive sublimate), and is withal inexpensive, costing only \$1.20.—*Dr. T. G. Comstock.*

\* \* \*

MESSAGE APPLIED TO THE EYE.—Hirschberg states that he has met with some very remarkable cases of the value of friction in effecting improvement where vision has been considerably impaired from embolism in the retinal artery. He reports a case where a highly nervous patient, upwards of fifty years of age, was suddenly affected with pain in the head and failure of vision of the right eye. On returning home, he suffered from photopsia for some minutes. No satisfactory ophthalmoscopic examination could be made, as the patient was unable to keep the eye at rest. Homatropin was instilled, and it was ascertained that whilst the vision of the left eye was normal,

that of the right was so far deteriorated that the patient was unable to see more than  $\frac{1}{8}$ , and with a + 6 D could read Snellen XXX. at six inches. The whole inner and upper quadrant of the field of vision was defective. On ophthalmoscopic examination, the inferior temporal retinal artery was found to be normal for four diameters of the optic papilla. Then for a short distance extending for one-third of the diameter of the papilla the artery was blocked by a brownish coagulum, the walls of the vessel appearing as a white line on either side of it. This segment of the artery was followed at a short interval by dark brown lines representing the branches of the artery, which in parts was invisible, so that the vessel seemed to be interrupted. Slight œdema of the retina was now apparent. Hirschberg immediately directed the patient to look towards the nose, and began to exercise rather strong friction on the posterior temporal portion of the eye until some pain, lachymation and photopsia were complained of. After a few minutes' rest the patient stated that improvement in his vision had taken place, and soon after vision became normal. On the following day careful testing showed that the visual power and the field of vision were natural, and ophthalmoscopic examination revealed that the abnormal appearances had entirely disappeared.—*Centrbt. f. pract. Augenheilkunde—Medical Abstract.*

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## OUR BOOK TABLE.

**TEXT-BOOK OF MEDICAL CHEMISTRY, FOR MEDICAL AND PHARMACEUTICAL STUDENTS AND PRACTITIONERS.** BY E. H. BARTLEY, M. D. Second Edition, revised and enlarged, pp. 423. Price \$2.50. Philadelphia, P. Blakiston, Son & Co.; St. Louis, Simpson & Co.

The first edition of Bartley's chemistry immediately took rank among medical classics and has been quickly exhausted. This fact has enabled the author to revise, and largely recast his work. In doing this, some fifty pages have been added to the book, which, in its present shape, is more than ever worthy of the popularity it has achieved.

**MANUAL OF SKIN DISEASES, WITH SPECIAL REFERENCE TO DIAGNOSIS AND TREATMENT,** for the use of students and general practitioners, by W. A. HARDAWAY, M. D. Professor of Skin Diseases in the Missouri Medical College, etc., etc., pp. 434. Price \$3.00. St. Louis: Wm. F. Lange.

Prof. Hardaway has earned an enviable reputation as a dermatologist, which this work, compact yet sufficiently full for the ordinary practitioner, will tend to increase. Homœopaths, who cure many of the ailments treated of in this work by internal medication alone, in spite of the fact that Dr. Hardaway declares them amenable only to external applications, will, of course, look upon many of the formulæ this work contains as curiosities merely. The description of the diseases and their diagnostic signs, however, are alone worth the price of the book for the library of any progressive physician.

**PRACTICAL ELECTRICITY IN MEDICINE AND SURGERY,** by G. W. OVERALL, M. D., formerly Prof. of Physiology, Nervous Diseases and Electro-Therapeutics in Memphis Hospital Medical College, pp. 127. Price \$1.00. Memphis: Memphis Printing Co.; New York, J. H. Vail & Co.

Why the Messrs. Vail & Co., should have undertaken to push the sale of this book is more than we can understand. Crude in conception, cruder in exertion, badly printed and full of typographical errors, if it has a single redeeming feature we have failed to discover what it may be—unless it be its relative brevity.

WOOD'S MEDICAL AND SURGICAL MONOGRAPHS. Vol. 5, No. 1, \$10.00 per year, Single Numbers \$1.00. New York: Wm. Wood & Co.

This volume of 300 pages contains: "Neuralgia; its Etiology, Diagnosis and Treatment," by W. R. Gowers, M. D., F.R.C.S.; "The Prognosis of Diseases of the Heart," by Prof. E. Leyden; "The Sputum. A Contribution to Clinical Diagnosis and Practical Examination for Tubercle Bacilli," by Peter Kaatzer, M. D.; "Hypnotism. Its Significance and Management briefly presented," by Dr. August Forel, and "The Forms of Nasal Obstruction, in relation to Throat and Ear Diseases," by Greville Macdonald, M. D. Each and every one of these papers will repay careful study; and with such paper and press-work as the Messrs. Wood give us in this series of monographs, study is made not only easy but pleasurable.

## FACT AND FUN.

(PUBLISHERS' DEPARTMENT.)

MATTHEWS & Lafferty still lead in their line—see ad. page 5.

A COUNTRY practitioner writes us that he is not altogether dependent upon medicine for a living, but raises hens. Wonder whose hens he "raises!"

SULPHO-CALCINE (see ad. page 1) has done wonders in the hands of St. Louis physicians. Try it!

IN TEXAS, whiskey is claimed to be an antidote for snake-bite, and when a Texan sits on a prickly pear, no argument will persuade him that a snake did not bite him.

In any case where nascent oxygen may be useful, do not forget Marchand's Peroxide of Hydrogen and Glycozone.

THE DOCTOR demurred to accepting from the "honest farmer" payment of his fee in eggs at double the market rate. "Well, Doc," said the latter, "the market price of aigs is rediklus! It don't pay fur the wear and tear of the hens!"

THE PERRY Patent Road Cart of the Abbot Buggy Co., of Chicago, is just what you need, Doctor. See ad. page 15.

TWO STUDENTS OF THE ECOLE DE MEDECINE, PARIS, IN A BILLIARD SALOON.—"Now, let's stop playing!" "No; one more game!" "We could better employ our time in studying our profession!" "Bah! we'll become celebrated half an hour later!"

ON the third page of cover, Doctor, you will see two things you need and which Roberts & Allison will supply.

"MA thinks a great deal of you, I fancy," said a little girl to a physician.

"Why do you fancy that, my child?"

"Because I heard her say she thought you wasn't near so big a fool as the other old humbug."

IF "imitation is the sincerest flattery" the Lambert Pharmacal Company may consider themselves flattered by the imitations of their *Listerine*. Listerine still leads, however!

"MAY I inquire your occupation?" asked the Doctor.

"I am a clerk on a salary of \$47.50 a month."

"Your ailment, sir," said the Doctor, with decision, "is not gout. It is simply an aggravated case of ingrowing toe-nail."

"THE MAN WONDERFUL MANIKIN," advertised elsewhere, is an excellent thing—the best set of low-priced anatomical plates with which we are acquainted. As a means of keeping fresh the practitioner's or student's anatomical knowledge, by a rapid glance, as opportunity offers, it is unsurpassed. Besides, Doctor, you would not do anything of the sort for effect, of course, but the manikin displayed upon your office-table, where you study, would not injure you in the opinion of your patients.

"A good wine needs no bush" and a well man needs not Bush's Fluid Food (Bovine), but that nervously debilitated, dyspeptic patient of yours ought to have it. Does he get it?

VISITOR TO EDITOR.—Could you use an entirely original article on "The Narcotic Weed?"

EDITOR.—I could, of course; but as long as matches are so cheap I don't see the use.—*Lippincott's Magazine.*

DR. W. J. CONNER's patent cane (see ad. page 3) is all it claims to be. It ought to be specially popular with the Schusslerites, as its 16 vials will more than suffice to carry a full line of the "tissue remedies."

And, doctor, do you really think  
That asses' milk I ought to drink?  
It cured yourself, I count it true,  
But, then 'twas mother's milk to you.

*From the German.*

The widow of a Homœopathic physician offers his library of one-hundred and fifty volumes and many magazines for \$100.00 cash—worth three times the amount. For further information, address Dr. A. Leight Monroe, cor. 3rd Avenue and Chestnut, Louisville, Ky.

DR. H.—"Really, Miss Edith, I am sorry I kissed you. I didn't think what I was doing. It is a sort of temporary insanity in our family."

Miss Edith (pityingly)—"If you ever feel any more such attacks coming on, you had better come right here where your infirmity is known and we will take care of you."

In his work on "Spinal Concussion," just out of the press, S. V. Clevenger, M. D., says, page 252: "There are many excellent stationary batteries with appurtenances, but, for neurological purposes, I know of nothing that surpasses Barrett's sealed chloride of silver cells."

Hoff's Malt Extract, Tarrant's, has won an enviable reputation among the medical profession for its remarkable value as a nutritive tonic in convalescence and in all wasting diseases. It has now achieved the proud distinction of being the only Malt Extract that has ever received an award of honor at a public exhibition in the German Empire.

We regard it as a superior Malt preparation, and have found it valuable in all cases where a palatable nutritive tonic has been indicated.

To guard against substitution, always specify *Tarrant's* when ordering.

WIFE (affectionately).—How is your rheumatism this morning, John, dear?"

HUSBAND.—Pretty bad, my dear; pretty bad.

W.—Why don't you try the mind cure?

H.—There ain't anything the matter with my mind. It's my joints, dear—my joints.

THE *Weekly Medical Review*, referring to the "Bromidia" trade-mark cases, says: "In Kansas City recently seven druggists were each fined \$500 and costs for counterfeiting a trade-mark preparation, the ingredients of which are well known. This suggests some thoughts on a subject which appears to have received but little consideration from the profession in general. Is it proper for the physician knowingly to countenance the extemporaneous preparation by his druggist of such remedies, the formulas of which have been given to the profession and approved by them? In other words, is it proper to allow the substitution of an extemporaneous preparation for one with which we are familiar, upon whose effects we have learned to rely?" There can be but one answer to this question, and the *Review*, after discussing the question from the standpoint of reliableness in the preparation, uniformity of appearance and action, and common honesty, reaches this answer: that such substitution "should be deprecated by the profession." *Deprecated* is not strong enough, however,—it should be absolutely forbidden. The physician is held responsible for the action of the remedy he orders, and hence not the slightest variation from his formula should be permitted, under penalty of loss of his patronage by the substitutor.

ABOUT one year ago I was called to see a gentleman of this city who for fourteen years had been suffering from frequent, (at least weekly) epileptic fits, sometimes severe, sometimes light. I exhausted all the ordinary remedies upon him with but little benefit. Six months since I commenced the use of Peacock's Bromides and am pleased to say that, from the very first day of its use he has not had a single paroxysm and now feels entirely cured.

J. STINSON HARRISON, M. D.

Washington, D. C.

"I THINK a bath daily would be beneficial in your case," said the physician to Plodgers, the valetudinarian. "Well, I don't know, Doctor," replied Plodgers in a feeble voice; "I took a bath once, a year or two ago. I felt better for it awhile, but it wasn't long before I was as bad as ever, and I have been growing worse ever since."

THE ELECTRICAL EXHIBITS AT THE AMERICAN INSTITUTE FAIR.—Electro-medical apparatus is very well represented in the exhibit of the Jerome Kidder Manufacturing Company, of this city, who show a very complete line of galvanic and faradic instruments. Among other novelties may be seen their latest improved physicians' cabinet supplied with a full set of batteries and a forty-point selector, by which any number of cells can be placed in the circuit. It also contains a galvanic and faradic combination coil and a slow and fast interrupter, together with resistance coils, and a milliamperemeter for measuring the strength of the current. Besides this very complete arrangement, they show every variety of physicians' family and pocket batteries and various cautery and surgical instruments. This firm has received the highest awards in its class every year since 1872, and will no doubt be granted a medal this year.—*Electrical World*, November 23, 1889.

N. B.—The American Institute Fair closed November 30, and the "Medal of Superiority" was again awarded to the Jerome Kidder Manufacturing Co., 820 Broadway, New York, for their celebrated Electro-Medical Apparatus and Appliances; also Cautery Instruments.

HE WAS a "rising young physician." She had promised to be a sister to him.

He thanked her coldly, but said he already had five sisters.

"Why, Dr. S.," said the girl, "I thought you were an only child."

"I am," he responded. "I mean that I have five sisters such as you offer to be," and he tottered to the door.

CAPT. JONES.—"Yes, poor Robinson does look melancholy, Doctor. What's the matter with him?"

DR. SMITH.—"Don't tell; but he still suffers from the consequence of an early love affair."

CAPT. JONES.—"Did the young lady die or prove false?"

DR. SMITH.—"Neither. She married him."

The question of standardization of galenic preparations is destined to be the great and absorbing one at the coming Convention for Revision of the Pharmacopœia, and is already exciting a great deal of interest in pharmaceutical journalism and in societies. There is, of course, a great deal to be said *pro* and *con* upon the subject, but one objection hitherto urged against the idea must perforce be dropped, to-wit: that the plan has not been accorded sufficient trial by manufacturers to give retailers any assurance that the principle can be successfully applied in practice. This is moonshine. To say nothing of what has been done away from St. Louis by manufacturing pharmacists, we have here at home a demonstration that not only is the principle practical, but that products made according to it are popular, and daily growing in popularity. The Cooper Pharmacy Company, of No. 308 Market Street, have for nearly a year past been sending out a full line of what they term Normal Fluids, so prepared by reprecipitation in the cold that each minim of the fluid represents one grain of the crude drug. So popular have these preparations become among druggists who have used them that the company's plant has been taxed to its utmost to furnish a sufficient supply. President Van Ness informs us, however, that by their recent additions and improvements they are rapidly catching up with orders, and will henceforth be on time with every one. One feature of this establishment must commend itself to the trade and to physicians. After the laboratory chemists have finished their products, a portion of each lot is submitted to assay by Dr. C. M. Riley, professor of Chemistry at Beaumont Hospital Medical College, and a gentleman whose reputation as an analytical chemist stands very high among those who are capable of forming an opinion on such subjects. Dr. Riley is prepared to make assays of ore, analyses of spring waters, etc., on very reasonable terms, and has arranged with the Cooper Pharmacy Company to take charge of all work of the sort entrusted to them. We can cordially recommend him as capable in every respect.

# THE Clinical Reporter.

A JOURNAL OF  
HOMŒOPATHIC MEDICINE AND SURGERY.

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## ABOUT "EDITORIALS."

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N our last issue we stated that in this we should say a few words concerning the friendly criticism of one of our most valued subscribers, which was to the effect that, while the CLINICAL REPORTER is, in his opinion, an excellent journal as it is, it would be still better if it contained more "editorials."

We do not intend to engage in a discussion with our friendly critic; we merely seize upon his criticism as the occasion for an explanation of the lines upon which we have conducted our journal. By "editorials," we suppose our friend means the expression of editorial opinions. Now, our idea has been and is that facts and not personal views upon any subject, be they editorial or not, are what are needed in a practical journal of medicine. Our purpose has been and is to make ours a helpful journal, and, such being the fact, we have, so far as in us lay, excluded from our columns all questions of personal opinion and dispute.

As a matter of fact, there is nothing easier to write than "editorials." To sit in judgment upon the acts and works of others is a thing that usually calls for but little study or experience; and one who has had practice in "pushing the Faber" can much more quickly and less laboriously fill his pages with editorials than with the same amount of carefully selected and digested excerpts. If we have had fewer editorials than some of our cotemporaries, it is because we have purposely refrained from the too easy task of thrusting our opinions upon a constituency which we believed able to form its own.

A terse and very just criticism of one of our homœopathic journals, which publishes (or did publish) numerous "editorials" was expressed in our hearing not long since: "The —— consists of (naming the editor) and an apology." Surely we have no wish of publishing such a journal. Of other journals it might be said that they consist largely of *the editor and a fight*. Now, we confess that we love a scimmage as well as the next man—indeed, our friends have repeatedly assured us that, under such circumstances, we appear at our best; that we have "an elegant way of making the fur fly," and—to be frank, if not modest—we do believe that those who have now and then compelled us to "tackle" them, have rarely called for a second dose—it has uniformly been "the single remedy and a high potency!" But, honestly, we have felt a little bit ashamed of ourselves when we have coolly looked over the columns we had filled with grape shot and canister, and regretted that we had not filled them with bread and meat instead.

What are the topics upon which our friend would like to have us express an opinion and upon which we have been silent? The "—— - and an apology," at one time began to discuss the tariff, taking the free-trade side. Was that a proper subject for a medical journal to discuss? If any one wishes to know our private opinion upon that subject, he is welcome to it. We believe in protection and plenty of it; we have "stumped" for it, voted for it, and probably will again. Well, what of it? Is it *medical* journalism to discuss it, even when the duty on surgical instruments is the pretext?

Another of our valued exchanges has waged a long and still unfinished battle over certain actions of the American Institute of Homœopathy in reference to homœopathic medical journals. Our idea is, that "resolutions," whether of "We, the people of England," or of the "American Institute of Homœopathy," never made or unmade a journal. We do not know to-day whether our journal is classed by the potent secretary among the sheep or the goats, and, what is more, we do not care. We know our subscription list is growing and that is enough for us. Should we have joined in this little tussle? If we had, would our readers have been any healthier, wealthier, or wiser for it?

Quite recently, a discussion sprang up among our homœopathic exchanges in reference to the Ward's Island Hospital matter. The question was simply whether, if homœopathy was to be held responsible for results in that institution, it should not have its management. Put in that form the question answers itself. To disguise it with long discussions was to make it appear that there was something to discuss. Lawyers know the danger of over-proving a case. Our friends did not and they defeated themselves by too much cogent argument. The barest possible statement of facts was the best argument in this case. Were we unwise in refusing to add to the general clamor of the press by joining in it?

Upon the other hand, we have not been neutral. When the time has come for expressing our opinion, we have done so as clearly as we knew how; we shall do so in the future, "without fear or favor;"

but with all due respect for those who may differ, we shall continue to speak editorially, that is to say, to express our private opinions, as little as possible. If it be true that "that country is governed best that is governed least," we believe it to be quite as true that that journal is best edited that is *editorialized* least.

THE HOMŒOPATHIC TREATMENT OF ALCOHOLISM.

DR. GALLAVARDIN, LYONS, FRANCE.

[Continued from page 55.]

I earnestly advise those physicians who have taste and aptitude for this branch of therapeutics to endeavor to complete, by their own experiments, my clinical studies of this subject. They may be able to discover what I have failed to grasp, and, in that way, extend the field of this new therapeutics. As for the physicians who have neither taste nor aptitude for it, let them let it alone, lest they should compromise it by their lack of success. *Natura repugnante, omnia vana*, says Hippocrates, very justly. \* \* \* \* \*

Physicians have, hitherto, practiced only a species of veterinary medicine applied to man, since they have treated in him only somatic or bodily symptoms, and seldom, or at least not daily, psychical symptoms. \* \* \* \* \*

From 1854 until 1874, I practiced, like other physicians, this species of veterinary medicine on man. But, since 1871, results, at first rare, then more and more numerous, observed among my patients, have demonstrated to me that it is possible to practice on man a really human medicine, by curing him not only of his diseases but also of his passions and failings. My conviction on this point has grown little by little, at the same time as my experimental knowledge in the treatment of psychical symptoms. When I had so far progressed as to be able, as I thought, to apply this psychical treatment, I was not satisfied to give the benefit of my knowledge to a few persons among my paying *clientèle*, who were being treated for divers ailments, but determined to give the poor the benefit of this treatment, and, to that end, opened on February 6th, 1886, a free dispensary for psychical treatment, which has been continued since then every Tuesday morning. From twelve to thirty-six persons are to be seen there every Tuesday, seeking for some member of their families this moralizing treatment, as yet unknown to academies and scientific societies! \* \* \* \* \*

There are, in all, six means of moral and intellectual culture, of which three are immaterial—religion, education, instruction—and three are material—medication, diet, climate. \* \* \* \* \* In another work, as yet unpublished, I have examined how one can use these six means of moral culture, sometimes simultaneously, sometimes alternately, sometimes alone. Here I shall speak only of those remedies whose properties have been studied experimentally, according to the homœopathic law. In this matter, I have been preceded



by Hahnemann, Hering, Count de Bonneval (of Bordeaux), Canon de Cesoles (of Nice), Bourgeois (of Roubaix), Charles Dulac (of Paris), and Valiaux. If, on this topic, I have been able to gather more data than most of them, it is because I have come last, endeavoring to complete the work they have begun, and because I was the first to establish a dispensary for psychical treatment—an unfailing source of instruction. During the first thirty-four months of the establishment of this dispensary I gave 2,155 consultations—1,431 for drunkards and 725 for libertines and persons suffering from jealousy, envy, irascibility, avarice, laziness, etc. \* \* \* \* \*

Unless they be inconsistent, homœopathic physicians must conform their practice to the teachings of Hahnemann (Organon §210-230) and treat both somatic and psychical symptoms, and the psychical symptoms alone when they exist alone, as the manifestation of a latent morbid condition or of the individual disposition.

The knowledge of psychical effects may even aid legal medicine, as the following fact demonstrates: In 1865, while I was in Münster, attending Boenninghausen's clinic, he said to me one day: "While on a trip in my official capacity as *Regierungsrath*, I met in a hotel certain magistrates who were about to begin an inquest concerning the alleged poisoning, by means of arsenic, of a husband by his wife. 'If you will tell me the moral and intellectual symptoms felt by that man just before his death, I shall probably be able to tell you whether arsenic was the poison used and whether any of it will be found in the stomach of the deceased. Did he, before dying, manifest frightful despair or great serenity?' 'Very great despair,' replied the magistrates. 'Then,' said I, 'he was poisoned by arsenic in so large a dose that some of it will be found in the digestive tract. This drug produces a terrible despair through its primary effect, and perfect serenity through its secondary effect, when the organism is able to react against the primary effect.'" There was arsenic found, at the autopsy, in the viscera of that man. In the neighborhood of Münster, adds Boenninghausen, a woman poisoned sixteen persons with arsenical omelets. If the allopathic physicians had known the psychical effects of that substance, they would have discovered the poisoning before that woman had caused the death of so many persons.

In applying treatment to passions, I do nothing new. Hahnemann did it before me and I am only continuing, following, his scientific method and the tradition of psychical treatment, which can be traced into the night of ages, for at all times and everywhere men have used drugs to re-establish the very unstable equilibrium of their moral and intellectual state.

Diodorus Siculus, the historian, speaks of a drug used by the Egyptians which they called "The antidote to anger and sorrow." This drug contained *datuna stramonium*, which, according to homœopathic physicians, does calm anger and sorrow.

In the *Odyssey*, IV. 220, Homer says, "Forthwith, Helen throws into the wine which Telemachus was drinking, the drug which drives away sorrow, dissipates anger and causes all ills to be forgotten."

Hippocrates prescribed mandragora against sadness leading to suicide.

According to Aulus Gellius and Valerius Maximus, the Athenian orators, envious of true glory, took, following the example of Carneades, and to strengthen their brain, a dose of hellebore before speaking. Now, according to homœopathic teaching, this remedy develops the memory and the faculty for improvisation.

Among the plants surrounding an old *chateau*, those that belong to the war-like epochs of the middle ages are excitants, tonics, etc.; the rest, plants of the *Renaissance* period, are aphrodisiacs and depuratives. Thus men are seen having recourse, according to epochs, to divers drugs to assist their favorite passion.

According to a proverb of the Chinese, who have been using that beverage for centuries: "Tea makes the soul placid and calm. and the sight clear and piercing."

Wine was employed by the ancients, as it is by the moderns, as a psychical remedy.

"Wine rejoices the heart of man," says the Bible.

"Wine," writes Galen, "manifestly dissipates all species of sorrow and discouragement, for every day we take wine to that end."

In the second book *De Legibus*, Plato recommends wine "as a preventive of the peevishness of old age, wine which scatters pain and moroseness, wine which softens the hardness of the soul and makes it easier to fashion, like unto fire, which softens iron."

"Wine makes one eloquent," says Aristotle, and it has been used for that purpose by writers (*e. g.* J. P. Richter, Maimbourg), by composers (*e. g.* Handel) and by many orators.

"Is there a drinker," says Horace, "whom wine has not made eloquent, or an unfortunate whom wine has not freed from his sorrows?"

"*Fœcundi calices, quem non fecere Disertum?*"

"*Contracta quem non in Paupertate solutum?*"

—*Lib. I. Ep. V.*

Almost immediately after the ingestion of a moderate quantity of wine, man appears animated, his eyes glitter, he is disposed to be gay, benevolent, demonstratively affectionate. He discovers with candor and without dissimulation, his habits, his disposition; whence the adage: *In vino veritas*. Hence, wine is considered as a sort of sociable drink, which can set in unison hearts and minds at a banquet or other festivity.

All shrewd people, from the sly peasant to the diplomat, know how to make use of the psychical properties of wine to dissipate momentarily the defects in disposition which may clash with their personal interests. Mark, for instance, at some fair, a peasant buying a milk cow! In order to find out exactly the quality and quantity of milk given by this cow, he will endeavor to modify to his own advantage the disposition of the seller. The latter may be a deceiver, a liar, a thief, or merely exorbitant in his price. The buyer, in order to temporarily dissipate these failings, which are prejudicial to his

interests, drags the seller to the public house, treats him to a few glasses of wine, and, little by little, this beverage induces the seller to tell all he did not mean to tell, to do what he did not mean to do. In such a case, wine may sometimes develop good natural impulses.

While, in order to accomplish his purpose, the peasant in the pot-house makes use of the common local wine, the diplomat, in his sumptuous dining-room offers choice wines, foamy champagne. Diplomat and peasant, alike, however, subject their guests to a sort of psychical treatment, and that quite unconsciously, just as Molière's "Mr. Jourdan" wrote prose without knowing it.

According to the size of the dose, wine produces divers, nay opposite, effects. In small doses, it cheers, it revives all the faculties of the soul, it rests and comforts the wearied mind as well as the tired body; but used in excess, it gives a false courage, makes one indiscreet, quarrelsome, aggressive, angry, and leads to a low tone of intellect and morals and to suicide.

Drunkness transforms an active, laborious, neat man into an apathetic, lazy, unclean, filthy fellow. It provokes impulses to libertinism, jealousy, anger, hatred, suicide and homicide under hallucinations.

The thirty-five kinds of alcoholic drinks consumed by the different nations of the world produce very different psychical effects.

For instance, beer leads to dullness of mind as well as heaviness of body, to a departure from elevated and delicate sentiments, to groveling desires.

Cider and pear-cider produce nearly the same effects as beer.

Absinth, even in small doses, makes one essentially ill-natured and quarrelsome.

Brandy makes the drinker angry and aggressive.

*Anisette* (*Kümmel*) in small doses, clears the brain.

Cherry-brandy (*Kirschwasser*) acts like *anisette*.

Ebriety manifests itself by psychical symptoms which are as varied as the alcoholic drinks which produce them. For instance, alcohol produced from potatoes and grain [owing to the presence of a variable amount of Amyl Alcohol, otherwise "fusel oil."—*Translator*] produces a comatose ebriety, while alcohol made from wine [pure ethylic alcohol.—*Tr.*] produces a merry, noisy or angry ebriety.

In order to convince the reader that the use of the psychical treatment is as general as it is unconscious, I will quote from professors, physicians, who although ignorant of the name and existence of the psychical treatment, show us that it is daily practiced by millions of men. Two of these professors will describe, the one as a social, the other as an intellectual drink the infusion of tea-leaves, which numbers from five to six hundred millions of consumers.

"The action of tea," writes Prof. Marvaud, of the Val de Grace, "manifests itself by an agreeable stimulation, accompanied by a feeling of comfort. The individual feels happy at being alive, the faculties of the mind blossom forth and a mild and pleasant quietude

takes possession of our being. Everything seems smiling here below, we love our hosts or our guests better; we readily forgive the shortcomings of our fellows and as readily forget our own faults. We remain silent and lose the consciousness of our misfortunes and annoyances, past and present.

"Tea," writes Prof. Moleschott, of Turin, "increases the power to note impressions received. It disposes one to pensive meditation; and, notwithstanding, an increased rapidity in the movement of ideas, the attention is more easily concentrated upon a determinate object. One experiences a feeling of comfort and gaiety. The creative activity of the brain maintains itself within the limits imposed to the attention, instead of wandering in pursuit of ideas foreign to the subject-matter under consideration. Seated about the tea-table, men are inclined to keep up a well-ordered conversation, to go to the root of questions under discussion; and the calm gaiety which tea produces usually leads them to satisfactory results."

"Tea," says Dr. Monin, "gives wings to the mind, and to the intellect finish and airiness of inspiration."

But these pleasant moral or intellectual effects are primary effects, lasting a few hours at most, and they are followed by the secondary effects of tea, which are baneful and persistent. Dr. Dulac was, therefore, quite right when he wrote to me: "Through its secondary effect, tea makes one indifferent: and, in the course of time, selfish; tea makes one lonesome and dissatisfied (*ennuyé*) and gradually leads to melancholia." International pride and melancholia are notoriously characteristic of the two nations of Europe and Asia who consume the greatest amount of tea.

Dr. Monin also considers tea as one of the causes of melancholia and Fothergill attributes to it the constantly increasing nervousness of the youth.

"The name of 'intellectual drink,' which has been given to coffee indicates clearly its cephalic and exhilarating action" writes Prof. Fonsagrives, of Montpellier, "There is no one who has not noted upon himself, and with sensual satisfaction, the effects which this drink produces. The brain is gently stimulated, it escapes, in a degree, the heavy realities of life and the yoke of weariness. The senses become keener and work with more precision; the imagination is more lively, work is easier; the combinations of the mind crowd upon each other; less solid, perhaps, they are more rapid, clearer; the memory is unusually active, ideas flow with unwonted ease. The mind throws off disagreeable thoughts, becomes freer and more lively, while, at the same time, a feeling of benevolence spreads over the entire being. \* \* \* \* \*

There is, of course, a coffee inebriety, which is more distinguished and less dangerous than that produced by alcohol, but which, to a certain extent, also demands the warnings and watch-care of hygiene. Men who labor intellectually are oftener than others the victims of this amiable vice, and if they give themselves up to it thoroughly, they fall into a state of nervous erethism and emaciation. When Mme. de Sévigné said: "Coffee makes me stupid," she alluded

less to the present influence of coffee than to the state of cerebral inertia which follows its action. I know people whose brain works slowly and with difficulty as long as the spur of coffee is wanting; I know others who can not forego this beverage without suffering from sick headache. From that point of view, it is an evil, as are all servitudes. \* \* \* \* \*

Another question, akin to this and which also pertains to the hygiene of literary people, would be to determine exactly the sum and nature of the assistance which coffee lends to thought. There is a cerebral excitement, undeniably, but all the faculties are not stimulated in the same degree, hence there is a little incoherence in the intellectual combinations emitted under the pressure of coffee. From personal experience, I should say that they have more rapidity than solidity; they are more numerous but less profound. The thought is less free; it is mastered with difficulty; *the judgment and the will are weakened*; and as for me I long ago gave up this inconvenient stimulation when I am to speak in public. Let poets continue to sip the beverage 'dear to them' (Delisle), but let philosophers and scientific men abstain from it; they will be better off for it.

The use of wine, tea, coffee and other psychical remedies, to render the intellectual faculties more active and developed, is really child's play by the side of what homœopathic treatment can accomplish in that respect. Those who use the drugs I have mentioned above utilize only their primary effects, which last but a few hours and are followed by an intellectual depression, equal to the artificially produced excitement. Homœopathic physicians, on the contrary, utilize the secondary effects of their remedies, which, especially when they are administered in very high dilutions, may last weeks, months, years, and sometimes indefinitely. This fact is demonstrated by the following

**ILLUSTRATIVE CASE.**—A young lady, twenty years of age, had so little gift for spoken or written improvisation that, before writing a letter, she was compelled to make one or two sketches or copies of it. Unbeknown to her, I gave her Pulsatilla 200, indicated by the totality of the symptoms. A few weeks later, I heard that she was writing her letters without preliminary outlines or copies. And this effect of the remedy has now lasted two or three years and may continue indefinitely. Compare this result with the action of wine or coffee, which, in speakers, develops the faculty for improvisation during three, four, five or six hours only.

By reproducing in this connection my manuscript chapters upon these novel questions, I could more completely set forth the numerous psychical effects of the thirty-four principal kinds of alcoholic beverages upon their six hundred millions of consumers of tea upon its five hundred millions of consumers, of tobacco upon its two hundred millions of consumers, of coffee upon its one hundred millions of consumers, of betel upon one hundred millions of Hindoos, of opium upon one hundred millions of Asiatics, of hashisch upon several millions of Egyptians and Asiatics, of maté upon fifteen mil-

lions of South Americans, of coca upon fifteen millions of South Americans, of arsenic upon thousands of people in Austria and in the United States of America, of the musk-toad-stool upon the Laplanders, of the falezlez upon the negroes; but I think it has been sufficient to note, even incompletely, a few of the psychical effects of wine, tea and coffee, to show that men, always and everywhere, have felt the urgent need of having recourse themselves to psychical remedies, since hitherto the physicians have not satisfied this want and have been content, I repeat it, to practice a species of veterinary medicine upon man, treating only his somatic or bodily symptoms.

At the present time, the Persians, after a rather severe novitiate, use a drug, which seems to procure for them the pleasures of the passion which they prefer. The Egyptians, without a preliminary novitiate, make use of another drug, which seems to procure for them also, in some cases at least, the pleasure of their favorite passion. These facts were reported long ago in French and German medical journals.

The use of these divers psychical drugs is so frequent, the drugs themselves are so numerous, that one could apply the German proverb, "The trees prevent your seeing the forest" to those superficial observers who do not see that this psychical treatment is as widely as it is unconsciously used. The soldiers of the Argentine Republic, who prefer tobacco and maté to food, call these two substances, in their incorrect but picturesque language, "*Los vicios de entretenimiento*" (vices for entertainment). Might not the same name be applied to the numerous psychical remedies in use among all nations?

## II.

Certain men, who merely reason and refuse either to observe or experiment, reproach us with violating the freedom of our patients' will, when we administer psychical remedies to them. But these are the very men who, by absorbing the eleven psychical substances mentioned above, frequently, if not habitually, weaken their judgment, their freedom, their will, and even their morality, since some of these substances (alcoholics, coffee, maté, coca, arsenic, etc.), are aphrodisiacs. We, on the contrary, by means of psychical treatment, moderate passionate impulses, develop reason, the sense of duty, the will to accomplish it, and consequently the freedom which every man has, in varying degrees, to resist personal or hereditary tendencies to evil.

In order to demonstrate the truth of my two assertions, the first in regard to those men who, although they at times experience evil effects from the psychical substances before mentioned, yet criticise our psychical treatment—the second concerning the physicians who apply this treatment, I will now set forth, in the first place, the injurious effects of alcoholic beverages, and in the next, the treatment which can prevent or dissipate them by curing drunkenness. [*Here follow some thirty pages of illustrative cases, showing the evil effects of alcoholic drinks, which we omit.*]

After having noted, above, the dangers and counter-indications of alcohol, Mr. de Parville forgot to make known its advantages and indications. These were set forth by Dr. Bayes at the Homœopathic Medical Congress held in Manchester, September 9th, 1875. I will now proceed to condense and complete Dr. Bayes' observations.

The muscular beats of the normal heart represent one-fifth of the total muscular expenditure of the body. Those beats are accelerated by labor, by walking, by the ingestion of alcohol.

Let a man at rest, seated or lying down, with, say, sixty heart beats per minute, drink a glass of strong wine or of brandy, and from fifteen to thirty minutes later, the number of his heart-beats will increase to eighty, ninety, or a hundred per minute.

In a healthy man at rest you count sixty throbs of the pulse at the wrist per minute. The same man, after one or two hours of marching or working, will have a pulse of eighty, ninety, or a hundred per minute.

The muscular expenditure of the heart is, therefore, increased by alcohol as much as by walking. But if alcohol is given to a man immediately before a march of several hours' duration, these two causes—the alcohol and the march—will be seen to doubly accelerate the beating of the heart, and consequently to double the expenditure of the heart's muscular force; whence comes a more rapid and noticeable exhaustion of the strength. Hence, it is noticed that soldiers who indulge in alcoholic drinks before beginning a march, tire easily and rapidly and sometimes are quite unable to keep up with their more abstemious comrades. The latter, however, who partake of alcoholic beverages only when the march is over, are rid of the feeling of weariness and made to feel strong again by these drinks taken in small quantities. In these cases, alcohol acts as a homœopathic remedy, according to the law, "Likes cure likes."

Upon the one hand, alcohol, administered to a man at rest, increases the number of the heart-beats and hence the heart expenditure; upon the other hand, alcohol, administered, in smaller doses especially, to a man after the march or after labor, diminishes rapidly the number of the heart-beats and hence the sum of heart expenditures, and removes the feeling of physical weariness. I will now explain why the feeling of lassitude disappears sooner under the influence of alcohol.

If, after several hours of march, which have caused the pulsations of his heart to increase in number from sixty to one hundred per minute, a man sits or lies down to rest, the muscular expenditure of his limbs will cease immediately; not so the muscular expenditure of the heart, which continues much the same as during the march. It is only little by little that the number of the heart-beats diminishes, falling gradually from 100 to 95, 90, 85, 80, 75, 70, 65 and finally 60 per minute. One, two or three hours have elapsed before this gradual moderation is completed, and during that time the muscular expenditure of the heart constitutes at first one third, then one-fourth and finally one-fifth of the total muscular expenditure of the body, which is the normal proportion. But if the soldier, immediately after

a long march, takes a swallow of alcoholic liquor, it reduces in from fifteen to forty minutes, the beating of the heart, whose muscular expenditure, rapidly diminished, soon returns to its normal amount. At the same time and in the same ratio that the number of the heart-beats diminishes, the respiratory movements also diminish. Hence a double diminution in the expenditure of the muscular power of the soldier, whose rest or sleep then the more rapidly restores his general strength.

When the acceleration of the heart-beats has been caused, not by labor or marching, but by intense heat, such as that of the torrid zone for instance, and when this feverish acceleration prevents sleep, with its restorative influence, alcohol in small quantities, drank in the evening *after sunset*, quickly produces balmy sleep. This was noticed by Stanley in Africa, and later by myself in the South of France.

OBSERVATION I. Stanley has noted that the use of alcoholic beverages is extremely dangerous, indeed deadly to the Europeans who sojourn in Central Africa. It produces in them mania, liver complaints and sunstroke, even when they are in their tents. But if they drink it in small quantities, in the evening *after sunset*, the frequency of the heart-beats produced by the intense heat diminishes and they soon fall into a restful sleep, which permits them to attend to their business on the morrow with undiminished strength and vigor.

OBSERVATION II. A Lyons merchant, whose business compelled him to travel during the greatest heat of summer in Languedoc, had noted that the heat prevented his sleeping calmly and restfully. Taught by Stanley's experience, I advised him to take in the evening, *after sunset*, a small drink (15 to 30 grammes) of brandy. This always brought about the desired sleep in his case as well as in that of a friend of his who used the same means.

OBSERVATION III. But, as in such cases the proper dose of alcohol may be overstepped and evil result, it seems to me proper to mention some of other remedies which have also the property of dissipating fatigue. These are:

1st. According to Dr. Ozanam, the infusion of *hieracium pilosella*;

2d. According to Dr. Moore, a few drops of the tincture of *gelsemium sempervirens*;

3d. According to a botanist, Mr. Boulu, the infusion of the entire plant in bloom of *asperula odorata*;

4th. The tincture of *arnica*—a few drops in a glass of water.

5th. Aconite, which diminishes the beating of the heart and thus lessens the mechanical expenditure of the heart. After each day's march, a young soldier easily dissipated his fatigue by drinking at one draught a glass of water into which he had dropped two drops of aconite—mother tincture. This would be the most comfortable and advantageous means to adopt, since aconite cures, and may prevent, the consequences of the chilling which so often occurs after a march.



Again, alcohol is a very efficacious remedy against certain morbid conditions. For instance, brandy and rum may save the life of persons who have been bitten by the most venomous snakes, provided they be drunk after the bite has been inflicted. [The truth of this statement is, to say the least, doubtful.—TR.] Dr. Henry Blanc, ex-prisoner of Emperor Theodoros, has noted that, in the Orient, the best remedies for the intermittents of the hot countries are sulphate of quinine and alcohol, administered in alternation. \* \*

(To be Continued at the rate of from six to twelve pages per issue until completed.)

## THERAPEUTICS OF ABORTION.

BY PROF. L. L. DANFORTH.

**A**CONITE.—Impending abortion from fright with vexation; circulation excited, rapid breathing.

*Actea racemosa*.—Threatened miscarriage, third month; nervous, anxious.

*Aletris*.—Habitual tendency to abortion, sensation of weight in the uterine region, and tendency to prolapsus; myalgic pains, simulating "false pains" during pregnancy. Great debility during pregnancy.

*Apis mel.*—Threatened miscarriage, abortion during the early months (fourth month); stinging pain in ovarian region until labor pains ensue; scanty urine; no thirst; *profuse flow*. Stinging pains occur in one or other ovarian region, more and more frequently till labor pains are produced; sometimes flowing and finally abortion.

*Arnica*.—Threatened abortion from falls, shocks, etc.; nervous, excited; feels bruised,

*Baptisia*.—Excites abortion.

*Bryonia*.—Threatened abortion.

*Calc. ostr.*—Threatened miscarriage in those who generally have profuse menses, or are subject to hæmorrhages.

*Camphora*.—Abortion particularly during epidemic influenza.

*Cannabis Indica*.—Threatened miscarriage, with discharge of blood from vagina, in eighth month of pregnancy, burning in making water with purulent discharge; Gonorrhœa.

*Cannabis Sativa*.—Threatened abortion in gonorrhœic patients.

*Cantharides*.—Abortion, with constant desire to urinate.

*Caulophyllum*.—Threatened abortion, spasmodic bearing-down pains; pains severe in back and loins, but uterine contractions feeble; slight flow. Again all movement of child ceased; sense of weight and profuse hæmorrhage; paroxysm of labor pains so severe, patient had to hold on to objects for support. Habitual abortion from uterine debility.

*Cedron*.—Tendency to miscarriage, repeating itself at same epoch.

*Chamomilla*.—Threatened abortion, with discharge of dark blood; frequent urination, urine profuse and pale; great restlessness and agony; irritability; heaviness of whole abdomen; frequent yawning, chills, and shuddering.

*China*.—Threatening miscarriage, abortion; abdomen distended, belching does not relieve; much loss of blood.

*Coffea*.—Patient querulous and in great fear of death.

*Colocynth*.—Suppression of lochia after abortion, from vexation, head hot, face dark red, tongue yellow, epigastrium and abdomen painful to touch.

*Crocus sativus*.—Threatened abortion, especially when there is a hæmorrhage of dark, stringy flow; miscarriage third month.

*Crotalus*.—Miscarriage during course of septic or zymotic diseases, and in nurses exhausted by long nursing of septic or zymotic patients and from other blood-poisoning causes.

*Dulcamara*.—Threatened miscarriage induced by exposure in a damp, cold place, as in a spring house or cellar.

*Erigeron*.—Abortion, with profuse hæmorrhage, diarrhœa, and dysuria.

*Eupatorium*.—Threatened abortion. Habitual abortion.

*Purpureum*.—At third or fourth month.

*Ferrum met*.—Prevents abortion; promotes expulsion of moles. Great nervous erethism, flowing and pains, with fiery red face; she is weak and pale; miscarriage.

*Gelsemium*.—Threatened abortion from sudden depressing emotions. Severe vomiting, pains in uterus, severe pain across small of back and a burning pain up the spine to head, which ached; confused feeling in head affecting mental operations; threatened abortion from fright.

*Hamamelis*.—Threatened abortion; in consequence of ovarian irritation and inflammation after a fall. In threatened abortion when the hæmorrhage continues after uterine pains have been controlled by other remedies.

*Helonias*.—Threatened abortion, from atonic conditions; especially in habitual abortion; slightest over-exertion or irritating emotion tends to cause loss of foetus. Had been flowing for several days; severe bearing-down pains in small of back; walking about excites pains. Useful for many of the consequences of miscarriage.

*Ipecac*.—Threatened abortion, often with a sharp or pinching pain around umbilicus, which runs downward to uterus, with constant nausea and discharge of bright red blood; convulsions.

After abortion occasional slight loss of blood, for four months, when an alarming hæmorrhage took place with the usual symptoms besides vomiting, after least drink.

*Iris versicolor*.—Inflammation and soreness of uterus, very sensitive to touch; pain across umbilicus, with severe griping at short intervals; nausea and vomiting of green or yellow bile, with eructation of a great deal of flatus during and between times of vomiting; diarrhœa of a yellow bilious character: miscarriage.

*Kali carb*.—Impending abortion, with pains from back into buttocks and thighs; discharge of coagula; habitual abortion during

second or third month. After abortion when there is great weakness of back and lower extremities, dry cough, long continued sweats, attacks of chilliness resembling ague, chronic inflammatory condition of uterus with nausea and vomiting.

*Kreasote.*—Metrorrhagia threatening abortion, third month.

*Lycopodium.*—Disposition to miscarriage, moles. Long-continued uterine hæmorrhages before or after abortion.

*Mercurius viv. et sol.*—Threatened abortion; frequent attacks of pain in small of back; pressing pulsation in abdomen; pressure toward external genitals, which were so swollen that sitting posture became difficult; pressure at times, accompanying discharge of reddish mucus from genitals. Repeated miscarriages at end of third month, or before, expels moles.

*Millefolium.*—Painless draining from uterus, nose or lungs, after labor, after abortion, or when an abortion threatens, if the blood be bright red and there are no pains in joints.—*Chironian.*

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## THE COMMENCEMENT OF THE HOMŒOPATHIC MEDICAL COLLEGE OF MISSOURI.

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**M**EDICAL COLLEGE commencements have the reputation of being formal and prosy, and it must be admitted that that reputation is not altogether undeserved. In St. Louis, however, it has come to be pretty well understood that the commencement exercises of the Homœopathic Medical College of Missouri furnish a brilliant exception to the rule. It was nothing strange, therefore, that, on the evening of March 13th, the Pickwick Theatre should have been, as it was, filled from parquette to gallery with an audience made up largely of the cream of St. Louis society.

The course adopted last year by the committee of arrangements, of dispensing with the stereotyped orchestra, with its stereotyped selections, and which gave such eminent satisfaction at that time, was persevered in, and in lieu of the ordinary band, able local artists, both vocal and instrumental, were secured for the occasion. the result being that the music alone represented, in effect, a high-class, popular concert, as will be shown by the following

### PROGRAMME.

Piano Solo—Germans' Triumphal March ..... *J. Kunkel.*  
MR. CHAS. KUNKEL.

Amphion Quartette:

MR. F. L. CRAWFORD, 1st Tenor ..... MR. JAS. PEACOCK, 2d Tenor.  
MR. CHAS WIGGINS, 1st Bass ..... MR. J. KRIEGER, 2d Bass.

### PRAYER.

REV. JOSEPH D. WILSON, D. D.

Soprano solo—Bliss all Raptures Past Excelling ..... *A. Robyn.*  
MRS. MAYO-RHODES.

CONFERRING DEGREE OF DOCTOR OF MEDICINE.

W. A. EDMONDS, A. M., M. D.

Violin Solo—Second Mazurka..... *Wieniawski.*

MISS CLAIRE STEPHENS.

AWARDING OF PRIZES.

I. D. FOULON, A. M., LL. B.

Soprano Solo—Sleep Thou, My Child..... *I. D. Foulon.*

MRS. MAYO-RHODES.

ADDRESS ON BEHALF OF THE FACULTY.

REV. J. W. FORD, D. D.

Piano Solo—Hungarian Fantasia—Grand Concert Rhapsody..... *Liszt.*

MR. CHAS. KUNKEL.

BENEDICTION.

REV. JOSEPH D. WILSON, D. D.

Mr. Charles Kunkel, who always plays artistically, was at his best, not only in his solos, but also in his accompaniments to the selections of Mrs. Rhodes and Miss Stephens. The Amphion Quartette sang with the best of *ensemble* and in excellent voice. Miss Stephens, a young lady violinist of promise, pleased everybody. Mrs. Rhodes, in Robyn's brilliant concert aria, showed her right to be considered an excellent vocalist, while in her second number, Prof. Foulon's pathetic cradle song, she proved herself mistress of the very difficult art of ballad singing, not only by her perfect enunciation of the words, but also by her beautiful rendering of the inner sentiment of the music. That every performer received an encore "goes without saying."

In a brief but dignified, yet slightly humorous address, Dr. Edwards, as President of the Board of Trustees, conferred the degree of Doctor of Medicine upon Messrs. D. E. Archer, F. H. Auf der Heide, Max Aszmann, E. A. Bohm, Chas. A. Brown, W. E. Bruce, J. H. Callen, C. A. Canfield, David M. Gibson, T. J. Haughton, H. C. Irvin, Francis Kirsch, C. F. Lee, Louis H. Lemke, Geo. H. Moser, R. B. Noe and L. E. Schoch; upon Mesdames C. C. Goodbar, Annie M. Kniberg and Mary E. McCarty, and upon Misses Frederica E. Gladwin, and Mary E. Tucker. Also the *ad eundem* degree upon Dr. — Vogt and the honorary degree upon Prof. I. D. Foulon.

The awarding of prizes by Prof. Foulon has become a feature of our commencements. "From grave to gay, from lively to severe" well describes his talk while delivering the prizes and floral gifts. The rhymes and other inscriptions read from the cards on some of the latter by the Prof. were highly appreciated by the audience. Some of the funniest the writer was unable to obtain, but he was permitted to copy three or four, which may serve as specimens. Thus, Dr. Brown got this:

"If some old-school 'duck' calls out 'quack, quack!'  
 Or proudly struts in front of you,  
 And shakes his feathers, humps his back  
 Because—it is his nature to,  
 Smile blandly at the old-school 'duck,'  
 Make no retort with *common noun*,  
 But let your *cures* his feathers pluck  
 And thus do up the quacker BROWN.

Not bad advice, by the way, for others to follow.

Somewhat similar in its thought, but more sarcastic in its form, and unrhymed, was the following, penned in the same hand-writing, on a card appended to a bouquet to Dr. Vogt, the "ex-regular," upon whom had just been conferred an *ad eundem* degree:

"Doctor, please don't turn homœopath. One allopath is worth three of the little pill fellows any day. Stick to the good old ways and to  
Your Friend, BERRY M. QUICK. (Undertaker.)

Doctor Noe was made to serve as an illustration of the march of progress in the following lines:

" 'Old Noe he did build an ark  
And built it all of hickory bark,'  
Thus saving persons eight.  
Young Noe he takes other bark  
And works with it from morn till dark  
To make a triturate;  
And with that triturate he'll save  
Eight hundred people from the grave."

Four or five references were made to supposed "affairs of the heart." For instance, the following was perpetrated upon Doctor Schoch:

"Oh Doctor Schoch, dear Doctor Schoch,  
I cannot tell, to save me,  
What kind of an electric shock  
The other night you gave me  
With your well-trimmed moustache:  
But e'er since then, Dear Doc, I've felt  
An emptiness above my belt,  
And not for lack of hash—  
I sleep but ill, I'm getting lean—  
Do you know what *those* symptoms mean?  
If so, I hope you can  
Soon cure Yours, MARY ANN."

Doctor Lee was made the victim of something approaching a practical joke. From an elegant bouquet, there was unrolled a sheet of paper, some six inches in breadth and eighteen in length, covered on one side with mysterious Chinese characters. It was slyly suggested that it looked like an unsettled wash-bill. But presently, from the other side, the Professor read the following:

To oul Melican blodel—Compliments of  
WUN LUNG LEE,  
TWO LUNG LEE,  
THREE LUNG LEE."

To say that the audience was convulsed with laughter is to put it mildly. Thus it went, down the whole list of names; and yet, with a sudden turn, the speaker, an instant later, had brought his audience face to face with death, and, in most earnest words, was impressing upon the class the necessity for them, as physicians and as men, of learning, that "lesson of lessons"—how to die.

The prizes were awarded as follows:

**FACULTY PRIZE**—For best final examination in all branches (Hahnemann's *Materia Medica Pura*) to Louis H. Lemke, M. D.

**REED PRIZE**—For best final examination in *Materia Medica* and Organon combined, (Allen's *Handbook of M. M.*), W. E. Bruce, M. D.

**JOHNSTONE PRIZE**—For best examination in Organon, (offered by Dr. Johnstone, of Philadelphia, and consisting of a case of Johnstone's C M. potencies), was duplicated by the donor, Doctors Schoch and Gladwin having tied in the examination, and both received the cases.

**BOOKSTUCK PRIZE**—(Comstock's forceps), for best examination in obstetrics, went to Dr. Schoch.

**ZWARTS PRIZE**—(Silver Medal), for best in Surgery, to Dr. Gibson, who also secured the appointment as resident physician at the Children's Hospital.

**LUYTJES PRIZE**—(Bust of Hahnemann), for best in physiology, to Dr. Aszmann.

The Reverend Doctor Ford, pastor of the Second Baptist Church, and one of the ablest pulpit orators in the West, delivered the address on behalf of the Faculty. Doctor Ford's personal appearance is much in his favor and, though not by any means finicky or exaggerated, he would rank well as an elocutionist. This explains how, although he touched upon abstruse subjects, he managed to keep the interest of his audience unflagging to the end, although (owing to the many encores to the musicians), the hour was growing late. [Here followed, in the report, an outline of Doctor Ford's address, which we omit, since we have the pleasure to announce that it will be published in full in our next issue—*Editor*]

There may be commencements as successful in store for our *Alma Mater*, but certainly none more so than that of 1890.

L. C. Mc.

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### VAGINAL TAMPON.

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**R. ROBERT MORRIS**, of New York, is reported by the *New York Medical Record* as devising a perfect tampon. He says:

“Adopting the suggestion of Wylie as to the form of a cylindrical tampon, to be made with absorbent cotton, and the idea of some one else as to the value of wool, I combined the two in such a way as to please patients.

“It is not easy to give the exact proportions of cotton and wool to be used; but, like a woman's receipt for cake, we take ‘about so much of each ingredient.’ The wool is wound with several half-hitches of thread into a loose, elastic cylinder, two or three inches in length and about one inch in diameter. This cylinder is then covered with a layer of absorbent cotton one-quarter of an inch thick, except at one end, where the wool is allowed to protrude a little. The cotton is bound on with three or four more half-hitches of thread.

“The tampon, now complete mechanically, is dipped into Wylie's solution (alum, drachms ii.; boroglyceride, ounce i.; glycerine, ounces iii.), and it is then complete chemically. It is inserted with the aid

of a Sims speculum and long forceps: Hamilton's bullet forceps are the best ones for the purpose.

"The philosophy of the apparatus is as follows: The elastic wool center prevents the cotton from contracting into a hard mass, and it acts as a drainage-tube, because it, being non-absorbent, allows fluid to percolate freely through it. The end of wool which protrudes from the tampon nestles just within the sphincter vaginæ, and being springy and spready, it prevents the tampon from slipping out.

"The absorbent-cotton covering holds the medicated solution in contact with congested tissues, and allows of transmission of discharges into the wool center.

"The glycerine, because of its affinity for water, causes a rapid exosmosis of serum from congested tissues, and in such quantities that a patient will frequently have to wear napkins to catch it. The alum acts in its well-known way as an astringent, and the boroglyceride, as an antiseptic, prevents fermentable fluids within the vagina from decomposing. The tampon, above described, may be left in the vagina for several days at a time, and it will remain neat and sweet, and will not irritate the membranes with which it comes in contact.

"Some of the tampons that are made after my description will not have a projecting tuft of wool at the lower end, and the makers will wonder why the apparatus does not stay in the vagina better. A majority of first specimens will be wound so tightly that the uterus will be irritated, or so loosely that the uterus is not comfortably supported.

"The wool spoken of is surgeon's wool. To be obtained at all drug-houses at about \$1.50 per pound."

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## DIAGNOSIS OF PREGNANCY BY THE CHANGES OF THE URINARY PHOSPHATES.

BY S. W. BUDD, M. D.

In the *Virginia Medical Monthly* for March, 1887, there appeared an article by Dr. William R. Gray, of Richmond, Va., on "The Diagnostic value of the Phosphates in Pregnancy." It is to be regretted that the article did not meet with a wider circulation than it appears to have done. No allusion to it was seen in the exchange journals, and no book on the examination of urine makes mention of it. This silence must surely be from lack of investigation. As a *physiological fact*, it demands recognition; as a *practical fact*, it deserves the careful consideration of every general practitioner. To call the attention of the profession to this discovery, and emphasize again the diagnostic value of the well-observed and clearly-defined changes of the phosphates of pregnant women, as seen under the microscope, and ask from each an investigation of its claims, prompts the writing of this article.

In all hyper-taxations of the cerebro-spinal system the eliminations of the phosphates is increased. That this is true in pregnancy, Dr. Gray has demonstrated by a careful analysis of the urine. In his original article referred to, he gave the result of the examination of fifty-four specimens of urine obtained from twenty-four patients. "Of these the smallest amount of phosphates found was  $\frac{1}{4}$  grain to the drachm; the largest amount,  $2\frac{1}{4}$  grains to the drachm, though the increased excretion did not seem to be regularly progressive with the advance of gestation." The method used for precipitating the phosphates was by adding to the urine in a test tube about one-third its bulk of the magnesium fluid, given by Dr. Tyson in his book, composed of one part each of sulphate of magnesia, chloride of ammonium and aqua ammonia, and eight parts of water.

What most concerns the busy practitioner, however, is the *microscopic appearance of these crystals*, for by it can be made the diagnosis of pregnancy weeks in advance of other signs of that condition. One should be thoroughly familiar with the details of the normal crystals before attempting to recognize any departure therefrom.

The *normal triple phosphate* is precipitated in those beautiful feathery crystals; sometimes a single leaflet, or in stellate forms; but however seen, each feather is perfect. If only a fragment is observed the feathery appearance is preserved to its extreme tip, equally clear on each side of the central stem.

As soon as conception occurs, the appearance of the triple phosphate changes. It begins to lose its feathery appearance, and disintegrates. The change commences at its tip, and progresses toward its base; or only one side of the leaflet may be affected, leaving the other intact. As the disintegration progresses, only the bare stem may be left, with perhaps a few scraggy points jutting from its sides, and even these stems broken into bits with scarcely any mark to identify them as triple phosphates. These changes commence in the phosphates within twenty days after conception, and continue for several months. After the middle of the seventh month, Dr. Gray observes that these changes become less pronounced, and gradually approach a more normal type, up to the end of gestation.

Another important and useful fact, he records, is that, should the death of the foetus occur during gestation, the phosphates at once become normal.

The discovery of so simple and certain a method of diagnosing this condition deserves a better fate than to fall still-born on the professional ear. The evidence of the facts as recorded is unmistakable; and the diagnosis of pregnancy can be made without exciting the suspicion of the patient as to the object of the physician.

Among the first specimens of urine examined by the writer was one brought by a physician as a test. The changed appearance of the phosphates was characteristic and the diagnosis of pregnancy made. The physician then related that the urine was from a woman over forty years old, the keeper of a "bawdy-house" that she had been a prostitute for twenty-five years, and had never been preg-




nant. On learning that her period was overdue some ten days, he asked her for the specimen of urine, which showed the pregnant phosphates. The diagnosis of her pregnancy was received by the laughter and ridicule of the patient and her companions. The doctor, however, fixed the date of her confinement and left. His prediction was fulfilled within twenty-four hours of the time set for labor.

After an experience of nearly three years examining many specimens for other physicians, "the diagnostic value of the phosphates in pregnancy" is confidently relied upon; and the profession owes Dr. Gray a debt of recognition for his discovery and painstaking investigation of this subject.—*Va. Medical Monthly.*

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#### THE MISSOURI INSTITUTE OF HOMŒOPATHY.

UR readers, not only throughout the State of Missouri, but also throughout the West and South, should bear in mind the fact that Missouri leads off this year with its Institute meeting. In other words, the fourteenth annual session of the Missouri Institute of Homœopathy will be held in St. Louis on April 22nd, 23rd and 24th. President Runnels and Secretary Luyties have been hard at work "whooping up the boys," and, as a result, a large and profitable meeting is already assured. Numerous important papers are already promised, others will be offered. Every Homœopathist in the State should be here, and to make sure of being here, should now make his arrangements to have no other conflicting engagements—not even obstetrical cases—on those days. Homœopathists in neighboring States should "come over and help us," and thus make sure that we shall go over and help them in turn. They can not make the meeting larger than the hearts that are here to receive them!

Largely reduced rates over all railroads have been secured by the chairman of the committee on transportation, Dr. J. A. Campbell. So, "COME ONE, COME ALL!"

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#### THEY LIKE IT.

LOUIS GRASMUCK, M. D., *Gunnison, Colo.*—"I find THE CLINICAL REPORTER a very valuable journal. I have more than once found in its columns a single communication or item which was worth more than the subscription price."

C. F. TINCHER, M. D., *Farber, Mo.*—"Inclosed find my last dollar for your highly appreciated and valuable journal." [Dr. Tinchler handles only ten-dollar bills, as a rule.]

W. W. McGEORGE, M. D., *Port Angeles, Washington.*—"I prefer your journal to any I examine, which is quite a number in a year's time. I like its concise, practical articles."

H. J. RAVOLD, M. D., *Greenville, Ill.*—“Your journal is of real, practical benefit to me. I hope it will have a long and prosperous career.”

J. R. HAYNES, M. D., *Indianapolis, Ind.*—“I am very much pleased with THE CLINICAL REPORTER, and you have my heartiest wishes for its, and your success.”

E. K. SHIRLEY, M. D., *White Hall, Ill.*—“THE CLINICAL REPORTER is a very welcome and helpful visitor to me.”

J. R. HUFFAKER, M. D., *Brookfield, Mo.*—“I am very much pleased with THE CLINICAL REPORTER.”

F. M. CLARK, M. D., *Salem, Ohio.*—“THE CLINICAL REPORTER is one of our best journals, and I feel that I must have it.”

E. E. PRATT, M. D., *Limona, Fla.*—“I thought I could not afford to keep up my subscription to THE CLINICAL REPORTER another year, but as the last numbers come I cannot say good-bye.”

P. A. TERRY, M. D., *San Francisco, Cal.*—“I have been a reader of THE CLINICAL REPORTER since its first issue. In it I find much to please, instruct and comfort. My best wishes for its continued success.”

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## BRIEFS.

**FEMALE** practitioners in Russia are forbidden to attend adults of the male sex.

\* \* \*

**DURING** the last eighty years 8,000,000 people have died of phthisis in France.

\* \* \*

**TINEA** versicolor, yields to hyposulphite of sodium, one drachm to the ounce of water, applied locally.

\* \* \*

**ONE** grain of pilocarpine in a half ounce of vaseline applied to the scalp will prevent baldness—they say.

\* \* \*

**A STRONG** infusion of capsicum applied immediately after a bruise, it is claimed will surely prevent the infiltration of the tissues. It is a sure cure for a black eye.

\* \* \*

**RULE FOR ESTIMATING THE SOLID MATTER IN URINE.**—Lander's rule is, multiply the last two figures of the specific gravity of the urine by the number of ounces discharged in twenty-four hours, and the result will express in grains the quantity of solid matter discharged. Its practical value is apparent in view of the theory that

puerperal convulsions are due, not to the diminution in quantity of urea alone excreted but to the diminution in the amount of all the solid constituents which are in solution in the urine.

\* \* \*

**A SIMPLE REMEDY FOR COCCYDYNIA.**—Parvin claims that in many cases of coccydynia the hypodermic injection of warm water will be followed by great relief.

\* \* \*

THE hypodermic injection of from ten to twenty drops of pure sulphuric ether over the nerve has cured cases of sciatica where everything else has been tried in vain.

\* \* \*

**RINGWORM.**—A saturated solution of salicylic acid in collodium is a prompt cure for ringworm. Paint on the affected parts once a day. One application generally suffices.

\* \* \*

TO DIAGNOSE with certainty gonorrhœa in the female, remember the pus of specific vaginitis is alkaline. Litmus paper will instantly decide.—DR. CHAMPLIN in *The Medical Era*.

\* \* \*

PANCOAST holds that as men are made drunk sooner when standing or sitting, while taking alcohol, than when in a recumbent posture, in like manner it takes less ether to produce anæsthesia if the patient sits up.

\* \* \*

HOW TO DETECT THE MORPHINE HABIT.—An efficient means of detecting the morphine habit is by adding a few drops of perchloride of iron to the patient's urine. A characteristic blue tinge results if he is a morphine user.—*N. Y. Med. Times*.

\* \* \*

TEST FOR SUGAR IN THE URINE.—Prof. Da Costa uses the bismuth test for sugar in the urine. Equal parts of urine and liquor potassæ, and a pinch of bismuth subnitrate, boil thoroughly. If sugar is present, the powder turns brown or black.

\* \* \*

EXCELLENT RESULTS are claimed in the treatment of vomiting of pregnancy from the use of one-half to one drachm doses of fluid extract of viburnum prunifolium. In some Eastern hospitals all other remedies have been discarded.—*American Hom.*

\* \* \*

TREATMENT OF INGROWING TOE-NAIL.—Mr. F. P. Atkinson writes: I do not know any treatment which is so effectual and yet so painless as that recommended by Mr. Philip Miall, Consulting Surgeon to the Bradford Infirmary. He advises a concentrated solution of quite

fresh tannic acid (an ounce to six drachms of water gently heated) to be painted on the soft parts twice a day. Nothing else is required and yet the patients are able to go about their work at once with more or less comfort.—*Brit. Med. Jour.*

\* \* \*

**SALOL IN BURNS.**—Gratzer recommends salol in cases of burns, bruises and painful skin troubles of all kinds. He says it gives prompt and marked relief. The drug is simply dusted on the affected parts in a mixture of 2 to 3 parts of salol and 50 parts of starch.

\* \* \*

**LEAD POISONING FROM SILK THREAD.**—The *Sanitary News* is authority for the statement that silk thread is soaked in acetate of lead solution to increase its weight, and that those who pass it through the mouth in threading needles sometimes suffer from lead poisoning.

\* \* \*

**ELECTRIC VS. GAS LIGHT.**—It has been found in the Post-office Central Savings Bank in London, that during the past two years, since the introduction of the electric lights in the building, there has been a marked decrease in the amount of time lost from sickness by the clerks and employees.—*Tenn. State Board of Health Bulletin.*

\* \* \*

**COMEDONES.**—Dr. McCaskey gives the following:

R Sulphuric Ether.....	8 drachms.
Ammonia Carbonate.....	1 drachm.
Boracic Acid.....	20 grains.
Water; to make..	16 drachms.
M. Sig.: Apply twice a day.	

\* \* \*

**VACCINATION ON THE LEG.**—A French practitioner, in the course of large number of revaccinations, was struck with the fact that the operation was far more successful when performed on the leg than when the arm was selected. Among 177 cases, the percentage of failures was 45.45 on the leg, as compared with 53.84 on the arm.—*Medical Press and Circular.*

\* \* \*

**MASTITIS.**—In the Columbia Hospital for Women (*Obs. Gaz.*) a liniment composed of half an ounce of camphor dissolved in three ounces of turpentine has been found most effective in checking the secretion of milk in mastitis; it alleviates pain, lessens induration, and is more effective in reducing inflammation than any other remedy that has been tried.

\* \* \*

A WRITER in the *Weekly Medical Review* says: "I have collected every catarrh, asthma, and hay-fever 'sure-cure' that is in the market, numbering in all fifty-eight, and have carefully examined them. Eighteen of these 'sure cures' are bold-faced frauds. One ounce of

quassia chips, a pound of table salt, and forty gallons of water, will make one barrel of 'sure cure' that sells for one dollar a bottle, holding six ounces. The same quantity of water, a pound of muriate of ammonia, a pound of ground cubebs, and a little common potash will make another 'cure' that sells for fifty cents a bottle holding four ounces. These are two of the best of the eighteen frauds."

\* \* \*

A SECOND SARAH.—"A woman living in the mountains near Fort Smith, Ark., named Sarah Gates, aged 71 years, proved herself a second Sarah by giving birth to a well-formed and healthy male child. Two years ago, Mrs. Gates, then a widow, married William Gates, then a young hired hand on her farm. The case is exciting a good deal of interest among physicians."—*Med. World.*

\* \* \*

TREATMENT OF INDOLENT CHRONIC ULCER.—In the treatment of indolent chronic ulcers, Dr. S. J. White, house surgeon of Bellevue Hospital, uses a paste of balsam of Peru and iodoform over which is placed an antiseptic dressing of bichloride of mercury gauze. The ulcers close up rapidly. There are no fixed proportions of the ingredients, the iodoform being stirred into the balsam until the thickness of paste is obtained.

\* \* \*

ANOTHER CURE FOR SEASICKNESS.—The regulation of breathing in seasickness is warmly recommended by several practitioners who claim considerable experience and assert that "the cure is infallible in all cases that persist in carrying it out." Briefly stated the method is this: The sufferers, seated together, are "timed" in their breathing. The respirations are made exactly twenty per minute. An hour's treatment is said to be sufficient.

\* \* \*

THE question of the origin of the dog has recently been discussed by Prof. Nehing, who believes that it has descended from various still surviving species of wolves and jackals. The latter animals can be tamed, and many attempts to domesticate wolves have been successfully made in recent times. Herr Ronge has so completely tamed a young wolf that it follows him exactly as a dog might do.—*Med. and Surg. Reporter.*

\* \* \*

OPERATION FOR THE DEFORMITY OF PROMINENT EARS.—In the *Annals of Surgery* January, 1890, Professor Keen describes a new operation which he has recently performed for the common deformity of prominent ears. The operation consisted in removing from the long axis of the posterior aspect of the auricle a long oval piece of skin, the cartilage being laid bare by the dissection. A strip of cartilage of the same length, but narrower and V-shaped on cross section, was then removed, taking great care not to cut through the skin on the opposite side. In the left ear three catgut sutures were intro-

duced through the cartilage in addition to those in the skin. On the right side reliance was placed entirely on the sutures through the skin. The result was equally satisfactory on either side. The two operations, performed at the same time, were attended with very free bleeding, which, however, was easily controlled. The stitches were not removed until the tenth day. The result was perfectly satisfactory.

\* \* \*

**COCAINE HABIT.**—Mr. Arthur P. Luff, in the *Lancet*, gives account of the case of a man who consulted him for a feeling of inaptitude for work, mental indecision, occasional palpitation of heart, and dyspeptic symptoms; and who had been using cocaine in five per cent. solution as an application to nasal mucous membrane—with brush—for three years. A discontinuance of the drug, and abdominal massage for constipation, effected a cure.

\* \* \*

**A CURE FOR STERILITY.**—In cases of sterility dependent upon excessive acidity of the vaginal secretions, Parvin recommends the use of the following injection just before copulation:

R. Sodii bicarb .....	gr. xij.
Glycerinæ.....	ʒi.
Aquæ destillat.....	ʒ iv.—M.

\* \* \*

**THE FATALITY OF MEASLES.**—Sevestre, at his clinic on diseases of children, speaks against the prevalent idea that measles is not a dangerous disease. There died in Paris during 1887, 1,769 cases of diphtheria and 1,674 of measles, while scarlitina and whooping-cough claimed respectively only 232 and 429 victims. He has found measles especially dangerous between the second and third years of life; the infecting agent is especially active during the period preceding the eruption.—*The Hahnemannian*.

\* \* \*

**TURPENTINE IN POST-PARTUM HÆMORRHAGE.**—Mayne has used turpentine in post partum hæmorrhage for several years (*Med. Times and Reg.*), with very good results. When the usual means, such as kneading the uterus, insertion of the hand, cold, subcutaneous injections of ergotin, etc., have proved ineffectual, contraction of the uterus followed immediately after insertion of a piece of linen, saturated with oil of turpentine, into the uterus, and bringing it in contact with the walls; and all hæmorrhage ceased. In several cases where the patients were nearly pulseless, it acted also as a stimulant. He never saw it fail, and it is well borne by the patients.—*Canada Lancet*.

\* \* \*

**A CURIOUS MENTAL TRAIT.**—A correspondent of the German Anthropological Society tells of his meeting a farmer by the name of Lowendorf, who had a peculiar habit of writing "Austug" for "August," his Christian name. Some years later he was inspecting a

school, and heard a little girl read "leneb" for "leben," "naled" for "nadel," and the like. Upon inquiring, we found that her name was Lowendorf, and that she was the daughter of his former friend the farmer, now dead. This defect was noticeable in the speech and writing of both father and daughter. It appeared in the father as the result of a fall that occurred some time before the birth of his daughter.—*Science*, Feb. 14, 1890.

\* \* \*

**To DISGUISE COD LIVER OIL.—**

R	Cod liver oil, fl.....	℥xxiij.
	Powd. sugar.....	℥ij.
	Common salt.....	℥ss.
	Ol. eucalyptus, fl.....	℥ss.
	Rum, fl.....	℥vss.

M. Ft. emulsion.

**To DISGUISE CASTOR OIL—**

R	Castor oil.....	℥ss.
	Lemon juice, p. āā.....	℥ss.

M. Half the usual quantity of the oil is necessary, the lemon juice not only removing the offensive taste, but also tendering it doubly effective.

—*Med Summary.*

\* \* \*

**TRANSPLANTATION OF A TOOTH.**—Dr. Kirchhoffer, of Lausanne, relates the following interesting case: A man, aged 33, presented himself, with marked periostitis, having fallen upon the mouth and broken off the two upper middle incisors. Two incisors, extracted fifty-six hours before, from the mouth of a lady twenty-eight years of age, were disinfected in 5 per cent. solution of carbolic acid, and transplanted to the man's jaw, after extraction of the stumps of the broken teeth. The diseased parts were painted twice daily with tincture of iodine and the transplanted teeth fastened to the adjacent incisors. In eight days the teeth were already firmly fixed, and at present they are as firmly implanted as the others.—*Wiener Medizinische Presse.*

\* \* \*

**MEDICATED SOAPS IN SKIN DISEASES.**—Dr. John V. Shoemaker advises medicated soaps to be used as follows: Eucalyptol soap is of service in cleansing foul-smelling wounds and ulcers, and in removing the offensive odor of bromidrosis; thymol is applied in the same cases, and also in pustular eczema. Ergot soap is a valuable local remedy in eczema, acne, and rosacea; salicylic acid is used in sycosis and pustular eczema; corrosive sublimate in pruritus and syphilis; boroglyceride in parasitic diseases, in pruritus, acne, in cleansing wounds, ulcers, suppurating or gangrenous surfaces. Alum soap is beneficial in hyperidrosis, seborrhœa oleosa, and indolent affections, such as lupus, scrofuloderma, and in bed sores. Chamomile soap relieves intertrigo, dermatitis, seborrhœa, hyperidrosis, and bromidrosis. The plain potash or soft soap, either in substance or alcoholic solution, stimulates healthy action and removes crusts or scales in chronic eczema and psoriasis; it is serviceable in acne,

rosacea, leucoderma, and the scrofulous and syphilitic affections of the skin. Soft soap containing tar is an excellent application in chronic eczema, psoriasis, ichthyosis, pityriasis, and seborrhœa sicca. Naphthol has the advantage of being without smell and contributes to the relief of the same affection; it also acts as a parasiticide in scabies and phthiriasis. Salicylic acid is efficient in hyperidrosis and bromidrosis. Corrosive sublimate soft soap is an excellent remedy in syphilis, especially in old cases, or in broken-down constitutions and when it is badly borne by the stomach; it is also of good service in the treatment of bubo, scrofulous ulcers and enlarged glands, and in alopecia.—

\* \* \*

THE *Centralblatt fuer Chirurgie* gives an account of a remarkable fistula which, opening at the nipple, was found to be connected with a diseased molar tooth. The connection was first inferred from the fact that the discharge from the opening just above the left nipple ceased at once after proper treatment of the diseased left lower first molar, and it was afterward proved by an injection of cochineal into the alveolus of the tooth, which caused a red coloration of the pus discharged at the nipple. Further examination showed that the pus had made its way through the maxilla, descended along the border of the sterno-cleido-mastoid muscle, perforated the fascia of the platysma myoides, and coursed over the pectoral muscle into the substance of the mammary gland. The fistula closed in twelve days after the removal of the diseased tooth.

\* \* \*

POKE BERRIES A SATISFACTORY ANTI-FAT.—Several years ago, I called attention to the efficacy of pills made from the extract of poke berries as a reliable remedy in obesity. My attention was attracted to it from the fact that birds that feed on the poke berries in the fall are deficient in adipose tissue. It has been my custom for several years to gather, in the fall after frost, a quantity of the berries, express their juice, and evaporate it to the consistency of an extract, of which I make pills of three or four grains. The dose is two pills before each meal, sometimes increased to three or four. They diminish the appetite to some extent. In some cases the reduction of weight is remarkable, as much as fifteen to twenty pounds per month.—M. M. GRIFFITH, M. D., in *American Hom.*

\* \* \*

BAD BREATH.—Dr. Frank H. Gardner, in the *Dental Review*, speaks of the causes of bad breath. He concludes: First, decaying particles in the mouth as far back as the pharynx vault taint the breath, if exhaled, very little if at all. Second, mouth-breathers have a bad breath when the tonsils are enlarged, or when cheesy masses exist in the tonsillary mucous folds. Third, certain gastric derangements taint the breath only when gases are eructated through the mouth. Fourth, the principal cause of bad breath is decomposition in the intestinal canal, the retention of fecal matter in the transverse and descending colon, and the absorption of gases into the circula-



tion, finally exhaled by the lungs. Fifth, catarrh, nasal, pharyngeal or bronchial, causes bad breath. Sixth, medicines or aliments which undergo chemical changes below the œsophagus may, by rapid absorption through the stomach walls, or immediately below, give to the breath the characteristic odor. Bad breath is often a source of serious annoyance to patients, and the fact that it has more than a local cause is too often ignored by the physician, who therefore fails to cure it.

\* \* \*

**DANGERS OF CARBOLIC ACID.**—The following letter of Dr. Theodore Billroth, of Vienna, has been published: "I have lately seen four cases, in which fingers, which had suffered a most insignificant injury, became gangrenous through the uncalled-for application of carbolic acid. Carbolic acid is now much less used in surgery than formerly; we have only gradually become acquainted with its dangers. The acid may not only cause inflammation and gangrene, but also blood poisoning, and so may even prove fatal. It is useful only in the hands of a skillful surgeon, and ought never to be used without his advice. The best lotion for recent injuries is the ordinary lead lotion, which can be bought at any chemist's. The best antidote in carbolic acid poisoning is soap, which should be taken immediately and repeatedly until all symptoms of poisoning have disappeared."—*The Lancet*.

\* \* \*

**PRESERVATION OF URINE FOR EXAMINATION.**—In order to arrive at the true condition of a sample of urine, the earlier it is examined the better. It is, however, sometimes impossible to obtain it for examination for many hours, or even days after it has been passed from the bladder, and, under ordinary circumstances, it is then entirely changed. Various substances have been recommended as anti-ferments and preservatives, but all have objectionable features. Accident recently led us to try naphthalin in this direction, and the results were as gratifying as they were unexpected. Though the substance is well nigh insoluble in water, and a crystal added to urine remains unattacked, so far as appearances go, for days; a very minute quantity of it sufficed to preserve a couple of ounces of urine apparently unchanged for several days, in fact, during the warm weather of Christmas week.—*St. Louis Med. and Surg. Journal*.

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**A CASE OF POISONING BY COFFEE.**—Dr. W. Weinberg, of Stuttgart, reports (*Therapeutische Monatshefte*, May, 1889) the case of a man, aged forty, who was not in the habit of taking coffee. At 9 A. M., having been drinking the night before, he prepared some strong black coffee and took three large cups of it. About 10:30 he broke out in a profuse sweat, had severe palpitation of the heart with constriction of the chest, became unable to work, and ran about, believing that he was about to die. W. saw him at noon, and was struck by the twitching of the facial muscles and trembling of the whole body, especially of the fingers. The extremities were cool,

and covered with a cold sweat. Pulse accelerated, 120, but regular. Heart's impulse visible and palpable through the chest wall, but broadened so as not to be localized with exactness. Subcutaneous injection of morphine being given, in two hours the patient was quieter, but tremor continued. He did not sleep until midnight. On the next morning there was still some tremor of the fingers, the heart being normal. No vomiting or increase of urine.—*Hahnemannian*.

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**CASTOR OIL CHOCOLATE.**—An interesting item which is going the rounds of the pharmaceutical journals, suggests the palatable administration of castor oil by incorporating it with cacao. For this purpose, finely powdered cacao deprived of oil, such as is found in commerce, is used. This is incorporated with the castor oil and a sufficient quantity of vanilla to flavor it is added. Next, sugar is added, and the whole ground upon a heated slab. Finally the mass is transferred into molds, and allowed to become cold.

The following proportions may be used:

B. Cacao.....	50 parts.
Sugar, in powder .....	100 "
Castor Oil .....	50 "
Vanilla, in powder.....	q. s. "

The size of the molds may be such as to require from three to six of the "chocolate drops" to form a dose for an infant.

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**INOCULABILITY OF MALARIA.**—In the Roman clinics under the direction of Professor Bacella, very important experiments have been made, confirming the already admitted belief of the inoculability of malarial fever. Inoculations were performed with blood drawn from the basilar veins of patients with fever, and results were constant, the fever developing after some days of incubation.

After using blood from patients suffering with a quartan, microscopical examination was able to show that the malaria parasite develops in the red corpuscles, destroying the hæmoglobin until it is set free. At this stage, which in quartans is reached in three days, the parasite commences to multiply by endogenesis, and therewith begins a new paroxysm.

By these experiments, therefore, not only has the inoculability of malaria been proven, but also that quartans are the result of a different cause from that of other forms of the disease. This seems a most important addition to our knowledge of bacteriology.—*La Riforma Medica*.

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**TREATMENT OF OZÆNA WITH GLYCERINE.**—The *Med. and Surg. Reporter* quotes Dr. Sidlo as having at a recent meeting of the Society of Military Surgeons in Vienna strongly recommended the treatment of ozæna with glycerine. His method consists in daily washing out the nasal cavity with a two per cent. solution of chloride of potassium to which ten per cent. of glycerine has been added.

This is followed by the insertion of rolls of cotton soaked in a mixture of one part of glycerine and three parts of water, the tampons being allowed to remain in place for an hour at a time. Using this method, he claims good success in the management of ozæna. The method requires some weeks to effect a cure; but no one who has treated ozæna often will think a few weeks long to devote to any method which is likely to be successful. The one proposed by Dr. Sidlo is so simple, and apparently so rational, that it certainly seems worthy of further trial; and if other medical men can cure such cases as he has cured in this way, it will be a very useful addition to our therapeutic resources.

## OUR BOOK TABLE.

WOOD'S MEDICAL AND SURGICAL MONOGRAPHS, March, 1890. New York: Wm. Wood & Co. \$10.00 per year; Single Numbers \$1.00.

Subscribers to this publication will eventually find themselves in possession of a valuable library of monographs upon subjects that are often very imperfectly treated in the text-books in most common use. The style in which these books are issued is a joy to the lover of a good book work. The present issue (nearly 360 pages) completes Volume V and contains "Treatment of Cancer by Electricity" by Dr. J. Inglis Parsons, London; "The Dreadful Revival of Leprosy," by Sir Novell MacKenzie, M. D., "Diseases of Old Age," by Dr. A. Seidel, Berlin; "Urinary Neuroses of Childhood," by Dr. Louis J. Guinon, Paris; "Varicose Veins of the Lower Extremities," by Wm. H. Bennett, F.R.C.S., and "Uses of Electrolysis in Surgery," by W. E. Steavenson, M. D., London; surely a sufficiently varied, international fare.

THE TWELVE TISSUE REMEDIES OF SCHUESSLER, Comprising the Theory, Therapeutical Application, Materia Medica, and a Complete Repertory of these Remedies. Arranged and compiled by William Boericke, M. D., Late Professor of Materia Medica and Therapeutics in Hahnemann Hospital College of San Francisco, etc. etc., and Willis A. Dewey, M. D., Professor of Anatomy in Hahnemann Hospital College of San Francisco, etc. etc. Second Edition. Revised and Enlarged. Philadelphia: Hahnemann Publishing House, pp. 325. Price \$2.75.

The fact that a second edition of this work has been demanded so soon shows that there was a demand for a work of this sort. Whatever of truth or untruth there may be in Schuessler's theories, the fact must be admitted that homœopathic provings have shown that the "tissue remedies" are not the least effective in the materia medica. This work is very clearly written and excellently arranged for ready reference. Print, paper and binding are satisfactory. Homœopaths who have not this work should not fail to secure it in its present improved form.

SPINAL CONCUSSION; Surgically considered as a cause of Spinal Injury, and Neurologically restricted to a certain Symptom Group, for which is suggested the Designation Erichsen's Disease, as one from of the Traumatic Neuroses. By S. V. Clevenger, M. D., Consulting Physician Reese and Alexian Hospitals, etc. etc. With Thirty Wood-cuts; pp. 360 Price \$2.50 net. Philadelphia: F. A. Davis.

In presenting this work to both the medical and legal professions (for suits based upon spinal concussion have become quite common in this day of railways and rapid transit) the author and publisher have performed a timely and meritorious act, for they have presented to those interested a book that will do much to clear up the mystery of this peculiar affection. The author reviews the literature of the subject quite fully, giving and discussing the opinions of Erichsen, Page, Oppenheim, Erb, Westphal, Abercrombie, Sir Astley Cooper, Boyer, Charcot, Leyden, Rigler, Spitzka, Putman, Knapp, Dana and many others European and American students of the subject. The small, but important, work of Oppenheim, of the Berlin University, is fully translated, and constitutes a chapter of Dr. Clevenger's book, and reference is made wherever discussions occurred in American medico-legal societies. There are abundant illustrations, particularly for Electro-diagnosis, and to enable a clear comprehension of the anatomical and pathological relations.

The author has original views upon the subject of hysteria which are worthy of study. As a whole, the work in question fills a void in medical literature and therefore deserves a large sale. The mechanical parts of the book, paper, press-work and binding are good, as indeed is the rule in the publications of F. A. Davis.

## FACT AND FUN.

(PUBLISHERS' DEPARTMENT.)

WHY is a new born baby like opium? He is the extract of poppy.

WRITE to Abbott Buggy Co. for list of their physicians' road carts. See ad. page 16.

IF about to buy an electrical apparatus, remember the Jerome Kidder Mfg. Co., of 820 Broadway, New York.

THEY say that the dying hymn of the electrically despatched criminal is: "I'm Going 'Ohm to Dy-na-mo'."

THERE is a change in the advertisement of Reed and Carnrick in this issue. Turn to it and see for yourself.

IT was a Scotch grave-digger who said, "Trade's very dull noo. I have na buried a leevin' creter for a fortnight."

MARCHNAD'S PEROXYDE OF HYDROGEN AND GLYCOZONE are the best preparations in the world where nascent oxygen is to be used.

VISITOR.—"Doctor, how do you pronounce apoplexy?"

DOCTOR.—"Well, as a rule, I pronounce it fatal."

REPORTS of the wonderful results obtained with MICAJAH'S UTERINE WAFERS continue to pour in. Give them a trial, Doctor. See ad. page 18.

Teacher—Remember, Johnny, it's the early bird that catches the worm.

Johnny—(Solemnly)—Yes'm, but I've a'ready got 'em!—*Exchange.*

THE preparations of the Rio Chemical Co. are known the world over. If you are not yet acquainted with them, turn to advertising page 18 and make their acquaintance.

Sir Astley Cooper's ideal of a physician's wife was: She should be like roast lamb—tender and sweet, and nicely dressed with plenty of fixings, but with no sauce.

MOTHER—Doctor, I want a real sweet, smooth name for my baby daughter.

ABSENT-MINDED PHYSICIAN (who is thinking of a salad)—Well, why don't you call her Olive Oil?

A RECENTLY made doctor says that one of the reasons why he prefers homœopathy to allopathy is that there is a little more sugar in it for the patient and a good deal more for the doctor!

FOUR out of five, at least, of the graduates of the Homœopathic Medical College of Missouri become permanent patrons of Munson's (Bockstruck's) Pharmacy. Is there not a whyness for this why?

"Doctors' mistakes are buried six feet under ground!" said the lawyer.

"Yes, and lawyers' mistakes are sometimes hung as many feet above!" retorted the doctor. And there was silence.

JUDGE.—What prompted you to rob this man's till?

PRISONER.—My family physician, your Honor. He told me it was absolutely necessary I should have a little change.

DOCTOR A. L. BOYCE, late house-surgeon to the Children's Hospital has opened an office at 2606 Chouteau Avenue, with office hours 8 to 9 A. M., and 7 to 8 P. M. Dr. Boyce will make a specialty of surgery. Our best wishes for his success.

"If you suspected you had a felon to deal with," said the examiner in surgery, as he held up a finger, "what would you do?" "I'd have him indicted, tried, sentenced and put behind the bars, where he belongs," was the intelligent reply.

PARTNER WANTED.—An active Homœopathic Physician, with some capital, to join in enlarging an Institute of Medicine and Surgery. I have nearly all the Medical and Surgical appliances, Oxygen and Electrical Rooms. Good office and out door practice. Address DR. R. W. CARR, Sedalia, Mo.

THE voice of the base-ball is in the land—in fact it is so numerously so that one hardly knows what it all means. The Brotherhood movement has made some inroads into the famous St. Louis Browns, but President Von der Ahe will be on hand when the season opens with a strong team, and it is quite within the range of possi-

bilities that among the numerous new players whom he has engaged there may be those who will more than make up for the stars that have gone. At any rate, it will be interesting to see the new men and Mr. Von der Ahe's efforts to continue to give first class ball to the patrons of the game in St. Louis deserve recognition and patronage. So, Doctor, be sure to see the opening games.

"DURING an epidemic of Dengue or Breakbone Fever, I gave Liq. Tong. Sal. a thorough trial and found it was much more successful than the usual treatment, such as Iodide of Potassium, Wine of Colchicum, Quinine, Salicylic Acid, etc.; in fact, I found that Liq. Tong. Sal. effected a cure in nearly every case."—A. M. SRRLEE, Bowmanstown, Carbon Co., Pa.

A WELL-KNOWN REMEDY to all our old physicians is Tarrant's Seltzer Aperient. Its value as a safe, pleasant and effective saline aperient has been established for more than forty years. We direct the attention of recent graduates to this preparation, which they will find very valuable in the constipation of pregnancy, and as an alkaline saline in the treatment of rheumatic and gouty affections.

CAMPHO-PHENIQUE.—Dr. M. L. Robex, Grantsville, Wis., writes: "Some time ago I had occasion to try CAMPHO-PHENIQUE on a very foul and neglected varicose ulcer with the most gratifying results, the ulcer healing rapidly under its stimulating and antiseptic effects. Since then I have used it constantly in my practice, and find it has a wide range of usefulness. I consider it a most valuable preparation."

DR. H. TUHOLSKE, Prof. of Clinical Surgery and Pathology, Mo. Med. College, Also Prof. of Surgery and Diseases of the Genito-Urinary Organs, St. Louis Post, Graduate School of Medicine, writes: "After an extended experience I am able to say that with KATHARMON there is added to our list a preparation of decided elegance and great efficiency. It is an antiseptic of considerable power, yet mild, pleasant, non-irritating and non-poisonous. It has quite a range of applicability, and I have used it with satisfactory success in catarrhal affections of the mucous membrane of the mouth, throat, nose, etc., and as a dressing for fresh wounds and foul ulcers, and as a douche for offensive discharges. We are indebted to the KATHARMON CHEMICAL Co., of St. Louis, for the introduction of this valuable preparation.

The general practitioner deals more often with chronic eczema than any other cutaneous lesion. For this reason it is well that we have within reach a remedy that is reliable and effective. Being generally a busy man, he prefers to resort to means at easy command. Such is the Eczema Lotion manufactured by the Cooper Pharmacy Co. of this city. This is a non-alcoholic combination of bichloride of mercury, dil. hydrocyanic acid, dil. nitric acid, crude pyroligneous acid, tuligo ligni, gynecardia odorata and glycerine. Our experience in thirteen cases of obstinate eczema leads us to indorse its virtue and recommend its use. Jos. L. Bauer, M. D., Registrar, Prof. of Materia Medica, Therapeutics, and Diseases of the Genito-Urinary Organs. Office 310 Market street, St. Louis. Cooper's Normal Fluids are made strictly after the Eclectic pharmacopœa and are standardized and in every way reliable.

#### ST. LOUIS—KANSAS CITY.

The two great cities of Missouri (St. Louis and Kansas City), have been connected by railroads for years, first one then two, afterwards three, and now by four—the fourth being an improvement over all the others in scenery, good time, smooth road bed, and new and perfect equipage. This fourth railroad is composed of the St. Louis, Keokuk and Northwestern to Hannibal, and thence via the Hannibal and St. Joe division to Kansas City and St. Joseph, all owned and operated now by that corporation known as the Great Burlington Route, or C. B. & Q., as most familiarly called. The Burlington is making every effort to popularize this comparative new connection between St. Louis and Kansas City, and are succeeding in making it the favorite route by giving strict attention to the comfort of passengers. Travelers always swear by the road that is careful of their comfort and that makes a point of being always on time, and the Burlington is noted for both time and comfort.

For a through run to Denver, or a trip to Omaha, St. Joe and intermediate points, the "Burlington Route" is the best because their trains are run the whole distance on their own tracks, saving the trouble and expense of a transfer. Splendid trains made of Pullman sleepers, day coaches, free reclining chair cars and smokers are run from St. Louis and Chicago over their own tracks through to destination without change or discomfort. The next time you go to Kansas City, or if you live in Kansas City, come to St. Louis, try the Burlington Route, and our word for it, you will not regret it.

# THE Clinical Reporter.

A JOURNAL OF  
HOMŒOPATHIC MEDICINE AND SURGERY.

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## THE GOSPEL OF HOMŒOPATHY.

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"Some indeed preach Christ even of envy and strife. . . . What then? notwithstanding every way, whether in pretense, or in truth, Christ is preached, and I therein do rejoice, yea and will rejoice."—*Phil. 1: 15-18.*



WE TRUST we shall not be held irreverent for having taken from Holy Writ the text for a medical article. The Gospel of Christ had in it healing for the soul—that of homœopathy has in it healing for the body; and if it be said that the latter pales in importance before the former, we shall not only admit it, but insist that that very fact adds force and point to what we have to say.

No homœopathist, however ardent, will claim that homœopathy is more to him than was Christianity to the Apostle to the Gentiles, who proved the thoroughness of his conversion from the old school of Pharisaic speculations to the new, vital, experimental school of the Nazarene by years of self-denying labors and persecutions, and at last by the death of a martyr. The very words we have quoted show that he was so thoroughly in earnest in his love for the new truth that he cared but little what was thought or said of him as an apostle, or what motives actuated those who preached the new faith, provided only it were preached. How truth towers, in his inspired sight, above truth's representative!—the Gospel above the Apostle!

We see at a glance that this was the correct, manly, noble attitude. But if it was so in the matter of the Gospel of Christianity, why is it not so in the case of the Gospel of Homœopathy? Honestly, however, is that the position taken by a considerable majority

of homœopathists to-day? Is it not a fact that regard for the memory of Hahnemann, the Apostle of Homœopathy, leads many to view with suspicion and disfavor any approach by the old school to homœopathic methods, because these approaches are, usually, surreptitious, and facts first made known by Hahnemann and his school are now paraded as new discoveries by this or that "eminent scientist?" We might say, parenthetically, that it is not impossible that some of these appropriations are such only in appearance—are re-discoveries of well-known truth; but grant the reverse—grant (as we must in some cases, in view of the overwhelming character of the evidence,) that these "discoveries" are "dead steals" from homœopathic literature, and what follows? "Whether in pretense or in truth," homœopathy "is preached," and therein *we* should rejoice.

When Parmentier desired to introduce the cultivation of the potato into France, he was met with the blind resistance of the ignorant peasantry, who *knew*, without ever having made the test, (How like our old-school friends!), that those foreign tubers were poisonous. There came one of those famines, too common in that age, and which arose in part from the fact that failure in the crop of cereals meant failure of all means of subsistence—the very thing Parmentier had been insisting upon, and the very evil he desired to obviate by adding the potato to the crops of the country—and Parmentier's cellars were full of the neglected tubers. Still the stubborn peasants refused to accept the "poisonous" potatoes as a gift. Had they not *said* and did they not *know* they were poisonous! But one morning Parmentier discovered that his cellar had been entered and that potatoes had been stolen. Did he say: "Ah, you rascals, you've come to it at last, and you find you must have my potatoes! Well, you shan't have them until you acknowledge the fact and ask me for them"—and carefully lock his cellar? Not he. On the contrary, he left his cellar-door conveniently easy to open, and the starving wretches of the neighborhood starved no more. When spring came, the poor devils, convinced against their will, surrendered and gladly accepted the proffered seed potatoes, and soon the entire country was reaping the benefits of Parmentier's unselfishness and shrewd knowledge of human nature.

We say the public need homœopathy; we say the "old school" physicians ought to follow its speedier, safer methods; and then we complain that they *steal* those methods! Well, if they will not buy our truth, by all means let them steal it! We shall be none the poorer for it. In due time they will have to acknowledge the source of their gettings; but, even if they do not, suffering humanity will reap some benefit from their filchings.

We were led into this train of thought while looking over the "International Medical Annual" for 1890, (reviewed elsewhere)—a book which is the joint production of many men eminent in old-school ranks. Passing over many instances of crude homœopathy in the "new treatment" of diseases, we confess that we rubbed our eyes to see whether we were not asleep and dreaming, when we read the passage we quote below, and opposite which, in parallel column, we

print a quotation from Hahnemann's Organon—a quotation which is over sixty years old, thoroughly familiar to the large majority of our readers, and the very keystone of homeopathy.

THE INTERNATIONAL ANNUAL, 1890, page 2.—“With the growth of physiology, there has developed a new science, that of *pharmacology*, OR THE STUDY OF DRUGS ON THE HEALTHY ORGANISM; and, although still in its infancy, it will no doubt in the future develop in importance and become of great use, not only in directing the use of drugs, but in pointing out the classes of chemical compounds in which drugs are to be found, AND FROM WHICH A PARTICULAR ACTION IN DISEASE IS TO BE EXPECTED. Pathology is bound up with physiology, and consists not merely in a study of the structural changes the body undergoes in disease, but the chemical and physical changes also, and the effect of all these on the functions of the body. The study of the action of drugs on particular organisms, tissues and cells of the body would a priori lead to the better understanding of the administration of drugs in disease. Thus, pharmacology is beginning to be considered a precursor of therapeutics, and is clearly linked with physiology on the one hand and pathology on the other. Until pharmacology, however, develops, the treatment of disease must be largely empirical—a kind of ‘clever guessing’ perhaps. The progress of science, however, bids us to hope that ‘clever guessing’ may develop into ‘clever knowing.’”

HAHNEMANN'S "ORGANON," 1810, § 106.—“The entire range of disease-producing power of each drug must be known; that is, all morbid symptoms and changes of the state of health which each drug is capable of producing by itself IN HEALTHY PERSONS should have been observed to its fullest extent before we may hope to find and to select, from among the medicines thus investigated, the truly homœopathic remedies for most natural diseases.

§ 107. If, for the purpose of investigation, drugs are given only to *sick persons*, even if these drugs are administered singly and in simple forms, little or nothing of a definite kind will be seen of their pure effects, because the changes of health which these drugs may actually be expected to produce would be mingled with the symptoms of the natural disease, so as to become obscured, and rarely to become distinctly visible.


§ 108. Hence there is no other way of obtaining reliable knowledge of the peculiar power by virtue of which drugs affect and alter human health—i. e., there is no more safe or natural method of accomplishing this object—than to administer each drug separately, and in moderate quantity, to HEALTHY PERSONS, by way of experiment, in order to discover what symptoms, changes and signs of its effect, that is, what elements of disease each is able to produce and inclined to excite by itself in the condition of the body and mind. For it has been shown (§ 24-27) that the curative power of medicines depends alone upon their power of altering the state of health of the human organism, and that this power is revealed only in observations made upon the latter.”

When we remember that the principles set forth above by Hahnemann had already been enunciated by him in his “Essay on a New Principle for ascertaining the Causative Power of Drugs,” published in *Hufeland's Journal* in 1796, we cannot but smile at the “new science of pharmacology” as defined in the left-hand column by Sidney Martin, M. D., Lond., B. Sc., M. R. C. P., etc., etc., as we involuntarily smile at the sailor of the story, who assaulted the first Jew he met as he left the “Bethel,” because the Jews had killed Christ, and he had just heard of it. But, after all our merriment, ought we not really to rejoice that thus much of truth has been perceived, and not only hope for the dawning of a new era, but endeavor to hasten its coming by helping our friends of the old school to still further “discoveries” and developments of the “new science of pharmacology,” that, “whether in pretense or in truth,” homœopathy may not only be preached but practiced?



THE RELATION OF THE SPIRITUAL TO THE WORK OF  
THE PHYSICIAN.\*

REV. J. W. FORD, D. D.

 HE graduation with which your *Alma Mater* to-night honors herself and you, is pivotal in each of your lives. Your so-called school days are over—your education is but begun. Your instructors are awake to this stern fact; the time is coming when you each will be. To-night, this honorable faculty return to you the trust of guidance which you, at your matriculation, placed in their charge. In kindly earnestness, they say, young ladies and gentlemen: Henceforth you are your own masters. You must now direct your own studies; henceforth your profession must be your *Alma Mater*, in which you will be both teacher and pupil. Do not mistake. All this joy and brightness mark the beginning, not the end of student life. In the words of commendation your teachers have spoken, in the prizes that honor special merit, in the diplomas conferred, find only your matriculation into the larger school of life with its severer discipline, its more difficult tasks, its longer hours, its unbending rules. In that school, success is wrought out in the sweat of the brain; aye, in the sweat of the heart. If there be one among you not alive to this, the true meaning of his graduation, one not yet convinced that his struggle for knowledge has just begun, let me beg him to choose a light sandy soil as the theatre on which to exploit his mastery of the healing art. But you, young ladies and gentlemen, have not thus viewed life. Your choice of profession means readiness for work. I congratulate you that your chosen life-work calls you to ever larger knowledge of the noblest earthly organism, as found in the human form Divine, and that your study of that organism is merciful and helpful.

The construction of special organs, as eye and ear, the function of particular glands, the mechanism of limbs, the adjustment of each to other, as well as the means, both of development and remedy, furnish you an inspiring field of study. Yet, if study of physical function or mechanism is central in your thought, it is difficult to see why larger result, apart from finance, should not follow from researches among the lower order of life. The eye of the common fly is scarcely less remarkable than that of man, while the mechanism and power of man's motor muscles cannot be compared with the saltatory ability of a common, though nameless insect.

If your purpose cling to the healing art, it is difficult to see why you might not confine attention to those animals whose maladies are so similar to those with which men are afflicted.

Young ladies and gentlemen, in thus speaking, we do not belittle your chosen profession. Instead, we unspeakably dignify it. For our playful, yet thoughtful, suggestions point to the fact that

\*Address on behalf of the Faculty, to the graduating class, of 1890, of the Homoeopathic Medical College of Missouri. The formal introduction is omitted.

there is something that lifts the work of the physician immeasurably above other healing professions, even when the science is the same in each—something we instinctively recognize; something that lifts man above other animals as the animal is above the vegetable, or as the vegetable is above the mineral. That something you instinctively recognized in your choice of a profession. It cannot be safely ignored in the pursuit of that profession.

What your instinct felt and followed, the best scientific thought of the age recognizes and enforces. There is no science of evolution to-day that attempts to bridge the chasm between the mineral and the vegetable, or between the vegetable and the animal, or between the animal and man. In a recent number of the *Popular Science Monthly*, a scientist laughs long and loud that so eminent a theologian as Dr. Shedd accuses evolution of attempting to develop all life from one primordial germ. With this emphatic protest against Dr. Shedd, all prominent believers in evolution agree, however they may differ in their explanation of the forces by which evolution has been accomplished. Thus, neither Herbert Spencer, seeking to account for modification of structure by modification of functions, nor Dr. E. D. Cope (Philadelphia), going backward to Lamarck to explain evolution by fundamental laws of growth and the inherited effects of use and effort, nor Dr. Karl Semper believing in the direct transforming power of environment, Prof. Weismann accounting for evolution by the continuity of the germ-plasm, nor Prof. Wallace, pupil, defender and corrector of Mr. Darwin, attempt, as far as I know, to derive the living from the not living, or man's moral and intellectual nature from the brute. Thus the best science of the day turns toward that old saying: "There is a spirit in man: and the breath of the Almighty giveth them understanding."—[Job 32: 8.

Young ladies and gentlemen, your instinct was correct—you are physicians to the physical because of the spiritual that dwells in it.

We may justify your choice of profession and honor your entrance upon it by noticing how material science fails to account for some of our faculties.

*First.* The Mathematical Faculty.—It is granted that in all the lower races of man, this faculty is either absent or quite unused. Most of such races count only in very small numbers, and can scarcely count at all. But counting, even in large numbers, does not imply computation. A friend tells me of Indians bringing wheat to market in bags, who could count the price of one bag (six bits), but could not compute the price of two bags at six bits each. When the mathematical faculty became active, as in Greece and Rome, it long dealt chiefly with magnitudes rather than with numbers, perhaps, because of unwieldy systems of notation. Algebra, of Hindoo origin, like the decimal system, came into Western Europe as late as the Sixteenth Century. Thus it is only during three centuries that the modern civilized world has become conscious of this marvelous faculty, the full grandeur of which can be appreciated only after patient study.

To account for these significant facts, evolution must show how

this rudimentary faculty, after being latent through uncounted centuries of pre-historic and savage man, at last suddenly developed into the consummate genius of a Newton or a La Place. It must show how this faculty helped one race or nation to live and be strong, while another weakened and perished. Surely this faculty had no part in the struggles between the cave men and the wild beasts about them. It had nothing to do with the great migratory movements of man. It did not save Rome from the Barbarians. The great nations of to day, who supplanted those of yesterday, did not pass from savagery to empire by virtue of mathematical superiority. The Dutch, Spanish and French did not lose sovereignty on this continent because the Puritan and cavalier were more expert in Euclid. Mathematics have not impelled the Anglo-Saxons in their schemes of colonization and world conquest. Evolution quite fails to explain the mathematical faculty now grown till its grapples with the universe of God.

*The Musical Faculty* is strikingly analogous to the mathematical. Among savage tribes, music, as we understand it, hardly exists. Even Greece and Rome seem to have known little of the essential features of modern music. Until the Fifteenth Century, progress in this science seems to have been very slow. Since that time, advance has been very rapid. Great musical geniuses have appeared suddenly and in regions far apart. Evolution has no explanation of this and similar facts. The musical faculty, in its appearance and development, seems to be a result of social and intellectual advance, not a cause.

The same is largely true of the artistic faculty. It would be difficult to show how painting and sculpture have contributed to material or individual prosperity.

Then only a limited number of people, even in highly civilized countries, have either of these faculties in any marked degree. About one per cent. of children in our schools are naturally mathematicians or artists, perhaps ten per cent. have a correct ear. Such facts are final against these faculties having played any part in the survival of nations or races.

Suppose but one per cent. of our children could detect form or color, or see at all clearly, how completely would that remove sight as a factor in progress! Thus the limited number who are gifted with mathematical or artistic faculty, together with the great variation in development, force us to conclude that these mental powers differ widely from those which are common to man and brute, and that they could not have been developed in him by any known law of materialistic evolution.

In the same class we might find the faculty of wit, so wanting in the savage, so developed among Americans, and so difficult for our English cousins to understand.

These special faculties, coming late into action in the race, like the intuitions of the individual, prove the existence in man of something he has not derived from his animal progenitors; something of spiritual essence, capable of progressive development under proper

conditions. To this spiritual we must refer all martyr constancy, all philanthropy, all patriotism, all enthusiasm of artist, philosopher, or physician. Thus we may know with scientific accuracy that our love for truth, our delight in beauty, our passion for justice, our sympathy with courageous self-sacrifice are the working of that higher nature. Thus, also, we may see the need of making all subordinate to this higher spiritual nature. Prof. Wallace distinctly teaches that the only reason for the existence of the world, was the development of the human spirit in connection with the human body. From the fact that the human spirit is so developed, he infers that this is the best way for its development. His inference rests on abiding scientific basis. He even finds moral uses in the dark things of life. He sees that the noblest faculties of man are strengthened and perfected by struggle and effort. As the ceaseless warfare against evil has developed courage, self-reliance and industry in the foremost nations of earth, so it is by the battle with spiritual evil, in its hydra-headed forms, that the nobler spiritual qualities of justice, mercy and self-sacrifice have been steadily increasing in the world. Looking broadly forth toward the grand questions of destiny, this scientist holds that beings that owe their origin to the unseen world of spirit, and are therefore possessed of faculties capable of such noble development, are surely destined for a higher and more permanent existence.

He believes, with Tennyson, that our—

Life is not as idle ore,  
But iron dug from central gloom,  
And heated hot with burning fears,  
And dipt in baths of hissing tears,  
And battered with the shocks of doom.

To shape and use \* \*  
We are——  
Not only cunning casts in clay;  
Let science prove we are, and then  
What matters science unto men,  
At least to me? \* \*

But science does not so prove. In fact, science so denies. In that denial you and I, clearly conscious of our spiritual longings, may safely trust.

So, once more, young ladies and gentlemen, the instinct which guided your choice of a profession was correct, according to the best science of the age. You are physicians to man's body, because of the indwelling spirit that gave the body its surpassing worth. It will be scientifically true to insist that what determined your choice of life-work should constantly guide in the prosecution of that work. In a word, the instinct of the youth should become the conviction of manhood.

Your work will deal largely with chemical forces and equivalents. But the chemistry of the physician differs from the chemistry of the laboratory. In the laboratory, experiments are carried in crucibles and retorts, and processes are undisturbed. With the

physician, those operations must go on in the channels or cells of the body, and under the overshadowing influence of physical life.

Your skill in the healing art will be your knowledge of chemistry, plus your knowledge of physical life, plus your knowledge of the relation between the two. Physical life in man is joined to and touched by an overshadowing spiritual life, and this spiritual is the man. But for this spiritual, which is the man, there would be no medical schools or profession. It is this spiritual man who requests your science in strengthening or repairing the physical house in which he lives. Surely you cannot ignore him. You cannot be indifferent to his presence and power. Thus, again, in your work, you stand face to face with the spiritual in man.

But recognition of this higher meaning of your profession will not insure success, apart from your own determined endeavor.

The world will not be over-quick to recognize your merits. Tomorrow will not dawn more brightly because of the exercises here to-night. Business will be undisturbed and the rate of mortality unchanged by your graduation. When you hang out your modest sign as a physician and sit down behind it, be not surprised if all the sick do not come for healing the first day or the second. If they are slow to appreciate your worth, do not be hasty to conclude that the world has little need of MEN. Those first years in which you wait for practice are golden years to you. They hold the making or marring of all your future. If you have grit and force, that period of leisure will be passed in untiring study, day after day. Only so will you be able to make and meet the demands of large profession. For the demands of an active professional life make broad study almost impossible. Thus the first ten years of your life must bring you culture, or you will never have it. In those years let the genius of plod have full sway, for there is none other worthy the name.

The man or woman who can give ten hours a day to hard work for ten years will then find himself famous. Work like that, and, returning ten years from to-night, you will honor yourself and your *Alma Mater* by being asked to sit on this platform at the graduating exercises.

But you must hold yourself by a steady power of self-denial. Your speaker, years ago, was privileged to listen to the quadri-centennial address of America's foremost educator, now recently deceased. He had been called to the presidency of almost every prominent university in our land, but he considered each just long enough to courteously decline, that he might give his life to the institution of his love. In the midst of the address, called forth by twenty-five years of signally successful work, this grand man paused, drew his giant form up to his full height, and, with a voice tremulous with emotion, said: "Young men, I have denied myself the privilege of putting the stamp of my personality on the scientific thought of my age, that, working long underground, I might lay broad and strong the foundations of a great university."

Members of the graduating class, you, in your measure, will achieve success like that, if you can deny yourself the privilege of

putting the mark of your personality upon the athletic, social, business or literary life of the communities in which you reside, that, working long underground, you may lay broad and strong the foundations of a great, successful practice. Your speaker can ask of you each professionally nothing larger or truer than that you may be strong in the denials of such labor.

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MALPRACTICE BY NON-PROFESSIONALS.

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F. B. LOOM, M. D.

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**T**HERE is a class of people in every neighborhood who always know of a ready relief for every ailment, and delight in imparting their valuable knowledge to their suffering friends, with the most flattering testimonials, as to wonderful cures performed in cases where the doctor had failed. The following cases occurring under my observation, and similar, no doubt, to many others which your readers could recall, show how silly people will often trifle with their lives by taking remedies recommended to them as sure and speedy cures by these kind and officious neighbors.

A number of years ago I was called to Mary C., *æt.* 18, who was seized in the night with what the messenger styled a "horrid fit." On my arrival at her bedside I found her suffering from a series of epileptiform convulsions most distressing to behold. Her mouth was covered with foam; the tongue mangled and bloody; the face livid and swollen; the eyes rolled up, glassy and staring; while the limbs were jerked about with the most frightful convulsive energy. In spite of all my most faithful efforts to relieve her from this pitiable condition, she sank soon into a profound coma from which nothing could arouse her and died in a few hours.

Upon inquiry into her previous history, I learned from her friends that she had always been in good health, so far as they knew, up to the moment of this attack; that she had never been subject to convulsions; that she had been afflicted for a few weeks previous to her death with a succession of boils, for which she had been advised by some kind friend to *take shot*, that in pursuance of this advice she had swallowed two or three times daily a teaspoonful of number seven bird shot. To this absurd practice, in the absence of proof of any disease, I attributed her sudden death. Unfortunately, I could not obtain an autopsy. An examination of the urine gave no evidence of renal disease. So far as could be ascertained, she had persevered in taking shot for several weeks, which was undoubtedly the cause of her sudden death.

Miss S., *æt.* 16, came home from the mill in which she was an operative, complaining of feeling ill. She lay down and immediately

passed into an insensible condition. Being summoned presently, I found her breathing slowly and with some difficulty. She could not be aroused from this lethargic state, but lay with her eyes partly open and pupils moderately contracted. Her pulse was beating fifty per minute. I could learn nothing of her previous history except that she had been usually quite well. Suspecting opium poisoning, I used remedies applicable in such a case. After a few hours, I was gratified to notice some improvement in my patient, and on the next day she had recovered so far as to be able to tell me the cause of her sickness. She stated that she had been advised to eat nutmegs for the improvement of her complexion, and that having tried the experiment on a moderate scale—one a day—for some time, without any appreciable result, she was led to believe that a larger dose might prove more effectual. She had eaten *four large nutmegs* within a few hours previous to her sickness. I am tempted here to conjecture that my success in the treatment of this case would not have been quite so good had my patient lived in any other state than Connecticut where nutmegs are said to be more plenty than genuine.

I was called on January 8d, to see Mrs. W., who was suffering from a violent attack of enteritis. She stated that having for some time previously felt the need of *something bracing*, she had been advised to procure some iron filings, and put them in a quart of hard cider, and take a tablespoonful three times a day. She had in accordance with this advice, procured about half a pound of coarsely turned iron chips, mixed with iron filings, and having soaked them for a few days in a quart of cider, she began the use of the remedy as directed, faithfully shaking the bottle before dealing out for herself the dose. She had pursued this treatment only three days when my services were required as above stated. Her attack was a very severe one, requiring many days for recovery, and in the absence of other exciting causes was directly attributable to the ingestion of considerable quantities of iron chips and filings, as above described. The fact which was urged that my patient's kind and neighborly advisor had, on a previous occasion, escaped after a similar test of her own digestive apparatus, was not to my mind sufficient proof of the want of connection in this case between the cause and the effect.

The case which I shall mention last, is still more aggravating, from the fact that the advice of a meddling old woman was followed in preference to that of the regular medical attendant.

In September, 1887, I was in attendance upon a married lady, who had a fortnight previously given birth to a fine, healthy-looking male child. The mother being of a scrofulous diathesis, was now suffering from a swollen and painful mammary gland. I had given my opinion that suppuration was imminent and unavoidable. To promote this result I had prescribed warm fomentations and poultices, and the case was progressing as favorably as one of such an annoying nature can. At this time a kind neighbor stepped in, and by her advice a *plaster* was substituted for the poultice. This plaster was recommended very highly as a sure cure for broken breasts.

So great was its reputed prophylactic power, that no breast to which it had ever been applied in time, had ever been known to break. Several cases were recited in which its wonderful efficacy had been proven beyond all doubt. The plaster was pierced in its centre for the nipple, which the child was made to suck in order to keep the milk out. The child died suddenly in the night without apparent cause, about 24 hours after the plaster was first applied.

The following facts, which I noticed on being summoned the next morning, satisfied me that the child had been poisoned by the plaster. The pupils of the mother's eyes were dilated to their fullest extent, and did not contract notably when exposed to the stimulus of a strong light. She also complained of troublesome head symptoms. The plaster emitted a strong odor of belladonna, and it was found on inquiry to be chiefly composed of the extract of that drug, and stramonium. The child had been apparently well the day before and had been very quiet all night. The mother becoming alarmed at its quiet demeanor, tried to rouse it and found it dead. Whether it had swallowed some of the poison which might have been carelessly smeared on the nipple by the nurse, or had imbibed it through the mother's milk, which might have been poisoned by absorption through the skin was a matter not easy to decide. It may be interesting to know that the abscess formed in the lady's breast, as I had anticipated, pointed and broke in spite of the plaster. But this was because it had not been applied soon enough, I suppose.

These cases and many others that any practitioner might recall from experience, prove the folly of heeding the gratuitous advice which a particular class of people are fond of giving to their friends and neighbors. These people may be very good citizens, but in a sick room they are poor rubbish, and should be kept out as a sanitary measure.—*Mass. Med. Jour.*

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## THE MECHANICAL DIVISION OF CASEINE IN BOTTLE-FED INFANTS.



THE problem of infant feeding, to the majority of physicians, presents some of the greatest difficulties found in practice.

Great as this is in a state of health or when an infant, fairly nourished, is, from any cause, suddenly deprived of the breast, it becomes still greater when digestive irritation or perhaps inflammation has set in.

During the last summer, the writer had the usual number of annoying cases of indigestion, with and without intestinal inflammation, and was many times put to his wits' end for something in the way of easily digested food.

Reflection convinced me that if by some means I could mechanically separate the tough coagulum formed by the addition of the gas-



tric juice of the child's stomach from the ingested milk, a step in advance would be taken. Of course, such division must be undertaken previous to feeding. After some experimenting, I conceived the following plan which I have put into good use many times.

About two grains of good scale pepsin are dissolved in a desertspoonful of luke warm water, and then added to about four ounces of warm milk.

In the course of a few minutes coagulation of the casein follows. The clotted milk is now put in a cheese-cloth bag, and the bag lightly squeezed in the hand.

If the stomach is very irritable and the digestive power exceedingly bad, at first, slight force is used. By this means we get practically, whey, but with a stronger digestion more and more force is applied until almost all the caseine is forced through the meshes in rather fine particles. These are shaken up well in the fluid portions and given, small quantities at a time, by means of an ordinary nursing bottle. My experience has been that casein thus broken up does not again become blended, but exists as a flocculent rather than a tough mass, resembling in this respect human milk.


Milk thus prepared is given subject to the same rules governing its use in ordinary cases.

It is not pretended that this is the best way of administering food to bottle-fed infants suffering from indigestion or entero-colitis, but only one way. When the reader, like the writer, has tried infant food after infant food, and sees the patient steadily growing worse, he will, I am sure, grasp at any rational, especially if it be simple, means of treatment.—DR. FRANK A. MORRISON, *Weekly Med. Review.*

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## SCLEROSIS OF THE POSTERIOR COLUMNS, PROGRESSIVE LOCOMOTOR ATAXIA.

SAMUEL LILIENTHAL, M. D.

YMP TOMS: Absence of patellar tendon reflex; lancinating pains; paresis of bladder; paralysis of ocular muscles; myosis; rigidity of pupils; optic atrophy; sensory disturbances; analgesia, delayed conduction of pain; swaying and tottering when eyes are closed (Romberg); feeling of exhaustion; ataxia; sexual weakness; joint affection; gastric crises. Electricians have great faith in static electricity, alternating it off and on with the actual cautery to the spine. Ergot, nitrate of silver, atropine are recommended or given, but too often the disease steadily progresses to its fatal issue.

Boeninghausen—and there is, after Hahnemann, no more trustworthy authority in our school—speaks highly of *Alumina* in this

disease; and Carroll Dunham prefers the pure metal, the Aluminium. Romberg—symptom: Inability to walk, except with the eyes fixed on the feet in open daylight, so that he can watch their movements, was known to this keen observer, though, perhaps, he did not know its pathological importance. He says the Alumina patient is of a quiet and resigned disposition—no wonder in this progressive disease he learns resignation. He has a sensation as if he would fall forwards, which he greatly fears, not from dizziness, for his mind is clear, but from the consciousness of the unsteadiness of his lower extremities; to which, with our present knowledge, we add the absence of the knee-jerk and other spinal reflexes; numbness of the heel on stepping upon the foot; great and tremulous lassitude of the body, especially after walking.

*Argentum nitr.*—Paralysis from exhausted nerve force; lassitude of lower limbs; he does not know whereon he steps; paresis of bladder; he passes urine unconsciously and uninterruptedly; tendon reflexes diminished or absent; idiopathic atrophy of optic nerves; gastric crises with violent belching, which relieves; want of sexual desire; time passes slowly; aggravation from sweets; emaciation.

*Belladonna* (atropine). First stage tabes dorsalis—Loss of co-ordination in the muscles of upper and lower extremities; he raises the feet slowly and puts them down with force; cannot tell when the hands hold an object; when walking, he raises the legs as if he had to pass an obstacle.

*Duboisin*—Almost impossible to stand alone with eyes shut; sensation as if legs were unable to hold up body; staggering from one side to another when walking, but can go straight forward by watching his steps; tired feeling in limbs; paralysis of accommodation.

*Conium*—Bad effects from suppressed sexual desire, or from excessive indulgence; trembling; unpainful lameness; powerless sensation extending all over body; reeling when standing, and dragging his legs after him; papular eruptions; itching and burning.

*Gelsemium*—Fresh cases; strabismus; ptosis; sexual weakness irritability of seminal vesicles; genitals cold and relaxed; paralysis of bladder with dribbling of urine; weakness in back and limbs, with sleepiness; loss of power in upper and lower extremities; staggering gait; numbness and lack of sensibility in extremities.

*Graphites*—Tabes dorsalis, especially in women, with great weakness in legs and back; weakness and heaviness in extremities, they fall asleep; jerking of muscles, numbness or torpor of genital organs; herpetic constitution.

*Helleborus*—Muscles do not act properly if the will is not strongly fixed upon their action; unsteady, feet weak, knees tottering; numbness of arms, with pricking and coldness.

*Kali brom.*—Inability to stand or walk ; handwriting shaky and indistinct ; limbs shake and bend under him.

*Natrum mur.*—Constipation ; involuntary urination when walking ; pruritus genitalium ; jerking sensation in back and nape, extending toward head ; backache, with general weariness, < lying down ; paralytic condition of lower extremities.

*Nux vom.*—Paralysis of bladder with dribbling of urine, constipation from irregular spasmodic action of intestines ; constriction and stiffness in back ; spinal irritation with loss of power in extremities ; unsteadiness of gait with dread of falling, sensation impaired, legs cold and livid.

*Phosphor.*—Ataxia and adynamia ; weakness of mind and body, especially in the morning, as if he had not slept enough ; numbness of whole body, with pricking sensations and anxious oppression ; muscular asthenopia ; scoliosis, tuberculosis.

*Physostigma*—On walking feeling of unsteadiness, he must keep his eyes on his feet so that he can see where his feet are ; muscular tremors and lightning-like pains in extremities, followed by diminished reflexes and paralysis ; blurred vision ; languor and flatulency ; tetanic symptoms during first stage.

*Plumbum*—Advanced stages of tabes, or rather of disseminated sclerosis : sclerosis from hypertrophy of connective tissue (*Silicea*), especially in the root-zone ; in the optic and third nerve ; paroxysmal, lancinating, neuralgic pains, < at night ; total loss of co-ordination ; formication ; anesthesia and paralysis with atrophy in limbs, with fatty degeneration ; pains > by pressure, < from least touch. Though praised for locomotor ataxia, the symptoms correspond more to other spinal troubles.

*Rhus tox.*—Rheumatic palsy ; loss of power of co-ordination in lower extremities, staggers, steps higher than usual ; soreness in every muscle with jerking, tearing pains in them ; walking difficult, slow and shuffling.

*Secale*—Anxiety, sadness, depression ; gentle creeping sensation in back, as if soft air was blowing through it ; painful jerking of limbs at night ; lassitude, heaviness and trembling of limbs ; shuffling gait ; fulgurating pains, absence of knee-jerk ; ataxy ; aversion to heat and to being covered.

*Stramonium*—Vertigo when walking in the dark, can only walk in the light ; totters as if giddy ; strabismus ; muscles will not obey the will ; limbs feel as if gone to sleep. Early stages.

*Zincum*—Cerebro-spinal exhaustion ; great weakness of all the limbs, especially in lumbar region and bends of knees ; burning along the spine ; pains in last dorsal vertebræ ; impotence.

—*California Homeopath.*

# THE HOMŒOPATHIC TREATMENT OF ALCOHOLISM.

DR. GALLAVARDIN, LYONS, FRANCE.

[Continued from page 76.]

## III.

In the books on Homœopathic Therapeutics, I find recommended, on the strength of the homœopathic theory, more than forty remedies for drunkenness, which may be efficacious if they are indicated by the totality of the somatic and psychical symptoms of the person to be treated. But not being able, as yet, to make their differential indications thoroughly precise, I will now mention the remedies which, as the result of clinical experience, seem to be the most efficacious. I briefly state their differential indications, which my fellow-physicians will complete by seeking for the remedies best indicated, according to the law *similia similibus curantur*, in the person to be treated.

1. *Nux vomica*.—Violent people, often cross, and whom sorrows and cares lead to drink as a means of forgetting; people who spit frequently, or mild tempered people, kind and affectionate in their ordinary condition, who, while drinking, become brutal, even to striking, insulting, sometimes weeping. Tendency to jealousy, to envy, to suicide by shooting or stabbing, before and during drunkenness. Inclination to sadness, or to great genital excitement during intoxication. Easily made drunk by a small quantity of alcoholic drink. Longing for red wine, white wine, beer, absinth, rum, persons inclined to get drunk for lack of anything else to do; neurotic men, and women addicted to drunkenness during and after pregnancy. Licentious, but only in imagination; still sometimes really immoral. Mania for refusing treatment, even in urgent cases. Sometimes thieving and shrewd; inclined to constipation, to vomiting, to regurgitations, to difficult digestion. Using tobacco, inclined to gamble, spending their entire wealth little by little. Spending through ostentation; close toward his family, open-handed to strangers; avoiding, not society, but his own family.

2. *Lachesis*.—Ill-natured people, hard to get along with. Inclined to violent crimes, vindictive, wicked, jealous, envious, licentious. Inclined to kill others and not to kill themselves, except to get themselves run over by a vehicle. Talking ceaselessly before and during intoxication. Saying and doing while drunk what they would not say or do before. Appetite for brandy and absinth. Tobacco users. Sometimes spending too freely, sometimes close-fisted, inconsequential.

3. *Causticum*.—Fussy, quarrelsome, cheating, much inclined to be moved to tears before and after drink; very great genital over-excitement before and during drunkenness (characteristic symptoms). Desire for brandy and wine. Indicated for persons who have lost their loved ones. Adults lacking in common sense. Great indifference. Sometimes inclined to theft. Tobacco users. Unable to stand

continence. Young girls burning with the desire of marrying. Spend-thrifts.

4. *Sulphur*.—Psoriatics. Sufferers from hemorrhoids. Persons who work and sleep slowly with a prolonged, but not restful, sleep. Slow-going people, getting drunk in secret. Having neither the sentiment of duty, nor the strength of will to accomplish duty. Desire for wine and whiskey. Mild before and brutal during drunkenness. More intelligent while they are drunk; saying and doing while drunk what they would neither say nor do before. Obese, or at least corpulent people. Thoughtless, harum-scarum. Inclined to steal and to lie. Envious, somewhat licentious. Sometimes shrewd and thieving. Tobacco users, gamblers. At times, close fisted, at others, inclined to spend through lack of economy.

5. *Calcareo carbonica*.—Corpulent, obese people. Having neither the sentiment of duty, nor the strength of will to accomplish it. Not disposed to be obliging. Having motiveless dislikes for certain persons. Inclined to steal and to lie. Having performed excessive mental labors which have weakened the intellect, and inspire a fear of losing their mind. Envious, hateful, vindictive, somewhat licentious. Sometimes inclined to gamble. At times, close in money matters, at others, spending quite freely for themselves, or for show. Devoid of will power, and unable to refuse a glass of wine.

6. *Hepar sulph*.—Persons who are not affectionate, always dissatisfied, high tempered, easily angered, even to homicide. Inclined to be criminal. Needing wine to be able to work mentally.

7. *Arsenicum album*.—Wicked, vindictive, merciless, sometimes jealous. Inclined to commit crimes. Inclined to suicide by stabbing and poisoning, or hanging. Persons who are always thirsty, and drink any kind of drink, even water. Inclined to vomiting, and more still to diarrhoea. Much inclined to persecute others.

8. *Mercurius vivus*.—Always dissatisfied with everything, everybody and themselves. Inclined to caries of the teeth, engorgement of the gums, to salivation, neuralgia, diarrhoea, dysentery, intestinal worms. Great gamblers. Sometimes spending freely, and sometimes close fisted. Spending day by day what they earn. Hard to get along with and weak-minded. Having diseases which have been palliated rather than cured.

9. *Petroleum*.—Drunkards without energy, without strength of will, unable to refuse a glass of wine. Vomit after the least excess in drink, talking much when they are drunk.

10. *Opium*.—Especially brandy drinkers. Getting drunk over humiliations, inclined to weep easily. Very gay or stupid or sleepy while drunk. This remedy suits, in the first case, those who get drunk on wine, in the latter, those who get drunk on cider, beer, ethylic or amylic alcohol.

11. *Staphysagria*.—Suits drunkards who have made an abuse of venereal pleasures. Being unnerved, they imagine they can restore their poor organism by the abuse of alcoholic liquors, rather by means of mild than strong liquors. Sad before, during and after drunkenness. Hypochondriac. Inclined to persecute. Bachelors

and, more still, licentious husbands. Onanism. Jealous, tobacco users.

12. *Conium maculatum*.—People who drink to “brace up,” because they feel extremely lonesome, cold and chilly. Persons who cannot stand continence. Great indifference. Intelligence not as yet thoroughly developed. Adults lacking in reason, like children. Paralytic weakness of the lower spine, and especially of the lower legs, inclined to paraplegia.

13. *Pulsatilla*.—People who imagine they strengthen their stomachs by drinking, and whose digestive powers are really insufficient. Sad while they are drunk. Desire for cider. Chlorotic women and girls who drink for the purpose of gaining strength. Jealous and still more envious, inclined to hate. Spendthrifts through ostentation. Timid and even cowardly

14. *Magnesia Carbonica*.—Suits drinkers of mild liquors, those who make very frequent use of dainties and candies. Shrewd, sad, taciturn or loquacious. Face livid or scarlet. Sleeplessness during the night. Sleep during the day. Speaking ceaselessly while drunk.

Here are fourteen principal remedies, which, administered in high potencies (200th and above), one single dose for two, three, four, six, or seven weeks, partially or completely destroy the inclination to get drunk, and often prevent the manifestations of divers symptoms which are cured during drunkenness—symptoms which I have indicated for each of these remedies.

#### IV.

I will now mention nine remedies which are indicated for divers symptoms that appear during drunkenness. These remedies will generally suffice to dissipate all unpleasant or dangerous symptoms of drunkenness, but then, they must be administered in the 3d, 6th, 12th, or 30th dilution, six or eight globules dissolved in half a glass of fresh water, and a teaspoonful of this dilution every five, ten, fifteen or twenty minutes. I will mention one example showing how rapid, at times, is the curative action of the remedy indicated in each case.

OBSERVATION I. Convulsive form of drunkenness, cured by *Nux-Vomica*.—Being temporarily in the country, I was called on to attend a robust young man of twenty, who had been made drunk with wine and brandy. His limbs were agitated. His convulsive movements could hardly be restrained by four strong men, who endeavored to hold this young drunkard down upon a bed. I dissolved six or seven globules of *Nux vomica*, thirtieth, in a half glassful of water, and, every five minutes I administered a teaspoonful of this solution to the drunken man. After the third spoonful, the convulsions disappeared entirely, and the young man became calm and was able to sleep, as is proper in such cases.

II. I am now going to state the divers symptoms which manifest themselves during drunkenness, and the remedies indicated to cure them.

Convulsive form of drunkenness, with violent contusions of the limbs of the body, of the head: *Nux vomica*, *Belladonna*.

Jealousy: *Nux vomica*, *Lachesis*, *Pulsatilla*, *Staphysagria* and especially *Hyosciamus niger*.

Fury for striking: *Nux vomica*, *Hepar*, *Veratum album*, *Hyosciamus*.

Fury for destroying everything: *Veratrum*, *Belladonna*.

Fury for killing others: *Belladonna*, *Hepar*, *Hyosciamus*.

Inclination to commit suicide: *Arsenicum*, (By poisoning, stabbing, hanging, or getting himself run over by a vehicle): *Nux-Vomica*, (By stabbing, fire arms, or drowning): *Belladonna*, (By poisoning, stabbing, hanging, and especially by throwing himself headlong from a high place).

Great gayety: *Opium*, *Coffea*.

Playing comedy: *Stramonium*, *Belladonna*.

More intelligent: *Sulphur*, *Calcarea carbonica*.

Stupid: *Opium*, *Stramonium*.

Sleepy: *Opium*, *Belladonna*.

Impossible to go to sleep: *Nux vomica*, *Coffea*.

Speaking ceaselessly: *Lachesis*, *Causticum*. *Hepar*, *Petroleum*, *Magnesia carbonica*.

Yelling, shouting: *Stramonium*, *Hyosciamus*, *Ignatia*, *Causticum*.

Insulting: *Nux vomica*, *Hepar*, *Petroleum*.

Complaining, dissatisfied, before, during and after drunkenness: *Hydrastis canadensis*, *Nuxvomica*, *Causticum*, *Lachesis*.

Inclined to strip entirely naked: *Hyosciamus*.

Great genital excitement: *Nux vomica*, *China*, *Phosphorus*, *Cantharis*, and especially *Causticum*.

Saying what they did not mean to do or say before being drunk: *Lachesis*, *Belladonna*, *Sulphur*.

Among the people whom I treated for the cure of drunkenness, there were those whose drunkenness continued or was repeated during three, five, or eight days in succession. This prolonged drunk may have dangerous consequences, both for the drunkards and for those who are about them. Such is the case, for instance, with a coachman, who may fall from his seat, or tip over the carriage he drives with its human freight. In such cases, I give to the relatives or friends of these drunkards: *Belladonna*, 12th dilution, and especially *Nux vomica*. The relatives dissolve three or four globules of a single remedy in a half glassful of water and give a small teaspoonful of this solution to the drunken person every five, ten, fifteen or twenty minutes, according as they desire to act more or less promptly. The remedy is given alone, or mixed in wine, coffee or tea.

As there are in France [This is equally true of the United States — *Tr.*], homœopathic pharmacies in only ten or fifteen cities, and allopathic pharmacies in all towns, and even in many villages, I have indicated the remedies that cure drunkenness, which may be pro-

cured from allopathic pharmacies. These are to be administered to drinking persons who present the following symptoms :

- Convulsive movements of the limbs: *Nux vomica*.
- Fury for destroying everything: *Belladonna*.
- Fury for striking: *Nux vomica*.
- Fury for killing others: *Belladonna*.
- Fury for suicide: *Nux vomica, Belladonna*.
- Insulting: *Nux vomica*.
- Yelling, shouting: *Datura stramonium, Henbane*.
- Unable to go to sleep: *Nux vomica, Raw Coffee*
- Stupid or sleepy: *Opium, Belladonna*.
- Inclination to strip naked: *Henbane*.
- Great genital over-excitement: *Nux vomica, Cantharides*.
- Jealousy: *Nux vomica, Henbane*. Jealous to the point of killing: *Henbane*.
- Saying and doing what they would not have said nor done before being drunk; *Belladonna, Sulphur*.
- Vomiting: *Nux vomica*.
- Vomiting and diarrhœa: *Arsenious acid*, solution (1 : 1000).

It will be sufficient to take a drop of the alcoholic or "mother" tincture indicated, and pour this drop into a half glassful of water, of which a small teaspoonful shall given to the drunken man every five, ten, fifteen or thirty minutes. This will rapidly cure his drunkenness.

Many families, all saloon and inn-keepers, should procure these remedies to administer to those who might need them, in the interest of both the drunkards and those about them. There are, I repeat it; two kinds of drunkenness which are quite different as to treatment :

1st. ACQUIRED DRUNKENNESS.—Which is the easiest to cure by means of a few remedies clearly indicated in each individual case.

2d. HEREDITARY DRUNKENNESS.—Coming from parents who have procreated while in a state of drunkenness, or in whom drunkenness had become a confirmed, habitual vice. In order to cure or prevent the development of hereditary drunkenness, it is necessary to treat the young man, or even the child, before the tendency to drunkenness has manifested itself, by administering to him for two or three years or more, the thirteen remedies mentioned below, in the following order :

- |                            |                                |
|----------------------------|--------------------------------|
| 1. <i>Sulphur,</i>         | 8. <i>Petroleum,</i>           |
| 2. <i>Nux vomica,</i>      | 9. <i>Conium,</i>              |
| 3. <i>Arsenicum,</i>       | 10. <i>Causticum,</i>          |
| 4. <i>Mercurius vivus,</i> | 11. <i>Magnesia carbonica,</i> |
| 5. <i>Opium,</i>           | 12. <i>Staphysagria,</i>       |
| 6. <i>Lachesis,</i>        | 13. <i>Calcarea carbonica.</i> |
| 7. <i>Pulsatilla,</i>      |                                |

These thirteen remedies are to be administered in the single dose, and the 200th dilution to the young man, beginning at the age of thir-



teen or fourteen years. The remedies must be permitted to act for the following length of time :

1. <i>Sulphur</i>	- - - - -	Forty days,
2. <i>Nuxvomica</i>	- - - - -	“ “
3. <i>Arsenicum</i>	- - - - -	“ “
4. <i>Mercurius</i>	- - - - -	“ “
5. <i>Opium</i>	- - - - -	“ “
6. <i>Lachesis</i>	- - - - -	“ “
7. <i>Pulsatilla</i>	- - - - -	“ “
8. <i>Petroleum</i>	- - - - -	Sixty days,
9. <i>Conium</i>	- - - - -	“ “
10. <i>Causticum</i>	- - - - -	“ “
11. <i>Magnesia carbonica</i>	- - - - -	“ “
12. <i>Staphysagria</i>	- - - - -	Forty days,
13. <i>Calcarea carbonica</i>	- - - - -	Sixty days.

To the children of drunkards, who are less than thirteen or fourteen years of age, and who are very sensitive to the action of these drugs, the remedies mentioned above are to be administered in the same order successively, but only in the thirtieth dilution. As this dilution has a less protracted action, each remedy is permitted to act only one-half of the time assigned for the same remedy in the 200th dilution. For instance, sulphur during twenty days, Petroleum during thirty days, etc.

But when the families of these children, predestined to drunkenness, shall be in frequent communication with a homœopathic physician, the latter will not always administer the thirteen remedies, before mentioned, in the order which I have recommended. He will preferably prescribe, out of the thirteen remedies (and also *Hepar* and others), the one which may be best indicated for each patient by the totality of the somatic and psychical symptoms, which are often violent and numerous in the children of drunkards. By acting thus, the physician will, little by little, cure a patient of his passions and shortcomings, and will sooner and more easily, prevent the development of hereditary drunkenness. Carried on in this way, the preventive treatment of drunkenness will bring about the somatic and psychical improvement of each youth, upon whom the remedy will really play the part of a means of moral and intellectual culture. Hence, it will sometimes occur that the children of drunken parents will in this way obtain a more precocious and complete moral and intellectual development than other children. This will, little by little, cause the parents of the latter to give them also the benefit of psychical treatment.

\* \* \* \* \*

## V.

After having read the differential indications of the remedies which are curative of drunkenness, many readers may believe that they will be able to make, in a short time, numerous cures of this sort. Let them undeceive themselves, for, whether through lack of

sufficient information in reference to the drunkard, or because of the incomplete knowledge of the properties of the remedies, the choice of the latter is often difficult. I might call as witnesses to this fact the two amiable physicians who, alternately, have the kindness to act as my secretaries, to note the symptoms of the drunkards treated in my dispensary, in order to permit me to attend to a larger number of patients in a given time.

I am often asked how long it would take me to cure a given drunkard. I answer that I do not know at all. Among drunkards, there are no two who are alike in personal appearance, in temperament, in disposition, in sensitiveness to the action of remedies. Since each of them lives, thinks, acts in his own way, each of them must always be treated in his own manner, which is not that of the others. It is especially in psychical treatment that the physician must govern his conduct according to those two judicious thoughts of Hufeland: "In order that a treatment may be good, it is necessary that a physician should have not copied or imitated, but invented it anew," for "great talent consists in generalizing diseases and individualizing patients as much as possible." Hahnemann teaches likewise that to each patient there must be administered that remedy which has produced, in a healthy man, the totality of the somatic and psychical symptoms exhibited by the person to be treated. This individual rule must overrule all other rules given by science, by setting forth the differential indications of the divers remedies for drunkenness. In a word, in the physician, art should hold a higher place than science.

These facts furnish us a glimpse of the treatment of drunkenness and other passions.

## VI.

There will be noted in the effects of remedies upon drunkards numerous individual diversities, even a few that are contradictory. For instance, under the influence of *Nux vomica* 200th, one drunkard who was made drunk by a glass of wine will be able to drink several glasses without getting drunk at all; another patient, who could not be made drunk with less than two bottles of wine, will thenceforth be made drunk by a single glass of the same wine, which he will no longer be able to stand.

After having taken this remedy, unbeknown to himself, one drunkard will no longer have that thirst which leads him to drink wine; another will feel such a repulsion for that drink that he will no longer wish to drink anything but water; a third one, ceasing to be a drunkard, will not change any in disposition; a fourth one, on the contrary, after having been cured of drunkenness, will no longer be jealous, nor touchy, nor easily angered, but will become amiable and obliging towards his wife and children. All that precedes gives a glimpse of the numerous individual modifications of dispositions which occur daily under the influence either of the abandonment of drink or the action of the remedies administered.

I cannot detail here the observations, daily increasing in number,

of men and women of all classes whom I have treated for drunkenness. In order to show the reader what psychological treatment can do against these passions, I shall only mention cases in which drunkenness was cured, rapidly or gradually, by one, two or more remedies; other cases in which drunkenness (ameliorated, or done away with temporarily,) again seized its victim, to be again cured by the second treatment, or not to be cured again at all, if treatment was not resumed.

**OBSERVATION 1.**—A young woman, twenty-eight years old, had, for the last six years, been getting drunk on brandy, to such an extent that her husband intended to apply for a divorce. She had formed this vicious habit during her first pregnancy, and, since then, had continued it and kept it up. I gave six or seven globules of *Nux vomica* 200th, which were to be dissolved in a third of a glassful of water for a quarter of an hour; then this mixture, after having been thoroughly stirred with a small spoon for eight or ten minutes, was to be poured into a soup which was also to be thoroughly stirred with a spoon. This soup was to be eaten as the sole article of food for that meal, and no other food or drink was to be taken immediately before or after this. The solution of the remedy can also be poured into a cup of milk, cocoa, chocolate, coffee or tea, into a glass of pure or sweetened water, even into a glassful of wine, or a liquor-glassful of brandy.

This single remedy, which I directed should be thus administered to this lady, unbeknown to her, cured her completely of her drunkenness.

Many readers will perhaps be astonished that a remedy in the 200th or 10,000th dilution, thus administered in food or drink, should nevertheless manifest its remedial properties. Experiments will prove the exactness of the fact, and, what is more, that the diluted remedies, which have passed the point of chemical reaction, (as has been shown by Dr. L. L. Lambert) remain unaltered and retain their curative action, even when they are administered in the midst or at the end of a hearty meal. I have noticed this in patients who, having ill understood my directions, had taken their medicine under these conditions, one of them, for instance, in a cup of coffee just after a meal. In this case, that of a young man 29 years of age, a former soldier, *Staphysagria* 10,000th, administered without his knowledge, at intervals of eight months, produced exactly the same effect, which was undeniable in both cases. Still, I avoid, as much as possible, having the remedy taken in this manner.

**OBSERVATION 2.**—A woman came to my dispensary saying: "My husband has left me, and I have only my personal labor as a means to provide for my two children; but, unfortunately, I have a passion which may prevent my accomplishing it. As I keep a small saloon, I am induced, unintentionally, to drink too much wine and liquor. Have you remedies which would produce in me a disgust for drink?" I placed upon her tongue six or seven globules of *Nux vomica* 200th. Three weeks later, she returned, saying: "I no longer have a taste for alcoholic drugs." Two or three weeks later she returned again, say-

ing she was again forming a liking for these drinks. I again administered *Nux vomica* 600th to cure this slight relapse.

OBSERVATION 3.—A married man, aged thirty-nine years, had for ten months been drunken, licentious, very irascible, quarrelsome and loud-mouthed.

February 23d, 1886, he takes, unbeknown to himself, a dose of *Lachesis* 200th.

March 16th, slight amelioration of all his faults.

April 6th, less cross, less irascible, but still drinks. He takes *Lachesis* 200th.

May 4th, great amelioration of his disposition, but still drinks a little.

June 2d, he has not been drunk for two weeks, and comes home earlier at night.

February 15th, 1887, disposition very kindly, but still drinks a little. He takes *Lachesis* 200th.

March 15th, he no longer gets drunk, he is no longer licentious.

April 12th, amelioration continues.

May 24th, the same.

His wife and children have left him and have gone he knows not where, but he has not relapsed into drunkenness or licentiousness—two vices which have been cured by one single remedy, taken, in three doses, at divers intervals.

OBSERVATION 4.—Consulted by a drunkard, I administered to him one dose of *Nux vomica* 200th or *Lachesis* 200th. One year later, I learned that he had been so thoroughly cured of his passion that he no longer drank anything but sweetened water, and he felt such a disgust for wine, that he had even stopped going to the public house, in order to avoid seeing it drank.

OBSERVATION 5. A woman, the owner of a vineyard, during her first pregnancy, felt a disgust for all food except cheese, on which she fed almost exclusively. As this was insufficient as food, she drank wine, in order to keep up her strength, or ate bread dipped in wine. Although she did not like wine, she formed a habit of drinking more and more of it, until she had been getting drunk daily for at least eighteen months. When she drank, she lay down and thus spent one-half of the day in bed. As she drank in secret, I caused to be administered to her, without her knowledge, on the 11th of May, 1882, in a single dose, six or seven globules of *Sulphur* 500th. This remedy cured her completely of her desire for drink, but a few weeks later she again took to drink, on account of her sorrow at seeing her crop destroyed by hail. Then, in order to dissipate this sorrow and its consequences, I caused to be administered to her, without her knowledge, on the 14th of June, one single dose of *Nux vomica* 10,000th, which cured her good of her inclination to drink.

OBSERVATION 6.—In a little work of sixty pages, entitled, "How Homœopathic Treatment Can Better the Disposition of Man and Develop his Intellect," which was published in 1882, in the "Bulletin of the Homœopathic Medical Society of France," then, later, at the end of the second volume, on my "Clinical Talks," I related the

following observation, which I summarize here, because it is instructive.

A married man, sneaking, jealous, cross, had, for three years been getting drunk every day—thirty times a month. He neglected his wife, his children, his business, and had drunk up all his property.

November 19th, 1879, I had him take, without his knowledge, *Lachesis* 2000th, in one single dose. On the 17th of December following, he was no longer jealous at all, and was beginning to be less sneaking and cross, but he got drunk just as often. Then he was given, without his knowledge, *Lachesis* 200th, in one dose. On the 28th of January, 1880, his wife informed me that her husband had got drunk only five times during the month, instead of thirty. His disposition is still improving, he is better to his family and more careful of his business.

On June 9th, I learned that he had got drunk only once since the 28th of January preceding.

On the 20th of October, I was told that he had got drunk recently five times. Then, he was given, without his knowledge, one dose of *Lachesis*, 200th.

On the 20th of December, I learned that during the last month, he had got drunk almost every day—six or seven times a week. Now he gets drunk on the sly. This latter symptom caused me to give him, without his knowledge, one single dose of *Sulphur*, 5000th, which cured him of his desire for drink so thoroughly that, at his meals, he drinks only water, like the other members of his family.

OBSERVATION 7.—A married man, aged forty-one years, psoriatic, industrious, mild-tempered, even while drunk, suffered from hereditary alcoholism, and had been getting drunk since the age of thirteen years.

February 28th, 1886, he takes *Nux vomica* without success.

March 16th, muscular pains in the calf and the hip. He takes *Sulphur*, 300th.

April 13th, cured of muscular pains, but the drunkenness is kept up. He takes *Nux vomica*, 200th.

May 4th, he still drinks, but can stand less wine. He takes *Causticum*, 200th.

June 2d, he has not got drunk since the 4th of May. His will is weak. He takes *Petrolenm*, 200th.

July 16th, his will is still weak. He takes *Conium*, 600th

August 31st, his reason having been developed by the preceding remedy, he avoids temptations to drink. Will, not strong. He takes *Calcarea carbonica*, 300th.

September 21st, when he has a chance, he drinks more and more. Still he is stronger, but his will power is not great. To cure intercurrent diarrhoea, he is given *Arsenicum album* 1x., to be taken three or four times per day during several days.

November 2d, cured of the diarrhoea. He has not got thoroughly drunk for five weeks. He is still fond of wine.

November 30th, the amelioration continues. He takes in one dose *Arsenicum album* 300th.

December 28th, has not been drunk for four weeks.

January 18th, 1887, the cure continues.

May 24th, still likes wine, but no longer gets drunk.

June 21st, he takes *Arsenicum* 2000th, in order to maintain the cure.

July 19th, he has not got drunk since the first of January.

October 18th, he still remains entirely sober, but is still fond of wine. To bring about a distaste for it, I give him *Hepar* 200th.

*Arsenicum* 200th and 2000th cured this hereditary drunkenness; a disease whose cure is usually so difficult to accomplish. He has not got drunk for an entire year.

OBSERVATION. 8.—A married, man sixty-eight years old, the grandson of a drunkard, the son of an ill-natured mother, has been getting drunk for thirty-four years, principally on absinth. He is weak-minded, easily angered for a short time. Aristotle used to say, that wine makes one eloquent. Many public speakers use it on that account. During each drunk, this drunken fellow talks insultingly for six hours at a stretch. The remedies gradually reduced the length of this drunkard's disagreeable talks to five, four, three, two, one, and even one-half hour, diminishing, at the same time, the insolent character of that species of eloquence. His wife was particularly interested in the gradual diminution of this talk, for she was compelled to remain by his side, so long as he was drunk, in order to prevent his insulting the neighbors. This woman came to my dispensary every three or four weeks for more than twenty months in succession, with rare constancy. This permitted me to cure, or to ameliorate, little by little, this chronic drunkenness, which had been lasting for thirty-four years, and into which he relapses occasionally but which is less intense than it used to be, and occurs at longer intervals of time. The reader will see how I proceeded in this case:

Mar. 30, 1886, he takes, without knowing it, one dose of *Lachesis* 200th.

April 10th, no result. He takes *Causticum* 200th.

May 11th, no result. He takes *Nux vomica* 200th.

June 2d, no result. He takes *Petroleum* 200th. June 23d, he talks less insultingly while drunk; chatters, yells, insults less, and has greater strength of will. Now he talks only two or three hours while he is drunk. He takes *Petroleum* 300th.

July 13th, he drinks as much as ever, but he yells and insults less while drunk. *Petroleum* 10,000th.

Great amelioration until the first of August, when he got very drunk.

Aug. 3d, he takes *Petroleum* 10,000th.

Aug. 24th, he has not got drunk since the first; is more reasonable.

Aug. 5th, he is better, talks less, is less insulting towards his daughter.

Nov. 3d, amelioration continues. Nov. 23d, he takes *Phosphorus*

200th in one dose for threatening paralysis of the tongue. Dec. 14th, amelioration continues.

Jan. 11th, 1887, he has got drunk several times, but speaks less.

Feb. 8th, he gets maudlin drunk. He takes *Causticum* 200th.

March —th, he is more calm, but defiant and cross. This is perhaps a drug aggravation.

March 21st, still ill-natured, talkative, insolent, inclined to use his knife on himself, his family, his neighbors. He takes *Hepar* 200th.

April 19th, amelioration in all respects. He talks only one hour while drunk.

May 17th, amelioration continues.

June 15th, amelioration continues. Still he gets drunk on five successive days.

(To be continued.)

## THE MISSOURI INSTITUTE OF HOMŒOPATHY.



THE CIRCULAR lately issued by Secretary Luyties shows that over eighty papers will be presented to this body. A large attendance is assured, and a profitable meeting will certainly be had. As soon as this number reaches our friends, therefore, it will be in order for them to take their grips (not the *grippe*) and board the train for St. Louis. Do not be detained by the fear that you might lose a fee or two. The public have an idea that the doctor who cannot go to the meetings of professional societies is not much of a doctor—and the public are not far wrong in this matter. The known fact that you are in attendance upon a State meeting will more than repay you in advertising for what you may lose in immediate fees. Rates of one and one-third fares for the round trip on the principal railroad lines. So we expect to see you on the 22d, 23d and 24th instant.

## BRIEFS.

WOMEN are three times as frequently the victims of cancer, as men.

\* \* \*

UNNA'S COMEDO PASTE is made thus: *Acidum acetic.*, four parts; glycerine, two parts; lanolin, three parts.

\* \* \*

WOMEN DOCTORS IN GERMANY.—An association of German ladies, at a meeting a short time ago, passed a resolution agreeing to a petition being presented to the divers German governments, praying for permission being granted to women to study medicine. The petition

so far has been flatly refused by Prussia, Wurtemberg, Saxony, the Duchies of Hesse-Darmstadt and Saxe-Weimar.

\* \* \*

CÆSAREAN SECTION was first practiced upon a living woman in the year 1500, by Jacques Nufu, who operated successfully upon his own wife.

\* \* \*

DR. W. D. HAMAKER, Meadville, Pa., reports three cases in which antipyrin in ten grain doses produced cyanosis, collapse and excessive sweating. The patients were all adults.—*Therapeutic Gazette*.

\* \* \*

TO RELIEVE ACUTE CYSTITIS.—Woodbury says, that ten grains of bi-carbonate of soda in a half ounce of an infusion of uva ursi, every two hours, will relieve acute inflammation of the bladder immediately.—*Lancet and Clinic*.

\* \* \*

NITRITE OF AMYL SHELLS, to be used in naval warfare, are proposed by Watson, the electrician. His plan would be to use a few gallons of nitrite of amyl in each shell, and he thinks that such a shell, bursting on deck, would very thoroughly anæsthetize all in its immediate vicinity.

\* \* \*

A GENERAL ANTIDOTE FOR POISONS may be made by mixing equal parts of calcined magnesia, wood charcoal, and hydrated oxide of iron, and is applicable in cases in which the poison is unknown. It should not, of course, supersede the stomach pump and other forms of emesis.

\* \* \*

FOR SWEATING FEET.—A simple and perfectly harmless preparation for sweating of the feet is the following: Take of talc, ten parts; alum, two parts. Mix, and dust freely and frequently on the feet. This preparation has proved most efficacious, and is largely used in the Swiss army.

\* \* \*

FOR STY.—A simple and effective remedy for sty has been found to be a solution of fifteen grains of boric acid to an ounce of water. By applying this solution three times a day to the inflamed part of the eyelid, by means of a camel's hair brush, this painful and annoying affection will be conquered very rapidly.

\* \* \*

DIABETIC FOOD.—A eminent French authority describes a new food stuff for diabetic patients, containing an abundance of nitrogenous substances, and entirely free from starch. It is made from the embryo of corn. M. Danysz, the discoverer of this new bread, has succeeded in isolating the embryo from its farinaceous endosperm, and has also been able to remove from the embryo all oily or other sub-



stance calculated to injure its flavor. The product is described as being highly nutritious, easily digested and agreeable to the palate. In many of the Paris hospitals this bread is now used for diabetic patients.

\* \* \*

REPORTS of opium poisoning are coming in from the use of "Piso's Consumption Cure." It will soon rival "Mrs. Winslow's Soothing Syrup," in its death rate per month, two cases being reported for the month of February, in Nebraska. These nostrums are very successful recruiting agents to the army of opium fiends.

\* \* \*

TOOTHACHE CURE.—A one-twentieth solution of potassium permanganate, in water, is said to be a sure cure for toothache arising from dental caries. The solution is used as a mouth-wash. A table-spoonful of it is taken into the mouth every half hour, and held on the affected side for several minutes. The most agonizing pain disappears in a few hours.

\* \* \*

ARNICA IN LARYNGEAL FATIGUE.—This trouble, most common among public speakers and singers and whose principal symptom is a huskiness of the voice, and which is due to a more or less pronounced lesion of the vocal bands as the result of vocal efforts, has been successfully treated with three drops of the tincture of arnica, in water, three times a day. The tincture should be made from the roots, as the inferior tincture made from the leaves of the plant produces in some persons a species of erysipelatous rash.

\* \* \*

HOMŒOPATHIC MEDICAL DEPARTMENT, S. U. I.—The thirteenth annual commencement of the Homœopathic Medical Department of the State University of Iowa occurred in the opera house at Iowa City, March 11th. The annual address was delivered by the Dean, Prof. A. Cowperthwaite, after which the President of the University conferred the degree of Doctor of Medicine on the following successful candidates: Richard C. Baker, Woonsocket, S. D.; Sophie E. Bennett, Riceville, Iowa; Frank A. Box, Pulaski, N. Y.; William R. Gray, Mt. Pleasant, Iowa; C. M. Hollopeter, Beatrice, Neb.; Wm. F. Howe, Potsdam, N. Y.; Leora Johnson, Iowa City; H. E. Messenger, Cedar Rapids, Iowa; C. M. Morford, Mt. Pleasant, Iowa; Thomas F. Thompson, Monona, Iowa.

\* \* \*

SIMPLE STEAM BATH.—In an Edinburgh professional journal a simple and ingenious contrivance is mentioned, to admit of the continuous inhalation of steam fumes by patients suffering from diphtheria. This is nothing more than the fixing of an open umbrella to the bed, or suspending it from the ceiling, and throwing over this a large sheet, which, falling in a tent about the patient, will surround him with the atmosphere of steam. The steam is supplied by a pipe

connection with a kettle or other boiling contrivance that passes beneath the tent. The suggestion is so admirable and feasible that we are sure it will be welcomed by many physicians, who are sometimes at a loss, in the absence of especially devised contrivances, to know how to effect with simple means the end desired in such cases.—*Babyhood*, Feb., 1890.

\* \* \*

**DECREASED DEATH RATE IN TUBERCULOSIS.**—In the ten years from 1851 to 1860, the number of deaths from tuberculosis in England, in persons from 15 to 45 years of age, amounted to 3,943 in every million. From 1861 to 1870, it had fallen to 3,711. In the following decade, 1871 to 1880, it was 3,194; and from the years 1881 to 1887, it did not exceed 2,666. The decreased rate is more marked in the female than the male sex. It is safe to prophesy that, as our knowledge of this disease increases, the deaths from it will decrease.

\* \* \*

**MM. MAGNAN AND SAURY** report three cases of hallucination due to the cocaine habit. According to the *British Medical Journal*, one patient was always scraping his tongue, and thought he was extracting from it little black worms; another made his skin raw in the endeavor to draw out cholera microbes; and the third, a physician, is perpetually looking for cocaine crystals under his skin. Two patients suffered from epileptic attacks, and a third from cramps. Two of these patients had resorted to cocaine in the vain hope of curing themselves thereby of the morphine habit.

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## OUR BOOK TABLE.

**THE INTERNATIONAL MEDICAL ANNUAL AND PRACTITIONERS' INDEX FOR 1890.** Edited by P. W. Williams, M. D., Secretary of Staff, assisted by a corps of thirty-six collaborators—European and American—specialists in their several departments. 600 octavo pages. Illustrated. \$2.00. E. B. Treat, Publisher, 5 Cooper Union, New York.

The eighth yearly issue of this handy reference one-volume manual is at hand and may be truthfully said to present a *resumé* of the progress in medicine made during the past year by the old, or as they prefer to be called, the "regular" school. So far as therapeutics is concerned, the homœopathic reader can not but be struck with the advance (awkward but real) which "our friends the enemy" are making toward homœopathic practice, and even theory, as we show elsewhere in this issue. There are not a few subjects treated of in this annual compendium which the most radical homœopathist can read with practical profit. The work is well illustrated, neatly printed and bound, and its price is so low that no physician who desires to know what is going on should be without it on his library shelves.

**PRACTICAL ELECTRICITY IN MEDICINE AND SURGERY,** by C. A. Liebig, Jr., and George H. Rohs, M. D., Profusely Illustrated. 8vo., pp. 363. \$2.00. Philadelphia: F. A. Davis.

A detailed review of this work is unnecessary. It is, without doubt, the best recent work upon the subject it treats of and bears on every page proof that its authors had something to say and knew how to say it. The work deserves and will doubtless obtain a large sale. No physician who uses or intends to use electricity in his practice can afford to do without this book.

**THE NEUROSES OF THE GENITO-URINARY SYSTEM IN THE MALE WITH STERILITY AND IMPOTENCE.** By D. R. Ullmann (Vienna) translated by Gardner W. Allen, M. D., etc., 12mo., pp. 160, \$1.00. Philadelphia. F. A. Davis.

Great experience and careful observation have made Dr. Ullmann an authority upon the subjects of which this little work treats and have enabled him to add something of permanent value to medical literature in two monographs which Dr. Allen has translated and to some extent welded into one whole, in this little work. The book is deserving of careful consideration and study at the hands of all those who desire to be well informed concerning the often obscure and difficult pathological conditions of which it treats.

**MONOGRAPHS.** St. Louis: Lambert Pharmacal Company.

This neat little book of about 200 pages is more than an advertisement of the house that issues it. Indeed, it does not carry one line of direct advertising, although the monographs it contains (many of them illustrated) treat of ailments in which Listerine can be used to advantage. The work consists of monographs on "Chronic Nasal Catarrh" by G. M. Lefferts, A. M., M. D.; "Otitis Media Purulenta" by D. S. Reynolds, M. D.; "Atrophic Nasal Catarrh," by Carl Seiler, M. D.; "Summer Diarrhoea in Children," by I. N. Love, M. D.; "The Treatment of Whooping Cough," by John M. Keating, M. D.; "Experience in Diphtheria," by Bedford Brown, M. D.; "Pyrogenic Membranes, etc.," by W. W. Dawson, M. D.; "Fistula in Ano," by J. M. Matthews, M. D.; "The Treatment of Ovarian Cysts," by G. F. French, M. D.; "The present state of Antiseptic Surgery," by Wm. Tod Helmuth, M. D.; "Treatment of Operative Wounds" and "Germicides," by H. D. Marcy, M. D. Unfortunately, the book is not for sale, but goes with the "compliments" of the publishers. Perhaps, however, Doctor, that if you will write them and tell them about your experience with Listerine and add that we suggested it, they will mail you a copy. Anyhow, try it!

## NEW INSTRUMENTS, APPLIANCES AND PREPARATIONS.

**COLE BROTHERS' THROAT SPECULUM;** Four in set, nickel-plated, in elegant morocco case, silk-lined. \$5.00 net. Indianapolis: Roberts and Allison.—The importance of having a good instrument for examining the throat is a matter which needs no discussion. To obtain one which is at once simple and accurate and reasonable in price, is however, sometimes a problem. This problem has been, we think satisfactorily solved by the Cole speculum. The cut of the instrument which appears on the third page of our cover will give a very fair idea of its meritorious peculiarities. As shown in the cut, it consists of an upper and lower section, hinged. The upper section is provided with wings or flanges, on which the upper molar teeth rest, and a depression in front to engage the upper incisors.

By this arrangement, it becomes a fixed fulcrum, thus securing the leverage necessary to the depression and retraction of the tongue, by the action of the lower jaw. It is provided with a reflector so arranged as to reflect the light into the throat, bringing into view all parts of the same. The instrument once in place is self-adjusting. There is nothing intervening to obscure the view of the operator and both hands are free to work. The instrument is the best for the purpose which we have yet seen, and hence we unhesitatingly recommend it.

**GLYCERINE SUPPOSITORIES.** Philadelphia: Hance Brothers and White; St. Louis C. L. Chittenden and Co.—Instead of the oiled paper or tinsel ordinarily used, these suppositories are protected from atmospheric moisture by a thin shell of paraffine, easily removed. Their shape is apparently the best. That they are an excellent article, admits of no doubt.

**PEPTONIZED COD LIVER OIL AND MILK, (with or without) Hypophosphites of Lime and Soda.** New York: Reed and Carnrick. Some two months ago, we received the samples which we notice and distributed them to physicians. The reports received are that the preparation is what its makers claim: easily digested and assimilated and nutritious beyond most other preparations of the kind. Price per bottle \$1.00.

**COOPER'S VAPORIZING INHALER.** St. Louis: Cooper Pharmacy Company. Price \$1.50.—A good vaporizer is a necessary part of the armamentarium of every physician and surgeon—in fact is needed in all cases where it is advisable to use an antiseptic or other spray. This vaporizer seems to "fill the bill." It is simple in construction

not at all liable to get out of order and reasonable in price. While the Cooper Pharmacy Company have gotten it out specially for use with their "Antiseptine," it is equally adapted to be used with any other preparation, whether for disinfection of the air passages, as in ozoena, etc., or for the antiseptic treatment of wounds, in surgical operations, etc., etc.

## FACT AND FUN.

(PUBLISHERS' DEPARTMENT.)

"Bovinine" (page 6)!

**FAIRCHILD'S** Permanent Pepsin is what we use.

Is it correct to speak of a sick lawyer as an ill legal man?

The Phénique Chemical Co., have something new to say to you, Doctor, on page 4.

**REMEMBER** that the Browns open the championship season on the 22d inst., and 'BE THAR.'

**DR. ENNO SANDER**, (see ad. page 3) is the leader in the manufacture of reliable mineral spring waters.

"ARE you writing much funny matter now, Mr. Laffer?"

"Not a great deal. I sprained my humor wrist."—*Yenowines's News*.

**READ** every line on page 8, "Lick yer tongue, Sal" and all, and then thank us for the suggestion.

**VERY SHOPPY**.—Miss Reeder—"You should read Dr. Weir Mitchell's last story; the scene is laid in the lumber regions." Dr. Schmerz—"Oh, I see; in the small-of-the-back-woods you mean."—*Puck*.

**THE CERTAINTY OF THE DOCTORS**.—"But, Doctor, you said last week that the patient would certainly die, and now he is perfectly well." "Madame, the confirmation of my prognosis is only a question of time,"—*Fliegende Blätter*.

**MATTHEWS & LEFFERTY** have got in all their spring styles in hats, etc. Don't be afraid of the elegance of their display but walk in, examine and be convinced that "quick sales and small profits" is the way they do it. 719 Olive street is their address.

"WHAT is your name?" asked the doctor of his German patient. "A. Schwindler Sir," replied the latter. "Well," said the man of pills, that don't look nice on my books, give me your name in full. "Vell, den I vos A dam Schwindler, ven you likes dot besser."

"WHAT is 'thrush,' and what would you do with a case of it?" asked the medical examiner. "The thrush," replied the applicant, "is a harmless bird. I did not know they ever came in cases, but if I had a case, I'd open it and mercifully let the thrushes out."

The improved Clark chair of Roberts and Allison, Indianapolis, is "as good as the best," if not better. This is not an Irish "bull" but an American fact. By the way, those fellows are said to make a first-class upright piano at reasonable rates. Write them about it.

"**LEADING STATISTICIANS** assert that more persons annually choke to death while eating in England than are killed on the English railroads." It must be terribly monotonous to "annually choke to death," but probably it isn't so troublesome after one gets used to it, else there wouldn't be so many who prefer it to being smashed to pieces on a railroad and cremated afterwards.—*Boston Transcript*.

*Patient*—Great Heaven, young man, that's pretty strong medicine!

*Young Doctor*—Yes, it's very powerful. Sometimes it cures and sometimes it kills.

*Patient*—Well—I say—here, young man, is there any danger in my case?

*Young Doctor*—I can't tell for an hour yet, Mr. Moneybags. Now calm yourself.—*Judge*.

THE famous Declat preparations are handled in this country by J. Milhan's Son 183 N. Broadway, N. Y. See ad. page 3.

MOSES' rod brought plagues upon the Egyptians. Dr. Connor's (see ad. page 3) carries healing to all and comfort to the doctor.

WHILE at the Institute, Doctor, call at Munson's Pharmacy. There it is that the genial Bockstruck and his good-looking assistants hold forth.

IF you know a better preparation of iron than the "Liquid Iron Rio," won't you please mention it? If you don't, you use it, of course! Don't you?

LIVES of poor men oft remind us honest toil don't stand a chance; more we work we leave behind us bigger patches on our pants. On our pants, once new and glossy, now are patches of different hue; all because subscribers linger, and won't pay up what is due. Then let all be up and doing; send in your mite, be it so small, or when the snows of winter strike us, we shall have no pants at all.—*Bozeman Appeal.*

AMONG the preparations of the Cooper Pharmacy Company, there is none that is giving more general, not to say universal satisfaction than Cooper's Hydriodic Compound. The orders from Hot Springs alone average sixty pounds per week and are still an the increase. The origin of the formula is explained by a letter in the possession of the company and of which the following is a copy:

Office of Edwin F. Rush, M. D.,  
Resident Physician,  
Hot Springs, Ark., April 15, 1878.

This is to certify that the remedy known as Hydriodic Compound is made by the Cooper Pharmacy Company from a formula used by me in my practice for many years and originated and used by my deceased uncle Lorenzo D. Rush, A. M., M. D., with the most beneficial results in all forms of acute and chronic rheumatism and kindred affections, and positive results can be obtained from this compound when all other methods have failed.

EDWIN F. RUSH, M. D.

Formerly Professor of Dermatology and Venereal Diseases, in Bennett Medical College, Chicago

MASCULINE SUPERIORITY.—I see that a *post-mortem* examination is often made in murder cases. What does a *post-mortem* examination mean?" asked a young wife, of her better half.

"A *post-mortem* examination, my dear, is intended to allow the victim to state verbally, his own testimony against his assailant, and is taken down in writing."

"Thanks, darling; and you won't look down on me, will you, because I haven't your education?" He said he would'nt.

HOFF'S MALT, Tarrant's, has been triumphant at every turn. Leopold Hoff, the manufacturer, has not only caused the firm which has assumed the name "Johann Hoff" to be convicted of circulating a falsified court decision, but succeeded by the excellence of his Malt Extract in obtaining the Bronze Medal at the Hamburg Exhibition and a special medal of honor. This is the only medal ever awarded to a Malt Extract at a public exhibition in the German Empire.

The genuine imported can only be had in the United States under the label "Hoff's Malt, Tarrant's."

#### TO MY SWEETHEART'S KODAK.

OH Kodak, are you void of sense,  
That you so stoically take  
The pressure of her fingers fair,  
Which all my nerves would wildly shake?

Ah! don't you see her wealth of hair:  
Her eyes so softly, brightly blue  
Now bent, with tender interest,  
O Kodak Camera, on you?

And can't you feel the lively thrill  
Of pleasure in her lovely face  
When you work well? O Camera,  
I'd like, just once, to have your place.

Such pictures as I'd take for her,  
Such glorious views of east and west,  
Like magic they should come, her smile  
Would pay me well to do my best.

You don't appreciate your luck,  
O Camera, with glassy eye,  
Which, staring ever straight ahead,  
Sees not the charming maid close by.

If I were you—but never mind,  
You're not her lover, that is clear,  
While I—I love the very ground  
That only serves to bring her near.

But still, I scarcely envy you.  
Although from me you steal her smiles,  
You're deaf, and dumb, and blind to all  
Her beauty rare, her winning smiles.

And saddest, worst of all your lot,  
Ah! this I could not bear and live!  
To feel that I belong to her,  
And then,—to take a negative.

—M. A. B. Evans, in *Outing* for Jan., 1890

THE  
Clinical Reporter.

A JOURNAL OF  
HOMŒOPATHIC MEDICINE AND SURGERY.

PUBLISHED ON THE FIFTEENTH OF EVERY MONTH.

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(In St. Louis, by Mail, \$1.25.)

SINGLE COPIES, 15 CENTS.

Volume III.

MAY, 1890.

Number 3.

A JOURNALISTIC "WHAT-IS-IT?"

**A**CCORDING to *The Homœopathic Physician*, homœopathy is going "to the demnition bow-wows." Teaching in all the homœopathic colleges is tainted with allopathy; the homœopathic pharmacies all have for sale "the make-shift appliances that are found in ordinary drug-shops," and, to paraphrase Poe,

"the journals, oh the journals,  
They are neither man nor woman,  
They are neither beast nor demon,  
They are ghouls"—

all save, of course, *The Homœopathic Physician* (and one other), and that because they insert advertisements of something else than cm., potencies (made no one knows how, but so labelled) and Sac. Lac.! Why, they even advertise antiseptics! "Ye gods and little fishes!!"

Much abashed by the reproof administered to us by the "upper air and solar walk" editor and self-appointed editorial mentor, we turn to the last page of the cover of his immaculate journal and find that, while he was sleeping, an enemy has been sowing tares among his wheat, for there appears an advertisement of "The Medical Annual for 1890," an old-school work. Then we again open the number for further light, and we find that it is the editorial opinion that this old-school work "is truly a helpful volume, a *résumé* of the year's progress in medicine, keeping the busy practitioner abreast of the times," etc. And then we fall to wondering whether the pen

that wrote these two articles is that of a fool or a pharisee. The evidence is about evenly balanced for either conclusion. At last, we give up trying to solve the riddle, for it suddenly flashes upon us that the two characters are not at all inconsistent with each other and may well be united in the one person.

"It is an ill bird that fouls its own nest," and it is an evil journal that smirches the cause it pretends to uphold, because those that have done and are doing more for it than itself, do not choose to mouth its Shibboleth on every occasion. There was a time when the *Homœopathic Physician*, though extreme in its views, was edited with fairness and decency. That time has passed, and the so-called "Physician" is rapidly getting down to the level of a common scold — a very common scold.

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#### PROPER METHODS OF SCIENTIFIC DISCUSSION.

**T**HIS is the season of the year when the majority of the state and national medical societies meet. Such gatherings for the interchange of experiences and views are extremely profitable, not only in the knowledge actually gained while they are in progress, but also in the impetus given to study and research by the anticipation of the meeting, and the food for thought and further study furnished by the papers read and discussed in public, as well as by the interchange of views in private conversations with brother physicians between sessions. Unfortunately, however, skilled physicians are not necessarily well-grounded in the parliamentary amenities, and, now and then, the differences of opinion that, in the nature of things, must always exist among independent thinkers, are expressed in a way to wound the feelings of those whose right to other views is not in theory, or perhaps in reality, denied. Some physicians seem to harbor the delusion that a state or national society is a species of plenary council, whose right and duty it is to formulate articles of faith; and so they are in a constant state of trepidation lest something should be said or done by any one that would not bear examination by the standards of the faith. Then, when anything is said that they consider heterodox, their orthodox souls are irritated, and their opposition to the views they cannot subscribe to takes on a personal cast, utterly at variance with the calm spirit and impersonal style that should pervade scientific discussions.

Brothers, can you not bear in mind that what others want from you in the society meetings is not your opinion concerning the methods followed by others so much as the facts of your own experience? If one gives an account of success obtained by means of a treatment which you deem improper, do you not see that the best way to break the force of his statements is not to violently characterize his methods as antiquated, heterodox or barbarous, but to quietly recount

the superior results obtained by yourself in other ways? If you have no experience at all, you have a right to your own opinions still, but you have no right to pit your theories against facts. And here, friends, do not raise your hands in holy horror at the word theories. Let us, if you will, call them laws. If they be unchangeable laws, then a cure along any other line is an absolute impossibility, and the cures reported must have occurred in accordance therewith, from which it follows that your energies would be better employed in reconciling two facts, the cure and the law, than in berating another for reporting a fact which, at first blush, seems inconsistent with the law, but probably is inconsistent only with your imperfect understanding of it.


There is but one case in which the use of the lash is justifiable in a purely scientific discussion, and that is when inventions take the place of facts; but the best lash to be applied even then is not that of personal denunciation, but the more dignified and thorough method of regular charges looking to the expulsion of a member who has proven himself unfit to associate with gentlemen.

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## GONORRHOËAL INFECTION—ITS DIAGNOSIS AND TREATMENT.\*

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By EDWARD T. BLAKE, M. D., M. R. C. S., F. B. H. S., Vice-President of British Homœopathic Society, Life Assoc. Sanitary Institute Great Britain, Corres. Member American Hom. Institute, Member French Hygienic Society, Hon. Mem. Michigan Med. Soc., Found. Fell. Brit. Gyn. Soc.

HE Gonorrhœal Virus when introduced into the circulation of a woman, so insidiously undermines her constitution that its ravages are often either overlooked or else they are attributed to some collateral agency bearing no true causative relation. It saps her vital energy, it poisons indeed the very springs of life. The result of gonorrhœal infection have so often marred the peace and destroyed the happiness of home, nay they have proved even fatal to so many unhappy women, that nothing can be said strong enough to direct the attention of medical men to the vast importance of stamping out this evil. On doctors it must largely depend to wage a successful crusade against this curse of civilized life. It seems to be demonstrable that the prevalence of gonorrhœa in married women is to a large extent the direct result of our own ignorance or indifference.

The fact is that latent gonorrhœa or gleet in males is looked upon as too light a matter by the profession at large and consequently by the public. A young man having "sown his wild oats," contemplates entering the married state. He goes to the doctor to

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\* Read before the Missouri Institute of Homœopathy. Fourteenth Annual Session, St. Louis, April, 1890.



ask if he be fit for marriage. If he have a gleet, a neglected phymosis or a stricture and we suffer him to marry without a plain protest, are we not indirectly responsible for the terrible lifelong misery that may ensue? *If even the tip of the urethral orifice be adherent in the morning only, a man is totally unfit to contract marriage.*

Again, if after violent exertion, especially if the effort be accompanied with indulgence in malt liquor, a single drop of muco-pus can be expressed from the *meatus urinarius* next morning, that man is unfit for marriage. He is in a condition to convey infection more surely to his wife than to another. But alas! infection is conveyed without any of these conditions by tainted semen and by the Cowperian fluid.

A latent gonorrhœa has been described as occurring in woman. This view is probably erroneous, it appears to be based on a want of care in investigation. It seems more likely that in every case this disease contracted for the first time, has to pass through an acute stadium. This early stage does indeed vary greatly in its severity. The intensity does not probably depend so much on the virulence of the contagious material, as Sânger suggests; it seems more likely that it bears a far closer relationship to the temporary health of the subject, to certain anatomic peculiarities of the pudenda, and to the natural vigor of her constitution. You are all familiar with plenty of examples in germ-invasion where these points manifestly hold good. Add to this that the special course and history of any given case is much modified by the method of invasion, of which more anon.

*Typical Case.* The history of a typical case of infection, in a modest married woman is as follows: A robust girl in vigorous health is married to a man who has led an immoral life. He has a morning gleet. He has been assured by a physician who is unfortunately not an expert with the endoscope that he is "cured." The wedding festivities cause an increased discharge. A few days elapse and the luckless bride begins to feel a little irritation in Bartholini's glands, followed by suppurative catarrh of very varying intensity. This passes most naturally, in the case of an average woman hopelessly ignorant of physiology, as the result of physical interference. It is treated late and we know too well the sequel.

Syphilis may be a more serious disease in men than clap, though when caught early in a well-fed man and not over-treated, it is often a very mild business. Gonorrhœa has possibly proved more frequently fatal through its remote effects in the case even of man than the more dreaded disorder, but as to the question which is the more disastrous in its effects on the female economy, there exists not a shadow of doubt in the minds of those most competent to judge.

*Methods of Invasion.* Anatomical differences readily suggest why the initiation of the infection in a woman may differ materially from that stage in man.

(1) The disorder may commence in the urethra, and if neglected it often leaves a persistent inflamed and hypertrophied ring round the meatus.

(2) A common site, the recognition of which we owe to Neisser, is in the Bartholinian follicles, a crescentic group of which are found extending from the fossa navicularis upwards on each side between the carunculæ and the labia majora.

3) A third and very common site is the cervix. Let us stop to note the curious fact that the cervix uteri, which appears to enjoy a practically perfect immunity from syphilis, is peculiarly prone to gonorrhœal infection. This method of invasion explains why so many women who have escaped the more external perils, fall victims after delivery.

The cervix, eroded or lacerated as it frequently is during delivery, forms an open door for the reception of diplococci. Added to this, the peculiar condition of the whole organism after delivery and during subinvolution, renders the woman an easy prey to any morbid influence. Under this heading may be placed the cases in which tainted semen has carried the gonococcus straight to the endometrium.

I will stop here to plead that every medical man, for the sake of that priceless organ, the eye, will order a warm germicide vaginal douche, before every delivery at which he officiates.

Also that those who instruct midwives and monthly nurses should teach them not to apply to the face of the newly born babe a sponge or flannel without disinfecting it. Nor to touch its eyes with a non-disinfected hand. No towel which has approached the mother's genitalia should be used to the face of the child, as probably children are not directly affected as they travel along the maternal passages, but afterwards by the hand of the surgeon or that of the nurse or by some infected organic fabric.

If during delivery the vagina and ostium externum swarm with diplococci, streptococci\* and staphylococci, and no antiseptic be used, these germs are carried freely into the uterine cavity on the finger or on the obstetric instrument. We can understand why it is well not to introduce the hand in order to tear away an adherent afterbirth. We may realize how, in a hundred ways, septic infection of the uterine lacunæ may take place. If antiseptic douches are not used after delivery, we can imagine the probable result of semi-putrescent blood lying with swarming bacteria on a pre-existing erosion, or on a recently acquired cervical laceration.

These form the needed factors to set up the acute stadium of gonorrhœal infection, even if the patient be fortunate enough to escape puerperal phlebitis.

In view of the convection of gonorrhœa by the surgeon from one patient to another, sponges, specula, and all instruments which cannot be boiled, should be strictly interdicted in pelvic practice.

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\* *Streptococcus pyogenes*, long twisted chains found in pyæmic abscesses and in moist gangrene.

*Staphylococcus pyogenes albus*, irregular clusters found in newly opened acute abscesses.

*Staphylococcus p. aureus*, in acute abscesses, whitlows and boils.

Pathological Mycology, Woodhead & Hare. Sect. I., p. 130.

*Latest Continental views of minute Pathology.* It has been asserted by Neisser that

1. We cannot have gonorrhœa without the gonococcus.
2. Where the gonococcus is found there is true gonorrhœa.
3. The number of gonococci, forms an absolute test of the gravity of the case; their departure proves its cure to be complete.

Alas! Neisser was too much enamoured of his new born bantling, for all these positions have been found to be quite untenable. A far more scientific view of the matter is that first heard by me from Dr. Burford. Dr. Burford's position is that this germ of gonococcus is everywhere to be found, in fact it is always present in the air, its most appropriate soil and surroundings are found in the genitals when supurating. With the tendency of the fittest to survive, it will grow and multiply. Encountering as we know it does, an infinite variety of microbes of varying character, it will crowd them out for a time and then having gradually exhausted all the special soil necessary for its own elaboration, in time it tends slowly itself to perish.

Of course this position must be taken as hypothetical merely, but it is a good working hypothesis. An interesting analogy may be found in the vegetable world. A very ordinary English wild flower is the Coltsfoot—*Tussilago farfara*. An unique species, it is found on newly turned ground. If a new railway line be cut through a hillside, if a well be sunk, a quarry made or a mine newly worked, there the coltsfoot makes its appearance when there is none to be seen elsewhere in the vicinity. It is a curious plant throwing out its yellow blossom in early spring before the leaves appear. Its silky pappus is specially affected by the ordinary English goldfinch to line its nest with. Poor people boil the leaves for cough and miners smoke them, when work is bad and tobacco dear!

The first year these leaves will measure four to five inches across but every year they grow smaller until finally having exhausted their own special pabulum in the soil, they vanish completely leaving only their seeds ready to spring into life if the subsoil be again disturbed.

Were space to permit it even, this is scarcely the place to go into the elaborate researches that have been made by many modern observers on the life history of the Gonococcus and its true relation to this venereal disorder. Suffice it here to say that Sanger, the gifted clinical teacher of gynecology in Leipsic University has touched the true key-note when he says in his work on this subject just published\*. "The bacterial test of venereal character alone is worthless. The clinical tests are necessarily sometimes weak, there is often at work some potent motive for deceiving the doctor. A given diagnosis can be regarded as entirely free from suspicion, only when the purely clinical criteria and the bacterial tests are quite absolute and quite coincident." This is worth recording in letters of gold.

That our knowledge of the gonococcus is a great aid in precis-

\* Die Tripperansteckung beim Weiblichen Geschlechte, Sanger von Otto Wigands Leipzig, 1889.

ionising the pathology of intrapelvic gonorrhœa is indeed true, and we are under a great debt to Noeggerath for initiating as well as to Neisser for pursuing this deeply important line of research.

By adding to our clinical knowledge of the invasion, course, and results of this insidious foe, a good sound knowledge of the most important points of its more transcendental pathology, we need fall but rarely into any very grievous diagnostic error.

The method of commencement of an extra vaginal gonorrhœal attack is very typical and distinctive.

1st. Suddenness of purulent discharge; especially in a woman not before prone to yellow leucorrhœa.

2nd. The extreme profuseness of the discharge.

3rd. Usually, but not necessarily, acute temporary dysuria.

If the disease extend unchecked up the vagina, and especially if pregnancy now complicate matters, countless nodules (adenoid)<sup>†</sup> appear. This constitutes granular colpitis, said to be pathogenomic of venereal origin. From these granules may spring pointed condylomata, never yet seen in an untainted subject.

Of course if the endometrium be involved, placentitis gonorrhœica is set up and abortion threatens. It may be averted with care, but floodings may give rise to an erroneous suspicion of placenta previa.

If delivered at full term, the gonorrhœal irritation has fallen into abeyance, but after delivery there is usually a great outburst of germ activity. And any of the well-known perils of childbed may come to the fore.

Should the infection pass upwards by way of the vaginal mucosa, then there seems to be a tendency specially to Fallopian disease. This may take the forms of pyosalpinx, hydrosalpinx, Fallopian stenosis, simple or interstitial salpingitis. As these conditions are usually symmetrical, of course sterility is the rule. But occasionally tubal pregnancy occurs.

The inflammation may extend and set up peritonitis perioophoritis, or ovarian abscesses. Passive intractable hyperplasia is often present giving rise to a doughy feeling, the so-called "Succulent Uterus."

If, on the other hand, the upward track of the infection be along the submucous circumvaginal cellular tissue, the patient appears to be more prone to cellulitis, to local or general peritonitis or to pelvic abscess.

It needs hardly to be said that interference surgically with patients at this stage should be undertaken with the greatest circumspection.

A very little thought will make us perfectly able to understand why operations for pyosalpinx, hydrosalpinx, ovarian hyperplasia or ovarian abscess probably undertaken in a large proportion of cases with a pelvis swarming with diplococci, are far more serious than simple uncomplicated ovariectomies.

<sup>†</sup> This term "adenoid" used by Sænger, is a little misleading. There are no glands in the vagina of mammals.

It prepares us to realize more fully what we know to be clinically correct, that if the subject survive, great relief is felt for a longer or more brief period, then too often a relapse into miserably defective health is experienced.

*Perils of uterine Sound and hard pessaries.*—In this state of things, much more common than we might suppose, the use of the uterine sound is absolutely contra-indicated. It is indeed curious within fifty years of Simpson's giving to the world his favorite instrument of diagnosis, to find the "men of light and leading" condemning the sound in no measured terms as the lethal weapon with which the light hearted youth goes hastily to battle, as the friend of the young woman in trouble, and of the unprincipled abortionist!

No amount of precaution in the way of disinfecting or sterilising the sound is of any use in protecting a woman from injury through its use. This is because the septic material is carried from the cervix to the deeper portions of the uterus to infect the latter. When we come to deal with treatment we shall observe the dangers associated with ordinary hot irrigation in gonorrhœal cases.

As some evidence of the great need of a better general knowledge of the wide-spread nature of this disease, I may mention that I have frequently removed hard pessaries from women with severe and well marked passive pelvic inflammations. Their introduction under such conditions is too truly "a deed done in darkness" both mental and physical. Hard pessaries are seldom needful, nearly everything that can be done by them can be better done by pledgets of absorbent cotton or tampons of animal wool with the decided advantage of introducing at the same time one of the infinite varieties of glycerole as a curative agent. Though occasionally useful, I think it would have been on the whole a better thing for women had hard pessaries never been dreamed of by man.

Puerperal septicæmia, bubo, pyæmia, parametritis, suppurative phlebitis it should be remembered are never induced by pure uncomplicated gonorrhœa. They are always the product of a mixed infection.

Old age in woman confers no immunity from invasion, mucous cirrhosis, senile colpitis and resulting atresia, with or without pyometra are common results of gonorrhœa of the aged.

Bartholinitis and its results including the very characteristic petechial staining or purple spots in the immediate neighborhood of the follicles [*maculæ gonorrhœicæ*] are more than suggestive of infection.

Urethritis plain, and interstitial periurethritis, cystitis, ureteritis, pyelitis without the presence of lithiasis, nephritis, the last not very common, are all aids, when present, to diagnosis.

It is useful to remember that whilst the onslaught of clap in women is marked by its suddenness, on the other hand the chronic stage is longer than in ordinary uncomplicated inflammations. Again the outbursts of irregular activity are more acute. They correspond with epochs of vascular excitement, especially after coitus, menstruation, gestation and childbed.

*Commonest cause of sterility.*—Sterility, when not associated with good health especially, with marked hysteria is very suggestive. Sterility after one child, so happily styled by the German writers, "*ein Kind sterilität*" is very very common.

An obstinate and corrosive discharge, copious at its commencement, not yielding to ordinary measures, is always good ground for suspicion.

If venereal, its tendency is to cause intertrigo in the acute stage, and pruritus in the chronic.

Of course it will be differentiated from glycosuria, with which, however, we must remember that it may co-exist. The recollection of the commonest cause of pruritus vulvæ when it comes during active sexual life may explain its occasional intractability.

Strangury not always present as in the male, and often arising from non-venereal causes, naturally attracts less attention. Persistent pyuria, whether the patient be prone to lithiasis or not, should always arrest our notice. Specimens should of course be obtained immediately after a vaginal douche to be of any clinical value.

Difficulty in walking from the œdema vulvæ is often present in addition to the chafing. Discomfort during sitting from the same reason, sometimes is complained of.

The pains might be confounded with those of dysmenorrhœa, but the following point may serve to distinguish ordinary cases.

In nulliparous dysmenorrhœa the pains ordinarily descend in a fairly steady diminishing scale from fifteen years of age to thirty, when they always cease, *unless associated with active pelvic disease.*

The pains of gonorrhœa (*colica scortorum*), caused chiefly by adhesions, having begun suddenly after an illness, are characterized by an erratic flight of alternate rise and fall, with no tendency to disappear till the change of life.

Destructive conjunctivitis in the mother, or in the child, are practically unknown apart from gonorrhœal infection.

The history of the case, the sequence of the symptoms, the clinical experience of the physician go for much.

Not so much can be said as to the social or moral status of the patients in aiding diagnosis, I have personally been more misled than aided by taking the latter into consideration.

To make a correct diagnosis in obscure and recondite cases it is essential to examine the husband. We should, therefore, have the signs of male gonorrhœa at our finger tips.

The chief symptoms are :

Pus in the urethra.

Retention, followed by dysuria.

Gonorrhœal threads in urine.

Blood discs in urine.

Everted, swollen, reddened meatus, adherent in the morning.

Aggravation of preëxisting phymosis.

Later in the case, stenosismeatûs.

Signs of stricture, thick bladder.

Shuddering during micturition.

Hot urine, forked or diminished stream.

"Stammering" bladder.

Dribbling of urine after micturition.

Oozing of Cowper's fluid.

Tenderness of urethra or of prostate.

Abdominal discomfort after coïtus, coffee, alcohol or prolonged exertion.

Chordee, epididymitis, orchitis, bubo, bachache, anæmia, osteoarthritis.

Peculiar pubic parasite, spreading to aspects of flexion.

Sterility, the semen becomes white and flocculent and its characteristic pungent odor departs.

History of destructive conjunctivitis purulenta.

It seems probable that if gonorrhœa in man were never treated it would rarely lead to stricture.

There are one or two axioms which will help us in meeting this disease in a scientific and rational way.

The urethra should always be syringed from within,\* never from the outside. To syringe centripetally is to carry the gonococcus to the membranous portion and thus to lay the foundation of a future stricture.

Bougies and catheters should consist of perfectly non absorbent materials.

They should be boiled and sterilized before and after use.

They should be freely smeared with an appropriate germicide.

The urethra should be irrigated most scrupulously with an antiseptic before employing the curative lotion.

The reverberating irrigator must never be thrust far into the urethra at first.

It should be passed half an inch only, and warm perchloride solution ~~used~~, allowed to play and as it plays the nozzle may be introduced in a spiral direction, till all tender spots be passed. Then a disinfected syringe is used to fill the urethra with warm germicide oil. Then under rare exceptional circumstances the metallic bougie may be used preferably with a continuous current which should supplant the antiquated and dangerous urethrotome and the perilous splitting dilator.

Dirty, rough bougies and gum-elastic catheters are a prolific source of needless stricture cruelly inflicted on a credulous and ignorant patient by the thoughtless and incompetent surgeon.

I have recently removed a gleet of many years' duration in a gentleman of 50, who has since his 21st year had claps innumerable.

First of all, the contraction of meatus was overcome and a death blow dealt at the swarming colonies of diplococci in the navicular fossa by passing the largest possible silver catheter just three-quarters of an inch into the urethra, ten minutes after injecting a saturated solution of cocaine.

The negative pole of a Voltaic battery was now attached and the positive pole placed on the pubes.

\*By means of a reverberating syringe.

A current of five milliampères was passed, the séance lasting three minutes. This caused the removal of the meatal constriction, due to passive recurrent interstitial periurethritis.

Then after a week of daily sublimate irrigation the gleet ceased without special internal treatment.

The material used in the irrigating water was an aqueous solution of corrosive sublimate, never exceeding one in ten thousand, with warm water.

If meatal stenosis exist, the orifice can be dilated by means of a Kramer's otoscope or a bivalve nasal speculum through which the continuous current may be passed — a silk glove guarding the operator's hand.

But we need many strings to our bow. If bichloride fail, we may try glyceroles of hydrastis, of thuja, of santal, and of copaiba made weak and without spirit, borax, boroglyceride and salicylate of soda.

What I will call for convenience "ballooning," I have found of great service in getting into the intraurethral follicles and to wash away muco-pus, so that the applications may really reach the diseased structures and not merely cause an albuminous superficial clogging.

Ballooning is practiced in the following way :

The nose piece of the irrigator is removed, and the tap part introduced into the urethra, the root of penis compressed—organ bent up at right angles. Now the urethra is forcibly dilated, to any desired point by hydrostatic pressure with quite hot water containing a suitable germicide, as borax. This is very valuable as a method of preliminary alkaline douching to remove encumbering diseased products, proliferated epithelium, muco-pus, etc., before the actual curative irrigation.

It is confidently asserted by *Bumm* and by *Sänger*, the greatest living authorities, that if deep infections be present, they are always of a mixed character, that is to say, they are induced not by the gonococcus nor by the venereal poison pure and simple but by gonorrhœa plus septicæmia.

We know all of us too well the pallid cachectic wretches soaked with gonorrhœa, the skin often stained with chloasma, who live as a standing protest against the impurity and the selfishness of man.

This status from which no woman ever recovers, is known as the "Cachexia gonorrhœica." But the gonorrhœal virus alone, without pus products, will not serve to induce it.

Thus the synovial and cartilage changes in man, in women the severe local pelvic disturbances, the profound anæmia, the acid saliva with sore lip-commissure the lichen urticatus, the pharyngeal incoördination are always due to mixed infection.

Supposing that an already tuberculous woman gets gonorrhœal infection, she then absorbs the broken down pus products as well as the diplococcus, and her pathologic state is the product of her original dyscrasia plus septic absorption, whilst only her purely local pelvic troubles are the direct result of the clap. A similar, though



not so severe a condition, is induced by neglected hip-joint disease and by chronic suppurating gums.

**TREATMENT.** — If, as rarely happens, we are consulted during the acute stage, then the ordinary internal treatment of clap in the male benefits a woman also.

But we should recollect that it is not safe to predict that the procedures which benefit a woman will relieve a man. Thus, carbolic acid, which is a most valuable injection in acute female gonorrhœa, produces such severe suffering in man that no patient would submit to a second injection. Permanganate of potash causes frightful pain to a man whilst it gives rise to no suffering when introduced into the vagina. On the other hand, silver nitrate does not appear to have quite so much tendency to cause atresia in man as it does in woman.

When a woman comes to me with pus welling freely from the vagina, I order continuous douche all day long of warm water and carbolic acid. The strength ten grains to the ounce. The solution growing weaker and the douches less frequent as improvement sets in. Calendula may with advantage be added in the next stage, if the cervix be denuded of epithelium, if many punctiform hypertrophied vaginal papillæ appear, or if the intertrigo be distressing.

When the distressing pruritus begins, a capital combination is :

Phenol absolute, five grains ;

Hazeline, one ounce.

Of this one tablespoon to a quart of warm water, three times a day.

If this fail to relieve the itching, then borax, alum nitrate or chloral may be used, one drachm to the pint.

Acute urethro-cystitis, Camphor monobromide, Salol, Aconite, Uva ursi and Capsicum.

Passive catarrh of bladder, Copaiba, Cubebs, Santal oil, Buchu, Ferrum muriaticum and Rosemary oil.

Vaginismus, Lead lotion, but this condition is always reflex, and the cause must be sought for with scrupulous care.

In the event, happily rare, of furious erotism, Coffea, Raphanus sativus, Salix nigra, Origanum or Platinum may be thought of.

Urticaria general. The first intense agony of itching is helped by Apis mellifica. You will, however, earn the patient's gratitude if you immediately order her a hot bath, after which she is *patted*, not rubbed, dry with a hot sheet thrown over her, and then well smeared with ten grains of Chloral to the ounce of glycerine. The same remedy (chloral) suitably diluted may also be given internally ; failing that Copaiba, then Sulphur have proved useful.

The cut corner of mouth is kept painted with Tr. calend. S. V. R. and Tr. benzoinæ co—equal parts. A piece of soap plaster across the lips at the side ensures rest essential to healing. Merc. corr. then Biborate of soda in twelfth centesimal are the remedies. This apparently unimportant symptom, is really of serious moment, because it gravely impairs nutrition, as mastication becomes such a painful process.

For the cervical erosion, or granular os so often present, nothing has answered my purpose so well as pure Phenol.

In the uncommon cases, where it has failed, I have used supersaturated acidulated solutions of Zinc chloride and of Silver nitrate, the latter only in hyperpatulous os where some stenotic cicatrisation is desirable.

Sänger uses exclusively as a douche, Bichloride of mercury  
πὸ πρὸς πρὸς πρὸς.

He recommends first day, tamponade of glycerole of tannin to detach superficial vaginal epithelium. Next day, copious alkaline douches, then plain water, then corrosive sublimate solution. Then pack the vagina quite full of iodoform gauze or with pledgets of absorbent cotton soaked in iodised glycerine.

If there be neoplasms, it is well to pencil them with iodine. All the douches are best applied in Marion Sims' posture as now practiced at Buda Pesth, the so-called genupectoral position. Then the vagina balloons out and the plicæ palmatæ are to a considerable extent smoothed out.

If gonococci be present, hot douches are contraindicated. To neutralise the gonorrhœal virus at the uterine neck if there be a general tendency to neoplasms, I use Thuja tampons with anhydrous glycerine.

Glycerole of Santal acts well for packing the urethra. If much cervical hypertrophy, iodised glycerine is indicated, or Iodoform or Iodol with glycerine. The various forms of Iodine not only reduce hyperplasiæ, but they penetrate the tissues and thoroughly neutralise germs. They also appear to aid in the removal of the obstinate and disfiguring acne menti. The Iodine is sometimes tasted by the patient a few minutes after introduction into the genital passages.

In endometritis villosa, if associated with recurrent hemorrhages, scraping the endometrium with the blunt or the sharp curette, though deprecated by Sänger, certainly cures the hæmorrhage. I have never seen it followed by the dreadful results named by him.

Ordinary endometritis of the gonorrhœal type is best treated by thorough dilatation. Then a double slip of lint dipped in Iodised phenol (saturated solution for bad cases, diluted for mild examples) is introduced into the uterine cavity and left for a few hours. If this be done in the consulting-room, it is a capital plan to smear the slip freely with potash soap. This facilitates introduction and postpones pain till the patient has time to get home and go to bed.

It is a good plan in cold, wet weather to treat such cases, if possible, at the home of the patient.

I have tried all the methods of dilatation and unhesitatingly give the palm to rapid metallic divergent dilators.† A saturated solution of cocaine is applied to ostium internum by dipping a wool-clad probe and laying it in cervix ten minutes before operating. With a plentiful use of germicides, clean nails and boiled instruments, I never get a mishap. Sponge tents are apt to set up cellulitis. Laminaria tents are painful and tedious, and they necessitate so many interviews, a grave matter for distant and not wealthy patients. Hegar's dilators take up so much time and space.

† Personally, I prefer a modification of Palmer's dilator.

It is enough in a mild case, and with an irritable, nervous patient, to swab the endometrium with Iodised phenol after drying it, and leave a vaginal Glycerine tampon instead of an intra-uterine slip.

Abstinence from meat and from all alcoholic drinks should be enjoined. Patients do better in bed.

COMMENTARY. — It is refreshing to find that Sanger falls back after all on clinical evidence — *der klinische Standpunkt* — by which he means that the history, the sequence of symptoms and personal experience in phenomena must always count for much in diagnosis.

## LOOSE EVACUATIONS OF THE BOWELS. CLINICAL CASES.\*

BY A. OUVIER JONES, M. D., HOLDEN, MO.



**CHRONIC DIARRHŒA.** — *Arsenicum Album.* — Mrs. B., et. forty, consulted me November 18th, 1889. Has had diarrhœa since January, 1888. Discharges were at first fæcal, then yellowish mucus, and after about two weeks, bloody. Always offensive, scant, frequent with burning, urging pains. Prolapse of bowel whenever stools become frequent, at times necessitating replacing with the fingers. Frequent, scanty micturition, at times considerable burning. Has had constant, persistent thirst during entire illness. Diarrhœaic attacks always come after midnight, usually from 1 to 2 o'clock A. M. Cannot use potatoes, or other vegetables, or any food containing vinegar, without aggravation of diarrhœa.

Has had three violent attacks of cholera morbus since bowel trouble began. Of late, considerable palpitation, irregular and violent beating of the heart. Contracted diarrhœa while nursing husband, who died of hepatic abscess in January, 1888, but whose illness dated from the preceding October. Husband had diarrhœa during his entire illness, and involuntary discharges during last two weeks, the stools being "green as bile and offensive as carrion."

Has been treated by two physicians but has had no relief except from Jamaica ginger, which constipates the bowels until moved by "Bile Beans" or "Shaker pills." Following the pills, diarrhœa again until controlled by Jamaica ginger.

Prescription, *Arsenicum album*, 30x, on globules three times a day. Returned February 12th, said she had thought herself cured, but there was a slight recurrence of trouble. Received the same remedy as before and yesterday—April 18th—said, "I am cured. Can eat anything I want; feel well, and my bowels are regular and normal in action."

**Dysentery.** — *Arsenicum Album.* — Was called to see Thomas L., et. 19, at 7:30 A. M. High temperature and rapid pulse rate, skin

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hot and dry, patient restless and thirsty. Bowels moving every half hour, as they had averaged all night. Discharges yellowish, watery mucus and blood, not a teaspoonful at an evacuation. Some pain and burning when bowels moved but the greatest distress was a feeling of restless anxiety and exhaustion. The chamber contained the dejecta from both bowels and bladder for the night, which were less than a coffeecupful. I gave him a two-grain powder of *Arsenicum*, 6x trituration, and left him five more, one to be taken after each movement.

At 12 o'clock M., a messenger came to my office to ask if patient "should take any more of that medicine?" My answer was, "Certainly, as directed, a powder after each evacuation."

"But he has not had a movement since you gave him that powder." He had but the one powder, and reported at the office for duty next afternoon.

*Dysentery.—Aloes.*—Was called to see Mr. H. at 8 o'clock, A. M. He had been ill since before midnight. Awoke feeling that his bowels must move; arose and started for the closet, when he fainted and fell to the floor. The bowels moved several times before morning. When I saw him the stools were of blood and mucus, not offensive, attended with great urging and griping before the movement and followed by such weakness and prostration that patient must fall over on the bed as soon as he attempted to arise from the vessel. Gave him *Aloes*, 3x dilution, in water, teaspoonful after each dejection. He was at his place of business the second day, yet he was subject to attacks of dysentery, and when attacked similarly six months before, and treated allopathically, kept his room for three weeks and came near dying.

*Dysentery.—Aloes.*—Was called to visit Aunt Susan J., colored, æt. 70. She was having dysenteric discharges every twenty minutes. Stools were slightly mucous but nearly all blood. Great pain in bowels and uncertainty of sphincters before stool, and following it such faintness that patient must be assisted to bed. *Aloes*, 3x, in water, teaspoonful after each movement. No more medicine was required, and patient was out in two days.

*Infantile Diarrhœa.—Aloes.*—Was called in great haste to see Maggie B., æt. one month, who was thought to be dying. Found her very pale, pulse weak and accelerated, but regular. Learned that she had had diarrhœa for two or three days, but discharges had not been very frequent, nor of bad character; that she had had a large yellowish stool and sank away until family thought her dead immediately following it.

I assured them that she was not dying, but had only fainted.

Gave *Aloes*, 3x, in water, every two hours, and she recovered rapidly and without other medicine.

*Cholera Morbus.—Hydrocyanic Acid.*—Prof. S. was convalescing from typhoid when, from over exertion and improper food, he developed a violent cholera morbus.

Attack began with intense griping, spasmodic pains in the stomach and bowels and an indescribable nausea.

Vomited, at first, considerable quantities of partially digested food; later, only a little water at frequent intervals during the night. Vomiting followed by a few moments of partial relief, when nausea came on, preceded by a deathly sickness, then several minutes of severe pain and terrible retching. Stools were large, watery, expulsive, odorless and painless. Occurred once an hour and at times at shorter intervals. All came away at one gush and each stool half filled the chamber. The great distress, restlessness, retching and burning pain, together with the cause, led me to prescribe *Arsenicum*, 6x trituration, at 8 P. M. Was called again at midnight. Nausea and retching continued. No change in character or frequency of stools. Patient was nearly exhausted, cold extremities and cold perspiration. Gave *Veratrum alb.*, 3x, every half hour.

At 6:30 A. M. no improvement whatever. Patient thought he would die, and wanted to die to escape the intolerable anguish, nausea and retching. Prescribed *Hydrocyanic acid*, 4x, every half hour. Called again at 11 A. M.; found patient relieved of all pain and bowels quiet. He had no more medicine and was out the next day.

*Diarrhœa.*—*Hydrocyanic Acid.*—Mr. H., æt. 70, large and obese, and of a diarrhœic habit, consulted me July 19th, 1887. Had had from four to six large watery stools each day, except when using astringents and cordials, for several weeks. Stools were painless, quick, expulsive and very large, and occurred only in the day. Patient was thirsty, nervous and greatly exhausted. Alarmed about his condition—thought it would prove fatal. Though the character of the stools and time of aggravation did not indicate it, because of the age of the patient, his rapid decline, great thirst, restlessness and exhaustion, I prescribed *Arsenicum*, 6x trituration, four times a day.

July 23rd, saw him again; found him worse. Studied his case carefully and prescribed *Hydrocyanic acid*, 4x in water, every two hours. This relieved him promptly and he had no further trouble with bowels until September 22nd, when he had the same remedy, which acted as satisfactorily as before.

### THREE CALCAREA CASES.\*

BY J. W. CARTLICH, M. D., CARROLTON, MO.



CASE I.—In the Spring of 1884, I was called to see a child, age 2½ years, punp, large head, pot-bellied, bow-legged, and in every way presenting a sickly appearance. The parents had, for eleven years, employed a physician who, while professing to be a homœopath, claimed to practice eclecticism when necessary. His favorite prescription for intermittent fever was crude Cinchonidia and first trituration of Podophyllin and Leptandrin, all triturated together, and generally administered

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in strong coffee. The previous summer, this child had been suffering from diarrhoea, chills, etc., for which it had been "doped" with this antipyretic and other remedies, seemingly without benefit. On this, my first visit, child was suffering with retching and vomiting and frequent, grass green stools, was very pale around the mouth. Gave a few powders of Ipecac<sup>200</sup>, one to be given after every vomiting spell, also alternated two bottles of unmedicated pellets quite frequently, since it had been the habit of my predecessor to alternate three and sometimes five and six remedies. I felt that my new patrons must be gradually brought to the single remedy, or they might return to allopathy. Some few days afterward the child was taken with severe cold; was very hoarse, cough tight, relieved by Spongia<sup>200</sup>. On returning next afternoon, patient had just awakened from its nap. Its head and neck were wet with perspiration—pillow, damp; feet and legs, cold and damp. Learned that it had been perspiring thus since birth; that it had been chilling all the previous summer, a chill one day in the A. M., the next in the P. M. The mother called my attention to the peculiar, fetid, pungent odor of urine. With this picture of Calcarea, could any disciple of our immortal Hahnemann have given any other remedy? Six powders of Cal. Carb.<sup>200</sup> were left to be given, a powder every night. Child began to improve immediately, never had another chill, and has since remained well, and is now stouter than most boys of his age.

CASE II.—Jan. 30, late in the evening, was called six miles in the country to see a child, aged twenty-two months, chubby, light hair, fair, suffering with a very hoarse, croupy cough, yet loose and choking; would cry whenever it coughed, < getting uncovered; whole body bathed in perspiration. Gave Hepar<sup>200</sup>. Child had apparently been doing well until toward evening of the next day, when the parents became alarmed and summoned me in haste. On entering the room, the mother remarked that her child was just like two others that had died under old school treatment, and she was afraid I would let this one go the same way. After a careful examination, I assured her the child would not die. Symptoms were as follows: cough loose and choking, very hoarse, high fever by spells with sudden flushes in face, screaming on awaking, feet cold and damp, abdomen large, pillow wet where child was lying. Calcarea has these symptoms, together with dry cough, then loose and rattling, also sensitiveness to the air. Now, according to Dr. Kent, "Bell. is the acute where Calcarea is the chronic." I then gave a powder of Bell.<sup>cm</sup> to quiet the restlessness and crying and left a powder of Cal. carb.<sup>cm</sup> to be given some time next morning. The next day, Sunday, the father called for more medicine, stating child was improving rapidly, as it was up and playing, which it had not done for three or four days. Child received no more medicine and made a complete recovery.

CASE III.—I was called in haste to see a boy, aged nineteen months, light hair, blue eyes, large head, rather scrawny in appearance. He was breathing very hard, wheezing, croupy, very light,

hoarse, whistling cough, sounding like one coughing through a metallic tube; a marked redness would come on right cheek every afternoon. *Sanguinaria*<sup>200</sup> in water, a dose every two hours till improvement. Two days later was again called; patient became suddenly worse toward morning, cough wheezing, rasping, < lying down, very hoarse, throat dry. Gave a few doses of *Spongia*<sup>200</sup>. Child seemed to be improving, except the hoarseness; one powder of *Spongia*<sup>cm</sup> on tongue. Two days later the father called at the office, reporting child still hoarse, other ways better. Also, that, by carefully watching the child, he thought there was an aggravation about 4 P. M., lasting until late at night. It would not take cold drinks, would only nurse a little at a time, but frequently. One powder of *Lycopodium*<sup>cm</sup>. Two days later, father wished me to call again, that child did not improve as he thought it should. Child was just awaking when I arrived; head and pillow were wet, feet and legs cold and damp. The mother informed me that he would get cross and sleepy about 2 P. M., and gradually get worse until toward midnight. One powder of *Cal. carb.*<sup>cm</sup>. No more medicine. This gave child the best night's rest it had passed since its sickness, and by next morning hoarseness had disappeared. So I was informed by its father some eight days after, and he remarked: "It beat anything I ever saw." Query: Had I given *Calcarea* at the start, would it alone have worked a cure? If so, why did child show symptoms of improvement under other remedies?

Since writing the above, some two months later, I was called to see the child suffering in a similar manner. One powder of *Calcarea*<sup>cm</sup> speedily removed the trouble and child remains well up to date.

#### DISCUSSION.

DR. JAS. A. CAMPBELL (of St. Louis).—In answer to the question of Dr. Cartlich, why the symptoms improve under certain remedies, let me say that the remedy having certain symptoms will remove those symptoms, but will not cure the patient unless the remedy covers the totality of the symptoms.

DR. W. L. REED (St. Louis).—I think that is a most excellent doctrine. You can not always get a case but what there are symptoms that present a compound character, and no one remedy can be chosen that will cover the totality of that case. You must choose a remedy that will remove the greater portion of that picture. Then take that case again and find the remedy. I think the answer of Dr. Campbell is correct. The more serious the case, the nearer the border line of death, the higher should be the potency that is used.

THE ICE-BAG is the best local application in incipient mastitis. When symptoms of commencing suppuration appear, heat becomes preferable. If a superficial abscess develops, local anæsthesia by the ether spray renders incision painless. An ordinary hand atomizer is used and the spraying repeated after partial incision if necessary.

## MENINGITIS CEREBRO-SPINALIS.

BY BAYLIS CHAMBLIN, M. D.

**A**LTHOUGH this disease has been carefully studied by intelligent observers from its first appearance until the present time, the problem of its specific cause has not yet been solved. It attacks rich and poor alike, and is as prevalent in healthy climates as in the unhealthy. Of the causes, season is one of the most important. Age is a possible cause, the young and robust suffering oftenest from this disease. Niemeyer affirms its miasmatic character. It is especially prevalent in damp seasons, and he claims that this, together with other similar facts, points to a malarious origin. It appears in the latter part of winter and in spring much more frequently than in any other season of the year. It prevailed in this state with great fatality in a region that had previously been overflowed by the river. In the north-western part of this city, where it is very damp, and where intermittent fever prevails in the spring and autumn, several cases of cerebro-spinal meningitis were reported.

Two of these came under my observation. They were characterized by the following symptoms: the disease set in with a chill, which was followed by fever and violent headache, restlessness, extraordinary prostration of strength, great aching in all the limbs, and great sensitiveness to touch; quick, irregular pulse, stupor, convulsions, throwing the head backwards, great intolerance of light; spots on various parts of the body. The pains were like flashes of electricity, making the whole circuit of the body. The child would shriek and moan, and could be heard a block away. The tongue was covered with a white, thick coating. The temperature ranged from 100 to 105. *Bell.* was the first remedy used, followed by *Chin. sulph.* for the terrible pain in the dorsal vertebræ on pressure, and great prostration. As the disease advanced and typhoid symptoms set in, *Apis*, *Gel.*, *Lyc.*, *Bry.*, *Eupat.* and *Ars.*, were the remedies used, according to the symptoms. Cloths wrung out of hot water and applied to the back of the neck and head constantly, frequent bathing of the child all over, gave constant relief to the pains. The diet was plain, but nutritious. The duration of both cases was from 6 to 8 weeks.

Coma in cerebro-spinal meningitis is almost invariably the forerunner of death. Constipation usually exists, but diarrhoea accompanies the grave forms of this disease, and must always be considered an unwelcome symptom. In cases commencing with collapse, it is well to use heat externally, to give hot stimulating drinks, to use friction, and resort to sinapisms, *Camphora*, *Veratrum alb.*, or *Ver. viride* will be most likely indicated.

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## DISCUSSION.

DR. J. C. CUMMINGS (St. Louis, Mo.)—This is a very interesting and, in some respects, trying disease. It is more easily diagnosed than pachymeningitis.

I remember a case of a young lady who would get these paroxysmal pains at the base of the brain, during which she imagined she was out in a rain storm. She was delirious. The pains would cease at once upon the administration of the snake poison *naja*. This is a valuable remedy, especially when there is heart complication.

I remember a case of basilar meningitis which had been treated by allopathic physicians for rheumatism. After three weeks the patient got worse. There was no delirium, but severe pains in the back of the head and a good deal of fever. This was later diagnosed as basilar meningitis. Tubercular meningitis is easier to detect. The child will drop on the floor, have fits, etc., but will go about all the time.

DR. W. B. MORGAN (St. Louis, Mo.)—There is a distinction to be made between this disease and meningitis arising from other causes. Cerebro-spinal meningitis is frequently epidemic. I have had no experience with the epidemic form except that it occurred in the locality in which I lived. "Spotted fever" was the name applied to it. It was in the winter time. Some died in twelve hours, others lived a few days, some died, while others recovered. It is similar to the exanthemata. The thing I wish to state is that there is a theory that the disease is due to smut in the wheat, just as ergot produced poisoning in some localities where rye bread was much used.

DR. J. THORNE (Kansas City, Mo.)—I do not believe much in these reports of cerebro spinal meningitis getting well. We have several resembling ailments which get well. If you will read the report of the surgeon-general, you will find that cerebro-spinal meningitis broke out in November, 1862, in my hospital in Kansas City. I am the first man who described it. I will give you a short account of how it broke out. Some Indians had volunteered as body-guard to Gen. Bunt. They were nearly all full-blooded Indians, and were camped near Walnut Grove, at a place called Magee's Spring. Suddenly, an Indian, 23 years of age, playing ball, not perspiring severely, was seen to jump in the air and fall down with opisthotonos. I was not there at the time. When I saw him, he had great opisthotonos. He died in the night. In less than twenty-four hours, I lost sixteen men. That is cerebro-spinal meningitis. I telegraphed to the Surgeon-General what was up, and that I was making post-mortems. I did nothing for three weeks except to make the most complete tests, both chemical and microscopic, that I had ever made before or have made since. I found the most strange condition. Along the entire longitudinal fissure I found great congestion. The basilar sinuses were filled with clotted blood. The fissure of Sylvius was firmly adhered together. I found that the entire cortical substance of the brain was perfectly and completely degenerated. I can conceive readily, if that congestion and degeneration continued for twenty-four hours, it might be mistaken

for softening of the brain. The treatment consisted of the administration of *Belladonna* and the use of the actual cautery along the spine. As soon as I found terrible congestion, due to paralysis of the great sympathetic nerve, I used the actual cautery, finding galvanism of no benefit. *Belladonna* and *Arsenic* were the principal remedies. All the cases treated with remedies alone (16) died. All those treated with the indicated remedy, plus the actual cautery (some sixty five in number), recovered.

DR. D. V. VAN SYCKEL (Canton, Mo.).—I remember distinctly when, in 1852, the disease broke out in the state of Michigan, that patients would die twelve hours after being attacked. I remember one case where the patient was attacked with pains in the knee, followed by a violent chill. I lived seven or eight miles away. His friends becoming alarmed, administered an emetic. The peculiarity about this case was that from that moment he became violently delirious, insane, and died within a short time.

DR. W. L. REED (St. Louis, Mo.).—In 1863-64, an epidemic of cerebro-spinal meningitis broke out in central Illinois, Pike County, and, soon after, the whole county was invaded. I never resorted to the actual cautery and, thank God, I never will. I can recall many of the cases. They would die within twenty-four hours. It often happened that a man, well enough to unload a load of corn in the afternoon, would be dead at 8 o'clock the next morning. I now feel confident that *Belladonna* would have cured the majority of the cases, but it would not cure "cerebro spinal meningitis."

DR. D. V. VAN SYCKEL (Canton, Mo.).—The treatment for the disease, during its prevalence in Michigan, was *Hemlock*. This saved some cases, if they were not unconscious.

DR. W. B. CLARKE (Indianapolis, Ind.).—The name "meningitis" is bad enough without any "cerebro-spinal." The only case I ever had that did not die, got well on *Apis* and *Calc. carb.* My cases were all of traumatic origin.

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## THE HOMŒOPATHIC TREATMENT OF ALCOHOLISM.

DR. GALLAVARDIN, LYONS, FRANCE.

[Continued from page 121.]

Wine no longer produces muscular excitement, hence his relatives mistakenly imagine that he is less strong than formerly.

July 5th, the amelioration is continued.

Aug. 2nd, likewise.

Aug. 23rd, amelioration is more marked; he reasons better. He talks only one-half hour while drunk.

Sept. 20th, amelioration continues.

Oct. 18th, slight relapse. He takes *Hepar* 200th.

Nov. 2nd, relapse.

Dec. 6th, better.

Jan. 9th, 1888, unchanged. He takes *Hepar*, 300th.

Since then he has at times relapses which have been dissipated principally by *Petroleum* 10,000th.

OBSERVATION 9.—A married man, sixty years of age, the son of a drunken father, a drunkard himself, becoming more so since a number of years, usually mild-mannered, but noisy, turbulent and licentious, while he was drunk.

Jan. 9th, 1886, he takes without knowing it a single dose of *Lachesis* 200th.

March 2nd, no result. He takes *Nux vomica* 200th.

March 23rd, a slight amelioration, preceded by a slight aggravation. He takes *Nux vomica* 600th.

April 13th, no noticeable amelioration, still he is less ill-tempered and loud while drunk. He takes *Sulphur* 500th.

May 4th he is more mild-mannered, more calm, has not got drunk for three weeks; he cannot stand wine so well, sleeps better.

May 25th, he has been less nervous for the last six weeks.

June 2nd, since the 25th of May he has got drunk twice. He takes *Sulphur* 200th.

June 29th he gets drunk just as formerly. He takes *Petroleum* 200th.

Sept. 7th, in the same state as before. He takes *Crotalus* 200th.

Sept. 23th no result. He takes *Causticum* 200th.

Nov. 9th no result. He takes *Calcareo carbonica* 300th.

The wife of this drunkard has no hope of success and gives up the treatment, and this quite mistakenly, for, if she had persevered, like the wives of some of the subjects mentioned above, I should very probably have succeeded, little by little, in curing her husband's hereditary drunkenness.

OBSERVATION 10.—A married man, thirty-five years old, the son of a father who had been a lazy fellow and a drunkard for thirty-five years, became a drunkard himself at the age of sixteen. He is under-handed, vain, mendacious, and steals his wife's money for drink. When he is drunk, he beats his wife.

April 13th, 1886, he takes *Nux vomica* 200th.

May 4th no result. He takes *Nux vomica* 10000th.

May 25th, he is a little less ill-natured, but drinks just as much. He receives *Lachesis* 200th.

June 8th, he is less ill-natured, but drinks more.

July 16th, he refuses to work any longer. He receives *Sulphur* 500th.

July 27th, he takes *Lachesis* 30th, two doses in twenty days.

Aug. 24th he is ill-natured, selfish, rough, and refuses to work. He takes *Calcareo carbonica* 300th.

Sept. 21st, no change.

March 22nd, 1887, he is better natured, he still drinks, but he no longer steals his wife's money for drink. This proves that he is less given to drink than before.

The mother of this drunkard gave up the treatment, and this quite mistakenly, for I could here make the same remarks as at the end of the preceding observation.

There are sometimes very prompt and encouraging cures, like the three that follow.

OBSERVATION 11.—A married man was accustomed to drink as high as thirty glasses of absinth. After one single dose of *Causticum* 200th, taken without his knowing it, he felt such a repulsion for absinth and even for wine that not only did he not drink any more of it, but he could not even remain in the presence of persons who were drinking the stuff.

OBSERVATIONS 12 and 13.—There was administered to a man and his son-in-law, who were both great drinkers of absinth, without their knowledge, to the one, *Lachesis* 200th and to the other *Nux vomica* 200th, which produced in them such a disgust for this liquor, that their respective wives were amused to hear them say to one another: "Don't you find that absinth is not good any more?" "That is so, I drank some at So-and-so's and it was very bad." "And I drank some in such and such a *café* which was good for nothing. We will have to give up drinking absinth; they do not make any more that is good!" "That is what I think, and I am not going to drink any more absinth," and the two women continued to smile, as they overheard this consoling dialogue.

There are drunkards (fortunately not many), whom I treated almost without success, for months and months. I at last discovered that, in them, the dipsomania was hereditary or symptomatic of a mild form of insanity, which had no other manifestations. Drunkenness is difficult to cure in both of these classes of cases, but especially in the latter, for, in the first, (that of the hereditary drunkards) a certain number are cured, if they are as constant in the treatment as the physician himself.

There is a third class of cases, comprising cases of drunkenness, whether hereditary or not, in which drinking has been kept up for twenty, thirty or forty years, and has impressed upon the organization, an inveterate habit which has become a species of second nature. Sometimes an almost ceaseless, or often repeated treatment is necessary to cure this sort of drunkenness.

In the fourth class of cases, drunkenness, whether hereditary or not, manifests itself, not as being the result of physical appetite or protracted habit, but as that of levity or lack of will power. It is sometimes difficult to act upon these people, devoid of mental and moral ballast, who float upon the ocean of life, now driven by the waves of their changing caprices, now by the will of those that surround them. To this class of people it is necessary to administer the indicated remedies, not only for their intermittent dipsomania, but also and especially for their fantastic disposition (1) and their lack of will power, (2) which are the predisposing cause thereof. This class of men are often more difficult to cure than others who are ten times worse drinkers, but who have mental and moral ballast. I

(1) Fantastic: *Veratrum*, *China*, *Ipecac*, *Natrum*, *Carbonium*.—Thoughtless, inconsequential: *Arnica*, *Pulsatilla*, *Sulphur*, *Agaricus*, *Lachesis*.

(2) *Calcacea carbonica*, *Sulphur*, *Mercurius sol.*, *Ammonium muriaticum*, *Baryta carbonica*, *Lycopodium*, *Petroleum*, *Natrum muriaticum*, *Silicea*.

might add to the preceding observation many others which are as different among themselves, as are drunkards among *themselves* in their personal appearance, temperament and co-existing somatic and psychical symptoms. All these observations would show that drunkenness, when it is not hereditary, can be cured in one-half of the cases, on condition that the treatment should be continued with persistency, and, indeed, should be repeated when relapses occur.

After having chosen the remedy best indicated by the somatic and psychical symptoms which the drunkards present, it is generally necessary to give this remedy only in the 200th dilution. This sometimes provokes a slight aggravation for a few days. This aggravation, which is a good sign, is usually followed by a partial or complete cure. But the aggravation should not be too great, nor continue for several weeks as I have noted it, for instance, after one single dose of *Sulphur 5000th*, in a few inebriates—not in all—for then the patient is not always able to react, and the aggravation retards, or even prevents the cure. When the aggravation manifests itself, the remedy should be permitted to act for three, four, six, eight, or twelve weeks, after which, partial or complete cure takes place.

It is prudent to administer at first the 200th dilution, and then the 600th, 1,000th, 2,000th, 4,000th, 6,000th, 10,000th, 16,000th.

In order to avoid aggravations, one single dose should be administered at once, for, if this dose were to be dissolved in a glass of water, and a teaspoonful given once or twice a day for several days in succession, there would be great danger of producing an aggravation of the existing symptoms, and this aggravation would sometimes last for days, weeks and months, and the cure would be retarded.

Between the divers remedies or dilutions administered, there should be intervals as variable as the effect produced and the person treated. But, as I do for the patrons of my free dispensary, the physician should receive every three weeks, a visit from his consultants, either at his office or at his dispensary. That is the best method of watching the case and directing the most rapid and efficacious treatment.

But this treatment will produce no result, unless the efficaciousness of the high dilutions administered shall have been verified by the physician in his daily practice, whether these high dilutions come from a homœopathic pharmacy, or from the physician's private medicine case. The high dilutions of the remedies are the indispensable instruments for the cure of drunkenness. Without this instrument there are no cures.

## X.

To the make treatment of drunkenness and, generally speaking, of psychical diseases as efficacious as possible, the following condition is very useful and indeed I might say generally indispensable: No reproaches should be addressed to the person under treatment, even though he might deserve them richly, and in conver-

sation no allusion should be made to his vices or failings. Reproaches and allusions sour the temper, while remedies sweeten it by developing reason, the sentiment of duty, and will power sufficient to accomplish it. Thus, for instance, up to date, I have cured of their vices, all the licentious married men whom I have treated, except three, two, especially, whose wives overwhelmed them with reproaches and snappish innuendoes.

After having noted how indispensable it is, in order to bring about their cure, not to heap reproaches upon drunkards, I understand why in the numerous colony of insane people at Gheel, Belgium, scattered as boarders among the families of from twelve to fifteen villages in this *canton*, insane people who before had been violent and dangerous in other establishments, because they were restrained and roughly handled, became gentle and inoffensive among the inhabitants of this *canton*, who, under the fortunate religious influences which has been perpetuated among them for eight hundred years, are accustomed to treat with the greatest Christian forbearance, these beings, bereft of their reason, whom they leave in complete freedom, treating them as their own children.

There is another condition which generally favors the efficaciousness of the treatment of drunkenness and other vices: it is to treat all these patients without their personal knowledge, for some, indeed, take pleasure in these vices and do not wish to be cured of them. Among the others, who know they are being treated for these failings, some desire to assist in their own cure and do so awkwardly. Others are disposed to prevent it by the natural spirit of opposition; still others, anxious concerning the result of the treatment, unconsciously prevent its full effect. When, on the contrary, all these vicious people are treated without their knowledge, there is produced in them a natural evolution towards good under the influence of the remedies which dissipate a more or less irresistible impulse of the passions, and, I repeat it, develop reason, the feeling of duty and the will power necessary for its accomplishment.

Generally, drinking women consult for themselves or through a third person the physician who can cure them of their passion. As for men, the contrary is generally true, for they take pleasure in the vice and do not wish to be cured of it. Hence it is necessary to treat them without their knowledge in almost every case.

Women therefore, more easily than men, can be made to follow certain rules of hygiene which may diminish or extinguish the taste and thirst for alcoholic drinks. Thus, in the United States, in the asylums consecrated to the treatment of the inebriety of wealthy people, they can be cured of this vice, only by compelling them to give up the use of meat altogether. The physicians in those asylums, who make no use of the remedies that can cure drunkenness, are entirely right in depriving the inebriates of meat, for meat increases thirst. If you entirely deprive of meat, children and adults, you will see both less thirsty, and drinking much less, even in the heat of summer. What I would say concerning the disadvantages

of meat, applies only to the lean part, for the fat, the marrow of the bones and all fatty matters (oil, butter, cream, milk) diminish both thirst and hunger.


The use of tobacco, whether chewed or smoked, contributes also to the increase of thirst.

But it is clear that it will be impossible to make persons addicted to drink give up altogether the use of meat and tobacco, since one is obliged to treat them almost without their knowledge. It is generally advantageous to limit them to very regular meals, not very hearty ones. For instance, four daily meals almost equal in quantity. When they are thus fed, they are less thirsty, feel stronger and are less inclined to have recourse to alcoholic drinks, either to quench their thirst, or to "brace up."

(To be continued.)

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#### THE MISSOURI INSTITUTE MEETING.

HE fourteenth annual session of the Missouri Institute of Homœopathy, which was held in the Ladies' Ordinary of the Lindell Hotel on the 22d, 23d and 25th ult., was confessedly the most successful meeting yet held, both in point of numbers and in the character of the papers and of the discussions which they elicited. Most of these valuable additions to our literature will be published in this journal—all of them will be published somewhere. Several of the papers, including President Runnel's address were published in the daily press of this city and the latter was also reproduced in the Kansas City papers. After weighing the pros and cons of the question, we have concluded not to publish the detailed minutes of the meeting, but, in a later issue, we will mention certain interesting facts which they show.

President Runnels' address was upon "Health and Study." It was a masterful development of the idea conveyed by the Latin maxim "*Mens sana in corpore sano.*" Interesting to the profession, it was both interesting and instructive to the laity whom Dr. Runnels evidently had in mind when he wrote it—a wise thought, by the way, as proven by the fact that his address received the honor of publication in full, in several lay journals, as already stated.

The presence of such men as Drs. Green, Monroe, Clarke, Roberts and others from other states added to the interest of the meeting. The officers for the ensuing year are: President, T. G. Comstock, A. M., M. D., D. Ph., of St. Louis; Vice Presidents, Drs. H. C. Baker, of Kansas City, and W. John Harris, M. D., of St. Louis; General Secretary, A. C. Jones, M. D., of Holden; Provisional Secretary, L. C. McElwee, M. D., of St. Louis; Treasurer, W. B. Morgan, of St. Louis. Kansas City was selected as the next place of meeting and in parting all present determined to try to make the fifteenth annual meeting at least as successful as the fourteenth had proved.

## BRIEFS.

FOREIGN bodies in the alimentary tract, such as pennies, bullets, etc., may be removed more easily by large amounts of pulverized Slippery Elm, (*Ulmus Fulva*) taken into the stomach.

\* \* \*

A DELICATE TEST FOR SUGAR IN THE URINE.—Boil equal parts of urine with liquor potass. to which is added a pinch of sub-nitrate of bismuth. If sugar is present the powder turns brown or black.

PROF. DA COSTA.

\* \* \*

IN reducing a dislocation of the hip by manipulation, it is important to bear in mind, that, in every position, the head of the femur faces nearly in the direction of the inner aspect of its internal condyle.—*Bigelow*.

\* \* \*

MILK AND POWDERED ELM BARK.—The fact should be known that finely powdered elm bark, say 2 teaspoonfuls to a pint of new milk, will prevent coagulation in the stomach of children of the milk into hard, tough lumps, the lumps will be more readily digested.

\* \* \*

AMMONIA FOR BATHS.—Nothing so quickly restores tone to exhausted nerves and strength to a very weary body, as a bath containing an ounce of Aqua Ammonia to each pailful of water. It makes the flesh firm and smooth as marble, and renders the body pure and free from all odors.—*N. Y. Med. Times*.

\* \* \*

THE MAXIMUM DOSE OF IODOFORM for surgical use in healthy adults is stated to be two and one-half ounces of the powder. Von Nussbaum states that fifteen to forty-five grains have been known to cause fatal poisoning, while on the other hand, four ounces have been used in one dose with impunity.—*Med. Era*.

\* \* \*

VOMITING OF PREGNANCY RELIEVED BY ENEMATA.—An Austrian physician reports a case of obstinate vomiting of pregnancy which was immediately relieved by emptying the bowels by enemata, As long as the bowels acted regularly there was no trouble, but the vomiting returned whenever constipation was present.

\* \* \*

INTESTINAL OCCLUSION CURED WITH INJECTIONS OF SULPHURIC ETHER.—Dr. Clausi reports two cases of intestinal occlusion which had proved rebellious to all means usually employed, in which he determined to use sulphuric ether. After having dissolved 2½ drachms of ether in alcohol, and having added 10 ounces of distilled water of anethum, he introduced into the rectum, as deeply as possible, an elastic sound, after which with an ordinary syringe, he injected the liquid into the intestine. The patients immediately experienced a painful sensation of diffused heat throughout the abdomen,



and almost immediately afterwards they had regurgitations with the characteristic odor of the ether; a short time afterwards abundant evacuations of fæcal matters took place, with consecutive disparition of the colics and all other morbid manifestations.—*Bull Gén. de Thérapeut.*

\* \* \*

To determine site of *obstruction of the bowels*.—The accumulation may often be felt through the abdominal wall with the hands; in case this can not be accomplished, the following symptoms are of value for determining the site of obstruction: If the obstruction be high up there is little secretion of the urine, if low down there is free secretion of the urine.—*Prof. Da Costa.*

\* \* \*

TEST FOR BILE IN URINE.—Chloroform, as a test for bile in the urine is ready, delicate and certain. All that is necessary is to agitate a few drops of it in a test tube, along with the suspected urine. If bile be present, the chloroform becomes turbid and acquires a yellowish hue, the depth of which is in proportion to the amount of bile present; the test fluid remains limpid.—*N. Y. Med. Times.*

\* \* \*

RESORCINE IN WHOOPING COUGH.—Dr. Justin Andeer uses a 2 per cent. resorcine water solution and gives children four or five times daily half a wine glass full for drinking and gargling. He tried the same with little infants brought up by the bottle, by mixing the solution with the milk in the bottle. No other treatment has ever given him such rapid success as the resorcine.—*North Am. Jour. of Homœopathy.*

\* \* \*

INTOXICATION from ardent spirits is said to be most rapidly cured by administering a few grains (1-2 oz.), of ammonia carb., dissolved in an ounce or two of water. I know a man who was sadly addicted to indulging in drinking sprees, who would suddenly sober himself when he wished to, even in the height of a spree, by swallowing a 2 oz. draught of ammonia acetate, repeat if needed in 30 minutes. He would vomit freely and then become perfectly sober in an hour or two. Ex.

\* \* \*

A SIMPLE METHOD OF REDUCING DISLOCATIONS OF THE HIP.—Dr. Lewis A. Stimson, of New York, describes in the *N. Y. Med. Jour.*, a method which has served him when other manipulations had failed in backward dislocations of the hip joint. The principle involved is that of making the weight of the limb a coadjutor in the reduction instead of an opponent. The patient is brought to the side of the bed, the injured limb is made to hang directly down while the knee is fixed at a right angle. The surgeon supports the ankle while he gently moves the limb from side to side, when presently the muscles will be found to be relaxed, then with a slight pressure downward with one hand in the hollow of the knee, the bone will generally slip into place with an audible snap. The downward pressure can also be effected by placing a heavy sand-bag, five or six pounds, upon the

upper part of the leg and in the hollow of the knee. This simple method occurred to Dr. Stimson one summer day when he was exhausted in his efforts to make reduction by other well-known procedures. The first time he tried it, the attempt was successful in less than one minute; and the success in two other and more recently reported clinics indicates that the plan may succeed in many cases.—*Practice.*

\* \* \*

**PILOCARPIN IN ICTERIC ITCHING.**—Dr. Goodhart, of Guy's Hospital, was led by reflecting that a drug which was so uniformly productive of speedy diaphoresis must profoundly modify the functions of the skin, to try the hypodermic injection of pilocarpin to relieve the intractable itching of chronic jaundice. He reports that in every one of six cases in which he has tried it, it has been successful. The dose he used was  $\frac{1}{8}$  of a grain, which, it would appear has to be repeated every third day.

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**THE VAGINAL TAMPON IN THREATENED ABORTION.**—Dr. Green has used the cotton glycerine tampon with advantage in cases of threatened abortion. By supporting the uterus it relieved its irritability and prevented the onset of pain, flooding and displacement. The hydragogue properties of the glycerine reduced the congestion of the vagina and uterus. By this simple procedure the excessive nausea of neurasthenic patients is relieved. It is evidently a resource of decided value and should be borne in mind.—*Anatyst.*

\* \* \*

**ANTIDOTE FOR ARSENICAL POISONING.**—A readily prepared antidote for acute arsenical poisoning is the following:

℞	Liquoris Ferri Tersulphat.....	2 ounces.
	Aquæ Destillat.....	2 ounces.
M.		
℞	Magnesiæ.....	2½ drachms.
	Aquæ Destillat.....	8 ounces.

M. Sig.: Mix the two solutions and give a tablespoonful, diluted every five minutes as required.

\* \* \*

**PLASTER OF PARIS SPLINTS.**—Dr. Powell, of Toronto, recommends the following method of applying plaster of Paris splints for certain kinds of fractures of the leg. "The leg is to be bandaged with cotton batting, which for the purpose is torn into strips four inches wide and applied as a roller. Using the sound leg as a model to save the injured one from movement, a pattern is cut which will cover in all of the leg excepting a space an inch wide along its anterior aspect. Deep slashes opposite the heel allow the part for the sole of the foot to be brought into a right angle with that for the leg, without forming clumsy folds at the ankle. From this pattern four or five layers of scrim, or from six to nine of cheese-cloth are cut. Then, with extension made and the foot properly held, the strips are to be saturated with a cream made by sifting, not stirring, plaster into warm water, smoothed one upon another, applied to the posterior aspect of the limb, interleaved by the slashes at the ankle

so as to hold the foot at right angles with the leg, moulded to the part, and then firmly bandaged to it with a cotton roller." "Scrim" is a coarser and stronger material than cheese-cloth, and hence a smaller number of layers suffice to make a firm splint. This is a modification of the well-known Croft's splint, and it is recommended as being very easily applied, comfortable, durable, and efficient.

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THE INSTITUTE SESSION OF 1890.—The American Institute of Homeopathy will convene at Waukesha, Wis., commencing at 7:30 P. M., Monday, June 16th, and closing Friday, June 20th. For detailed programme, address Penberton Dudley, M. D. (General Secretary) Fifteenth and Master Streets, Philadelphia. A more than usually interesting meeting is promised.

In answer to inquiries made of the CLINICAL REPORTER in reference to the best road to take from the west and southwest, we would say that careful inquiry has satisfied us that the Chicago & Alton road is the most direct for all persons passing through St. Louis. Its rates will be made as low as any.

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## OUR BOOK TABLE.

**HYPNOTISM: ITS HISTORY AND PRESENT DEVELOPMENT.** BY FRED'K BJÖRNSTRÖM, M.D.; *from the Swedish by Baron Nils Posse. New York. Humboldt Publishing Co. Price 30 cents.*

This is a double number of the "Humboldt Library"—that excellent series of scientific publications—and gives in the compass of 128 octavo pages pretty much all that is really known upon this topic. When physicians can inform themselves fairly well upon so important a subject for thirty cents, there is really no excuse for ignorance of its main truths.

**STORIES OF A COUNTRY DOCTOR,** BY WILLIS P. KING, M. D. *Kansas City: Robert E. King, pp. 400. Price \$2.50.*

This book will not add an iota to the therapeutical or pathological knowledge of its readers, and therefore, from the standpoint of the strict medical utilitarian, is a thoroughly useless work. But then, the strict utilitarian is seldom a good doctor or a good anything else, and that because he lacks in the sympathetic knowledge of the men and women who inhabit the bodies he has to treat. This book of Dr. King's overflows with human sympathy and with that humor that is compatible with its best manifestations. Its description of men and manners are true to the life which they depict. Its tone is healthy intellectually, morally and religiously. It is refreshingly breezy and breezily refreshing. It will help to smoothe the wrinkles from the brows and hearts of many a doctor, we hope, and will doubtless hasten the convalescence of many a patient to whom the doctor will lend it after he has read it through. The work is well printed and bound and satisfactorily illustrated.

**HOMŒOPATHIC THERAPEUTICS. THIRD, REWRITTEN AND ENLARGED EDITION.** BY SAMUEL LILIENTHAL, M. D. *Philadelphia. Hahnemann Publishing House. pp. 1154.*

There is something almost pathetic in the score of lines that constitute the preface to this third edition. "My task is done," writes the aged author, "and if ever a fourth edition will be necessary, I can leave that work now in conscientious hands. Take this third edition as the old man's testament to his many students and younger colleagues, for your success rejuvenates your old teachers." Even the Teutonism, "if ever a fourth edition will be necessary," tells its tale of sincere emotion, for we know how, when the heart is fullest, we unconsciously turn for the expression of its feelings to the forms of speech we used in infancy. We can see the honored teacher laying down his pen with joy on the one hand that he has been permitted to do so much and yet with regret that his work could not be faultless.

The work of this revision was evidently a work of love with the author and it has been done as a work of love, patiently, thoroughly, well. Samuel Lillenthal has done not only his best, but the best that could be done. A review of the book, in the strict sense of the word *review*, must not be expected here, for it would occupy the larger part of our journal. The fact that three hundred and nineteen pages have been added to this edition is alone sufficient to show that the revision of the book has made of it, practically, a new work. It is not carelessly or flippantly, but very seriously and sincerely, that we say that no homœopathic physician can afford to do without this latest edition of this great work.

## FACT AND FUN.

(PUBLISHERS' DEPARTMENT.)

SEND to Dr. Enno Sander, St. Louis, Mo., for his short but instructive monograph on Lithia Potash Waters. It will be mailed to you free, and will show you why some much vaunted waters are absolutely inert.

DOCTOR: "Well, Dennis, did you take the pills I sent you?" DENNIS: "Inade, dochtor, an' I did not; ye wrote on the box 'One pill three times a day,' an' I've been watin' till I see you to ask how a man was to take a little bit av' a pill loike that three times in wan day?"—*Harper's Weekly*.

LAWYER (cross-examining a physician) "Doctor are you a married man?"

Doctor—No sir, I am a bachelor.

Lawyer—Now, doctor, please tell this court and jury how long you have been a bachelor and what were the circumstances that induced you to become one.

I CAN say in short, in twenty-five years of practice, I have never found an equal to Peacock's Bromides for fits and disturbed nerve centers. It possesses a superiority over fits far beyond my expectations. I have recommended it for all it is worth in this locality.

M. J. FAIRVEE, M. D.

Hamilton, Ohio.

"DOCTOR, if a plain young man named Blinker calls on you to-day for a prescription, don't let him have it."

"Why not?"

"He wants something to restore his appetite, and boards at my house."

DO NOT fail to read the ad. of the Co-operative Building Plan Association on another page. If you intend to build anything, from a palace to a hen-house, you should get the plans of this association. We have a complete set of their large albums, and would not part with it for thrice its cost, if we could not replace it. See their very liberal offer.

"HAVE YOU," asked the judge, of the medical student who had just been convicted of robbing graves "anything to offer the court before sentence is passed."

"No your Honor," replied the prisoner, "my lawyer took my last cent."

"Well, I shall give you six months or two hundred dollars," continued the judge.

"All right judge," was the reply, "I'll take the two hundred dollars."

THERE is no remedy better known than Tarrant's Seltzer Aperient, which can be profitably used in all conditions where alkaline medicines are indicated. In addition to its aperient and antacid qualities, it is an admirable vehicle for the administration of the salicylates, Lithia Salts and Tincture of Iron. Its pleasant taste and gentle action renders it a very desirable remedy in the treatment of women and children.

A YOUNG lady asked an editor this extraordinary question: "Do you think it right for a young girl to sit on a young man's lap, even if she is engaged?" Where upon the editor told this extraordinary lie: "We have had no experience in the matter referred to, but if it was our girl and our lap, yes, if it was another fellow's girl and our lap, yes; but if it was our girl and another fellow's lap, never! never!! never!!!"

PETERBY.—"Look here, doctor, what's this bill for \$2.00? You havn't been called to attend me or any of my family."

Doctor.—"No, old man. But, don't you remember, you asked me to treat when we were at the Brunswick the other day?"

Peterby (mystified)—"Yes, but—"

"Well, I charge \$2.00 every time I treat a man."

FOR SALE.—Paying practice in Illinois town of 2,500 inhabitants. Best appointed office in the place. Satisfactory reasons for selling. A good opening for a good man. Address K., care CLINICAL REPORTER.

"Now sir," said an attorney, examining a medical expert, "how long, in your opinion can a man live without brains?"

"Well," said the witness, "that is a difficult question to answer; but if I knew your age I could tell you exactly."

J. M. Ritter, M. D., Richmond, Ia., says: My experience with S. H. Kennedy's Extract of *Pinus Canadensis* has been highly satisfactory, especially in the treatment of gonorrhoea and gleet. In these lesions, I regard S. H. Kennedy's Extract of *Pinus Canadensis* as the remedy par excellence. In one obstinate case of gleet particularly, I obtained the very best results from the remedy as an injection; the case was one of six months' standing, the patient had consulted other physicians, but with negative results. I prescribed the *Pinus Canadensis* (White) as an injection, properly diluted. The malady yielded immediately, the discharge lessened, and finally yielded entirely, to the great delight of the patient.

KATHARMON CHEMICAL CO., St. Louis Mo.

Prescott, Ark., July 29, 1890.

*Gentlemen*—Antiseptic remedies have no better field of usefulness than in obstetric practice. I take great pleasure, therefore, in adding a brief statement of my experience in the use of your most excellent and valuable agent, KATHARMON, in a case recently treated by me, and which I believe promptly and efficiently hastened a satisfactory cure. I was called to Mrs. P— whom I delivered of her first child with instruments, causing considerable perineal laceration. The lady being delicate was greatly prostrated, and would not consent to an operation by ligature for the healing of the wound. Having a supply of KATHARMON on hand, I used it as an antiseptic dressing to the torn parts. I applied it to the parts lacerated by means of absorbent cotton, which was frequently saturated with KATHARMON until complete reunion took place. No other treatment was used, and Mrs. P— made a speedy, satisfactory and good recovery. I regard KATHARMON as an excellent antiseptic dressing, and of great value in the lying-in room. E. R. ARMSTEAD, M. D.

IN THE March number of the *London Medical Reporter* appears the following article, commendatory of a well-known American product:

"LISTERINE is an antiseptic and deodorizing preparation which has for many years been a favorite with American surgeons. Its qualities are due to the essential antiseptic constituents of thyme, eucalyptus, baptisia, gaultheria and mentha arvensis, in combination with which is associated a stated quantity of benzo-boracic acid. Experience points to its reliability in obtaining that condition of asepsis which is the ideal of every surgeon, and it has the distinct advantage of being fragrant and non-poisonous. Its antiseptic and anti-fermentative properties are not confined to lesions of the surface structures, and it is largely used for internal medication, in doses of a teaspoonful, in suitable cases. It does not coagulate serous albumen, and it is thus free from the drawback which so markedly limits the action of such agents as corrosive sublimate, most of which are, moreover, extremely poisonous. Listerine, then, is an agreeable and powerful antiseptic and deodorizer, well adapted for ordinary surgical work, available for internal administration, and useful for gargles, mouth washes and lotions, for which purpose it may be employed without hesitation, seeing that no mishap can occur, even in unskilled hands."

Among the digestive ferments offered to the public, Cooper's Digestive Compound stands deservedly high. The following is its formula:

R Ptyalin .....	5 grains.
Pepsin.....	7.5 grains.
Hydrochloric acid .....	2 grains.
Lactic acid.....	2.5 grains.
Pancreatin.....	4 grains.

Dose: Five to fifteen grains.

Each grain represents five grains of the natural digestive fluid. Unlike "Lactopeptine," which is very similar to this, Cooper's Digestive Compound is warranted to be just what its label represents, and is sold for far less. It is not claimed for it that it will cure every case of indigestion or dyspepsia, but that where indicated, its action will be satisfactory and prompt. The Cooper Pharmacy Co. are almost daily in receipt of such letters as this:

"I have used fifteen or twenty pounds of Cooper's Digestive Compound, manufactured by the Cooper Pharmacy Co. of St. Louis, and can heartily indorse it as the best preparation of its kind to be found in the market, and results can be had from it.

May 2, 1890.

T. J. WHITTEN, M. D.,  
Nokomis, Ill."

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CHRONIC ENDOMETRITIS, LEUCORRHOEA AND UTERINE  
CATARRH.

BY T. GRISWOLD COMSTOCK, A. M. M. D., PH. D., ST. LOUIS.\*



HIS is an affection of the womb, that occurs so frequently that it may be timely to say a few words about it. Authors have divided endometritis into two varieties, cervical and corporal, the former being an inflammation of the cervical canal, and the latter an inflammation of the endometrium above the os externum.

Strictly speaking, we know from clinical experience, that cervical endometritis (endo-cervicitis) is so localized as to affect the body of the uterus, and that the former exists the most frequently; but for practical purposes we shall consider them together, because they frequently coexist.

For convenience, we will define chronic endometritis, as a chronic inflammation of the lining membrane of the uterus, followed in time by an enlargement and increase in size of the whole uterine muscular tissue, and frequently complicated with lesions of the adjoining organs.

**SYMPTOMS.**—One of the most frequent subjective symptoms is leucorrhœa, and by the touch we may find an enlargement of the uterus, the discharge is often viscid, sometimes thin, at other times

\* Read before the Mo. Inst. of Homœopathy. Fourteenth Annual Session at St. Louis.

thick. In some instances it presents an appearance not unlike that of real gonorrhœal virus, and, indeed it may be the consequence of such an affection.

Almost all patients complain of pains in the back, a sense of weight in the loins, heaviness in the pelvis, accompanied by weariness, lassitude, nervousness, depression of spirits, disturbed sleep, and in fine, more or less of general debility, and, frequently anæmia. Added to the above, sensitive patients frequently suffer from migraine, and hysterical attacks. Sometimes we may have a profuse, viscid discharge that excoriates the external genitals, and, occasionally it may be tinged with blood.

Some patients with endometritis are predisposed to menorrhagia during the menstrual period. Clinical experience proves that the last symptoms are frequently characteristic of gonorrhœal virus, as the prime origin of the difficulty. The discharge, if viscid and especially copious, should be carefully examined with the microscope, in order to decide the question as to the presence of microbes, called gonococci, first discovered and demonstrated by Neisser, and now known by professional microscopists as the gonococci of Neisser. As a consequence of chronic inflammation of the mucosa of the endometrium, we may have an extension of the inflammatory process, and the catarrh may follow the Fallopian tubes, and even affect the ovaries. We may also have a septic endometritis following abortion, and such cases are sometimes followed by peritonitis. This is a very important fact that the practitioner should bear in mind in the management of abortion, but with an experience for twenty years past, we have never had death from abortion, and only a few cases of peritonitis complicating the same. Our success we attribute to the fact that we always take the precaution to prevent sepsis, (by antiseptics) and to secure a good involution of the uterus before we leave the patient. In uterine catarrh, when the discharge is profuse, clear and of a light color, the uterus may not be much enlarged, and the disease may be nothing more than an endocervicitis: but if the discharge be yellowish, more or less bloody, not very profuse in quantity, and upon introducing the sound we find the uterine canal lengthened we may at once conclude that we have a case of corporeal endometritis to deal with. So great an authority as Doleris of Naples regards endometritis as the starting point of parenchymatous inflammation of the uterus, and periuterine tissues, and he states, that when lesions of these tissues disappear, chronic endometritis usually remains.

The latest authorities Vechère, Winter and Apostoli regard *all forms of endometritis as infections*, and that they take their origin from some infection or pathogenic organism introduced into the vagina. In our clinical experience in a number of cases that we have treated (in married women) we have found microbes in the discharge which was evidently attributable to the contagion of a previously existing gonorrhœa. Let it be borne in mind that in endometritis, the female will chance to be sterile, or if she conceives, abortion is liable to take place.

In designating endometritis as uterine catarrh, we may be criti-

cized as not being strictly scientific, but for practical purposes the two terms in common may be well applied.

CAUSES.—In the married, defective involution from miscarriages and labors; lacerations of the perineum and cervix; dysmenorrhœa, excessive coitus, conjugal onanism (Goodell) causing uterine infarction; difficult and prolonged labors, improper and coarse food, hard work, poverty, indulging in coitus too soon after labors, also during pregnancy (Parvin) and, finally, as we have already stated, gonorrhœa.

It is a well known fact, that gonorrhœa may be latent in the system of a male for years, and yet be propagated when he marries. Gonorrhœa as an infection, is far more costly to life and health than syphilis. If the truth were known, it would be found that many young women have their health destroyed from the contagion of latent gonorrhœa, its effects commencing to be manifest within a few weeks after the nuptial day. Such patients may have *one child*, but they are as a rule, sterile after. Dr. Goodell makes the same assertion. It is remarkable in these cases, that the attack of latent gonorrhœa may be entirely unknown to the husband, and even with the profession there is a most lamentable amount of indifference and ignorance upon this vital question of diagnosis. I might say a great deal more about this affection, which is broadcast, and frequently not recognized or understood, but time forbids. We wish to state therefore, that in practice we regard endometritis, uterine catarrh and leucorrhœa as practically almost synonymous, (chronic endometritis). In our modern fast life among the wealthy, the prevention of conception, abortion, sexual excesses, the keeping of improper hours, errors in eating and drinking, all tend towards the propagation of chronic endometritis.

Another cause of endometritis is, faulty management of the third stage of labor. It is a fact well known to obstetricians that a great many troubles result from the perils of child-bearing. The obstetrician should carefully manage the third period of labor, so that a complete contraction of the womb may take place, and it be entirely emptied, and normal involution follow. The reason abortion is likely to follow, if conception should take place, is, that the existing leucorrhœa, and menorrhagia, greatly favor it. It is found that such patients have in the vagina an acid secretion, which is always unfavorable to conception, and one other complication that tends to sterility, which is dysmenorrhœa. Dysmenorrhœa is, in our experience, one of the most potent factors in preventing conception. Women who suffer from dysmenorrhœa are, almost as a rule, sterile. Endometritis and abortion seem to be intimately connected,—one may follow the other, and vice versa, so that “a vicious circle is produced.”

Accompanying endometritis, we have anæmia, pains in the stomach, dyspeptic symptoms, backache, migraine, and hysterical attacks; these may be all, sometimes, treated in their turn without success, when finally the practitioner makes a physical examination and finds the cause to be a uterine trouble.



*Therapeutics* : A disease so prevalent, demands that the practitioner should be prepared to treat it with the latest remedial agents in accordance with science and experience.

It is quite unnecessary for me to enter into an argument as to whether endometritis can be cured with internal medicines alone, or by external as well as internal. The works of Dr. Ludlam and Dr. Copperthwait will answer this question, "peritis in arte credendum est." Experts are authority.

The internal remedies for the disease are many, to be given according to the symptoms. Every case must be individualized and the remedy selected according to the principle of simillium.

I could hold this audience an hour or more in going over in detail the remedies; I shall suffice it by mentioning only a few prominent ones in generalities. Platina, endometritis with great nervousness, hysteria, melancholy and depression of spirits, in women who are passionate, with a leucorrhœal flow of an albuminous character, painful pressing in the genital regions, with voluptuous tingling in the pudenda, and in cases where excessive coitus may be one factor in causing the disease.

Pulsatilla, Leucorrhœa, from Dysmenorrhœa; Sepia; Leucorrhœa, the discharge excoriating, with marked enlargement of the uterus, and with erosions of the os; Natrum Mur.; Platina; Calc. Carb.; Borax; Kali Mur.; Calc. Phosph.; Magnesium Phosph.; Alumina; Merc. Sol.; Aurum; Hydrastis; Sulphur, and Thuya, I will merely make mention of as remedies of value when indicated.

*Local Measures.* These must be rationally applied to meet the various complications of the case. If the uterus is either retroverted or retroflexed so as to produce pain and inflammation, it must be replaced by raising the fundus by means of a digital manœuvre, either from the vagina or rectum; or by the assistance of the ordinary uterine sound, or by a sponge holder, or Elliott's adjuster to straighten the canal, or Guernsey's instrument—introduced into the rectum.

In some cases, a support may be required, either a tampon of marine lint, or a proper pessary may be required. We are not in favor of using pessaries if we can relieve the patient by other means, but in some cases they will do a great deal of good. The Albert Smith pessary, or Fowler's pessary we prefer.

Complete rest is the most important means of all in endometritis. In replacing a retroflexed uterus, we prefer to use a speculum upon the principle of Sim's, to retract the perineum. In endometritis with hemorrhage we may find a villous condition of the lining membrane, and sometimes even fungous growths that cause hemorrhage; and in these cases we must bear in mind the possibility that degeneration of a malignant character may follow. Such cases require the application of the curette.

To do this properly and with safety, an anæsthetic should be given, and the vagina should be well washed out with an antiseptic injection, either of a two-per-cent solution of carbolic acid, sublimate 1-4000, or, preferably, creoline one teaspoonful to a pint of water.

Then it may be necessary to dilate the uterus to the extent of three-fourths of an inch. The uterine dilator, before its introduction, should be thrust into iodoform so as to cover its points. I employ the dilator before using the curette, in order to secure a good drainage, and then there is no danger.

Immediately following dilatation the curette may be introduced (first covering it with iodoform), and all the villous growths or fungosities within the uterus should be carefully and thoroughly scraped away. This curettement is an important measure, especially in hyperplastic endometritis such as we may have occasionally after incomplete abortions.

The patient is placed in the left semi-prone position with the perineum well retracted by Sim's speculum, and one lip of the uterus well drawn down with a tenaculum. After curetting, I inject the vagina with a hot water solution of sublimate 1-4000, or should the patient have any kidney affection, sublimate is never to be prescribed, but the 2 per cent carbolic acid solution may be used or a half per cent solution of creoline,\* (one teaspoonful to a pint of water) may be selected. After this, I introduce into the uterine canal a small strip of iodoform gauze that has been suspended in an alcoholic solution of paraffine. This may be left in for 48 hours and will keep up a good drainage. If the uterus does not cast it off it may be withdrawn.

The advantages of this is, that it keeps both the uterus and vagina in an antiseptic condition. In some cases of persistent dysmenorrhœa complicated with endometritis, this same treatment as above detailed together with the employment of galvanism, will be found the only method to effect a cure. Absolute rest should be enforced when employing this treatment. If the patient is quiet and feels no discomfort, I have sometimes allowed the gauze to remain in the uterus 3 or 4 days. In cases of chronic endometritis, if you find the uterus immovable, and most probably fixed by adhesions, you may then suspect the existence of catarrh of the Fallopian tubes, (salpingitis) and such cases are always persistent and difficult to treat. Hepar, sulphur, hydrastis, caulophyllum, mercurius sol., and silicea, as likewise apis mel., are the remedies most frequently required, but they even fail, and then we may try galvanism.

Upon the theory that some forms of endometritis are a microbic affection, Apostoli asserts that from careful experiments made by him, he has found *galvanism to be antiseptic in action and to act as a sedative*, and therefore it may be rationally applied as a remedy for this intractable disease.

We do not recommend it in pyo-salpinx, or in pelvic abscesses, as the existence of either contra indicates the use of electricity, but in catarrh of the Fallopian tubes resulting from gonorrhœa, we have used it repeatedly with more or less benefit. We apply the negative pole within the uterine cavity, and a proper electrode externally. If

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\*We might here state that, following the experience of the Munich hospitals, we have found creolin a most useful and safe antiseptic. We almost regard it as quite as efficient as sublimate and free from all the dangers of the latter.

there is a persistent uterine hemorrhagic flow, we then at once introduce the positive pole (which is sedative in its action) within the uterus. The pole introduced within the uterus should always be the negative pole, unless we have a hemorrhage or an unusually free leucorrhœal discharge, when we always use the positive pole.

All these operations should be done about five days after menstruation, we have always used light currents. It is only in exceptional cases that we have seen a temporary uterine colic follow the use of the galvanic current.

The electrode may be first applied to the vaginal vault, and subsequently within the uterus. Every other day is about as often as the case will require the galvanic current, and absolute rest is to be enforced after each treatment. Always before introducing the electrode (which has a platinum point to it) within the uterus, it is first placed in boiling water and then in an antiseptic solution of creoline, 1 per cent.

I have not mentioned the glycerine tampon (preferring always marine lint) for endometritis, allowing it to remain 24 hours and then withdrawing it and using douches of hot water. This treatment is soothing, and effectual in a great many cases as you all know, and may be used with perfect safety. If the disease is confined to the cervix and the os is granulated and eroded, (ulceration of the old authors) we then take the uterine applicator, the point wrapped with cotton, cover it with sub-iodide of bismuth, and carefully introduce it within the cervical canal and clean it out effectually; then we apply a little of the same preparation to the erosions upon the os and place within the vagina a tampon of marine lint saturated with glycerine, and boroglyceride, or if the discharge is excessive, we use a solution of alum, 2 drachms; boroglyceride, 2 drachms; glycerine, 3 ounces mixed, and the tampon saturated with the same. In all these patients, we give a proper diet to correct the anæmic condition so frequently present. This consists of a pint of hot milk taken in bed about two hours before breakfast, then breakfast of a little fruit if desirable, a boiled egg, beefsteak, brown bread, cocoa or tea. Dinner should be a good nutritious soup, roast beef, some easily digested vegetables, and a plain dessert. Supper, milk with toast. If constipation is present, the rectum should be explored, and whatever lesion is found, should be treated in accordance with the most recent advances in surgery. It is a clinical fact that but few women suffer from endometritis, who do not have some rectal difficulty, and in commencing the treatment, the rectum should always be examined, and if piles, either internal or external, tumors, papillæ, or any abnormal enlargement of the sacculi Horneri, (called recently "pockets or pouches," situated just above the verge of the anus) cause trouble, they should be treated surgically.

I have often treated women who have suffered months and years from supposed uterine diseases, and in whom after examination it was found that their trouble really came more from the rectum than the womb. When the diseased condition of the rectum was properly treated, they entirely recovered. Indeed, in many cases, after stretching

the rectum, the patients began at once to improve and soon left me, insisting that they were well. Sometimes it was necessary to remove papillæ, distended and enlarged "pockets" (saculi Horneri) and this with dilatation of the rectum made an immediate change for the better. Sometimes I have removed internal pile tumors, by either cutting, ligatures, or injection of carbolic acid. In other cases I have excised freely, external pile tumors that has existed for years, and success has followed, so much so that the gynecologist has been cheated out of all operations upon the uterus, the patients feeling so much better that they sensibly concluded not to come any more.

As you are all aware, we have in gynecological practice a great number of reflex symptoms that ladies complain of, and if we can only remove the cause of them the cure follows.

Upon one more subject I wish to say a few words. In women who come for gynecological treatment, I find the digestive organs greatly at fault—in fact, sometimes the whole trouble exists not so much in the uterus as in the organs of assimilation.

It is a fixed rule with me to order them all to take an "*inside bath*" daily,—a glass and a half of boiling water an hour and a half before each meal, and a glass full upon retiring to bed.

This treatment improves the digestion and it is practically an "*inside bath*," diluting the ropy secretions of the alimentary canal, excites downward peristalsis, flushes the kidneys, acts upon the liver, dissolves all abnormal crystalline substances that may be present in the blood and urine, and promotes elimination everywhere in the system. It relieves fatigue, tends to give the patient a natural sleep, and in fine is the foundation for the thorough treatment of all chronic diseases.

In persistently advocating the use of hot water, I have been a disciple of Dr. Salisbury for the past ten years. I have used hot water in thousands of cases of uterine diseases, and as a gynecologist I would not be without it. In every chronic disease it acts as a grateful stimulant to all the organs of the human body and greatly assists them in the performance of normal functions. I insist that this treatment (the drinking of the hot water) shall be kept up for at least six months and in many cases much longer, (sometimes for a year or more) or until digestion is normal. I consider this no unimportant matter, for I find homœopathic medicines act much better when the hot water is taken ninety minutes before each meal, and upon going to bed.

Dr. Salisbury explains it by the argument that the "hot water should be taken long enough before each meal to allow the water and washings to get out of the stomach before food is eaten and to keep ahead of the food as it passes down the stomach and bowels. The object of the hot water is to wash out a dirty, yeasty, slimy, sour stomach before eating and sleeping. It should be taken on retiring, in order that the stomach may be as clean as possible to sleep upon and may not excite troubled sleep, dreams or wakefulness; also to prevent fermenting products from lying over night next the diaphragm, heart and lungs, partially paralyzing them and exciting cough, or disturbing the breathing and circulation.

I have taken the liberty to add the above, which is Dr. Salisbury's explanation of the effect of hot water. I offer no apology for so doing, because I regard it as one of the greatest advances in the therapeutics of not only gastric ailments, but, especially in many affections, such as the gynecologist has to treat in every day practice. As I have remarked above, in endometritis we have a host of symptoms to treat that are reflex, and in our experience we have found the maxims of Dr. Salisbury in his advocacy of hot water, to be a great assistance in the successful management of the same.

This paper is only presented as a practical statement of what I have observed in daily practice for many years past, and as such I hope it will be accepted by my distinguished confreres present.

*Resumé:* Would call attention to a few points, that I wish to emphasize.

I. In the treatment of uterine catarrh, the homœopathic remedy is to be first carefully selected, in accordance with the similimum.

II. From the experience of the most advanced authorities in gynecology, I regard some forms of endometritis as a microbic infection.

III. The galvanic current when applied to the uterine cavity, acts antiseptically, and undoubtedly has an effect deleterious to the living microbes that render the affection so persistent, and difficult to cure. Galvanism, when scientifically and skillfully employed, with light currents, is neither injurious nor dangerous, but on the contrary, has an excellent effect, especially in the treatment of gonorrhœal or septic salpingitis.

IV. The application of the curette, after rapid dilatation with antiseptic precautions, is followed with good results, in the cases described in this paper.

V. The introduction of a strip of iodoform gauze, as above described (after dilatation), acts as a safe drainage for the uterine cavity, and produces an alterative condition of the endometrium, keeping it aseptic, and is followed by favorable results such as cannot be brought about by any other means in our power.


I need not remind you, gentlemen of the Institute, that this paper is incomplete, but it is simply given as the result of my clinical experience in every day practice.

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THE Twenty-sixth Annual Session of the Homœopathic Society of Ohio was held at Cleveland on May 13 and 15. An average attendance of 150 listened to the proceedings, consisting of many valuable papers and sharp and lively discussions. President Gann made an able chairman, while Sec'y Kraft kept the records in shape. The Cleveland brethren spread a sumptuous banquet at The Hollenden at which upwards of 250 covers were laid. Toasts were made and responded to in the usual happy vein of such assemblages. The society will meet next in Findlay, with Dr. E. R. Eggleston, of Cleveland, president, and Dr. R. B. House, of Springfield, sec'y.

## THE IMPORTANCE OF THE PROPER ADJUSTMENT OF SPECTACLE AND EYE-GLASS FRAMES.\*

BY THOS. M. STEWART, M. D., CINCINNATI, O.

 O succeed with the treatment of various eye diseases, much depends upon the attention given to little things. An observing oculist can often infer as to probable conditions of an eye, by the inclination of a patient's head in the efforts to secure distinct vision. None can deny the good results of prism exercise of the ocular muscles in the different conditions of heterophoria, for the relief of neuralgia, headache, and other nervous symptoms. And yet the objective symptoms of these weak muscles are so slight, as to mislead the patient and to often elude the physician. Permanent cures of some cases of chronic headache have followed the correction of errors of so small a degree as one-quarter of a dioptré.

From these statements of permanent relief from headache, following the correction of small errors of refraction or the strengthening of a weak muscle; it will perhaps not be out of place to refer to another matter, trivial in itself, but which should not be ignored by the careful surgeon. I refer to the fit of the eye glass and spectacle frames.

In the large hospitals and clinics of Germany, and in dispensary and private practice in my own city, this subject has received a part of my attention during the last two years. In that time my observations have taught me, that the necessity for a careful examination of the adjustment of a frame is called for, when asthenopic symptoms continue after a recognition and careful correction of errors of refraction have been made. Cases such as these are often put off with the remark, "the eyes must grow accustomed to the use of glasses"; and it is no uncommon occurrence to hear the complaint, that, after three or four months' trial, the eyes still refuse to accept the glasses.

It is true, the fault may be that the glasses break in upon the acquired relations between the accommodation and convergence of the eyes; but the discomfort arising from this disturbance will be of short duration, provided the glasses worn answer to all the conditions of the case. Again, the glasses may fill all the conditions, and they may correspond exactly to the state of refraction; then to remove the annoying symptoms the following factors must be considered.

I. It has been demonstrated that there is a certain relation existing between the acts of accommodation and convergence of the eyes. Landolt has given us the clue, that an eye must hold in reserve from one-fourth to one third of the accommodation, and that two-thirds of the convergence must be held in reserve, to enable one to work at a near point for any length of time with comfort.†

\*Hom. Med. Soc. of Ohio, 1890.

†L'amplitude de convergence. *Arch. d'Ophth.*, V., p. 108.

II. It has been demonstrated that any obliquity of a lens to the visual axis alters the strength of the lens, a cylindrical lens acting as a stronger cylinder, and a spherical lens acting as a spherocylindrical.†

The amount and character of work that the eyes are to perform, make it necessary to individualize each case in prescribing glasses. For instance, the amount of convergence associated with a certain amount of accommodative effort, would be greater in the case of one who must exert the ciliary muscle on near work requiring great care, than in the case of the boy who has attended school for only a short time. In the former case also, the convergence is more permanently fixed, and to interfere with it will cause discomfort. Therefore, to correct any error of refraction in a case of this nature, the accommodative asthenopia would be relieved and the glasses would not give comfort, unless provision were made for the new relation established between the convergent and accommodative efforts, by a properly adjusted frame.

The truth of these statements can be verified while testing the refraction. After having examined and carefully corrected each eye, if the correcting glasses be then placed in a sliding frame, it is easy to convince ourselves how easily comfort can be changed to discomfort. Increase or decrease the distance between the centres of the lenses, hold them too high or too low, or tilt them out of the proper plane, and we have complaints varying from discomfort to absolute distress.

From the above statements the following conclusions are to be drawn :

A case for which glasses have been prescribed should not be dismissed until after the frame made for the patient, by the optician, has been examined and found satisfactory.

The glasses prescribed relieve the eyes of a certain amount of accommodative effort, it follows that a certain amount of convergent effort is also relieved. Hence the glasses must be centered, so as to correspond with the pupils when the eyes are exerting the amount of convergence required under the new conditions.

The sides of the spectacle frame should be sufficiently firm and of such a length as to prevent the frame from slipping down on the nose, and bringing the centres below the horizontal line. The altered position will cause either a change in the strength and character of the lenses by their obliquity, or muscular asthenopia will follow by the constant effort of the inferior rectus to adjust the eyes to the centres of the lenses.

The frame may sometimes be bent, and the plane of one glass may not correspond to the plane of the other. Here, from the want of correspondence of the muscles of accommodation in the effort of each eye to see clearly, blurred vision will result.

The well-known fact of the eye-glass and its relation to the eye being so inconstant, should be enough to advise against its use in most cases. If the lens be of short focus, this inconstant relation of

†Trans. American Medical Association, June, 1887.

the glass to the eye is often the source of trouble to both patient and physician. Astigmatic patients who are not aware of their defect, and are wearing spherical glasses, discover that vision is improved by tilting the glass to a certain angle, thus changing a spherical lens to act virtually as a cylinder. In cases of astigmatism, where cylindrical lenses are prescribed, their use in the form of an eye-glass has proven so unsatisfactory in my experience that I advise against their use. An eye-glass may fit perfectly at first, but the weakening or bending of the spring will soon cause a permanent change in the axis of an astigmatic glass.

In certain cases, however, eye-glasses may be preferable to spectacles. In cases of hypermetropia or presbyopia, where glasses are only used for near vision, the trouble of removing spectacles is avoided by allowing the eye-glass to be used instead. This is especially the case among salespeople who are obliged to use their eyes for near vision at short intervals. In myopia of a high degree it is sometimes absolutely necessary to give an eye-glass for such use only as may be *actually* necessary. If we give such a patient spectacles, he will more than likely not take the trouble of removing them at all.

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### COFFIN CASES CURED.\*

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BY FRANK KRAFT, M. D., SYLVANIA, O.

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HAVE chosen this title for my paper not for the purpose of attracting attention solely—though I confess that is one object—but, principally because the cases about to be narrated were as near their coffins as it is well nigh possible to be, and yet came back to this life and continue with us. Waiving all further preliminaries, I give

*Case I.* During my first year in Sylvania I was called to Richards' Station, about five miles south, to visit an elderly gentleman who had been bed-fast for many weeks, and a "house-plant" for a good many years before that. His son came to me with the history of the case, for the purpose of seeing whether I thought there was anything in Homœopathy suitable for his father's case. The son informed me that the family had been "doctoring and doctoring" until they had about made up their minds that there was no help for the "old gent." In answer to my questions, the son said that the doctors had all agreed that the liver was at fault, though no two of them agreed upon the same disease. I may as well confess that I was anxious to get into that neighborhood, and into that family, as my old-school rival in my village had said that all the doctors in the United States could not get the patient out of bed alive, and this same old-school gentleman had made it his business to visit my families,

\* Hom. Med. Soc. of Ohio, 1890.



and do me as much dirt as possible. I suspect that I painted the picture in extra bright colors, for, at the conclusion of our chat, he asked me to drive down that afternoon, and cautioned me specially not to mind what the "old gent" said to me, as his long sickness had made him "cranky." When I reached the bedside it was between 4 and 5 o'clock, and he was in the middle of a bad spell. The reception I met with was warm if not cheerful. I swallowed all the abuse, keeping my eye on the gun, and catching the symptoms as best I could until I had the following clearly established: Always felt worse towards evening; couldn't eat any supper because it bloated him so, and the fullness got so noisy that he felt ashamed of himself. The urine was loaded with brick dust, and he had so much pain across his kidneys that he couldn't lie on his back. These I separated from the mass, and determined me upon my remedy. "What's the matter with me, doctor; you've asked more questions than all the other doctors put together. What do you say is the matter of me?" What could I have said? He had been taking medicine until he was saturated, and there was not a sound organ in his body. I summed up the whole business and said that his stomach was primarily at fault, that he had dyspepsia. My answer pleased him for it accorded with his own belief of his ailment. Could I cure him? No half-hearted answer would do here, so I answered boldly, "Yes, sir." I called for two glasses partly filled with water. Now don't be alarmed, I didn't alternate. In the one glass I put *Nux vomica*, and *Lycopodium* in the other. I gave him one teaspoonful of the nux and left directions to take one teaspoonful every half hour until 9 o'clock; then take the other glass and give a dose every two hours until my return. "Ain't you going to give me nothing but that water?" I told him that was all for the present. I made that gentleman but two more visits, and he was kept on *Lycopodium* for a week longer. He is well and continues to be well to this day.

*Case II.* Ivadell S., aged 13, after a week's illness was given up to die with bilious fever. Counsel was called—the case was in the hands of the old-school. The family, very naturally, did not wish to lose their child, and at the conclusion of the consultation, decided to change schools. The attending physician had no objection, but said they would have to travel pretty fast if they expected to have me find her alive. I got there in twenty minutes and at once made up my mind that the girl was sinking under the too frequent administration of morphine. I called for black coffee, and while it was being prepared, I gave belladonna in potency. With the coffee, the belladonna, cold applications, beating of the soles of the feet and palms, I succeeded presently in restoring her to consciousness. Then I studied my case carefully, decided that it was typhoid, and found that *Bryonia* would cover all the perceptible symptoms; this I gave in divided doses running over eight hours. I sat down by the bedside and watched my patient for a change; in about two hours I noticed the sodden look begin to change to a bright red color; the stupid condition gave way to little dashes of fidgettiness; water was still received but the draughts were not so large and the tongue was

getting "limber" so that we could understand her better. Towards the eighth hour I had an unmistakable triangular tip to the tongue, and the restlessness was very pronounced; Rhus was indicated, but rhus does not follow Bryonia; so I gave an intercurrent, in this instance Sulphur, and one hour thereafter began with Rhus. It was now getting towards midnight, and I resolved to give but one dose every two hours if she was awake and in trouble. I put a powder in water and gave her one tea-spoonful. If I had given her a hypodermic of morphine the effect on the restlessness could not have been more striking; in a few minutes she stretched herself, yawned, turned over on her side and became quiet. I then lay down in an adjoining room, leaving directions to call me as soon as she woke. She did not stir for five hours, when she called for lemonade. The kindly neighbors were very much distressed because the girl was not being waked every half hour and a spoonful of medicine forced down her throat; but the parents stood by me and said, "this doctor doctors different from the others; the others have given Ivdel up; this doctor has already made a big change in her, and he gives us hope; we are going to trust him." This discussion took place during my nap, and I knew nothing of it until many days afterward. I ordered the lemonade prepared and given to her. I gave Rhus all the time it wanted to exhaust itself, in the meantime giving her Sac lac. powders. A brother physician visiting my office about this time was sent out to me, for this case was making great talk. As soon as he saw it, he pronounced it typhoid, and advised the giving of Baptisia. I saw no very distinct picture of Baptisia, but as I could find no successor to the Rhus, and the girl ought certainly to have something, I gave way and prepared a dose in water. It taught me the lesson never again to treat typhoid fever, but to treat the patient; and when in doubt better give no medicine than to prescribe a doubtful one. She received but three hourly doses when I became alarmed and put her on Sulphur, until I could find my case again. It took me a number of days of careful watching before I again saw my way clear. The girl was three weeks getting out of bed; but she did so, and is well and hearty to-day.


*Case III.* Mrs. R., widow, aged about 30, came home from Toledo to die. There is no mistake about that, for she told her mother so, and declined to doctor any more, as she had about spent all she had and was steadily growing worse. The doctors said it was consumption of the bowels, and that she would die inside of six months. When I was eventually called in, I found a rather surly reception—indifferent, hopeless, ugly. She looked like a person in the last stages of phthisis, with hectic, sweats, emaciation and failing appetite. The bowels had become so paralyzed that the stool was being continually discharged; at times, unconsciously; at others, knowingly but involuntarily. Of course, there had been much medicine taken during her two years of sickness, and it took me over an hour to take the case. I informed the patient and her people that I would take the notes to my office and carefully look it up, and let them know on the following day whether I saw anything in it that would justify me in holding out hope of health to her.

In taking the case down, I was struck with the many *Lycopodium* symptoms running in and out of the case; but as I could not remember that *Lycopodium* had any other than a constipating action on the bowels, I could not feel safe until I had looked it up, especially since the main trouble was unquestionably in the bowels. So I took my time to looking the case up thoroughly, through the repertoires of Hering, Bell, Allen, and others, and went back next day and put her on *Nux vomica* until bedtime. The following morning she got a dose of *Lycopodium*, dry, and a handful of *Sac. lac.* powders, to take one after each stool. In a very few days, there was a change for the better in the stool, there being more form and a darker color; there were also more definite intervals between. This patient received nothing, from beginning to end, except the addition of Bovinine and sherry wine, in equal parts, in the second month. She improved steadily, gaining in flesh and strength, until I dismissed myself. That was two years ago. The lady is now in Grand Rapids, canvassing, hearty and rugged and full of life. I made a small bill, because of her straitened circumstances, which act on my part she recently repaid by advising two of my patients to quit taking my medicine, and instead to visit the faith-curers—which they did.

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### SPINA BIFIDA—A CASE.\*

M. P. HUNT, M. D., DELAWARE, O.

 O demonstrate the curability of spina bifida, I wish to call your attention to the case of a child born with this incumbrance and which has been under my care and observation since birth.

A female child, born Oct. 31st, 1885. Over the third cervical vertebra was a fluctuating tumor two inches long by one and one-half inches broad at the top with a smaller neck or pedicle. This was not difficult to diagnose as a spina bifida. In every other way the child seemed to be perfectly developed; its actions the same as any other new-born infant's. At two days of age, there seemed to be a slight enlargement of the tumor, and it was less compressible. There was a great deal of crying, as if from pain, especially when moving the head or in any way touching the tumor. There was soon an inflamed appearance due to irritation, and when nine days old she showed symptoms of paralysis; would not kick or move her legs as formerly, still crying almost continually, and emaciated. That the little sufferer would soon die appeared inevitable to me. The parents were intelligent people, who thoroughly understood the gravity of the case, but were very anxious that the child should live, if such a thing were possible, and very willing that an attempt should be made, even though it should

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\**Hom. Med. Soc. of Ohio, 1890.*

result fatally. On the 14th day, chloroform was administered by my father, Dr. J. B. Hunt, and with the electro-cautery I removed the tumor. The *modus operandi* was simple. Through the center of the enlargement, as near its base as possible, care being taken not to touch the cord, I passed a needle, to which was attached the platinum wire. I then connected the two ends of the wire to the electrode, cutting upward and outward, leaving a flap. Then turning the instrument, I cut the other half in the same way. With silver wire I drew the flaps together, first putting in a minute drainage tube. Putting over this a compress, and binding tightly, I left the little patient to live or die, as a kind Providence should will it. I will say that the operation was done antiseptically, and the dressing was not removed until the tenth day. Quite a little fluid escaped, but no blood. The wound healed very kindly; the child began to show perceptible improvement almost from the first hour after operating, and was soon as healthy and hearty as any babe at its age, and kept even pace with other children until the time when it should be able to stand and learn to walk. She did not stand until one and one-half years of age, and was two and one-half years old before she was able to walk at all. She now, at four and one-half years, walks everywhere, but stumbles easily. Is gaining every day in this respect, and in time I think she will walk perfectly, as otherwise she is in excellent health. Mentally, she seems as bright as any child; goes to kindergarten, and does her little duties there as proficiently as her companions. There has never been a refilling of the tumor, and to-day it would take very close inspection to detect any scar or other appearance of it.

Dr. U. Schneider saw the case in consultation when she was about two and one-half years of age. His advice was sought in regard to her walking. He advised the continuation of the *calcareas*, *massage*, etc. *Calc. carb.*, 3rd trit., has been her principal remedy, off and on, since birth.

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### ERYSIPELAS—A CLINICAL CASE.\*

BY H. C. HOUSTON, M. D., URBANA, OHIO.



**CORINNE B.**, æt. 10 years. Sanguine temperament. She is quite fleshy. With the exception of occasional attacks of angina, which give her considerable annoyance, from the fact that she has hypertrophy of the tonsils, she has had excellent health.

Family history good, although the maternal and paternal grandmothers have had attacks of erysipelas, as has also a maternal aunt. A younger sister had erysipelas neonatorum.

On Sept. 19th, Corinne complained of aching of the limbs—*malaise* and anorexia. She was feverish, and was given *Acon*. On the

\* *Hom. Med. Soc. of Ohio*, 1890.

20th, her temperature was 102° F., pulse 120, and she complained of her throat, which was bright red and swollen, and her face flushed. Prescribed Acon. and Bell.

On the 21st, she seemed better, and the day being warm she was taken for a short drive, but the remedies were continued.

From the 22nd to the 24th, her condition was much the same as on the 21st, and I expressed my surprise that the temperature and pulse remained unchanged, but I was unable to detect any complication. During these six days, she walked about the room, and did not make much complaint, and on the 21st and 22nd had a fair appetite.

On the 25th, she was unable to sit up; her temperature was 106° F., her pulse 165, and her respirations 50. My attention was called to a dark, purplish spot on the abdomen, about the size of the palm of a man's hand. During the day, there was constant nausea—vomiting of bile, epistaxis and stoppage of nostrils. Her tongue had a thick, yellowish white coating. Prescribed Bell.

On the 26th and 27th, she was delirious—her mind wandering continually. The erysipelatous inflammation extended over the thighs and buttocks and covered the abdomen, while a number of large blisters, containing a greenish serum, had formed, and there was persistent insomnia. Prescribed Rhus. tox.

On the 28th, she was at times rational, and complained of dimness of vision and deafness. She picked at the bed-clothes and grasped at imaginary things in the air. Her tongue was black, dry and much swollen, so that articulation was indistinct, and her lips black and bleeding. There was sordes on the teeth. Her temperature 105.5° F.; her pulse 160, and so weak that it was difficult to count it. Epistaxis and vomiting were present. She had taken no nourishment for two days, but was anxious for frequent sips of water. Diarrhœa was present—the stools being like tar. She lay on her back and muttered continually, though wildly delirious at times, and tried to escape from the bed and go home. The inflammation had extended downward to the knees and upward over the back, and the surface was covered with blisters. Prescribed Rhus.

On the 29th and 30th, her condition was worse—the prostration extreme—the insomnia persistent—and there was difficulty in swallowing the spoonful of medicine. Prescribed Ars.

Oct. 1. The unfavorable symptoms all continued, and my father, Dr. W. M. Houston, was called in consultation. He said that remedies apparently indicated having been given thus long without favorable results, and her condition growing worse all the time, it would be unwise to continue them.

He advised a powder of Graphites 12x each night at 9 o'clock, with Sac. lac. every two hours in the interval. He based his prescription on the fact that she was a Graphites subject—an obese female—the sores formed being such as described under that remedy, and because clinical experience had shown the value of Graph. in the wandering form of erysipelas.

From Oct. 2nd, there was steady improvement, so that on Oct. 7th (the 19th day of the disease) her temperature was normal and her pulse 120.

Oct. 9th, her morning temperature was 96° F., pulse 110, and respirations 36. From the 9th to the 13th, her mind at times wandered, although her temperature was normal. There were large suppurating sores over the thighs and shoulders—the skin coming off the entire body in great patches. After the 7th inst., only Sac. lac. was given.

At this date (nearly 2½ years after recovery), she is a picture of robust health.

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## THE TREATMENT OF MALARIA BY QUININE.\*

BY WILLIAM D. GENTRY, M. D., ROGERS PARK, ILL.

**A**T the last meeting of the Southern Homœopathic Medical Association, the President in his annual address made the following statement.

“The diseases met with in many parts of this extensive country are of a character differing from and of a type more malignant than those found in the northern and eastern states. These do not especially interest the major part of the profession and consequently are neither taught in colleges nor discussed in society meetings.”

This statement produced considerable comment in the journals published throughout the country; one of which, the “Northwestern Journal of Homœopathy, in an article entitled Homœopathy in the South,” in the December number of that journal wrote as follows:

“We have heard it remarked many times in the past that one reason why homœopathy did not take deeper root in the South was that the homœopathic physicians in that section were such in name only, and that with most of them it would be difficult to discover on what basis they laid claim to the title. One thing is certain, and that is that homœopathy never flourishes where its practice is not distinctly different and palpably superior to that of the old school. If there is no difference between the practice of the two schools, if the homœopath prescribes allopathic drugs in ponderous doses, and boldly proclaims to the world the inefficacy of any other method of treatment, we should hardly be surprised if the laity accepts the same doctrines and employs an allopathic physician. These doctrines seemed to crop out with mortifying frequency in the papers and documents of the Southern Association. Even the venerable Dr. Holcombe, and Dr. J. H. Henry, and many lesser lights, boldly proclaim that *quinine* is the only reliable remedy in the malarious districts of the South. Fudge! We used to hear the same story about the malarial districts of the West, but don't hear it so often now-a-days, for the reason that we have proved that it is not true. And so our friends in the South will find out eventually. That quinine is a great

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\* Read before the Mo. Inst. of Homœopathy, 14th Session.

remedy in malarial conditions, when indicated, no one ought to question, and that homœopathists have a perfect right to employ it under certain definite circumstances and conditions is beyond controversy; but any such sweeping statements as our southern brethren make are not worthy of well educated and sincere homœopathic physicians."

My attention was called to this article in the *Northwestern Journal of Homœopathy*, with the request that I should explain the position of a number of homœopathic physicians in the South who entertain views similar to my own regarding the treatment of malaria by quinine.

Physicians living in the northern states who have never seen the active, pernicious and malignant effects of the malarial poison are not competent to judge. When I first went to Memphis, Tenn., I thought myself that it was nonsense to give quinine, except in infinitesimal doses according to the homœopathic law. But I very soon found out by experience, when a patient was at death's door, and when there was no mistaking the fact that if there was any delay in giving a remedy which would prevent another paroxysm, death would ensue, and knowing that quinine would prevent another attack, it was criminal not to give that remedy. Again: that people of the South generally know that quinine will control chills and fever. And if a homœopathic physician is called and prescribes the similia as he would in any other disease, he would fail in a majority of cases to give relief under three or four days and probably a week. People suffering from chills and fever will not allow themselves to be "trifled with" or "experimented with" as they say, and on the first failure of the homœopath to prevent a recurrence of the paroxysm down would go the quinine or else an allopathic physician would be called. "Nothing succeeds like success," and homœopathic physicians who locate in the South soon find, as I did, that Quinine is "Samson." That by its use it will enable him to retain and save his patient, when without it he would lose both patient and reputation. The fact of this matter is, that we must all accept the fact and bear it in mind that *malaria is a poison*, and that every case has to be treated, if successfully treated, by an antidote.

The fact must be recognized by all that in the treatment of diseased conditions there are antidotal as well as chemical or therapeutical agents. If an afflicted person presents symptoms produced by disease similar to those produced by some drug, and those symptoms are not being produced by a poison, then that drug will cure it by the law of similars. But if an afflicted person presents symptoms which are unmistakably produced by poison and that poison is continually being taken into the system and is present in the blood, then that poison must be antidoted. And as soon as it is antidoted the patient will have a chance to recover. In such a case it is foolishness to administer homœopathic remedies. As much so as it would be for a physician called upon to treat a case of poisoning by arsenic, if he should give arsenic. He would have to administer the antidote to the arsenic before there would be any chance for the recovery of the patient. And so it is in the treatment of malaria. Let it be known

by all men (again I say it), *that malaria is a poison*; which if taken into the system by inhalation, in water or in food, or by absorption, *must be antidoted.*

Quinine is not a universal antidote to malaria, it does not antidote malaria in all cases; only in the majority of cases. Hence it is universally recognized in the South as being the best remedy. Quinine has not given me in my practice in the South full satisfaction. And many years ago I was led to search for a better remedy. In studying over the matter I reasoned thus: In America, Peruvian bark or some of its alkaloids is generally used for the cure of malarial diseases. In Africa and Asia near the Isthmus of Suez, along the Mediterranean and eastern coast of Africa, the bark of the Bebeeru tree or its alkaloid, Sulphate of Bebeerine is used as Peruvian bark is used in our country. In Australia, where the Eucalyptus tree is indigenous, and wherever that tree is grown in other countries, malaria does not exist. Now, these three remedies from the antipodes must have the power of antidoting the malarial poison. We will combine them and have a perfect and universal antidote. And now, for the benefit of the practitioners of the South, I will say, that this combination has proven the true antidote in my hands, and proven itself far superior to Quinine. Wherever I have practiced medicine the use of this remedy has enabled me to secure a wide-spread reputation by my ability to quickly cure every case of malaria presenting itself.

I do not think that my colleagues in the northern and eastern states can charge me or any practitioner in the southern states with a departure from the law of *Similia Similibus Curantur* in giving Quinine, or the new combination of Bebeerine, Bi-Sulphate of Quinine and Eucalyptus, to antidote malarial poison. Let it always be remembered that our treatment is antidotal.

We are opposed to the indiscriminate use of Quinine. Frequently its administration results in producing cinchonism from which the patient suffers more than would have been the case if the disease had been left for nature to cure. There are some constitutions that can not endure Peruvian bark or Quinine in any form.

Persons afflicted with any disease in the Southern states during the malarial season, and sometimes during the non-malarial season, will present malarial symptoms which would never have been presented had the patient not been afflicted by some other disease. In such cases discretion must be used. The diseased condition presenting symptoms indicating some remedy according to the homœopathic law must be treated with the homœopathic remedy and the malarial complications overlooked. It is found that the homœopathic remedy then will quickly and satisfactorily cure the patient. Of course we did not undertake to discuss this branch of the subject in this paper. Neither have we time to present arguments and considerations connected with this subject which are apparent to all. The design of this paper is to present and emphasize the fact that *malaria is a poison, and that as a poison it must be antidoted, and that Quinine is an antidote.*



In justice to my colleagues in the South I want to say that because they use an antidote for malarial poisoning, they are none the less homœopaths and, so far as I know, give remedies according to the homœopathic law, whenever a diseased condition presents itself.

To such as desire my formula for the preparation of the combination referred to above I will gladly furnish the same on application.

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TWO CASES FROM PRACTICE—INTERMITTENT FEVER—  
LARYNGISMUS STRIDULUS.

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C. F. ELLIS, M. D., EUREKA SPRINGS, ARK.

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**C**ASE I. Was called to see Mrs. S— at 10 A. M., Dec. 2nd, 1889. The patient is the wife of a printer who came to this place about six weeks ago. Their former place of abode was Kansas City, where for nearly two years she has been afflicted with intermittent fever. The paroxysms have always come every other day and are of the anticipating type. She has taken quantities of quinine, tincture of iron, patent medicines, and home remedies, but only to get respite for a few weeks.

Whenever the chills would put in appearance again, the initial paroxysm would occur about 7 A. M., each succeeding one coming an hour earlier.

The patient is of a lymphatic temperament, age 24, blue eyes, flesh flabby and pale. The chill came on at 7 A. M. in hands and feet; the face *became very red and swollen*. *Thirst for large quantities of water*. Aching in back and limbs, and wants to be well covered. Chill did not last over one half hour.

Heat comes on gradually, the flushed, swollen face remaining the same. *No thirst during heat*; throws off covers; aching continues with vomiting of contents of stomach; heat continues five hours, when profuse sweat comes on, gradually relieving the aching and also congested face; tongue coated yellowish white.

The apyrexia is clear—feels fairly well but pale.

The three symptoms which to me looked like guiding ones were:

1st. *The extremely red, bloated face during chill.*

2nd. *Thirst during chill.*

3rd. Absence of thirst during heat and sweat.

The case had been abused with quinine and other antiperiodics. After looking up the case I prescribed *Ferrum met.* two hundredth, two doses, to be taken two hours apart after subsidence of fever, to be followed by blanks.

Two days following she had a slight chill at 11 A. M.

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Read before the 14th Annual Session, Mo. Inst. Homœopathy, at St. Louis, 1890.

Dec. 6th she called on me saying, "Doctor, you have broken my ague." I then learned that she had taken tincture of iron only two weeks before to bring on her menses. As she has had no return of chills up to date I deem it fair to consider that *Ferrum met. c.c.*, two doses, cured the case, after a failure of the crude material.

CASE II.—A. F., male, born Oct. 24th, 1889, plump and to all appearance healthy.

For six weeks, he was a colicky child, then began to have light spells of holding his breath. The mother called my attention to it, but as the spells came mainly after nursing, we concluded they were caused by a little milk getting in the glottis. Gradually the spells increased in frequency and severity. They began with a clucking noise, the child would be unable to get his breath, the eyes would roll upwards, the face become purple, the hands clinched and drawn to the body—then with a little crowing sound he would get his breath and the alarming symptoms rapidly disappear.

Here was a case of *Laryngismus stridulus*! My first prescription was *Cina 6x*. No relief. Two or three times a week would the little one be nearly suffocated. I then gave *Chlorine c.c.*, giving a dose night and morning. No more spells. For three weeks we were all happy and careless; the child got out of medicine for two days, when two severe spells in one day changed all our happiness to woe. Again, I gave *Chlorine c.c.* (had no higher). Again, prompt relief. Four weeks passed, and I purposely suspended medicine. On the second day, the *most violent spell* that had yet occurred, brought dismay upon us and nearly destroyed the little patient. I witnessed the winding up of the convulsion and then examined the child's penis. There was complete adhesion of foreskin to head of penis, with a mere pin-hole meatus. Operated next day. The adhesions were very difficult to break up—around corona was encysted smegma. Took out a V-shaped piece of foreskin, put in 3 stitches after thorough cleansing, and stopped medication. Not another spell has that precious child had, but no sooner was that wound nicely healed than 8 boils came out on the scalp. All ripened, were evacuated and no trace remains. From this case I deduct the following points:

1st. The fact that foreskins *may* become adherent after birth (for I was present at birth and child was carefully examined, and I *know* there was no adhesion, *but did notice* the small meatus).

2nd. The power of *Chlorine c.c.* to hold in check, palliate, so to speak, the spasm of glottis, so long as the organism was under its influence.

3rd. That in *this case*, the duration of action of chlorine was not more than 36 hours.

4th. The remote irritation, as the cause of the laryngismus.

Query: Was there any relation between the eruption of boils on the head of the child, and the relief afforded by the operation on the constricted glans penis?

## THE HOMŒOPATHIC TREATMENT OF ALCOHOLISM.

DR. GALLAVARDIN, LYONS, FRANCE.

[Continued from page 164.]

## XIII.

After having explained the Homœopathic treatment of drunkenness, I think it well to make known another treatment of it, empirical in its nature, used by a Homœopathic physician in Mexico, Dr. Ezekiel de Leon, and published in 1883, in the *Bibliothèque Homœopathique*, Vol. 15, page 26.

OBSERVATION I.—This physician was consulted by a washer-woman, forty one years of age, who had been addicted for the last twelve years to alcoholic drinks, and already presented the following serious conditions: epistaxis, petechiæ, hæmorrhage from the gums and the rectum, convulsions, etc. He had her take every morning, on an empty stomach, fifty centigrams of tartar emetic in ninety grams of brandy, her favorite liquor. At the end of a few days, the patient began to feel such a horror for alcoholic drinks, that the very sight of them nauseated her. After the treatment had been suspended for twenty-eight days, it was resumed for a few days, after which the cure was complete and permanent. To-day the patient has such a horror for alcohol that she cannot stand the odor of remedies which contain any. She has become industrious, active, attends to her household duties and presents no longer any signs of her former very grave nervous state.

OBSERVATIONS 2, 3, 4, 5, 6, 7, 8.—Later, Dr. de Leon submitted to the same treatment, seven drunkards, belonging to different trades. Four were cured, one died because he had reached too advanced a period of alcoholism. In the other two, who suffered from hereditary dipsomania, the result was incomplete.

This emetic treatment, since it does not cure hereditary drunkenness, is inferior to homœopathic medication. Still, when the latter does not act with sufficient speed, one might prescribe emetic dissolved in the alcoholic drinks preferred by the drinkers. But, in order to avoid all (even slight) poisoning by the emetic, it should be prescribed only in graduated doses of five, ten, fifteen, twenty, twenty-five centigrams; and should not be pushed beyond a dose which produces vomiting or diarrhœa in the patient. To children, doses of one, two, three, five, ten centigrams only should be given, but always exclusively in their alcoholic drinks, in order to disgust them with it by giving it a nauseous taste.

In England, this medication has been at times used in asylums for inebriates. The drinks of the latter should be mixed with tartar emetic, which thus acquire the nauseous taste that inspires the inebriates with a distaste for alcohol, which has sometimes been persistent.

The practice of my dispensary has given me another indication for emetic. This remedy, administered in the morning in a cup of

coffee or in soup, brings about a nauseous state of the stomach, which continues, and thenceforth takes away from drunkards the desire to drink during that day. The emetic should, therefore, be administered to them on Saturday, the weekly pay day, or on Sunday, a day of rest, which is devoted to their libations. The emetic, dissolved in a warm vehicle (such as coffee, soup, tea) brings nausea more thoroughly than when it is dissolved in a cold vehicle. I have, in this manner, often prescribed with success tartar emetic to drunkards in whom most remedies had proven inefficacious for months and months. For instance, an inebriate, sixty years old, who had been getting drunk three, four, or five times a week, for thirty or forty years, remained sober for three months, during which he only got drunk once, and then but little. He was subject to diarrhoea, which was brought on by emetic in a dose of two and one-half centigrams. There were homœopathic indications for this remedy. It is necessary to try, little by little, what dose is appropriate to each subject, in order to avoid all poisoning.

In Sweden, the inebriates are isolated, and all their meals are seasoned with *Swesnaka Brantwein* (the alcoholic drink of the country) until they absolutely refuse to eat. Out of one hundred and thirty-nine inebriates thus treated by Dr. Schreiber in 1848, one hundred and twenty-eight were cured, four had relapses, seven were brought near to death by the treatment.

The treatment by emetizing alcoholic drinks and by the alcoholizing of all food, is sometimes dangerous and does not contribute, as does homœopathic medication, to the cure of the other vices and failings of the drunkards. The latter medication is therefore generally preferable to the other two.

#### XIV.

Now-a-days, when people are possessed with the monomania for finding "suggestion" everywhere; one should not be astonished to see allopathic physicians and their patrons explain by suggestion the cures operated by homœopathic treatment generally, and so much the more the cure of drunkenness and other passions, brought about by homœopathic remedies. This cure is truly brought about by the remedies and not by suggestion.

1. By means of psychical treatment, I usually cure of their passions persons who are treated without knowing it, and whom I have never seen.

2. I have made psychical cures which lasted eight years. No cures operated by suggestion have ever been mentioned, which lasted so long.

3. These psychical cures are sometimes (exceptionally) preceded by a drug aggravation, which I should like to be able to spare my patients, although it is a good sign, and is usually followed by a cure. For instance, a married man, sixty years of age, who had grown more and more jealous, during thirty-three years of

married life, felt, for three weeks, under the influence of a single dose of *Lachesis* 200th, a distinct aggravation of his jealousy, of which he was cured in five weeks. This cure lasted until his death, that is to say, eight or nine years.

4. If I were able to cure, by suggestion, drunkenness and other passions, I should not take so much trouble to seek for the most efficacious remedy in each case, and I should always cure children. Now, quite on the contrary, I cure children of their failings, by means of remedies, much less often than adults, because remedies are less able to develop reason and sensitiveness to the criticism of those who surround them in children, in whom these sentiments are only in the germinal state, than in adults already possessing them in a more or less developed condition. Hence, among adults there occurs under the influence of the remedies administered, an activity of thought and observation which assists the action of these remedies themselves. Thus, I cure of jealousy almost all of the adults, and, up to the present time, I have been unable to cure this failing in children of seven years of age or under.

## XV.

I. Desiring to explain why I prescribe the most diverse high dilutions for drunkenness, I am obliged to treat of the question of doses in which remedies may be used. In order to solve this question, which divides not only the old and the new schools, but also homœopathic physicians among themselves, I must make use of general considerations, which shall gradually prepare the reader to understand what I am about to say.

II. In the experimental and observational sciences, men have usually each a closed field in which they study, observe and experiment, noting indisputable facts, of which they hazard the most various interpretations. Unfortunately, as a rule, each individual limits his observations to his own field of investigation, looks constantly through one end of his spy-glass and refuses to look through the other end, by noting in the field of study of each of his neighbors, other facts which are equally undeniable. As a result, men of education and learning, having their own minds filled with the facts observed or discovered by themselves, listen only to themselves, will not listen to any one else, and, in that way, become least inclined of all people to acquire knowledge, and hence most likely to become the slaves of routine.

Prudent physicians, whose duty it is to use, for the benefit of their patients, all curative doses of the remedies, would act judiciously in imitating to that end, the eclectic bee, which explores all fields, visits their numberless flowers, compares and judges—since judgement is only comparison—and gathers honey wherever it may. Unfortunately, that is, in the matter of doses, what those physicians do not do who remain fenced within the fields of their own experiments, unwilling to see anything outside, and, therefore, unable to judge, since they do not compare the diverse effects of different

does. Thus, allopathic physicians persistently prescribe remedies, only in massive doses, while some homœopathic physicians use only infinitesimal, low, medium or very high dilutions. The exclusiveness of both is often injurious to the physicians and to their patients. I will explain why.

III. The remedies prepared by nature or art, like all other matter, present themselves under four conditions, that is to say, in the solid, liquid, gaseous or radiant state. The latter, thus named, by the English physicists, Faraday and Crookes, has been called "subtle state" by Aristotle and "infinitesimal state" by Hahnemann.

According to Faraday and Crookes, when matter is in the solid state, its constituent molecules touch and are adherent among themselves. In the liquid state, the molecules of matter still touch, but are not adherent. In the gaseous state, the molecules of matter are adherent and are more widely separated from each other. In the radiant state, the molecules of matter are still more widely separated than they were in the gaseous state.

According to Wm. Crookes, radiant matter constitutes, in reality, the limit where matter and force seem to shade off into each other. This makes us understand that, under certain conditions, if not under all, the less matter remedies contain, the more force they must have. This will be demonstrated to us by the observations which follow.

Paracelsus seems to have had a glimpse, or knowledge of similar facts, when he describes to us as follows, the preparation of his "*arcana*," which preceded the alkaloids of allopathic physicians and the high dilutions of homœopathic physicians—two preparations with which these "*arcana*" have an air of kinship: "Twenty pounds of substance are reduced to one ounce of quintessence which, however, is the medicinal portion. Wherefore, the less matter there is, the more medicinal virtues—*Quo minus corporis est, quo magis virtutis in medicina*. One thing only is necessary: make *Arcana* and direct them against diseases. With them, one cures apoplexy, paralysis, lethargy, epilepsy, mania and melancholia—diseases against which the drugs of the apothecaries have proved unavailing."

OBSERVATION 1.—An old man in the Charity Hospital of Lyons, had, for six months, had, every night, an attack of fever, coincident with frequent calls to micturate. I cured this attack with *Natrum Muriatricum* 25th, that is to say, with common table salt in the 25th centesimal dilution. And yet, during these six months, this old man had swallowed in his victuals a quantity of common salt one hundred thousand times larger. And besides, this old man had taken Sulphate of Quinine and other febrifuge remedies prescribed in massive doses, by a very learned physician, who knew well the resources of allopathic therapeutics.

An objection may be made that a man will not be poisoned, so as to die, by an infinitesimal dose of *Nux vomica* and will be poisoned by a given ponderable dose of that remedy. That is true.

But the same ponderable dose, a deadly poison for one person, will be, for another, who has greater powers of reaction, a remedy that will cure constipation, sick headache and paralysis. In the latter case, the curative action of this one ponderable dose of *Nux vomica* will often last but a short time, while a single dose of this remedy in the 30th dilution or the 200th, and more still in the 10000th, will have a much more prolonged curative action.

OBSERVATION 2.—Thus, for example, this one ponderable dose of *Nux vomica*, will be able to cure constipation so as to provoke a few diarrhœic stools during twenty six or thirty hours, while a single dose of this remedy, in the 10000th dilution, in one of my patients, treated without his knowledge, provoked similar stools for eleven days in succession and might have acted still longer, if, on the eleventh day, there had not been administered to him *Veratrum*, 3d as an antidote. Even among the high dilutions, the higher they are, the more prolonged their action.

OBSERVATION III.—For instance, a lady who had an attack of sick headache every morning, was cured for one or two weeks by a single dose of *Nux vomica* 200th, and for six, eight or twelve months by a single dose of *Nux vomica* 10,000th.

The following facts also demonstrate the prolonged action of high dilutions.

OBSERVATION IV.—A lady twenty-eight years old, who had, for four years, been suffering from acne rosacea, and whose face had, from her infancy, been covered with freckles, took a single dose of *Graphites* 600th, which, at the end of five months, caused both the acne and the freckles to disappear. Would one ponderable dose of Graphite have produced a similar effect?

One might consider the curative action of remedies as a movement communicated to the organism upon a given point and in a given direction. This communicated movement may be brief, like that impressed upon the intestines by purgatives during from twelve to twenty four hours, or very prolonged, as in the afore-mentioned, by *Graphites* 600th, which took five months to transform the skin of the face of this young lady. The duration and consequently the strength of the movements communicated to the organism by the remedies are proportioned not to the quantity, but to the quality, of the movement.

Analogous comparative facts may be observed in other cases of communicated motion. For instance, before the invention of gunpowder, the besieged had large machines for throwing stones upon the besiegers, who were thus able to slay their foes at a distance of one hundred yards at the utmost. Now-a-days, the besieged, with a little bullet and a few grams of gunpowder, kill the besiegers a thousand yards away. Here again, the duration and the effect of the communicated motion are in proportion not to the mass of the motor, but to its quality. In the same way that different carbines throw the projectile to a distance of 60, 100, 200, 400, 600, 800, 1200, yards, a single dose of the same remedy, differently prepared, prolongs its action during one, two, four, eight, fifteen, twenty, thirty, forty or sixty days.

It seems that the 200th and 10,000th dilutions of the remedy act not only much longer, but also more deeply, upon the organism, than the third and sixth dilutions of the same remedy. Hence, for the lighter, accidentally morbid states, one may administer to the sick person, divers remedies in the third or sixth dilutions, and then these lower dilutions will not interrupt the long duration of the action of the 200th or 10,000th dilution. And, strange as it may seem, the third or sixth dilution of the remedy is sometimes the best antidote to the 200th or 10,000th dilutions of the same remedy, which have acted too strongly upon the impressionable organism.

IV. Still, one cannot affirm that the curative action of the remedy is always the more efficacious as it is prescribed in the more infinitesimal dose, or in a more radiant state. To so affirm, would be to uphold an error that might be very dangerous for the sick. In many diseases it is better to use remedies not in the 200th or 10,000th dilution, but in the third, sixth or twelfth, and, at times, even in massive or ponderable doses. Thus, I do not know that cases of congestive fever have ever been cured with the 200th dilution of sulphate of quinine, but many have been cured by this remedy administered in doses of one or two grams.

I have indeed often prescribed this remedy in larger doses than those given by allopathic physicians. For instance, in certain acute diseases, bronchitis especially, presenting the peculiarity of remittent attacks, growing in gravity and threatening dangerous results, allopathic physicians have slowly succeeded or entirely failed by prescribing from fifty to sixty grams of quinine per day during six, eight or ten days in succession. These medium doses, too long repeated, tease, wear out the organism, which then no longer reacts at all or reacts imperfectly. I have been consulted after these allopathic physicians, by these same patients, presenting similar morbid conditions and I have prescribed quinine in the quantity of one gram, administered in a single dose, each day for three successive days, as if congestive attacks were to take place and I have cured these remittent attacks and concomitant diseases more rapidly and completely than allopathic physicians had done before in the same person. And yet these physicians had prescribed four or five grams of quinine in eight or ten days, while I only prescribed three grams, but my patient had taken them on three successive days, taking each day one gram in a single dose. It is clear, therefore, that remedies may be prescribed according to diseases and patients in the most varied doses and at different times.

V. Allopathic physicians unconsciously make use of remedies in the infinitesimal or radiant state. For instance, when they prescribe for their patients the waters of Wildbad (Wurtemberg) and of Gastein (Tyrol). These waters, although they contain no more chemical elements than ordinary drinking waters. cure paralysis. Are not their curative agents remedies in the radiant state, since chemistry cannot discover their presence? Chemistry is likewise unable to reveal the nature of remedies given in medium and high homœopathic dilutions, and yet these dilutions cure many diseases.



VI. The strength of the body seems restored, not only by remedies in the radiant state, but also by food in the radiant state. This may at least be presumed, when we consider the fact, noted daily by all men, and thus stated by Professor Rostan: "Food produces this effect almost as soon as it enters into the mouth, or at least as soon as it reaches the stomach. The painful feeling of hunger disappears to give place to a feeling of general comfort; strength is immediately restored; it seems as if new life were coursing through our entire frame. This effect, however, is not due to assimilation; since not a single nutrient molecule can have been carried into our organs." Thus, food introduced into the stomach and not as yet assimilated immediately restores the strength. Must this result be attributed to the fact that the food in such a case is absorbed in the radiant state?

VII. Besides, the radiant state seems to manifest itself under other forms also: for instance, under the form of light, heat, or electricity. Is light anything else than matter in the radiant state, since spectroscopic analysis enables us to recognize all bodies by their respective luminous tints? Electricity, heat and light are not forces, properly speaking, since they cannot be isolated from the bodies which produce them. They are nothing else than these same bodies in their respective radiant states.

It was the odor of matter that gave Aristotle a glimpse of the radiant state, which he called *subtle* state, after having noted that one grain of musk, without losing anything from its weight, perfumed for months and months a vast edifice, the air in which was constantly renewed.


Darwin reports a still more astonishing example of the persistency of odor, that modality of the radiant state. "I wrapped," says he, "the hide of a Patagonian deer in a silk handkerchief to carry it home. Now, after having had this pocket handkerchief washed, I carried it continually. Notwithstanding frequent washings, every time I unfolded it, for nineteen months, I immediately smelled the odor." This is an astonishing example of the persistency of an odor which, however, must be very volatile.

VIII. The radiant state of matter which, as the preceding facts demonstrate, is produced by nature, may also be produced by art. In order to accomplish this, it is only necessary to comply with the directions of the physicists, Faraday and Crookes, who, for that purpose, recommended that the constituent molecules of each body should be separated so that they should be more distant from each other than they are in the solid, liquid or gaseous state. In this manner, as Crookes says, we reach, I repeat it, "the limit where matter and force shade off into each other"; in other words, there is developed in each body the latent forces which were smothered under the mass of matter. Now, that is just what homœopathic pharmacists do, when they prepare the infinitesimal doses of each remedy, either by means of successive dilutions in a vehicle (distilled water or alcohol) or if the remedy be insoluble, successive triturations with sugar of milk.

The process of dilution most frequently employed is the following, recommended by Hahnemann: To prepare, for instance, the first thirty dilutions of the mother tincture of *Nux vomica* you take thirty vials numbered 1, 2, 3, 4, etc., up to thirty, and containing ninety-nine drops of distilled water or alcohol. To prepare the first dilution, you pour one drop of the mother tincture, into the first vial, which you then shake, say thirty times. To prepare the second dilution, you put one drop of the first dilution, into the second vial, to which you give the same number of shakes. You continue to prepare in that way each dilution, by dropping into each vial, one drop of the dilution previously made. Therefore, to prepare the first thirty dilutions of the remedy, there are needed thirty times five grams of distilled water or alcohol, in other words, one hundred and fifty grams of liquid.

(To be continued.)

#### REMARKABLE FECUNDITY.

 WAS called to see Mrs. E. T. Page, Jan. 10th, 1890, about 4 o'clock A. M.; found her in labor and at full time, although she assured me that her "time" was six weeks ahead. At 8 o'clock A. M., I delivered her of a girl baby; I found there were triplets, and so informed her. At 11 A. M., I delivered her of the second girl, after having rectified presentation, which was singular, face, hands and feet, all presented, I placed in proper position, and practiced "version." This child was "still-born," and after considerable effort by artificial respiration, it breathed and came around "all right." The third girl was born at 11:40 A. M. This was the smallest one of the four. In attempting to take away placenta, to my astonishment I found the feet of another child. At 1 P. M., this one was born; the head of this child got firmly impacted at lower strait, and it was with a great deal of difficulty and much patient effort that it was finally disengaged; it was blocked by a mass of placenta and cords. The first child had its own placenta; the second and third had their placenta; the fourth had also a placenta. They weighed at birth, in the aggregate, nineteen and a-half pounds, without clothing; first weighed six pounds; second, five pounds; third, four and a-half pounds; fourth, four pounds. In the country, and "backwoods" at that, it was impossible to procure a "wet nurse," so with the little help we could control, and feeding the babies on "Reed & Carnrick's Infant Food," they thrived well. From using all the foods on the market, I long since found that the above food possessed some qualities that I failed to find in the others.

Mrs. Page is a blonde, about 36 years old, has given birth to fourteen children, twins three times before this; one pair by her first husband. She has been married to Page three years, and has had eight children in that time. I have waited on her each time.

Page is an Englishman, small, dark hair, age about 26, weighs about 115 pounds. There was quite an amusing incident occurred when I informed him that his wife would give birth to four children. He fell across the bed by his wife's side, threw his heels away up in the air, clasped his legs with both hands, and with a long wail of despair; cried "Lord God, doctor! what shall I do?"

They are in St. Joseph, Mo., now, having contracted with Mr. Uffner, of New York, to travel and exhibit themselves in Denver, St. Joseph, Omaha and Nebraska City, then on to Boston, Mass., where they will spend the summer.

The birth of quadruplets is not so remarkable; but that they should live and thrive, as these have done, is. In about 375,000 births, there are quadruplets, and it is a remarkable fact that they always die. Will some of my brother M.Ds. give us their experience with quadruplets?—J. DE LEON, M. D., in *Dietetic Gazette*.

Ingersoll, Texas.

[A note just received informs us that on the 10th inst. the quadruplets—five months after birth—were still thriving on the same fare.—ED.]

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THE INFLUENCE OF OLIVE OIL UPON THE SECRETION OF BILE.—Dr. Siegfried Rosenberg, in *Fortschritte der Medizin*, states that the results in the treatment of gallstones by olive oil in large doses induced him to study the action of olive oil upon the bile in dogs, by means of permanent biliary fistulæ. He found that there was a very considerable increase in the quantity of bile secreted, with a decrease in its consistency. Olive oil, therefore brings about those conditions which are requisite to the removal of gallstones.—*Weekly Medical Review*.

\* \* \*

NEW METHOD OF DELIVERING BREECH PRESENTATIONS.—Mars, of Krakau, describes a new method, by which he has succeeded in three cases in extracting the presenting breech, when he had failed by the ordinary manual methods. In his first case the breech presented, S. L. A., os fully dilated, breech arrested at superior strait, beginning acute œdema of the lungs in the mother. Failing to extract by means of the fingers hooked into the groins, and by other manual methods, he adopted the following procedure: Supporting the fundus with the left hand, he introduced his right hand flatwise within the uterus, between the uterine wall and the child's sacrum, until the hand was high enough to enable him to grasp the foetus with the thumb and little finger just above the iliac crests, while the other fingers were extended along the foetal spine. He then drew upon the foetal trunk during the pains, which pressed his hand firmly against the child's body, until the breech was brought to the pelvic floor, when the foetus was easily extracted.—*Boston Medical and Surgical Journal*.

## OUR BOOK TABLE.

**ELECTRICITY IN THE DISEASES OF WOMEN**, by *G. Betton Massey*. *Second Edition, Revised and Enlarged*; pp. 240. Price \$1.50 net. Philadelphia: F. A. Davis, 1890.

The fact that a second edition of this work has been so soon called for proves that the opinion of the medical profession at large concerning the merits and timeliness of the work in question has been in substantial accord with that expressed by us at the time of its first appearance. The following quotation from the new preface will show how this edition differs from the former one: "In preparing a second edition the opportunity has been taken for a thorough revision of most of the text and the addition of new electro-therapeutic contributions to gynecology; and so considerable has been the progress of definite knowledge in the art that it was found necessary to rewrite the greater portion of Chapters XI., XII., XIV. and XVI., and add new chapters on subinvolution and chronic inflammatory diseases of the appendages."

**WOOD'S MEDICAL AND SURGICAL MONOGRAPHS, VOL. 6, NO. 2.**

This, the May issue of this excellent series, consists of about 350 pages, and contains "Insanity at the Puerperal, Climacteric and Lactational Periods," by Wm. Bevan Lewis, L.R.C.P.; "Treatment of Diseases of Women by Massage" (Illustrated), by Dr. Robert Ziegenbeck; "The Treatment of Internal Derangements of the Knee-joint by Operation" (Illustrated), by Herbert Wm. Allingham, F.R.C.S., and "The Idiopathic Enlargements of the Heart," by Dr. Oscar Fräntzel.

**HOW TO PRESERVE HEALTH**, by *Louis Barkan, M. D.* New York: American News Company.

This is just such a book for the instruction of the laity in hygiene as the family physician can conscientiously recommend. Its language is plain, its suggestions practical, and it does not recommend self-dosing, that bane of the age.

## NOTICES OF NEW INSTRUMENTS, APPLIANCES, ETC.

**REAGENT CASE WITH TEST TABLETS.** *Detroit: Parke, Davis & Co.*—More and more attention is justly being paid by physicians of all schools to the examination of urine, as an aid to diagnosis, prognosis and treatment, and more than one manufacturer has endeavored to supply physicians with the means of testing the urine at the bed-side. Among the latest, is the pocket case of Messrs. Parke, Davis & Co., which for accuracy and simplicity of tests and compactness and neatness of form is without doubt the most perfect we have yet seen. The case is supplied with the indigo-carminic and bismuth sub-nitrate tests for sugar, and the potassium-mercuric iodide and potassium ferrocyanide tests for albumen, two test tubes (one graduated), litmus paper, a graduated minim pipette, a little manual, giving complete instructions for the use of the tests; Vogel's scale of colors and a card with the text lines employed by Dr. Oliver in quantitative estimations of albumen—also a set of specific gravity beads. These last constitute a very ingenious urinometer and without the fragility which makes the ordinary urinometer unsuitable for carrying in the pocket. Send to the manufacturers for their twenty-page pamphlet (free) on "Urinary Tests in Paper and Tablet Form," and learn the details which we cannot give here.

## FACT AND FUN.

"Well, doctor, how did you enjoy your African journey? How did you like the savages?" "Oh, they are kind-hearted people; they wanted to keep me there for dinner."

**CAMPHO-PHÉNIQUE.**—Dr. J. M. Schee, Eddyville, Iowa, writes: I consider Campho-Phénique a most excellent remedy and the very best local application in lacerated and incised wounds. I do not intend to be without it in my office.

"Yer 'anner," said the Irish foreman of the jury, before whom two medical students had been tried for "resurrecting" bodies—"Yer 'anner, the jury believe the accused guilty, but they have doubts of their idinty!"

St. Joseph, Mo., June 14th, 1880.

DR. ENNO SANDER, St. Louis, Mo.:

*Dear Doctor*—We have used some of your Mineral Waters in our Hospital, and are very much pleased with them. We intend to give them the preference of all others hereafter.

Yours truly,

JAS. W. HADDENS.

COBWIGGER—Quack should be prosecuted for obtaining money under false pretenses. That nostrum of his is no good.

*Brown*—Pshaw! Did n't he sell it to you as a skin cure?—*Life*.

"Bovinine," says the *Dietetic Gazette*, was displayed (at the Nashville meeting of the American Medical Association) in the usual attractive manner for which the manufacturers are noted. This celebrated dietetic preparation has become a necessity in all cases where insufficient nutrition is caused by inability to assimilate food.

THE "BLIND HEALER" refused to pay her note "payable at sight," because she had not seen it, and her creditor's attorney is wrestling with the question, whether she can be made to pay before having been interviewed by Dr. Campbell.

The original imported Hoff's Malt Extract, Tarrant's, is the only Malt that ever received an award of merit in Germany. It received the Bronze Medal at the Hamburg Exhibition last year and was awarded the first order of merit (a Silver Medal), at Melbourne, Australia.

To prevent substitution specify "Tarrant's" when prescribing Hoff's Malt.

EPILEPSY OF 30 YEARS STANDING.—In an old case of epilepsy of thirty years standing I used Peacock's Bromides with marked success and decided benefit. Patient had from three to six seizures usually in twenty-four hours. Under the use of Peacock's Bromides the patient is almost entirely free from further attacks and otherwise generally improved.

J. S. BRUNNER, M. D.

Bay Port, Fla.

LAWYER TO PHYSICIAN ON THE STAND.—Doctor, was Mr. Jones a patient of yours?

*Doctor*—Yes.*Lawyer*—Is he here?*Doctor*—No.*Lawyer*—Do you know where he is?*Doctor*—No.*Lawyer*—Is he dead?*Doctor*—Yes.

URIC DIATHESIS.—Please accept my best thanks for the LITHIATED HYDRANGEA (Lambert) you forwarded me for the purpose of making trials in my practice. To know that this pharmaceutical product contains the Benzo-Salicylate of Lithia, sufficed to induce me to prescribe it in full confidence to a certain class of my patients, and I have obtained most satisfactory results from its administration, especially to those suffering from gout and rheumatism, improvement being rapid, and manifested after but a few doses of the LITHIATED HYDRANGEA had been administered. I am continuing my observations with said preparation in order to gain a more thorough knowledge of its therapeutical effect in cases of Cystitis, Hæmaturia and Renal Calculus.

F. VIDAL SOLARES, M. D.

Calle de Vergara, núm. 12, BARCELONA.

GEO. W. WEEMS, M. D., Moberly, Mo., writes:

KATHARMON CHEMICAL CO., St. Louis, Mo.:

*Gentlemen*—It becomes my pleasure to testify to the merits of KATHARMON. I have had abundant opportunity, of late, to test its effects in various ways, especially in the dressing of wounds. A severe, extensive and dangerous gunshot wound, with bone shattered, has been treated by me for five or six weeks, with KATHARMON; the results far beyond my most sanguine expectations, considering the extent of the wounds. No gangrene and very little sloughing, where it reasonably might have been looked for. I attribute these favorable results to the influence of this valuable agent. I have also used it in form of spray with happy effect in catarrh, and as a soothing and not infrequently a curative agent in sore throats from whatever cause. In a long experience, I hesitate not to say that I have found no superior to KATHARMON in the treatment of wounds, the destruction of *bacteria*, the opposing of gangrene, and as a cleansing agent, in all respects soothing and grateful wherever indicated.

THE  
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Volume III.

JULY, 1890.

Number 7.

CARCINOMA VENTRICULI.\*

D. V. VANSYCKEL, M. D., CANTON, MO.

AVING had two cases of the above disease within the past year, it occurred to me that a short history of them and their treatment would not be out of place at the present time. The etiology of cancer of the stomach belongs in most cases, to the domain of supposition.

There are several causes alleged, but with what right may be questioned. We are all aware that this affection seldom occurs before the age of fifty. Both of my cases were over seventy years of age, and both males.

The first was under my immediate attention and medical care for more than one year before his death. In that time, I treated him for chronic indigestion. He was able to work to within six months of his death at the most laborious kind of toil, being sustained by only a crust of bread and a sup of water during the day. The cause of the disease in this patient, I must attribute to *chronic catarrh* of the *stomach*.

He was very temperate in his habits, and I think, perhaps want and care, with continual grief, were the factors in the case. Each patient that I have had with the cancer were men of violent passions. I think both men had scirrhus, fibrous carcinoma. The first one started in the pylorus, I judge from the stomach being dilated and

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drawn downward out of its normal position. The second was a man of intemperate habits and violent temper. In this instance, the cancer, I think, was located in the cardia, for there was stricture and shrinking of the parts. For a long time, symptoms varied so much that the diagnosis was far from certain; in fact, the second case was pronounced chronic dyspepsia only one week before dissolution by one of our enlightened allopaths. The secretions were like coffee grounds or chocolate. There was great pain in the bowels caused by constipation, and his spirits were very much depressed. The one whose scirrhus was located in the cardia suffered more acutely than the other, and would beg of me to give him morphia to end his existence. One of the patients became comparatively easy some days before his death, because of the tumor melting away into ichor, thus freeing the cardia and pylorus temporarily.

My treatment included all of the remedies that have been recommended for chronic catarrh of the stomach. My first thought was Arsenic as the remedy for the burning, vomiting and sleeplessness. Nux would relieve some of the symptoms, such as acidity, vomiting mucus and obstinate constipation. I ransacked the materia medica to give them ease, but failed. One of them begged so persistently for morphia that I did administer it subcutaneously. I am convinced that it hurried him off, but he died easily.

#### DISCUSSION.

DR. W. L. REED (St. Louis).—It seems that the doctor treated carcinoma. Now, carcinoma has nothing to do with the treatment. The doctor states that he ransacked all the authorities he could get to find out what was good in carcinoma. He says that the discharges were of a chocolate character. The remedy in that case should have been the remedy that has these chocolate discharges. Now, what remedies have these? That is the question. *China*, *Arsenicum* and *Lachesis*. I think the doctor chose well in choosing *Arsenic*. He says he also used other remedies. I cannot see why, unless the burning in the stomach and restlessness called for a deeper acting remedy that far transcends the action of arsenic. *Arsenic* should be used when the disease has a deathward tendency, but when you are way beyond that line, you will find that such remedies as *Lachesis*, etc., are better indicated.

DR. J. THORNE (Kansas City).—Dr. Reed says that *Arsenic* is not adapted for deep diseases. *Arsenic* is indicated when there is degeneration of tissues, and is therefore one of the best remedies in this class of cases.

DR. W. L. REED. — I stated that *Arsenic* was indicated when the tendency of the disease is deathward. There is, however, a line of demarcation when we should resort to other remedies. Thus, for extreme restlessness, tossing from one side of the bed to the other with great anxiety, *Tarantula* and not *Arsenic* is the remedy indicated. The line of demarcation is often hard to draw.

DR. J. THORNE. — Always think of *Tarantula* for that peculiar form of restlessness. It is also an excellent remedy in cases where the vasomotor nerves are paralyzed.

You speak of the symptoms being a picture of the disease. This is not always true. Suppose you pass your hand under the left lobe of the liver and find a hard substance, you know that there is a carcinoma. Now, suppose you get an impulse from its pressure on a blood vessel. That impulse is a symptom. Such cases cannot be treated according to the symptoms, but must be treated pathologically.

DR. W. L. REED. — For twenty years I treated my patients allopathically. I now am a homœopath, and find the properly selected homœopathic remedy sufficient in all diseases.

DR. D. B. MORROW (St. Louis). — The cases detailed were of interest to me. I had in my practice a man fifty-eight years of age, a druggist. Had been an allopath and sneered at homœopathy. His allopathic friends forsook him. He then called for me, a homœopath. At that time he did not expect to live longer than five days. At first, his restlessness indicated *Arsenic*. This, however, did not give even partial relief. I then studied the case at home, and found that the similimum was *Natrum mur*. He would cry when he heard sad news. He would not stop crying. Gave him *Natrum mur*, cm. potency. He lived for six months in comparative comfort. For three weeks, he actually improved. His color was better, bowels regular, etc. Instead of giving him hypodermic injections, whisky and stimulants, I put him on Bush's liquid food and milk. He gained in flesh. I agree with Dr. Reed that as homœopaths, we must study our cases, and if they do not cure, they relieve as well as any other form of treatment.

#### BRIGHT'S DISEASE.\*

W. JOHN HARRIS, M. D., ST. LOUIS.

**S**INCE the published researches of Dr. Richard Bright in 1827 and of Dr. George Johnson twenty years later, no subject in medicine has been more scientifically and thoroughly studied than Bright's Disease.

While some still advocatè the unity of the acute and chronic affections, the more recent observers regard them as distinct and separate diseases and even claim that the particular form of the chronic affection, as "large white," "hard contracted," "fatty" and "waxy kidney," may, without an autopsy, be conjectured with at least some approach to certainty. There are immense numbers of symptoms which would make you suspect Bright's Disease.

Listen to some of them :

Nervous symptoms, such as giddiness, recurring headaches, mental obscurity, failure and confusion of memory. This group of symptoms is sometimes the first to indicate the presence of the disease. In nearly all the forms, it is not only the kidney that is at fault, but very many organs are affected in various parts of the body. For instance, let us take the chronic gouty kidney, where it is hard, small, puckered and tough. Here the fibrous tissue of the organ is increased, and the tubular structure is infringed upon. Besides this thickening of the fibrous tissue in the kidney, the same tissue is

\* Read before the Mo. Inst. of Homœopathy, Fourteenth Annual Session.



thickened in whatever parts of the body it may be found; the arteries take on the same condition, so does the arch of the aorta, as well as the valves of the heart; the fibrous tissue of the liver, spleen and spinal cord is increased. It is really a localization of a general condition more marked in the kidney than elsewhere. Were it more marked in the liver we should have cirrhosis of the liver.

It may, therefore, be expected that in this form of Bright's Disease, we encounter very varied symptoms in different cases. Sometimes the nervous system particularly is affected, and we have loss of memory, mental derangement, delirium, etc. Again we have irregular vomiting, loss of appetite, irregular bowels. The pulmonary organs may suffer most: we have inexplicable paroxysmal dyspnoea, the circulation may be accelerated, the pulse irregular, and yet the cause of any or all of these may be the same, the kidney being the principal seat of trouble, though not observed until late in the case.

We are never safe from fear of overlooking Bright's disease unless we make it a rule to examine the urine, not only of chronic but of acute cases. If you find albumen in the urine, and microscopic examination shows the presence of tube casts, you have then made a certain diagnosis.

Of the chronic variety we will first consider the albuminoid kidney.

It is a state where the normal organic elements of the body do not remain but are gradually replaced by a structureless and inert material, which finally converts them entirely into this structureless material. This process may affect all parts of the body. It comes on when the system has been broken down by wasting discharges, chronic suppuration, necrosis or caries. This degeneration, when localized in the kidneys, gives rise to a form of Bright's disease.

In albuminoid kidney, the secreting structure of the kidney, not being able to reabsorb the albumen, it is found in the urine in large quantities.

Tube casts are numerous. Specific gravity usually low. There will be general œdema or ascites, as the liver is often enlarged.

In *Chronic Interstitial Nephritis* is the greatest danger, perhaps of being overlooked. In amyloid or catarrhal nephritis the symptoms are more marked. But there is a gradual change, that is not noticed—it may last for years. I have seen cases where it has lasted from ten to twelve years, and it may last much longer.

The causes of this form are numerous repeated congestions, excessive use of alcohol. It comes on slowly. The constant passage of effete matter through the body, as in gout and various other conditions, tends to set up this form of the disease.

Here, polyuria is present, there will be little or no albumen, as it is nearly all reabsorbed. Tube casts are rare in the earlier stages. We may look at five or six specimens of urine and examine five or six slides of each, and at length be rewarded by finding a very delicate hyaline cast. The specific gravity is low. Gastric derangements are quite common, often early in the case. Later, the second sound of the heart is strong and heavy, as the arteries are contracted and the fibrous tissue of the valves is thickened.

Just a word now about catarrhal nephritis. It is probably the most frequent of all the morbid processes of the lining membrane of the tubercles of the kidney. Its most frequent cause is colds, ordinary catarrhs, or repeated, slight exposure to cold draughts. In chronic catarrhal nephritis, we are apt to have bronchial, gastro-intestinal and hepatic catarrh with it. As the kidneys are obstructed the urine is high colored; in the two other forms it is of a light color. Albumen is abundant in this form. The tube casts are numerous. Epithelial or granular. Here we are very likely to have uremia.

In regard to the treatment of these cases. There are two distinct divisions of treatment that I generally follow.

They are, first, the habitual treatment extending throughout months; and second the treatment of the crisis or special symptoms. After careful selection of the appropriate remedy, it should be continued for-months, yet it may be necessary to take notice of special symptoms and conditions as they arise, when they appear to be threatening the comfort of the patient.

Among the temporary conditions which it is necessary to treat are vomiting, indigestion, and very commonly diarrhea.

No matter what form of Bright's Disease it may be, or what the treatment you are following, you must for the time being, leave the constitutional remedy you may have selected, and by a careful selection of some other medicine and a suitable diet aim to correct the acute attack.

As to remedies in this disease, their number can be counted on the fingers, so far as my experience has gone with medicines that I can really say have produced any decided benefit.

*Glonoine* has proved as reliable as any one; especially where general œdema was present accompanied with cardiac hypertrophy.

*Convallaria Majalis* has also proved a valuable remedy in the later stages, when cardiac complications gave a great deal of trouble.—(Valvular).

As to *Arsenicum*, so often recommended as the remedy in this disease, I have seen it do good only when the well-known symptoms of the drug were very strongly marked, accompanied with great anxiety at night.

*Digitalis* has often rendered me good service, especially when defective action of the heart was present.

*Phosphorus* I regard as one of the best remedies, but I give it in a preparation of glycerine.

*Terbinthina* I regard as a valuable remedy when there is blood present in the urine.

I have seen good effects from *Jaborandi* when the urine was very scanty accompanied with intense dyspnoea from œdema of the lungs.

The repertory published by Dr. J. Gibbs Blake contains many many valuable hints as to remedies—and should be consulted.

Respecting the diet in this disease:

In the advanced cases, I am opposed to the rigid skim-milk diet, on the contrary I have found that with many a rich diet of white of egg, raw, mixed with other nitrogenous foods has no effect on the urine, either on the healthy subject or the one afflicted with Bright's

disease. I have given hard boiled eggs to patients and the amount of albumen has decreased in the urine.

Of all the mineral waters that I know of that may be used I have found none more beneficial than the Manitou Springs Soda Water.

*Stimulants* I regard as necessary in advanced cases, especially where the patients have been what may be called steady drinkers.

I have in mind one of this kind where a return to a moderate use of stimulants, after the former physician had stopped the use of everything of the kind, put the man on his feet again, and he has remained comparatively well now for three years.

#### DISCUSSION.

DR. J. THORNE (Kansas City).—I never cured a case of Bright's Disease nor have I ever seen a man that did. There may have been cases cured. I do not believe that the derangement of the kidney is the primary difficulty in Bright's Disease. I have seen the kidneys intact. I will give an illustration of how fallacious our ideas of kidneys are: Two years ago, my friend Dr. Allen lost his wife from Adison's Disease or enlargement of the supra-renal capsules, she also had stenosis of the right and left sides of the heart. I went to work at that time and in three instances removed the supra-renal capsules of dogs. Two died and one recovered. There is no sign of discoloration of the skin and the dog is alive and on my place to-day. My own idea is that Bright's Disease is an aberrated condition of the nerves of organic life, finding its most favorable development in the parenchyma of the kidney. I had a case of amyloid kidney and found the same amyloid condition in the brain. Found albumen in the urine and amyloid degeneration of the valves of the heart. We must look deeper than we do at present.

DR. W. L. REED, of (St. Louis).—I should like to ask why the writer uses Phosphorus in glycerine.

DR. W. JOHN HARRIS.—It keeps better. Phosphorus in alcohol loses its strength.

DR. W. L. REED.—There is no possible chance of it losing its strength after it is potentized. Highly potentized agents are not hurt by other substances. Highly potentized agents will rise over crude substances.

It is necessary to know the condition of the kidneys in order to give a careful prognosis in the case. It has nothing to do with the treatment of the case. Get your indicated remedy. The worst case I ever saw was a case with 50 per cent. albumen. The patient had been told he would die. I took the symptoms of the case and cured him with Natrum mur. Natrum mur. on account of the chilliness in the morning, great thirst, great headache with chilly sensations, great fever, great thirst with fever, lancinating headache with the fever, headache and nausea at 10 o'clock every morning. I gave the boy three doses of Natrum mur. 200th dilution. The next morning there was only one-fourth as much albumen in the test tube. I stopped the Natrum mur. The albumen returned. I then gave him Natrum mur. cm., the next morning the patient had no albumen or chill. At the end of a month, the boy had three or four doses of Natrum mur.

DR. J. THORNE, (Kansas City.)—I want to tell the young men that when they get a case with 50 per cent. albumen they had better consult an old physician and be sure that what they suppose is albumen is not albuminoid or mucus.

DR. A. C. JONES, (Holden, Mo.)—I should like to mention a case in which I had the pleasure of holding an autopsy. This patient I first treated for epithelioma of the lip and face. He had polyuria. He would void about two gallons during the night. He had been taking various remedies. After he came into my charge, I gave him *Syzygium Jambolanum*. He improved after taking it. The lips were destroyed by the epithelioma of the face but had healed under the administration of Arsenic, leaving but a small opening through which the patient could take nothing but liquids for 2½ years. Prior to his death, he again passed large quantities of urine. *Syzygium* would not relieve his condition this time. He was found dead one morning seated on the vessel. I was notified and examined the lungs, liver, heart and kidneys. The kidneys were more than double the usual size. When cut into, they were fibrinous, solid and much more dense than usual. The stomach presented the appearance of a bladder, which I attribute to his having taken liquid food. He had to take his food through a small tube. He would exercise but very little, on account of his inability to breathe. The lungs had atrophied. The lung tissue was soft, looked as if it had not been inflated for several years. The heart did not weigh one-sixth its usual weight. In one of the auricles of the heart there was a fibrinous clot about one-half inch in length.

DR. W. JOHN HARRIS.—I should like to hear something about the diet for these cases of Bright's Disease.

DR. T. GRISWOLD COMSTOCK, (St. Louis, Mo.)—I recommend milk diet. I have a case now in which there is intense neuralgia of the heart. The patient is taking Glonoine tablets, each containing one-third of a grain. The patient takes a portion of a tablet. I can not say that Glonoine is the strictly homœopathic remedy, yet, as long as it does good, that is sufficient. *Convallaria* and *Digitalis* are also excellent remedies. I have used *Syzygium Jambolanum* for polyuria but have not used it in Bright's Disease.

DR. WM. B. CLARKE (of Indianapolis).—We are all familiar with the peculiar neurosis of Glonoine. I think, it is interesting to trace the cases of Bright's Disease in painters. Plumbum should therefore be one of the principal remedies in Bright's Disease.

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A SIMPLE AND EFFECTIVE TREATMENT OF SCABIES.—Dr. Samuel Sherwell, of Brooklyn, (*N. Y. Med. Jour.*) says that the sites of efflorescence are, in the male, on the skin of the penis, usually on the dorsum, from handling during micturition; in the female on the areola and nipple, from the oft repeated manipulation in the act of dressing, etc. He advocates rubbing of the parts with flowers of sulphur and the dusting of the bed-clothes and underwear with the same powder. He also recommends dusting this preparation in the beds, bunks of logging camps, steerages of ships, etc., as a prophylactic measure.

## HYPNOTIC CURES.\*

JOSHUA THORNE, M. D., KANSAS CITY.

**H**IS word "hypnotism" is but a new and better term for certain psychical phenomena which for eighty years were known as "mesmerism." The word includes all the phenomena that lie in the nervous system in its expression of mental or psychic conditions. When the mystery of hypnotism is solved, man will know the relation which exists between the man and his body—the house he lives in. The history of hypnotism is the psychic history of the race—all the mysteries of ancient temples, of ghosts and witchcraft, second sight and animal magnetism, ecstatic trance and frenzy of the prophets of old and the Oriental dervishes of to-day, faith-cure and mind-reading, clairvoyance and spiritism, are all included in the category of its phases. It is not a new force, but as old as life. It obtains not in man alone, but its powers and mandates govern all organic life, from the infusoria to the highest of created beings.

I propose at this time to give a few facts from my own experience with hypnotism as an agent in the cure of disease. I have been a student in this field for more than forty years. I shall give typical cases, each representing different phases of diseased conditions, passing over hundreds of cases similar in kind and in degree. I shall offer few words of comment, leaving you to a contemplation of the facts involved, knowing that in the presence of truth unexplainable, silence is the profoundest argument.

**INSANITY.**—Case No. 1. Mrs. X., a widow, aged 41, came under my care in June, 1881, suffering from acute mania. She was violent, of disgusting speech and habit. Her delirium paroxysms usually lasted from six to ten hours, when a settled melancholy would supervene, lasting several days. This woman was, in her normal condition, spiritual in character; a woman of the highest education, the centre of a group of intellectual women of broad ideas and noble purpose. Her home and surroundings were of the best. Her father had occasional insane attacks for thirty years before he died, and died in an insane asylum. Her only children, two daughters, committed suicide while in delirium, each on her 18th birthday, about two years apart. The last daughter's death was the immediate cause of the mother's insanity, which had lasted five months when I first saw her. Upon my first examination the patient was very violent, and resisted my approach. Without her knowledge, and in spite of her own efforts, I threw her under the hypnotic influence to the degree of trance. While thus entranced she described conversations with her departed daughters and spoke of herself in the third person, predicting a speedy cure. She remained in the trance state over two hours and in the so-called magnetic sleep eleven hours. From that day till now her mind has been sound and strong. I gave her the sleep every day for about a week. She is now married to one of the most prominent lawyers in the East, and, in a letter from her a few days since, she

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says she has no symptoms of a return of the malady. She has a child five years old. In this case we have hereditary insanity, which she received from her father, and transmitted to her two children, cured without medicine or time.

No. 2. Mrs. Jeffries, aged 44, a married woman, consulted me in January, 1885, for a very severe form of paralysis agitans which had lasted two years. The patient was perfectly helpless, could not feed herself, required and received the constant aid and assistance of a nurse. She had been under treatment at home and in New York City, but found no improvement. The disease is supposed to have resulted from a severe shock—she found a man hanging in the barn. For one month I treated her with remedies and various forms of electric impulse without any benefit. I then treated the spine with the actual cautery, and sent her home without benefit. In two weeks she returned and consented to be hypnotized. In four seances she was well and remains a sound woman to-day. I never carried this lady beyond the conscious sleep. She never lost her identity or memory.

TETANUS.—No. 3. James Frank, aged 19, in July, 1878, sent the blade of an ax into the knee-joint. His father was a tenant on my farm, near Kansas City. I requested the late Dr. Taylor to attend him. On the third day after the injury, Dr. Taylor informed me that tetanus had supervened. I had seen much of tetanus during the war, but never saw a worse case than this young man presented. If the knee was touched, violent spasms ensued. The knee had not been dressed for thirty-six hours when I first saw him, on the fourth day after the injury. I placed him in the hypnotic sleep at 4 o'clock P.M., dressed the wound, removed pieces of bone, and directed him to sleep till 8 o'clock the next morning. At that hour Dr. Taylor and I were at his bedside. He awoke soon, after having slept soundly all night. The tetanic spasms were gone. The boy soon got well.

No. 4. Rose Mansfield, aged 17, a domestic in the employ of Mr. Henry Lee, of Kansas City, was suffering from the consequences of an almost imperforate os-uteri. Pyemia was fast approaching. I was called into the case of my friend, Dr. Ferdinand Kuechler, now of Springfield, Ill., to operate. The girl was very hysterical. No examination could be made without bringing on spasms. She could not stand the administration of anæsthetics. I threw her under the hypnotic influence, and while she never lost consciousness or memory, she felt no pain from either the dilating instrument or from the cutting. She was dressed every day for several days under the hypnotic influence. She made a good recovery, and is now the mother of two children.

ALCOHOLISM.—No. 5, Mr. W——, a prominent lawyer of Kansas City, consulted me in February, 1881 for insomnia, the result of chronic alcoholism. The man had no power over his appetites in any direction. A hard student and otherwise a good man, his friends regarded him as a physical and moral wreck. For months he had no proper sleep. Opium, chloral and all drugs had lost their power upon him. I found multiple neurosis, showing that the spine as well as the brain, was involved. Nutrition had almost ceased. I requested him to submit to hypnotism. He said he thought it would

kill him and hoped it would. At my first seance he was put to sleep at 11 o'clock P. M. He remained in a sound sleep till 8 the next morning. I kept him in bed for two weeks; put him to sleep every night. He slept all the nights without waking. I fed him—carefully. He often went to sleep of himself in the day time. He never asked for or received any stimulants. Since that time he has continued well. He eats and sleeps well—drinks no liquor. He says he has no desire for it. He has grown fleshy. The neuritis is cured. He, soon after the treatment, got married and is now the father of three healthy children, and getting rich. He loves the influence. I can point my finger at him and he is at once under partial control. I never gave him any medicine.


These cases are typical ones. The first was insanity inherited from her father and transmitted by her to her children. The cure was rapid, and has stood the test of nine years and maternity, with the climacteric period safely passed. The second case, paralysis agitans, is known to be no less obscure in pathology than hopeless in treatment. Still, under this powerful but subtle influence, the disease yielded as if by an incantation. The third case differs from all the others in kind and in degree. Here we find the highest and most terrible form of reflex, involving the entire cerebro-spinal system, in the most acute form. Still the intense nervous action is quieted in less than five minutes never to return. In the fourth case the patient was rendered insensible to pain and underwent a tedious and severe operation. This case is representative only of scores in my own experience, and constitutes of itself a boon to humanity. The fifth case, insomnia, with chronic alcoholism and multiple neuritis, indicates the influence of hypnotism over not only the physical conditions but upon the moral also. This man not only was cured of insomnia and neuritis, but also of his insatiable love for stimulants.

I leave the question in your hands, knowing as I do that many of you are more capable of the scientific investigation of the facts than I am or can be. I am not alone in the opinion, that we have in hypnotism the highest illustration yet obtained of the "*similia similibus curantur.*" The various stages of hypnotism, from conscious drowsiness to the fierce frenzy of trance have many powers, all differing in kind and curative degree. Hypnotism is not as yet a "cure all" I have often failed for want of knowledge. The forms of disease in which I have succeeded best are those functional disturbances of the brain, spinal cord or sympathetic nervous system in which the patient is abnormally susceptible to external impressions and with an impaired power of will to resist their manifestations. In operating with this dynamic power you enter the temple of the Most High. Do not use it like the charlatan and mountebank for either show or to satisfy a morbid curiosity, for you are taking an immortal soul into your keeping. Except in rare cases, never operate without consent, and always before a witness. I have had strange experiences, I warn you. If you wish doctors, preachers and superstitious old women to drive you from your home and practice, tell people what you are doing.

## POST-DIPHTHERITIC PARALYSIS—A CASE—DEATH.\*

HORACE F. IVINS, M. D.

Lecturer on Laryngology and Otology in the Hahnemann Medical College of Phila.

N the 28th of April, 1882, at the request of Dr. A. R. Thomas, I visited, fed, and treated, Mrs. H., who had consulted the Doctor soon after an attack of diphtheria, which had been treated in another city. She stated that she had always been quite well until the early part of the year, at which time she was "run down" from nursing her baby. While in this condition she had contracted diphtheria and was obliged to go to bed on the 6th of March preceding. In about three weeks she considered herself well; in a few days, however, symptoms of paralysis followed. The voice became nasal, all attempts to swallow were followed by the passage of food into the nose or the larynx; when the latter it was accompanied by coughing, strangling, choking and temporary suffocation. Nothing, not even water, could be swallowed with comfort.

Dr. Thomas had resorted to the use of rectal enemata of milk, egg, whiskey and nutmeg, for the seven days preceding, but, notwithstanding, the strength had persistently declined and emaciation had progressively continued. Until the day preceding my first visit the craving for food had continued, but at that time it had disappeared and the rectal enemata could not be retained. Gelsemium had been given internally.

The patient was restless, anæmic, weak and emaciated, the pulse was fairly good and eighty-two to the minute; the temperature was normal. There was much yellowish, muco-purulent, tenacious discharge which nearly choked her and which could not be expectorated while in the recumbent position, but, when raised in bed with the head thrown forward, she could manage, with great effort, to dislodge in part. These efforts were followed by considerable fatigue and prostration. Vocalization was distinct but the laryngeal sounds were weak; guttural sounds were absent, owing to complete loss of motion on the part of the soft palate; labial sounds were imperfect and there was inability to pucker the lips as in whistling. The muscles of the trunk and limbs were unaffected. Much complaint was made of dryness and burning in the mouth and throat.

The buccal cavity, soft palate, half arches and pharynx appeared dry and rather shiny. The uvula had been destroyed by the process of ulceration but the soft palate was untouched except a small spot at the base of the uvula on the left side. The posterior wall of the pharynx presented one or two small cicatrices. The tonsils were but slightly enlarged. The laryngoscope showed the posterior wall of the upper laryngo-pharynx and the posterior wall of the larynx covered with a yellowish white secretion, which filled the valleculæ and pyriform sinuses. The arytenoid cartilages were

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barely visible as two little, pale points projecting above the mucous discharge, which coated the ventricular bands very thinly and extended some distance into the trachea. By the aid of the laryngeal brush, a portion of the secretion was removed from the larynx, when the mucous lining was found intact but generally injected. The vocal bands moved rather sluggishly but closed entirely; the epiglottis appeared immobile but all portions of the larynx were found quite sensitive to the contact of the probe.

The lips responded promptly to a Faradic current as did also the tongue and cheeks. The palatine response, even to a strong current, was barely perceptible, although the sensation was not lost; the constrictor muscles, so far as they could be tested, responded fairly well, though by no means normally. The larynx seemed to have a normal reaction, with the exception of the epiglottis, which responded very feebly, even to a strong current.

It was decided to make daily use of electricity to the affected portions, the negative pole to be applied by means of the laryngeal electrode, the positive to be placed externally at the angle of the jaw, in the region of the superior laryngeal nerves, to the back of the neck, to the mastoid region and to the palms of the hands, as occasion suggested or reaction prompted; finally both electrodes to be applied to the angles of the jaws and to other selected portions. As practically no nourishment had been swallowed for ten days, and in the preceding eighteen hours rectal enemata could not be retained, it was decided to feed the patient twice daily by means of the stomach tube and to give rectal aliment at like intervals between the œsophagean feeding. Gelsemium was to be continued. The first feeding consisted of a pint of milk at a temperature of 100° F.; it gave rise to no inconvenience from its introduction. The tube used was of quite soft rubber and caused very slight annoyance in its insertion, its end was smooth and rounded, with lateral openings. Although thoroughly lubricated, the tube, in passing, gave rise to the sensation of dryness throughout the œsophagus, but no obstruction was found. In order to introduce the milk, a glass funnel was attached to the œsophagean tube through the medium of a piece of soft rubber hose. The milk was then poured into the funnel; at no time was the air allowed to enter from above, and the upper end of the tube was compressed from time to time to prevent the too rapid flow of liquid into the stomach, lest that long empty organ should rebel against the foreign invasion.

At 5:30 P. M., five hours after the first feeding, the patient was about as when first seen; the milk had caused only a slight sensation of weight for a short time. The feeding was repeated and orders left to give a rectal enema at an early hour the following morning or, should the symptoms require it, some time during the night. On the following morning, the 29th, I found the patient quite comfortable; she had rested well and had retained the enema which had been given early in the morning. As she complained much of the presence of mucus in the larynx, I wiped it out as well as possible with a cotton-covered laryngeal probe, for which the patient was very grateful. The nourishment, electricity and remedy

were continued as on the preceding day. In the afternoon, beef broth was substituted for the milk. On account of the dryness of the mouth a spray of liquid cosmoline was ordered to relieve this sensation.

April 30th, 10:45 A. M., Mrs. H. said she did not sleep very well on account of the mucous accumulation, which was wiped away. One pint of whiskey punch was introduced into the stomach, and the electricity and medicine repeated. The patient seemed a little stronger and the mouth less dry. In the afternoon, at 4:45, she seemed weaker, and was less willing to converse. About one pint of beef broth was introduced, but, unlike the previous occasions, was followed by considerable exhaustion. At this visit, there was some irritation of the lower portion of the ocular conjunctiva, due to her inability to completely close the lower lids; fortunately, the upper ones completely covered the corneæ during sleep, when the eyes were normally rolled up, thus preventing the dryness of the corneæ, which had otherwise followed.

May 1st, 11:15 A. M., the patient slept six hours, but was very weak, and said she would not recover. Rectal injections were not retained. A large amount of discharge was wiped away from the laryngeal aperture; electricity was repeated and egg nog poured through the œsophageal tube. Although the mouth did not appear parched, much complaint was made of that condition, for which pieces of linen cloths, previously dipped in borax water, were placed in her mouth from time to time.

5:30 P. M. Through the day the patient declared she would take nothing more to eat, as she would not live until the next morning, at any rate, but as she had a nap before my visit, she seemed quite cheerful and much better at that time, and was fed a pint of broth.

On the morning of May 2nd, the patient looked and felt better, but the vocal bands were slow in approximating, and did not close entirely. She was fed as usual. An examination with the ophthalmoscope showed a slight degree of myopia, but no pathological change. Just before leaving, Mrs. H. washed her mouth, on account of the thick, ropy collection. A large amount was discharged, but finally symptoms of asphyxia supervened. Thinking that the larynx was obstructed, I passed my right index finger into this region with the intent of removing the obstruction, but in that I was not successful, and as the epiglottis was upright, it was evident that there was no impaction of this valve; slight intra-scapular slapping brought no response; the patient was now in an extreme condition. She was laid upon the bed and turned upon her side, with her head over the edge of the bed, but to no effect; the breathing was not entirely suspended, but her expression was that of asphyxia; the lips and nostrils were blue, almost black. Knowing that there could scarcely be any hard substance to obstruct the glottic opening, I imagined that some tenacious mucus had lodged in the glottis, which, owing to her weakened condition, she could not dislodge. With this belief, I quickly wound some cotton on a laryngeal probe for the purpose of dislodging the mucus, but before I had made any such attempt the breathing ceased. I at once passed the probe into the larynx, guided

by the index finger of the left hand, and wiped away some of this tenacious material; a slight amount of air then passed through the glottis with a gurgling sound.

The probe was quickly removed, the cotton changed and re-introduced, this time with still better effect. I was thus temporarily relieved of the necessity of a pen-knife tracheotomy. The breathing soon became natural, and the former surface color returned, but the prostration was very great. Laryngeal and tracheal auscultation detected a large amount of movable mucus, but as breathing was free, there seemed no excuse for interference.

At 5:15 she was very weak; there was no desire to speak or move; occasional unconsciousness, and but slight ability to move the arms or legs. The respirations and heart beats were only slightly accelerated; the temperature was barely sub-normal. The eye-lids remained as before. Milk was repeated and carbo veg. powders placed on her tongue. No laryngoscopic examination was made.

On the morning of May 3rd, at 4 o'clock, Mrs. H. "passed peacefully away." A short time before her death, she asked for an orange, which she sucked with evident delight, and without apparent annoyance from the passage of the juice. The statement was made by the husband that "the pulse beat was very quick, and quite strong to the last, but she became unconscious a short time before death and remained so."

It will thus be seen that sudden paralysis of the heart's action was not the cause of death, neither did suffocation close the scene; but a gradual failure of the vital forces seemed unconquerable, although the nourishment received seemed quite sufficient. The condition of the stools was as might have been anticipated during the use of rectal alimentation.

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## MATERIA MEDICA: ITS USES AND ABUSES.

C. R. MUZZY, M. D., MARSHFIELD, MO.

"In the spring the young man's fancy  
Lightly turns to thoughts of love."



**N** the Spring-time of my life, music was one of the objects of my love, and though time has begun to place its marks of affection upon me, within are the same sensitive chords which respond as readily as ever to strains of melody and harmony. The love of music is indestructible; time has no power to destroy—it even adds intensity to—the passion. When the rudiments of music were unknown to me, I looked upon a good performer with awe; his acquirements were, to me, wonderful, and when I was told that music consisted of eight notes, and I saw what a great number of keys were required to produce a melody from musical instruments, my wonder was increased; but when, after entering a vocal class, I received rudimentary instructions and

saw the scale of eight notes represented by a ladder of eight rounds with a half-step between the 3rd and 4th and the 7th and 8th rounds, all the others having full steps, and learned that the human voice makes ascent of the scale in this way, that musical instruments are made to follow the voice—not the voice the instruments—also that octaves are but a repetition of the musical ladder and that the different keys in which music is written are the result of the position in which the first ladder of eight notes is placed upon the staff, my heart found rest, and I was no longer in fear of the musical performer; he ceased to be an object of awe. You may ask what this has to do with the subject of my paper; in what way it applies to medicine?

In the year 1872 I entered the "Homœopathic Medical College of Missouri," under instruction by its Franklins, Phelans, Valentines and Richardsons. I name them in the plural number for harmony did not prevail and each had his satellites. I have seen the old adage refuted in other instances and think it should be revised and read: A house divided against itself *may* fall, but one united against itself *ought* to fall.

I approached the study of medicine with the feeling I previously had about music, with awe; especially was it so with reference to Materia Medica. When one considered that the symptoms given in Lippe's text were but a small part of the records of provings and that additions were constantly being made to this sea of words, was it any cause for surprise that a feeling of dread should possess the junior student?

This feeling did not leave me as readily, at this time, as it did with the former study, but during that lecture course I had the opportunity of hearing different opinions expressed on the subject, which is an advantage when truth is sought, and I received impressions that led me to believe that our Materia Medica has its eight notes and transpositions of scales; and now, when I hear a homœopathic doctor speak with any degree of skepticism about this work in its present stage of perfection or say that he "stands in awe of one who can prescribe the single remedy or the single dose, of medicine in its attenuated forms and hit his case nearly every time, like a rifleman before a target," I feel that he has not penetrated to the true inwardness of the study.

The many propositions to reconstruct our Materia Medica are so many confessions of failure in comprehending the work as it is, and such confessions are so frequently made by practitioners, I take the risk of presenting this paper before some, who, in one way or another, are instructors upon the subject. Criticisms are good or wholesome when they come from those who have delved in the same tunnels and met their obstructions; it is for these advantages that we meet and I hope to reap benefits in this way.

In the records of provings of each plant or drug, there are recorded symptoms which have developed in each and every prover. This class of symptoms is not large but it represents the eight notes in my comparison; these are the prominent symptoms, peculiar to one drug, only. Through them, the drug has asserted its individu-

ality in all its provers. As I have said, this part of our *Materia Medica* is brief. What, now, is to be said of its predominating factor that makes up the great bulk of the work?

When a number of individuals become sick with a disease to which has been given a name, does not each individual develop many symptoms peculiar to himself? The objective symptoms are peculiar to the disease and are found much the same in the whole number sick; the subjective symptoms represent the individuality of the different patients—no two are alike. If one differs from all the others in form of face, build of frame, temperament and disposition, can we expect him to be sick just like the others? If we do, he will disappoint us.

What is there in the act of proving drugs that differs from sickness from other causes? "The dynamic influence of morbid agents, alone, can make us sick," says Hahnemann. This is the "corner stone" of homœopathy. A drug, then, is a morbid agent when thus employed and its dynamic influence makes the prover sick.

With the fact established that man asserts his individuality in sickness, it is a self-evident corresponding fact that the provings of drugs represent, to a certain extent, the individuality of provers. This being true, the question arises: Is man's individuality under the influence of a drug of any value as a record, when treating the sick?

If the selection of the remedy were all there is to be considered and each patient only observed characteristic symptoms, it would be different; but some remote symptoms in the records of his remedy often attract his whole attention. Moreover: If the remedy is clearly indicated at first and some of its more remote (individual) symptoms develop later, how would any physician know the bearings of his case but for the records of man's individuality in drug provings? These remote symptoms of which so much complaint is made often become guiding symptoms after the remedy is given; then they are like the incidental flats and sharps in a piece of music, that give an impression of discord to the uncultivated ear, but to the master musician are means of expression which intensify the perfect harmony that follows.

It is quite as necessary to know what the individual does to the drug as to know what the drug does to the individual, in the process of proving. Something is developed daily, on this line of thought, through the diverse phases of humanity. With this view of the question, we can not afford to relinquish a single, genuine production of either the man or drug in provings from our *materia medica*. It is only necessary to know how to utilize the records as they are and we will have no occasion to complain of their magnitude. To be proficient in this knowledge one must study long and hard. I do not infer that he must, necessarily, have extra courses in college and a final "round-up" in Vienna or Paris; everything else may be obtained in that way—not this. College professors can point out the way, but the real physician after Hahnemann's plan, is a home production at last.

It must be patent to all who have given thought in this direction, that the *man* action in disease must be duplicated by the *drug* action in man. Now, we know, or ought to know, that, whatever symptoms we may observe in the sick man which are also found in the records of a given drug-proving, such totality must be subjected to the test of that drug-individuality; if the "eight notes" appear prominently in the cross-examination the proof is complete and harmony will be produced.

The profusion of notes in a new piece of music is all a blank to the skilled musician until he has seen the signature of the composition and established in his mind the position of the first ladder of eight rounds; when that is done he reads it off in vocal or instrumental tones in the language of its author with ease and precision.

It is possible to prescribe homœopathic medicine in a similar way—off-hand—in nearly all cases, if text-books and repertories have been well studied. It is essential to discriminate as to functional disturbances caused by errors of the patient in habits of life or acute dynamic diseases and it is of the greatest importance to know and detect the idio-chronic miasms and to be able to correctly interpret the consecutive manifestations of each one of those impressions which have been made upon so many, direct, through the medium of former associations and traditional treatment, or by the inheritance of such causes and effects. In all cases of this kind, the physician must discriminate between the results and the cause, if he would succeed in treating them. It is in this way that remedies will be found and applied successfully for diseases that are now deemed incurable. When we recognize this fact, that we must discover and remove the chronic miasm before its results have become destructive to the organism, then we can prevent, if not cure, cancer and consumption, for these diseases are, I think, the last of a succession of manifestations of chronic miasms.

I am confident that those diseases *are* frequently cured; but the work is done at an early stage when the agnostic can rise up and ask for the proof. Those who perform the work, however, do not wait for the destructive manifestations, hence, can not look to materialists for affirmative approval.

The preparations of medicine peculiar to homœopathy are worthy of much consideration. The dynamic origin of disease accepted, we should secure undisturbed dynamic action in our preparations. When a drug has been robbed of any other power, this purpose must have been fulfilled; when it has, by repeated attenuations, been spiritualized, man's ability to increase its actual force must have reached its limit, unless he adds some other power. If the work of re-dilution and succussion imparts frictional electricity to higher attenuations then they may be called electro-dynamic.

In the work of attenuating drugs, two purposes should be fulfilled. First, release from direct chemical power; second, graduation of dynamic power. Not many sick ones can endure the dynamic effects of small doses of crude drugs when selected by the law of likeness and it is possible to give too much of a dynamized remedy,


even in acute forms of disease. It was my custom, at one time, to use 5 to 10 drops of the sixth alcoholic attenuation in a goblet half full of water as a preparation for all subjects of acute disease. I now use the dry medicated pellets, 3 to 4 grains in the same amount of water to be given in teaspoonful doses. In this course there is a test of accuracy; if the selection is good it acts promptly; otherwise, there will be no foreign action to complicate.

When too much medicine is given—even in attenuations—it produces symptoms that were not present at first or aggravates those that were; the patient does not improve in either case; the prescriber is in doubt, changes his remedy, and if the patient recovers, finally, no one knows how it happened.

Adaptation of the force employed to the force we seek to regulate is a rule in homœopathy that is greatly disregarded, I think; and this belief is strengthened by the declaration of many who recommend the highest attenuations and others who favor the use of the lowest, for every form of disease. In my own experience (and I have studied this branch of my subject carefully, without prejudice) I have found the highest attenuations too weak for some, as well as the lowest too strong for others. It is my belief that, after the first purpose in attenuating drugs is fulfilled, succeeding attenuation can serve no other purpose than that of gradually lessening dynamic force; if I shared the belief of those who look for the greatest power in the highest degrees of attenuation, I would reverse my present custom in practice and prescribe the highest attenuations for the most violent forms of disease, and the lowest in asthenic forms. The word "potency," which does not now sound logical to me, in this connection, I could then accept, if successful results followed.

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#### DISCUSSION OF DR. COMSTOCK'S PAPER ON ENDOMETRITIS, ETC., PUBLISHED IN JUNE ISSUE.

 R. C. J. LUYTIES, the late Secretary of the Missouri Institute of Homœopathy, upon whom we have to rely for the report of the discussions of the papers read at the last Missouri Institute meeting is sight-seeing in Germany. We have only just received from him the discussion above mentioned, transcribed from his stenographic notes at Heidelberg and mailed to us from Munich in date of June 27th. We regret not having had the discussion when the paper appeared, but think it of sufficient interest to publish it in this issue.

A. L. MONROE, M. D., (Louisville, Ky.)—I want to relate an experience with hot water. I was called to see a gentleman one night who was subject for years to frequent attacks of cramp colic. He had several years before had an allopathic physician who would give him some sort of a saline cathartic and some morphine and keep him in bed for a week. It seemed to be a clogging up of the Ductus Communis Choledochus. He then sent for a homœopath, who

would give him Bell. and Magnesia phos. Under the homœopath's treatment he would be up in two days. During the pains you could hear him cry out blocks off. I realized that I must do better than the other physicians. His wife told me his past experience. I ordered a pitcher of hot water and filled him up. He vomited. I ordered a second pitcher full of hot water, and got him to drink it. His kidneys and skin soon commenced to act. Fifteen minutes after this, he went to sleep, and the next morning went to work. That has been a year ago. Had one attack since but needed no doctor. If you have a patient and you commence this hot water treatment, don't let the vomiting discourage you. If the hot water works both ways, so much the better.

DR. W. B. CLARKE, Indianapolis, Ind.—I wish to speak in regard to the uterine complication relieved by correcting the bowel trouble. Dr. Wilford Hall's "Hygienic treatment" consists of nothing more than flushing of the bowel. The colon is flushed, clear up to the ilio-cæcal valve, with hot water twice a week. I know a case in which it was tried. This was a typical case of melancholia. Her condition had been diagnosed Cirrhosis of the Liver. She has been under treatment for three months. Her complexion has lightened up several degrees. She is cheerful. Her bowels had been constipated; now she has a regular movement of the bowel and sleeps well. I speak of this treatment so that any one who wishes to make use of it can do so without paying \$4 or signing a pledge. I got the facts without signing a pledge or payment.

DR. A. C. WILLIAMSON, Springfield, Mo.—Dr. Monroe's treatment of these cases reminds me that I seldom go to see these cases. I simply send three powders of Nux and tell them to drink plenty of hot water. Dr. Comstock speaks of replacing the uterus, but he does not tell us the position he places the patient in. If there is any displacement I tell them to take the knee-chest position.

About the use of Iodoform. I use Iodol, which is almost as efficient and not quite so offensive as Iodoform. Iodol is a little more expensive and almost if not quite equal to Iodoform.

Dr. Comstock says he requires absolute rest, but finds it difficult for his patients to take it. I don't find it so. I make it positive. I make them take the knee-chest position. I also pack the vagina thoroughly with cotton and Iodol. I then allow them to get up. In three days I remove the packing. Frequently, I have them remove it themselves when the cotton becomes annoying. As the patients will not keep still in bed, the packing prevents any danger from getting up and about.

The rest of the patient is most important, and I can get that by using the packing treatment.

DR. A. C. JONES, Holden, Mo.—I want to call attention to one statement of the essayist and that is to the use of the negative pole of the battery in cases of hæmorrhage. This is contrary to my teaching, which has been that the positive or sedative pole should be used where there is a tender condition of the part. The negative pole should be used where there is a more chronic condition, absence




of hæmorrhage and where we want to promote absorption. I think that that is the teaching. Dr. Jennet recently delivered an address, before the society of physicians, on electricity in this class of diseases. In this address he states that all his cures were made by means of galvanism. He uses in subacute cases the positive pole to the uterine wall, but later in many of his cases he uses the negative pole instead of the positive.

DR. T. G. COMSTOCK. —What Dr. Jones has just said in regard to the negative pole in cases of hæmorrhage is correct. I always use the positive. In my essay I accidentally used the wrong term.

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#### MISSOURI INSTITUTE OF HOMŒOPATHY.

 It is the part of wisdom to "take time by the forelock" in all things, but especially in the matter of medical meetings. The following Chairmen of Bureaux appointed by President Runnels at the last meeting are expected by President-elect Comstock to begin as soon as possible to stir up the members of the Institute and others to the preparation of papers in their respective bureaux, to the end that the next meeting of the Institute may be at least as good as the last—a high standard to reach.

Clinical Medicine, W. B. Morgan, A.M., Ph.D., M.D., St. Louis.

Surgery, W. G. Hall, M.D., St. Joseph.

Gynæcology, C. H. Goodman, A.M., M.D., St. Louis.

Obstetrics, L. G. Gutherz, M.D., St. Louis.

Ophthalmology and Otology, Jas. A. Campbell, M.D., St. Louis.

Materia Medica, A. H. Schott, M.D., St. Louis.

Psychological Medicine, F. M. Martin, M.D., Marysville.

Sanitary Science, W. John Harris, M.D., St. Louis.

Education and Legislation, I. D. Foulon, A.M., M.D., LL.B., St. Louis.

Pædology, A. C. Williamson, M.D., Springfield.

Chemistry, Microscopy and Toxicology, W. L. Galloway, M.D., St. Louis.

Meteorology, J. C. Bennett, M.D., Kansas City.

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#### EDITORIAL NOTES.

THE AMERICAN INSTITUTE OF HOMŒOPATHY.—Most of our homœopathic exchanges seem to think that the showing at the recent Waukesha meeting was quite satisfactory in numbers. A total attendance of about two hundred and twenty physicians at a place easy of access from both Chicago and Milwaukee as the representatives of some twelve thousand physicians of the homœopathic faith, or one in sixty, is certainly nothing to brag of. Minorities are usually more compact and enthusiastic than majorities, but the old school makes a better relative showing, as to numbers, in its na-

tional meetings, than we do in ours. The reverse should be true. Why is it thus? Is there something in the Institute itself that repels instead of attracting? Is there anything in the charge made by the members of the I. H. A., for instance, that the proceedings are not sufficiently homœopathic to interest or profit homœopaths? Or, again, is the fault with the officers? Is it the fact, perhaps, that the much-lauded secretary is an over-rated individual, lacking in push and energy? We pause for an answer.

WE 'LL "WARM THEIR JACKETS."—Our journalistic brethren, who have been pitching into us on account of our article on journals that are too much *editorialized* must not congratulate themselves upon our present silence. The weather has been too warm to permit us, in common decency, to add to the heat and their consequent discomfort, by castigating them. It will soon be cooler, however, and then we shall "warm their jackets" for them as they deserve.

THE EXCELLENT FACULTY of the Homœopathic Medical College of Missouri has been further strengthened by the re-appointment of Dr. J. M. Kershaw to the chair of Neurology, and the appointment to the new chair of Clinical Gynæcology of Dr. W. A. Wilcox. The College has just purchased and added to its teaching apparatus a number of *papier maché* models, among which may be mentioned four uteri, showing stages of incubation, one extra-uterine foetation, one abdomen and pelvis preparation, specimens of syphilitic eruptions, also prepared pelvis, casts of brain, casts of heart and other viscera, several skulls, adult and foetus, both solid and disarticulated, etc., etc. Our readers will see that "Old Missouri" proposes to a little more than "keep up with the procession."

A UNITED FORWARD MOVEMENT OF THE HOMŒOPATHIC MEDICAL COLLEGES—By agreement between the Hahnemann Medical College of Chicago, the Chicago Homœopathic Medical College, Pulte College, of Cincinnati, the Cleveland Homœopathic Hospital College, of Cleveland, and the Homœopathic Medical College of Missouri, of St. Louis, a uniform rate of general fees will hereafter be charged by all of said schools. Competition between them, therefore, will no longer be one of prices, but of merit. The fees are somewhat higher than they have been, but still considerably lower than those of similar Eastern institutions.

The general fees agreed upon are as follows:

Matriculation fee (paid but once).....	\$ 5.00
One course of lectures.....	65.00
Three or more courses (cash in advance).....	150.00

All these schools will comply with the rule of the American Institute of Homœopathy and require attendance upon three full courses of lectures of six months each prior to graduation. The Homœopathic Medical College of Missouri will hereafter have a graded course—the others also, probably. Thus, while the old school colleges are *talking* about elevating the standard of medical

education, the "quack" homœopathic schools are doing it thoroughly. It has further been agreed by all the recognized homœopathic schools of the country, that beginning with the fall of 1892, the course of study shall be at least *four* years, and that, for admission to the first course of lectures, a written examination shall be passed upon the following branches :

1. English composition, by writing at the time of examination, an essay of not less than two hundred words, from which may be judged the writer's proficiency in grammar, spelling and writing.
2. Arithmetic as far as square root.
3. Geography, physical and political, as much as is contained in advanced school geographies.
4. History, such an outline of the history of modern civilized nations, especially of the United States, as is contained in ordinary manuals of history.
5. Latin, sufficient to read easy prose and to give a fair comprehension of scientific terms and formulæ.
6. Physics, so much as is comprised in Balfour Stewart's Primer of Physics.
7. Biology and Physiology, as much as is comprised in the briefer course of Martin's "Human Body."
8. Chemistry, as comprised in Miller's Elementary Chemistry.
9. Botany as found in an elementary manual."

These are not extravagant requirements, surely, but, again : How many of the "regular" medical schools have announced as much ?

"CRISTOFERO COLOMBO" OUTDONE.—There is in Philadelphia a discoverer in therapeutics. Some time ago he discovered the virtues of Hepar Sulph—No, beg pardon, Sulphide of Calcium!—in minnte doses in certain cases of suppuration, and now he has discovered the virtues of Cuprum arsenicosum—Beg pardon again, we mean Arsenite of Copper!—in many cases of colic, etc. His name is Aulde and he probably claims that he is the original individual Burns has in mind when he sang, "Should Aulde acquaintance be forgot?"

Doctor Aulde is original not only in his drugs, but also in his dosage, as he recommends that one one-hundredth grain of the drug be dissolved in six ounces of water (which would make between 4th and 5th homœopathic dilution) and that a teaspoonful at a dose should be administered to the patient. And now the old-school press are going wild over the new remedy. "*The Medical Summary*" had no fewer than four articles in its last issue on the virtues of the new drug, and almost every old school journal we receive contains at least one article on the subject.

We were present a few days ago while a "regular" was giving an order for drugs in a wholesale drug house. In his list was Arsenite of Copper Tablets  $\frac{1}{100}$  grain. The firm did not have them, "but could order them." The Doctor said he did not care to wait. Then we told him we could pilot him to a place where we knew the article was kept. He accepted our offer and we took him to Munson's Homœopathic Pharmacy, where he was forthwith made happy with an ounce of the 2x trituration. Of course, if discoverer Aulde had known that the preparation has been for years and years a part of the stock of all homœopathic pharmacists, he would not have put Messrs. Parke, Davis & Co. to the trouble of putting up the

remedy in lozenges containing  $\frac{1}{1000}$  of a grain! We hope Professor Aulde will continue to discover new drugs and new and improved modes of dosage. He is on the right road; all he has to do is to work the same rich lode he has struck—and we 'll not tell on him, either; that is to say, we 'll not tell the old-school fellows, though we will laugh with him in our sleeves.

GILCHRIST *vs.* GILCHRIST.—Some months ago, as our readers will remember, Dr. J. G. Gilchrist asseverated that the clinical advantages of the institution in which he teaches were all that could be desired, and in some respects superior to those to be obtained in St. Louis, Chicago and other large centers; further, he then made a personal attack upon us because (without mentioning Iowa City) we had asserted that clinics in small places were, and in the nature of things must be, unsatisfactory. According to the *Medical Visitor*, at the last meeting of the Iowa society "He (Dr. Gilchrist) "also reported a lack of patients for clinical study, and urged upon the physicians present the necessity of their using some effort to supply this need. If each of the homœopathic practitioners in the state would arrange one typical case every four years the clinics would be abundantly supplied." It is evident that this statement and the former one of Dr. Gilchrist cannot both stand. The question therefore arises (politely): When did he tell the truth? Now, brethren of Iowa, do come to the rescue of J. G. G. and "arrange a typical case (?) every four years"! Of course, a typical case "arranged" by a physician must be far superior to those unarranged cases with which clinics in large cities abound—and therein will lie the transcendent merits of J. G. G.'s clinics.

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THE ANTISEPTIC PROPERTIES OF LIME.—According to the Paris correspondent of the *New York Medical Record* (Jan. 4, 1890). Drs. Richard and Chantemesse have made a series of experiments, published in the *Revue d'Hygiène*, relative to the antiseptic properties attributed to lime against the typhoidic bacillus and the cholera bacillus. According to these experiments, a solution of lime of the consistence of milk possesses properties superior to those of the chloride of lime and of corrosive sublimate, in the proportion in which they are habitually employed. The authors have disinfected fæcal matters with this solution of lime, but only fæcal matters in a liquid form can be so treated. When it is necessary to disinfect a cesspool in which the dejections of typhoid, choleraic, or dysenteric patients have been emptied, it is sufficient to pour a solution of lime into the cesspool. If the matters in it are in a state of putrefaction, it would be necessary to wait until, in the first instance, the ammonia which the lime displaces from its saline combinations be disengaged and in the next, until a portion of the lime be thus lost by disinfection. The liquid should be stirred with a wooden stick, in order to facilitate the escape of the ammonia, and to render the mixture homogeneous.—*Ther. Gazette.*

## THE HOMCEOPATHIC TREATMENT OF ALCOHOLISM.

DR. GALLAVARDIN, LYONS, FRANCE.

[Continued from page 189.]

To prepare the first thirty dilutions of an insoluble remedy, you take five centigrams of the drug, which are triturated with five grams of sugar of milk; in that way, the first centesimal trituration is obtained. To prepare the second trituration, five centigrams of the first are triturated with five grams of sugar of milk. The same process is continued up to the third or fourth trituration. The remedies having become soluble can then be prepared by successive dilutions up to the thirtieth.

The thirty successive dilutions of the remedy constitute thirty different degrees of the radiant state of that remedy. This radiant state has been brought about by separating more and more its constituent particles or molecules from each other. To do this, dilutions and succussions (two factors in all dilutions) have been used. These two factors have the same value, since they accomplish the same end; that is to say, they more widely separate the constituent molecules of any given remedy.

The first thirty dilutions of a remedy have been prepared by employing these two factors. On the one hand, thirty times one hundred drops of liquid, on the other, thirty succussions given to each of the thirty vials; thirty equal quantities of liquid, multiplied by thirty succussions, give nine hundred as the product.

To a certain extent, one factor may take the place of the other, provided one obtain the same product, nine hundred, to bring about the thirtieth dilution. When the latter is prepared in this manner, it has the same strength as when it is prepared by thirty successive dilutions in thirty different vials. This fact was recognized and this method of preparation was indicated by Hahnemann, who, by one of those intuitions that come to men of genius, had guessed the conditions necessary to bring remedies into the radiant state. After having explained the first process of dynamization with vials, he explains, in section 260 of the Organon, in a note to this paragraph, the other process, in the following manner: "I dissolved one grain of *Natrum carbonicum* in one-half ounce of water mixed with a little alcohol and for one-half hour shook without stopping the vial two-thirds full, which contained the liquid. I afterwards found that this liquid equaled the thirtieth dilution in strength."

In doing this, Hahnemann may have given the vial one succussion every two seconds for thirty minutes, in other words a total of 900 succussions. Now 900 multiplied by the first quantity of liquid gives as its product 900, which is exactly the same product given, in Hahnemann's first process, by the thirty quantities of liquid contained in the thirty vials and multiplied by the thirty succussions given to each of these vials; for thirty multiplied by thirty equals 900; and Hahnemann discovered by experiment that the 30th dilution, prepared in either way, has the same strength.

Conforming to the experimental teaching of Hahnemann to separate more and more the constituent molecules of each remedy and bring the latter to a more and more radiant state, Jenichen substitutes a given number of successive succussions for a given number of dilutions. For instance, to raise Arsenic from the 800th to the 2600th dilution he gives the same vial 51000 succussions, or about twenty-eight for each intermediate dynamization.

It has been affirmed, without proof, that Jenichen, taking a vial of the fourth centesimal dilution, gave it 1000, or 6000, or 16000 shakes to make his 1000th, 6000th or 16000th dilution. It matters little, provided that, by means of thousands of succussions, he has separated the constituent molecules of each remedy so as to bring it into a more and more radiant state and develop its curative powers. Hence, it is very justly that the name of potency has been given to the very high dilutions, ranging from the 100th to the 4000th, and that of dynamization to all infinitesimal doses, since this term is more expressive than that of dilution and attenuation. All of this is in conformity with the teaching of Hahnemann, who says:

“The homœopathic remedy in each division or dilution, acquires a new degree of potency by means of the succussions which it receives, a means unknown before my day for developing the virtues inherent in medicinal substances and which is so energetic that, latterly, experience has compelled me to reduce to two the number of succussions, of which I formerly prescribed ten for each dilution.”—*Organon*, 280.

“The farther a dilution is carried by giving each time two succussions, the more of rapidity and penetration does the medicinal action of the preparation seem to acquire over the vital force of the patient. Its strength is diminished but very little in that way, even when the dilution is carried very far, and when, instead of stopping at the 30th, which is almost always sufficient, it is carried up to the 60th, the 150th, the 300th, and beyond. Only the duration of the action seems thus to diminish more and more.”—*Organon*, section 287.

In the latter paragraph from the *Organon*, edition of 1833, Hahnemann emits two contradictory opinions in affirming that the higher the dilution of the remedy is carried, (1st) the more its strength increases, (2nd) that its strength diminishes a little. Later on, he conformed his practice to the first opinion, experience having led him to give up the ordinary use of dilutions, above the 30th and up to the 300th, because he had found the action of these high dilutions too powerful. This is what Dr. Gross, his disciple, tells us in 1846. Hahnemann having but seldom used the high dilutions had but little opportunity to note that, contrarily to his statement above quoted, the action of the high dilutions is much more prolonged than that of the lower dilutions, as has been demonstrated by comparative experiments.

But, as it would take too much time and be too expensive to prepare these thousands of dilutions by Hahnemann's first process, Hahnemann's second process, that of succussion, has been employed

instead. By this process, used with exceptional vigor, as related by Dr. Perry in the *Journal of the Welsh Homœopathic Medical Society*, 1851, Vol. 2, page 778, Jenichen prepared the high dilutions of 156 remedies, a list of which was published in said journal.

By means of a third process, utilizing simultaneously dilutions and succussions, a homœopathic pharmacist of Lyons, the late Dr. L. L. Lembert, prepared the high dilutions of 141 remedies, 41 of which were unknown to Jenichen. These 141 remedies were raised up to the 10,000th dilution. Lembert's high dilutions have seemed to me quite as efficacious as Jenichen's.

I advise those physicians who would like to prepare for themselves the very high dilutions of remedies, in order to be personally sure of their authenticity, to use Lembert's process, which I am about to describe.

This former professor of chemistry prepared with thirty vials the first thirty centesimal dilutions of the remedies, according to Hahnemann's process; then with the thirty dilutions he prepared the high dilutions up to the 10000th, in the manner which I will now detail. Lembert had had manufactured, for the preparation of the high dilution of each remedy, a small cylindrical vial of white glass, having the following form and dimensions :

Height of vial.....	5 centimeters.
Height of the neck of the vial.....	1 centimeter.
Diameter of the vial.....	15 millimeters.
Diameter of the neck of the vial.....	12 millimeters.
Diameter of the opening of the neck of the vial....	1 centimeter.
Lateral orifice placed one centimeter above the bottom of the vial and having a diameter of.....	6 millimeters.

Into the bottom of this vial, and below the lateral opening, he poured forty drops of the 30th centesimal dilution. Through a siphon connected with a reservoir of distilled water and placed one centimeter above the neck of the vial there ran constantly a small stream of water having one or two millimeters in diameter. This thread of water, fell from a height of five centimeters upon the forty drops of the 30th dilution, contained in the bottom of the vial.

The water of the siphon, falling without interruption into the medicated water of the vial, produced incessantly :

1st, dilution of this water ; 2nd, succussion of this water.

When the water in the vial passed the level of the lateral opening, it ran out of the vial.

In order to determine the quantity of water which ran out of the vial in that way, Lembert placed at the distance of twenty centimeters below it, a large jar, graduated from bottom to top in the following manner :

Knowing that 100 drops, or five grams, of water are necessary to prepare each centesimal dilution, Lembert had calculated that, in order to produce twenty dilutions, ranging from the 30th to the 50th, one hundred grams of water were necessary. He had therefore poured 100 grams of water in the aforesaid jar, and written the number fifty upon the outside of the jar at the upper level of the 100 grams of water poured into the jar.

He had continued to proceed in the same manner, in order to determine what successive levels would be reached in the aforesaid jar by the different quantities of water necessary to prepare the 100th, 200th, 400th, 600th, 1000th, 2000th, 4000th, 6000th and 10000th dilutions, writing on the outside of the jar the number corresponding to each dilution.

To make the 10000th dilution, he needed 10000 times five grams of distilled water; that is to say, fifty kilograms or fifty liters of distilled water.

To prepare the 10000th dilution, he allowed the water of the siphon to run for about thirteen hours a day, during from seven to eight days.

In order to get along more rapidly, Lembert prepared simultaneously the high dilutions of six remedies, having, at a distance of forty centimeters, six siphons above six vials with lateral orifices each one above a graduated jar, such as I have described.

In order to prepare these high dilutions, Lembert thus utilized the two factors ordinarily used, that is to say, dilution in a certain quantity of water or alcohol and succussions. He determined, as has been seen, the exact quantity of the diluting liquid, and the approximate number of succussions. Counting three succussions produced by the distilled water falling from the siphon into the medicated water of the little vial with lateral orifice during each second, there would have been 1,080 per hour and 14,040 during the thirteen hours occupied each day for the preparation of these high dilutions; and as it took from seven to eight days for the preparation of the 10,000th dilution, this was brought about by means of from 88,380 to 112,320 succussions; in other words, from eight to eleven succussions for each dilution.

VIII. The use of these thousands of succussions, in order to change the molecular state of the remedies, and thus bring them into the radiant state, this practice which, at first sight, seem like all new things, so eccentric and ridiculous, is now beginning to be made use of by the chemists themselves, in order to reduce matter to a species of radiant state which favors certain chemical reactions between different bodies. This is related in the following manner, in his opening lecture, delivered in 1876, in the medical school at Montpellier, by the celebrated chemist, Mr. Béchamp, then the dean of that medical faculty, and now dean of the free medical faculty of Lille:

“For making alcohol, Mr. Berthelot has taken the carbonated hydrogen produced by the reduction of carbonic acid. He has caused this gas to be absorbed by means of an ingenious process, which consisted in agitating, by a number of succussions, sulphuric acid in the presence of mercury. The absorption having taken place, water is added, and the whole is then distilled—the distilled product contains alcohol.

“ \* \* \* I was, in 1856, at the College de France, in Mr. Berthelot's laboratory, when Mitscherlich, the celebrated Berlin chemist and discoverer of isomorphism, dropped in. All at once the following conversation took place between the visitor and the visited :



“Mr. Mitscherlich: ‘I have tried to repeat your experiment concerning the synthesis of alcohol, but I did not succeed in causing the absorption of the carbonated hydrogen by the sulphuric acid.

“Mr. Berthelot: How did you go about it?

“Mr. Mitscherlich: ‘I put the sulphuric acid into a vial with the hydro carbonic gas, and the absorption did not take place.

“Mr. Berthelot: You did not put in mercury, nor shake the whole together.

“Mr. Mitscherlich: ‘No.’

“Mr. Berthelot: Then, you neglected an essential condition. In order to cause the absorption of thirty liters of bicarbonated hydrogen by 900 grams of sulphuric acid, in the presence of a few kilograms of mercury, 53,000 succussions are necessary. That is what you neglected to do.”

And Mr. Berthelot demonstrated on the spot the reality of the fact to Mr. Mitscherlich.

These 53,000 succussions divide the molecules of mercury, and separate them more widely from each other. Then these molecules, in their turn, divide and more widely separate the molecules of the bicarbonated hydrogen and of the sulphuric acid, reduce the two latter to a species of radiant state, and permit the sulphuric acid to absorb the bicarbonated hydrogen. In that case, the mercury plays the same role as does the sugar of milk used by homœopathic pharmacists to operate the trituration of remedies, and the greater and greater separation of their constituent molecules, which brings them into the radiant state, and develops their curative powers. Mr. Berthelot, therefore, and all other chemists like him, unconsciously make use of this process of succussions, which has been used for half a century by Hahnemann and his disciples — a process considered so ridiculous by the ignorant, but so useful, indispensable indeed, by chemists.

This long digression on the subject of the dymomisation of remedies, seems, at first sight, to have no connection with the treatment of drunkenness; and yet, this digression is necessary in order to justify and explain the use of dilutions in general, and especially of the high potencies for the cure of certain morbid somatic or psychical conditions, and especially for drunkenness, which is becoming more and more the scourge of families and of modern society. In order to remedy these evils, it is urgent to try the curative means which I proposed, since none so efficacious are as yet known.

IX. I am very far, I repeat it, from prescribing exclusively the very high dilutions in my practice, for that would be a mistake that would injure the sick. In many cases, the third, sixth, twelfth and thirtieth dilutions and sometimes even remedies in massive doses are preferable; but, in many others, the very high potencies are more efficacious, because they have a more energetic, deep and lasting action. I might adduce many facts to prove it. To that end, however, I think it will be sufficient to relate the five following facts:

*(To be continued.)*

## PERSONAL MENTION.

DR. H. J. RAVOLD is to associate himself with Dr. W. G. Hall, of St. Joseph, Mo. We wish him all success.

DR. LUYTIES is "doing" Europe on the rapid plan. He will also attend the International Medical Congress.

DR. JAMES A. CAMPBELL will summer at Rye Beach, N. J. He has well earned the rest which he will enjoy until Sept. 1st.

PROF. S. B. PARSONS is summering in the Rockies. He shoots grizzly bears every day or so and climbs a couple of peaks every morning by way of getting an appetite for breakfast.

DR. T. G. COMSTOCK will attend the international Medical Congress at Berlin, as a member. He is one of the very few homœopathic practitioners whose applications have been favorably acted upon.

DR. W. B. MORGAN visited Wisconsin, his old home, recently, and returned several pounds heavier. How much of his additional weight was due to the degree of Ph.D., conferred upon him by his literary Alma Mater, Milton College, we have not been able to determine. Prof. Morgan wears his new honors with becoming modesty.

PROF. W. L. REED writes us that he is misreported on page 149, May issue of our journal. He adds: "I am ashamed and pained to have these foolish utterances sent broadcast over the world. What am I to do now?" Well, Doctor, just give us the correct version of what you did say and we will publish it with pleasure. As to the correctness of the report, you will have to settle that with Dr. Luyties, the reporter.

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CAUTION IN THE USE OF COCAINE.—Dr. C. W. Richardson narrated before the Medical Society of the District of Columbia a case of cocaine poisoning, for the purpose of directing attention to a novel toxic manifestation of the action of the drug. In attempting to remove from a married woman of twenty five a cartilaginous spur projecting from the septum into the left nasal cavity, and pressing upon the inferior turbinated bone, he injected a few minims of a ten per cent. solution of cocaine into the tissue to be removed. In a very short time unquestionably erotic manifestations were observed. The operation was postponed for a few days, when, on again using cocaine sparingly and in a local manner, similar manifestations occurred. As a strong tendency exists among most practitioners, after they have used a remedy for a long time without its producing any serious or unusual effects, to become careless in its application, the case before us ought to serve to impress the obvious danger which may arise from the incautious or careless administration of this drug.—*Journal of Amer. Med. Association.*

## OUR BOOK TABLE.

THE HOMŒOPATHIC TREATMENT OF ALCOHOLISM, by Dr. Gallavardin, of Lyons, France. From the French by Irenæus D. Foulon, A.M., M.D., LL.B., etc.; cloth, pp. 138. Philadelphia: Hahnemann Publishing House, 1890. \$1.00.

This is the publication in book form of Gallavardin's work, now running through these pages. The "intelligent compositor" has, of course, improved upon the text in a few instances. For instance, under the indications for *Nux vomica*, Dr. Gallavardin wrote and we translated: "avoiding, not society, but his own family," but the aforesaid compositor will not have it so and reverses the symptom by saying "avoiding any society but his own family." As a whole, however, the work is accurately printed. Those of our readers who may wish to have this interesting monograph in book form, or who may think our monthly installments too slow, will find it all complete, in compact shape and duly indexed in this handy volume.

## PAMPHLETS AND REPRINTS.

A HISTORY OF SPECTACLES, by L. W. Fox, M. D., Philadelphia: Reprint from *Med. Surg. Reporter*. pp. 7. Illustrated. Interesting.

URIC ACID DIATHESIS IN AFFECTIONS OF EYE, EAR, THROAT AND NOSE, by W. Cheatham, M. D., Louisville. Reprint from "American Practitioner and News." Worth reading. pp. 81.

STRUCTURE OF THE RECTUM; INTESTINAL OBSTRUCTION, INGINAL COLOTOMY, by Chas. B. Kelsey, M. D., New York, pp. 13. Report of a very interesting case. Reprint from "Med News."

A STORY OF DAMON OF PHYTHIAS, by A. C. Morrison, Manager. "Best Tonic, Milwaukee, Wis., shows considerable literary ability. It is a souvenir of the late K. P. meeting at Milwaukee, is elegantly illustrated and in all respects a good thing.

1, THE TREATMENT OF SYCOSSIS; pp. 6. 2, A Paper on *Kraurosis Vulvæ*, pp. 15; 3 *Alopecia Areata due to Traumatism*, by A. H. Ohmann-Dumesnil, M. D., St. Louis. These three short monographs are the work of a practical dermatologist who is rapidly making his way to the front in his specialty.

1, A RATIONAL BRACE FOR THE TREATMENT OF CARIES OF THE VERTEBRÆ, pp. 10; 2, A Practical Splint for Inflammatory Conditions of Joints, pp. 8; 3, *The Treatment of Torticollis*, pp. 4, by Chas. F. Stillman, M. Sc., M. D., Chicago. All three of great interest to those who study and practice orthopedic surgery.

## FACT AND FUN.

"Doctor," asked a young lady, "what smells most about a dissecting room?" "Why, the nose, of course," was the reply.

THE ONLY REMEDY—For "that tired feeling" it might be good to take a rest from patent medicines.—Puck.

In headaches of all kinds from whatever cause Peacock's Bromides has given me more satisfaction than anything that I have ever used in a practice of twelve years. When a patient comes to me and asks me if I can cure his or her headache I unhesitating say yes and do it with Peacock's Bromides. It has never failed.  
Cavour, Dak. S. L. BARR, M. D.

Doctor—You must take a teaspoonful of this medicine three times a day regularly, taking a dose before each meal, until you feel better.

Journalist—But my dear doctor, I can't possibly follow your directions.

"Why not?"

"Because I get but one meal every two days."—*Texas Siftings*.

G. W. Watts, M. D., Auxvasse, Mo., says: I find *Celerina* very useful in cases of old persons, whose digestive powers are falling, and in the convalescing period of those old persons from acute diseases, such as pneumonia, bronchitis, gastro-enteric troubles, etc. In two cases recently treated of this kind *Celerina* seemed to restore both the nervous and digestive system. Both of these cases were very old persons, they are now apparently well.

**SUBSCRIBER**—Why do you publish the advertisement of McFat's quack Magic Oil?

**Country editor**—To increase my income, of course.

"GENTLEMEN, you may say what you please," said the doctor, while discussing the propriety of giving women a medical education, "but the woman doctor has come to stay. She is a fact, and 'facts are stubborn things.'"

A HUNGRY looking tramp, who was reading a dentist's sign on Locust street the other day was heard to say: "Teeth without plates!" "That's what troubles me. I have teeth a plenty but the plate of beef on which to use 'em—that's what I'm wanting"—and he moved on.

The practice and office fixtures of Dr. H. J. Ravold, in Greenville, Ill., are for sale cheap to a good man. Dr. Ravold has made arrangements to enter another field that of sanitarium work, in another locality. Greenville, the county seat of Bond Co., is one of the most desirable towns in Illinois, both socially and as a field for homeopathic work. No other homeopath within ten miles. Here's a chance for somebody. Address the Doctor direct.

#### HYSTERIA.

R̄ Tinct. Castorei.....½ ounce.  
 Tinct. Valerian.....1½ ounces.  
 Aletris Cordial (Rio).....6 ounces.  
 M. Sig.: Teaspoonful four times daily.

Our readers will find on another page of this number a change in the advertisement of Tarrant & Co., as this month they call attention to their Effervescent Seltzer Aperient. This old remedy, one of the most efficient salines known to the Profession, can be profitably employed at this season of the year for its alterative effect; it is not only a palatable and safe aperient, but is used with confidence in Lithmic Gouty and other conditions where alkaline remedies are indicated.

MAMMA was ill that day, and when little Tommy declared that he should not go to school, but should stay with her, she was deeply touched by this proof of his tenderness and sympathy.

"It is very kind for you to stay with poor, sick mamma," she said. You want to help me bear the pain, don't you' darling?"

"Oh, no," Tommy responded, with the most engaging frankness, "I want to see you double up and holler, mamma."—*Ex.*

#### LITHIA WATERS.

During the past very few years lithia spring and artificial lithia waters have attained a degree of popularity, both with the medical profession and among the people, that signifies their usefulness and leads to the inquiry as to why this is so and wherein lies the remedial virtues of lithia. A very superficial investigation shows that it is by far the most powerful antacid of all the alkalies. This accounts for its immediate or rapid action upon the acid contents of the stomach, and when absorbed, upon the abnormal accumulations of uric acid, or the urates in the blood; and chemists further tell us that, unlike other alkalies, it forms a soluble salt with uric acid, thus rendering it easy of elimination. It is for these reasons that lithia has proven of so much remedial use in gouty and arthritic rheumatism, where there is a constant tendency to the formation of sodium urate deposits in the joints and tissues, and of renal calculi.

Lithia waters should be the favorite club-house, fashionable bar and hotel drinking water. Lithia water is popularized for this purpose by carbonization. This renders the lithia much more soluble, and does not detract from its remedial effects, but rather has a tendency to enhance its virtues as a therapeutic agent. For those who wish to use a lithiated potash water that is carbonated, and contains a fixed quantity of the alkali, the Garrod Spa Water prepared by Dr. Enno Sander, of St. Louis, will be found to meet the wants of the occasion.

For summer diarrhoeas, where there are acid and strongly offensive evacuations, the use of lithiated waters, whether natural or artificial, must strongly commend themselves to the practitioner; in fact, the therapeutic uses of lithia seem to be widely extending. It will also be found of value in sick headache and in all cases where antacids are indicated.

The secret of the remedial virtues of lithia is in its solvent powers as an antacid and its formation of a soluble salt when in combination with uric acid. This must lead to its ever increasing use and popularity.—(Cincinnati Lancet-Clinic.)

"A good wine needs no bush" and if Mr. Van Ness, President of the Cooper Pharmacy Co., is to be believed (and we have heard nothing to the contrary) the Cooper Pharmacy needs no advertisement, or at least none other than the excellence of its preparations. Not only is the producing capacity of its works taxed to the utmost to produce the firm's famous "normal fluids," but they are absolutely unable to keep up with the procession of orders that file in with every mail for their specialties, such as "Saccharated Extract of Coto Bark," "Eczema Lotion" etc., etc. Those of our readers who use the preparations of this reliable house would do well to order their supplies at least a week in advance, if they wish to avoid delays.

ONE of our Illinois subscribers was recently consulted by a colored "man and brother," who proceeded to enlighten the doctor as follows:

Colored "gemman."—Doc, I feels all ashified!

Doctor.—"Ashified!" I don't quite understand you. What do you mean by "ashified."

Colored "gemman."—Wal, doc, dat's jis de way I feels. I feels ashified all over!

Doctor.—Anything more.

Colored "gemman."—Yes, a heap mo' doc. Jis you look at de skin of my arms—it am all tightified.

Doctor.—Yes, I see. What else?

Colored "gemman."—Den my j'int's, doc, my j'int's, dey feels all loosified.

The doctor *gladified* the dusky linguist with a bottle which *curified* him, but he is yet in doubt (the doctor not the darkey) as to what he meant by being "ashified." Possibly he had come across the word *ossified* somewhere and had applied a new meaning to it.

SOME workers in the field of diseases of women, writes Dr. Love, in the *Medical Mirror*, believe that the ills to which female flesh is heir can properly be charged to the reproductive organs, but the majority of broad-gauge practical physicians know that the "better-half" of mankind are liable to all forms of lesion and suffering which may be charged to all the individual portions of the animal economy.

The *Golden Gems of Godell*, recently enunciated, should be printed in large type and placed prominently before the eyes of every doctor in the sacred sanctum wherein he mostly pursues his studies. They are as follows, viz:

First, always bear in mind that "women have some organs outside of the pelvis."

Second, each neurotic case will usually have a tale of fret or grief, of care and care, of wear and tear.

Taird, scant and delayed, or suppressed menstruation is far more frequently the result of nerve exhaustion than of uterine disease.

Fourth, antelexion is not *per se* a pathological condition. It is so when associated with sterility or painful menstruation, and only then does it need treatment.

Fifth, an irritable bladder is more often a nerve symptom than a uterine one.

Sixth, in a large number of cases of supposed or of actual uterine disease which display marked gastric disturbance, if the tongue be clean, the essential disease will be found to be neurotic, and must be treated as such.

Seventh, almost every supposed uterine case, characterized by excess of sensibility and by scantiness of will power, is essentially neurosis.

Eighth, in the vast majority of cases in which a woman takes to bed and stays there indefinitely, from some supposed uterine lesion, she is bedridden from her brain and not from her womb.

Lastly, uterine symptoms are not always present in cases of uterine disease, nor when present, even urgent, do they necessarily come from uterine disease, for they may be merely nerve counterfeits of uterine disease.

These are the cases of painful or difficult menstruation, particularly in virgins which seriously burden the conscientious physician. Many such have come under my observation, and I have always felt that every general therapeutic means should be exhausted before local measures should be instituted; in fact in nearly all cases special treatment should be avoided with young girls.

For about six months I have treated numerous cases of such character with *Ponca Compound* in tablet form; actuated thereto by the suggestions thrown out by Dr. Deering J. Roberts, of Nashville, and Dr. W. T. Dixon, of Evansville, Ind. The *Ponca Compound* being presented to the profession by the Mellier Drug Co., of St. Louis, a name which has been synonymous with honesty, reliability and skill in pharmacy in St. Louis for almost half a century. I did not hesitate to use it. I find that each tablet contains *Ex. Ponca*, 3 grs.; *Ext. Mitchella Repens*, 1 gr.; *Caulophyllin*,  $\frac{1}{4}$  gr.; *Helonin*,  $\frac{1}{4}$  gr.; *Viburnin*,  $\frac{1}{4}$  gr.

I usually administer one tablet every four hours, and so far am much gratified with the results. I feel that any remedy which will help us out in those cases should be welcomed.—*Medical Mirror*.

THE  
Clinical Reporter.

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OPERATION ON THE MASTOID—TWO CASES—WITH  
REMARKS.\*

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

WO years ago, at Kansas City, I discussed Purulent Otitis Media, involving neighboring cavities, and remarked upon the indications for operation upon the mastoid in such conditions. In that paper I endeavored to show how misleading and uncertain many of the indications are, which have usually been accepted as conclusive, giving statistics to prove that many cases have been operated on for supposed mastoid abscess, where no pus was found; and, on the other hand, where pus existed when it had not been suspected.

The main object of that paper was to illustrate the uncertainty and disappointment frequently attending surgical interference, and to show in contrast the great value of the properly selected homœopathic remedies in controlling these troubles. Two typical cases were presented at the time to substantiate this position. Since then, quite a number of the same kind have been under my care, to confirm my faith, and make me enthusiastic in reference to the great value of our internal remedies, in the treatment of these serious troubles.

But while this is so, it was distinctly stated that there were undoubtedly cases of middle ear disease involving the mastoid, where the indications for an operation were clearly marked and im-

\*Read before the Missouri Institute of Homœopathy, 14th Annual Session.

perative. As a fitting sequel to the former paper, I now desire to present to this society, two selected cases where operation was performed on the mastoid. The first, to illustrate a brilliant and successful result, the kind which is most generally reported; the second, to portray a dismal failure, the form of case not so frequently brought out for exhibition and public comment.

CASE I. — William Thompson, a large, well grown lad of seventeen, was brought to me by Dr. C. W. Enos, then of Edwardsville, Illinois, (now in Denver) with the following history briefly given: When young, both ears discharged for a time, after scarlet fever, I think. The left ear stopped running, but the right ear had kept it up most of the time ever since. Some years before, extensive swelling in the mastoid region had terminated in a fistulous opening in the bone, which had discharged for a time and then closed up. This process of mastoid swelling and discharge had been repeated, at varying intervals of four or five months, five times. It was always preceded by great pain in the mastoid and vicinity, which was relieved, but not entirely, by the discharge of pus. The opening seemed to heal perfectly, after discharging for a time, and remained so until the next attack; but he had more or less pain in the head most of the time, — so much so, that he had been unable to continue his studies at school with any regularity. He was likewise frequently inclined to dizzy sensations.

With the right ear, he could not hear a watch in any position, but the tuning fork placed on the head could be heard, showing that it was the middle ear and not the nerve, which was involved. The right external meatus was nearly filled with a dense granular mass, easily bleeding to touch, while a probe could detect a rough, bony exostosis swelling deep in the canal. Immediately behind the auricle, in the middle line, was a bluish swelling, showing evidence of former perforation, now closed by a scab. On removing this, a small, fistulous canal was revealed, leading down to a point of roughened bone.

The diagnosis was: *Otitis Media Purulenta Chronica*, involving the mastoid.

As it was mid-summer and the weather was very warm, and as there did not seem to be any immediate danger or threatening symptoms present, I advised delaying operation until cooler weather, recommending appropriate internal treatment in the meantime.

On November 11th, Dr. Enos brought him to me again. He was placed in the hospital, and in the presence of the hospital staff and the students of the Homœopathic Medical College of Missouri, assisted by Dr. Enos, who gave the anæsthetic, the following operation was performed: An incision one inch and a half long, parallel with and about one-third of an inch back of the attachment of the auricle was made, down to the bone. The periosteum was carefully separated from the bone. The edges of the flaps were separated as widely as possible by retractors. A careful search revealed a small opening in the mastoid, in the lower anterior region, through which a probe could be passed into the interior of the bone.

With a dental engine and drill, this opening was enlarged. Its size was further increased by Buck's drills, until it was about three lines in diameter. By means of the dental engine and drill, the external meatus was quickly freed from the granular growth and bony excrescences, taking particular pains to clear away all obstructions at the point of communication between the tympanum and the mastoid cells. Then a perchloride of mercury solution 1:4000 was syringed through the perforation in the mastoid, as well as into the external meatus, the stream passing from one cavity to the other freely, bringing away a quantity of bad-smelling pus and caseous degeneration lumps, which were retention inflammatory products, the result of suppurative processes in the mastoid cell spaces. When the parts were thus thoroughly cleansed and emptied, a small rubber drainage tube was inserted in the mastoid perforation, and the wound covered by a pad of perchloride of mercury gauze, 1:2000.

Very little inflammatory reaction or pain took place. The patient, contrary to my advice, went home on the third day after the operation, Dr. Enos taking him in charge from that time on. He made rapid and complete recovery, and has had no more ear trouble, dizziness, etc., since then, now nearly two years ago.

CASE II. — In October, 1888, Mrs. C. V. M., age forty-two, came to me with the following briefly outlined history: Two years before, fell on the ice, struck on the left mastoid region; more or less pain in this vicinity ever since. After the fall, a small nodule appeared on the middle segment of the helix. This gradually increased until the whole helix was involved in a deep red, nodular, scaly swelling, which had been pronounced eczema, but which to me looked like epithelial growth or lupoid in nature. Hearing was affected in this ear. During the summer previous to her visit to me, a discharge had set up from the left ear, and soon after a throbbing was felt, synchronous with the heart pulsation. All of the above conditions were still present.

Examination showed hearing distance of a watch, right ear twenty-three inches, left ear one inch. Purulent discharge in left external meatus. Drum head was thickened and perforated, with a granular, dense appearance at the opening.

She did not return again for treatment until April, 1889, when the condition was similar, but much worse than at the previous visit six months before. A dense growth filled the bottom of the left external meatus, which was bathed in pus. A probe showed roughened bone on posterior tympanic wall. There was a constant and severe pain in and about the ear.

A small portion of the growth was removed, with considerable pain. In spite of my warnings, the patient did not return again until December, 1889, when the history as then given showed that there had been a steady and serious progression of the bad symptoms. The ear had become very painful, and the whole condition was alarming. The pains were worse at night, and extended from the ear back into and behind the mastoid, and below the auricle, as well as in the face in front of the ear. A degree of facial paralysis and lagophthal-



mus on left side was present, showing that the facial nerve was implicated. The vision of the left eye was also diminished, and the ophthalmoscope showed a distinct congestion of the optic disc. There was no swelling or tenderness of the mastoid or in its immediate vicinity; nor was this region at all sensitive to palpation, except below the auricle, where some swollen glands were present.

A dense, fibrous-like growth filled the inner third of the external meatus, which seemed to spring from the upper back part of the canal and vicinity of a large perforation. With a probe, the tympanic cavity could readily be reached, passing by the side of the growth, showing the same roughened, diseased bone surface on the posterior tympanic wall previously made out. I may mention here that there was no history of specific disease connected with the case.

The very serious and threatening state of affairs was explained to the patient and her husband. I emphasized the danger, even to life itself, which the condition threatened, and positively refused to have anything more to do with the case, unless she would promise to submit to a prompt and systematic treatment. To this they consented.

The first step was to remove the growth in the meatus, and thus give vent to the pent up secretions. Snaring, cutting and electrocautery proved very slow and painful processes; so under chloroform, administered by Dr. W. B. Morgan, I cleaned out the tympanic cavity with curettes and the sharp spoons used for this purpose. This gave freer exit to the retained pus, and some temporary mitigation of the pains; but it was only temporary, and at best not marked. From day to day the conditions grew worse. The pains, which for a time were paroxysmal, now became constant, always worse at night. Hot applications were the only thing that brought any relief. The lagophthalmus increased. The left side of the face became more swollen. The optic disc showed evidence of general blurring, and the vision of the eye became more and more affected. I will add that during all of this time her temperature, which was regularly taken, was generally about normal, and never above 99 degrees.

By this time, I felt convinced that we had to deal with more than middle ear and mastoid disease, for the symptoms present made it evident that there must be some other and deeper cause or lesion present to account for the condition then seen. My reasons for this view were as follows: The middle ear disease and mastoid complication were quite sufficient to account for the severe pains as well as the facial paralysis and lagophthalmus, as before explained, but the blurring of the optic disc, partial dilatation of the left pupil, and a beginning deviation outward and upward of the left eyeball, made it evident that there was some disease or lesion in the brain itself, which implicated the third and optic nerves or the cerebral centers for same, as well as the facial and auditory nerve complication before explained.

I reasoned that if it was extension from the tympanum and mastoid to the brain tissues, which could very easily be the case, then either inflammation of the meninges or brain abscess would be the

result. But many of the accompanying symptoms of either condition seemed to be absent. There were no motor or sensory, spasmodic or paretic disturbances present in any other parts of the body other than those given. Again, through all of this time her temperature was normal, or nearly so.

The swelling of the optic disc and the paresis of the third nerve branches pointed to some deep-seated pressure somewhere in the course of these nerves, thus suggesting the possibility of some cerebral growth or bone disease. This combination of conditions, together with entire absence of any external evidences of implication of the mastoid, which was not in the least abnormal in appearance or sensitive to firm pressure or forcible tapping, prevented my operating on the mastoid.

The pains gradually grew worse and worse, in spite of all treatment, until finally I determined to perforate the mastoid to establish a free drainage, if nothing else was accomplished. The situation, with its doubts and small hopes for benefit, was fully explained to the patient and her family, and they willingly consented to the operation.

Assisted by Dr. Morgan, who again gave the anæsthetic, and Drs. Galloway and Gibson, on March 13th, I perforated the mastoid with Buck's drills, in the usual way, about one-third of an inch behind the auricle at a point on a level with the upper border of the external meatus.

The presence of pus was speedily manifest, but not in large quantity. It slowly made its appearance through the perforation. A few drops of diluted solution of (Marchand's) peroxide of hydrogen brought it bubbling forth more rapidly.

The growth in the external meatus had again sprung up in the two months' interval. This was once more thoroughly removed by means of the sharp spoon and small dental hand drill. An effort was made to be assured of a communication between the tympanic space and the mastoid cells, but I found it impossible to syringe any fluid through from one to the other. An examination of the interior of the mastoid with a probe, revealed the presence of a pulpy mass, succulent and gelatinous to the touch, which was the probable cause of the blocking up of the communication between the mastoid and tympanum. An unsuccessful effort was made to remove this obstruction with a round dental drill.

The parts were thoroughly cleansed by syringing out with a perchloride of mercury solution 1:4000. A small rubber drainage tube was inserted in the mastoid opening and then covered with a corrosive sublimate gauze dressing.

The purulent discharge kept up from the mastoid opening for about ten days, and then it ceased. The severe pains in the mastoid region now began to diminish, but a very agonizing and increasing pain at the base of the brain took its place, and gave her no rest.

The pupil of the right eye now began to dilate. She had likewise constant nausea and frequent vomiting, and could retain nothing in her stomach. After a week, these stomach symptoms began

to subside, and she could once more take different forms of nourishment.

About two weeks after the operation, during a space of one day, her speech was defective; she could not articulate certain words, although she knew perfectly well what she wanted to say, showing lesion of the oro-lingual brain centers, ataxic aphasia. This lasted but one day, thus proving that the cause was irritative rather than destructive; and, according to the accepted views of the present time, must have been located somewhere in the vicinity of the anterior convolution of the island of Reil, the base of the third frontal convolution or the contiguous parts below this, a probability quite in keeping with the location of the parts supposed to be implicated.

By this time she was almost free from pains in the mastoid region, but suffered intensely and continuously from pains in the occiput.

Her temperature, which up to this time had ranged from 99 degrees to 99.5, began to slowly increase, and it was evident that she was sinking. The pupils of both eyes were dilated; vision was lost in the left, and was fading in the right. The left eye diverged more and more. For several days these symptoms increased. The pulse quickened; the temperature reached 101.5, until on the 7th of April she passed away in convulsive attacks, having been partially unconscious for three days previous.

There were so many obscure points connected with the case that I did not feel satisfied to give a positive opinion as to the exact diagnosis. Was it brain abscess from otic disease? The general condition and many concomitant symptoms favored this view. Or was there in addition some small tumor growth present to explain other doubtful points?

This uncertainty was explained to the family, and an urgent request for a *post mortem* examination was made. After some conference and debate, this was finally permitted, on the day following her death.

The autopsy was made by Dr. Morgan, and revealed, in brief, the following:

There were no local points of adhesion or inflammation found on the *dura mater*. Its removal showed only engorged blood vessels.

The cerebrum was carefully removed. It contained neither abscess nor tumor, nor was there any evidence of recent inflammation of the petrous portion of the temporal bone or the inner walls of the mastoid region. Lying in the left lateral sinus sulcus, having no evident attachments, was a small, oblong growth or deposit 13 mm long by 6 mm wide.

At the internal auditory meatus, covering the opening and the contiguous bone surfaces and involving both branches of the seventh nerve in its substance, was a morbid tumor growth about 18 mm long and 9 mm wide. It was large enough to indent and make a pocket-like depression in the contiguous brain convolution.

All of the parts immediately below this region gave evidences of

recent inflammatory hyperplasia, showing the final cause of death—basilar meningitis.

I am glad to be able to present this interesting and rare pathological specimen for your inspection, and invite you to examine it. You will here see the conditions so briefly outlined above.

The questions now to determine are: Was this tumor a sequel or a coincidence? Is it continued into and through the internal meatus? Is it a distinct growth, or is it but a part of, and continuous with, the peculiar growth twice removed from the external meatus? Did the hard fall on the ice and injury in the mastoid region have anything to do with it, or figure as a cause? What is the histological character of the tumor?

To decide these questions, it will be necessary to carefully open up the petrous bone, to follow the growth and trace its origin and its intimate relations with neighboring and deeper parts. This is no easy task, as you know. This specimen has been lying in Müller's solution only a few days, not long enough as yet to properly prepare it for further and more accurate investigation, therefore I shall reserve my report upon it, in answer to the above questions, to some future time.

#### DISCUSSION.

W. E. GREEN, M. D., (Little Rock).—I have operated a few times for mastoid abscess. I believe four times. The first three cases were children. In these the results were satisfactory.

The last case was a man fifty-two years of age who had an attack of erysipelas affecting the left side of the face, involving the ear. It was followed by a great deal of deafness. I was called in on account of a severe neuralgic pain. He complained of vertigo, had rapid pulse. Patient was unable to walk. Staggered in his walk and there was some slight facial paralysis. I diagnosed the trouble as mastoid abscess and recommended immediate operation. I made an incision to the mastoid, withdrew the periosteum and cut into the bone with a fine trephine, when a few drops of pus escaped. Found the mastoid very much broken down. Scraped out the diseased bone and a good deal of matter of a gelatinous nature, mixed with pus. Introduced a drainage tube: Patient came out from the anæsthetic nicely and had a comfortable night. The next morning he was cheerful, pulse 100° and I felt very good over the case. In the evening the patient had a temperature of 101°. Next morning 105°, grew worse and died that night, the inflammation having extended into the meninges.

DR. WM. B. CLARKE, (Indianapolis).—I want to ask Dr. Campbell whether the epidemic gripe caused mastoid disease.

DR. JAS. A. CAMBELL.—I had a great many cases of otitis purulenta following the Grippe, 30 or 40 have run into the mastoid disease. All recovered nicely.

DR. WM. B. CLARKE.—I have in my mind one case which was treated for the gripe and which developed into a case of that kind. I put the case on Apis. and Merc. Sol., 3 x of each, and kept him

right on it. Consulted with specialists who insisted that an operation was necessary or that the patient would get worse, but he got well.

DR. S. B. PARSONS, (St. Louis).—I have seen some and operated on a few cases. The first one was the wife of a merchant of this city, who, while in Texas, was exposed to a "norther." She took cold and immediately had pain in the right ear. It involved the head as well as the ear. The ear became so painful, especially at night, that they found that nothing but morphine would relieve her and that would quiet her and give her a few hours' sleep. After the effect passed away, the pains were again very severe. Poultices were applied and various kinds of treatment adopted. The case went on from bad to worse. She was brought to St. Louis and placed in the hands of Dr. Comstock. He treated the case for some days. There was quite a swelling on the neck. There was a discharge as well. The membrane had been perforated, pus had discharged and shortly afterward the swelling on the neck appeared. In St. Louis it was poulticed and Dr. Comstock gave the usual treatment and asked me to see the case with him. I went and saw a lady thirty years of age, lying on the left side with head firmly fixed on the pillow. If she wanted to raise herself up she had to raise both shoulders. She could not turn her head from one side to the other. It was fixed, not however because it was ankylosed but because it was so painful. I told the doctor there was matter there. There was matter in the mastoid with a communication into the tissues of the neck. The swelling extended about half way down and in a diagonal manner from the mastoid to the sternum, following the sheath of the sterno-cleido-mastoid. I told him to let the matter out by means of the knife. There was a connection with the ear. We cut down on the mastoid and found an opening about the size of a pin. A small probe could be passed into the bone by means of this opening. This was enlarged with a drill to the size of a lead pencil and into that we injected water which came out of the ear. A great deal of cheesy matter was scraped out and washed away from time to time until the water came away perfectly clear. The attention was directed to the swelling of the neck, which to our surprise was so deep that a probe could be passed from the mastoid the whole length and then did not reach the bottom of the sinus. I then took a double length probe and found that it passed to the sterno-cleido-mastoid end of the clavicle. There was no swelling at the lower part. There was no pus whatever there. I told him there must be a pus cavity deep. I made the incision through the skin and worked down with the dressing forceps until I could reach the end of the probe and then expanded the dressing forceps until I exposed quite a large pus cavity and from that opening was drained away all the pus from the mastoid to the clavicle below. I washed it out thoroughly, put in a drainage tube and had the patient put to bed. From that time she rapidly recovered. That was my first experience. I spoke of the manner of the operation because oftentimes an incision is made through the structures of the neck. Everybody knows that that is a dan-

gerous thing to do. The dressing forceps should be used to bore down because in that manner there is no danger of injuring the artery when you get down into the pus sack, then expand and then you make a cut from the opening for drainage. The cavity was washed out from time to time, and closed up without any further trouble.

There is one thing more that came to my mind when Dr. Campbell spoke of his cases. The question was asked whether the tumors were the primary or secondary cause of the trouble. It seems to me, we had no cerebral symptoms until the latter weeks of life; the mind was clear, there was no derangement of any of the functions. There was no disturbance of the sight, normal taste, nor in circulation of the brain, nor any obstruction of the circulation. All we have is a fixed, localized trouble in the ear. In the latter part of life, we had cerebral disturbance; therefore I believe them secondary. If they were primary, and caused the secondary ear trouble, we should certainly have had evidences of cerebral trouble before the time we did.

DR. JAS. A. CAMPBELL.—One feature that the Doctor has forgotten is that after the fall on the ice the patient had headache all the time. It occurred to me that the injury was due to traumatism. I know of two or three instances where a sarcoma was developed after injury. This growth, as is evident from its appearance, is not a thing of recent origin. If it had been of recent origin, it certainly would have produced sensory and motor disturbances in other parts of the body. Pressing upon the isle of Reil there would certainly have been disturbances. In this case it had affected the facial nerve and other muscles of the eye. That is not a recent growth. It has come by degrees. If recent, there would have been inflammatory symptoms. The brain can stand a gradual pressure but not sudden pressure. The part grew so gradually that we did not have the symptoms develop. The question is whether it was a secondary coincidence, whether in direct connection between the inner and outer ear. The growth, which was perfectly loose, may have been an embolus. There is no evidence of disease of the bone at that point. This thing can only be determined finally after the bone has been opened. My idea is that it has a direct communication with the external disease. What this connection is I have not the least idea. I don't know its nature and histological value and can't tell till we have examined it. If the tumor in the brain and tumor in the ear are different, there is no connection between them. If one is tubercular and we find tubercle in the other, why then it is the same thing.

In three cases of women with rachitic pelvis, who in previous labors had had to be delivered by cranioclasty, healthy infants, says Prochownick, were born at term when the mothers had been fed on the following diet: *Breakfast*—small cup coffee,  $\frac{1}{4}$  oz. *zwieback* (roasted head); *dinner*—meats, eggs and fish, a small amount of green vegetables cooked with much fat, lettuce, cheese; *supper*—the same, with  $1\frac{1}{2}$  oz. bread, and butter *ad libitum*. As beverage, about a pint of red wine daily. Water, soup, potatoes, sugar, pastry and bear forbidden.

## SKIN GRAFTING.

BY W. WATSON CHEYNE, M.B., F.R.C.S.

**A**MONG the various surgical questions which come under the consideration of every practitioner, one of the most common and certainly by no means the least important is the best treatment of open wounds. I do not propose in the present paper to enter into the general question of the treatment of wounds, but shall limit my remarks to those cases where there has been more or less extensive loss of the skin, the points to be aimed at in these cases being rapid healing, sound healing and healing with as little deformity as possible.

And first let me recall to your recollection the process of healing where an extensive portion of the skin has been lost, either by being torn away, by sloughing after laceration or burn, or by ulceration. The essential change which takes place after a loss of tissue, say as the result of accident, is the disappearance of the fibrous, fatty, or other tissues which are exposed by the injury, and their replacement by young granulation tissue, a new tissue consisting of a mass of cells with embryonic blood-vessels. This young tissue increases in amount, and the surface soon becomes rough and irregular from the formation of the typical granulations. These granulations continue to grow till by and by the sore comes to be nearly on a level with the surrounding skin, and then, and usually not till then, healing begins at the edge by the spread of epithelium over the surface. At the same time that this is going on, the new tissue at the deeper part is organising into fibrous tissue, and this young fibrous tissue contracts and draws the edges of the wound together, so that the sore may be considerably diminished in size even before it has commenced to cicatrise. This contraction, the result of the organization of the granulation-tissue, is perhaps the most important factor which we have to take into consideration in the healing of these wounds, for while, on the one hand, a moderate amount of contraction is necessary for the healing process, on the other hand if excessive it may prevent healing or may give rise to great deformity.

That this contraction is essential for the healing process is shown by the fact that where it cannot occur a sore, if of any size, does not heal, or if, being comparatively small, it should heal, it is only for a time, and the scar is constantly breaking down. Many examples of this fact might be mentioned; for instance, it is well known that where there is loss of a considerable portion of skin and subcutaneous tissue over a subcutaneous bone, such as the tibia, the sore will not heal on account of the adhesion of the sore to the surface of the bone and the consequent interference with contraction, or if it should cicatrise, the scar is constantly breaking down. Again, in the case of a large circular ulcer of the leg, the general practice is to amputate, for experience has shown that these ulcers if extensive will not heal, or if they do, there will be such constriction of the leg

and deformity of the foot as to render the limb useless. Again, it is the rule to amputate at once in cases where large portions of skin have been torn off the extremities, as occasionally occurs in machinery accidents, and that although the vessels, nerves and bones be intact; for again experience has shown that such wounds will not heal.

This formation of fibrous tissue, with the consequent contraction, may also of itself prevent the healing of large sores which would otherwise heal if this fibrous tissue were not excessive in amount. This is best seen in burns, where the granulations are usually exuberant, where therefore a large amount of fibrous tissue is formed, and where we may find a central unhealed portion surrounded by a dense, unyielding cicatrix, the result being the same as when the sore is over a bone or in a part where the skin cannot yield sufficiently.

And lastly, I have said, this contraction of the sore frequently produces great deformity in parts where the skin is yielding and can be drawn on to a great extent, as in the neck, axilla, bend of the elbow, etc., and that often in spite of the use of the most careful appliances to prevent deformity, both during and after the healing of the sore.

Numerous plans have been advocated at various times with the view of obtaining rapid and sound healing with as little deformity as possible, and I may briefly allude to the most important of these methods. For example, in the case of large ulcers it has been frequently proposed to make incisions in the healthy tissues around, in order to relieve the tension and enable the sore to close, and in some cases this plan has attained the desired object. The chief objection to it in the case of the leg, apart from the fact that it by no means always succeeds, is that it makes additional scars or weak spots which are apt to break down and ulcerate under various adverse circumstances, and thus instead of one ulcer the patient may afterwards have several.

Another plan which has been suggested and carried out in some cases in the extremities is to remove a portion of the bones, so as to shorten the limb, and thus enable the sore to heal. Last year Mr. Annandale, at a meeting of the Medical Society, referred to several cases in which this had been done, and narrated one instance of extensive wound at the lower part of the back of the thigh which would not heal, and in which he took out about 2½ inches of the upper part of the tibia and fibula, and thus permitted contraction and healing of the sore. It is needless to say that this is a severe procedure, and one to which there are several serious objections, the chief of these being that it is by no means easy to guarantee the asepticity of a wound in the neighborhood of an ulcer, and without a reasonable certainty of asepsis such an operation would not be justifiable; then again, there is the risk of non-union, and so on. In sores in the neighborhood of the elbow-joint no doubt it might be quite reasonable in some cases to excise the joint, and thus not only obtain healing but also a movable joint. This principle does not, however, help us in wounds on the trunk.

In most cases we must concentrate our attention on the treat-



ment of the sore itself. As I have already said, the contraction of the sore is the result of the formation of young fibrous tissue from the granulations, and consequently the more granulation-tissue is formed the greater the amount of young fibrous tissue and the greater the contraction of the sore. Thus the great contractions and deformities which follow burns are due to the exuberant growth of granulations in these cases, and the consequently large amount of young fibrous tissue. If, however, we can keep down the growth of the granulations we may have healing of extensive tracts of tissue without very marked contraction. The chief means at our disposal for avoiding excessive growth of granulations, and for obtaining rapid healing, are asepsis, epidermis grafting, and skin grafting, and I must now say a few words as to each of these points.

Any dilute irritant applied constantly or frequently to a wound will lead to excessive growth of granulations, provided the other conditions are favorable; and this fact is taken advantage of in treatment when sores are sluggish in healing, where we apply various stimulant lotions with the view of promoting the formation of granulations. The most common irritant in the case of wounds is a moderately septic discharge, and it is the presence of such discharge in the case of burns, in connection with the sloughs of tissue, etc., which is the chief cause of the exuberant growth of the granulations. The accuracy of this statement is at once seen if we watch the progress of an open wound under aseptic dressings. In such a case, provided the antiseptic is prevented from acting directly on the wound, we see that the amount of granulation-tissue formed is very slight, and true granulations may be entirely absent; hence open wounds treated in this way heal with only a moderate amount of contraction. And the same is seen if a wound which is already granulating and septic is thoroughly disinfected and dressed aseptically; in such a case supuration ceases almost entirely, and the exuberant growth of granulations stops, and healing rapidly occurs. The rapidity with which the epithelium will spread over a wound which was previously healing slowly, after it had been thoroughly disinfected and treated aseptically, is often very striking; but we can easily understand it when we consider that in a septic wound the irritating septic products must destroy the young epithelial cells in large numbers; while in an aseptic wound, provided the irritation of the antiseptic is avoided, there is nothing to interfere with their rapid growth and spread over the surface of the wound. An aseptic state of an open sore is thus of great importance in favoring rapid healing and diminishing the subsequent contraction, and it is of special importance in the case of burns and large ulcers. Nevertheless, if a wound is very large, asepsis will by no means accomplish all that is wanted, for the dressing itself mechanically irritates the wound to a certain extent, and it is hardly possible to avoid all contact of the antiseptic with its surface; and thus there will be greater formation of granulation-tissue and greater contraction than is often desirable.

A great advance in the treatment of granulating wounds was made, when Reverdin brought forward his experiments on grafting

small portions of the superficial layers of the skin on granulating wounds. This method has been frequently erroneously spoken of as "skin" grafting; but the essence of the process is not the grafting of portions of skin, but of the deeper layers of the epidermis—the rete mucosum—and the proper term for this plan of treatment is "epidermis grafting." In this method of treatment the surface of the granulating sore is thoroughly washed to cleanse it from pus, or better, it is rendered aseptic, and then with a small, sharp knife minute portions of the surface of the skin are shaved off, and applied to the surface of the sore with the deeper surface downwards. In taking these grafts it is best to take such a thin layer of the surface of the skin that the resulting wound hardly bleeds, in fact we only want to get the rete mucosum. In employing this method it is well to put on a large number of grafts at once, as curiously enough the spread of epithelium around each graft usually ceases after it has attained an extent of about a sixpenny-piece, as if the epithelial cells had only a limited power of reproduction; hence it is well to put on these grafts pretty close together, so that the intervening granulations may be soon covered with the epithelial growth. In this way we can often get very rapid healing of a wound in the first instance, but we do not attain the same result as with true skin grafting. By this epidermis grafting we get, as I have said, rapid healing of extensive sores, and therefore we have not nearly so much production of granulation-tissue nor so much subsequent contraction, as if we waited for the sore to heal from the margin; but nevertheless we do have a good deal of contraction and often much more than is desirable, for these grafts do not take well till granulation is well established; and as these granulations are not removed in the operation of grafting there is a considerable amount of fibrous tissue formed. Thus I have several times seen, in the case of large ulcers of the leg, that after the application of numerous epidermis grafts the sores healed rapidly, and then in the course of a few weeks again broke down at the centre, while epidermis grafting in cases of burn will only slightly diminish the resulting deformity.

A further advance was made some years ago when Thiersch published a paper, in which he advised the use of greater thicknesses of skin than are employed in the previous method, and applied the grafts close together, after previously removing the superficial layer of the granulation-tissue. In Thiersch's method a strip of skin is shaved off with a razor, but the whole thickness is not usually taken. There seems, however, to be some advantages in taking the whole of the cutis, for the seat of the sore is then covered with thick skin and is therefore stronger, while shrinking of the sore does not occur to the same extent. Thiersch employs this method also in the case of recent wounds, and it has been so used with more or less success, more especially after operations for ectropion. In my own work I have always employed the whole thickness of the skin, and used in this way, it is a very valuable though by no means absolutely perfect means of obtaining the objects desired in the treatment of these cases. The operation is a very simple one, but there are various conditions necessary for success, which I must consider in detail.

1. As to the time when skin-grafting should be done. As I have just said, in some cases of operation for ectropion pieces of skin have been placed on the raw surface immediately after the operation, and in some cases they have adhered well, but the result as regards the vitality of the grafts is much more likely to be satisfactory if the wound is already granulating, and for this reason: in the healthy subcutaneous tissue the capillaries and small blood-vessels are not very numerous, the vessels present being mainly larger branches which are going to supply the skin and to break up there into numerous minute twigs. On the other hand, in a granulating wound the minute vessels are extremely numerous, and, as everything depends on rapid vascularisation of the grafts, the result is most likely to be successful if the surface on which they are placed is already highly vascular, as in the case of a granulating surface. Skin-grafting will not, however, be successful in every granulating wound; the sore must be a suitable one for the purpose and in a thoroughly healthy condition. The best index of healthiness in a sore is the occurrence of healing around the margin, and therefore the period which I think is best for grafting is when the sore has begun to heal at the margin. When healing is distinctly advancing at the margin of the sore is, I think, the best time for grafting; to wait much longer is to allow more granulation-tissue to form, and thus to have unnecessary contraction. In the case of burns or lacerations one ought, I think, to make up one's mind at the commencement as to the advisability of future skin-grafting; and thus be on the alert to seize the most favorable time for the operation. In large wounds Thiersch generally waits for about six weeks in order to get a good deal of organisation at the deeper part of the granulation-tissue; but this seems to me to be too long, and I think the rule I have mentioned above is a very safe guide.

2. Next as to the preparation of the sore for the reception of the grafts. In the first place the sore must be aseptic; if this is not the case suppuration is very apt to occur between the sore and the graft, and thus prevent adhesion, or the graft itself may undergo putrefactive changes before it has become thoroughly vascularised. If we have to treat a large burn we should keep it aseptic from the first, if possible, but if the case first comes under notice in a septic state, but at a period when skin grafting appears desirable, we should in the first place thoroughly scrub the skin around with strong carbolic and sublimate lotions, sponge the surface of the sore with chloride of zinc solution (40 grs. to the ounce), then powder it with iodoform, and dress it twice or thrice daily for a couple of days with boracic lint dipped in 1-2000 sublimate solution, washing the wound at each dressing with the same lotion. In this way the wound will usually be rendered aseptic in twenty-four to forty eight hours, and will by that time have recovered from the caustic action of the strong antiseptics used in the first instance.

Having thus got an aseptic granulating wound which shows signs of commencing healing at the edge, we may now proceed to the operation of skin grafting. The first step is to prepare the surface

of the wound for the reception of the grafts. This is done by shaving, or perhaps best by scraping away the superficial soft layer of granulations, leaving the deeper, firmer part intact; there are two reasons for doing this. In the first place we get in this way a smooth surface on which to lay the grafts, instead of the rough surface of the granulations, between the eminences of which pus or lymph may lodge and prevent the contact of the skin with the vascular tissue beneath. In the second place, by scraping away the soft granulation-tissue on the surface, we remove material which would ultimately become converted into fibrous tissue and cause contraction of the wound; while, on the other hand, the deeper part which is left is still highly vascular, and has already become converted into fibrous tissue and undergone most of its contraction. The scraped surface of course bleeds pretty freely at first, but by keeping up pressure on it for ten minutes or so, while the grafts are being prepared, this bleeding will be arrested. Sponge pressure is best for this purpose, and it is well, as Halsted suggests, to interpose a piece of protective between the sponge and the bleeding surface, so that the sponge when removed may not start the bleeding again, as it frequently does when applied directly to the surface of the wound, in that it sticks pretty firmly to it.

3. Preparation of the grafts. While the bleeding is being arrested by pressure the grafts are being taken. It is best to use thin skin, say from the flexor surfaces of the forearms, from the sides of the chest, etc. The portion of skin to be taken is first thoroughly disinfected by scrubbing it with a mixture of 1-500 sublimate solution and 1-20 carbolic lotion with a nail-brush, and then shaving the part. The strip of skin should be about an inch in breadth, and of any length required, and in my opinion it is best to take the whole thickness of the skin, but we must be careful not to take up any of the subcutaneous tissues. As soon as the strip of skin has been dissected off, I generally put it in boracic lotion at the temperature of the body, and then, while the assistant is stitching up the wound, go carefully over the deeper surface of it with a pair of scissors so as to remove any fat or fascia which may be adhering to it. The strip is then cut into small pieces about half an inch in length, and planted on the prepared surface. The grafts should be numerous and almost touching each other, and it is well to cover as much of the surface as possible at one sitting. If the grafts are too few and not in contact, granulations again grow up between them and thus more contraction occurs, and weak spots are left; in one larger ulcer of the leg in which I left in two places considerable intervals between the grafts, the scar ultimately broke down at these points, and when I last saw the patient he had two small ulcers corresponding to the portion which had not been grafted. It must be remembered that the skin shrinks very much after it is cut off, and thus what at first sight seemed ample may be found insufficient, and if this is the case further portions of skin must be taken from other parts of the body.

4. After-treatment. When the grafting is completed, the surface is covered with a piece of protective, dipped first in sublimate and then in boracic lotion, and then the grafts are gently squeezed so as to press out any blood which may have collected between them and

the surface of the wound. Outside the protective, place several layers of boracic lint dipped in 1-2000 sublimate solution, and then a mass of salicylic wool and a bandage so applied as to exercise slight compression, just sufficient to keep them everywhere in contact with the surface of the wound. This dressing may be changed in three days' time, and the case is subsequently dressed daily with protective and boracic lint.

Usually one can tell at the first dressing whether the result will be successful or not. If the grafts are taking they will be found pretty firmly adherent to the deeper surface, and of a purplish or pink color; if they have not taken they will be loose and white. If the whole surface has been closely covered with small grafts of skin, in the way which I have described, the wound may be completely healed in from ten to fourteen days; but if the grafts have been large, it is not uncommon for small superficial sloughs to form at their centre, seldom however extending through the whole thickness of the cutis. This probably occurs because the grafts have curled up and have not been closely applied to the surface of the wound at the central part; the sores so formed may require three or four weeks to heal. In any case the patient should not be allowed to use the part for about a fortnight after healing is complete, so as to give time for thorough union and consolidation of the part.

The result of this method of treatment is very satisfactory, the healing is rapid, the part is a strong part, it is in the main covered with true skin rather than with weak scar tissue, and the contraction is less than by any other method short of plastic operation. The operation is a very simple one though its description is complicated, and the only objection is that it involves the use of an anæsthetic.

I believe it is always best to take these grafts from the patient himself. In some cases they have been taken from limbs freshly amputated for strumous disease of the knee joint, and Czerny mentions two cases in which tuberculosis was communicated in this way. Syphilis has also been communicated by taking skin from other persons, and therefore as the patient has usually skin to spare elsewhere it is best to take it from himself, while, if he does not have much spare skin, we can resort to Thiersch's method proper and not take the whole thickness of the cutis.

Numerous attempts have been made to utilise the skin of the lower animals, and these attempts certainly deserve to be followed up, though as yet the success has not been very good. The best results have been obtained with frog's skin, but it is so thin that it is really epidermis rather than skin grafting. I have not as yet done much in this way, because I wanted to learn first the best conditions for grafting with human skin, but I have succeeded in getting growth from frog's skin and also from the skin of white rats; I have failed in several attempts with the skin of kittens, but in these cases it must be confessed that the ulcers were not very suitable for the purpose, and I also used the whole thickness of the skin. A very good case of grafting with puppy's skin is given in the *Lancet* of March 15th by Dr. Miles, and as I have said this is a line of enquiry which ought to be followed up.—*The Practitioner*, (London).

## QUININE — ITS USE AND ABUSE.\*

W. B. CLARKE, M. D., INDIANAPOLIS.

**N**O one who knows the pathogenetic ability of quinine, or rather its ability to cause pronounced symptoms or perturbations in the well or nearly well person who experimentally swallows it in large quantity, especially brain and nerve symptoms, can deny that the drug possesses the power to produce a condition nearly allied to temporary insanity, if, indeed, it falls at all short of insanity. Physicians who continually study the effects of drugs upon healthy persons that they may thereby the better know how to use them as medicines for the sick, as do the homœopathists, and who never use drugs as medicines unless they have repeatedly passed through this crucial test, called "proving," cannot but appreciate the truth of this statement at a glance, and would prove recreant to their trust as conservators of the public health did they fail to utter the proper warnings at the proper times in regard to the popular and ordinary use of quinine.

But all physicians, unfortunately, are not homœopathists, hence the great mass of them are really unskilled regarding the real physiological action of quinine upon man, whatever they may know of its action on dogs; nor are all the quinine users or prescribers physicians at all. So, for the edification of these two classes, the "regular" allopath and the ordinary layman, and at the imminent risk of boring the regular homœopathists, who know all these things by heart, it may be well to depict some of the dangers of quinine.

One of the beauties of homœopathy is that its devotees or believers, properly handled, don't know what medicine they are taking, or, at least, how it is to be prepared if they do know its name; hence, they are not eternally dosing themselves for every accidental symptom, but leave their treatment to their physician, as they should. Ordinary people depend more on their patent-medicine-selling-and-prescribing druggist or themselves than on any physician, and this course often makes well persons sick, a mild case serious, and a bad case hopeless, as is well exemplified by that gravestone inscription in Spain: "I was well; would be better; took physic, and died." A fable might make odious the folly of self-prescribing. A dyspeptic goat was mournfully masticating a coal-scuttle, when his eye chanced to fall upon a nearly empty can of dynamite. "I wonder," said he, with a thoughtful twiggle of his erect but abbreviated tail, "if that wouldn't help my constipation?" Of course, it cured the case, but the poor goat found the effect to be like that of the hair-trigger explosive prescriptions the young old-school doctors so love to jokingly ring in on their unsuspecting druggists, and if they do not explode in the mortars, they will when they reach their improper human destination. It may be set down as a positive fact that the more a person, professional or non-professional, knows about drugs

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\* Read before the Missouri Institute of Homœopathy.

the less will he trifle with them, and I believe the time is coming when the civil law will step in and say that no man having others dependent upon him can do his own doctoring unless he has received a medical education. It is incomprehensible that a man with sense enough to take his disabled watch to the jeweler rather than to the blacksmith for repair, or rather than essay to repair it himself, can treat his own infinitely more delicate machinery with less respect. He need not retort that many doctors are blacksmiths, for there are plenty of fine watch repairers among them.

Homœopathic physicians have so long ding-donged anti-quinine talk into the ears of people that the general public and even the allopathic physicians have come to believe that they discountenance its use; but it is its *abuse*, not its rational use, that is decried. Indeed, many allopaths talk as though they seemed to think that a man is not a homœopathic physician if he uses quinine in any shape, oblivious of the fact that if there ever was a God given right in medicine it is that of homœopathy to use quinine, for it was with this very drug in the original that the great Hahnemann was experimenting when he discovered the vital principle of *similia*, called homœopathy, and the fancied experts of to-day have yet much to learn regarding cinchona and its use from the Grand Old Man of 75 years ago.

I do not know the exact amount of quinine now consumed (and "consumed" is a good word) in the United States yearly, probably 2,000,000 ounces—price to consumers when the duty was on about \$2.50 to \$3 an ounce. Here are some facts regarding "the money in it," as the saying goes, which illustrate its great hold on the American people: The import duty on quinine was removed by Congress in 1879, thus letting in the French makers, including its discoverer, Pelletier, in competition with our two great producers, Powers & Weightman and Rosengarten & Co., both of Philadelphia. This duty was nearly clear gain for these two firms, who thus enjoyed a monopoly of about half a million dollars a year, and it is no wonder that for a few years they did their best to have the duty restored. During some of the investigations, made about 1882, in connections with the tariff commission work, it transpired that the firm of Powers & Weightman was worth \$15,000,000, and that the larger half of this immense sum had been made in the manufacture and sale of quinine!

If from this point on in this paper I can almost say with Montaigne, "I have gathered a posy of other men's flowers, and nothing but the thread that binds them is mine own," it will but serve to more clearly prove and more clearly reveal the truth than I might unaided, and withal prove far more valuable.

In several of the February journals Dr. Samuel Swan of New York made the very claim with which I open this paper, and quotes largely from Hahnemann's proving in proof of the correctness of his view, his article having been brought out by reason of the many fatalities attending our last winter's widespread epidemic, La Grippe. Such fatalities being caused, in his opinion, by quinine, not Grippe, more especially through its effect on the brain and heart. Some of the mental symptoms quoted are as follows:

Thought difficult when writing.

Ill humor, increased by caresses.

He is vexed and gets easily angry.

Blindness, ischæmia of the retina, neuritis.

Apathy, indolence, disinclination for mental labor.

Stupor, delirium, convulsions.

Congestion of brain, abolishing the cerebral functions.

Deafness and serious inflammation of internal ear.

Anger increasing to the most violent wrath; he could have stabbed one.

Disturbance, or rather emptiness, of the mind; excitement, insanity.

Memory "muddled," mistakes in writing, "left" for "right" and vice versa.

Feeling of impending evil in the afternoon; fretfulness; anger after sleep, even about a draught on the legs.

Loss of power to name substances; mistakes in adding figures; perception of quantities impaired; vacancy of ideas.

Inclined to feel angry, and seeks opportunity for it; afterward quarrelsome and disposed to grieve and reproach others.

He despiseth everything; dissatisfaction; he thinks he is unhappy, and imagines he is tormented and teased by everybody.

Intolerable anxiety; he jumps out of bed and wants to kill himself.

He tosses about the bed beside himself and in despair; inconsolable; distressing, moaning and screaming; taciturn, obstinate silence; disobedience, want of docility.

Most of the above symptoms were obtained by the proving of *cinchona officinalis*, or Peruvian bark, while quinine is *cinchona* mixed with sulphur, making *chinium sulphuricum*; but the addition of sulphur only intensifies its action, as there is no greater depressant than sulphur.

Dr. Swan then adduces a list of heart, spine and lung symptoms, and says that quinine has a specific action on the spinal marrow and spinal nerves, its first effect being to excite the nervous action, which is followed by a depression of the vital functions and an increase of sensibility, and the depression is more pronounced than the previous exaltation. He concludes:

"It will be observed how few stimulating symptoms there are compared with the depressing ones. Business men, brokers and lawyers, men engaged in business that causes 'brain fag,' generally keep a box of quinine pills in their pockets, and when they feel themselves 'letting down' they take a pill as a 'pick-me-up.' But should they have pneumonia, and they are apt to be attacked with it suddenly, they will surely die. An eminent physician, lately deceased, than whom there was never a more careful observer, gave it as his belief, the result of many years' experience, and my own observation has confirmed its truth. I think if the truth could be known, hardly a person has died of La Grippe that has not taken quinine. But not all have died of pneumonia. The violent, upbear-



able headache, principally in the top of the head, is followed by coma, varied by violent delirium, stupor and cerebral apoplexy preceded by the redness of the face closes the scene, and this condition is caused by quinine."

Bæhr interestingly details the course of cinchonism (too long to be introduced here) and ends: "Death is now an almost inevitable result." Hempel does the same and so all the homœopathic materia medicists.

Dr. Baldwin, in the *Southern Medical and Surgical Journal*, details a fatal case of a child six years old. Eight grains in two doses three hours apart brought on dilatation of pupils, extreme restlessness, convulsions, blindness and death.

Mellier accords these symptoms: "Delirium, coma, pneumonic symptoms, hæmaturia, amaurosis, deafness, convulsions and death."

Dr. McCaw of Virginia accords to it "a kind of mental disorder, much like delirium tremens."

Guersant cites the death of Bazire, a French physician, from quinine self administered.

Trousseau and Pidoux record a case where Recamier prescribed quinine. He gave twelve grains hourly and caused "violent agitation, furious delirium and death in a few hours. This is what is called "heroic" treatment by our old-school brothers.

Prof. G. B. Wood says that "quinine acts specially on the brain, often producing decided effects, sometimes in very small single doses."

Prof. W. H. Burt shows that the grand starting point and centre of action of cinchona and quinine is the ganglionic nervous centres that control the functions of organic life, and the base of the brain, the upper brain being affected sympathetically, its action being to cause debility when misused. So, properly used, it cures debility. He compiles and adduces a long list of head, mind and nerve symptoms which I should like to reproduce here, to say nothing of general ones, but limited space forbids, as I have quoted so largely from Hahnemann.

It is a positive pleasure to state that occasionally a prominent old-school physician sounds a note of warning.

The following is by Dr. Lewis A. Sayre of New York, recently: "There are many cases on record where the use of quinine has caused a derangement of the mental powers, and to such an extent that the sufferer did not know what he or she was about. Instances are not few where patients who were given large doses of the drug became delirious.

"Physicians cannot be too careful in prescribing quinine, for what is one man's meat is another man's poison. I have known one grain to have more effect on some patients than fifteen grains on others."

There is little doubt but that there are quinine habitues as well as slaves to chloral, morphine and other narcotics and drugs.

And Dr. Barton of Mississippi, in the *Memphis Journal of the Medical Sciences* last March, openly charged that malarial hæmaturia

was really nothing but cinchonism, due to the "absurd and criminal quantity of quinine used." He states that he is fresh from the teachings of Flint and Loomis, but has had to unlearn much about the use of quinine.

All are aware of the fact that Jefferson Davis, he of "the lost cause," during his last illness, absolutely refused to take his medicine because he had found out that it contained quinine. He had been disabled by it during the Mexican war and swore eternal vengeance on it.

Several old people have told me that they are satisfied that their bad cases of deafness came from their use, or rather abuse, of quinine.

The Lorimer case is fresh in the minds of all. Rev. Dr. George C. Lorimer of Chicago, a man of spotless reputation and high character, and a noted lecturer, was booked for a Y. M. C. A. lecture at Holyoke, Mass., last Washington's Birthday eve, on "The French Revolution." When he stepped upon the platform, his face was sad and inflamed and his gait uncertain. Without reference to his subject, he at once plunged into a rambling attack upon the Roman Catholic Church, his speech soon becoming indistinct and incoherent. Great excitement ensued among the audience, which soon arrived at the conclusion that he was drunk, and left him talking to the benches. A singular fact was that the Doctor had the next day no recollection of the occurrence, and denied it in the face of the evidence of hundreds of witnesses. The next day, Pastor Booth, in his pulpit, stated that Dr. Lorimer's conduct was due to a large dose of quinine taken a short time before the lecture hour to relieve a chill from which he was suffering. The doctor, also in the pulpit by his side, with tears in his eyes corroborated the truth of his statement. Dr. Lorimer's charge, the Immanuel Baptist Church, Chicago, came to the rescue and tendered him a six months' leave of absence in which to recover his health.

I need not say anything about the ability of quinine to cause enlargement of the liver or spleen; the old-time "ague cake," for this paper concerns the head symptoms mainly.

I will add little more but to state that it is getting to be the custom now in fashionable saloons and even ordinary bar-rooms to keep quinine capsules on tap, as calls for them are frequent as accompaniments to that popular drink, "the same." Surely, in the light of what we know of these two army favorites, combined they must prove the champion "knocker out."

Finally, to quote from the *Medical Visitor*: At the January meeting of the Clinical Society of Hahnemann Hospital, Chicago, the subject of La Grippe was discussed by the prominent homœopathic physicians of the city. Not a member indorsed the quinine or antipyrine treatment—in fact, many spoke of the unusual mortality following such treatment. The members present had not lost a single case, although the death rate in Chicago for the month was doubled.

## THE HOMŒOPATHIC TREATMENT OF ALCOHOLISM.

DR. GALLAVARDIN, LYONS, FRANCE.

[Continued from page 220.]

OBSERVATION 1.—Dr. Burnett, professor of *Materia Medica* in the Homœopathic Hospital, London, did me the honor of sending to me in 1882, a gentleman, thirty-four years of age, who had for four or five years been compelled to abandon the practice of his profession, and during that time had been treated by at least one hundred English homœopathic physicians. He had been declared incurable by two or three homœopathic physicians in Paris. This gentleman came from London to consult me. From the 9th of February to the 6th of March, 1883, I gave him or sent him at different intervals, five different remedies, in the 200th, 300th and 1,000th dilution. These sufficed to cure him and to permit him to resume the practice of his profession. Those five remedies: *Nux vomica* 1,000th, *Staphysagria* 200th and 10,000, *Calcarea carbonica* 300th, *Mercurius solubilis* 200th, *Lachesis* 200th. These remedies are often used and doubtless were prescribed by some of the one hundred English physicians who had treated him. But these physicians usually prescribe no higher than the third or sixth dilution to be taken several times a day. These lower dilutions proved inefficacious for five years, while the high dilutions mentioned above cured this gentleman completely in fourteen months, as I was informed by Professor Burnett. This fact is very instructive for the homœopathic physician, who, according to circumstances would prescribe remedies in all doses and in all dilutions.

When I saw this gentleman taking several times a day, the remedy which I had previously prescribed, I quite naturally supposed that he acted in this way in accordance with the advice of his physician, for in all countries, the majority of homœopathic physicians follow this practice. I followed it myself the first twenty years of my practice, because I was surrounded and influenced by *confrères* who had that custom. Since then, experience, favorable results becoming more and more numerous, have led me to understand, to accept the teaching which I had received from the celebrated Boenninghausen in Munster in 1855 and which is the same as that of Hahnemann, who recommends, for the cure of chronic diseases, to let the indicated remedy, administered in a single dose, act for weeks and even months. See "Chronic Diseases." Those physicians who do not conform to his teaching are in danger of meeting with failures in the cases of some of their patients and to see those same patients cured by some more faithful disciple of Hahnemann. Those physicians then demonstrate practically how just is the thought of Dr. Widmann, expressed in the title of his article on "The sufficiency of Homœopathy and the insufficiency of Homœopathists," an article published about thirty years ago in two medical journals, one French and the other German. When I do not meet with the desired success in the treatment of a patient, I am often tempted to blame therefor, my insufficiency and not the insufficiency of Homœopathy.

**OBSERVATION 2.**—Mr. X., aged forty, had had a fall from his carriage, which had probably caused concussion of the spinal cord for he was no longer able to ride in a carriage, but only in tramways (street cars) which jolt but little if at all. During eighteen months he was treated without success by three allopathic physicians, two of whom are professors in a medical college, one a hospital surgeon and another a hospital physician.

These three physicians had very probably prescribed for him Arnica in ponderable doses, but without result. After those eighteen months of lack of success, Mr. X. having come to consult me, I placed upon his tongue six or seven globules of Arnica in the 200th potency. During the five days following, Mr. X. felt a slight aggravation of his lumbar sufferings, after which a complete and final cure of his traumatic pains took place.

**OBSERVATION 3.**—A lady, aged about thirty years, had the corner of one eye excoriated by the nail of a child she was suckling. The next year, another nursling had again scratched with its nail the corner of the same eye. For five years this lady felt in the eye pain and suffered from photophobia which prevented her working in the evening by the light of a lamp. She had been declared incurable by two physicians, one of whom was connected with a medical school, but she was completely and permanently cured of her traumatic pains by from six to seven globules of Arnica 200th which I placed upon her tongue, after having felt a slight aggravation of her pain for five days.

As physicians often have the opportunity of observing similar chronic traumatic pains after a contusion or a fall, they will frequently be able to test the rapid action of Arnica 200th in such cases; and those physicians will be thenceforth more inclined to convince themselves by experiment that in other chronic diseases in which other remedies are indicated, they lose their time when they administer the third or sixth dilution, instead of the 200th dilution of the indicated remedy.

In some acute cases, the 200th potency may cure in less than twelve, twenty-four or forty-eight hours. In proof of this assertion, I cite the four following facts which may be (the fourth especially) tested experimentally by all practitioners.

**OBSERVATION 4.**—A woman, fifty years of age, after an attack of pneumonia, had an attack of acute mania which was so violent that several persons could hardly keep her in bed, and prevent her throwing herself headlong out of the window. I prescribed for her, to be taken every hour, Belladonna 12th during twenty hours, then Stramonium 12th during twenty hours, but without success. Then I put upon her tongue six or seven globules of Belladonna 200th which completely dissipated the acute mania in two or three hours.

**OBSERVATION 5.**—A child, twelve years of age, in Paris, suffered from typhoid fever of so ataxic a form that Professor Trousseau, who had been consulted in the case, said to the parents: "I shall not return, for your child is as good as dead," then Jean Paul Tessier, called to treat this so called dying child, administered in a single dose a

few globules of Arsenicum 200th and on the next day the ataxic form of typhoid fever had disappeared and had been replaced by the ordinary form of this disease, from which the patient recovered on the twenty-first day, without sequelæ.

**OBSERVATION 6.**—It is a well known fact that an attack of pulmonary phthisis often presents several periods of tubercular aggravation, or attacks of suppuration, localized in one or another part of the lungs. By putting upon the tongue of the patient a few globules of Phosphorus 200th or 1,300th dilution, at the beginning of each aggravation, I have almost always aborted these attacks in from twelve to twenty-four hours and if the phthisical person has not become too much worn out and emaciated, he is cured of his disease five times out of ten, but on condition that he shall follow the adipogenous regimen, which will enable him to increase in weight from 100 to 600 grams per day—a result which I have verified in my practice.

At the beginning of these tuberculous attacks, I formerly prescribed Phosphorus 8x, but it was necessary to repeat the remedy several times a day and for several days in succession, and this third dilution cured much less thoroughly and promptly, then the 200th or 1,300th dilutions.

X. One of the ablest homœopathic physicians I have ever known, Charles Dulac, wrote to me on the first of June 1876: “Very often, a grave affection, which I believed had been cured by the 30th dilution reappeared at the end of one or two years. Then the 200th and 600th dilution cured it permanently.”

It is often possible to verify the preceding observation, demonstrating that the higher the dilution the more lasting is the cure. I will here complete Charles Dulac’s thought by affirming that in some cases the 200th and the 600th are not high enough to produce a permanent cure. To obtain the latter, it is necessary to make use of the 1,000th, 200th, 600th, and 16,000th dilutions. For instance, with *Nux vomica* 200th, which had been sent to me by Charles Dulac, I cured a young lady of her sick headache which reappeared every morning, but then the cure lasted only two or three weeks. I then administered *Nux vomica* 10,000th (prepared by the late Dr. L. L. Lember) which produced a cure lasting six, eight and twelve months. In other cases I have seen better and more thorough cures following the use of dilutions higher than the 200th and 600th.

XI. But if these facts, to which I might add many others, did not the long digression which precedes the account of them suffice to establish the efficaciousness and sometimes the superiority of the very high potencies, one could utilize for that demonstration a very simple means which I have used for some time with success.

Propose to the skeptics that they shall daily take a single globule of the remedy in the 3,000th, 5,000th, 10,000 or 16,000 dilution, for several days in succession. Perhaps they will feel no effect the first or second day, but often there will appear on the following days disagreeable, painful, persistent pathogenetic symptoms, which will dissipate their skepticism and above all will take away from them all desire to try similar experiments again. Certain persons will feel

no result whatever from the first or second remedy, but a third or fourth one will produce in them very convincing effects. Then if those skeptics, severely tried by those globules taken daily, accuse you of having put toxic substances into the globules, give them a three hundred drop vial containing in one hundred drops one of these globules. With this solution, let them, in your presence, make fifteen or thirty successive dilutions and swallow the one hundred drops of the 30th dilution made by themselves once a day for several days in succession. It is probable that they will experience from these remedies more and more convincing effects—indeed the proofs may be too convincing.

In order to have in these experiments, personal certainty use only remedies proved by yourself and such globules as you will have yourself medicated.

Besides, each day and for several days in succession, place one globule upon the tongue of the experimenter. If the latter, I repeat it, feels no effect from the first or second remedy, it is probable that the following ones will make up for that lack of success.

A few boastful skeptics will say that they could take twenty globules at one dose without feeling any effects therefrom. Tell them that they shall take these globules in twenty doses, one per day, and this experiment will probably prevent their being so boastful in the future.

It is very probable that a few persons will be found who cannot be affected by these remedies in high dilutions administered for several successive days. That should not cause any astonishment, since there are exceptional individuals who, naturally, or as the result of acquired habit are unaffected by doses of any given poison that might cause the death of several persons. For instance, certain mountaineers in Styria (Austria) can eat, without harm to themselves as high as thirty-five centigrams of Arsenic. An opium eater at Brousse was able to eat forty centigrams of bichloride of mercury without personal injury. Dr. Pouqueville knew a Turk who had so accustomed himself to corrosive sublimate that he was called Suleymann-yayen (corrosive sublimate eater).

(Concluded in our next issue.)

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**PILOCARPINE IN DEAFNESS.**—Dr. A. Bronner, of Bradford, states (*Lancet*) that he has used pilocarpine in many cases of deafness, and in some with very good results. It is injected subcutaneously, and seems to be most suitable for the following classes of cases: 1. Deafness caused by acquired or inherited syphilis, due to changes either in the internal or middle ear. These seem to be the most successful cases. 2. Deafness due to hemorrhage or exudation into the internal ear. 3. Cases of chronic catarrh, with recurrent exacerbations. 4. Cases of sclerosis or dry catarrh, but only in the initial stages.

## EDITORIAL NOTES.

TAME AND BALD.—*The North-American Journal of Homœopathy*, speaks approvingly of our rap at the *Homœopathic Physician*, yet applies to the CLINICAL REPORTER the Eastern “chestnut,” when speaking of Western things, of “wild and woolly.” By contrast, if, being Western, the CLINICAL REPORTER is “wild and woolly,” the *North American*, being Eastern, must be *tame and bald*. If that suits the *North American*, it suits us!

DR. FRANK KRAFT, our *confrère* of the *American Homœopathist*, has been appointed to the chair of *Materia Medica* in the Cleveland Homœopathic Medical College and will remove from Sylvania, his present home, in consequence. We congratulate the Cleveland School upon securing an *alumnus* of the Homœopathic Medical College of Missouri as Professor of *Materia Medica*, for if there is any branch in which the graduates of the latter school are thoroughly grounded, it is that—and, besides, Dr. Kraft has been a constant and intelligent student since his graduation, a number of years ago, and is one of the rising men in the homœopathic ranks.

THE ARSENITE OF COPPER “DISCOVERY.”—“Your screed, *Cristoforo Colombo Outdone*,” (so an old-school physician writes us) “is hardly fair. The regular profession is ready to accept truth wherever it finds it; thus it has rescued hydrotherapy, electricity, massage and hypnotism from the hands of quacks. What then if it takes, here and there, a remedy from homœopathic sources, when experience has shown the remedy valuable? Is it not its right, and can it not do so without in any way subscribing to the fanciful notion (*law*, you call it) of *Similia*, etc.?”

A fairly courteous letter, such as the one from which the above extract is made, deserves and will always receive a courteous answer at our hands. We answer, therefore, that we have no doubt that many old-school physicians do employ the drugs recommended by Aulde, Ringer and other “discoverers” of the same ilk, not only without believing in the *LAW* of similars, but with full faith in the *fanciful explanations* of Aulde *et al.* of the manner in which those drugs act “physiologically.” What we object to, and that justly beyond a doubt, is the spirit which actuates the members of the school to which our correspondent belongs, and which he himself unconsciously manifests in the words we have quoted. The essence of quackery is ignorance and false pretense. If there is virtue in hydrotherapy, then, so far as it has virtues, those who originally practiced it were not guilty of false pretenses, and, *quoad hoc*, were *not* quacks, but those who denied the real virtues of what they had not tried were, *quoad hoc*, guilty of ignorance and false representations, *ergo*, the real quacks. What is true in this case is equally true in every similar instance. When gentlemen of the old school adopt, one by one, homœopathic methods in the selection of drugs, through provings upon the healthy, borrow remedies hitherto unused by them from the homœopathic *materia medica*, and apply them (though awkwardly) to the relief of

the morbid states, for which they have been previously recommended by homœopathic authorities, and that in the infinitesimal doses which they have so often ridiculed, it is too clear for argument that, *quoad hoc*, they thereby tacitly admit that the homœopaths have not been deceivers nor deceived, but that the ignorance and denial of truth has hitherto been on their own side. Now, when, in spite of this, they adhere to their supercilious airs of superiority and continue, though less loudly, perhaps, to refer to homœopathy as a delusion and to homœopaths as quacks, we think it is entirely fair for homœopaths to expose the insincerity of those who pose as leaders in the other camp and, presuming upon the gross ignorance of our literature, which their jibes have induced in the rank and file of their army, borrow from homœopathic sources remedies and therapeutics which they falsely claim to have discovered. In other words, it is always fair to expose false pretenses—the soul of quackery.

"MONGRELS."—At the recent meeting of the International Hahnemannian Association, the elegant term "mongrel" was repeatedly made use of to designate the large majority of the homœopaths of the world,—in other words, all those who do not understand homœopathy to be just what the I. H. A. pretends. Dr. H. C. Allen, of the *Advance*, moved that, in the Transactions, the word "mongrel" should be expunged, and, in answer to Dr. Hawley's inquiry as to the why of his motion, explained that the word was offensive, and urged that "more flies could be caught with sugar than with vinegar," whereupon one Dr. Thomson remarked: "We are not here to catch flies nor to hold a candle to the devil. We have a mission, which is to proclaim the truth regardless of results." The discussion then dropped, and, in consequence, the elegant word "mongrel" will doubtless appear in the Transactions of the I. H. A.

Insults never prove anything but the lack of manners of those who resort to them, and offensive names may not only irritate opponents, but disgust friends. For one set of men to call another "mongrels" and for the latter to retort by sneering "Hahneman-iacs," is a strange way, forsooth, of "proclaiming the truth," and a pretty sure way of causing sensible people to turn away in disgust from the proclamation because of the unpleasant character of the proclaimer. Had these expressions been made use of only in the heat of debate, among and between the faithful of the I. H. A. conventicle, the matter might have been overlooked. Dr. Allen's motion, however, brought the matter fairly up for determination, and the refusal to take action upon it, the failure (if we read the report aright) of the motion to receive a second, puts the Association in question on record as believing that to call others "mongrels" is its mission. How long gentlemen, like Dr. H. C. Allen, can be induced to lend their aid to such a "mission" (?) we cannot tell.

STREAMONIUM EDITORS.—The weather is now somewhat cooler and the time seems to have come to "warm the jackets" of the editors who "went for" our article on editorials. With the cooling weather, however, our feelings have also cooled and, as to all of them save



one, we will merely prescribe for them *Stramonium CM*—*Stramonium* for garrulousness and *CM*. for permanency of effect—and bid them “go and sin no more.”

The editor of the *Southern Journal of Homœopathy*, however, has, several times in his journal and not seldom in conversations which have come to our ears, proved so eager to compliment us and our journal that we feel we should at last give him a little of the attention he has been craving.

When the CLINICAL REPORTER was but a few months old, we were honored with a letter from the *Southern Journal* man, suggesting and requesting an *exchange of compliments*. Believing then as we do now that editorial opinions should not be for sale or exchange and looking upon the *Southern Journal* as having but little claim to existence among medical journals other than as an “awful example,” we neglected to accept the proffered trade. We supposed that we should thus be spared the attentions of the paper in question, but in that respect counted without the *Stramonium* disposition of the would-be trader, for, as already stated, both in his journal and in conversations that have been credibly reported to us, we and our journal have been made the subjects of complimentary remarks of which the following is the latest example:

“*The Clinical Reporter* got off on a bad foot in March in belittling journals that are edited or that have sufficient character to present for the consideration of their readers editorial utterances. But it partially atones for its bull by presenting a pretty spicy and well written leader of its own, *written by somebody*, in its April issue. For a journal that has no editor, a journal that rocks along unedited, and nurtured only by a lawyer-doctor—a recently made-to-order-for-the-purpose, “ad eundem” medical man, the *Reporter* does pretty well, and if it will only continue to press into editorial service the writer of “*The Gospel of Homœopathy*,” far-fetched and almost sacrilegious though the simile of that editorial be, it will do still better. Consistency is a jewel, you know, brother *C. R.*, so take back what you said in March or call off the man who wrote ‘*The Gospel*.’”

To the above extract we are indebted for a good laugh, in spite of its evident malevolence, for it did seem too funny that one who makes any claim to literary experience should not have recognized in the style of “*The Gospel of Homœopathy*” the work of the “lawyer doctor,” with whom he had failed to effect a trade of compliments, but whose articles he had doubtless repeatedly seen and read. In fact, we are indebted to it for two good laughs, for we were so tickled that we took the paper home and read the said extract to our “better half” and laughed again, the more as she failed to see where the fun came in. Such being the fact, we endeavored to explain that we laughed because the writer of the said screed reminded us of Artemus Ward’s kangaroo, but were rewarded with a blank stare that necessitated our explaining again, which we did as follows: In the first place, he is “a amoosin’ kuss,” in the next place he is constantly jumping hither and thither and, “last but not least,” the heavier part of him is that which he sits upon.

If our readers think that we stated an evident fact in unbecoming language, they need not send us a lecture on the subject, as we got one impromptu then and there.

Of course, as our readers know, we had not said that medical

journals should not be edited, nor did we think that the CLINICAL REPORTER was unedited. What we did say, in substance, was that the truest work of the editor of a medical journal is not to formulate opinions on non-medical matters or to "talk just to hear himself talk," but to see to it that his readers are furnished with as much of practical medical knowledge as his pages will hold. Such is our opinion still. But the *Southern Journal* says the CLINICAL REPORTER is unedited and it must be so. Such being the fact, we must admit, with the *Southern*, that, for a journal that is unedited, "THE CLINICAL REPORTER does pretty well." Let us see! It has been in existence about one-third of the time of the *Southern Journal* and, although unedited, has a subscription list variously estimated as being from three to ten times larger than that of its critic, though so ably edited. It asks one-third more for its advertising space and has nearly double the amount of paid advertising—and all this without hounding state conventions and without a word of begging for support on account of a supposed need "to help the cause of homœopathy." Yes, for an "unedited" journal, that is not so very bad!

Now, we will tell our dear friend of the *Southern* a secret. It's all in the inherent character of the journal. It is with journals as with steeds. Some, like the CLINICAL REPORTER, are good, reliable, speedy horses; others, like the *Southern Journal*, are balky mules (*Hemionoi*, half-asses, the Greeks called them) and, in spite of the great skill of their riders, they throw the latter sooner or later—as the *Southern* threw our dear friend and complimenter, as it then threw Dr. C. G. Clifford and is trying to throw its present owner. For an edited journal *The Southern* does not "get along pretty well" but it is its own fault and not that of the very able editor with whose urgent request we have at last complied by this "exchange of compliments."

DR. GILCHRIST REPLIES.—We are in receipt of the following communication from Dr. Gilchrist, which explains itself:

Editor of CLINICAL REPORTER:

IOWA CITY, Aug. 9th, 1890.

My attention has been called to an article in a recent issue of your journal, entitled "Gilchrist vs. Gilchrist." In reply permit me to call your attention to a communication from me, on the subject to which you allude, in the July number of the *N. W. Journal of Homœopathy*, which I think will be found all that is necessary. It is a great pity that you did not see this before your article was put in type, it might have saved you space that could have been put to a far better use.

Very respectfully,

JAMES G. GILCHRIST.

We turn to Dr. Gilchrist's article in which he thinks "will be found all that is necessary," and we see that it opens in the following manner: "An unfortunately worded sentence in my report to the State Society, has been copied in some of the secular and medical press," etc. Here is an admission that the Doctor has been correctly reported. The doctor then proceeds and says: "The clinics in our department in the University, both medical and surgical, have been as good, both in variety and amount of material, *as could be expected under the circumstances*, even better." (Italics ours.) Then follows a discussion of what the Doctor thinks clinics ought to be, which is

summed up in these words: "It is not *numbers*, it is *quality* that is desired." But the Doctor forgets to tell us how, without numbers to select from, "quality" can be secured. Nor, stranger still, does he affirm that the institution of which and for which he spoke has either the *numbers* or the *quality*. The fact is that, in the nature of things, Dr. Gilchrist can make no explanation that will explain, so long as he admits that he asked for additional or different clinical material—and no other construction can be placed upon his statements. THE CLINICAL REPORTER is not inimical to the College at Iowa City, or any similar place, and yet it firmly believes, and believing openly states, that the place for medical colleges is in populous centres, where clinical material is abundant.

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## OUR BOOK TABLE.

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ESSENTIALS OF DISEASES OF THE EYE, NOSE AND THROAT, by EDWARD JACKSON, A.M., M.D., AND E. B. GLEASON, S.B., M.D. 118 illustrations, pp. 276. Cloth \$1.00. Philadelphia: W. B. Saunders.

This is number fourteen of Saunders' Question Compenda. A rather cursory examination seems to justify the prediction that this number will meet with the same favor as others that have preceded it. Works of this kind cannot, of course, take the place of the more complete text books, but may serve an excellent purpose as refreshers of the memory—very much as a student's notes of lectures, with this advantage on the part of the book that the notes are made by the hands of experts.

PRACTICAL SANITARY AND EXPERT COOKING, ETC., by MRS. MARY HINMAN ABEL, (Lomb. Prize Essay), pp. 177.

As the authoress received the \$500 prize for this work at the hands of a competent committee, we suppose it is highly meritorious, but we have not yet been able to get our cook to test practically the recipes with which it abounds—in fact she sniffs up her nose and gives us to understand she knows her business—which she does.

WOOD'S MEDICAL AND SURGICAL MONOGRAPHS, VOL. VII., No. 1. PER YEAR, \$10.00. SINGLE COPIES, \$1.00. New York, Wm. Wood & Co.

The July issue of this deservedly popular series contains monographs on Stricture of the Rectum, by C. B. Kelsey, M.D.; The Influence of Heredity on Alcoholism, by Dr. Paul Sollier. Rabies, by Louis Pasteur; Colotomy, by Thomas Bryant, F.R.C.S., and Massage of the Abdomen, by Rubens Hirschberg, M.D. The articles on Stricture of the Rectum and on Colotomy are satisfactorily illustrated. The paper and letter-press of this series continues to be of the best.

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## FACT AND FUN.

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### PUBLISHER'S DEPARTMENT.

ONE of the best things for a cold—a pocket-handkerchief.

"WHERE did you get that hat?" I got it at Matthews & Lafferty's, where other sensible people get theirs.

"BY the way, how is Higgins? I heard he was at death's door."

"I don't know about that, but the last time I saw him he was on the step pulling the doctor's bell."—*Philadelphia Times*.

If you have not yet tested Micajah's Uterine Wafers, write to Micajah & Co., Warren, Pa., for samples, which they will forward to you free of charge. They are very highly spoken of by those who have used them.

QUESTION.—When may a man be said to be literally within himself?  
 ANSWER.—When he is confined in his bowels.

"Does this hurt you?" said the dentist, as he gouged at the teeth of his customer.

"It would," replied the customer, wincing, "if I were not a Christian scientist."

WALKER—"Good gracious, Wentman, how you have changed—only a ghost of your former self! What have you been doing?" Wentman—"Following out the 'Health Hints' in the newspapers."

OUR readers will do well to read, on advertising page 10, the ad. of the "tasteless quinine" of the Paris Medicine Co. Whenever quinine is to be administered in ponderable doses, it is a very great advantage to have it so thoroughly disguised that it cannot be identified. Increase of business has led the Company to remove from Paris, Tenn., to St. Louis.

WIFE OF PHYSICIAN—I see here in *The Constitution* a reference to "Woman's Serious Side." Which side is it, right or left?

Husband—From my medical journals, I should think it was her inside.—*Dixie Doctor*.

How many times has it occurred to you, Doctor, that you would have given a good deal for a good picture of some interesting case, and have bewailed the fact that you lacked the skill of the draughtsman. Well, you can beat the best draughtsman "all hollow" now with one of those little portable Kodak cameras made by the Eastman Co., of Rochester, New York. See ad. in other part of paper.

"Mr. BUNTING," said the doctor, after an examination, "I fear your wife's mind is gone."

"That doesn't surprise me," said the poor man, "she has been giving me a piece of it every day for seven years."—*Figaro*.

AMONG the orders received by the Cooper Pharmacy Co. on the first instant, when we dropped in to say "howdy," were a stock order for the entire line of their preparations from the Moffitt-West Drug Co., a similar order from the Luyties Pharmacy Co., a \$500.00 order from the Bennett College and Dispensary of Chicago, where Cooper's products supplant Merrell's, and orders from every member but one (out of town) of the faculty of Bennett College. A new and elegant preparation of this house is Van Ness' Tonic. It is very highly spoken of by those who have tested its merits.

"DOCTOR, what do you mean by speaking of the *dull, red gold*? Gold is not red, it's yellow."

"Well, you see, that's the way the poets call it. Perhaps you're right, though, for poets and doctors hardly ever see the color of gold."

A SOUTH CAROLINA physician, asked why he located at Monclova, said: "It is a first-rate place for a doctor. If a man is sick all you have to do is to tell his friends (no matter whether the affair is serious or not) to go to a priest, and have him confessed and prepared for death. If he dies they will say: 'What a good doctor he is, as he knew he must die, and so had his spiritual interests attended to.' If he recovers they will say: 'What a capable physician he must be. The man was in the last extremity and prepared for death, and he cured him.' So in either event, it is a first-rate place in which to achieve a medical reputation."

PROFESSOR (giving good advice to the class)—Young gentlemen, as physicians you should be married, and when you marry you should take out a policy of life insurance in a good company.

Student (interrupting)—Is it so dangerous as that, Professor?

LISTERINE.—The *British Medical Journal* says: "We have received a specimen of a preparation manufactured by the Lambert Pharmacal Company, St. Louis, U. S. A. According to the formula given, it contains the following antiseptics: Thyme, eucalyptus, baptisia, gaultheria, mentha arvensis and benzoic acid. It is a clear liquid, with an aromatic odor, pungent taste, and miscible in all proportions with water. We have experimentally proved that it is a powerful antiseptic, preventing the development of bacteria and decomposition of vegetable infusions. Listerine is certainly a very elegant preparation, and will be found an agreeable antiseptic either for internal or external use."

MR. JOHNSING—I'ae feeling mighty bad. I reckon you had better make me some sassyfras tea.

Mrs. Johnsing—If you feels so bad maybe I had better run quick for de doctor.

Mr. Johnsing—What yer want ter run for de doctor for? What yer want ter hurry me inter me grabe datter way for? Kaint yer let me die slow?

A. PAGE, M. D., Rushmore, O., says: I have prescribed Aletris Cordial (Rio) in preference to all other similar preparations for a period of two years, with no failure in a single instance. I also spoke of its merits in our last meeting of the North-western Ohio Medical Association, in a paper which I read before that body. I treated a case of a young lady of twenty-three, who had been troubled with excessive menstruation for five years, amounting almost to a hemorrhage at each period, and lasting ten days. Prescribed Aletris Cordial, to be taken in drachm doses four times a day, commencing five days before each period; the first bottle reduced the discharge perceptibly, and shortened the duration from ten to six days; ordered it to be taken during the interim of the next period, and the result was almost magical, the second period being reduced to four days, which was normal, and the discharge the same. The patient has now been eight months without any treatment, and she, as also myself, considers the case permanently cured.

PHYSICIAN—"I fear you have been keeping yourself too closely confined. You should go out more. Take a constitutional every morning before breakfast." Colonel Livehigh—"I always do, doctor; two of 'em, and never less than three fingers."

"WELL, my dear madame, and how are you to-day?" "Oh, doctor, I have terrible pains all over my whole body, and it seems impossible to breathe! Of course I can't sleep at all, and I haven't a particle of appetite." "But otherwise you feel all right, don't you?"—*Flegende Blatter.*

A. W. FURBER, M. D., L.R.C.S. and L.D.S., says: I have for a long time had a gentleman—patient under my care for disease of the teeth, and, although my operations progressed favorably, I had many difficulties to contend with. The whole of my patient's teeth appeared to have a syphilitic taint, and with increased flow of saliva, amounting to chronic salivation. These were not the only troubles I had to surmount; but that which retarded my work most was the repeated recurrence of syphilitic ulcers of the sulcus and gums generally, which, though not painful to my patient, was still a source of considerable discomfort and militated greatly against the success of my operations. IODIA having come under my notice, I was inclined to give it a trial, and with the addition of a small proportion of liq. hydrarg. bichlor., taken daily before meals for a time—also used occasionally as a mouth wash—the salivation became normal, the mucous membrane assumed a more healthy state, and the teeth generally looked like coming back to their original color.

80 Fortress Road, London, N.W.

MRS. CILLEY—Doctor, my husband is very sick, but you say you guarantee a cure!

Dr. De Coock—If my instructions are followed to the letter. He must continue taking this medicine for six months, without fail.

Mrs. Cilley—But if he should die, Doctor?

Dr. De Coock—Well, then—I'll refund the money.

(Three Weeks Later.) Dr. De Coock—You want me to refund because your husband is dead! It's his own fault, Madame; I ordered the medicine to be taken regularly for six months—and that was less than three weeks ago!

THE JEROME KIDDER MANUFACTURING Co. are recently in receipt of a number of testimonials as to their electro-medical apparatus. The following will serve as a sample:

OFFICE OF INDIANA SANITARIUM, }  
BROOKVILLE, IND. }  
Dr. S. P. STODDARD, Prop. }

JEROME KIDDER MFG. Co., 820 Broadway, New York.

Please send by American Express one No. 5 Tip Battery with sponge electrode, etc., complete. \* \* \* The first of these tip batteries I bought of you, I sent in 1873 to a friend in Omaha. The last was in 1883 or '84, when I had an office at West 45th street, New York. Since then I have been persuaded into dry cell, chloride of silver and all sorts of others, two of which are now in my house, but none have ever done for me so much work and done it so well as your No. 5. I enclose draft on New York.

Sincerely, S. P. STODDARD.

THE  
Clinical Reporter.

A JOURNAL OF  
HOMŒOPATHIC MEDICINE AND SURGERY.

PUBLISHED ON THE FIFTEENTH OF EVERY MONTH.

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SINGLE COPIES, 15 CENTS.


Volume III.

SEPTEMBER, 1890.

Number 9.

MALPRACTICE, MEDICAL AND SURGICAL.\*

PROF. I. D. FOULON, A.M., M.D., LL.B.

 THE subject of this paper is one of importance to all medical practitioners, for, however skillful and careful the surgeon or physician may be, he cannot feel certain that he may not, at any moment, be placed in the position of defendant in a suit for malpractice. Important as the topic is, however, it is one concerning which the members of the medical profession are, as a rule, very imperfectly informed. To supply in brief space and intelligible form a clearer idea of the law of this subject, together with some practical suggestions, that may be of service in an emergency, is the purpose of the present paper.

First of all, permit me to remove the mistaken impression (which prevails largely among medical gentlemen) that the law holds physicians and surgeons to a more strict accountability than other professional men, and hence is unfair. The fact is that the law, in this as in other cases, is no respecter of persons or classes, and that the lawyer, the engineer, the architect, in fact all professional men, are, equally with the doctor, held accountable for malpractice in their several professions; and an examination of the special works upon this subject will show that suits for malpractice against members of the legal profession are far from being a rarity. It is true, however, that, of late years especially, the ratio in number of such suits

\*Read before the Missouri Institute of Homœopathy, Fourteenth Annual Session, April, 1890.

brought against physicians, as compared with those instituted against lawyers, has been quite out of proportion to the relative numerical strength of the two professions, but this arises not from any peculiarity in the law, but mainly from certain facts which will become quite apparent as we proceed. Therefore, while I shall confine my remarks to the medical profession, bear in mind that, *mutatis mutandis*, they are equally applicable to any other.

The term "malpractice" implies a departure from correct practice; in other words, a negligent or willful disregard of the duties imposed by the law upon the practitioner. These duties ("implied contractual obligations," the lawyers call them, though they are not essentially contractual obligations but moral duties) these duties of the practitioner, I say, may be summed up in a very few words:

First. He must possess the ordinary skill of his profession.

Second. He must use that skill for the benefit of his patients, carefully and diligently.

Third. He need not undertake the treatment of any case, but, having undertaken it, he must continue its management until he gives notice to the patient or those in charge of him of his intention to withdraw from the case, and as much longer as may be necessary to enable them, by the exercise of ordinary diligence, to obtain other professional aid—and this although the parties employing him may be insolvent or the services may have been understood from the start to be gratuitous.

Actions for malpractice may be civil, in other words, may be suits for damages arising from the alleged malpractice or, if predicated upon wanton neglect or willful wrong, may be in the nature of criminal prosecutions. In either case, the action is based upon the allegation of the negligent or willful disregard of the foregoing obligations. We must, therefore, determine just what is implied in these obligations.

First, then, it is necessary to explain what is meant by that "ordinary skill" which the physician is legally bound to have. The term is not one that is susceptible of close definition. The ordinary skill of the country surgeon is not expected to be equal to the ordinary skill of the clinical surgeon of a large hospital. In the interest of the public, who must have some sort of medical attendants, and in consonance with common fairness, physicians are to be measured by the average standard of those who surround them: general practitioners by the average standard of general practitioners in the region where they practice, specialists by the average standard of specialists, etc. In general terms, it may be said that physicians are expected to know what is well settled in their profession and to use their knowledge with a fair amount of dexterity.

The possession of a medical diploma, or the certificate or license of a legally established examining board, is evidence of the ordinary skill of the lawful holder thereof, and as the large majority of physicians now have one or the other, there is less likelihood of complaint of the want of ordinary skill by the practitioner than of failure to exercise the skill he possesses. It may be well to state

here, however, that the diploma of any institution is evidence of the skill of its holder only in the school of practice of the particular institution which has issued it. For instance, if a homœopathic graduate should treat a given patient allopathically, and through unskillfulness should injure him, his homœopathic diploma would not be evidence of his possession of skill in allopathic therapeutics—indeed, if he had been employed because he represented himself a homœopathist, his allopathic treatment of the case would add to the malpractice an element of misrepresentation and fraud that would increase the danger of his position as a defendant.

Just as, in the practice of law, the lawyer has to deal not only with the known law, but also with unsettled points in the law, and unknown quantities in the facts—the impression produced by witnesses, the conscious or unconscious bias of a judge and twelve jurymen, etc.—so in medical and surgical practice the medical man has to deal not only with what is clear in diagnosis and settled in treatment, nor with a perfect human machine, but with ailments not always easy to make out, remedies often difficult to select, and physical organizations often weakened by age or previous diseases, tainted with “psoric miasms” or baneful hereditary tendencies to neurotic, cancerous, or tuberculous troubles, all of which may not only complicate the case under treatment by their hidden influence, but may find in the original disease the spark that shall kindle them into mighty, independent conflagrations, that must be fought, while perhaps unsanitary conditions in the atmosphere and in the patient’s material environments unite with the unknown but mighty reflex influence of mental and moral troubles to add fuel to the flame.

These facts the courts of law recognize, and, therefore, just as no lawyer is held to guarantee the outcome of a suit, so no physician or surgeon is held to guarantee the result of his treatment in any case, unless he has foolishly done so in express terms. If he has, however, he is, of course, held to the terms of his contract, and may be called upon to answer in damages for failure to accomplish what he has agreed to—unless what he agreed to do were an absolute impossibility under any circumstances (as if he should contract to make a leg grow in the place of one that has been amputated), when another principle of law (that a contract to do an essentially impossible thing is void), steps in and saves him from legal damage, the other party having no cause of action for the violation of a contract which the law says is no contract.

It is easy to make the public and the legal profession understand the difficulties that stand in the way of obtaining a given result in the trial of a case at law, for many of these are represented by visible persons. Not so with the difficulties in the way of the physician: they are invisible forces. To this fact, in the main, is due the much greater frequency of suits for medical than for legal malpractice to which reference was made above.

To a similar cause is due the further fact that suits for malpractice are much oftener brought against surgeons than against physi-



cians as such. The results of medical malpractice may be, and doubtless are, attributed to disease (the ordinary layman being quite unable to differentiate between the effects of disease and of injurious drugs), while the often unavoidable imperfections of the surgeon's work may be seen of all and are frequently attributed to unskillfulness or negligence.

The question of malpractice in any case must largely turn upon the expert testimony introduced. As the law makes no distinction between the different schools of medicine, and as experts are *those who have both theoretical knowledge and practical experience* in the science or art which their testimony is intended to elucidate, it follows that where, in a suit for malpractice, the question is one of therapeutics, no one can be called as an expert save a practitioner, or at least one who has been a practitioner, of the school of medicine to which the defendant belongs. For instance, a homœopathist could not testify for or against the treatment used by an allopathist or an eclectic, so long as they adhere to their own modes of treatment; nor could the latter testify for or against him in a similar case. This is a point worth remembering, as it may be a means of cutting off a good deal of malicious testimony of members of rival schools. What I have just said applies *only* to therapeutic measures, of course. In the present state of medical and surgical science, the surgeon who should go directly from the dissecting-room to the performance of a serious operation, the *accoucheur* who should drive from a case of erysipelas to the bedside of a parturient, or the general practitioner who should visit his general patients after having visited cases of small-pox, scarlatina, or diphtheria, without thorough disinfection of his person, could not lawfully object to the testimony of physicians of other schools against him; since in these things, as in surgical procedures, all schools of medicine are in substantial agreement.

In addition to what I have already said touching the second duty—that of using his skill carefully and diligently for the benefit of his patients,—let me add that, while large fees may entitle the patient to more than ordinary care, the fact that but small fees are expected or that no fees at all are to be received, will not excuse the physician from the exercise of ordinary care and diligence.

The question is often asked, by surgeons especially: "Could I not require of parties on whom or for whom I am about to operate, an immunity bond—an agreement that, whatever the result of the operation, I shall not be held legally responsible for it?"

It has already been stated that the surgeon is not a guarantor of results. If he has the needed skill and uses it with care and diligence, the law will protect him (in theory at least), but the law will not permit him, nor any one else, to make a contract that will save him harmless from the consequences of wantonness or neglect. Such a contract is therefore void, and could not serve as a defense. On the contrary it would be sure to be used by a skillful advocate with telling effect as a cudgel over the head of the over-careful fellow, who would be made to appear to have expected, if not intended, an untoward result.

Let me close this necessarily fragmentary discussion of an important subject with a practical suggestion. Suits for malpractice are not usually brought without warning. There are usually mutterings of the coming storm. Complaints are circulated in the community by the prospective plaintiff; payment of the physician's or surgeon's bill is delayed without any satisfactory explanation, or perhaps refused on the ground that the treatment of the case has been improper. If the physician neglects to press his claim under such circumstances, his neglect will be construed into a confession of dereliction, and he must not be greatly astonished if, before many days, he should find himself an unwilling party to a suit, which, even if it be successfully defended, will not only cause him some worry and expense, but, in the nature of things, must more or less injure his professional reputation and damage his business.

The wise thing to do under such circumstances, is, usually, to strike the first blow. Remembering that a physician's bill rendered is merely an offer to settle for his services for a certain sum, and that, if it be not paid, the offer has not been accepted in legal contemplation, and that, therefore, he is not thereby prevented from suing for a larger amount, if he can prove that his services were actually worth more than the amount originally charged for them, let him charge a good, round fee and sue for it without delay. In many cases, the effect will be as magical as that of a cold douche upon an angry child, and the prospective plaintiff, all the fight taken out of him, will pay his bill and say no more about suits for damages. Even if such be not the result and the case goes to trial, the physician will stand, not only before the average jury but also before the community at large, in a far better position as a plaintiff, trying to recover for services rendered, when the allegation of malpractice, used as a defense against his claim, will appear as a mere dodge to avoid payment of an honest debt, than as a defendant in a suit for damages, seeming to be endeavoring to squirm out of the legal consequences of an injury inflicted. In this matter, the way to avoid trouble is, as a rule, to meet it more than half-way.

#### DISCUSSION.

W. E. GREEN, M. D., Little Rock.—A short time ago a negro received an injury in a mill. Two old-school physicians decided that an amputation was necessary. The owner of the mill did not think it was necessary, but said nothing, and the doctors cut off the negro's leg. During the amputation the negro died. The millman became alarmed, fearing a lawsuit for damages, while the doctors were alarmed, fearing a suit for malpractice. The matter was settled by the millman paying the doctors' charges for cutting off the negro's leg, which amounted to \$25.

DR. W. B. MORGAN, St. Louis.—I understood Dr. Foulon to say that a homœopath, registered as such, would, when employing allopathic measures, do so at his peril, and would be responsible should the case have an unfortunate termination. My supposition has been

that a person authorized to practice medicine was not confined to any one system; that he was allowed to do as he pleased in that matter. In the certificate of the State Board of Health, there is no such provision made.

J. A. CAMPBELL, M. D., St. Louis.—I would like to ask the lawyer, if I give twenty grains of quinine at a dose, whether he means that I can be sued for malpractice.

HENRY BARTENS, M. D., St. Louis.—How does that apply to anti-septics? Every surgeon uses them.

J. C. BENNET, M. D., of Kansas City.—I don't think that the law of similars covers purgative medicines, yet they are allowed by the homœopathic practitioner.

WM. D. FOSTER, M. D., of Kansas City.—There is one important practical matter connected with this in the State of Missouri. In the practice of surgery the surgeon always assumes when he takes charge of the case that he will treat the case in accordance with the principles of surgery as understood to-day. The surgeon may go and see the case and refuse to treat it. He is not obliged to treat it. When a surgeon takes charge of a case to treat it he will do wisely if before doing so he send for a medical man as a consultant. If any legal question should arise later he can then have the testimony of an additional medical witness. The testimony of two will stand a good deal of hammering. It is always well to have additional evidence.

W. B. CLARKE, M. D., Indianapolis.—The readers of medical journals will remember that Judge Barrett, of New York, rendered a decision in a supposed case. The journals riddled him for stating in his decision that schools could not testify against each other. We had a case in Indiana six or seven years ago. The old school institute these suits and try to injury homœopathy in that way. In Indiana the leading surgeons and physicians have got all their property out of their hands. This is all you have to do.

A. L. MONROE, M. D., Louisville.—This malpractice goes by States more than anything else. Such suits are particularly frequent in Indiana; we seldom hear of them in Kentucky.

A. C. WILLIAMSON, M. D., Springfield.—Physicians testifying in court in Indiana get better pay than in any other State.

JAS. A. CAMPBELL, M. D., St. Louis.—The liability to malicious prosecutions makes it advisable for physicians and surgeons to put everything out of their hands. One source of danger is in promising too much. Formerly, when I was new in the practice, I promised more than I do now. The suits are often due to promises. All that is necessary is to promise to do the best you know how. Prof. Foulon says that old-school physicians cannot testify as experts in matter of homœopathic therapeutics. I think I have heard of cases where it had been done.

PROF. I. D. FOULON, St. Louis.—There seems to be some confusion in the minds of the gentlemen who have propounded queries concerning the subject-matter of my paper, arising from the fact that they do not clearly distinguish between questions of law and

questions of fact. Whether the administration of twenty grains of quinine in a given case, or of drastic cathartics in another be correct homœopathic practice is a question of fact, which I did not and do not discuss, and one which would have to be decided by the triers of the facts upon evidence adduced. If the evidence established the fact that such practice was correct homœopathically, then the physician's homœopathic diploma would be evidence of his possessing the ordinary skill necessary to administer those drugs; if not, his diploma would have no such effect. As to the medical journals that "riddled" Judge Barrett's opinion, they also did so by mistaking questions of fact for questions of law. Judge Barrett's law was all right, whatever may have been the case as to his facts. Of this there is not the least doubt. It is not, as a rule, much safer to go to medical journals for law points than to law periodicals for medical instruction. It may be true, and I have no doubt it is, as stated by Dr. Campbell, that cases have occurred where physicians have been permitted to testify against others of a different school of practice, although ignorant of the practice of the latter, but this must have been because the proper objection was not interposed. It is because I considered the point one which lawyers, on account of their ignorance of the fact of the great diversity in therapeutic measures on the one hand, and doctors, on account of their lack of knowledge of the law of expert evidence, would be likely to overlook, that I made insistence upon it. Suggest the point to your attorney and he will see it quickly enough, and the court will as quickly sustain it, for, I repeat it, no man can testify as to a matter of professional skill unless he have both theoretical and practical knowledge of the matters involved. This alone constitutes him an expert.

JAS. A. CAMBBELL, M. D., St. Louis.—The opinion expressed is that a homœopath will not be responsible for anything but homœopathic practice. Suppose you have a diploma of both schools?

I. D. FOULON, M. D., St. Louis.—Then show the diploma that shows that you have ordinary skill in the practice attacked.

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### SOME SPECIAL USES OF ACONITE.\*

BY JOHN C. MORGAN, M. D., PHILADELPHIA.



HE discovery of Aconite in the role of an antiphlogistic and *febrifuge* was a mere accident—if there be any accidents—rather, let us say, a good Providence, attending the steps of one bent on obeying natural, or divine law—the law of the similars.

One of the early disciples of Hahnemann was called to a case of pleurisy; suffering with severe stitching pains, high fever, thirst, restless tossing about, and above all, great and worrying

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\*Read before the 14th Annual Session of the Missouri Institute of Homœopathy at St. Louis, 1890.

anxiety of mind, (or as we often say, "nervousness") and a fearful and certain assurance of impending death.

*Aconite* was, as yet, an unknown quantity in the treatment of acute inflammation and fever. Any of the crudists of our day who spurn Hahnemann and his "visionary" followers, but with whom this drug is a "usual remedy" for such cases, would of course have been helpless in such an emergency; but the "usual remedies" of our day were then being discovered, with prophetic vision, by those much maligned pioneers.

Thus was it here. True to Hahnemann's advice, the doctor regarded the totality of the symptoms, regardless of the name of the disease, however easy to find. This totality contained a maximum of so-called "irrelevant," that is, individual psychological symptoms—generally known among us as "mental symptoms." Seeing in these the dynamic inwardness, or genius, of this struggle of the vital force or forces, with the shock of exposure, the doctor, still true to his text, gave these symptoms the first rank. Only *Aconite* could meet them, and serenely, he gave this unknown but coming king of antiphlogistics. The result was that the harrowing and painful looking for death gave place to mental calm, and with the soul's comfort came ease of body, cooling of fever, and cure of the acute inflammation. An empirical antiphlogistic abuse of the same drug has yet cured many such cases since; but who cannot mention some others, similar diseases, as to name, in which, with very different psychological symptoms, it has utterly failed? And, on the other hand, who does not know of cures by *Aconite* where there was a pale face, a cool skin, and no acute inflammation—provided that the mentality was of the characteristic, worrying, anxious sort? It is always attended, however, with a certain willfulness; and sometimes, personal resolution succeeds in even concealing the terror or the wrotry actually existing; a matter to which the physician should never be blind.

Again, there are *two daily periods*, when the *Aconite* case may display signs of exacerbation, *in one, or in both*; and this alone may direct our thoughts to the possible use of the drug. These periods are: from 12 to 3, A. M., and from 9 to 12 A. M. In mysterious diseases—as diabetes, etc., these may afford a therapeutic hint—as well as in ordinary maladies. And now, an antithesis—a new statement, apparently contradicting the first one above made, is requisite, as a shading to that very broad picture, and to complete the likeness of the drug action. This is, indeed, a general principle for our guidance in the study of any and *every* drug. I choose to call this "*the antithetic type.*"

Every drug presents, in its action, as all know, "primary" and "secondary" effects—the former being evidence of the drug-shock—the latter, of the vital resistance, or "reaction." It is not, however, so well known, or, at any rate, so well understood, that *the primary effect itself is, at least, a double and contradictory affair*—and to this may be ascribed much of the difficulty of our comprehension of the homœopathic *Materia Medica*. Thus, in *Bryonia* we find both

dryness and fluency ; it is a constipator, and also a loosener of the bowels—both within the range of its “primary” effect, the “drug-shock only.” *Hyoscyamus* is strikingly characterized, on the one hand, by “*turbulent restlessness*”—and equally so by the antithesis of such a state, viz : *stupor* !

This, then, is the principle of *primary drug-action*—it is not simple—it is compound—it is “alternative”—it is dual and opposite—it presents, always, two characteristic “antithetic types.” To master this, for each drug, is to conquer its whole genius in detail, and with speed.

*Aconite*, of course, forms no exception. Its best known type is *anxious force* ; but its anti type is, “*reptilian inertia*” ! Great therapeutic deductions necessarily follow. One of these is that it is sometimes a prime *tonic*. A form of congestive chills, a form of cholera, certain cases of cholera infantum, and many minor ailments, as every practitioner has observed, are thus characterized. *Aconite* is to such a cardinal remedy.

Cholera Infantum in particular, often appears thus, and it is at least partly curable by a cautious use of this drug—perhaps after failure with everything else.

The cure of bad effects of abuse of *many drugs*—“a spoiled case”—divides the honors, often, between *Aconite* and *Nux vomica*—singly given, as indicated, of course.

Summer diarrhœa of infants, not choleraic, but simulating any and every drug known in diarrhœa—in character of stools, etc., may be cured with *Aconite*, if either of the “antithetic types” of *psychological* state be present—particularly when the periodicity is, also characteristic ; and sometimes when it is not.

Abnormal sweating, by night or by day, is as clear a keynote as is fever, for our drug. Indeed sweat is but a special “fever symptom,” as our repertories teach us. The particular indication for *Aconite* is that the sweat *breaks out as soon as the patient falls asleep*. In plethoric puerperal and nursing women ; this occasionally finds illustration.

In like manner, ordinary *enuresis* is a good characteristic for the choice of *Aconite* ; particularly when reenforced by other of the traits of this drug. It should have solved many a troublesome case for us in the past, no doubt. Once more—*Aconite* being commonly denied any part in the cure of tissue lesions, it will be news to some in the profession, that Dr. H. N. Guernsey found a specific indication, or keynote to the drug in “*hard red swellings*”—a precious fact, that I can verify from my own experience in an obstinate case of facial eczema, due to strawberry poisoning. This keynote and such experience must widen our conceptions of the therapeutic possibilities of this remedy.

Lastly—the *pulse* of *Aconite* is, on the one hand, exceedingly *tense*—or on the other, very *loose*. If of the first type, it feels like a wire under the finger, or, if longer, like a chord, such as that in use for window shades. If of the antitype, it gives a flip-flap sensation to the touch (*Bellad.* ; thumping pulse).

It is scarcely necessary, perhaps, to caution intelligent physicians against the possible error of confounding *Aconite* indications with those of other drugs with symptoms such as those above described;—*e. g.* *Bellad.*, *Arsen.*, *Carbo v.*, *Sulph.*, etc., etc.; at all events, to do more than barely recall the well known rule of *individulization* and differentiation, in all homœopathic prescribing.

#### DISCUSSION.

A. L. MONROE, M. D., Louisville, Ky.—I formerly had trouble about differentiating *Acon.* and *Veratrum Vir.*, I don't now. *Aconite* and *Arsenic* are more difficult for me to differentiate. Both have almost identical symptoms, restlessness, fear of death, anxiety, thirst, etc. There are some mild differences and some very important differences. I am speaking now of high fever. Of course, if due to inflammatory trouble and flushing of the surface and loss of the sense of the cutaneous nerves, you might think of *Aconite*. You find four symptoms of *Aconite* and one of *Arsenic* and four symptoms of *Arsenic* and one of *Aconite* in the same case. The question is which to give. I frequently alternate the two.


DR. WM. B. CLARK, Indianapolis.—I believe that the keynote of *Acon.* and *Arsenic* is that *Aconite* commences with a chill, the effect of cold air or water. Dr. Richard Hughes paid this tribute to *Aconite* that, if homœopathy had done nothing more than to introduce *Aconite* she might well die content. He characterizes the *Aconite* as the homœopathic lancet. He distinguished it as the remedy in an artefial storm, particularly in an acute case. Astitial storm following a chill.

A. L. MONROE, M. D.—I remember a distinction by Dr. Farrington, that is: In *Aconite* you find quantitative, not qualitative changes. In *Arsenic*, you have qualitative changes. In *Aconite*, the blood is not properly distributed. In *Arsenic*, the patient is losing strength. The nerve centers are burning up. In *Aconite*, the same symptoms come from irritation of the nerve centers, congestion of the nerve centers and excitement of the circulation. In *Arsenic*, it is due to distinction of the tissues.

DR. T. G. ROBERTS, Washington, Iowa.—I never had any difficulty between *Aconite* and *Arsenic*. *Aconite* and *Bell.* trouble me. *Arsenic* has a great deal of weakness. I never use *Arsenic* except when the patient feels great oppression. In acute disease when the patient feels weaker than he ought to from the symptoms at the time. *Arsenic* thirst cannot be satisfied. *Aconite* thirst is relieved by water. *Arsenic* patient wants water little and often, and water does not quench the thirst. *Aconite* patient has fear of death like *Arsenic*, but has not the debility. *Aconite* patient's face is pale when he rises. *Arsenic* has not the redness of the face.

## CHLOROSIS.

BY PROF. W. A. EDMONDS, A. M., M. D., ST. LOUIS.

 It is not proposed to go over the whole subject in this short paper; but to combat an error, both lay and professional, as to treatment. In probably nine cases out of ten, effort for relief is directed at one, and only one, of the symptoms, to the neglect of others of equal or even greater importance in the symptomatic aggregate. This misdirected aim is to reestablish menstruation. The girl is supposed to be sick because she does not menstruate. The fact is she does not menstruate because she is sick in her general bodily condition. Forcing, special treatment to bring on menstruation during the chlorotic state, can do no good and may do harm. To expect healthy menstruation under the condition of poor, watery blood is just as absurd as to expect good bodily and mental strength without power to receive and assimilate strong, hearty diet. In certain cases obstructed menstruation may have had precedence in setting up the chlorotic condition; but in by far the larger proportion of cases, various other abnormal conditions have preceded the menstrual arrest.

I give a case in point. A school girl of seventeen had not menstruated for several months. She was excessively pale and bloodless in appearance; had profuse, pale, watery urine; constipation of the bowels; poor sleep; poor appetite; very nervous; small, frequent pulse, which became greatly accelerated, with hasty difficult respiration under any considerable bodily effort. Going up a flight of steps was especially distressing. This case came to me after an experience of treatment at the hands of an allopathic physician who had diagnosed diabetes mellitus, and prescribed iron, quinine, etc., as tonics, with a diet supposed to be adapted to the diagnosis. Urinary analysis showed the urine to be very watery and greatly deficient in its healthy usual solids, but no sugar. I had two sources of embarrassment in the management of this case: the patient would not quit school—the mother constantly importuned me for a remedy to bring on menstruation. My explanation that the patient could not be expected to menstruate under the condition of such poor, watery blood, would only pacify the mother for a few days at a time, when the constantly recurring demand would come round again. Suffice it to say the iodide of arsenic, 3x trituration four times per day, with prudent diet, (largely of milk) and freedom from mental and bodily work brought relief of all the symptoms, with healthy menstruation, in about three months. Of course there were occasional apparent variations in the treatment, for the sake of appearances in the family. Then too the iodide was respited in this way occasionally; always a matter of moment under such a protracted use of the one continued remedy.

A point of the first importance in these cases is *time*. The fam-




ily and patient should be made to understand at the outset that three to six months will be necessary to effect relief. The profound disturbance in the important process of assimilation and disassimilation which is undoubtedly at the bottom in these cases, can not be corrected in a day or a week. These cases are perplexing, tedious and troublesome; but the suitable remedy, prudence in diet, with proper bodily surroundings and conditions will nearly always bring relief in the end.

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## ON THE SIGNIFICANCE OF THE OCCASIONAL DISCOVERY OF KOCH'S BACILLUS IN SPUTA.\*

BY EDWARD R. SNADER, M. D.

Lecturer on Physical Diagnosis at Hahnemann Medical College, Philadelphia.

S the infrequent discovery of the tubercle bacillus in the sputa of absolute diagnostic significance as regards phthisis pulmonalis? This is a question that has often occurred to me during my investigations into supposed cases of serious lung disease. I know some of the brightest medical minds of the day accept unquestioningly the theory that Koch's bacillus is the cause of tuberculosis. I know a certain number of thinkers strenuously contend that the tubercle bacilli are a consequence, not a cause of the peculiar lung condition popularly called consumptive. I know also that a fair proportion of conservative medical men regard as unsettled the question as to whether the bacillus of Koch is a cause or a consequence of tuberculosis.

While there exists this wide variety of opinion as to the exciting cause of tuberculosis, there seems little variance in view as to the diagnostic significance of Koch's parasite. A remarkable unanimity on that point prevails among authorities. All regard the discovery of the microscopic parasite in tissues or sputa as a positive indication of the so-called tuberculous nature of the disease investigated. In other words, if Koch's bacillus was not causative, it was diagnostic of, tuberculosis. Its presence in suspected tissue, fluids or sputa was regarded as absolutely, positively and unequivocally diagnostic.

It has often occurred to me that the presence of the bacillus in the sputa was less significant than when found elsewhere. It seemed less significant in sputa because of the numberless possible sources of error.

It is apparent that, even if the parasite of Koch be the causative

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agent of tuberculosis, its progressive and successful development requires a peculiar soil. The essentials for the inauguration of the ravages of tuberculosis are, first, a peculiar soil, and, secondly, a peculiar bacillus. Either of these elements separately is inoperative. That a suitable soil is necessary for the development of tuberculous processes will be conceded by all who know anything at all about disease, whether they believe in the germ genesis of anatomico-pathological lesions or not. Not all persons exposed to the special influence, (germs or not) producing small pox contract the disease. Why? The necessary soil does not exist, or the exciting cause is insufficiently active.

If the tubercle bacilli be the cause of phthisis pulmonalis, and innumerable foci give an universal distribution of the cause, the whole population, more or less (in cities particularly) must be exposed to contact with the exciting element. If contact with the germ were the only essential necessary to produce tuberculosis, the whole population would practically be affected. If exposure to the bacillus were equivalent to infection, then consumption would sweep away at least two-thirds of the people. Countless foci and the universality of distribution would render escape from infection impossible.

It may be true, as has lately been demonstrated in the wards of a French hospital, that the air about a consumptive patient is only to a slight extent habited by the bacilli, and that, with the removal of phthisical patients the few remaining bacilli soon disappear. It can logically be argued from this fact that the bacilli are not so universally present as we might suppose, and that, therefore, the chances of infection would be greatly minimized. Granted. But, the average life of man is fairly long, and the doctrine of chances would be greatly against a given individual's absolute immunity from contact with, and infection from the bacillus. At some period of life, one would surely be exposed to the supposed exciting cause.

It is true that tuberculous changes can attack any tissue, but I am now considering especially the lungs, the favorite haunts of the growth.

The question as to how the parasite gains entrance into the lungs is a moot one. Dr. Flick holds that the entrance is effected through the stomach. The majority, however, contend that the respiratory tract is the path pursued by Koch's bacillus to gain an entrance into the lung parenchyma.

Now, it seems to me, if we admit that nearly all persons are exposed to infection and that a very much smaller proportion are attacked, that the immunity from the secondary effects of the exposure must be traced to the fact of the absence of a suitable soil or to the absence of infecting power in the supposed infecting agent.

Dead-house observation shows the frequent discovery of lung lesions in persons dead from other than pulmonary diseases. Microscopical examination of sections of tissue demonstrates the presence of tubercle bacilli in some of the lesions and not in others, although microscopically and anatomically the lesions appear identical. In many specimens presenting all the naked-eye and histological appear-

ances of tuberculous tissue, no bacilli are discovered. So marked is the absence of bacilli at times, it has been theorized (by those who believed in the causative influence of the parasite) that, although the bacilli were absent, their spores were present—undiscoverable, but minute monuments of King Bacillus' reign. In other words, it is a matter of belief, in some instances, so far as the decision rests upon the discovery of the bacillus whether a given lesion was or was not tubercular. We can only be positive by being dogmatic.

Now, even if the bacillus of Koch is not the cause of phthisis pulmonalis, its frequent presence in lesions pursuing the ordinary clinical course of consumption, renders it of diagnostic value. Even if the bacillus is not the specially active agent in the dry sputum that causes infection, its association or non-association with certain clinical facts renders its presence or its absence in repeated specimens of sputa of considerable value.

However, in the examination of supposed phthisical sputa, I am inclined to believe that too much diagnostic stress is laid upon the discovery of the dread bacillus *in a single specimen of sputum*. What I mean to say is that the occasional, if not frequent, accidental presence of Koch's bacillus in the sputa of persons not tuberculous at all is not only possible, but probable. The truthfulness of this proposition is rendered reasonable from the fact that infecting foci are so innumerable as to cause the bacilli to be almost universally present, despite the partially demonstrated fact that only a slight area immediately around a phthisical patient is populated by the parasite. The chief, if not the only source of infection, is presumably the dried sputum. The bacilli from the sputa of tuberculous patients is deposited almost everywhere, directly and by atmospheric circulation. So soon as moisture disappears from the sputa, the bacilli are free to inaugurate their destructive work, if they find a suitable soil. Surely, some accidentally find their way into the respiratory apparatus, and, finding no congenial soil, are practically innocuous. If the tenure of life of the bacilli be short, owing to unfavorable atmospheric conditions, they are long enough lived to start the lesions of which they are diagnostic.

The diagnostic evidence, then, if not the cause, of tuberculosis, is everywhere about us, and must occasionally, if not frequently, be inhaled by persons in whom a suitable soil for the progressive propagation of the bacillus does not exist.

If an examination of the sputa be made at the time the parasite is accidentally present, it may be discovered on the slide and wrongly considered to be positive evidence of tuberculosis. Thereby a catarrhal lung solidification, in a pre-tubercular stage, may be incorrectly diagnosed as tubercular. The discovery of the tubercle bacillus in sputa, even without a proper exploration of the lungs, has been considered evidence of tuberculosis.

In those rare cases of suspected phthisis pulmonalis, where physical signs of solidification furnished by percussion and auscultation are meagre or doubtful, the discovery of the bacillus in a single specimen of sputum might lead to an erroneous conclusion.

The position of Koch's bacillus among diagnostic data is, in my opinion, simply that of a strong factor—a link in a chain of concomitant evidences—not an unalterable and decisive criterion. Its presence in a single specimen is entitled to some weight in the summing up of evidence, but should not be considered of positive and determining significance. Frequent and successive discoveries of the bacilli in the sputum, however, are entitled to be considered positively decisive.

It would apparently seem that those gentlemen who hold the view that the bacilli are the *product* of tubercular processes would be compelled to lay greater stress upon the appearance of the bacillus in the sputa than those who believe the parasite is simply the cause. Its presence as a product of disease would seem of necessity to argue the presence and activity of the producing cause. Not so, however. The bacillus could be accidentally present either as a cause or a product of a tubercular process. As a product of disease, the bacillus need not necessarily be produced *in situ*, or in the position from which the sputa are detached. A product as well as a cause of disease can be inhaled.

Personally I place reliance in the diagnosis of phthisis pulmonalis upon the physical signs furnished by percussion and auscultation. Suspected cases of consumption are very infrequent, indeed, where the signs furnished by the careful employment of the method indicated do not loudly and positively declare the condition of the lung parenchyma; and in exceptional cases where the physical signs were meagre and unsatisfactory, I would place far more reliance upon them than upon the discovery of Koch's bacillus in a single specimen of sputum.

I believe, so far as my observation goes, although I have no records to bear me out in this statement, the bacillus to be more frequently absent in cases presenting well-marked physical signs and all the typical clinical symptoms of phthisis pulmonalis, than present in those cases in which the physical signs are negative or absent.

I have uttered this note of warning against the habit of drawing positive conclusions from the presence of the bacillus in sputa, because, being regarded as a crucial and pathognomic sign, its significance was unduly augmented and hence the discovery of one single growth led to positive expressions of diagnostic opinion. No one positively declares that a patient suffering apparently from phthisis has not phthisis because he fails to discover Koch's bacillus, and he should not, therefore, be so certain of the nature of the disease from a single finding of the bacillus. The bacillus is pathognomic, taken in connection with certain signs and symptoms. Alone and in a single microscopic slide it may mean nothing.

I could narrate instances showing that the discovery of Koch's bacilli in sputum has led to the diagnosis of phthisis, when the after course of the disease rendered it almost positively certain that the patients were never tuberculous. I do not mean to imply by this statement that a phthisical patient may not recover; but I mean to

say that the cases I have in my mind were those that fell into the hands of a microscopic enthusiast, and, so far as I could learn, presented no definite or suggestive symptoms of consumption.

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## AUXILLIARY MEASURES IN THE TREATMENT OF CEREBRAL CONGESTION.\*

PROF. J. MARTINE KERSHAW, M. D., ST. LOUIS.

**A** SUBJECT of cerebral hyperæmia should wear a loose collar, remove all bands that may constrict the body and impair the free circulation of the blood, while all clothing should be supported by the shoulders directly. These are preventive measures to be employed by those suffering from cerebral hyperæmia—patients who are not as yet confined to bed but are threatened with cerebral pressure of a marked character which we denominate congestion of the brain.

Subjects of this difficulty should refrain from lifting, straining, and particularly stooping. They should avoid getting angry, and indeed, all undue mental excitements. Worry is the kind of mental wear and tear that will certainly develop cerebral congestion. Keep it up, and finally set up insanity or brain paralysis. Worry makes the head hot, it brings the sleepless nights, and the final break-down of the ambitious men of the times—breaks them down in the prime of manhood, when scarcely one-half of man's natural life is done. A case of cerebral congestion should be placed in bed. The head of the bed should be raised from eight to twelve inches higher than the foot. By this means the blood is sent to the brain with less force and is returned with more ease. I think pressure is decidedly lessened in this way. When unconscious, improvement in the breathing is usually noticed at once, and the face becomes paler. In cases of simple hyperæmia the hair should be worn short when men are the subjects, and ventilators worn in the hats winter and summer. In women it should be worn down as far as possible. In severe cases of congestion the head should be shaved, and ice cold cloths applied. The body should be bathed in vinegar and warm water several times a day. Gentle massage treatment is usually helpful and tends to equalize the circulation. The diet should be simple, and composed of fluid foods mainly—soups and broths of a non-stimulating kind—milk when it agrees with the patient, skimmed milk being

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the best. Cream is seldom good for subjects of this disease. Fruits of various kinds are good. Lemonade is a grateful drink, and usually helpful, as is also pure apple cider when not too hard. All stimulants should be forbidden. The continued use of alcohol by a case of cerebral congestion will certainly precipitate very active disease by distending the vessels of the brain, cause a rupture, and the passage of blood from its natural channels into the substance of the brain and its ventricles. Immediately following the hæmorrhages, we have as results pressure, paralysis and perhaps death. In other words, a case of congestion in which a favorable prognosis may be given, passes, by the excessive use of alcohol, from a curable case of cerebral congestion to one of apoplexy or cerebral hæmorrhage, a disease from which a patient never entirely recovers. I believe it is utterly useless to try to cure a case of marked cerebral congestion if the patient persists in using alcohol in any form. No matter how valuable an application may be, it will undo it; no matter how potent a medicine you may employ, alcohol will antidote it. The bowels should move every day. If not moved naturally, injections of hot castile soap-suds and glycerine should be employed. I combine one pint of water and one ounce of glycerine. This makes a good injection and usually helps most patients at once. Quiet, rest, freedom from work—these are of prime importance in the treatment of the disease under consideration. When sufficiently recovered, a trip to some quiet country place is likely to prove beneficial. Hunting is a very useful sport. A tramp of fifteen or twenty miles over the country will take the heat out of one's head and put it into his feet and legs. A few weeks of this kind of life—away from telephones and telegrams, away from directors' meetings, and from the speculators in meats and wheat—will bring a quick brain, natural sleep, an active liver and good digestion. About everything in the world is pretty well taxed, but the good Lord has given us free air and sun-light, yet the busy bread- and home-winnners of the day, the men of all men who need these are the ones who do not get them. A little more sunlight, a little more of fresh air, a little more of nature as God has made it would have lengthened the life of many a busy worker, who gave up his life when only half of life was done. Most of us hope to have time for recreation after awhile. We plan, think, arrange, hope—but it is never just now, it is next year perhaps—never to-day, or to-morrow or next week. And so we work every day, and Sundays, and many nights, hoping for rest but never getting it; longing for just a little of quiet, natural, restful life, but too busy to stop for a little of life's sunshine! to which every human being in the great world is entitled. And after we have given up our love for pictures and books, and music and friends—all the things in life worth living for—we find we have nothing in return but food and clothes. With money to buy, some men have no homes, no books, no pictures—because, launched upon the busy stream of life, they must go with it. In our own profession, how many busy physicians have time for anything but the ceaseless work that begins with the early morning and lasts far into the dreary night, how many of us have homes we

can enjoy and books that we can read quietly! Few indeed. It is this ceaseless, never-ending work of merchants, bankers, and professional men that wrecks the nervous system, destroys sleep, and breaks men down, when in many cases, real life, with its opportunities for pleasures and enjoyment have only begun.

#### WHAT ARE "HUMPHREYS' HOMŒOPATHIC SPECIFICS."

It happens every now and then that homœopathic practitioners are called upon to treat patients to whom Humphrey's polypharmaceutical "specifics" (?) have recently been administered. Under such circumstances, it is well-nigh impossible at first to determine what symptoms are those of the disease, and what those of the drugs. As a partial means of distinguishing these, and a possible help to finding the antidote, we give below the composition of these nostrums, as published by Humphreys in 1872, in the first edition (long out of print), of his "Homœopathic Mentor." Later editions prudently leave the composition secret, and we believe that but few physicians know or have at hand the means of learning the composition of these pseudo-homœopathic remedies :

- No. 1. Fever, Congestion, Inflammations, *Acon.*, *Bell.*, *Bry.*  
 " 2. Worm Fever, or Worm Disease, *Cina*, *Ignat.*, *Sil.*  
 " 3. Colic, Crying and Wakefulness of Infants, *Cham.*, *Calc. carb.*, *Jalapa.*  
 " 4. Diarrhea of Children and Adults, *Ipec.*, *China*, *Calc. carb.*  
 " 5. Dysentery, Gripings, Bilious Colic, *Coloc.*, *Colch.*, *Merc. corr.*  
 " 6. Cholera, Cholera Morbus, Vomiting, *Verat. alb.*, *Arsen.*, *Cupr.*  
 " 7. Coughs, Colds, Hoarseness, Bronchitis, *Bry.*, *Phos.*, *Caust.*  
 " 8. Toothache, Faceache, Neuralgia, *Mezer.*, *Plant. m.*, *Bell.*  
 " 9. Headache, Sick Headache, Vertigo, *Apis*, *Iris v.*, *Nux v.*  
 " 10. Dyspepsia, Bilioussness, Costiveness, *Nux v.*, *Chin.*, *Sulph.*  
 " 11. Suppressed Menses, or Scanty, *Apis.*, *Puls.*, *Sep.*  
 " 12. Leucorrhœa, or Profuse Menses, *Carb. an.*, *Nux v.*, *Bell.*  
 " 13. Croup, Hoarse Cough, Difficult Breathing, *Acon.*, *Spongia t.*;  
*Kali bi.*  
 " 14. Salt Rheum, Eruptions, Erysipelas, *Rhus tox.*, *Apis*, *Sulph.*  
 " 15. Rheumatism or Rheumatic Pains, *Bry.*, *Tart. em.*, *Acon.*  
 " 16. Fever and Ague, Intermittent Fever, *Ipec.*, *Nux v.*, *Canchal.*  
 " 17. Piles, Blind or Bleeding, *Hamam.*, *Nux v.*, *Sulph.*  
 " 18. Ophthalmia, Weak or Inflamed Eyes, *Apis.*, *Euph.*, *Calc. carb.*  
 " 19. Catarrh, or Influenza, *Aur. met.*, *Nit. ac.*, *Puls.*  
 " 20. Whooping Cough, Spasmodic Cough, *Dros.*, *Ipec.*, *Bell.*,  
*Cupr. m.*  
 " 21. Asthma, Oppressed, Difficult Breathing, *Lach.*, *Ars.*, *Ipec.*  
 " 22. Ear Discharge, Hardness of Hearing, *Hep. s.*, *Puls.*, *Silic.*  
 " 23. Scrofula, Swellings and Ulcers, *Baryta c.*, *Lach.*, *Silic.*  
 " 24. General Debility, or Physical Weakness, *Ferr.*, *China*, *Nux v.*  
 " 25. Dropsy, Fluid Accumulations, *Apis*, *Bry.*, *Arsen.*

- " 26. Sea-Sickness, Nausea, Vomiting, *Petrol.*, *Nux v.*, *Cocc. Ind.*
  - " 27. Kidney Disease, Gravel, Calculi, *Puls.*, *Lycop.*, *Sars.*
  - " 28. Nervous Debility, Vital Weakness, *Phos. ac.*, *China*, *Aurum.*
  - " 29. Sore Mouth, or Canker, *Nat. mur.*, *Nux v.*
  - " 30. Urinary Incontinence, Inflammation of Kidneys, *Cann.*,  
*Canth.*, *Merc.*
  - " 31. Painful Menses, Hysteria, Pruritus, *Plat.*, *Coccul.*
  - " 32. Diseases of the Heart, Palpitations, *Lach.*, *Sep.*, *Cactus.*
  - " 33. Epilepsy, St. Vitus' Dance, *Ignat.*, *Bell.*, *Sulph.*
  - " 34. Diphtheria, or Ulcerated Sore Throat, *Phytol.*, *Lach.*, *Merc.*  
*prot.*
  - " 35. Chronic Congestions, Headaches, *Bell.*, *Calc. carb.*
- All these remedies are said by their mixer-up to be used by him in potencies ranging from the third to the six decimal.

### THE RELIGION OF HYSTERIA.

M. E. CHARTIER, M. D., ST. LOUIS.



HAT "there is nothing new under the sun" is amply demonstrated by the performances that have taken place in Saint Louis under the leadership of a woman preacher. Some people call that a *revival*, and the appellation is proper, if it means that the hysterical and hypochondriac propensities of a certain category of neurasthenic subjects are revived under the pretense of religion.

The assertion has been made that the woman evangelist hypnotizes her subjects to put them into trances. The truth is that it is perfectly useless for her to have recourse to such proceedings. Her *visionaries* are generally women affected with hysteria. The few male subjects are hypochondriacs, and we know that hypochondria is really a form of hysteria in man. That such subjects are easily hypnotized has been demonstrated by numerous experiments during the last few years, and it is not unlikely that some of those who see visions hypnotize themselves during the performance, in regular Hindu fashion. But there is here no other hypnotism than this:

The New Orleans *Voodoos*, whom I have seen repeatedly, also have trances under the leadership of their queen, an ignorant negress, who certainly has no recourse to hypnotism; and I must state, to the great confusion of the Jefferson Avenue wonder-worker, that I have seen these pagans far surpass her in the number and character of the "cures" which they effected.

In Algeria there is a Musulman sect, the Aïssaoua [disciples of Christ]—the name of Christ being Sidi Aïssa [Lord anointed] in Arabian. I have attended a good many of their meetings and the trances, visions, etc., which I saw there were far ahead of what I have seen in similar meetings in this country. I do not mention, of course, what I have read of a similar nature, since everybody is more or less informed on the subject.



Hysteria may be briefly defined as a *general neurosis of the nervous system*; characterized by sensory disorders, as hyperæsthesia, anæsthesia, etc., etc. The vaso motors are also involved; hence the hysterical paroxysms with which we have to deal in almost every case.

"It is incontestable that everything which vividly affects the mind, everything which strongly stimulates the imagination, forces the development of hysteria in persons predisposed thereto." Such is the opinion of Charcot, certainly an authority on the subject.

*A rara avis* is the *mens sana in corpore sano*; the (entirely) sound mind in an (entirely) sound body. When we have to deal with the manifestations of fanaticism, we may look for physical ailments. There is no doubt in my mind that a critical examination of the patients cured by the "*Power*" at the Jefferson Avenue tent would disclose in every instance a plain case of hysteria or hypochondriasis.

The explanation of the phenomena lies in the *bas fonds du ventre*, as old Dr. Burggraave said when the Academy of Medicine of Belgium was investigating the case of Louise Lateau.

Every physician has had in his practice a certain number of similar cases. Furthermore, physicians themselves are subject to hysteria, perhaps in a larger proportion than their patients themselves. It is no wonder, therefore, that we see some of our confrères indorsing the miraculous cures performed by the "*Power*."

"The Power" is a great word. A genius in Cleveland, O., diagnoses and prescribes by means of an "occult telegraph," which dictates all the necessary information, viz., "Three months treatment, including medicine, for \$15, strictly in advance." This genius, who modestly states that his power is a divine gift, cures large numbers of hysterical patients (male and female). In fact, I have been diagnosed by him, but I did not get "cured," as I failed to forward the \$15, without which I couldn't feel the effect of his "power."

Here in St. Louis, I have read again and again in the daily papers the advertisement of a saddler, who invites the public to come and try his "power." It is wonderful; he cures everything without medicine, and enjoys the confidence of a well known allopathic physician, who sends him patients when he himself fails to cure them.

If my confrère would study Charcot on nervous diseases, he probably would cure his patients himself, without having recourse to a quack.

Not having been able to examine all the cases of so-called cures performed lately by the "Power" on Jefferson avenue, I will, for the present, confine myself to a few general observations. I take the rheumatic cases as an example. Every physician knows that the treatment of hysteria, to be successful, must be directed mainly against the peculiar diathesis of the patient, and we are satisfied, furthermore, that the rheumatic diathesis daily occurs in hysteria.

The question is then to determine what is meant by rheumatism. The term is very vague. Is it

Cerebral Rheumatism,  
Spinal Rheumatism,

Affection of the Peripheric Nervous System,  
Chronic Cerebral Rheumatism,  
Articular Rheumatism,  
Muscular Rheumatism,  
Rheumatic Neuralgia,

or chronic myelitis, migraine, palpitations of the heart or asthma? which are also certain forms of rheumatism.

There are, in fact, nervous affections closely related to a rheumatic diathesis (hysteria), and true rheumatism (acute articular rheumatism, for instance).

An hysterical patient, with a rheumatic diathesis, will be cured by the "Power"—but the "evangelists" will in vain attempt to cure a single case of acute articular rheumatism.

If we admit at the same time, as it is the fact, that every hysterical subject is bound to be a confirmed liar, simulating every possible disease, we can see plainly to whom the *deception* in such case is attributable.

I do not deny that the patients, at least some of them, are acting in good faith. I admit their visions, just as I recognize the visions produced by delirium tremens. In fact, these visions and the loss of consciousness (the trance), are some of the phenomena that regularly belong to the paroxysm of hysteria.

The public at large would be much surprised to learn that these women, who, during the trances, have such an experience of celestial beatitude and voluptuousness, are patients whose diseases generally lie in the ovaries. A single vaginal injection of Chloraline would generally stop, as well as prevent, the whole performance.

Physicians owe it to their patrons to explain the foregoing facts, and to insist upon the danger that lurks in such "meetings," in the fact that they develop hysteria and other latent neuroses by contagion, not seldom driving the subjects who are already affected to insanity and paralysis.

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## THE HOMŒOPATHIC TREATMENT OF ALCOHOLISM.

DR. GALLAVARDIN, LYONS, FRANCE.

### VI.

I advise those physicians who might desire to add, as I have done, to the ordinary treatment of divers diseases, the treatment of drunkenness and other passions, to apply this psychical treatment not only to their private patients, but also and especially to those who shall visit a free dispensary, established exclusively to that end. These consultants are to return to the dispensary every three weeks, to report to the physician the effects of the remedy.

This psychical treatment in the dispensary presents five advantages not possessed by the practice of that treatment among paying patients.

The first advantage consists in furnishing to the physician the opportunity for a number of cures of drunkenness, which after hav-

ing benefited the patients benefit science and consequently other inebriates. In fact I cure the drunkards of my dispensary five times oftener than those in my paying practice, and for the following reason: every three weeks I am given reports of the former, whom I am then able to treat with scientific orderliness and precision, and thus increase the chance of success. As to the drunkards of my paying *clientèle*, for whom I am consulted at my office I do not get reports regularly every three weeks, sometimes to lessen the cost of the treatment, but oftener because my patients, so much the more given to reasoning, as they are better educated, reason and reason instead of following with docility the experimental method, as is done by the consultants of my dispensary under the direction of a physician, who is a specialist in that branch. But those well-to-do patrons (among whom I have numbered some who were very wealthy) really believe their experience superior to that of the physician and therefore begin, leave off, begin again, then again stop the treatment of the inebriates in their families, who being then less regularly treated are less rapidly, less often, less completely cured, and often die prematurely from the consequences of alcohol or licentiousness, its usual accompaniment. It is not therefore in the *clientèle* of wealthy drunkards, that there will be found, those fine examples of cure that may benefit science after they shall have benefited the patient first of all.

By contributing to the cure of drunkenness, the dispensary has a second advantage, that of preventing the drunkards from provoking discord and misery in their families, to whom they will thenceforth bring their earnings, which had before been consumed in alcoholic drinks.

When these dispensaries shall have become numerous, their third advantage will consist in contributing to the diminution of criminality which is much increased by alcoholism.

The fourth advantage of such a dispensary, is that it will contribute to the most frequent, extensive and striking popularization the treatment of drunkenness and other passions. While the paying patients, though manifesting their gratefulness for services rendered, will take the greatest care not to tell their friends and acquaintances that such or such members of their families have been cured of drunkenness or other passions, the patrons of the dispensary will show genuine eagerness to make known such cures not only to their relatives and friends, but also to the people with whom they may converse accidentally for the first time. Their accounts, breathing forth gratefulness, sentiment, sometimes enthusiasm, are repeated by those who listen to them and re-echoed indefinitely by each of the persons who hear them. There is thus made a constantly renewed propaganda of the success of the treatment of drunkenness.

There is in a free dispensary this fifth advantage that its patients, on account of their personal peculiarities of disposition and culture, are more disposed to accept a new truth, a progress of any sort than are the majority of paying patients, although the latter are much more intelligent and cultured. It seems to be so for all truths in general.

Before having tested it, one would hardly believe in the practical importance of the following precept of Descartes: "Whenever you wish to acquire new knowledge, erase from your mind all former knowledge."

A child makes an unconscious application of this precept; he does not need to erase what is in his mind, since as yet his mind is a blank. Hence, what constant eagerness he shows in filling it — an eagerness which is kept up by an insatiable curiosity that leads the child to wish to see and especially to try everything. Because of his limited intellectual development, he seeks less for intellectual truths than for facts. He has such a desire of assuring himself of the material reality of visible, tangible things, that when, for example, he is shown a statue, he is not satisfied with looking at it, but insists upon touching it, and feeling it with his little hands. How eager he is to fill his mind with experimental and observational truths! Therefore, it has been justly said that children look at everything, see everything and wish to try everything. Next to the child, those who are most like him in their almost insatiable desire to see and try everything, are those who have little or no intellectual culture. They are not put to the trouble of erasing their previous knowledge, for their minds are nearly vacant, and they are therefore the more eager, like the child, to fill them with the ideas and facts that are presented to them. On the contrary, the more the minds of people are filled with ideas and facts, the less disposed are they to acquire new knowledge, either because they think they have enough, as the result of unconscious pride, or because intellectual weariness, laziness and indifference lead them not to wish to learn anything more. It was probably after having noted this fact that a professor of philosophy in a state university said to me one day: "Educated people are the most given to routine." Two hundred years ago, Molière had expressed about the same thought in the following line: "A learned fool is more fool than an ignorant fool."

7. For the reason which I am about to set forth, cultured people often refuse to acquire new knowledge, even when they might test that knowledge by observation and experiment.

Among learned men, and especially among the members of learned bodies, the majority have gone through a course of philosophy; but, too often, this philosophy has merely run through their minds, and has left behind not even those elementary principles, which are so useful for the guidance of intellectual life: "There are, among others, two kinds of truths, the truths of reason, which are discovered or tested by logic, and the truths of fact, which are discovered or tested by observation and experiment." If a new truth of fact be set forth in the presence of those learned men, the majority immediately want to judge it, to test it by logic as if it were a truth of reason. They obstinately refuse to test it, to judge of it, as they should, by means of observation and experiment. And sometimes teachers of philosophy, more theoretical than practical, having sometimes a great deal of learning, but lacking judgment, would also test and judge by means of logic truths of fact, which can only be judged by means of observation and experiment.

## VII.

La Bruyère very wittily describes in the following passage, those learned men with narrow mental horizon, who, in their supercilious satisfaction with their own special knowledge, will not go beyond the bounds of that knowledge nor see anything outside of it, and are thenceforth condemned to intellectual exclusivism and routine.

"Shall I call him," says he, "an intellectual man who, limited and shut up within some art or other, or even any given science which he practices with great perfection, exhibits outside of that, neither judgment, memory, vivacity, good morals nor conduct; who does not understand me, who does not think, who expresses himself badly; for instance, a musician who, having well nigh enchanted me with his harmonies, seems to shut himself up in the same case with his lute, or to be, without that instrument, nothing more than a machine out of order, in which something is lacking and from which nothing can any longer be expected?"

This class of learned men is so numerous in Europe, that, out of a hundred teachers now dead, when I had during the time of my medical studies in Lyons, Montpellier, Paris and Vienna, of whom more than one instructed and charmed me with their special knowledge, I knew but one whose mind was not narrow and who was not, therefore, a slave to routine; that was Amédée Bonnet, professor of surgical clinics at the Hôtel Dieu of Lyons; and he is also the only one to whom a statue had been erected in that same hospital, made illustrious by his teachings. His mind was scientific, literary, artistic, philosophical and, as a crowning excellence, religious, since the religious spirit, according to the expression of John Mueller the celebrated historian of Frederick the Great, is "the highest degree of culture, that which completes humanity and humanizes all greatness."

Unlike the narrow minded *savants* who have, some of them, remarkable aptitude for mathematics and great contempt for letters and arts, others much talent for letters but great dislike for science in general, Amédée Bonnet was ready to enter and cultivate all intellectual fields, being convinced that by studying the truths of certain branches of human knowledge one understands better or even discovers truths belonging to other departments of knowledge. In this way he followed the advice implied in this thought of Pascal: "But the parts of the world are so connected and linked together that I believe it is impossible to know one without the other and without the whole." Hence, this eminent clinician was impelled by his insatiable curiosity to desire to study everything within the range of human knowledge, by his *native* modesty to question, in order to learn, even his inferiors; by his sensitive loyalty to praise the labors of even his adversaries.

Again, unlike those savants who, innocently believing that they no longer have anything to learn and that they are always right, listen to themselves talk during a discussion instead of listening to their interlocutor, Bonnet, listened to the latter with sympathy and curiosity. This surgeon was, to use Mr. Pasteur's expression, "One of those kindlers of souls, one of those wakeners of ideas who call forth

scientific careers." He was familiarly called the Sun of Lyonnese-medicine, because he warmed the hearts and enlightened the minds. Hence, at the time of his too early demise at the age of forty-nine years, there was among the public and the physicians a genuine outburst of regret and admiration which suggested a subscription for the erection of a statue to his memory.

Not satisfied with seeking for truths through his personal labor and in the labors of his associates, Amédée Bonnet sought for it in the practice of physicians without diplomas, as is proved by the two following facts.

By means of the use of glasses of gradually decreasing numbers a man of genius, Henry Schlesinger, of Lissa in Prussian Poland, had discovered in about 1830, a means of curing asthenopia, photophobia, presbyopia, myopia, etc. His remarkable cures led the Prussian government to offer him a chair in the faculty of medicine of Berlin, where he might teach his discovery, after he should have received the degree of Doctor of Medicine. While he was beginning his studies for that purpose, the Berlin physicians were divided in reference to his case into two parties, the progressists, his partisans, and the conservatives, his adversaries. The petty persecutions of the latter compelled Schlesinger to depart, in about 1838, for France, where he practiced his speciality. In 1840, he in vain offered to the members of the Institute and the Academy of Medicine to make his discovery known to them. What respect indeed could they have for an oculist who had no diploma! But Bonnet who, above all, considered results obtained, requested Schlesinger to practice his speciality in his clinics.

Some time before, a professor in a medical college had had himself treated in secret by Schlesinger, who cured him of a chronic affection of the eyes. This professor took the greatest care not to make this known to oculists, and especially to his own patients, whom he was treating for similar diseases of the eyes without being able to cure them, but from whom he received fat fees. I learned this at my cost, having been cured by Schlesinger after the professor had failed in my own case. Being informed of this fact, Bonnet cried out with indignation as he shrugged his high and broad shoulders: "I do not understand how one can fail in courage to uphold one's opinion." He might have added, "and sufficient honesty to act, first of all, in the interest of the patients who come to ask us to cure them, no matter by what means."

At another time, Bonnet who had an insatiable love for truth and progress and was no respecter of persons did better still. He did not fear to lower himself by descending from his chair of clinical surgery to examine the practice of Grenand, a celebrated bone-setter of Lyons. He found there massage, whose application he popularized in regular medicine—that massage with which military surgeons cure sprains, they say, three times more rapidly than by means of the old, classic medication.

In France as in other countries of Europe, law grants the right of treating the sick only to those physicians who have received di-

plomas from state institutions, and yet, outside of the teaching of the faculties of these institutions, there are very many efficacious methods of medication that are unknown to such faculties. Among others I will mention the three following classes:

1st. Homœopathic medication, whose superiority over allopathic medication is demonstrated by its scientific character and by numerous official statistics.

2nd. What are popularly called "old women's remedies," consisting of divers methods used more than a century ago by physicians and forgotten by their successors, but faithfully kept in popular tradition:

3rd. Divers medications, discovered and used empirically. To this second category of these medications belong, among others, the two following:

A villager, who is subject to nephretic colic tells me that when he feels its premonitory symptoms, he gets rid of the renal calculi by drinking a tea made with eight or ten wild-rose berries.

A lady, by administering, morning and evening, an infusion of the dry leaves and flowers of Golden Rod (*Solidago Virga Aurea*) tells me that she cured her husband of an affection of the bladder which had compelled him to use a catheter for a year or more.

A friend of homœopathy, not a physician, desired to test the efficaciousness of this plant. To that end, he caused the first dilution of its tincture to be taken three times a day by seven patients, of from forty-two to seventy-four years of age, who had been obliged to catheterize themselves for weeks, months and years, and cured them so thoroughly that they had no relapses.

Surgeons, who spend much time and skill in catheterizing such patients for months and years, could often cure them much more rapidly by prescribing for them the remedy just mentioned. But they disdain those remedies, proved valuable by popular tradition, and thus make the fortune of the quack who uses them.

To the third category of these medications belongs the following:

All the vegetable remedies of America, which are being used more and more by the physicians of all schools, were first discovered and used empirically by the Indians of that country.

## VIII.

It will take more or less time, according to the character of the nation where it may be attempted, to cause the adoption of the medical treatment of the passions: and yet it is urgent to remedy the increasing extension of alcoholism among modern nations. Partial success has been met with in those countries in which a certain number of inhabitants voluntarily enroll themselves as members of temperance societies, and pledge themselves to give up the use of alcoholic drinks. But how will you succeed in making temperate the millions of men who are determined to drink such beverages? They either will not, or, as the result of an irresistible impulse, cannot, abstain from them. How, then, can they be given the desire and

the strength of will necessary? As I have already said, by administering to them (generally without their knowledge of the fact) remedies whose efficaciousness I have demonstrated and whose differential indications I have indicated.

Perhaps the necessity of defending themselves against the criminals developed by alcoholism and of lessening the expenses occasioned to the State by these criminals will oblige modern nations to encourage the popularizing of the medical treatment of alcoholism.

Another consideration will show the importance of psychical treatment. The magistrates try to punish criminals; the physicians who apply with success the medical treatment of alcoholism and other passions, will often be able to prevent the accomplishment of crimes and misdemeanors. If the 180,000 physicians of the civilized world were to use this new medication carefully, the number of criminals would be very greatly decreased. What a beautiful social rôle they would then play!

## IX.

In 1867 I took advantage of a fortuitous occasion to start a subscription destined to the founding of the homœopathic hospital in Leipsic, the first city where Hahnemann taught his therapeutic reform. Thanks to that subscription, more than three hundred thousand francs have already been collected.

The success of my endeavors in Saxony gave me the opportunity, the same year, of finding subscriptions to the amount of 1,000,000 francs for the establishment of a homœopathic hospital in Lyons. If I were able to-day to dispose of the sums which I raised or caused to be raised, I should consecrate them, not to the erection of hospitals, in which only the lives of isolated individuals can be preserved, but to the founding of dispensaries devoted to the treatment of the passions, especially of alcoholism, the most frequent of all: dispensaries by means of which might be preserved the lives of groups of individuals, families, races, nations. The reader may have become convinced of this as he read the preceding chapters which relate to the baneful effects of alcoholism and the happy results of the treatment of this passion. It was after having tested this result, that, at an age (61 years) when practicing physicians are usually getting ready to rest, I founded, in 1886, a free dispensary in which I have given, I repeat it, more than 2000 consultations, about two-thirds of which were for sufferers from alcoholism. It is in order to enable all physicians to cure the latter class of cases, that I have here published the treatment which has seemed to me most efficacious.

Agreeably to the preceding considerations, some of the generous donors, who found hospitals or endow existing hospitals, should consecrate sums of money to the founding of dispensaries. This book demonstrates the urgency of such dispensaries—an urgency which, like the number of crimes and misdemeanors, is growing daily.

THE END.



## EDITORIAL NOTES.

**JUST OUR LUCK.** — Some time ago, Dr. Storke (What an excellent name that would be in a German neighborhood for an obstetrician!) of the *Medical Current*, a gentleman we should have been much pleased to meet, called at our office and found us out. We hoped for "better luck next time," but the next time it was Dr. Kraft, of the *Homœopathist*, who left his sign manual on our desk, and again we lost the opportunity of shaking the "paw" of a brother editor. Kraft drew a circle opposite his name, and we have been wondering what it meant. Did he mean to intimate by it that he had been 'round, or that he belonged to our circle? Was his circle an emblem of union or of eternity, or was it the "vicious circle" logicians talk about? We hope we'll find out.

**NOT THE RIGHT BIRD.** — The *Chicago Medical Standard* (Crudist) makes merry, at the expense of homœopathy, over Swan's advertising circular of high potency nosodes, potentized "lice from Boston," "tears of a young girl in great distress," etc., etc. As to nosodes, if Pasteur's modified and attenuated virns of rabies cures that disease, as the *Standard* doubtless believes, why should not other nosodes cure similar diseases? As for the rest, if the *Standard* is only just discovering that our Swan is not *precisely* that kind of a bird, it is about as far behind the homœopathists in that discovery as it is in therapeutics. The fact that homœopathic pharmacies do not keep Swan's peculiar preparations is sufficient evidence of the demand there is for his stuff at the hands of homœopathic practitioners.

**THE HOMŒOPATHIC TREATMENT OF ALCOHOLISM.** — In this issue appears the last installment of Gallavardin's interesting work on alcoholism. We need hardly remind our readers that if they desire to get the work in book form, whether for their own or others' use, they can obtain it from the Hahnemann Publishing House, of Philadelphia. Perhaps this is as appropriate a time and place as any to return our thanks to our confrères of the medical press, and to others, who have written to us on the subject, for the many kind things they have said in reference to our share in the work. This is certainly both the time and the place to ask our readers, if any there be who have given Dr. Gallavardin's methods and remedies a fair trial, to send us for publication the results of their experiments. **THE CLINICAL REPORTER** has no bias in the matter, and will give an equal chance to the *pros* and the *cons*.

**COMBINED REMEDIES.** — In reading over the proof of our article, "What are Humphreys, Homœopathic Specifics," we are reminded that at the last meeting of the Missouri Institute of Homœopathy there was presented and partially read a very lengthy paper upon the use of "Combined Remedies," in which the writer (an Alabama physician), took the position—so far as we could understand it—that homœopathy would never accomplish all it was capable of doing until its practitioners should resort to polypharmacy. Unfortunately, the essayist gave but few, if any, examples of his "combinations."

His system; however, is, in principle, precisely that of Humphreys, and Humphreys' work in that respect may fairly represent the best that could be done in that way. Leaving out of present consideration the fact that polypharmacy is in direct violation of a cardinal principle of homœopathy, unless the polypharmaceutical preparation has had a full, individual proving—(since experience has shown that the symptoms produced by a combination of remedies or by a compound remedy are not the symptoms of one element *plus* those of the other or others), let us take just a glance at the theoretical working of such combinations. We take Humphreys' because they are the only ones at hand.

"No. 1." *Acon. Bell., Bry.* Here we have Aconite and Belladonna partially antidoting each other. What is left? Not Bryonia purely, for the other two remedies are not perfect antidotes, but a blurred picture, made up of badly mixed symptoms.

"No. 4." *Ipec., Chin. and Calc. Carb.*—the first two of these antidote each other.

"No. 6." *Verat. alb., Arsen. and cupr.,* with the first two also antidoting each other.

"No. 7." *Bry., Phos., Caust.,* the last two of this trinity are inimical.

"No. 10." *Nux. v., Chin., Sulph.*—*China* and *Sulphur* are antidotal.

"No. 12." *Carb. an., Nux. v. and Bell.*—*Carb. an.* and *Nux v.* are inimical.

"No. 14" which consists of *Rhus tox., Apis mel. and Sulph.,* is a wonderful combination indeed, made up of two antidotes (*Rhus* and *Sulph.*) and one incompatible (*Apis*).

"No. 16." *Ipec. Nux v. and Canchal.*—in this the leaders are antidotal to each other.

"No. 19." *Aurum met., Nit. ac. and Puls.*—*Aurum* and *Pulsatilla* are enemies "from way back."

"No. 20." *Dros., Ipec., Bell. and Cupr. m.* This "shotgun" prescription is made the more scattering by the fact that *Bell.* and *Cuprum* are generally understood to "agree to disagree."

"No. 21"—*Lach. Ars. Ipec.* This is a companion to "No. 14" with *Lach.* and *Ipec.* antidotal to each other and *Ars.* inimical to both.

"No. 22" (*Hep., Puls. and Silic.*) offers a beautiful picture of the lion and the lamb lying down together in the combination of *Hep.* and *Sil.*

"No. 24" contains *Fer. China* and *Nux v., Ferum* and *China* mutual antidotes.

"No. 26" consists of *Petrol., Nux v. and Cocc.,* and of these the first two are antidotes to each other.

"No. 27" (*Puls., Lycop. and Sars.*) has *Puls.* and *Lycop.* mutual antidotes.

Now, this article is not the result of a searching examination but rather of one quite superficial in its character. Doubtless a more careful analysis would discover other and greater inconsistencies

and incongruities. This cursory examination, however, shows that one half of the "specifics" of the original inventor of homœopathic combination, the result, if we are to credit him, of years of study and experimenting, are made up of drugs that bear antidotal or inimical relations to each other. Will others do better?

We are not prepared to deny that the organism in disease has a special affinity for the potentized drugs that are similar to the symptoms present, and that, therefore, it may, out of an incongruous prescription, select those elements which may best enable it to restore healthy function, nor that in that manner, it may be that combined remedies will effect a cure now and then; but (to say nothing of the unscientific character of such hap-hazard prescribing) it is evident that the appropriate remedy, untrammelled by the inimical action of other drugs, would do the work more certainly, safely and quickly. Indeed, if we are to rely upon the elective affinities of the human organism for the remedy its present state may need, we see no reason why, instead of combined remedies or "specifics," there should not be prepared one panacea for all the diseases and ailments of mankind, by the very simple process of mixing together a little of every drug known to the materia medica and then potentizing the whole. To such absurdities do "combination remedies" tend.

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## OUR BOOK TABLE.

**THE HEALTH OF THE SKIN**, BY E. B. SHULDHAM, M. D.; WITH A CHAPTER ON THE CHIEF SKIN REMEDIES, BY WM. BOERICKE, M. D.; *Philadelphia: Hahnemann Publishing House.*

This is Number 1 of "The Popular Homœopathic Series, and its 86 pp. of text give a good deal of information on the subject of the skin and its diseases in every-day language. The price, 50 cts., places the work within the reach of every one,

**A PRACTICAL TREATISE ON HEADACHE, NEURALGIA, SLEEP AND ITS DERANGEMENTS AND SPINAL IRRITATION**, BY J. L. CORNING, M. D. SECOND EDITION WITH APPENDIX ON EYE STRAIN, BY DAVID WEBSTER, M. D., pp. 296, price \$1.75. *New York: E. B. Treat.*

Dr. Corning's reputation as a writer on neurological topics is established. What he has to say he says clearly and forcibly. As he writes from the "old-school" standpoint, there are many things in his therapeutics to which homœopaths can not subscribe, yet they will find in the book not only clear descriptions of pathological conditions and commendable suggestions as to treatment but even unconscious confirmations of the truth of the law of similars. An addition to any library.

**PHYSICAL DIAGNOSIS AND PRACTICAL URINALYSIS**. An Epitome of the Physical Signs of the Heart, Lung, Kidney and Spleen in Health and Disease, by John E. Clark, M. D., 41 illustrations. *Cloth 12mo. 200 pages; price, postpaid, \$1.00. Detroit: Illustrated Medical Journal Co.*

The object of this work is to present to the medical student and practitioner a systematic and condensed course of Physical Diagnosis and Urinalysis. The portion on Urinalysis will be found to consist of two parts, practical and reference. The author believes there is need of a short, definite course of organic chemistry, touching alone on subjects of every-day interest to the medical practitioner, such as the analysis of urine, chemical and microscopical; the examination of sputa, bile, blood, bacteria, etc.; methods for the quantitative estimation of the more important urinary constituents, normal and abnormal, such as urea, chlorides, sugar, albumen, etc. To meet these requirements the author has compiled this volume. Plates have been introduced as needed to assist in elucidating the text.

## NOTICES OF NEW INSTRUMENTS, APPLIANCES, ETC.

THE STERLING TELESCOPE SYRINGE AND FLEXIBLE MEDICATED PESSARY, Chicago: *The Sterling Remedy Company*.—Why did not somebody think of it before? This, we think, is the question that will come at once to the minds of every one who examines this ingenious and yet simple instrument. There are few things more disagreeable to both patient and physician than the application of local remedies to the womb in the ordinary manner. This instrument obviates all this. A description without illustration would be of but little use. We therefore advise our readers to write to the Sterling Remedy Company, 78 Auditorium Building, Chicago, for circulars, which will give a complete description of this excellent addition to gynecological instruments.

## FACT AND FUN.

## PUBLISHERS' DEPARTMENT.

USE Campho-Phénique.

SEND to E. P. Brewer, M. D., Norwich, Conn., for sample sheet of his Journal and Cash Book.

PHYSICIANS and students cannot go amiss in selecting their books from the list of the Hahnemann Publishing House, published in this issue. Look it up.

"YOU take the pill, we do the rest!" is said to have been the striking if not truthful statement of a patent medicine vender.

THE treatment of stricture is often troublesome and unsatisfactory. Write to the Century Chemical Company (see ad. p. 20) for explanation of a new method of treatment.

WHAT did Mrs. Jones die of, Sambo?"

"Wal, sah, de doctah he say she dun got a concert (cancer) in her stummick, sah."

DOCTOR, look over the list of volumes contained in Davis' "Physicians' Leisure Hour Library," and see whether you can longer afford to do without them. They are the best books for the money published.

"YOUR Ponca Compound has given such excellent results in four cases of serious menstrual troubles, that I shall always prescribe it in the future for complaints of that character." L. VON BUESCHER, M. D., Brooklyn, N. Y.

WRITE to Dr. F. King, P. O. box 587, New York, for a sample number of the *International Journal of Surgery*, and see whether you do not agree with us that it is the best and cheapest journal on that subject published.

OUR readers will note in this issue Dr. Gallavardin's statement as to the use of the tincture of *Solidago Virga Aurea* in retention of urine. Munson & Co. have an excellent tincture in stock. Send to them if you wish to try the remedy.

OBSTINATE INSOMNIA.—A case of obstinate insomnia yielded promptly to the beneficent influence of Peacock's Bromides. One ounce taken in thirty-drop doses at bed time effected a permanent cure. The patient is now in good health, now two months since last dose. I shall continue to prescribe it in similar cases, and am very much pleased with its action in every case in which I have used it.

New York.

L. M. WRIGHT, M. D.

"DOCTOR, your medicine is so bad that I can not take it."

Old School Physician (Dr. D., of St. Louis)—"Well, well that's strange! Your brother-in-law, B., who died yesterday, never complained of it and I gave him the very same medicine!"

JOHN MUIR, M. D., Member College Physicians and Surgeons, Ontario, Canada, Ex-Vice-President Ontario Medical Council, says:

"I take pleasure in saying that I have found PAPINE (Battle) prompt, efficacious, and—better still—unobjectionable as to after effects. A patient, more than usually intolerant of other preparations of opium, has borne it well, and derived manifest benefit from its use."

PIERREFONT MANOR, N. Y.

WE have mislaid testimonials to the excellence of the Jerome Kidder batteries, which we meant to publish in this issue; but read the company's advertisement in this issue, and send to them for their interesting book, sent free.

"HUBBY" 75, newly made mother 30. "How like his papa the baby looks!" exclaims a kind hearted neighbor. "Yes," retorts another visitor, "bald and toothless."

ABBOTT BUGGY Co., Chicago, Ill.

ANAMOSA, IOWA, July 2, 1889.

Gents.—I bought one of your "Perry" Carts of Higgins & Griffith about one year ago, and like it first rate. I have practiced my profession for over 28 years (have done a large country practice) and have never had a vehicle that I like to ride in as well as the "Perry" Cart. It is light, easy on the horse, and easy on the man, especially over rough country roads and street crossings.

Yours truly, H. W. SIGWORTH, M. D.

DRUGGIST.—"I don't see why we should be expected to sell postage stamps. They are not in our line.

Brown.—"Of course they are not. When you run out of them you cannot sell anything else as a substitute.—*Lippincott's*."

ABBOTT BUGGY Co., Chicago, Ill.

Wis., June 15th, 1889.

Gents.—The No. 78 Cart ordered of you has arrived. As this is the second one of this kind I have had of you, I feel gratified to say that I think it the only cart suitable for physician's use. The disagreeable horse motion is entirely done away with; the five leaf spring makes it easier to ride in; and the many improvements you have put on it, make the "Perry" lead all other styles that I have used. When I have a long, hard drive, I always take the No. 78, and stand it better than in any other rig.

Very resp'y yours, Jos. P. BEACH, M. D.

"CAN you make that out? asked Smith of the village druggist, handing him a telegram, which he was unable to decipher.

"I guess so, wait a minute!"—and the druggist disappears behind the prescription counter. Three minutes later he reappears with a four-ounce bottle duly labelled, "one tablespoonful three times a day after meals," and a claim for \$1.25 for "filling the prescription."

DR. I. N. LOVE, in the *Medical Mirror*, says of Dr. Sander's "Garrod Spa: "Dr. Sander has solved the problem of prescribing lithia and potash in a manner to be entirely agreeable to the patient.

"I have seen patients, who needed these remedial agents, drink bottle after bottle, either plain or mingled with some form of mild wine, such as claret or Rhine wine, and it would require a very great stretch of the imagination for them to realize that they were taking medicine at all. Therapeutically, practically and clinically, Dr. Sanders' lithia potash water is an eminent success, and last but not least, it possesses the advantage of being very reasonable in price." We hope our readers will prescribe this water whenever it is indicated.

A DOUBTFUL DIAGNOSIS.—Mrs. Joliet (on their first sea voyage): "Feel seasick, Elliot?"

JOLIET—Not a mite, but I'm sufferin' terrible with that old dyspepsy of mine. It's jest took me.—*Ex.*

THE COOPER PHARMACY COMPANY have heard from Bennett Medical College Dispensary, where their preparations supplanted others largely upon the result of chemical tests. The letter, which we have seen, states that the therapeutic tests have more than confirmed those of the laboratory. Mr. Van Ness, the President, is a hustler—but then he has something to hustle

A DISTRESSING DISABILITY.—The unhappy lawyer who is seized with double pleurisy can not lie on either side.—*Ex.*

D. CONNOR, M. D., Simpsonville, Ky., says: "I have used Celerina in my practice with very satisfactory results in nervous debility, and with good results in nervous headache, nervous prostration and sleeplessness, giving tone as well as quiet to the nervous system. I regard it as a splendid nerve tonic, I have used it in spermatorrhea with good results, and in a case of insanity it quieted the mental excitement and prompted sleep, and, as it is free from toxic effect, it can be used in doses to have the desired effect without any danger, which is more than can be said of some other medicines that are used as nerve tonics and sleep producing agents. I can conscientiously recommend it as a valuable nerve tonic in all cases of nervous prostration.

THE  
Clinical Reporter.

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HOMŒOPATHIC MEDICINE AND SURGERY.

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Volume III.

OCTOBER, 1890.

Number 10.

ELYTRORRHAPHY—A CASE.\*

BY J. K. DONNELLY, M. D., ST. JOSEPH.

**R**ECENT cases, requiring this operation, are often managed without much trouble; on the other hand, cases do present themselves, that will make a surgeon think twice before undertaking the risk of sacrificing a life that may go out by one false or careless incision.

I now present a case of procidencia uteri, that has few parallels.

Mrs. A. A. aet. fifty-nine years; bilious temperament; emaciated body; cessation of the menses before the accident; uterus extruded below the vulva, and supported by a silken sack suspended from the waist; the lowest point of the womb reaching half way down to the knee, or seven inches below the pubic arch, involving the posterior wall of the bladder, and the anterior wall of the rectum, dragging them downward in its descent.

The history of the case, as given to me by the patient, on the 9th day of September, 1877, was substantially as follows: Sixteen years prior to the above date, she had some heavy lifting, and felt something give way in the lower part of her body, leaving her back in such a painful condition that she was compelled to go to bed; where she remained for several months before she could again stand

\*Read before the 14th Annual Session of the Missouri Institute of Homœopathy at St. Louis, 1890.

on her feet. When she did so, the cervix uteri protruded from the vulva; giving her great discomfort on attempted locomotion.

Micturition was extremely difficult before the womb passed entirely out of the body, and always required the uterus to be pushed away from the urethra before the bladder could be entirely relieved of its contents.

The rectum became partially paralyzed and would not perform its functions without digital assistance.

The uterus continued to descend gradually until it was extruded below the vulva.

At the end of a year, she found herself a confirmed invalid, and with such a dread of the knife, that from that time forward she would not listen to the suggestion of a surgical operation as a means of cure, for fear she would die under it.

After having suffered untold agonies at times for *ten years*, she concluded to try California, the climate of which had been extolled to her as a curative for all diseases. Six years were spent in that State without any relief, and she returned to her home in Quincy, Illinois, where I was called to see her.

After obtaining her very interesting history of the case, I proceeded to finish the diagnosis by inspection and taxis. On inspection, the *os tincae* and that part of the cervix uteri below the attachment of the vagina, were found to be in an ulcerated condition. The inverted vagina, covering the womb, had lost its rugæ by distension, and was of a dirty, purplish color. So tightly was it drawn over the uterus that it seemed to be adherent over the whole surface of it. By taxis, the womb was found to be indurated and inelastic. It was elliptic in form, four inches and three-quarters in its vertical diameter, and three inches and a half in its transverse diameter, and hanging so far out of the body that the shrunken ovaries could be detected through the walls of the vagina and broad ligaments exterior of the vulva.

In studying the case, soon after it came into my hands, the conclusion was reached that all that could be done, to give as much relief as possible, would be to lessen the capacity of the vulva, by introducing a few sutures in juxtaposition, and anterior to the posterior vulvar commissure, thereby preventing the uterus from being extruded again, if I should be so fortunate as to be able to accomplish its reposition within the body, which seemed at the time, an almost impossible task on account of its size, the paralysis, the hypertrophy and the induration of the uterus and vagina. But, as time passed on, the vagina became more elastic, and the womb decreased in size under local steaming and electricity, until at the end of two months, I had the satisfaction of seeing the uterus within the pelvis, and the ulceration nearly healed.

After the womb was repositied, I was surprised to find so much internal pelvic space, and so much redundant vaginal wall; both conditions permitting the uterus to drop down on the perineum.

I found that my first plan to retain the uterus in the body would not be sufficient to relieve my patient nor prevent any of the

forms of neuralgia she would be subject to if the uterus were permitted to remain too low in the pelvis, pressing on the sacral and other nerves in the pelvic region.

I then determined to perform the operation under consideration or abandon the case, notwithstanding I had led my patient to believe, up to the time of the reposition of the uterus, that my first plan would be carried out.

After explaining to her the new conditions that demanded a different and more thorough operation from that contemplated in the beginning, to secure complete and permanent relief, she consented, on account of the comparative comfort she had already enjoyed from the freedom from tension and pressure obtained as a result of the reposition of the pendent organs, and of the assurance that she would come out all right. Then the toning her up for the ordeal was begun.

Having experienced considerable trouble in the use of needles held in forceps, while operating inside the body, by their slipping, or turning in the forceps, while the needle was being pushed through the tissues, I had, for a long time before this case presented itself, been trying to invent a needle that would serve my purpose better than the old one; this case spurred me on to a solution of the problem that was before me, and this is the needle that resulted:

The needle proper is, in shape, a segment of a circle, one inch in diameter (that segment being one-half of the circumference of a circle) and stands out at right angles with, and from, the top of the shaft.

The shaft is six inches long, made of steel, and is a continuation of the needle.

The handle is four inches long and made of ebony.

The inspiration, or foundation for the invention of this needle, was found in the old curved needle and forceps when ready for use in my hand. I asked myself, why could not the needle and forceps be made of one piece, and avoid the annoyances I had sometimes encountered, in cases of less magnitude than this one, but I was met with the objection in my own mind: *that the shaft could not follow the needle through the apertures, for obvious reasons.* I drew such a needle on paper, in pencil; I threaded it with a pencil-mark wire; I made an imaginary denudation of the vagina; I passed the needle through one margin to the other, and brought the edges in coaptation, and there my needle stuck in the first perforation and could proceed no farther on account of the shaft.

In studying this diagram, made in pencil, it occurred to me that if I could get the free end of the wire down from the eye of the needle in this position, the needle could be withdrawn through the track it had made for itself, and the suture easily completed.

A hook on a shaft was the first thing thought of, and was soon worked into what I shall call an adjuster, because I use it for drawing down the free end of the wire, and assisting in completing the suture.

It is composed of a handle, and a shaft like that of the needle,



surmounted with a hook, and a smooth, concave slot—the hook to pull the free end of the wire down, and the slot to push the surgeons' half-knot up to bring the margins in juxtaposition, or coaptation.

A small tenaculum with a handle and shaft like the needle's, the curve at right angle with the shaft, the point *moving in an opposite direction* to that of the needle when in use, was added to the armamentarium.

I have said this much about these three instruments because I found so much satisfaction in their use in this particular case—no slipping, nor turning of the needle; no downward traction of the parts being needed to reach the point for the highest suture, an important necessity for the success of the operation. I know I should have failed without them.

W. C. Pipino, M. D., of the allopathic school, and Miss F. T. Norton, M. D., of the homœopathic school, were my assistants, and rendered invaluable service during the long hours they stood by me, while the double operation of elytrorrhaphy was executed over the rectum and over the bladder respectively.

Dr. Pipino was given charge of the anæsthetic, stronger ether, and in a few minutes Mrs. A. had passed beyond the perception of pain, and knew nothing of what transpired around her, until after she came from under the effects of the anæsthetic, after the operation had been successfully completed.

When fairly under the effect of the ether, the patient was removed from the bed in the back parlor, and placed upon her back on a table prepared for the purpose, in the front parlor, where we had abundant light. Her legs were then flexed until the hands could clasp the ankles, and there bandaged to prevent accident by motion. The nates were then brought as near the edge of the table as possible without permitting the feet to overhang.

A three-bladed speculum (Nott's, modified especially for this operation, by having the blades elongated to six inches, and the curved sidebars, supporting the two narrow blades, straightened until the speculum when expanded would leave a space two and a half inches between the blades) was then introduced into the vagina, and opened to its full extent, the smaller blades down, pressing towards the rectum.

With the tenaculum in the left hand, and a flat-curved scissors in the right, I proceeded to remove all the mucous layer from the exposed vagina, between the blades of the speculum next the rectum, except a margin of one quarter of an inch on each side, next to and along the small blades.

Great care was observed to take the smallest possible portion of the mucous layer at a time, to avoid any serious hemorrhage, if possible. The result of this care was that no alarming hemorrhage occurred. The sponges were used so dextrously by Dr. Norton that they answered the purpose of keeping the vagina free from blood, long enough at a time to permit the denudation to go on.

When half through the excision, the posterior wall of the vagina between the blades of the speculum, looked more like a piece of

honeycomb, as seen while looking into the cells, than anything else I can think of. After having gone over the whole surface to be operated upon in this manner, I went back to the cervical end of the vagina, and cut out the remaining, interstitial mucous membrane in the same way, so that when the excision was complete, we had a denuded surface five inches long and two inches wide, except at the vulvar extremity where it was narrowed to one inch.

The next step in the operation was one of peculiar interest to me, for it would either thoroughly prove the value of my needle and adjuster in such cases, or demonstrate their worthlessness.

The point of the tenaculum was then pressed through the margin of the undenuded quarter of an inch of vagina, next the blade towards the patient's left side, and near the distal end of the vulvo-uterine canal for the purpose of holding it firmly while the needle was being forced through the tissues at the same point.

The needle—holding the silver wire, to form the suture, with the free end long enough to reach outside of the vulva, to be grasped after having passed through the tissues, and brought down from the eye of the needle; the spool allowed to drop below the table, to permit the needle to be suspended by it, after the needle had been relieved of the free end of the wire, and withdrawn from the tissues, where it hung until the suture was completed—was then thrust through the tissues alongside the tenaculum. The tenaculum was then withdrawn and carried over and inserted into the opposite margin of the denudation, embracing the quarter of an inch of undenuded surface next the patient's right side, when equal pressure was made upon the needle and tenaculum, bringing the margins together in the median line—the needle being forced through the right margin, as it met it in going together.

As the needle is a continuation of the shaft by which it is used it could not be carried through with the wire. To overcome this difficulty, the hook of the adjuster was passed over the free end of the wire, as it was stretched across the concave edge of the needle, and brought down from the eye of the needle to the outside of the body. The needle was then drawn backwards through the apertures it had made in the margins, and was left hanging just below the table on the spool end of the wire.

The free end of the wire was then passed around the spool in such a manner as to form one-half of a surgeon's knot; both ends were then held in the left hand, and the adjuster applied at the junction of the wire, and the half knot pushed up to compel the margins of the undenuded parts of the vagina to be coaptated.

When this was accomplished, a clasp forceps was applied, and the wire twisted; it was then cut off with a pair of curved scissors; the stub, half an inch long was bent down flat, and the suture was complete.

This first suture was made as high up in the vagina as possible. Twelve such interrupted sutures, nearly half an inch apart, were made over the rectum (each made complete in itself) in rotation, from the cervical end of the canal downwards.

The patient was then turned over, and placed in the prone, or knee-chest position, and the same operation over the bladder as that over the rectum, was performed, with ten such interrupted sutures.

The patient was then allowed to pass from under the ether. Her stomach was considerably disturbed with nausea and vomiting during the afternoon and night after the operation, and then quieted down to comparative comfort.

A few of the lower sutures were removed on the tenth day, and the last suture on the sixteenth day, leaving the patient free from pain and happy in the belief that she had seen the last of the uterus on the outside of the body, and felt the agony it sometimes gave her for the last time.

We were from nine o'clock in the morning until four o'clock in the afternoon, seven long hours, without any intermission, in performing the double operation, and used two pounds and a half of ether.

In thirty days after the removal of the last suture, the patient walked down town, claiming to be a well woman, and remained so until four years ago, when I last heard from her through an acquaintance in Colorado, where Mrs. A. was living at the time.

The peculiarities of the operation were: 1st, the use of the Nott speculum as modified for the purpose, thereby securing the certainty of steady position of the parts during the whole procedure. It would have taxed an assistant to the utmost, to have held a Sims' speculum in position three and four hours at a time, satisfactorily; 2nd, the completion of each suture independently of the others before the wire was placed in position to form the next succeeding one; 3rd, the unique manner of denudation by tiny specks of mucous surface; 4th, the large amount of denudation at one operation; 5th, the use of a needle, tenaculum, and adjuster that will be appreciated by every surgeon who will use it, or a similar one, in cavities of the body where suturing may be required.

#### DISCUSSION.

DR. S. B. PARSONS, *St. Louis.*—An operation of that character and the success which attended it deserve some consideration at the hands of this convention. It is the first time that I have ever heard of such an extensive denudation being made for this condition. There are a number of methods by which proclitica is cured. Those that are most in vogue are known as Sims' or Emmet's. Neither of these embrace such extensive denudation as the one of which we have heard. I did not understand the essayist when he said the anterior denudation was as extensive as the posterior? Did it include the wall of the vagina and urethra? You say it did. Then there was urethrocele as well as cystocele. Sims' method is quite similar, but not so extensive. Where there is prolapsus of the urethra as well as of the bladder, the denudation is made more in the form of a horse shoe, a double horse shoe perhaps, so that when the antero-posterior suture is drawn together it makes a double, cone-like

body. It is first heart-shaped and the suture is drawn from the base of the heart to the apex in the central line and when united it makes two cone-shaped bodies. The denudation is not as extensive as in the case reported. It is only about one inch wide. Sims' is like Emmet's operation. The denudation begins just posterior to the rectum or posterior fourchette and runs backward, terminating at the cervix on either side and embracing the vulva and the outer part of the floor of the vagina. This is where there is extensive procidentia, where it is complete I may say, and yet there are cases on record where completed procidentia has been cured by mere sewing up of the perineal body, denuding simply the vulva and uniting them as high up as the urethral orifice. All cases cannot be cured in that way. Let me tell you now that in the method adopted by Dr. Donnelly there are times that it will prove successful, there are, however, also times when it will fail. Emmet and Sims have failed in certain instances. One has failed because it had a pocket in another position one would introvert the womb, the other would retrovert the womb. This would break away the median body and at last protrude through by the constant pressure upon it. In this way it would work its way into the world again. This operation of Dr. Donnelly's is unique and will answer occasionally. But the time consumed and the amount of ether given—think of it, two and one half pounds of ether and seven hours constant work! This shows pluck and I congratulate Dr. Donnelly on the daring he shows in going on beyond two hours. We don't like to work beyond two hours and give more than two pounds of ether. There is three times the work. It was a worthy case and worthy the man who performed it.

DR. GEO. K. DONNELLY (St. Joseph, Mo.).—I have performed Sims' operation and frequently failed. This patient had a horror for the knife. She suffered for 16 years rather than submit to the knife. I made the denudation so extensive so as to secure enough adhesion to make the operation a success. That is why I went ahead.

DR. W. A. EDMONDS (St. Louis, Mo.).—Why, in view of the great extent of this operation, would it not be shorter to amputate the body? It really seems to me that the time of the patient's life and the danger of the trouble becoming malignant should induce the surgeons to discuss the propriety of uterine amputation in this case.

DR. S. B. PARSONS (St. Louis, Mo.).—Amputation of the uterus has been performed a great many times. The German surgeons lead the world in that respect. They have taken out the uterus more than all the rest of the world taken together. Their success has been phenomenal—in the wrong direction. It has not been a successful operation as we understand the word success. For an inverted uterus and procidentia complete it is no difficult matter to amputate the uterus. The difficulty is to save the life of the patient afterwards. It is like the doctor in Philadelphia said, during the time that everybody was removing tumors of great size. He also removed a big tumor. He was asked whether the operation was a success. He answered, "Yes, but the patient died. I took the woman away from the tumor." By taking a little more time, denuding

the parts, closing the vagina entirely, the patient will have a better chance of surviving. In amputation, no sutures are required. Nature must close up. The vagina is closed up with iodoform gauze. Compression is made on the ring and allowed to remain on for 24 hours. It is a rare thing for secondary hemorrhage to occur. I have removed the womb by laparotomy, and the very last one, the one that seemed the most favorable, and the one whom the operation was the most complete and successful on, the patient died.

DR. WM. B. CLARKE (Indianapolis, Ind.).—Dr. Helmuth removed the womb 13 times.

DR. S. B. PARSONS (St. Louis, Mo.).—Dr. Helmuth's successful operations were partial amputations for uterine fibroid. In these cases the elastic ligature was used.

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### SCIATICA.\*

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BY F. M. MARTIN, M. D., MARYVILLE, MO.

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**N**EXT to neuralgia of the trigeminus as to frequency and intensity rank the diseases of the sacro-sciatic nerve and its branches. Seldom occurring in childhood, and more frequent in men than women, we find its victims usually among those whose pursuits subject them to exposure or severe exertion, or persons who are confined in one position, either standing or sitting, for great lengths of time. While it is true that some of the strongest and most robust are attacked by this disease, we believe the great majority are found among those who are not enjoying a first-rate condition of health. We have seen it occur from long and rapid riding where the stirrup-straps of the saddle were too long, causing a jolting or concussion of the nerve in its exit from the great sacro-sciatic notch, and from long and fatiguing walking on a stone pavement or street. And from a similar cause occur those cases in bookkeepers who sit in a cramped position inclined to one side or the other, thereby compressing the nerve. The object of this paper is not to review the ordinary causes of this disease alone, but to call attention to some observations in practice which may be of interest to the profession in the treatment and prognosis. While homœopathy can consistently boast of her conquests in this field—of her vast superiority in the successful treatment of this disease over other schools of practice—there are cases in which medicine—no matter how consistently prescribed—will fail to bring relief. We refer to those cases of sciatica coincident with a diseased condition of the testicles or scrotum. Some of the most intractable cases of sciatica that have come under our care have been complicated by enlarged testicle or hydrocele.

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\*Read before the 14th Annual Session of the Missouri Institute of Homœopathy at St. Louis, 1890.

CASE I.—Mr. A., aged 52; minister; rheumatic diathesis; came to me for treatment during the winter of 1888. Gave indicated remedy and case improved for a time and then was followed by relapse. He finally told me that the scrotum was larger than natural, and on examination I found a large hydrocele. This was emptied by trocar and canula and treatment continued. Pain was much relieved, hydrocele partially filled again but did not empty.

CASE II.—Mr. S., aged 34; occupation, secretary of stock association; a gentleman of correct habits. Came under my care Dec. 8, 1889. Had been under old school treatment for four months for sciatica of right side. Pain would often be in stomach and bowels, then in back, but would finally settle in thigh and hip, causing great pain and general tenderness. Worse in damp weather; better from moving the limb or rubbing. Prescribed *Rhus tox.* for a time and gained some advantage. Then *Bell.* and *Mercurius* were resorted to. The case did not get along as I wished to see it and I was making a very critical examination of the case, when he incidentally remarked that the right testicle was somewhat enlarged. On examination, I found it three times the normal size; hard, smooth and without soreness. I at once gave it as my opinion that this was the exciting cause. He remarked that his allopathic friend had often assured him that the testicle would give him no trouble, and, as there was no pain, he was inclined to accept the opinion of the latter. I gave *Con. mac.*, and in a few days the size of the testicle was considerably reduced and pain better. This did not long continue, for it began to pain and swell, and became tender along the cord, which became thick and knotted. I advised extirpation, and after consultation with friends he consented. The testicle was removed March 17, and up to this time there has been no return of the pain.

CASE III.—Judge H., aged 51, was thrown from horse during the war, and injured right testicle, which has since been some larger than left, and has on several occasions been painful and somewhat swollen. On March 27, prescribed for him for nervous headache, and two days later was called to see him. Pain in head was better, but right testicle was very much swollen and painful, with intense pain in hip and leg of that side. Gave *Phytolacca* and *Baryta carb.*, which reduced the enlargement, but the pain in back and thigh was severe at times. Used warm hop poultices to scrotum and continued treatment, and patient is able to be around, but testicle is twice its natural size and quite tender, and he is compelled to wear suspensory. Should this state of affairs continue, I shall try strapping, and, if unsuccessful, will advise castration.

In the second case mentioned above there were some objections advanced by one of the consulting physicians, he claiming that it was now malignant, and if it were malignant, extirpation would not stop the pain; but that is settled, for the present, at least, as the patient is at his desk and entirely free from the pain. While I have not presented anything new on this subject, if this reference to the above cases from practice shall in any way assist in assigning

an exciting cause for some of those intractable cases or of calling attention thereto, it will have accomplished the design of the writer.

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### THE ANTISEPTIC TREATMENT OF WOUNDS.\*

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WM. D. FOSTER, M. D., KANSAS CITY, MO.

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**T**HE treatment of wounds has engaged the attention of surgeons from a very remote period in history. We are told that the Samaritan (who was doubtless a surgeon), traveling from Jerusalem to Jericho, found a wounded man by the wayside; that he "bound up his wounds, pouring in oil and wine."

Hippocrates, Galen, Paul of Egina, and others whose names are revered in every land where medicine and surgery are cultivated, write of wounds, giving minute directions for their treatment. From these investigations it is learned that at different epochs varying methods have been pursued; the theories and practice of one age frequently being directly antagonistic to those succeeding, and until the evolution of time gave us a Lister, it is questionable whether the methods of treating wounds previously in vogue, were not often more hurtful than beneficial.

That wound treatment is now perfect I do not believe; that advance has been made is certain; that there is yet much to be learned seems probable. Theories of to-day give place to facts of to-morrow. Whether antiseptic methods are observed or not, surgical practice always has been, and will be ever largely influenced by experience, observation, judgment, resource, manual dexterity, pluck, and perhaps above all, by patience and enthusiasm on the part of the operator. Epidemic and endemic influences exercise at times important control over results. And finally, if we deny all other merit to the claims of antiseptic wound treatment, no one can overlook the fact that it has taught the vast importance of cleanliness.

The antiseptic method proposes that the surgeon shall pursue such a course, in a recent wound, as will promote union without the secretion of pus, whether an accidental or an operating wound; and to convert an old, foul, suppurating wound into a clean one, and start it on the way to healing without further drain on the vital powers.

How shall these ends be accomplished? By absolute cleanliness; by protecting the wound from contact with putrefactive matters; by dressings; by appropriate remedies; by proper food, pure air, etc.

A scalp wound affords a good illustration of the difference between the right and wrong kind of treatment. This class of injuries usually results from falls, or blows directly on the head; the wounds being made by a blunt instrument, are therefore contusions.

The first step is to shave the surface for an inch on each side of

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\* Read before the 14th Annual Session of the Missouri Institute of Homœopathy at St. Louis, 1890.

the wound; with soap and brush render the scalp clean; wash out the wound, using a fountain syringe with warm solution of bichloride of mercury, one to 1,000, or to one 2,000, being careful to remove every particle of dirt, sand, hairs, or any other foreign substance; stop the flow of blood by ligature, hot water, pressure, acupuncture, or in any other manner most appropriate to the location and character of the lesion; make a drain of two or three threads of catgut, properly antiseptised, lay it into the wound, allowing the ends to project at either angle; approximate the margins with Lister catgut sutures one-fourth of an inch apart, tie and cut the ends short; dust iodoform along the line of the wound; cover the cut surface with a piece of protective about three-fourths of an inch wide apply bichloride or iodoform gauze, antiseptic cotton over this; secure all with a bandage. At the end of three days, 72 hours, open the dressing, remove the drainage tube and catgut sutures, place gauze over the place where the wound was, and leave the dressing in place forty-eight hours. The contrary method of closing the wound with adhesive plaster, very often entails an attack of erysipelas or cellulitis; the antiseptic method renders this impossible.

A carbuncle on the back of the neck will illustrate the treatment of suppurating wounds:

If any of you happen to have a copy of the *Medical Investigator* for the year 1867, you will there find the report of a case of carbuncle, with a wood cut, showing the destruction of tissue, exposing the spinous processes of the cervical vertebrae, together with the treatment, running through several months.

During the month of February, 1890, a case presenting many features in common with that above referred to, at its inception, fell under the writer's care. This case was treated as follows: The patient was put on Graphites 6 x trituration. The tense swelling was incised at three points, in the direction of the tissues, at intervals of half an inch, down to the bottom of the inflamed part. This relieved the tension. At the end of the third day, two other incisions were made, one-half inch to the right and left, respectively, of those previously mentioned. All the wounds were washed daily with bichloride solution, the tube being inserted into every pocket, the sinuses were opened up freely with scissors and scalpel, so as to bring the solution into contact with every possible suppurating surface, and clear away the pus; the entire wound was dried out carefully with bichloride cotton; iodoform was dusted freely over the surface. The entire suppurating surface was then covered with an antiseptised protective silk, placing over this plenty of mused-up bichloride gauze, extending far beyond the margins of the wound; one inch thickness of bichloride cotton over this, all covered with gutta percha tissue, and secured by bandage.

This treatment cleared up this carbuncle in less than two weeks, the whole wound presenting a healthy granulating surface. There was but a very small amount of destruction of tissue, and the gentleman returned to his business within one month.

I confidently believe that, under the plan pursued twenty-five




years ago, this patient would have died within one month from the time he was attacked with this malady.

And thus, generally, by careful attention to details, holding strictly to the law of cleanliness, and the use of suitable antiseptics, the very best results will be attained.

### PUERPERAL ECLAMPSIA.\*

BY O. S. RUNNELS, M. D., INDIANAPOLIS, IND.

o shine or burst forth suddenly, to come as thunder from a clear sky—or as the leap of a tiger upon the back of an unwary traveler—this is eclampsia; a condition full of the most adverse and calamitous experiences that can come to the pregnant; a disease that steals upon its victim usually without attracting notice, and precipitates her into a vortex of most appalling danger. The frightful havoc that accompanies puerperal eclampsia can be grossly realized, when it is known that over 33 per cent. of the mothers, and over 50 per cent. of the children are sacrificed in a few short hours after the terrifying onset of the disease; and that the maternal mortality is further augmented by affections which follow as legitimate sequelæ of the eclamptic condition.

It is now established that about one in every three hundred pregnant women have puerperal convulsions; and that of all those attacked, 77 per cent. are primiparæ—the most unwary, the least experienced. Eclampsia may occur during any month of gestation, but usually appears toward the last of the term. While it most generally accompanies labor — hastening that event, and ceasing with delivery—in many cases the convulsions continue after the birth, or even make their first appearance then. These post-labor attacks, however, may be delayed for hours or days. Bailly, Simpson and Baudelocque had cases twenty-nine, twenty-eight and thirty-six days, respectively, after delivery. The post-delivery attacks are, as a rule, less malignant, than those occurring during labor; while those which precede, and continue after labor, are the most dangerous.

But while nothing in disease manifestation is more sudden and appalling than puerperal convulsions, it is exceedingly doubtful if they ever come unheralded. To the watchful observer, signals appear which tell unmistakably of the approach of this physical storm. To detect these at their onset and to deal with them in accordance with their demands, is at once both the golden privilege and the imperative duty of all who have charge of pregnant women.

To emphasize the symptoms that give first warning, and to point out the remedies with which to combat them successfully—rather than to prepare an exhaustive article on the subject—is the object of this paper.

Read before the Fourteenth Annual Session of the Missouri Institute of Homœopathy at St. Louis, 1890.

The three symptoms which foretell eclampsia, are headache, disturbance of vision, and epigastric pain. The headache is pathognomonic. It is usually frontal, sometimes lateral, but rarely is it occipital or general. At first this pain is not constant—remits or intermits; but if continuous, the attack may be expected at any moment. Usually, this headache precedes the outburst by several days or weeks, and is accompanied by mental dullness or apathy.

Visual interference is not so constant a symptom as cephalalgia, but when present is strongly corroborative. The sight may be only indistinct or weakened; she can not use the eyes for any length of time without paining or fatiguing them, or there may be amblyopia or amaurosis even. One fatal case, in the fourth month of gestation, is recorded where almost total blindness was present for two days before the seizure.

Epigastric pain is less constant than either of the two symptoms just considered, but if present, is often the most urgent feature. The patient cries out or groans with the suffering, and throws the body forward or to the side to get relief. In one of my cases, this pain was in the dorsal vertebræ, and so intense as to cause the greatest agony.

Accompanying these are phenomena very characteristic—such as: dizziness, mental depression or melancholy, stertorous breathing while asleep, œdema of the face, particularly about the eyes upon arising in the morning, nausea and vomiting, constipation, together with a noticeably scanty secretion of urine, generally highly albuminous. Unfortunately, physicians are not usually consulted till these symptoms, one or many of them, have progressed for days or weeks, until in fact, the “crack of doom” is at hand, and the disaster is ten-fold more difficult to avert.

To prevent this inattention on the part of the patient or her guardians, the physician, upon his first acceptance of such a case—whenever he becomes aware that his services as accoucheur are expected, and particularly with primiparæ—should instruct those concerned to look out for the Big-Three Symptoms before referred to, and to report without delay if they, or any semblance of them, should appear.

What are the causes than can lead to such an exhibition, and what are the best means to abate them? After long discussion and experimentation, it is well settled that eclamptic, like epileptic convulsions, do not depend upon a single cause. Until quite recently it was believed that the cause was traceable in every instance, to renal insufficiency. The urine being scanty and highly albuminous, the constituents of the urine—urea, creatine, creatinine, etc.—were thrown back upon the system, rendering the blood “urinæmic,” and thus, through toxic influences, producing irritation of nerve-centers, leading to convulsions. The cause of the renal insufficiency was argued to be mechanical pressure of the gravid uterus upon the ureters and renal pelves, thus preventing the normal secretion and excretion of the urine. This mal-condition is further aggravated by bodily inaction, the sedentary habit and constipation, so often found among

the pregnant. Some cases of deficient excretion have been proven to be mere retention—the foetal body pressing upon the vesical cervix prevents micturition, and enormously distends the bladder. Several instances are recorded where a catheter effected a speedy cure, after other well-indicated remedies had failed.

But some cases give no evidence of renal complication—the urine failing to give the least abnormal trace. Even if somewhat deficient in quantity, the quality is normal. At the same time, albumen is found in the urine of many women in gestation, who complete the term without showing any eclamptic tendencies. It is said that one pregnant woman in every five, has albuminous urine. The very important deduction follows, that the kidneys are often innocent of all blame in the causation of eclampsia. If a surcharged bladder may be the sole exciting cause, may not the disorder arise also from uterine irritation alone? Remembering the profound impressions exhibited in “morning sickness,” one can readily understand how disturbances in the nutrition of the nerve-centers may go silently forward to a climax like this, from irritations constantly acting upon the uterine nerves.

With these distinctions well in mind, the treatment can be proceeded with more confidently. The first inquiry should be directed to the emunctories. Is there proper evacuation of the bladder and bowels? Is the skin in the right condition for the performance of its functions? There should be no stasis in any of the excretory channels. The kidneys, bladder, bowel, and all the excretory ducts should be operative and active. The diet should be regulated and exercise established. Ordinarily, the eclamptic patient is a heavy eater; is disinclined to exercise; is constipated and lethargic. Her life-stream is flowing sluggishly, turbidly. The currents must be quickened, and the elimination of the waste stuffs assured. This is done by catheter, enema, cathartic, bath, sweat or massage—the input lessened and the out-put hastened—the practitioner is in position to select the indicated remedy for her further treatment.

But let no one content himself with the latter, till the former work has been satisfactorily done. Hahnemann’s golden rule, “Remove the *causa occasionalis* first,” must be religiously followed, and not until this has been accomplished, may we confidently expect satisfactory responses to our otherwise carefully selected remedies. The “*similimum*” must not be required to remove mountains; to act promptly in spite of impedimenta of such magnitude as to block the wheels of a locomotive.

I will not detain you with the special indications that call for aconite, arsenicum, belladonna, bryonia, mercurius corrosivus, nux vomica, and veratrum viride. With the photographs of these drugs and others likely to be called for, you are—or ought to be—already familiar. When you have photographed the disease condition, you can then—and not till then—find its correspondent in the *materia medica*. Each case makes its own demand, and requires—together with its drug—careful individualization.

If time is granted, I believe that every case can thus be conduct-

ed to a safe and pacific delivery. But this presupposes that the patient has had wise oversight; and that the physician has been notified upon the first erratic manifestation; certainly upon the advent of any member of the big three, before emphasized. Unfortunately, however, the physician is usually kept in the back-ground until the emergency is announced; until the time for deliberate action is well-nigh passed, until it is a race for life.

In every such case, the time for sleep has passed. The doctor, at least, must now be awake. He must at a glance take in the situation. The celerity of his movement must be governed by the imminence or remoteness of peril. He must institute measures for the clearance of the emmuctories. This, according to the stress, may call for a couple of drops of croton oil on the dorsum of the tongue; a corn-sweat, or quick evacuation of overloaded stomach or bladder. The selected remedy must be put to test. If it be before the seventh month of gestation, uterine calm must for a time, be favored; but if later, take prompt steps for the earliest emptying of the uterus. Meantime, if the convulsion be not severe, and if the heart is not being driven into very rapid action, wait. If, however, the progress be rapid, the convulsions increasing in frequency and severity; the heart growing more and more excitable, and the brain consequently more intensely surcharged with blood, the time has come for the employment of sedatives. Convulsive action must be suspended till the time requisite for uterine evacuation be fulfilled.

Practitioners there are, who believe they can successfully convoy every such patient through such a maelstrom, by the steady and observant use of chloroform. Planted at the bedside, and armed with this ruler of nerve-force, the patient is held in statu quo till the peccant matters or the mechanical causes of the difficulty, are removed from the system. The convulsion is not allowed to repeat itself. The heart is not permitted to be driven at a fatal rate; and thus, is prevented that apoplectic distension of the vessels of the brain, with its accompanying destructive effusion so often seen. The ganglia are thus spared the pressure that will deprive them of all power to express themselves—which is total paralysis.

Other agencies to accomplish the same end, have been employed with encouraging results; such as rectal injections of chloral hydrate; full doses of opium or morphine, or ten-drop doses of tincture veratrum viride, hypodermically administered every fifteen minutes, till the heart's action be slowed to a safe rate. The rationale of this treatment consists in the suspension of cerebro-spinal activity till certain irritants can be removed. Through the employment of sedatives, an effort is made to regain time lost in long days and weeks of neglect. Under these circumstances, sedatives hold the same relation—have just as valid a place among the armamentaria of the accoucher, as do anæsthetics and the tourniquet, among the weapons of the surgeon. When we have accomplished an otherwise unattainable end, we can continue the use of the indicated remedy with the same propriety as we use arnica, hypericum or calendula, after bruises, concussions and general surgery.

By timely aid thus afforded at the onset of this puerperal malady, the development of the disease into a frightful reality may be thwarted, while the rational management of the same after it has reached the cyclone stage, may yet be so successful as to make a fatal termination a very rare exception.

### HYSTERICAL AMBLYOPIA.\*

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

**T**HE obscurity as to the causes upon which it depends, the uncertainty and irregularity in reference to the sequence of its symptoms, coupled with the remarkable and varying phenomena which attend that general functional neurosis of the nervous system known as hysteria, must always make it an interesting topic to medical men.

The object of this paper is to briefly present for discussion that phase of this complication known as hysterical amblyopia.

Authority tells us that it is questionable to make the diagnosis of hysteria dependent upon the presence or the absence of a particular symptom. The same difficulty in reference to the diagnosis of hysterical amblyopia will always be present.

A temporary, partial or total loss of vision may be the result of several direct causes. It may be a part of general debility and subsequent to fevers. It may follow any exhausting illness or hæmorrhage. It may appear during parturition. It has followed digestive and intestinal irritation. Toxic influences may likewise produce it. Temporary loss of vision may occur as the aura of an epileptic attack. These, with others which might be given, will represent some of the varied forms of temporary amblyopia.

Hysterical amblyopia can only be diagnosed by exclusion. The history of the case will always greatly aid in arriving at a definite conclusion. The defective vision results from retinal anæsthesia, which, strange to say, is generally associated with marked hyperæsthesia or sensitiveness to light.

It is principally found in hysterical females, whose histories will develop a gradually accumulating series of visual aggravations, which resist every form of optical correction, prismatic exercise, local or internal treatment. There is usually intense photophobia, partial ptosis, neuralgic pains in and around the eyes, flashes of light before the eyes, even in the dark, and phosphorescent waves and dark shades from the periphery toward the center, with the disappearance of the object looked at.

Hysterical amblyopia may be partial or total. It sometimes affects one eye, generally both. Again, it may manifest itself by hemianopsia.

The temporary loss of vision may occur at stated times. Noyes relates a case where the vision went out every twenty-four hours,

\*Read before the American Institute of Homœopathy, June, 1890.

when everything was perfectly dark for ten or fifteen minutes. I have a similar case under my care at the present time, a young girl of sixteen, who has a periodic disappearance of vision for ten or fifteen minutes. This comes on without any premonitory symptoms, but it is followed by severe headaches.

Hysterical blindness may suddenly disappear and be supplanted by other hysterical symptoms in other parts of the body.

In some cases there is a partial color blindness; in others a peculiar hypersensitiveness to certain colors. I met a lady some years ago who was acutely sensitive to red. She would not wear, could not look at, or touch anything red, without great nervous irritation. So sensitive was she to it, that she affirmed her ability to determine the irritating color, red, by the sense of touch alone.

It has been suggested that these hysterical amblyopic conditions are caused by a partial ischæmia or anæmia of the retina, resulting from a reflex spasmodic contraction of the arteries supplying the visual apparatus, a vaso-motor neurosis through the sympathetic nervous system. This is indeed quite in keeping with the existing condition. I have repeatedly examined cases of hysterical amblyopia with the ophthalmoscope, and have almost invariably found contracted retinal arteries, though at times no fundus changes could be detected.

Hysterical complications are generally presumed to belong to womankind alone, but this is not always so. Briquet states that in 1,000 cases of hysteria, 50 were in men. He points out that it is more frequent in women on account of congenital peculiarities, acquired conditions, physical functions and social environments. He likewise says that in 93 cases of anæsthesia in different sensory organs, amblyopia was found six times. Of the cases of hysterical amblyopia I have seen, only one ill-defined case was in a man.

There is a prevailing impression that all hysterical complications have their origin exclusively in the genital organs, but this has been denied by excellent authority. Scanzoni and Amann state that they found the genitals in a healthy condition in 20 per cent of the cases examined. Still it is, without doubt, true, that many cases of hysterical disease find their origin in the generative organs, and are cured when these irregularities are removed. The view that it has its root in the whole nervous system, and that it may be developed by the most varied external influences, seems to be a very consistent one.

Most writers agree, however, that it is closely allied to, and may be followed by various other phenomena, such as epilepsy, chorea, or insanity. A case under my care some time ago favors this view.

In 1883, a young married woman, age twenty-five, was brought to me from a distance with both eyes tightly bandaged, not being able to tolerate the least exposure to light. Her vision was very defective. She had been in this condition for five weeks, but her eyes had been sensitive and painful for several months. Owing to the extreme photophobia and irritability of her eyes, an examination was made with much difficulty, and it could only be accomplished

under the weakest illumination, through a blue-tinted lamp chimney. The pupils were medium in size, reacting poorly, and after a slight contraction went through a quick elastic expansion. The arteries were small; veins full. The optic disc was red, but clearly outlined and normally defined. Her spine was supersensitive. She had frequent light flashes before the eyes. Under galvanism, Ferr. phos., Conium, Puls., Calc. phos., and by the correction of an anterior uterine flexion (by her physician), she made a rapid and excellent recovery. A few years afterward, she began to show signs of general nervous disorder and mental aberration. Last fall she was taken to a sanitarium, and was thought to be much improved; but recently, while on her way home, with her husband, she walked to the door of the car, which was going at a high rate of speed, and deliberately threw herself from the car, and was killed.

We should carefully differentiate between transitory hysterical amblyopia and the temporary obscurations of vision which may occur in the beginning of glaucoma; and likewise not confound it with a paresis of the accommodation which always obscures near work, and also distant vision, in hyperopic subjects, although even this condition may have a hysterical basis.

One year, ago, Mrs. H., age thirty-four, was brought to me from southern Illinois. For more than a year she had not been well; was nervous; had frequent sick headaches, but no especial eye trouble until about one week before; then, while sewing, the left half of her visual field disappeared. There was no pain, but intense photophobia. Since then the eyes had pained some, and the lids were so weak that she could hardly raise them. Even in the dark she could only hold her eyes open for a moment. She had a very sensitive spine, and some pains from the ovarian regions down into the limbs.

The thick bandages were removed from the eyes, and after much difficulty, a brief view of the fundus was obtained. The arteries were contracted, but otherwise the condition was normal. She could count my fingers at three feet.

My diagnosis was hysterical amblyopia from reflex ovarian irritation. She returned home and was treated by her physician in keeping with this view, according to suggestions agreed upon, and she made an excellent recovery; at least for six months she thought she was well. In January of this year her eyes began to trouble her again. She returned to me in last March, stating that from January 1st to that time, her sight had temporarily disappeared six times, once for over an hour. Each attack was preceded by a severe pain between the shoulders. The intense photophobia, partial ptosis, defective vision ( $\frac{1}{5}$ ), etc., were all present. Her vision was carefully examined under atropia, and very little optical error was found. Under galvanism, Onosmodium, Macrotin, and general massage, she made rapid progress, and returned home in three weeks very much improved, with vision  $\frac{1}{5}$ .

Hysterical amblyopia will call for the same general line of treatment that is indicated in hysteria proper, for it is merely one manifestation of general hysteria. Such well known remedies as Phos.,

Ferr. phos., Aurum mur., Puls., Platina, Macrotin, Onosmodium, Ignatia, Sepia, etc., will frequently be called for. Combined with them I have found galvanic electricity of the greatest value. But while remedies are useful, we must not forget a very important truth, well stated by Erb, who says: "In the treatment of hysteria special precautions must be employed. In scarcely any other neurosis do psychical factors play so important a part. Confidence in the physician and the remedy is the best guarantee of success." It is probably owing to this psychic influence that such remarkable results were obtained by metalloscopy and metallotherapy by the Commission appointed by the French Biological Society in 1877, an account of which will be found in the first and second volume of "The Brain." They remark upon "expectant attention" and "transference phenomena," now so familiar in the present popular hypnotic treatment of the same complication. The experiments of Charcot and others prove that hypnotism undoubtedly has a wonderful influence in controlling hysteria and hysterical amblyopia, but it should never be employed, except within guarded limits and under intelligent precautions.

It is indeed strange that so little has been written on hysterical amblyopia, many authorities on nervous diseases barely making mention of it. This may probably be accounted for by the fact that these cases are generally recorded in a curious rather than in a scientific temper. In this respect they are interesting, but beyond this the subject well deserves close attention and study. It is too often the case that hysteria is regarded as a fanciful rather than an actual disease. It is a serious something, a positive and actual disease, and should always be so regarded, studied and treated.


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#### THE FLY A CARRIER OF MICRO-ORGANISMS.\*

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HENRY BARTENS, A. M., M. D., ST. LOUIS.

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HE question whether all infectious diseases are produced by micro-organisms, or, whether the micro-organisms are the product of disease, is still open to discussion. One fact, however, is firmly established, to wit: that micro-organisms do really exist, and that they may enter the body, producing septic infection and death.

Micro-organisms may enter the living body through lesions of the skin, openings of sweat pores, hair follicles, or through lesions of the mucous membranes, openings of the ducts and follicles, pockets, sulci and folds.

At this time, I would call your attention to the fact that the common fly is frequently the medium of septic infection; and shall try to illustrate this assertion by citing some of my observations made in practice.

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\* Read before the Missouri Institute of Homœopathy, 1890.



The first case of this nature came into my hands about four years ago, when I practiced in Concordia, Mo. An old lady, the wife of a farmer, had been infected by a fly, which had fed upon the carcass of a dead hog lying in the vicinity of her house. The fly alighted on her neck, she crushed it with a stroke of her hand, and thought no more of it until about three days later, when a most painful inflammatory swelling on the neck recalled the incident. Unfortunately, she was advised to poultice the swelling (the worst thing she could do under the circumstances), and it was only when matters became very serious that she sent for medical aid. I found an immense suppurating carbuncle situated on her neck; herself in a half comatose condition with all the evidence of blood poisoning. I made in this case several free incisions into the swelling to afford an outlet to the accumulated matter, and dressed it with compresses soaked in a five per cent carbolyzed solution, but in spite of my efforts she died — the fly had done its deadly work. Right here I would make a protest against poultices of all kinds. Never apply a poultice to a carbuncle or any inflammatory swelling caused by septic infection, but always apply cloths wrung out of a warm antiseptic solution. They will accomplish more in one hour than the old-fashioned, dirty poultice will do in a week.

The next case came under my observation in August, 1888, immediately after my removal to Nokomis, Ill. There, I was called to see a young butcher, suffering from a swollen arm, high fever and severe symptoms of depression. This is the history of this case: Three days previously, he had been working with bare arms among the rubbish at the slaughter-house, when all at once a whole swarm of flies alighted on his arm — flies which had been feasting on the bones and refuse generally found in such places. In driving them off his arm, he crushed a number of them, and forgot the fact until three days later, when his arm became, without any visible cause, painful and swollen, causing a most serious illness. In this case, I could not prevent suppuration, although I used the most rigid antiseptic measures and most careful internal treatment, and he recovered only after a very protracted illness.

The third and most remarkable case is that of a fisherman living on the Illinois river in Calhoun county. It was in the fall of 1888, when, in consequence of the low water and other unknown causes, a great many fish perished. They were thrown ashore, filling the air with their stench, and thousands of flies feasted upon them. This man was working on his nets at the time, barefooted and barearmed, as such men generally do — all around him flies were buzzing, and now and then one would select his bare legs or arms as a suitable resting place.

The man occasionally drove them away, scratched his legs when he felt an itching, but otherwise paid no attention to them. A few days later, he commenced to feel very ill, a number of boils formed on his extremities, and he called in a physician, but died from blood poisoning ultimately.

How could all these persons be septicly infected without there-

'being any lesion of the skin? There is but one explanation: The micro-organisms were deposited by the flies upon the skin, and entered through the open sweat pores. The fly is our enemy, and he who will find ways and means to destroy him effectually, will be a benefactor to mankind.

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### DIET AND REGIMEN IN EPILEPSY. \*



HE object of this paper is to present some thoughts on the hygienic treatment of epilepsy, or more properly speaking diet and regimen in epilepsy.

Although opinions vary in regard to the diet of epilepsy, there is a wide-spread notion among the laity, that is even prevalent among the profession—that nitrogenized food should not be used.

In support of this theory, Dr. Merson states in substance that, "In a considerable number of epileptics that partook of nitrogenized food, it was very soon observed that they became dull and stupid, dreamy and listless, very slow and languid in their movements; and they were not very observant of what was going on around them. As soon as the diet was changed to farinaceous food, the imbecility began to pass off and in some of the cases the change was very remarkable."

These experiments were continued two months, and Dr. Merson observed a slight decrease in the number of fits in a large proportion of those who were kept on a farinaceous diet, but the difference was not very marked.

These results are not decided enough to be very convincing, and I believe it is unnecessary to limit the food as to quantity or quality, except as to heavy, indigestible food, which, as well as strong tea and coffee, should be avoided. Spirituous liquors of all kinds should also be strictly interdicted.

Food that has a tendency to constipate should also be avoided, as a daily evacuation of the bowels should be secured. If the patient is inclined to plethora, any food that would tend to increase that condition should be restricted. The meals should always be taken with great regularity.

The general condition of the patient should always be watched, and if it drops below "par," particular attention should be given to see that he has nourishing and easily digested food.

And now as to the general care of an epileptic.

This, strictly speaking, should begin before an epileptic child is born, in fact before it is conceived, for, although some have recommended marriage as a possible cure of epilepsy, there is room for grave doubt whether an epileptic ought to marry. A physician

\* Read before the Mo. Institute of Homœopathy.

should, I think, do all in his power to prevent a future generation of epileptics, by discountenancing the marriage of an epileptic.

But epileptics do marry, and if the physician is not able to prevent that, it is his duty to do the next best thing, that of trying to prevent the children from becoming epileptic. If the mother is the epileptic, or of an epileptic or neuropathic family, she should not under any circumstances nurse her own child, and the children should be nourished with special care. They should be kept from bodily or mental strain, and sudden mental excitement.

This should apply also to all children of neuropathic as well as epileptic families.

Thus, the existence of hysteria, chorea, insanity, obstinate neuralgia, and even simple nervousness in the parent may be transmitted into epilepsy in one of the descendants.

Alcoholism in the parent may also exercise the same baneful influence on the offspring. Quite a number of cases are on record where the conception of an epileptic child occurred while the father was intoxicated, while other children of the same parents, conceived under different circumstances, were entirely healthy.

This goes to prove that all children born under such circumstances should be carefully guarded, and from the very first, not only receive the very best of nourishment, but be kept from any undue excitement, such as fright, sorrow, mental excitement, etc.

They should early be examined to ascertain if any defect in the genital organs exists, which might later in life prove a source of irritation. The most important of these perhaps would be phimosis, which would necessitate the operation of circumcision.

The child should never see another case of epilepsy, for fear of imitation.

It is very important that he should have daily exercise in the open air, short of fatigue.

As the child grows older, care should be exercised as to its associates and playmates; for a child has often been taught to masturbate by an evil minded associate. By using such care, this exciting cause may be prevented.

The education of the child should not be neglected. Its studies should never be pushed; but moderate mental exercise is of great importance. Some definite employment is also very essential, and should be insisted upon to a point short of fatigue. This also applies after epilepsy has become established.

By carefully following these directions, the disease may be prevented making its appearance, but this is by no means certain.

We may be called upon to see cases that are already established. The question then arises, what can be done to relieve the paroxysms or prevent their return.

If the cause can be ascertained, of course the first thing to do is to remove that, if possible.

Some cases can be traced to affections of the ear, throat, chest,

genital organs, etc., which act as exciting causes of the epileptic seizures : and in all cases the patient should be thoroughly examined to ascertain if such a cause may exist.

The organic affection should then receive treatment, and when that is cured the epileptic attack may never return.

In cases where the attack is due to injury, surgery may be resorted to, in some cases successfully. Trephining; excision of a cicatrix, where it has enclosed a nerve; removal of tumors which press upon nerves; opening of an abscess.

Accumulation of wax in the ear, or foreign bodies in the ear, etc., the removal of which have frequently resulted in cure.

Other reflex causes, such as polypi of the vocal cords, or the naso-pharyngeal space; intestinal worms, etc., should also receive attention, for by their removal, the return of the attack may be prevented.

It often occurs, however, perhaps in the majority of cases, that no cause can be ascertained, or that the cause is of such a nature that it can not be removed. In such case it becomes the duty of the physician to improve the general surroundings of the patient, and try to relieve the severity of the attack.

There is a prevailing opinion that epileptics should be kept idle; that they should do no mental or physical labor. This I think is a mistake. There is no doubt that the tendency of the disease itself is to deteriorate the intellect; and this mental infirmity will be increased if the patient is allowed to grow up uneducated. Of course, excessive mental work must be avoided, especially continued reading. But it is very beneficial to allow epileptics to read, attend lectures, amusements, etc., within proper limits. This tends to preserve the mental tone, and divert the patient's attention from his malady. It also might prevent the patient's continuing the habit of masturbation, which of course, even if not the cause, would tend to increase the severity and frequency of the attacks.

Bodily exercise, especially in the open air, should also be taken as much as possible, short of fatigue.

Nocturnal attacks can often be relieved, and perhaps prevented, by the patient's being made to sleep with the head and shoulders well raised, not by pillows but by having the bed or mattress contrived to produce that effect.

Baths for the purpose of cleanliness are essential, but the employment of the douche, shower and sitz baths, have been productive of more harm than good.

The patient should never go to bed with cold feet, nor run the risk of their becoming cold during the night.

Alcoholic stimulants as well as strong tea and coffee should not be allowed.

During the attack, care should be taken to prevent the patient from injuring himself—from falling out of bed; or from biting the

tongue, by placing a cork, piece of rubber or piece of wood covered with cloth between the teeth.

One could enlarge on all these subjects almost indefinitely, but I have already occupied quite enough of your time.

#### DISCUSSION.

F. M. MARTIN, M. D., Maryville, Mo.—I should like to hear something about results in the treatment of this disease. I have very little to offer favorably. It has puzzled and paralyzed me more than anything else, and I should like to hear from the eminent men of the profession.

J. MARTINE KERSHAW, M. D., St. Louis, Mo.—Diet has much to do with the successful treatment of epilepsy. Quite a number of them have an attack after a Sunday dinner. I had some cases that developed an attack after a good big dinner every Sunday afternoon. There is little doubt that the digestive tract has much to do with these attacks. I always put every case on fluid food, and I could report quite a number of cures in these cases. In epilepsy there is an irritation at the base of the brain. Any exciting cause may bring on epilepsy. Do away with everything that excites. The bowels should be kept in good order. If not natural, medicines or injections should be used. One case that I kept on fluid diet for two years has had no convulsion since.

JAS. A. CAMPBELL, M. D., St. Louis, Mo.—Epilepsy and reflex. Dr. Pratt has cured many of these cases by his operations. I reported a case where a simulated case of epilepsy was treated for epilepsy that was cured by treating an ear disease. Epilepsy is in many cases reflex, therefore diet is extremely important.


DR. W. E. GREEN, Little Rock, Ark.—I was consulted by a lady with epilepsy. Found a marked irritation of the cervix, which I treated for several weeks without any beneficial results. The slightest manipulation would start up a hemorrhage difficult to control. I told her that I would have to dilate the cervix, and put her under the influence of an anæsthetic. I then removed some hemorrhoidal tumors and irregularities about the anus; also thoroughly dilated the cervix. The erosion healed rapidly and the convulsions stopped. She had been having them regularly for two years, every few days or every week or two, and they ceased immediately after the operation. She had no return for several months.

Another case was in a child with an adherent prepuce. I broke up the adhesions, performed circumcision, removed smegma and after that there was no return of convulsions.

DR. WM. B. CLARKE, Indianapolis, Ind.—Speaking about the reflex character of some cases, I might mention a case which occurred in a little girl 16 years of age. She had bladder trouble. Found a hairpin in the bladder, around which a stone had formed. Removed this by means of an operation and the epilepsy went away of itself.

PREVENTION OF WOMEN'S DISEASES.\*

BY L. A. PHILLIPS, M. D., BOSTON.

 It is coming to be a recognized duty of physicians individually and collectively to give their attention and their efforts to the prevention of disease, and to the protection and maintenance of the public health, as well as to the relief of suffering and the cure of disease already existing.

What is there to be done in this direction in the field of gynæcology?

When we consider how generally the women, in this country at least, are sufferers from some form of uterine difficulty. How few in fact are free from such suffering, and that as a consequence, thousands of specialists are overrun with business, despite the fact that all general practitioners treat this class of patients and find in it one of the chief sources of employment, we can not but feel that there must be causes at work undermining and destroying the comfort, health and happiness of our American women, which should be avoided. Our first duty, and one which belongs to us peculiarly as physicians, is the discovery of these avoidable causes, and to this your attention is invited.

Beginning with childhood we find that very early in life most little girls are taught that they should be lady-like, quiet and even prim. That any active, energetic, vigorous exercise, such as is indulged in by boys, is improper and unbecoming in girls. That girls should stay in-doors and spend their time in learning to play the piano, or doing needle-work, or painting; and if they go out at all they should walk quietly like little ladies, and never romp and run like tom-boys. While this is especially true in our cities, it is so only in varying degrees in all places and in all grades of society.

As a result, we find imperfect physical development and weakness, which are among the prime causes of special derangements in these same girls in later years.

A few years later, when the age of puberty is reached, and when they are most susceptible to unfavorable conditions, and most likely to suffer derangements of the developing organs and functions from seemingly slight cause, the errors and abuses in their training and management are multiplied.

Many mothers, either because of neglect, ignorance or false delicacy, avoid all mention of the conditions and consequences which sexual development must bring to their daughters, and they are left in ignorance of what they should or should not do to avoid the ills they know not of, or to gather from irresponsible sources such information as they may, and which is quite as likely to be false and injurious as otherwise. As a consequence, many a girl exposes herself in various ways and violates nature's requirements to such an extent that functional derangement or even organic disease is in-

\*Read before the Fourteenth Annual Session of the Mo. Inst. of Hom., April 23, 1890.

curred, which may blight her whole life. Then, too, at about this age-fashion demands that the corset shall be applied and that increasing weight and pressure shall be put upon the hips and about the waist and force the abdominal and pelvic organs out of their natural and healthy position and relation. Disastrous as these errors are, they are surpassed in ruinous effects by the educational requirements. Ignoring the fact that the age of puberty is quite ~~as much~~ and as truly a critical age, as is ~~that which~~ occurs at the end of reproductive life, defying nature's demands that the nervous forces shall be concentrated at this time upon the development of the organs and functions which are to be the very center and motive power of her life, the school-girl is put to the severest tasks, the most constant application, the strongest competition and the severest strain of the mental and nervous forces at just this critical age. No consideration is shown even for the periodical disqualification for such effort, but if a day is lost its tasks must be added to those of succeeding days, even to the complete breaking down of health or nervous prostration. But without going to this extreme we find that through this inconsiderate diversion of the nervous forces from their natural channels imperfect and faulty development of the sexual organs is a frequent result, while the derangement and disturbance of function are almost universal consequences.

If these conditions attending youth are survived and marriage is entered into, a most common occurrence is the adoption of various abuses and violations of nature's requirements for the purpose of avoiding conception, and if these chance to fail, no effort is spared short of criminal abortion to undo the mischief, and not a few will not stop at crime. This may be thought a very strong or radical statement of the case, but without taking time to enter into details or particulars, I present the ugly fact, believing it can not be denied or gainsaid.

I will refer to but one other cause of disease in women, and to that but briefly, i. e., venereal infection.

While the disgracefully large proportion of young men contract these vile diseases before marriage, and too often afterwards as well, and either wittingly or unwittingly convey them to the women they marry, disease, suffering, sterility and all the ills which follow gonorrhœal and syphilitic infection, will be inflicted upon the innocent victims and swell the lists of gynæcological patients.

Without considering any other causes of women's diseases, is it any wonder that a very large proportion of women are sufferers? and yet every one of these are *avoidable causes*.

Now what have we to do regarding these matters? What is our duty as physicians? It seems to me that we should not only see to it that mothers in families of which we have the care, are instructed as to the necessity of proper vigorous exercise to promote the natural physical development of their daughters, but also as to the importance of giving to them her confidence, and winning theirs in return, at the period when physical changes and new thoughts and feelings are sure to demand explanation from someone, and the mother

should be the one to do this, while we must prompt her to her duty and instruct her if necessary as to what the daughter should know and do and avoid. I feel it also to be our duty to make our influence felt in regard to the demands of our schools. We should guard the girls against overwork, insist that health conditions shall be regarded, even if the girls are not graduated till eighteen instead of sixteen, as a good education at eighteen or even twenty, with unimpaired health is vastly better than the same education and a physical wreck at sixteen. United effort all along the line on the part of physicians would command respect and a modification of the present requirements.

In regard to the wrongs inflicted upon themselves by women of mature years, we can perhaps only discountenance all such efforts, refuse to aid in them, and warn them against the consequences.

In the matter of venereal diseases, we have an important duty to perform. We should stand as a guard between innocent, unsuspecting women and diseased men. We should inform women of the danger from this source, and educate the men who seek our advice to realize that months and years may not render them free from these diseases except with the greatest care and most thorough treatment. That while a trace of gleet is present they have no right to expose a woman to infection; and I would go further and urge that physicians unite in a demand upon our law-makers that no man should be allowed to marry without a physician's certificate that he is free from any trace or suspicion of venereal disease.

I have by no means exhausted this subject, but I fear as much can not be said for your patience, although in the effort to be brief, I have omitted details and elaboration of my various counts, which I trust you will yourselves supply and give an impetus that shall be felt, to the movement for preventive measures against the diseases of women.

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## BRIEFS.

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FOR incomplete abortion, Prof. Parvin recommends the following treatment: Dilate the cervix by means of Hegar's hard rubber dilators; extract the remains of the uterine contents by Emmet's curette forceps, cleansing them each time of removal by dipping in a carbolic acid solution (weak). After all material is removed, swab out the entire inner uterine surface with tinct. iodine (Churchill's). by means of cotton wrapped over an applicator.—*Coll. and Clin. Rec.*

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GONORRHOEA with its complications sends more people to the grave than all the rest of the venereal diseases put together.—*Doughty.*

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The three striking symptoms resulting from acute inversion of the uterus are pain, shock and hemorrhage.—*Parvin.*



LA GRIPPE.—The nature of grippe is still the subject of controversy. Some authorities, like Nothnagel, declare for the miasmatic nature of the disease; others assert it to be contagious. Letzerich considers influenza a mycotic affection of the blood, caused by a micrococcus. Babes and Cornil, after a rigorous search, dispute this conclusion. Fränkel thinks he has discovered bacteria in the excreta of the sick.

The mode of propagation of the disease, which was in all directions following the course of an atmospheric current, requiring only a few days to traverse Europe and Asia, striking centers of population and isolated places, reaching islands and ships on the sea, seems to prove the miasmatic character of the disease. But the history of the several epidemics shows that the disease is communicated by contagion as has been observed in barracks and institutions of various sorts at Copenhagen, Vienna and Berlin, and in Russia.

It seems clear that the infectious principle belongs to the order of volatile virus. The involvement of the respiratory mucous surface is a marked characteristic of the disease. The disease is preceded by malaise and acute chill; then follows coryza, with copious nasal flow, sneezing, weeping; pharyngeal-laryngitis, with cough, often paroxysmal; bronchitis and dyspnoea, accompanied or not by efforts at vomiting and hemorrhage, sometimes followed by pulmonary paralysis, especially in the case of feeble or consumptive persons. From the first, the patient experiences a sense of prostration, accompanied by intense headache, heaviness and pain in the lower limbs and in the thoracic muscles. The disease may be marked by a high or low febrile note. It lasts ordinarily from three to five days,—at most two weeks. The mortality from it is not proportioned to the extensibility of the disease. This, however, depends on the special condition of the individual, and on place and season.

Public health officers generally have not thought it necessary to institute public precautionary measures.—*Dr. Fazio, in Rivista Internazionale d'Hygiene.*

\* \* \*

GENERAL MEDICINE AND SPECIALISM.—I hold it to be axiomatic that no man can be a good specialist who is not conversant with general medicine,—not merely clinical medicine, but the science and art of medicine as correlated with physiology and pathology. Because a woman suffers with her pelvic organs, we are not to suppose that other parts of her economy may not be deranged from causes in no wise connected with the pelvic disturbance. Especially should he be familiar with the whole nervous apparatus, in conditions of health and disease. Restricted to its narrow limits, there are few medicines demanded for the treatment of gynæcological diseases pure and simple; but since the constitutional element is a factor necessarily involved in a consideration of the treatment of any rebellious concomitant parts, we should be fully alive to questions of vascular irregularities, stomachic, cardiac, and hepatic troubles, and to the relaxing tendencies of certain diatheses. I firmly believe that many

female complaints which are primarily treated as gynæcological, and not always with signal success, would fare much better if the constitutional indications were first studied, for it not unfrequently happens that the local manifestation is a mere symptom. Specialism should not be exclusive or narrow minded, but expansive and liberal. The specialist should not only be able in general practice, but pre-eminent in his speciality. If we look at women as simply collections of pelvic aches and pains, or if we believe that a woman can only ache in her pelvis, and nowhere else, we are not worthy of a place among physicians.—*Bigelow*.

\* \* \*

A SIMPLE CURE FOR NEURALGIA.—Communicated to the Edinburgh Medico-Chirurgical Society by Dr. George Leslie. It consists in snuffing or blowing a little powdered common salt up the nose through the anterior nares. Dr. Leslie gave details of thirty or forty cases of facial and other neuralgia, cephalgia, odontalgia, etc., which has been cured, and he stated that he had only failed in two cases. Dr. Leslie's explanation is that the stimulation by chloride of sodium appears to induce in the nasal branches of the fifth nerve a form of nerve motion, which causes reflex inhibition of the pathological process in the nerves affected, inhibits the abnormal form of which the expression is not pain. The mode of disappearance of the neuralgia is noteworthy. So unattended is it by any form of nerve energy, of which the expression is pain and replaces it by the normal form of shock or other unpleasantness, that though the patient may be suffering from intense pain one minute, and be absolutely free from it the next, it is generally somewhat longer before he can realize his altered condition, and he usually employs a short time in introspection before announcing the favorable result. Four grains of powdered salt is the quantity generally use. [How learned that sounds! Alas for Dr. Leslie, his learned explanation is all that is original in his discovery since the virtues of *Natrum mur*, in that class of cases, have long been known to homocephathists. Has it occurred to the learned doctor that there is another explanation not only of his cures but of his two cases of failure? Ed.]

\* \* \*

THE DIGESTIBILITY OF BOILED MILK.—Though the importance of sterilizing milk for bottle-fed infants in cities has been proven beyond a doubt, the process seems to have some disadvantages. In a recent number of the *Zeitschrift für physiologische Chemie*, Dr. Randnitz publishes some striking experiments on the subject. He shows by analysis of the milk ingested, and of the feces and urine, that much less nitrogenous material is abstracted from boiled than from unboiled milk. If 15.6 grammes of nitrogen in the form of unboiled milk were given to dogs for three days, analysis showed that 9.4 per cent. was stored in the tissues of the animal. On the other hand, with the same amount of nitrogen in boiled milk, but 5.7 per cent. was assimilated. If these results are confirmed it is evident that an infant must need a larger quantity of sterilized than of raw milk.—*British Medical Journal*.

**A LONG FALL.**—A remarkable fall of a miner down 100 metres of shaft (about 333 feet) without being killed, is recorded by M. Reumeaux in the *Bulletin de l'Industrie Minérale*. While working with his brother in a gallery which issued on the shaft, the man forgot the direction in which he was pushing the truck: so it went over, and he after it, falling into some mud with about three inches of water. As stated in *Nature*, he seems neither to have struck any of the wood *débris*, nor the sides of the shaft, and he showed no contusions when he was helped out by his brother after about ten minutes. He could not, however, recall any of his impressions during the fall. The velocity on reaching the bottom would be about 140 feet, and time of fall 4.12 seconds; but it is thought it must have taken longer. It appears strange that he should have escaped simple suffocation and loss of consciousness during a time sufficient for the water to have drowned him.—*Science*.

\* \* \*

**PRURITUS ANI.**—This, as we all know, is the most intractable of all rectal affections. I had learned to rely principally on the local application of tinct. iodine, pure carbolic acid, or a strong bichlor. hydr. ointment. Lately, I have used, with the most decided benefit, a new candidate for favors—Campho-Phénique. As a vehicle, I am in the habit of prescribing with it the benz. oxide of zinc oint. in the following way:

R Benz. Oxide Zinc Oint.,  
Campho-Phénique, ãã..... ℥ss.  
M. Apply as often as necessary.

I frequently apply the agent, however, in its pure state, with no detriment to either the skin or mucous membrane, but with much benefit in eradicating the disease. Itching frequently disappears under its influence as by magic.

\* \* \*

**ICE IN THE SICK-ROOM.**—A saucerful of shaved ice may be preserved for 24 hours with the thermometer in the room at 90° F., if the following precautions are observed: Put the saucer containing the ice in a soup plate, and cover it with another. Place the soup plates thus arranged on a good, heavy pillow, and cover it with another pillow, pressing the pillows so that the plates are completely embedded in them. An old jack-plane set deep is a most excellent thing with which to shave ice. It should be turned bottom upward, and the ice shoved backward and forward over the cutter.

\* \* \*

**A SOLVENT FOR SORDES IN ATAXIC FEVERS.**—Dr. A. D. Macgregor, of Kirkaldy (*Brit. Med. Jour.*), speaks highly of boric acid as a topical application in the unhealthy condition in which we frequently find the mouth, tongue and teeth in severe cases of typhoid fever. He recommends rubbing the teeth well with a pigment containing boric acid (thirty grains), chlorate of potassium (twenty grains), lemon juice (five fluid drachms) and glycerine (three fluid drachms).

## OUR BOOK TABLE.

**ESSENTIALS OF ANATOMY AND MANUAL OF PRACTICAL DISSECTION, BY CHAS. B. NANCREDE, M. D. THIRD EDITION, pp. 388, price \$2.00 net, Philadelphia: W. B. Saunders.**

This excellent compend of anatomy has been made invaluable as a dissecting-room companion and as a means of reviewing the work of dissection by the addition of numerous excellent illustrations. The skeleton is fully illustrated by reproductions from Gray, while thirty full page chromo-lithographs illustrate the dissections of muscles, arteries, veins and nerves most satisfactorily. Considering the expense the publisher must have been to in the preparation of this book, we consider it not only the best but also the cheapest of the shorter works on anatomy.

**A COMPEND OF CHEMISTRY, INORGANIC AND ORGANIC, INCLUDING URINARY ANALYSIS. BY HENRX LEFFMANN, M. D., D. D. S. THIRD EDITION. REVISED., pp. 193, price \$1.00. Philadelphia: P. Blakiston, Son & Co.**

This little work presents with remarkable clearness the outlines of a subject which is often made unnecessarily intricate. It will doubtless fully meet the purpose stated by its author to "afford to the student an opportunity to keep up with the lectures and obviate the necessity of taking voluminous notes in which serious errors are liable to occur. (*Italics ours*).

"Morbid Blushing: Its Pathology and Treatment," by Harry Campbell, M. D. (Illustrated)—"Alcoholism in Women," by Dr. Thomsuf, Paris—"The Different Methods of Lifting and Carrying the Sick and Injured," by Geo. H. Darwin, M. D., (Illustrated)—"Treatment of Ingrowing Toe-Nail," (Illustrated) by Joseph Amiard, M. D., and "Chronic Bronchitis and its Treatment" by Wm. Murrell, M. D., make up the interesting budget of contents of No. 2 of Volume 7 of Wood's Medical and Surgical Monographs. Subscription \$10.00 a year; single copies \$1.00. Address Wm. Wood & Co., 56 & 68 Lafayette Place, New York.

## FACT AND FUN.

### PUBLISHERS' DEPARTMENT.

THE Doctor's Journal and Cash Book on ad. page 7 is a good thing.

GRAMMATICAL.—*Teacher*—"In the sentence, 'The sick boy loves his medicine,' what part of speech is love?" *Johnny*—"It's a lie, mum!"

FOR SALE.—One Archer gynæcological chair—good as new—cheap for cash. Address, L., M. D., care CLINICAL REPORTER.

"I WISH to ask this court," said a physician, who had been called to the witness-box to testify as an expert, "if I am compelled to come into this case, in which I have no medical interest, and give a medical opinion for nothing?"  
"Yes, yes, certainly," replied the judge; "give it for what it is worth."

INTELLIGENT COMPOSITOR—That new reporter spells "victuals" "v-i-t-a-l-s." Foreman—Yes; he's fresh. Mak'er right an' dump'r in here. Want to get to press in just three minutes.

And this is what the public read when the paper was issued: "\* \* \* The verdict of the coroner's jury was that the deceased came to his death from the effects of a gun-shot wound in his victuals."—*Whitestide Herald*.

DR. GEO. WIGG, of East Portland, Ore., was the very first subscriber, outside of St. Louis, to the CLINICAL REPORTER, a man who knows a good thing when he sees it, therefore. ; This is what he writes to one of our advertisers:

EAST PORTLAND, ORE., August 8, 1890.

*Jerome Kidder Mfg. Co., Gentlemen:*—Ten years past, I bought one of your Jerome Kidder Batteries. Since then I have had two new zinc plates, and to-day, after ten years use, I find the battery works as well as ever. Respectfully,  
GEO. WIGG, M. D.

SEE the new ad. of Marchand's Peroxide of Hydrogen, facing first reading page.

ONE of the factories of Messrs. Reed & Carnrick has been destroyed by fire. They are rebuilding, however, upon a much larger scale. The stock on hand enables them to fill all orders for their famous preparations.

"A MAN who believes in homœopathy," said the old school village M. D., "ought to be kicked to death by a jackass, and, gentlemen, I'd like to do the kicking." And the "good doctor" wondered what made his hearers so merry.

"Now, you say that doctor's reputation is bad. Please tell the jury what reasons you have for making such a statement," said the lawyer.

"Well," replied the witness, "I can say on oath that I have met him in places where I should be ashamed to be seen."

DR. OCCULT—My dear sir, the strabismus of your daughter's right eye is of no consequence, and glasses are not needed for its correction, since the left is irreparably opaque and the optic nerve is disintegrated.

Seth Grubb—Let's go, Molly. The durned fool don't know your right eye's crossed and the left one blind as a bat!—*Jeweler's Weekly.*

PATIENT (to Dr. W. L. Reed)—"Doctor, I've consulted all the prominent old-school physicians in the city during the last five years for offensive feet but none of them do me any good—so I come to you."

Dr. Reed—"Have you tried washing your feet?"

"N-n-no-o—I never thought of it."

Another cure for the single remedy.

A QUACK, having invented a wonderful hair-invigorating fluid, applied to an editor for a testimonial. He gave it in these terms, calculated, we should think to convince the most skeptical: "A little applied to the inkstand has given it a coat of bristles, making it a splendid penwiper at little cost. We applied some to a ten-penny nail, and the nail is now the handsomest lather brush you ever saw, with beautiful soft hair growing from the end of it, some two or three inches in length. Applied to the door stones it does away with the use of the mat; applied to the floor, it will cause to grow therefrom hair sufficient for a Brussels carpet. A little weak lather sprindled over a barn makes it impervious to the wind, rain or cold. It is good to put inside of children's cradles, sprinkle on the roadside, or anywhere where luxuriant grass is wanted for use or ornament. It produces the effect in ten minutes.—*Tonsorial Times.*

J. E. PRICHARD, M. D., Baltimore, Md., says: The Aletris Cordial I think a most excellent remedy, and have used it in ten cases of suppressed menstruation, with the best results. Among my patients was four unmarried women, one aged twenty years, had her menstruation arrested six months, when she came under my care. She was swollen and suffered considerable pain at each monthly period, but she had no show of any catamenial discharge. I placed her on Aletris Cordial, teaspoonful doses, three times a day. She continued it for seven days, when she menstruated. I ordered her to commence again five days before her expected time to menstruate, which she has done. She is now regular and suffers no pain. Have also used it in cases of vaginal leucorrhœa with a happy result. In cases of hysteria which we sometimes find complicated with leucorrhœa I have combined it with Celerina.

℞ Aletris Cordial..... 4 ounces.  
Celerina..... 4 ounces.

M. Sig. : Teaspoonful every three hours for one day, then the next would give it four to five hours.

I am happy to say that it has not failed to give relief in all cases in which I have prescribed it.

THE POWER OF IMAGINATION.—Dr. F., one of our readers, relates that quite recently he had occasion to use the stethoscope upon an old lady who had called to consult him with a companion. Having completed his examination of the patient he turned aside to get the medicine indicated, and as he did so he heard the old woman saying to her companion:

"That thing the doctor put on me has already did me lots o' good. Where he rested it on my chist there is a spot as big's a silver dollar that burns like fire, an' my back's all in a sweat."

"Is that so?" said her companion, lost in admiration of the wonderful instrument.

THE  
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THE SELECTION OF A MICROSCOPICAL OUTFIT FOR  
CLINICAL PURPOSES.\*

HOWARD N. LYON, M. D.,

Adjunct to the Chair of Histology and Demonstrator of Microscopy, Hahnemann Medical College,  
Chicago, Ill.

“WHEN we have to deal with a science whose end is the saving of human life, any failure to make ourselves masters of it is a crime.” Yet, at the same time, Hahnemann condemned many of the methods, then in their infancy, it is true, but now among our most valuable diagnostic agents. How can we distinguish by the symptoms between phosphaturia and oxaluria, if we omit the microscopical and chemical examination? Can we differentiate between a simple catarrh of the kidneys and acute Bright’s disease without a careful study of the urinary sediment by means of the microscope?

Almost every number of our journals contains an allusion to the imperfections of our materia medica, in the indefiniteness and even uselessness of many of the symptoms recorded. The sphygmograph, the stethoscope and the clinical thermometer have attained a permanent place among the diagnostic agents; and even the most ardent symptomatologist can not but admit that a re-proving of many of our remedies is demanded, in the light of the more perfect knowledge

\* Read before the Missouri Institute of Homœopathy, April, 1890.

gained through their use. It is the same with the microscope, especially when we embrace the field of micro-chemistry.

That the microscope has gained a permanent position among the instruments of diagnosis we cannot question, when we realize the growing interest manifested in its use, not only by the physicians fresh from their last course of lectures, but by those who have long been in practice. It is in answer to the question, "What outfit do I require, in order to examine the urine and the morbid specimens I may have in my practice, and what will such an outfit cost?" that this paper is written.

Presuming that the members of this society are already acquainted with the general form and properties of the modern compound microscope, I will only mention the features requisite for medical work, omitting all discussion of those matters about which there is still a difference of opinion, and holding myself responsible for the views advanced.

In the first place, my advice is always to get the best that can be had, if you expect to do satisfactory work. There has been a great demand for cheap goods by those to whom the microscope is but a means of amusement and recreation, and the market has been flooded with "students' stands," "students' objectives," "medical objectives" and the like, good as far as they go, but not going far enough. Considering the microscope as a whole, the question is not how much it will magnify an object, but how well it will show it.

We will first consider the *stand*. This comprises the mechanical parts of the microscope and, for convenience, includes the mirror. The stand should be of medium size, not less than sixteen nor more than eighteen inches in height, and preferably of American or English make. The French and German instruments are too small and cramped to be used to advantage.

The stage should be either round or square and at least four inches in diameter, and is more satisfactory if made of glass. It should be provided with a sliding object carrier. The stage should be about four inches above the table when the instrument is in the vertical position.

The mirror should be double, one side flat, the other concave, and not less than two inches and a half in diameter. The mirror must have universal bearings, and be adjustable on the mirror bar, which should swing on a pivot, the center of which is a trifle above the level of the stage. The focus of the concave mirror *must* be within the range of the mirror bar. This is often overlooked by the maker, and a mirror supplied, which cannot be focussed on an object placed on the stage.

The base or foot should be of the tripod pattern, with the weight and center of gravity so adjusted that the instrument is steady when at any angle of inclination.

The body of the instrument should be supported on trunnions resting on two pillars instead of the single pillar and hinge joint supplied with many stands. This allows the instrument to be used

in an inclined position, a convenience that permits the instrument's being used for hours without fatigue to back or eye.

The adjustment should be effected by means of a rack and pinion moving the body tube, and not by sliding the tube up or down by hand. While this latter method of construction is cheaper, the few dollars saved do not begin to compensate for the annoyance and loss of time occasioned by its use, to say nothing of slides broken and objectives ruined by the tube descending too rapidly. In addition, the instrument should be provided with a fine adjustment for accurately focussing the lenses. This is usually a delicate screw acting on a lever which moves the body tube as does the coarse adjustment. The most convenient position for this is in front of the arm. In this location, the finger may remain constantly on it without interfering with the illumination and at the same time it is so low that the arm may rest on the table. Otherwise the arm soon becomes fatigued.

The instrument should be provided with a sub-stage having complete adjustments for centering the condensers.

A draw tube is indispensable if we wish to get the best results from our lenses, for, by actual trial, we find that it is necessary to vary the tube length with the different eye-pieces and objectives. While we can increase the magnifying power of the instrument about ten per cent. for every inch the draw tube is extended, this is not advisable as it impairs the definition of the lenses, and we should restrict its use to the adjustment of the lenses with reference to one another.

The only remaining essential that we will mention is the necessity of having the fittings for eye-pieces, objectives and accessories of "standard" size. Then the lenses or accessories of one maker will fit the stand of another.

Any instrument embodying these essential features will be perfect in the minor details, so a more extended description will be unnecessary.

The eye-pieces, or oculars, usually supplied with the instrument are all that are ordinarily required. If there is but one, it should be the inch and a quarter (No. B). If two, then one should be No. A, the other No. C. To these might be added at some future time, a one-half inch solid eye-piece. The "B" will, however, answer all ordinary requirements.

It is better to buy the stand without the objectives as a better grade is advisable than is usually supplied in the outfits. All of the better stands are listed both with and without objectives. The price of the stand alone usually includes one eye-piece which may be of any power desired by the purchaser.

For general clinical purposes, the following objectives are required; an inch of twenty degrees and a quarter inch of one hundred degrees angular aperture. These lenses will be sufficient to define clearly all the normal and pathological tissue elements and the urinary deposits.

If it is desired to examine the sputa or other excreta for bacteria, I would advise the purchase of a one-eighth inch lens having an angle



of about one hundred and seventy degrees and provided with collar adjustment moving the back system. The one inch and one-fourth inch may be in rigid mountings.

If further work is contemplated in bacteriology, then a one-fifteenth or one-sixteenth inch objective is necessary. This should have an angle of one hundred and seventy to one hundred and eighty degrees and should be provided with collar adjustment, the same as the one-eighth.

With the eighth and fifteenth inch objectives it will be necessary to use the sub-stage condenser. This should be of the Abbe pattern and of the greatest possible angle in order to secure the best illumination.

The one-fifteenth inch objective should be an oil or homogeneous immersion.

The one-eighth may be dry or immersion.

For evening work, a small kerosene lamp having a half inch wick is all that is required. The narrow edge of the flame should always be turned towards the mirror.

The following instruments and re-agents will be necessary in the examination of specimens :

- ½ gross glass slides, ground edges.
- 2 Scalpels.
- 1 Razor.
- 1 Pair straight forceps, extra fine points.
- 8 Eight inch glass pipettes.
- 6 Needles in wooden handles.
- 1 Spirit lamp.
- 1 oz. Price's Glycerin.
- 1 oz. . Glycerin, (Price's).
- Aquæ Dest.           a a 3 ss.
- 1 oz. Solution of common salt one-sixth of 1 per cent.
- 1 qt. Alcohol, 95 per cent.
- 4 oz. Alcohol, absolute.
- 1 oz. Canada balsam in chloroform.
- 1 oz. Oil of Cloves.
- 1 oz. Solution of Eosin.
- 1 oz.       "       Haematoxylin       } Stains.
- 1 oz.       "       Borax Carmine       }
- 1 oz. . Acid hydrochlor.       } ss.
- Alcoholis       q. s. ad       } i.
- 1 oz. Brunswick Black       } Cements.
- 1 oz. White Zinc       }
- 1 oz. Shellac       }
- Labels, strips of filter paper, etc.

In addition, some form of section cutter will be necessary, or at least a great convenience, Cathcart's is probably the best for clinical purposes.

A table should be set apart for microscopical work and not used for any other purpose. The microscope should be kept on this and

covered with a bell glass, when not in use, to exclude dust. If one has to stop and unpack his microscope and hunt up slides and other material every time he desires to examine a specimen, his interest in clinical microscopy soon falls to zero.

For cleaning the lenses, I have found nothing superior to a clean pocket handkerchief. A chamois skin that is kept for this purpose soon becomes filled with dust and the polish of the lenses is soon dimmed. A silk handkerchief, advised by others, will excite sufficient electricity in the glass to attract all floating particles in the neighborhood and, to use an Irish bull, the glass is dirtier after it has been cleaned than it was before.

The brass work, if soiled, may be cleaned with kerosene. Alcohol should never be used for this purpose as it dissolves the lacquer. If the lenses are badly soiled, alcohol may be cautiously used care being taken that it does not attack the lacquer of the mounting or penetrate between the lenses. If the back lens is soiled it may be cleaned by cautiously wiping with a cloth wet with alcohol and folded over the end of a soft stick. The alcohol will not affect the black on the inside of the lens mounting. If the dirt is between the lenses, then the objective should be sent to its maker to be cleaned, for the adjustment of the lenses is so delicate that no one but an expert can properly replace them after they have been separated.

Such an outfit as I have described, exclusive of the one-eighth and one-fifteenth inch objectives and condenser, will cost not to exceed one hundred dollars, and if the would-be microscopist can not afford this sum it would be better to wait rather than to purchase inferior instruments, for no one needs more perfect tools than he who is just commencing the study. An expert can do good work with poor tools, for his skill and experience will enable him to get out of them all they are capable of performing, but the beginner requires instruments that are in themselves accurate and will make up for his lack of expertness.

I would not advise the purchase of lenses higher than the quarter inch by one who has not had considerable experience in the use of the microscope, for the conditions governing their use are such as to require expert manipulation; and in untrained hands they are easily damaged, while the results are unsatisfactory.

FOR chapped hands, Dr. Steffen, of Regensdorf (*Health Monitor*) recommends the following:

℞ Menthol .....	gr. xxiss.	
Salol .....	gr. xxx.	
Ol. oliv .....	℥ ss.	
Lanolin .....	℥ iss.	M.


Flat unguentum.

Sig.: Rub into the hands twice daily.

Another application, suggested in the *Jour. of Cutan. and Genito-Urinary Diseases*, is the following: Dissolve boric acid, one part, in glycerine twenty-four parts; add to this solution anhydrous lanoline five parts and vaseline seventy parts. The mixture may be colored and perfumed.

## THE IDEAL INFANT FOOD.

BY WM. B. CLARKE, M. D., INDIANAPOLIS.

 ONE of the difficult problems of the age is to raise a bottle-fed infant in any large city. The question is also a difficult one in town and country, but in less degree. Ordinarily the best food for a baby is its mother's milk, and the second best some other woman's milk, even if we have to "profit by the poverty and ignorance of a woman to steal her from her own little one in favor of ours," as we read on page 61 of Tolstoi's *Kreutzer Sonata*.

While believing that goat's milk is next best to woman's milk, I do not include it in this arithmetical progression, indicative of superiority, for obvious reasons, especially because in the North goats are not "cultivated" much, however numerous they are in New Orleans and other Southern cities, and however much this fact is to be regretted.

It was my good fortune to attend the annual meeting of the Kentucky Homœopathic Association at Louisville in May, ably presided over by Dr. A. L. Monroe, of Louisville, and to hear a short and excellent paper by Dr. Bryan, of Shelbyville, Ky., on Infant Feeding, as well as the interesting discussion it elicited. The doctor was very emphatic in regard to his belief that we have in cows' milk our nearest approach to the second-best infant food (which, as just shown, should properly be called the third best), and claimed that more babies could be raised on it than on any other food that could be named. But all babies can not take advantage of Kentucky's far-famed vegetation or products of vegetation (certainly not the notable "brands" more or less affected and assimilable later in life), and so it happens that milk, even blue-grass milk, can sometimes be greatly improved by the addition of a nutritive ingredient, as I could not refrain from stating as my part in the discussion just mentioned, citing cases in which its action seemed to me little short of marvelous. This nutritive ingredient goes under the familiar name of Bovinine, and I doubt if any description of the article is needed, it is so well known; but I very much doubt if its baby-raising abilities are very well known or much availed of—and I have come to this opinion by close personal observation of the practice of many physicians. Every one at all experienced at baby-raising knows full well that there are infants' food and infants' foods, and, also, that all, or nearly all of them may have to be tried in any case of real need before the one is found that will fully meet the requirements of that case. It is the great number of foods that renders a choice so perplexing. It is not my intention at this time to write a long and ponderous article on this subject, my object only being to utter a few words of advice, viz., don't forget the before-mentioned Bovinine in infant cases, and be sure you try it before a long list of other expedients that could be named. Nor will I

even allude to the vast nutritive value of this preparation for children or adults, in sickness or health, except to remark that a few "finicky" or "soulful" ones may affect a dislike for it, simply and solely because its appearance, smell and taste suggest that it has some "body" to it. To such we may say, "Well, consider it as medicine then; you just swallow it, and leave the rest to nature—she will take care of it. If you don't like the looks, shut your eyes; if you don't like the smell, hold your nose; if you don't like the taste, put your dose in a little very cold water and drink that, and the taste will be very little." In other words, don't allow any foolish notions to interfere with or prevent its use with patients of any age; if it does not agree, discontinue its use, of course, but this is extremely rare.

First, be sure that you have the very freshest milk obtainable. In summer days of frequent electrical and thunderous vibration, milk requires frequent inspection and careful treatment, and mothers should be initiated into the mystery of litmus paper. It is not the heat that kills the babies, but frequent feeding of "turned" milk, and a thorough understanding of the ptomaine question makes clear this truth. The milk should be strained through a fine cloth when received, to get rid of the inevitable sediment from milking and transportation, and kept at the uniform temperature of 45° or 50°. A grain of bicarbonate of soda (or at times two grains) to each pint of milk will work wonders in keeping it alkaline for a day longer than it would otherwise remain so. The simplicity of the "feed" is of great advantage all around. There are no delicate household chemistry or cooking feats to perform—nothing but warming the milk and adding a few drops of the Bovinine; nor is there anything vegetable or cereal about it. Throughout nature the first food of all animals (even those which when grown never eat animal food) and birds is exclusively animal in its character, and this should be a suggestive hint for the two-legged human animal, especially as physiology teaches us that a very young baby's visceral organs are not fully enough developed to properly dispose of starchy food, or even the products of starchy food (although some may seem to do so for a time). Bearing in mind the extremely small size, conical shape, and vertical position of the baby's stomach, we may well question whether it has much function in the digestive and assimilative processes other than to act as a funnel for the organ below it; so we should really study the intestinal processes, and regulate the food accordingly.

I will close by citing three typical cases where Bovinine acted characteristically, and has the reputation in three families of saving three lives:

Willie Ellis, second summer, pronounced case of marasmus: had been given up to die by all, including a competent allopathic physician, and had been without treatment for a week, and its mother insisted that it had taken no food for two weeks that was not vomited at once. It feebly cried and coughed almost constantly, day and night, had a bad diarrhoea, and was a perfect miniature living skeleton. Little encouragement was extended, and a rigid promise was exacted that directions should be followed and nothing else done.

Cautious feedings of a little cow's milk with a few drops of Bovinine in it every two hours was the sole diet, the medicines used at different stages being Bell., Nux., Bis., Calc. carb. Marked improvement soon followed, which need not be detailed, and now, three years later, the boy is as sturdy as any child of his age.

Fred Hunter was born twelve months and nine days after his brother Melvin, and was exceedingly puny until four months old. His brother had suffered from imperfect closure of the foramen ovale, and so did he, both narrowly escaping fatal cyanosis. When three months old, he refused the breast suddenly and completely (because of another pregnancy, as I subsequently learned), and was immediately put upon the same food, which he "took to" kindly at once, and thrived finely; indeed, he soon would not take his milk unless it had the Bovinine in it. He is now five months less than two years old, and weighs thirty pounds, just the same as his brother, one year and nine days older, who is a strong and hearty child.

Carrie Leeds, unexpectedly born of a mother forty-five years old (the next youngest child being twelve years old). The woman was thin and run down and had a bad cough, but made an effort to nurse the child against my protest. She failed, and the baby was rapidly failing too. The same old standby was brought into service, and with the usual good result—a strong, healthy, happy baby, now in its second summer.

I have met but one case that would not take this food; exactly why, I never determined.

Other cases could be cited, but no failures except in actual tuberculous cases. It seems hard to get that class under its influence. And it is *the* class that needs it. My solution of this is that authority in the matter was not exercised, and the baby was allowed to run things to suit itself.

As to the comparative merits of Bovinine and similar articles I do not care to speak. My experience has been with that; and though one or two others may be just as good, I pin my faith to that, satisfied to let well enough alone.—*American Homœopathist.*

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TO REMOVE NASAL POLYPI.—Bell describes a new, painless, and simple method of removing nasal polypi. His patient is instructed to blow strongly through the affected nostril while he closes the other with his fingers. This brings the polypus down so that it can be seen. He then injects into the tumor, with a hypodermic syringe, fifteen or twenty minims of a solution of tannin in water (twenty grains to a fluid drachm). In a few days the tumor shrivels, dries up and comes away without trouble or pain, the patient usually removing it with his fingers, or by blowing his nose.

\* \* \*

MONITEUR THERAP. states that local anæsthesia, lasting perhaps five minutes, may be readily induced by discharging the contents of two or three siphons of aerated water upon the part.

## ELECTRICITY AS A THERAPEUTIC AGENT, AND HOW TO USE IT.

BY MORTON PRINCE, M. D.

**W**HEN our intention is principally to stimulate the muscles, to give them tone and exercise, and prevent atrophy, the preference is to be given to faradism. In the different forms of hysteria faradism usually works better than galvanism. If, however, as a result of degeneration of the nerves, the muscles fail to respond to faradism, as is often the case, galvanism must be used. When we wish to relieve pain and hasten absorption (?) of inflammatory products, when we hope to produce a direct effect on the nutrition of nerve and muscle, galvanism should be selected. When pain alone is the offending symptom, either galvanism or franklinism. Although faradism has its advocates in neuralgia and muscular rheumatism, static electricity is a most powerful factor. Sometimes, especially when the diagnosis is uncertain, we can only determine by trial which will be most beneficial. When, however we wish to work by "suggestion," to obtain a purely moral effect, static electricity is to be preferred.

One reason why electricity so often fails in the hands of the general practitioner is because of the inadequate apparatus made use of and the insufficient methods of application. A physician should have at his command a complete medical outfit. He should have a galvanic battery capable of giving him always 50 volts and better 100 volts, E. M. F.; a good faradic battery, and a first-class static machine. It will be well if the apparatus is so constructed that the faradic and galvanic batteries can be combined. He should be able to use those three different forms of electricity, because it is often advisable to change from one to the other, according to the effect produced. In circuit with the galvanic current, should be a good rheostat for regulating the current, and a good galvanometer.

I have frequently seen failure follow the use of electricity owing to insufficient apparatus. When a battery of low electro-motive force is used, if the resistance of the external circuit (the skin and electrodes) happens to be large, so feeble a current may pass as to be inoperative. Unless a good galvanometer is in the circuit, this fact will escape observation. The physician should have at his command a galvanic battery capable of giving twenty-five milliampères of current and maintaining that current under the severest conditions of resistance.

The electrodes should be of varying sizes from six by three inches to one-third inch diameter, according to the effect to be produced. In connection with the subject of electro-diagnosis, I spoke of this necessity of having proper apparatus. For this latter purpose a battery of high electro-motive force is particularly indispensable. It is very difficult to make a proper electrical examination of

muscles and nerves without having a current which is unaffected by variations in the resistance of skin and electrodes which ordinarily occur during the course of an electrical examination.

The next point is the proper application of the electricity. The electrodes must not be applied haphazard, but in definite predetermined ways, according to the effect desired. If the intention is to stimulate the muscles, the motor points should be carefully selected and one electrode applied over them. If the nerves are to be stimulated, the electrode should be placed over their course and the current frequently made and broken. When pain is to be combated it is generally best not to interrupt the constant current, but to let it flow steadily through the painful parts. Sometimes pain can be best alleviated by strong faradism applied with a wire brush. This method is strongly recommended by some writers for facial neuralgia and acute rheumatism. It is also the best means of stimulating the sensory nerves, as in some forms of anæsthesia.

When only a general tonic effect of galvanism or faradism is required, it is sufficient to paint, so to speak, all the muscles and nerves of the body with the electrodes, which should be large, making the muscles contract if possible. Passing the electrodes up and down the spine is very useful for this purpose. Sometimes as a result of nerve degeneration, the nerves and muscles will not respond to faradism. Galvanism must then be used. As a general tonic, static electricity is often to be preferred to either.

In conclusion, I would say if you wish to obtain success in using electricity never put the battery into the hands of the patient to use himself; never entrust it to a nurse; never employ a student if you can help it. Always apply it yourself.

Before closing, I would say a few words regarding *electrolysis*. I cannot say anything regarding this treatment of uterine tumors, pelvic inflammations and other gynæcological affections about which we have heard so much during the past few years, as I have had no experience with them.

I can, however, strongly recommend electrolysis for many affections.

Hair can be removed from the face without injuring the skin or leaving any blemish behind. As satisfactory as this operation is, I cannot believe that its possibilities are as well known as one would suppose would be the case, judging from the instances of this affection one observes in the streets.

Vascular tumors of the skin, such as cavernous angiomata and nævi can be removed as well as warts and other facial blemishes.

Port wine stains can be greatly improved. I have for a long time been experimenting with the treatment of this deformity, and I hope soon to be able to report a greatly improved method of using electrolysis.

The dilated veins which often in advancing years deform the face, particularly that prominent feature, the nose, are easily and satisfactorily cured.

Goitre is one of those new growths which, it is claimed, can be

cured by electrolysis. The best method is to insert the needles from both the poles into the gland, and pass through them a powerful current of from forty to eighty milliampères. The needles should be insulated where they pass through the skin, and moved about in different directions. The whole process should include several sittings of twenty to thirty minutes each. Dr. John Duncan reports having treated fourteen cases by this method. Three were under treatment at the time of the report. Four had been lost sight of. Of the remaining seven, six were absolutely cured. The seventh case was not changed by one operation. The treatment is one well worth trying.


For vascular tumors just referred to, such as *nævi* and cavernous angiomata, it is by far the best method of cure that we have, particularly where it is desirable to avoid disfiguring scars. The scar left by electrolysis is white and does not contract. The operation is bloodless, safe and free from after pain. The only drawback is that it may require several sittings to obtain the best results.—*Boston Med. and Surg. Record.*

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## THE DRY TREATMENT FOR OPEN WOUNDS AND ULCERS.

BY HENRY T. BYFORD, M. D.

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HE following experiments were undertaken for the purpose of finding a method of cure for open wounds that would operate somewhat in the same manner as the closure and healing of incised wounds by primary union, viz., without sepsis and without suppuration. I had been disappointed with germicides, because they neither prevented suppuration in an open wound, nor rapidly checked it. I therefore discarded them, and strove to imitate the natural method of healing of small superficial wounds when left alone, viz., to dry the wound and keep it dry, or failing in this, to drain off the fluid so constantly that the same fluid would not remain in contact with the wounded surface for the development of germs in it. Having accomplished this to my complete satisfaction, I applied the same methods to suppurating wounds and was equally well satisfied.

The method consists in applying abundant capillary drainage to every portion of the wound, even the minutest, and changing the drainage material before it becomes saturated or clogged. Thus the fluid is drained from the surface almost as fast as formed, and any germs that may be present are removed with the dressing as often as desirable. At each dressing the surrounding soiled surfaces are cleansed, the wound tissue dried off with absorbent material, and new drainage applied.

I have applied the method, and am constantly applying it to all forms of simple wounds in which the absorbent material can be made



to reach all parts of the wound, and in which I can obtain a frequent dressing for the first few days, or until the amount of discharge becomes inconsiderable. In suppurating wounds the dressings must at first be changed more frequently, but afterward their treatment is not different from that of fresh wounds.

I also apply the principle to the drainage holes after laparotomy. As soon as the discharge has lost its bloody character, viz., on the second or third day, I remove the glass tube, and in case there is too much outflow to admit of closure of the orifice I push a folded strip of iodoform gauze down from two to three inches below the surface. This is changed every 24 hours, but pushed less deep each time.

In large wounds I have found gauze to act as well as, if not better than, cotton when it can be accurately adapted to the surfaces. The objection to its continued use is that granulations work into its meshes and are torn on its removal.

The use of alcohol to wash the surrounding skin, and iodoform gauze or sublimated gauze for packing may aid in the cure at times, but these antiseptics are not necessary and are sometimes undesirable.

Between the cauterizations of venereal sores, the frequent change of dry absorbent cotton dressings has in my limited experience answered better than drugs.

I would formulate the method as follows:—

1. Secure a large external opening.
2. Change the dressing often enough to prevent an accumulation of moist discharge.
3. Dry off the surfaces at each dressing as perfectly as possible.
4. Place an absorbent material firmly against every part of the raw surfaces, but leave the packing loose in the middle, so that the cavity may more readily contract.
5. Place an abundance of absorbent material over the wound, so as to be in direct contact with the packing—no powder or drug intervening.
6. Use clean absorbent cotton for small wounds, gauze for the large ones.
7. Cleanse the neighboring skin at each dressing with dry absorbent material, or wash it with alcohol, but allow no water, or watery solution to come in contact with the wound or its surroundings.—*Annals of Surgery.*

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FROM observations upon two hundred puerperæ, House has made the following statements regarding the duration of uterine involution: In the majority of cases it occupies ten weeks; shortest time, four weeks; longest, three months. Involution is slower in women who do not nurse, after premature labor, after the birth of twins, and after labors accompanied or followed by hemorrhage. These statements indicate the necessity for a longer rest than is generally advised for the puerperal woman.

"SURGICAL" CASES.\*

D. B. MORROW, M. D., ST. LOUIS.

**S**HE was a negress. The war in "Africa" had been hot, and this combatant was placed *hors de combat* by a lump of coal in the hands of her man, hitting the right side of her head about midway of the coronal suture. Ten days after the battle, I was called to see the case. Dr. Wait had been in attendance. Patient unconscious; paralyzed on left side; left eye one-third open; passed all excrements in bed; right hand very shaky. Gave Arnica in water from my bottle that was thirtieth potency fifteen years since, had been in use and constantly replenished. The fourth day, changed it to Arnica<sup>m</sup> potency. Saw her every other day and replenished medicine. In ten days from first visit, she walked twelve squares, and has since remained well.

CASE II.—She ran a needle under finger nail, which caused a painful wound. Part tumefied, throbbled, ached to shoulder. Hand swollen. Held finger in my right closed hand about ten minutes, which stopped pain; exhibited Hypericum. No more pain. Next day swelling all gone.

Heard of a similar case allopathically treated—finger nail laid open whole length to relieve pain.

CASE III.—Laborer, loaded heavy sacks on a car, assisted by a bad helper—caused rupture, or hernia, of right side. A truss was applied, which was ineffectual.

Some days later, he was prostrated with inflammatory rheumatism. Rhus tox. was the similimum. Rheumatism and hernia cured. No return after five months.

CASE IV.—Girl, thirteen. Hip-joint disease. Left leg three inches short; otherwise apparently in good health. The limb was not painful for some months; walked without cane or crutch. A few doses of Sul., Calc. carb. and Silic. were administered at long intervals. Magnetic touches to hip, sacrum and spine, for two months, applied through clothing. The limb, which was always cold, became of natural warmth. Patient had better general health than ever before, and leg grew until the limp was and is scarcely perceptible.

CASE V.—Hip-joint disease. Patient had suffered much at the hands of many doctors from time of injury, at four years of age, until the age of fourteen; then treatment was discontinued.

The synovial membrane of joint was destroyed, making almost a complete ankylosis. Growth of leg was arrested, apparently, about the time treatment was discontinued. The leg was also very cold, and subject to severe inflammatory rheumatism, neuralgic in character. Under use of homœopathic remedies, Sulph., Calc. carb., and Lycopod. principally, and magnetics with massage, normal temperature was restored and leg grew until almost as large in circumference as its fellow. Did not grow in length.

\*Read before the 14th Annual Session of the Missouri Institute of Homœopathy..

PEROXIDE OF HYDROGEN AND OZONE. THEIR ANTI-SEPTIC PROPERTIES.\*

BY DR. PAUL GIBIER,  
Director of Pasteur Institute, New York.



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

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

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

Dr. Bouchut has demonstrated the antiseptic action of Peroxide of Hydrogen, when applied to diphtheritic exudations.

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

Dr. E. R. Squibb,<sup>1</sup> of Brooklyn, has also reported the satisfactory results which he obtained with Peroxide of Hydrogen in the treatment of infectious diseases.

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

In my opinion the reason for its not being in universal use is the difficulty of procuring it free from hurtful impurities. Another objection is the unstableness of the compound, which gives off nascent oxygen when brought in contact with organic substances.<sup>2</sup>

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

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

Read before the International Medical Congress, held at Berlin, Germany, on the 7th of August, 1890.

<sup>1</sup> *Gaillard's Medical Journal*, March, 1889.

<sup>2</sup> The Peroxide of Hydrogen that I use is manufactured by Mr. Charles Marchand, of New York. This preparation is remarkable for its uniformity in strength, purity and stability.

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

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

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

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

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

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

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

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

Although Peroxide of Hydrogen decomposes rapidly in the presence of organic substances, I have observed that its decomposition is checked to some extent by the addition of a sufficient quantity of glycerin; such a mixture, however, cannot be kept for a long time

owing to the slow but constant formation of secondary products, having irritating properties.

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

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

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

I have observed that the action of Glycozone upon the typhoid fever bacillus, and some other germs, is much slower than the influence of Peroxide of Hydrogen.

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

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

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

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

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

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

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

**MILK DIET.**—Dr. S. Cohen gave the following as a pleasant form of diet in cases where milk was being used:

Completely peptonized milk.....4 oz.  
 Juice of one lemon,  
 Sugar.....½ oz.

To be placed on ice until cold; is then ready for use.

## EDITORIAL NOTES.

THE October *Medical Brief* has an article entitled: "How often should the Baby nurse its Mother?" Our opinion, briefly (not "Brief"—ly) stated, is that the mother ought to nurse the baby.

IN HEADING one of its departments: "Golden Grain Garbled from our Exchanges" the *Southern Journal of Homœopathy* is more accurate than it means to be. In other journals we might criticize the use of the verb in that connection as obsolescent, if not obsolete, but in the *Southern*, under its present management, it is all right.

OUR October issue was considerably delayed by the fact that the editor was engaged in political work—on the side that will win the next time. We hoped that the November issue would be on time, but "the best laid plans o' mice an' men, etc."—a mistake in the make up of this form, discovered only in the bindery, necessitated re-setting and re-printing, and we are late again. Better luck next time?

SAYS *The Medical Standard*, of Chicago: "Commissioner Wickersham has prohibited leg vaccination by health officers, except in special cases, to be passed on by himself. He says: 'It's a fancy, a fad, and recently it seems to be almost a mania. The excuse is that the young ladies do not wish to disfigure their arms.—There have been too many petticoats flounced in the health office, etc.'" We have no doubt there has been too much "flouncing of petticoats" not only in the health office but elsewhere in Chicago, but what puzzles us is to know why the virtuous Wickersham should admit special cases *to be passed on by himself*. We tremble for his moral safety!

HOW TO REACH THE LAITY.—Every once in awhile, we receive from subscribers complaints that homœopathic journals, colleges and medical societies are not doing much to popularize homœopathy among the laity. That something ought to be done to this end is admitted, but our friends should not look to the agencies mentioned to do the work needed among laymen, for they do not reach them. Laymen, with rare exceptions, do not read medical journals, nor attend either medical conventions or college lectures and clinics. There are two homœopathic journals published for the benefit of the laity—*The Chicago Health Journal* and the *Homœopathic Envoy*, of Lancaster, Pa. Our friends might send for sample copies of these publications and see whether they "fill the bill." The *Envoy* is more definitely devoted to homœopathy and costs but twenty-five cents per year. There is some danger, however, that these publications may lead to self-dosing by their readers, to the detriment of scientific homœopathy. After all, our friends, instead of asking the help of others, should learn to help themselves. There is hardly a locality where a homœopathic physician practices that has not at least one local journal that would gladly publish short, pithy, popular articles on homœopathy, if they were furnished by the local

homœopathists. Dr. W. B. Clarke, of Indianapolis, has done and is doing a good deal of just that work in the Hoosier capital. We have no doubt he would gladly give the benefit of his experience to those who might, with equal judiciousness, be willing to help the cause (and themselves incidentally) by similar means. At any rate, there is no doubt that, next to the proof of superiority made by superior success in practice, the best way to popularize homœopathy in any locality is through the local press.

HE HIDES AND MAKES FACES.—After we had, in our August issue, given the editor of the *Southern Journal of Homœopathy* the spanking which he had so long been seeking, and so richly deserved, his journal ceased to come to our sanctum—it also failed (as we found on inquiry) to reach two local pharmacies to which it had previously been mailed, and we began to fear that the famous journal had died again. In doubt, we wrote to Mr. T. Engelbach, the latest publisher, and, by return mail, received in one batch the numbers for September, October and November. Then we saw it all—the bold warrior had been making faces at us, and calling us names, but, still feeling the smart of the previous castigation, had thought to avoid another by keeping his journal from under our gaze. We did think of reading him another lecture, but, on second thought, we have come to the conclusion that while he “has ears to hear” (Oh, such ears!) yet he “will not hear,” and we leave him to chew his thistles and “edit” his “journal” in peace.

THE CLEVELAND MEDICAL COLLEGE.—Of this institution, the latest issue of the *New York Medical Times*, the organ of the assistant allopaths, says:

“This college has been founded, we believe, by ex-professors of the Homœopathic College, and will doubtless, to a certain extent, take its place. We are pleased to see, naturally, that the new college has no *sectarian* designation, and that it is proposed to teach the *whole* of medicine instead of a part, as is done in some schools. It is announced that the *materia medica* as given in the United States Dispensatory will be taught, as well as the art of applying drugs in accordance with the theories of Hahnemann!

“We do not hesitate to say that this plan meets our views exactly, as it is what we have been advocating for years,” etc., etc.

We have hitherto refrained from saying anything about the Cleveland row, not only because, at this distance, it was difficult to form an impartial opinion of the merits of the controversy, but also because we had hoped that “cooling time” would bring about a reconciliation between the warring factions, provided outsiders did not add fuel to the flames. The article from which we have quoted above, and which seems to be “inspired” by the faculty of the new institution, shows, however, that we have not here to deal with a fight between homœopathists, but with a conspiracy of homœopathic renegades to insidiously stab homœopathy and its best interests. Silence therefore ceases to be a virtue—it becomes criminal.

We say “insidiously stab,” because, while we do not deny the right of the *Medical Times*, or of those who, like it, entertain half-and-half views to teach those views either through the press or from

a college chair, we know that the *alumni* of the old homœopathic college at Cleveland were appealed to by the seceders on the ground that their new institution was in reality the old homœopathic college, so far as faculty and instruction were concerned, and we know further that the very large majority of their students matriculated under the impression that they were matriculating in a *bona fide* homœopathic college, instead of an institution run by ex-homœopaths with the United States Dispensatory as a basis and the Organon as a blind.

Now that the mask has been thrown off, we think it our duty to condemn the fraud, and to call the attention of the members of the inter-collegiate association, and of the American Institute of Homœopathy, as well as that of homœopaths everywhere to its true character. We thank the *Times* for authoritatively stating the true character of the new college. We have no quarrel with the *Times*, for it is outspoken. We shall have none with the new college, if it will sail under its own proper colors—but *we insist that it shall be made to do that*—and then we shall be interested in learning how many students it will gather!

**THE SAMPLE COPY FIEND.**—We are always ready to mail specimen copies of the CLINICAL REPORTER to those unacquainted with it, who request it, but, incredible as it may seem, we have become convinced that there are physicians, who probably would not pick a man's pocket, who make it a practice of accumulating current medical literature by the easy process of sending repeated postal card requests for a "sample copy," disregarding the evident fact that a request of the kind is understood to mean that the person preferring it is unacquainted with the journal. We have a collection of six such postal card requests from one individual, all received since January last, and all, save the last, complied with by us. The name got to have a strangely familiar appearance at last, and this led us to an hour's hunt through a large package of similar cards with the result already stated. We are sorely tempted to publish the names of such speculators for the benefit of other medical journals.

**MUST BE EXECUTED!**—We suppose that, since reading the last issue of the *Medical Advance*, Dr. Burt has had visions of the penitentiary, if not of the hangman's noose, for he has been convicted of "the great crime" of differing on some questions of therapeutics, with our friend Dr. Reed. We beg to assure Dr. Burt that his opponent's private penitentiary is not yet built and the noose for the hanging is but just begun. It is only our *materia medica* man's playful, though emphatic, way of saying pleasant things!

**THE KOCH-SURE CURE.**—We, the members of the only "scientific" and "regular" school of medicine, have again been thrown into a mood of calm, collected, scientific investigation bordering upon hysterics or "jim-jams" by the announcement of another "sure cure" for tuberculosis. True, we have been in much the same mental state before over other "sure cures," such as the creasote cure, the balsam of Peru cure, the cow-stable cure, the Surgeon sul-



phuretted hydrogen cure, etc., etc., but this time we have the cure *Koch-sure*; at any rate, the news comes by cable from *Deutschland*, and that ought to satisfy anybody that it is true.

The new remedy is a "lymph," that is, evidently a product of diseased action, or what homœopaths (the quacks!) call a *nosode*, and we have derived a great deal of amusement from the semi-occasional use of "nosodes" by the followers of that crank Hahnemann, but those were quack nosodes, while *Herr Professor Doctor Koch's* nosode is a scientific one, you know, and we are quite ready to inject it by the quart—that is, we should be, and for the fact that *Herr Professor Doctor Koch* says that, in phthisical cases, the initial dose of the diluted "lymph" should not be more than one one-thousandth of a cubic centimeter. Rather infinitesimal dosage that, and if some Hahnemanniac should recommend it, we should know it was ridiculous, but since it is *Herr Professor Doctor Koch* who does so, it is scientific and reasonable, and any one who says otherwise ought to be expelled from the "regular" church.

Those stupid homœopaths have been insisting all along that the results of drug experiments made upon Guinea pigs (experiments out of which our "only scientific" school has gotten unto itself so much glory—or notoriety, which is the same thing) could not serve as precedents from which the effect of the same drug upon human beings can be predicated. How absurd! A man and a Guinea-pig are both animals, are they not? A man is larger, that's all. A Guinea-pig will weigh say one pound, and a man say one hundred and fifty, or as much as one hundred and fifty Guinea-pigs, *ergo*, in order to obtain the same result in a man from any given remedy that has previously been tried upon a Guinea-pig, all that is necessary is to multiply the Guinea-pig dose by one-hundred and fifty—that is mathematical, and therefore must be true. Now, *Herr Professor Doctor Koch*, says that two cubic centimeters of his "lymph," injected into a Guinea-pig, seem to have hardly any appreciable effect, hence the minimum dose for a man should not be less than three hundred cubic centimeters. But—oh—ah—ah, *der Herr Professor Doctor Koch* (unless the cable has blundered—perhaps the operator at the other end is a homœopathist!) says that the one-thousandth part of one cubic centimeter of dilute "lymph" is the proper dose for a consumptive, in other words, there is a trifling discrepancy of three hundred thousand per cent. between the dose theoretically indicated by the Guinea-pig test and the actual dose endurable by the human consumptive. That's strange, *aber der Herr Professor Doctor Koch hat so gesagt*, and, as we say "in American," *that settles it!* If those confounded homœopaths laugh at us, we'll call them *quacks*, and that will settle *them*—maybe!

Those medical frauds (the homœopaths, of course) have been, for nearly a century, preaching the doctrine that the sicker a man is the less material should be the doses given him. Of course, any fool knows better—the worse the disease the stronger should be the medicine—that stands to reason. True, *Herr Professor Doctor Koch* does say that the sicker the patient the less should be the dose of

his "lymph," but wait till we get his complete explanation of the process and you 'll see that, whatever his facts, his theories will not be the same as those of the homœopathic quacks, and what counts with us scientific folks is theories rather than facts.

*Der Herr Professor Doctor Koch* became famous some years ago by reason of having discovered the true cause of tuberculosis in a certain bacillus and we, the only scientific school of medicine, have been ever since endeavoring to find a *rough-on-bacilli* with which to remove the cause and thus destroy the effect. Now, however, *der Herr Professor Doctor Koch* himself finds a "lymph" that cures the disease without hurting the bugs or fungi—the "cause" continues but the effect ceases! Some of those confounded homœopaths will say that that is neither logical nor scientific, but what do they know about either logic or science? At any rate, *der Herr Professor Doctor Koch hat so gesagt*, and if that does not settle it, what does?

One must confess that there is a wonderful similarity between the symptoms which are said to have followed the use of the lymph upon healthy individuals and the manifestations of disease which similar injections are said to have cured, and, of course, those ignorant quacks, the homœopaths, will say that that is in accordance with their insane theory of *similia similibus curantur*, but wait until we get *der Herr Professor Doctor Koch's* explanation of the *modus operandi* of his lymph and you 'll see that's not it at all. It will be something right scientific, even if unintelligible. There's nothing like science—and what are those ignoramuses laughing at, anyhow?

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## BRIEFS.

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A "SURGEON," who had used alum, belladonna, bismuth, and boracic acid for sweating feet, with little good result, wrote to the *British Medical Journal* (quoted in *N. Y. Med. Abstract*) and received the following replies: 1. Wear low shoes, wool socks, and dust the feet over twice a day with iodol; they will soon be as hard, sweet and comfortable as one could wish. 2. Wash the feet at night with very hot water, put on white cotton socks, and immerse the feet, thus covered, in methylated spirit, poured into a basin; wear the socks all night; they will soon dry in bed. During the evening wear cotton socks and common felt slippers, and keep the socks constantly saturated with spirit. In a week the cure will be complete. The best ventilated boots are made of stout canvas. 3. Liq. plumb. diacet., acid carbolic, aa ʒij; aquæ ad. ʒij; M. One teaspoonful to be mixed with a pint of warm(ish) water, and the feet washed every morning and dried with a soft towel. 4. Wash the feet night and morning with soap and water, and after careful drying sponge them over with the following lotion: Plumbi acet., ʒj;

aquæ destil., ℥j; sp. vini methylat., ℥ij; aq. ad ℥xvj. Sig.—Ft. lotio. I have found this so efficacious that I use no other treatment. Shoes are preferable to boots, but whichever are used I recommend those of buckskin, which is very soft and easy to the feet. The inner sole has several perforations communicating with the outer air by a tube in the heel. Patients have expressed the greatest comfort from the use of these boots.—*College and Clinical Record.*

\* \* \*

**THE SPANK CURE.**—The *Chicago Inter-Ocean*, quaintly but sensibly, remarks: "Among the good old customs which are falling into disuse, that of spanking the coming generation into behaving itself is leading the procession. There are no such spankings now as there used to be in my time, and I am sorry for it. Things in the spank line are certainly degenerating, along with the drama, the flavor of strawberries, and phenomenal weather, as the years go by. Children just entering the heated, base-burning epoch of spankhood now have "nerves," and must be humored. They get to balking and skulking, and the family physician is called in, when the good old housewife remedy of a warm application of slipper is all that is needed. The spank cure is not appreciated in this generation as it was in the last. Looking back on a stormy and tempestuous career in the woodshed with Jones *père* at the helm, I now feel like writing him a kind and encouraging testimonial on the efficacy of his unapproachable spank treatment, although at that time I felt more like kicking him in the shins, and, I regret to say, sometimes gave vent to my opinions."

\* \* \*

**INFANTILE MORTALITY.**—In an elaborate paper on the causation and restriction of infantile mortality (*Jour. of the Am. Med. Ass.*), Dr. Victor C. Vaughn states that: 1°. One-fourth of the children born in the United States die before they reach the end of the fifth year of life. 2°. Derangements of digestion cause more than 50 per cent. of these deaths. This class of diseases may be restricted by proper attention to the food. 3°. Infectious diseases are serious in their effects upon infantile mortality. They may be restricted by isolating the sick and disinfecting clothing and rooms. 4°. About three-eighths of the total deaths from pneumonia occur among those under five years of age. Proper clothing and lessened exposure to extremes of temperature will do much to protect against this disease.

\* \* \*

**MOSS DRESSINGS.**—Dr. Kronacher, of Munich, has experimented with various dressings and obtained the best results from a combination of moss and cotton wool, which he has employed with success in his practice during the last nine months. He states that it forms a clean, light, elastic dressing, adapting itself readily to the contours of the body, and possessing high absorbefacient powers. The moss is impregnated with carbolic acid or corrosive sublimate and applied directly to the wound, or a layer of antiseptic gauze is inter-

posed. The author recommends the addition of sodium chloride to sublimate solutions, as it greatly enhances their antiseptic powers. He has little confidence in sterilizing methods, and thinks that an antiseptic dressing is a much better protection against infection than an aseptic one.

\* \* \*

**SULPHUR AS A DISINFECTANT.**—In disinfection by burning sulphur, Dr. Squibb recommends the evaporation of an amount of water equal to four times the amount of sulphur burnt. To render the disinfectant effective, it is necessary that sufficient moisture be present in the atmosphere with which the sulphurous oxide may unite. The water may be evaporated in a shallow dish, heated to boiling. The sulphur, placed in a smaller dish set in the water bath, is moistened with alcohol and ignited. Walls covered with kalsomine or whitewash should be dampened with a brush before the sulphur is burnt.

\* \* \*

THE late Prof. Gross, after advising the class of the utility of *koumiss* as a nutriment during the inflammatory process, gave the following directions for preparing it: Dissolve a half ounce of grape sugar in four ounces of water. Dissolve twenty grains of yeast cake in four ounces of milk. Pour both into a quart bottle and fill nearly to the top with milk. Cork tightly, fastening the cork with wire. Put into a cool place and shake two or three times daily for three days. *Keep for use no longer than six days.*—*College and Clinical Record.*

\* \* \*

**COLD CREAM**, using cotton-seed oil, may be prepared as follows, (*Pharm. Era*, Oct., 1890):—

Cotton-seed oil.....	15 oz.
Spermacetti.....	4½ oz.
White wax.....	4½ oz.
Oil of lavender flowers..	12 drops.
Rose Water.....	6 drs., 7 drs.

\* \* \*

**INTESTINAL OBSTRUCTION.**—Speaking of intestinal obstruction Nothnagel says: "I may briefly state in one sentence all the treatment I can recommend as an hospital consultant. Absolute abstinence from food; induce the peristaltic action from below; still it from above; and, above all, avoid purgative medicines. Further, I know of nothing to add for the guidance of others."

\* \* \*

**A SIMPLE ANTISEPTIC DRESSING.**—Dr. Charles R. Illingworth recommends as a potent antiseptic the solution of biniodide of mercury in iodide of sodium. He has used it in all kinds of wounds, abscesses and sores, and has found that it prevents suppuration, and ensures rapid union—by first intention in all possible cases—without the slightest irritation of the skin. He bathes recent wounds and

amputation flaps once freely with a 1-1000 solution, before bringing the edges together, but washes and dresses afterwards with the 1-2000 on ordinary lint once folded, and covered with gutta-percha tissue. He changes the dressing every day for four or five days, and then less frequently, or dresses with some antiseptic ointment.—*Dublin Journal of Med. Science.*

\* \* \*

**MIXTURE FOR WAXY CONCRETIONS IN THE EAR.**—The following formula is suggested in *La Clinique* with the view of facilitating the removal of accumulations of wax in the external auditory meatus:

R. Acidi borici.....	gr. iv.
Glycerini.....	f ʒ jss.
Aquæ dest.....	f ʒ jss.

This should be warmed and instilled into the ear, leaving it there for a quarter of an hour, and repeating the process for a day or two. The result is to soften the plugs and make their removal comparatively easy by means of the syringe.—*London Medical Recorder.*

\* \* \*

**THE GLYCERINE TAMPON IN THE VOMITING OF PREGNANCY.**—Dr. S. B. Kirkpatrick (*Texas Com. Rec.*) blistered the cervix in an obstinate case of vomiting in a pregnant patient, and observing that the patient was not relieved until the serum was formed and discharged, conceived the idea of procuring a watery discharge by the use of glycerine. He accordingly inserted into the vagina a tampon saturated with glycerine. The distressing symptom was at once removed, and on its return at intervals was always relieved by the glycerine tampon.

\* \* \*

**HEALING SALVE.**—The following salve will be found a useful application for chapped lips and slight abrasions:

R. Boric acid.....	2 parts.
Vaseline.....	30 "
Glycerine.....	8 "

M.

The above may be perfumed by the addition of a few drops of attar of roses, if intended for a lip salve.

\* \* \*

**AN ANTISEPTIC OINTMENT,** certain in power and not unpleasant in odor, is often desired, not only by the obstetrician, but also by the gynæcologist. Dr. W. Parvin says that benzoated lard to which four per cent. of creolin is added, will meet these indications satisfactorily.

\* \* \*

**SALT IN NEURALGIA.**—At a recent meeting of the Edinburg Medico-Chirurgical Society, Dr. George Leslie gave the details of thirty or forty cases of facial and other neuralgias, cephalalgia, odontalgia, etc., which has been cured, in most instances instantane-

ously, by insufflation of powdered common salt through the anterior nares. The salt was either "snuffed" or blown up the nostrils. He had been unsuccessful in only two cases; both of these were cases of old standing, which has been treated frequently by morphine injections. In one of them excision of the nerve had been practiced.—*British Med. Journal*. [This is another "regular" "discovery" of some of the properties of *Natr. mur.*]

\* \* \*

**IODOFORM IN ENDOMETRITIS.**—Jacobs uses the following emulsion in the treatment of endometritis:

℞ Iodoform .....	ʒv.
Glycerine .....	ʒvj.
Aquæ .....	fʒjss.
Tragacanth .....	gr. jss.

M.

From one-half to one drachm of this is injected into the cavity of the wound two or three times a week.—*Therapeutische Monatshefte*.

\* \* \*

**DEODORIZING INJECTION IN UTERINE CANCER.**—In *L'Union Médicale*, Dr. Chéron recommends the following injection as efficient in destroying the fetid odor of uterine cancers:

℞ Acid. salicylic.....	gr. ij.
Sodium salicylate.....	ʒr. xl.
Tinct. eucalyp.....	fʒjss.
Vinegar.....	fʒjss.

M.

This is to be added to one or two pints of water and used as a douche every few hours.

\* \* \*

**A NEW DRESSING.**—At a meeting of the Society of Physicians of Vienna, Dr. Podratsky exhibited a new dressing invented by Dr. Phöl of St. Petersburg. It consists of a thin caoutchouc bag filled with 1-1000 solution of corrosive sublimate, around which are wrapped several yards of gauze bandage. When in use the bag is punctured with a needle, and the solution allowed to escape and saturate the dressing.

\* \* \*

**A TON OF QUININE** is said to have been consumed in Boston in the course of ten days. This was at the time that "la grippe" was at its height. The bank accounts of the "Hub's" undertakers swelled as the quantity of quinine diminished.

\* \* \*

**ACROMEGALIA.**—An extremely rare and interesting case of acromegalia, or abnormal development of the extremities, was exhibited by Professor Virchow, in the Berlin Medical Society in the person of a Westphalian truckman of gigantic dimensions and herculean strength, who can carry 8 cwt., on his back with ease. His head is

the largest Virchow has ever seen, the circumference of his skull being 65.5 and its length 22.9 centimetres. His height is 183.8 centimetres. He has six children, and is in excellent health. In the course of the demonstration Virchow disputed the opinion of Professor Freund of Strasburg, and other observers, that acromegalia is connected with poverty, and is inclined to the belief that it is hereditary."

\* \* \*

WASH FOR POST-NASAL CATARRH.—

Powdered chloride of ammonium ..... 1 ounce.  
Common salt ..... 2 ounces.

A teaspoonful of this in a tumbler of hot water is to be snuffed up the nose twice a day, particularly in those cases where there is deafness.—*L'Union Médicale*. [But for the compounding of remedies, this would, in many cases, make a pretty fair homœopathic prescription. Another "discovery."—Ed.]

\* \* \*

TETANUS.—Stroup reports, in the *University Medical Magazine*, a case in which tetanus followed a nail-wound of the knee. Steaming, bromide, chloral, chloroform, morphia and cocaine, at most, gave but temporary and partial relief. When the man appeared to be dying, a tenotomy knife was pushed into the cicatrix and a deep incision made. The muscles immediately relaxed, and the patient recovered.

\* \* \*

LIEBREICH'S milk jelly, a palatable preparation for the sick, may be made as follows: Dissolve one pound of granulated sugar in one quart of milk by heat, and boil ten minutes. When completely cool, add slowly while stirring, one ounce of gelatine in four ounces of water; add also the juice of three or four lemons, and three wine glasses of either sherry, Rhine wine, brandy or whisky.

\* \* \*

TETRAOPHTHALMIA.—A press correspondent reports from China the birth there of a baby with four eyes. The mother, a native, and having the native superstition that her infant owed its abnormality to the evil spirits, put the child to death, after having kept it long enough to have certain matters of ritual attended to.

\* \* \*

A CHILD BORN WITH THE MEASLES.—Dr. Lomer, of Hamburg, reports a case where a mother gave birth to a child while suffering from measles, it being the second day of the eruption. The child when born showed the beginnings of a measles rash, and subsequently developed the disease in its typical form.

\* \* \*

A PAUSE between one respiration and the next indicates a pharyngitis, and differentiates it from croup.—*Politzer*.

The recent International Congress was attended by 8,831 persons, made up as follows: Germans, 5,561; ladies, 1,370; non-medical, 116; Americans, 623; English, 353; French, 171; Italians, 240; Russians, 474; Turks, 22; Portuguese, 5.

\* \* \*

NASAL catarrh with foetid discharges, may be relieved and sometimes cured by tamponing the nostrils at night with absorbent cotton soaked in pure Glycerine.—*Ex.* Glycerine with Marchand's Peroxide of Hydrogen is far superior.

\* \* \*

THE safest and most pleasant remedy for hematemesis is said to be water, drank as hot as can be borne, in quantities of half a tumberful to a tumberful. No further hemorrhage occurs, and fragments of clots are vomited.

\* \* \*

A SCARCITY OF DOCTORS is said to exist in France. It is said that there are 29,795 communes unprovided with physicians. While there were 75,000 *officers de santé* in 1847, in 1889, but 3,000 existed.

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G. M. LAWRENCE, M. D., Sehome, Wash.—“I am always glad to get THE CLINICAL REPORTER, as I, in this way, am carried back to the College Halls and again see the faces of the students and Faculty.”

E. C. SAWYER, M. D. (Vice-President I. H. A.), Kokomo, Ind.—“I find much of the greatest interest in your journal. The articles on suppressed gonorrhœa are worth several years' subscription price, to say nothing of other extremely interesting matter. So far, and so long, as your journal teaches pure homoeopathy, I am heart and soul with you.”

N. P. SMITH, M. D., Paris, Ill.—“The first of this year, I sent you a dollar bill for the REPORTER. I suppose it was stolen in transit. This time I send draft for \$1.00. In case you fail to get *this* dollar, I will send by American Express, as I *must* have the CLINICAL REPORTER. It is worth two or *three* such remittances, provided the money reached the proper person whom I guess to be the Editor.”



## OUR BOOK TABLE.

A CLINICAL MATERIA MEDICA, by the late E. A. FARRINGTON, M. D., edited by CLARENCE BARTLETT, M. D., and revised by SAMUEL LILLIENTHAL, M. D. Second Edition. Philadelphia: F. E. Boericke, pp. 770. Cloth, \$6.00; half morocco, \$7.00.

The fact that the first edition of this work was exhausted in a little more than two years shows the esteem in which it is held by the profession. It is not too much to say that no homœopathic physician's library is complete without Farrington. Notable improvements have been introduced into this second edition, in the way of both additions and revisions.

A COMPEND OF HUMAN ANATOMY. By S. O. L. POTTER, M.A., M.D. Fifth Edition, pp. 815. Philadelphia: P. Blakiston, Son & Co. Price, \$1.00.

When S. O. L. Potter was a clergyman of the English church, they say his sermons were clever compilations; when he became a homœopathic physician, he furnished some clever compilations to some of our journals; when he turned "old-school," so as to get an army position, he kept up his compilations from old-school sources. This is one of them and a clever one at that, the work of one who has become expert at the business. It is fully illustrated and will serve excellently its purpose as a "Quiz-Compend."

WOOD'S MEDICAL AND SURGICAL MONOGRAPHS. \$10.00 a year. Single Copies, \$1.00.

The October issue of this elegant publication (pp. 258) contains monographs on "Suppuration and Septic Diseases," by W. W. Cheyne, M. B.; "Pharmacopœa for Diseases of the Skin," by James Sartin (Senior Surgeon to the London Skin Hospital); "The Nasal Neuroses," by Granville McDonald, M. D.; "Artificial Respiration," by Benj. W. Richardson, M. D.; "The New-born Infant; its Physiology, Hygiene and Nourishment," by Dr. A. Auvard; and "The Urine in Neurotic Diseases," by Dr. Alexander Peyer. All of these are worthy of thorough study.

THE RUBRICAL AND REGIONAL TEXT-BOOK OF HOMŒOPATHIC MATERIA MEDICA. SECTION ON THE URINE AND URINARY ORGANS, by WM. D. GENTRY, M. D. 8vo, pp. 240. Philadelphia: Hahnemann Publishing House.

The author has felt the necessity for "something better" than the *materia medica* extant "a revision, based upon critical study of original sources and of drug characteristics and pathogenesis, of every symptom found in all *materia medica*, society reports and in periodicals published during the last twenty-five years." This want he has endeavored to supply. The task which he set for himself was surely Herculean and we can well believe the statement that it has occupied almost his entire time for nearly fifteen years. We shall not attempt to determine here, on a cursory examination, whether the author has fully come up to his expectations, but suffice it to say that the section before us is excellently gotten up and gives us a high opinion of the utility of the entire work, which we hope soon to see issued from the press.

From the enterprising Philadelphia publisher, W. B. Saunders, we have received for review three works of very unequal merit, namely: "Essentials of Practice of Medicine," by Henry Morris, M. D.; "Essentials of Forensic Medicine, Toxicology and Hygiene," by Armand Semple, M. D.; and "Saunders' Pocket Medical Lexicon," by Jno. M. Keating, M. D., and Henry Hamilton.

Morris' Practice is a model of conciseness and accuracy. We know of no work which, in the same space, gives as much upon the subject of which it treats with so much clearness. We are not here commending the old-school treatment which it advises, of course, but the other portions of the work. As to the treatment, we can say in favor of this book, that it gives the homœopath who may wish to institute comparisons, the latest old-school methods "in a nut-shell."

"Essentials of Forensic Medicine, etc.," is the poorest of the Saunders Question Compendis we have seen—poorest, we mean, so far as the author's work is concerned, for the publisher has done his share excellently and must have

expended no little sum to illustrate the book so liberally as he has done. Dr. Semple writes upon a subject which he understands but ill, and his compilation (for it is only that) is frequently inaccurate and always awkward. In the chapter on Medical Evidence, he is like a blind man talking of colors—not one paragraph states the law correctly.

The little pocket lexicon of 230 pages is what it claims to be; far from exhaustive, but accurate and brought down to the very latest date. It should meet with a large sale among medical students, and we believe it will.

**POST-MORTEM.** *What to Look For and How to Make Them.* By A. H. NEWTH, London. Edited with numerous notes and additions by F. W. OWEN, M. D., formerly Demonstrator of Anatomy, Detroit College of Medicine. Cloth, 12mo; postpaid, \$1.00. The Illustrated Medical Journal Co., Publishers, Detroit, Mich.

This book has not been designed to take the place of large works upon pathology, but to present, in a tabulated way, all the important conditions of an organ met with in necropsies. To the country physician, who makes autopsies infrequently, it is especially valuable; also to the medical student who is occasionally in the "dead house" of the hospital. The American editor has added numerous important notes to the text of the English author. There are chapters devoted to the post-mortem appearances seen in those poisoned, drowned, hanged victims of infanticide, etc. It will thus be of great use in these classes of "suspected deaths." Full directions are also given for exposing the organs advantageously for their complete examination. Sent postpaid upon receipt of price by the publishers.

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In *The Queen's* "Word Contest," which the publishers of that magazine announce as the last one they will ever offer, A Free Education consisting of a Three Years' Course in any Canadian or American Seminary or College, including all expenses, tuition and board, to be paid by the publishers of *The Queen*, or One Year Abroad, consisting of One Entire Year's Travel in Europe, all expenses to be paid, will be given to the person sending them the largest list of words made from the text which is announced in the last issue of *The Queen*. A special deposit of \$750, has been made in the Dominion Bank of Canada, to carry out this offer. Many other useful and valuable prizes will be awarded in order of merit. The publishers of *The Queen* have made their popular family magazine famous throughout both Canada and the United States by the liberal prizes given in their previous competitions, and as this will positively be the last one offered, they intend to make it excel all others as regards the value of the prizes. Send six two-cent U. S. stamps for copy of *The Queen* containing the text, complete rules and list of prizes. Address, *The Canadian Queen*, Toronto, Canada.

## FACT AND FUN.

### PUBLISHERS' DEPARTMENT.

BREWER'S system of book-keeping for physicians (cash-book and ledger) deserves to be investigated. Address E. P. Brewer, M. D., Norwich, Conn., for samples.

Professor in Histology to Freshman: "Now, sir, where is your placenta?"

Rattled Freshman: "Somewhere in my abdomen, I don't know just where."  
—*Chironian*.

Hackman: "Is the doctor home?"

Bridget: "Yes, sir; he's out in the back yard killing a chicken."

Hackman: "Call 'im in; I've got bigger game."—*Dixie Doctor*.

WE call our readers' attention the advertisement (new) of the St. Louis Leather Works. Their medical cases are all that can be desired, and far cheaper than any others. Send for their price list, mentioning THE CLINICAL REPORTER, and judge for yourself.

Tailor (calling on a doctor): "Here is this bill of six dollars that I have called on you half a dozen times about, and this is my last visit, sir."

Doctor: "That's right, sir. I charge two dollars a visit; hand me over six dollars, and we'll now call it square."

**EPILEPSY.**—In a case of epilepsy of several years' duration, I am happy to say that Peacock's Bromides did the work well; also prescribed it in cases of nervousness and headaches, and was successful in relieving both. In eighteen years' practice, I have not had such satisfactory results as from Peacock's Bromides.  
Montezuma, Ohio. J. McBROWDER, M. D.

A PHYSICIAN, who was a thorough book-worm, but only that, was telling one of his confrères about a private "den," which he was having fitted up in his house. "An excellent idea," exclaimed the latter. "You can read and study there from morning till night, and no human being be any the wiser."

"DOCTOR," said the lawyer, at the close of a severe cross-examination, "have not certain parties tried to make you tell a somewhat different story?"

—"Yes, sir; they have, but they failed!"

—"Who were they, sir?"

—"Well, you tried the hardest of all!"

DRS. REYBURN and Tancil, in the *Journal of the American Medical Association*, report the case of Willie Scott, traumatic tetanus from a nail in the foot, which, after resisting all other treatment, yielded to gelsemium, the spasms being in the meantime kept under control, and the patient made comfortable, without any untoward effects, by large and repeated doses of Battle's Bromidia.

ATTENDING PHYSICIAN TO CONSULTANT.—I have told you how I'm treating the patient. Do you think I should change the course of treatment any?

"Has he got any money?"

"No, but his life is insured."

"Well, just continue your present treatment."

"WELL, my dear madam, and how are you to-day?"

"Oh, doctor, I have terrible pains all over my whole body, and it seems impossible to breathe! Of course, I can't sleep at all; and I haven't a particle of appetite!"

"But otherwise you feel all right, don't you?"

AUSTIN, TEX., September 11, 1890.

*Jerome Kidder Mfg. Co., New York:*

DEAR SIRS:—The Tip Battery and appliances arrived safely this morning. The one for whom the apparatus was intended, is well pleased with it, as I knew he would be.

Many thanks for your promptness. Yours truly, B. F. CHURCH, M. D.

DIALOGUE: Dr. T. to Mrs. T. "Wife have you seen Mrs. C. recently?" (who had long been married without offspring).

Mrs. T. "Yes, she is enceinte too."

Dr. T. "Is that so? Well, I'll get all the credit, won't I?"

Mrs. T. "N-o, I hope not all, allow Mr. C. some of the credit."  
Curtain falls.

**LEUCORRHEA.**—

℞ Aletrius Cordial (Rio)..... 8 oz.

M. Sig.: Teaspoonful four times daily, and use an injection.

℞ Kennedy's Pinus Canadensis (white)..... 2 oz.

Aquæ..... 6 oz.

M. Sig.: Inject twice a day.

THE following is an extract from a petition, written in "English as She is Spoke," by a native East Indian to the Governor of his province: "That your lordship's honor's servant was too much poorly during the last rains, and was resuscitated by medicines which made magnificent excavations in the coffer of your honorable servant, whose means are circumsised by his large family, consisting of five female women and three masculine, the last of which are still taking milk from mother's chest, and are damnably noiseful through pulmonary catastrophe in their interior abdomen."

"WILL you say grace?" said the editor,  
 As the minister took his seat;  
 And the latter cried, as the food he spied:  
 "Lord, give us something to eat!"

—*Atlanta Constitution.*

APPRECIATED ABROAD AS WELL AS AT HOME.—The Civil, Military and Naval Departments of the British government, are supplied with the Fairchild digestive products, and the Fairchild preparations for the predigestion of milk, etc., are especially preferred in India. Stanley's recent Emin expedition was equipped entirely with Fairchild's Digestive Ferments in preference to any others, and in the recent attack of gastritis from which Mr. Stanley suffered, he was entirely sustained upon foods previously digested with Fairchild's Extractum Pancreatis.

ERROR OF A HOSPITAL ATTENDANT.—Dr. L., passing through the Military Hospital, perceived the belly of Major K., to be tremendously swollen. "Ah!" exclaimed the doctor, "you are very ill, Major. Your abdomen is swollen to excess. You appear to have dropsy." To which the Major retorted: "No wonder, after that nurse gave me twelve one-quart injections successively." The physician proceeded to inquire into the case, and discovered that the nurse, in place of writing down one injection for number twelve, had written down twelve injections for number one.—*Montreal Medical Journal.*

NOT THAT EGGS-ACTLY.—Dr. Burleigh (at college clinic, closing a diagnosis) "Therefore, ladies and gentlemen, we will give this patient, for the present, Plumbum 6 x, every three hours, until improvement sets in."

Patient (a German): "Brovessor, I gannot dake dot; dot vos imbozziple."

Dr. Burleigh: "Why, man, it's not bad to take!"

Patient: "Vell, brovessor, I vas villins to dake de Plumbum aber sex aiks efery dree hours, dot can I not dake. *Mein Gott im Himmel*, vot you expex! — a zick man do eat four tozen aiks [eggs] efery dwendy-four hours!"

"ONE of Don Quixote's heroes said: 'God bless the man who first invented sleep.' And is there one who will not respond to that benediction?"

The hero referred to might well have said, 'God bless the man who first invented a relief to pain,' and a sorrowing world would have shrieked and moaned its hearty *amen*.

We are justified in saying that he who adds to our list a *bona fide* pain relieving agent, is a public benefactor.

The series of coal tar products have proven themselves to be admirable servants to us in our work, and the last candidate upon the painful field, ANTIKAMNIA, is not the least valuable, in fact, in many cases it is preferable."—*Med. Mirror.*

HE was a western country doctor, and, after a long day's ride, had temporarily put up at the only tavern of the county seat. It was "court week," and the lawyers had formed a close circle about the only stove which the lone man of medicine would fain have approached, to dry his clothes and warm his chilled frame. Presently, a young "sprig of the law" spied him, and said: "Cap, you look like a trav'ler!"

—"Yes; I've traveled a good deal!"

—"Ever traveled through Hades?"

—"Well, yes; along the outskirts!"

—"Ah, indeed, and what are the customs of the people there?"

—"Much the same as here, sir—the lawyers are nearest the fire?"

A PRUDENT PATIENT.—M. de Montlurin, of Pont de Veyle, loved his bottle, he fell sick and called in a physician. The doctor was cruel; not only did he interdict wine for his client, but he prescribed hot water in large quantities. Madame de Montlurin, desirous of carrying out the prescription of the physician; soon after the departure of the latter, appeared at her husband's bedside with a large glass of limpid and beautiful hot water. The patient rose in bed and taking a swallow, commenced to gag; after handing the glass back to his wife, he said, reproachfully, "My dear, keep the remedy for another time. I have always heard it said that it is dangerous to trifle with medical remedies. Hand me the brandy and soda. If I must die, I do not desire death by drowning." The patient recovered without the hot water or a physician.—*Montreal Medical Journal.*

A TAKING form of insanity—Kleptomania.

WHY SHE WAS GLAD.—Little Girl, "If I should die and go to Heaven, would I have wings?"

Mamma; "Yes, my pet, and a crown and a harp."

"And candy?"

"No."

"Well, I'm glad we've got a good doctor."

CHRONIC ALCOHOLISM.—

℞ Tinct. Capsici.....	.2	drachms.
Tinct. Nucis Vom.....	.2	drachms.
Celerina (Rio).....	1½	ounce.
Syr. Bromide Comp. (Peacock).....	.2	ounces.

M. Sig. : Teaspoonful in water, four times daily.

Very valuable for old, worn-out drunkards.

Oh, doctor, in our hours of ease  
 We scorn your counsel as we please;  
 When peach and watermelon green  
 The bosom wrings with anguish keen;  
 When in the night the hoarse "ka-whoop"  
 Rouses the house with fear of croup;  
 When 'midst the storm that rends the skies,  
 "Newralagy" tackles Grandma's eyes;  
 When roaring thunder clouds low hung,  
 Retard the play of ma's left lung;  
 When wintry drifts the roads impede,  
 And baby's nose begins to bleed;  
 When hub-deep mud-clogs all the way,  
 And Tommy's earache comes to stay;  
 Whene'er the least of human ills  
 Clamors for poultices or pills,  
 Come right away—no matter how—  
 A ministering angel thou;  
 All aches and pains are cured by you,  
 But your bill is left till over-due.

*Bob Burdette.*

THE NATIONAL DRUGGIST pays the following deserved compliment to the Cooper Pharmacy Company:

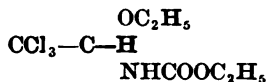
Some two years ago the Cooper Pharmacy Company removed its plant from Kansas City to St. Louis, and commenced the manufacture here of a line of non-secret specialties and of pharmacopœial preparations. The success of the company was assured almost from the very start. They had adopted as the first and cardinal principle of their business the axiom that "it takes selected drugs to make good extracts." While the American Pharmaceutical Association, the drug journals, and the members of the profession generally, were discussing the merits and possibilities of standardization, the Cooper Pharmacy Company were already proving the principle to be the correct one, and were making only "normal fluid extracts," of which each minim represents one grain of the standard drug of which the extract is made. Further, recognizing that no matter with what care manufacturing processes are carried out, under ordinary circumstances there will be some variation in results. The company adopted and have rigidly adhered to the rule of having every product exactly assayed and made to conform to the principle above announced. Further than this, the company recognized the fact that heat alters and deteriorates many, if not all, extracts. They make all of theirs by repercolation in the cold, using glass percolating apparatus of a novel and original pattern. The quality of the finished product justifies all the pains that the company has taken, and now their goods are in demand in nearly every first-class pharmacy in St. Louis, while it keeps the factory busy every moment to supply the outside demand. These are results of which the Cooper Pharmacy Company justly feels proud of. The officers of the company are: Eugene Van Ness, President; Dr. C. M. Riley (Professor of Chemistry, Beaumont Medical College) Vice-President; and C. D. Van Ness, Secretary. Address, 308 Market street, St. Louis.

## Notes Upon Somnal, the New Hypnotic.

BY FRANK WOODBURY, A. M., M. D.

Fellow of the College of Physicians of Philadelphia; Honorable Professor of Clinical Medicine in the Medico-Chirurgical College, etc.

Last fall Radlauer,\* of Berlin, brought to the notice of the medical profession a new compound to which he gave the name of Somnal, in acknowledgment of the remarkable hypnotic properties which it appeared to possess. It was formed by the union of chloral, alcohol and urethane, according to the original notice,† but is not a simple mixture of these bodies. It differs from chloral-urethane by the addition of  $C_2H_5$ , its formula being  $C_7H_{12}Cl_3O_3N$ . The method of manufacture is by direct combination of chloral alcoholate and urethane in a vacuum apparatus, according to its discoverer, who states‡ that its composition might be graphically represented thus:



Specimens of this new hypnotic having, through the courtesy of Messrs. Eisner & Mendelson Co., been placed in my hands for examination and trial, I will here very briefly communicate some of the results thus far obtained, reserving my final judgment upon the drug until experience has been more extended.

*Physical Characters*.—Somnal is a colorless liquid, resembling chloroform in its appearance and behavior when added to cold water, in which it forms globules, and refuses to mix or dissolve. When shaken with water, the mixture is milky, but quickly separates. It is soluble in hot water and alcoholic solutions, and dissolves resinous substances and fats. The odor is faint, not very penetrating or disagreeable, and resembles that of the spirits of nitrous ether, or re-crystallized chloral. The taste is very pungent; and for administration it needs free dilution. It may be given with whisky or solution of tincture of zingiber or syrup of licorice. Somnal is inflammable, burning with an alcoholic flame; it does not evaporate quickly, and leaves a greasy stain upon blotting paper. Specific gravity greater than water; reddens litmus paper slightly.

*Physiological Effects*.—In its action it resembles chloral in quickness of effect and naturalness of the sleep produced. No marked depressing influence was exerted upon the pulse or respiration rate, though it was noticed that the breathing became slower and the pulse slower and fuller as in natural repose. No disagreeable after-effects. The head was clear and the stomach was unaffected; the patients generally had an appetite for breakfast. No constipating effect. The kidneys acted rather more freely than usual. My colleague, Dr. Ernest Laplace, to whom I gave some of the drug for trial at the Philadelphia Hospital, writes as follows:

“I have given somnal a fair trial upon six patients at the Philadelphia Hospital. In no case were the patients told what was given them, so outside of the bare possibility of the patients' falling asleep through natural causes, somnolence was brought on by the drug. It was administered in a solution of tincture zingiberis, in half-teaspoonful doses, and was found palatable.

\* Zeitschrift des Apothekers-Vereins, Nov., 1889.

† Journal de Medecine, Oct. 20, 1889.

‡ Pharm. Jour. and Trans., Nov., 1889

"Administered at 4 P. M., at a moment when patients were not generally asleep, in four cases sleep came on within half an hour, which lasted from five to eight hours; the two other cases showed no effect from the drug. It is their habit to get at least one-fourth grain of morphine sulph. to put them asleep every night, as they are sufferers from intractable malignant growth.

"In no case was there any noticeable after-effect.

"I have not formed any opinion upon the length of time that the drug could be used daily upon the same patient.

"To this I might add that no depression of the normal temperature was noticed in any case in my hands, and thus far I have not used it in pyrexia.

*Therapeutic Application.*—The effects of somnal in producing natural sleep suggested its use in insomnia. The first case in which I used it was a patient suffering with acute alcoholism, who had been under treatment for a fortnight in an institution where he had a free supply of liquor, and he came out rather worse than he went in. He was thirty-nine years of age, very tremulous, and could not sleep, or if he dozed off would immediately waken up. I gave him, at about 8 P. M., thirty minims of somnal (or rather a drachm of a mixture of equal parts of somnal and whisky), well diluted, and went into an adjoining room to speak to an attendant. Upon my return I was surprised to find him fast asleep, although I had not been away from him more than fifteen minutes. He had slept for four hours, and then was able to take something to eat. At ten o'clock he had another dose and slept until seven the next morning, having awakened once only during the night and insisted upon having another dose, and immediately after taking it he fell asleep again. The next night he was given a double dose at 10 P. M., and he slept all night without wakening. No bad effects were observed. The somnal was given for four nights, when he was so nearly well that it was suspended, as he had good natural sleep at night and seemed quite restored. Alcohol was positively prohibited, the only substitute allowed being Elixir of Coca and Camellia (P. D. & Co.), in tablespoonful doses, in which it is true there was a small amount of alcohol, which was quite infinitesimal when compared with what he had been using. Somnal, therefore, acts well as a hypnotic in acute alcoholism as a tranquilizer and hypnotic.

In a case of neuralgia of the bowels (visceral neurosis of Allbutt), where the patient had a sleepless night, a dose of twenty minims relieved nausea and pain, and the patient fell asleep.

In syphilitic headache and insomnia, somnal in moderate doses failed to produce sleep, which was afterwards secured by potassium bromide and iodide, and antipyrine.

In cases of insomnia, fretfulness, and restlessness in young children, somnal with mint water and syrup offers better results than opiates, and is much safer. The same remark probably applies to the use of somnal in acute pneumonia, but I have not been able to confirm this yet by actual trial.

Without further going into detail it may be stated in conclusion that somnal acts as a hypnotic, but instead of depressing the system as chloral does, it slightly stimulates the gastric mucous membrane, relieves nausea and pain, improves the appetite, increases secretion (probably), does not cause constipation. The circulation, respiration, and temperature are not notably depressed after its administration. No disagreeable after-effects have been observed. As it is rapidly eliminated from the body it may be administered each night for a number of days without any obvious ill-effects. It acts very much like chloral, but is more pleasant to take and not so depressing in its effects upon the nervous system and the circulation.—*Dictet. Gaz.*

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Number 12.

THE THERAPEUTICS OF HOT AND COLD WATER.

Z. S. FOULON, A. M., M. D., FRENCH VILLAGE, ILL.

**S**ANGRADO, the immortal physician of "Gil Blas," had two panaceas: blood-letting and hot water. Both have almost entirely gone out of fashion, but not with equal justice. As to the former, it has gone to stay gone, and few indeed are those who mourn its departure, but, in spite of the fact that many physicians seem to share in the toper's opinion that, "since the flood, water has tasted too strongly of sinners to be wholesome," it is the writer's humble opinion that water is a really valuable therapeutic agent and that when the prejudice against its use is not the result of ignorance, it is the consequence of misuse. The more potent a remedy is for good, when rightly applied, the more potent for evil is it also when misapplied. A brief review of the subject may, therefore, not be altogether unprofitable.

Water, though almost entirely uniritating, is a solvent of marvelous power, and as such is an indispensable element in the animal economy. This quality, together with the ease with which it may be procured everywhere, makes it an admirable vehicle for the exhibition of antiseptics as well as for the administration of remedies.

Sangrado's remedy, warm water, say one pint, drank on an empty stomach in the morning will often be found very efficacious against habitual constipation. It operates a species of *lavage* and



thus often assists other therapeutic measures in many cases of dyspepsia. Still, caution is necessary, even with so simple a remedy, since, as Bartholow has shown, too prolonged a use of it brings on atrophy of the gastric glands.

Gastric hæmorrhage is frequently arrested, as if by magic, by a tumblerful of water drunk as hot as it can be borne. The same remedy will often stand the practitioner in hand when drugs fail him in gastric cramp or "nervous dyspepsia." "Doctor" Wilfrid Hall's "new treatment," the *secret* of which is now being peddled at so much per person, under a pledge of secrecy, is nothing more nor less than the copious injection of warm water per rectum two or three times per week, whereby the lower bowel is washed out. While it is neither new nor universally applicable, there is no doubt that it is beneficial in suitable cases. In puerperal eclampsia, the hot wet pack is reported to have cured where drugs failed utterly—the theoretical explanation of its action in such cases being that the profuse sweating induced carries off the "poison in the blood which is in such cases the prime cause of the convulsions." Hypodermic injections of water act as a powerful anæsthetic—and are safe.

In surgical work, in spite of the reported success of the "dry method" of operating, there are many cases where the use of water is indispensable. The use of hot water for irrigation in laparotomies, together with proper protection of the intestines during the operation, has much lessened the shock and its attendant dangers. The same is true, to a great extent, of other capital operations. In the treatment of sprains and fractures, water as a means of conveying cold or heat to the injured part, is without an equal. The intense pain often accompanying such injuries, when recent, yields readily to hot (not warm) water, applied as a local bath or in the form of fomentations, after which the necessary bandaging can be attended to with much greater satisfaction to both patient and surgeon. Here again, however, caution is necessary, since experience has shown that under the too prolonged action of water (even of warm water) the skin mortifies. Indeed, entire limbs have become gangrenous as the result of injudicious use of water and the pains of incipient gangrene have been supposed to be due to increased inflammation beneath the bandages, whereupon more and colder water has been put on to complete the deadly work already begun. A decisive contra-indication to the use of cold water upon any part of the lower extremities is the existence of varicose dilatation of their veins. The application of cold water in such cases, especially in the form of cold douches, has again and again been followed by phlebitis and phlegmasia alba dolens. In such cases, if cold water is used at all, it should be in the form of a spray or of a wet flannel bandage.

Strictly speaking, the therapeutical value of water is, in the majority of cases, the result of the application of heat or cold to the parts—in other words, it is rather a matter of thermo-therapeutics than of hydro-therapeutics. The problem to be solved by the practitioner, is then the use of thermal stimuli in such manner as shall produce the required results, avoiding undesirable reactions. To

this end, the physician should engrave in his memory the following physiological facts, which, together with the condition of his patients, will enable him to determine with accuracy the best method of applying this therapeutics.

1st. Brief application of *cold* stimulates the sensory nerves and reflexly increases heat production, while at the same time it contracts the capillaries and diminishes the natural radiation of heat. Result, therefore, increase of heat.

2nd. Brief application of *heat* to the body reflexly diminishes heat production (probably by retarding molecular transformation) and by dilating the capillaries, favors radiation. Result, decrease of temperature.

3d. The continued application of cold abstracts heat by conduction, but stimulates heat production. Result, dependent upon the ratio between the conduction and the production but generally a decrease in temperature.

4th. The prolonged application of heat increases the temperature by the additional heat conveyed to the surface, but lessens heat production. Result, contingent upon the ratio of heat impartation to the inhibition of heat production, but almost always an increase in temperature.

In any case, therefore, in order to use water as a means for the application of heat or cold, intelligently, we must determine beforehand whether it is conduction or reaction that we desire to obtain. In the former case, the applications must be long continued, or oft repeated; in the latter, they must be brief and far less frequent, for it should not be forgotten that action and reaction in the living being do not bear the same relation to each other that they do in inanimate nature, *i. e.*, they are not equal—"reaction" in the living organism being rather the calling forth of vital energy, which, having been called forth, may continue to act indefinitely without other stimulus than that of its own inherent nature.

In choosing the particular mode of application, we must, as already intimated, take into consideration the changes produced by disease. For instance, where the purpose is the reduction of temperature and the pyrexia runs from 102° to 105° only (up to which point the reflexes are intact), we might well, and usually had better, rely upon reaction, that is to say, make brief applications of heat, so as to lessen, reflexly, heat production, and increase radiation. If, however, the temperature rises higher than 105° F., we should bear in mind that the reflexes are generally inhibited or abolished by such hyperpyrexia, and therefore should resort to conduction, or, in other words, direct action.

Here again, however, care is necessary. In the continued fevers, for instance, no application of water will long maintain the temperature of the body at the normal point, and the protracted application of water might be a dangerous tax upon the vital powers. The use of water in such cases should be limited to sponging with tepid water, which does not excite reflex action of any sort, and yet serves

to deep the pores open, while its very gradual evaporation slightly, but gratefully, lowers the temperature of the feverish patient.

Finally, it should be borne in mind that, so far as the human organism is concerned, heat and cold are purely relative terms. The water from the well, which almost benumbed the hands that were dipped into it in the heat of July, will give to the same hands, half frozen by a December blizzard, a pleasing sensation of gentle warmth. Water of the same absolute temperature, therefore, may at one time produce one reaction, at another time the very opposite. To mention this fact, is to again call for caution in the administration of even so simple a remedy as water.

At some future time, we may return to the subject of water as a therapeutic agent, directing our remarks more particularly to baths and bathing.

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### HYPERÆMIA OF THE FLOOR OF THE FOURTH VENTRICLE.\*

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T. H. HUDSON, M. D., KANSAS CITY.

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**A**N unmarried man, thirty-four years old, H. K., of nervous temperament, and keen intellect, while reclining in a barber's chair being shaved, was suddenly seized with a sensation of sinking downward and a feeling as if his heart had ceased to beat. His first impulse was to shriek—to scream for help. This he restrained, and instead spoke in an ordinary tone, requesting the barber to raise the chair—which being done, the sensation quickly passed away. Three or four minutes later, while walking on the street, he was again attacked in a similar way. The symptoms quickly passed, and he consulted a physician, who gave him digitalis and bromide of potassium.

The attacks continued to return at irregular intervals of one to four days, the intervals being filled by constant apprehension of impending danger. Insanity or death was confidently expected, and the time predicted. He feared to do himself an injury, to avoid which, he would take every precaution, such as barricading his windows at night (if sleeping above first floor) to prevent leaping out.

At times he had an almost irresistible desire to injure others. The sight of weapons or edged tools would suggest this. Upon seeing some corn knives in a grocery store, the impulse was to seize one and slash indiscriminately into the crowd. He believes this was prevented only by taking himself out of sight of the knives. This I mention as a single instance of many similar ones.

Any object in rapid motion filled him with alarm. The desire

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\*Read before the the Missouri Institute of Homoeopathy at St. Louis, Mo., April, 1890.

to fling himself under an approaching train was so great that he would stay inside the depot until the train stopped still, then board it and resume his journey. The motion of the cars did not affect him so long as he did not look outside. Fear, apprehension, dread, are now the over-shadowing mental symptoms. Fears to be left alone or with some one not strong enough to control him in case of sudden insanity. Wants a child with him, rather than no one; but fears he might injure it. Will not sleep without a light in the room. Fears that he will be taken to an asylum and yet thinks perhaps it would be best. Memory poor as to recent happenings only. Remembers things long past, perfectly, even to most minute details. Indisposed to mental or physical exertion. Defers writing letters. Dreads doing something that he feels must be done, and worries because he has not done it. Insane desire to scratch out his eyes or tear out his beard. Ecstasy and exaltation at times (not frequently) as if intoxicated with most exhilarating wines. Feels as if he must dance or fly. At times feels too tall and as if near objects were far away. Inability to concentrate the mind upon any one subject. Sudden starting caused by indescribable sensations in right fronto-parietal region, which comes and goes so quickly it can not be described. Things in the room momentarily assume shapes of horrible and dangerous beasts. Keeps a bright light burning all night, but dreads and tries to close out the day-light each morning. Dreads to go to sleep at night on account of anguish in brain and feeling of insanity on awakening. Impression while sitting, standing or lying down that he is slowly moving backward or downward, or that things are receding. Don't want to see strangers or be seen by them. Fears to go on the street or get away from his room, lest his heart should cease beating or that he will be paralyzed. In the head are many wandering, sudden shifting pains, in spots which are left sore to touch for a few minutes only.

The pains and head symptoms generally are for the most part however, in (as he describes it) the right upper forequarter. On attempting to sleep, the head suddenly lifts or jerks upward from the pillow. The feeling of anguish in the head is better from moving about or sitting up. Crushed or bruised feeling in top of head. Sharp, darting pain, or dull pressing pain, in right side or top of head for hours together. Vertigo and confusion when looking upward, and turning about in walking, and especially on arising each morning. Head often very light, never heavy. Talking, especially to strangers, induces confusion, when it becomes difficult to find the right word or phrase. Paralyzed feeling in face, back of neck and lower limbs, makes him feel as if he must get by himself or go crazy, Feeling in head at times as if he must keep thinking, keep the mind in action, or else lose the power so to do.

This feeling is started by a distinct sensation inside of the head. Befogged, benumbed feeling, creeping, crawling over and through the brain, which feels as if it must be, and can only be resisted, by strong mental effort, which he has not the power to make.

Anguish in head sometimes relieved by cheerful conversation or

having attention strongly turned to something else. Ringing in ears almost constant. Heart's action is accelerated by emotional causes, by physical exertion, and sometimes from no apparent cause.

In bed at night, heart beats slowly—makes great effort to go at all,—throbs and “chugs” like a steam ram. Many pains around heart, which often feels as if it would stop if he moved. Worse, lying on left side. Suddenly feeling as if heart collapsed, making him spring out of bed. Sudden sense of suffocation in chest and throat. A cold, wet feeling over the heart. Fear of heart failure prevents sleep. No sleep until after midnight, on account of thoughts crowding each other through the brain. Fearful anguish of mind over his condition. Very vivid dreams of business, work, worry, snakes, funerals, dead people. Incidents of the dreams last long after waking, and seem to be real occurrences.

When trying to go to sleep with eyes closed, though wide awake and entirely conscious, shapes of horrible animals, monster reptiles, ill-formed dreadful things of all sorts appear.

On opening eyes, these disappear, but return as soon as eyes are again closed. Drawing, pressing pains in lumbar and sacral regions always present on waking and felt more or less through the day. Pains of similar character in legs, with a purring feeling running up and down left leg, and vibrating all through it. Many times a day, a feeling as of a band comes around left ankle, making the foot feel numb and very heavy. Knees and ankle joints crack on moving after rest. Sometimes a pain runs down back part of leg, from hollow of hip to outside of ankle bone. Feet are usually bathed in cold perspiration, making the stockings slippery. Toes get numb in bed at night. Weak, paralyzed feeling in left arm. Rheumatic, wandering pains in arms and wrists. While sleeping, tongue and whole inside of mouth gets dry without thirst. When more than usually nervous, urine is copious. The penis is usually small, cold, scrotum relaxed and testicles tender to touch, and often ache, especially the right one. Emissions occur nightly for three or four nights, always accompanied by lascivious, vivid dreams. Again, two, three or four weeks will elapse with no emissions but a feeling of weakness and incompetence of genital organs. Relief comes to the troubled heart by lying down; to the troubled head by moving about, by pressure and cold water applications; to the mental worry by anything which strongly attracts the mind away from himself, whereas anything which suggests his trouble, however remotely, induces anxiety and mental depression. One more symptom will close this formidable array. He sometimes feels as light as if made of feathers, as if he would float off his chair, or his feet. Sometimes that feeling is only in spinal column, and sometimes only in cervical portion. Wherever it may be, it always passes quickly. I have made this long story as short as I feel the nature of it will permit. The case has been full of interest, not only from a pathological standpoint, but also by reason of my intense interest in the patient himself—a manly man. He has made and is still making a gallant fight. Whoever bundles these symptoms together, and labels it

hysteria should witness some or one of the many heroic efforts which I have seen him make to control himself, and exorcise the devil. His treatment for first six or eight months, consisted of nervines anti-spasmodics, tonics, stimulants, etc., etc. None of these things benefited him. On applying to me, and after what I considered a careful examination I gave Aconite 3x followed soon by 6x. This seemed in a few days to benefit him, though not to my satisfaction, and upon resuming business, as he would be at a distance from me I gave him Calc. carb. 6x and Pulsatilla 6x subsequently discontinuing Pulsatilla and giving Calc. carb. 30x. Since then, at different times, he has had Belladonna, Stramonium, Gelsemium, Sulphur, Nux vomica, Nux mosch., Kali phos., Magnesia phos., and recently Aconite, again beginning with mother tincture and pushing it to physiological results and then going step by step from 3x to 12x 30, 200, 40 M.

These are some of the remedies and for any who will suggest, I may say he has had but few others. If any have benefited him, the credit must be given to Aconite and Nux mosch. None have accomplished what we desire—a restoration to health. He is better, but not satisfactorily so. When I say that all of his symptoms have moderated in severity, without the disappearance of a single one, I state his present condition. If (according to Claude Bernard's experiments) hyperemia of floor of fourth ventricle necessitates the presence of sugar in the urine, then this diagnosis is at fault, for there is no sugar present. If the diagnosis is incorrect, we shall be thankful for the remedy. We believe there is one remedy for this, as for all diseased conditions. Not a better or a best, but a right remedy, and *but one*. However soon this one (by reason of a change of conditions,) may be succeeded by another, there is *just* one and *but* one right remedy at a time. Will some brother kindly suggest the remedy and thus bring my patient and myself under many and lasting obligations?

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## HOW TO REACH THE LAITY.

W. B. CLARKE, M.D., INDIANAPOLIS, IND.

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**O**UR article under the above head (page 337, November) grappled a most important factor in the question of the success of our fight for the general introduction of homœopathy, *i.e.*, the importance of getting homœopathic reading matter into the hands and heads of the general public. While some, in favored localities, may deny that there is a fight, or the necessity of a fight, they have only to make a change of base of operations to be well convinced of the contrary. They may have read of martyrs—then they could personally officiate in that capacity. It

even yet takes a man of commanding ability and overpowering personality to go into almost any small or medium-sized community and represent homœopathy at all, certainly not untrammelled by professional, unprofessional and laic prejudice and dirt. "Be thou as chaste as ice, as pure as snow, thou shalt not escape calumny."

It certainly seems to me that almost the entire homœopathic profession, taken individually, is guilty of a grave error—of omission rather than commission—namely, hiding our light under a half-bushel, especially because we do not utilize our editor's work enough. We freely accord to advertising in general the immense power it possesses, and yet refuse to avail ourselves of its aid. I once secured publication in a daily paper of large and influential circulation of an article on Hahnemann and Homœopathy, which happened to fall under the observation of the erudite and reverend Dr. Richard Hughes, of England, and I was exceedingly gratified at receiving a kind letter from him, in which occurred this sentence, which may well serve as the mainspring of action in our efforts along the line of reaching the laity: "It is by thus keeping the claims of Hahnemann before men's eyes, that sooner or later they will come to give him and his methods the place that belong to them."

Scattered through our homœopathic medical journals are many valuable proselyting articles that should see the light of day—that is, put where they would do the most good, in the daily or weekly paper. Many a doctor peruses his journal (and many more I fear, do not), serenely lays it away on a dusty, unused shelf, perhaps proudly conscious that he knows (or thinks he knows) all the homœopathic facts therein elucidated or freshly dressed—and how much is THE CAUSE OF HOMŒOPATHY benefited thereby? Little or none! What shall it profit us if we save our own diplomaed homœopathic souls but lose the whole laic world? We know these things already, and it should be our main object in writing them, especially along the journalistic line, to teach them to those who do not know them; and who never will know them until taught in the way outlined above. We have not time to explain to each one separately; do it thoroughly once and it goes to thousands. Put our points, arguments, illustrations, etc., into a newspaper in an entertaining, instructive and withal unanswerable way and then there will be some hope that even a few of the regular (?) allopathic physicians will learn them, too, for they will then, in sheer self-defence, be compelled to read them in order to be able to talk intelligently about them with questioning patients. The trouble with them is that their allopathic strength comes from their homœopathic weakness—in other words they do not know enough about homœopathy to be able to criticize it intelligently. If this be so with professed students of medicine, how can "ordinary people" be expected to be better informed? In a thousand localities it is reasonable to suppose that our cherished *similia* has a representative with influence enough to secure the republication in his local paper of occasional articles of peculiar popular merit that first saw a little light in one of our journals; and it is also reasonable enough to assume that each publication will make converts. Or, if

he prefers, let him seize upon appropriate local or general happenings, as the text for something homœopathic in the shape of an original article. Some rash allopathic fool fledgling may fly in where the angels fear to venture, and attempt a callow or inchoate reply. If so, well and good, for you will always have the best of the argument until your contestant is reduced to his last shot, one, I notice sometimes fired by old ex-allopathic homœopaths, viz: the code of ethics and notoriety seeking. Now, as to the much vaunted code: The Golden Rule is code enough for me; and where it positively refuses to work we must substitute its paraphrase, "Do to others as others do to you." I never was asked to sign the code, and never did it—my college did not require it. Why is Dr. Oliver Wendell Holmes so generally disliked (medically) by the old school medical profession? Because he said, "I firmly believe that if the whole *materia medica*, as now used, could be sunk to the bottom of the sea it would be the better for mankind—and the worse for the fishes." And why in like manner is Dr. Wm. A. Hammond so disliked? Because he said, evidently quoting from Rogert's Thesaurus, "The new medical code is illogical, absurd, sophistical, unsound, unwarranted, untenable, inconclusive, fallacious, specious, evasive, irrelevant, heretical unreasonable, unscientific narrow-minded, visionary and futile. But then" he adds, "I think the old code was worse, and that no code could be any better." How fond, to be sure, the "old uns" are of saying, "That's a very promising young man." And when he begins to redeem some of his promises how apt they are to say, "That feller's getting a leetle too fresh; I guess we'll have to call him down a peg." As to this notoriety-seeking charge: It will often crop out. Let it crop; if you are not too thin-skinned it will not hurt you. After your letters are published you may occasionally be cognizant of covert criticism or detraction, based principally upon the absurdly fictitious ground that a physician has no right to thus publicly enlighten a community, lest he be accused of trying to advertise himself; while occasionally jealous news-grabbers and purveyors, whose commercial instinct has been so abnormally developed that every item must exhibit a pronounced greenback tinge, or its equivalent, in order to prove its *raison d' existence*, may make just such private (rarely public) critique. But if everything you prepare for public perusal is arranged with a sole desire to instruct or entertain, and is founded on the labors of the highest authorities, which are rarely accessible or sufficiently condensed for the average reader and the grounds taken or conclusions reached are absolutely incontrovertible, or should be debated if disliked, you may rest easy in the face of such slurs. Such a low order of criticism deserves no better recognition than the eminently proper one Boerne gave similar detractors when he said that "Pythagoras, having discovered a wonderful truth, expressed joyful thanks by sacrificing a hecatomb—a hundred oxen—and even since when anything new is brought forth or commended to public attention, all the oxen, in a sort of panic fear, begin to bellow." To which might be added, for the benefit of obstreperous allopathy, the quotation regarding the old Giant of Pilgrim's



Progress: "But he is grown so crazy and stiff in his joints that he can now do little more than sit in his cave's mouth grinning at pilgrims as they go by, and biting his nails because he can not come at them."

In conclusion, Health Journals, Envoys, etc., are all very well in their way, but they don't get in the way of the people enough. The newspaper's the thing with which to catch the conscience of the King!

## HOW TO EDUCATE THE LAITY.\*

D. B. MORROW, M. D., ST. LOUIS.

**A**BOUT a hundred years ago, Dr. Samuel Hahnemann, of Coethen, Germany, turned a flood of light upon the medical world, when he discovered the natural law of *similia similibus curantur*.

Every homœopathic doctor is a missionary to bring a knowledge of the benefits of homœopathy to the world. Some doctors try to teach homœopathy. Most of them do not, but only in a narrow way attend to their own interests. The means used to teach homœopathy are well known to the profession, and their successes and failures. Neither the medical societies, our colleges or literature are for the laity. A few tracts have been published for the laity, which, however, have never been distributed to them or read by them.

So far as this writer knows, the *People's Health Journal* of Chicago, is the only publication in the United States devoted to a popular dissemination of the superior benefits of homœopathic methods of cure over all others.†

On no subject is the layman so ignorant and arrogant as on the subject of medicine. That a wise man does not place his light under a bushel, but on a candlestick, that it may be seen of the household, is as true as trite, and no less applicable to these times than it was in the days of the greatness of Judea.

Homœopathy is the light. Homœopathic doctors are, or should be, the wise men.

The world is our household, and, in this writer's opinion, the newspaper of to-day is a candlestick unequalled in its qualities of shedding light.

In our seventy-five or hundred years of the practice of homœopathy, we have accumulated much evidence that cannot be disputed or gainsaid; that is more convincing to the skeptical mind, the more it is investigated. Of these accumulated facts as evidence,

\*Read before the Fourteenth Annual Session of the Missouri Institute of Homœopathy at St. Louis, 1890.

†The Homœopathic Envoy of Lancaster, Pa., is another.—[ED.]

the laity is in total ignorance, and will so remain for generations to come, with the present methods and means of teaching them.

In these days of trusts, combines and syndicates, it seems to me that the homœopathic profession should so far imitate the general example set to them by their practical patrons as to combine or organize themselves into a committee of the whole profession of the United States, or of the world for that matter, with the object distinctly in view of propagating a knowledge of the blessings of homœopathy to the sick, until every man, woman and child in this broad land should be familiar with them.

To accomplish this object, short, well-written articles on homœopathy, and homœopathic statistics should be placed in all the papers of the country, and kept there from year to year, until the facts become household words, and the benign influence of *similia similibus curantur* is experienced in every home.

People, as a rule, understand business and per-cents, and when they fully comprehend that homœopathy cures a much larger per cent of any given disease than any other method of medicine; that they save in days of sickness, days of convalescence, in pain and worry, in expense, and add years to their lives, with all the attendant blessings of good health conferred upon them by homœopathy, they will forsake quack's big pills, blisters, and all the barbarisms of other ways of treating the sick, and employ the only true, scientific and natural method.

I do not think this way of teaching homœopathy to the people is Utopian in its conception.

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## THE INFLUENCE OF CLOTHING ON THE SKIN.

BY J. LESLIE FOLEY, M. D., L. R. C. P. (LOND.)

**S**CATTERED throughout cutaneous literature are many hints as to clothing. It has been my object, in brief outline, to collate these: grouped in one picture, as it were, with which to refresh your memories. Since Adam and Eve first discovered their nakedness in the Garden of Eden and made themselves habiliments of fig-leaves, the subject of dress is one that has been uppermost in the mind of mankind—or shall I say womankind. From the primeval fig-leaf to the nice refinements and vagaries of the modern fashionable dressmaker or tailor the gradations have been great. One might almost trace in the change and variety of costume the changes that have taken place in the several nations from the earlier eras to the present time. The ancient garment was a far healthier one than the modern. The flowing toga, the chlamys, the antique peplum, the sandal allowed more free move-

ment of the body. In the modern ball-room costume there is a tendency to revert to the primal fig-leaf style. But while man has ever been mindful of his exterior adornments, while the ancient as well as the modern youth (historically, not relatively, speaking, of course) have always been on the lookout for the latest things in hats, the latest things in coats, the latest things in ties—while woman squeezes her waist tighter than the most ardent lover could ever hope to do—while advanced ideas in dress are dominant, mankind, for the most part, are far more apt to regard it from a decorative rather than from a sanitary point of view.

The animal and vegetable kingdoms furnish man with his clothing materials. Silk, wool, hair, feathers from the animal. Hemp, flax, cotton from the vegetable. The cardinal clothings are wool, linen, cotton, silk. Wool and cotton are principally used—wool in the cold climate, cotton in the warm. Wool stands pre-eminent as a good conductor of moisture, a non-conductor of heat, and for its electrical properties. Linen attracts moisture, cotton does not, nor does silk, but it may disturb or excite the electricity of the skin. It has been known to set up a dermatosis.

*Color.*—Dark colors absorb and radiate heat. White are bad radiators and absorbers of heat. For this reason light clothing is the best for summer; white is the least absorbent of odors and gases. Physicians and nurses are best dressed in white. Clothing affects the skin, for good or ill, in health and in disease.

*In health.*—One of the requisites for maintaining the skin in a normal condition is proper clothing. Treves has formulated the requirements of healthy dress:—

- (1.) A perfect covering for the body.
- (2.) Maintenance of an equable temperature.
- (3.) Absence of superfluous material and needless weight.
- (4.) Non-interference with any of the functions of the body.

Not seldom you see young girls whose trunks are well covered, but whose upper and lower extremities are sadly deficient in any covering save the exterior garment. Heat and cold must be guarded against. The former producing miliaria, erythema calorica, increase of pigment, etc.; the latter, dermatitis congelationis, pruritus, erythema pernio, etc. Cold causes contraction of the capillary blood-vessels of the skin and the blood is determined to other organs—lungs, kidneys, etc. Cold lowers the nutrition of the body. This may account for the more frequent occurrence of skin diseases in winter-time.

*Over-clothing* should be avoided. All no doubt are familiar with the over-clad baby, garment after garment, layer after layer of material is zealously placed on the darling, almost smothered in its own clothes. This often leads to an eczema, intertrigo, hyperidosis, etc. This sometimes applies to people of riper age. The warmth of the bustle and the gathering too many heavy skirts around the pelvic region often leads to congestion of these parts, sets up some uterine trouble, and this may give rise to a skin affection. As is well known, every organ of the body has its influence (directly or

indirectly) on the skin. To cripple or interfere with the function of any of the organs of the economy would be to cripple the skin. All compression should be shunned. The liver, spleen, etc., should not be compressed by tight-lacing, nor the intestines by tight waistbands. Everything that impedes the circulation of the skin must be strenuously avoided—tight sleeves, collars, garters, boots, gloves, etc. Tight garters may give rise to varicose veins, chilblains, eczema. If used they should be tied above the knee, but it is better to discard them and wear bands suspended from the waist. The belt should not be worn. *Insufficient clothing* should be remedied. Those having sedentary occupations in a warm room both in winter and summer need more clothing than those out of doors and hardened to cold. Infants and old people need more clothing. Frequent changing of clothing from a light to a heavy texture, and *vice versa*, is bad, nor should one be too ready to drop the winter flannels. Boerhaave says "our winter clothing should be put off on midsummer day, and put on the day after." The clothes should not be cold when put on, nor kept in a cool place. They should be loose. This allows of a more ample stratum of air within the meshes and between the layers, which, being warmed by the body heat, are warmer than tight-fitting clothes. On retiring, they should be removed and hung up to be aired.

*Close dresses* (Macintoshes, etc.) are objectionable, as they do not allow of free transpiration—skin respiration. This applies also to rubber socks and shoes.

*Gloves*.—Buck holds that silken and woollen gloves are more apt to lead to chilblains than kid or dogskin. Except in winter-time, or in those prone to chilblains or of feeble circulation, they should not be worn.

*Boots*.—Shoes healthier than boots for the young. Laced better than elastic. Patent leathers restrain the sweat. Uppers should be soft. Heel low. Toes square.

*Stockings and Socks*.—Woollen fabrics the best; silk next. Cotton should not be worn. Digitated toes advised by some as being more cleanly.

*Night attire* should be of linen or cotton. Woollen not worn except by old people, children and the rheumatic. Linen gives rest to the skin which may have been unduly stimulated by the woollen garments. All experience a sense of relief when the day-clothes are taken off.

*The Head*.—Babies should never wear caps. No head-dress should weigh more than five or six ounces. Felt is the best material for hats. Soft, broad-brimmed hats are the best. Ladies should not wear combs.

*The Neck*.—Tight and stiff collars should not be worn. It prevents the proper use of the arms. The circulation of the neck should not be impeded.

*In Infants* the following obtain. Should be warmly clad. Woollen clothes. Body evenly covered. Head kept cool. Clothes free from constriction of any kind. Bandage abolished (it constricts

region of heart, lungs, liver, etc.). Compresses and pads avoided. Avoid over clothing.

*Underclothing* should be woollen, silk or gauze being used if it be too irritating and cannot be worn next the skin. The clothing covers a multitude of sins and disguises many diseases, especially of the skin.

*In Disease.*—While clothing is necessary to keep the skin in condition, it is often the means of giving rise to a dermatosis:

- (1.) It may serve as a nidus for pediculi or parasitical affections.
- (2.) It may irritate a healthy skin by roughness and friction, and set up an eczema, pruritus, or dermatitis.
- (3.) It may excite a diseased one.
- (4.) It may convey poisons to the skin, and set up a dermatitis, etc.
- (5.) By increasing the warmth of the part it may excite or increase the growth of parasitic fungi—*tinea versicolor*, etc.
- (6.) In excessive quantity it may increase perspiration and cause hyperidrosis, etc.
- (7.) Pressure of clothing, tight sleeves, boots, etc., may produce erythema, callus, eczema, venous congestion of the skin, etc.
- (8.) The pressure of articles of clothing on special parts determines the localization in some cases; *e.g.*, syphilitic paronychia is much commoner on the toes, where the shoes exert pressure, than on the hands, where there is no pressure; where the clothes press is where the itching and resulting blood-capped marks appear in pruritus senilis.
- (9.) It may serve as a carrier of infectious and contagious diseases.
- (10.) By increasing the blood supply, the irritation of clothing or wearing heavy garments, flannel, etc., increases the itching of the part.

*Poisonous dyes in clothing.*—Arsenic is the ingredient in the majority of cases. There is scarcely an article worn next the skin that has not at some time or other been made the vehicle for transmitting poison to the body. Red chest-protectors, bright red-tinted flannel shirts, socks and stockings of the same color, black silk gloves, magenta colored wool and even hats have given rise to cutaneous eruptions. Bichromate of potash, lead chromate, eosin, etc., are sometimes factors. Dr. Harrington,\* of Boston, was at a loss to explain certain cutaneous eruptions characterized by ulcers; when he discovered that the patients had been wearing stockings, etc., dyed with bichromate of potash. All colored clothes should be boiled before wearing. The dyestuffs in the lining of shoes may permeate the stockings and produce a dermatitis of the feet and legs. Duhring reports such cases. The cuffs may irritate an eczema of hand or arm. A rough collar or clothing around the neck may irritate an eczema or dermatitis of that region. The bedclothes may irritate an eczema. Irritation of stays near breast, friction of under-

\*Boston Med. and Surg. Journal, August 12, 1886.

clothing, may induce a circumscribed scleroderma—(Crocker). If there is much exudation in an eczema and a powder is applied, it crusts up with the exudate and may cause the clothing and bedding to adhere to the diseased surface. False hair may set up an eczema of scalp or forehead; a bad ear-ring an eczema of ear. Friction from hat-bands, "frizzes," "bangs" and dyed veils may produce acne—(Wigglesworth). In soldiers the helmet sometimes gives rise to an eczema. A stiff, ill-ventilated hat may produce alopecia.

The dermatoses principally affected by the clothing are:

*Dermatalgia*—The clothing becomes simply unbearable.

*Dermatitis Congelationis*—Tight clothing and boots tend to it.

*Erythema Intertrigo*—Heavy underclothing, tight or ill-fitting garments; hard, foul and wet diapers may cause it.

*Urticaria, sudamina, hyperidrosis, bromidrosis, miliaria* may all be caused by too heavy or tight underclothing in hot weather; flannels or apparel colored with poisonous dyes may produce urticaria; woollen fabrics may cause miliaria.

*Eczema Genitalium*—Eczema of the genitals may be excited by the irritation of the clothing while walking. Sweat may be effused in a normal condition upon and with articles of clothing and cause a stench by chemical changes both to the clothing and fluid. Urine may be retained upon the underclothing and set up a persistent dermatitis of the scrotum, perineum or inner surfaces of the thighs in either sex.

*Onychogryphosis*—Tight-fitting gloves, boots and shoes may cause it.

*Pruritus*—Heavy bedclothes or the friction of the clothing may produce it.

*Pruritus Dignorum Pedis*. Acute and Chronic Eczema.—Irritation of underclothes or dyes contained in them.

*Seborrhœa Corporis*, or Unna's *Eczema Seborrhoicum*—Flannel may produce these, also *Tinea Versicolor*, and in infants the so-called *Lichen Strophulosus*.

*Acne*—Woollen fabrics. *Acne artificialis* limited to the forehead may be caused by the irritation of some enamelled hat-band, likely containing arsenic. This should be replaced by a soft linen or silk-lining. A feather pillow often increases the congestion of the face in acne.

*Pityriasis Rosea*—Unwashed flannels may cause it. According to Hutchinson, the irritation of a new woollen vest may bring out on the trunk in a syphilitic subject an eruption. A non-specific eruption resembling syphilis may be set up from like cause (vest-rashes).

Seeing how seriously the clothing may damage the skin, it behooves one to look well to and guard against its deleterious influence.

*Rules as to Clothing in Skin Diseases*.—It is the inside rather than the outside clothing that mostly affects the skin. If the disease be chronic and indolent, flannel shirts and drawers may be worn next the skin. If irritable and inflammatory, soft and frequently washed old cotton (an old night-shirt or old cotton drawers). In acute and subacute eczema the bedclothes should be as light as pos-

sible. The clothing should never be rough enough to irritate the skin; free from all poisonous dyes; properly washed and frequently changed. All restriction and constriction must be avoided. All woollen clothes should be discarded and removed from the room so that the conidia or spores may not become entangled in their fibres and aid in spreading the disease in tinea tonsurans. All flannels avoided in tinea versicolor, pruritus, seborrhœa corporis, and silk worn next the skin. In pruritus digitorum pedis, stockings changed often; shoes and boots broad and easy. Erythema pernio, under-clothing woollen and warm; stockings and gloves of same material; wear cork soles inside boots to prevent chills. In miliaria, sudamina, urticaria, hyperidrosis, clothing tight. Erythema multiforme, silk or softest linen worn next the skin. Top boots not worn in an eczema, they heat the leg; masks, rubber gloves, bandages, etc., protect from scratching, and from other injurious influences, water, dusts, etc. Dr. Bulkley recommends, in an acute eczema of arm, that a vaccinator shield be applied to protect it from the clothes. And I venture to suggest, as a means of preventing the weight, heat and irritation of the bedclothes in a patient confined to bed with an eczema or any inflammatory skin disease, elevation of the bedclothes with wooden or iron sticks bent in the form of a bow across the bed and held together by bars running across the top and along the bottom. In pediculosis the clothes should be baked or boiled. In scleroderma flannels are desiderated. While clothing cannot be strictly classed as a line of dermatological treatment, careful and minute attention to it will certainly add to its success.—*Montreal Medical Journal.*

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#### EDITORIAL NOTES.

BY CANAL BOAT.—The *Northwestern Journal of Homœopathy*, of Iowa City, republishes in its November issue Kraft's mild attack upon our position in reference to the proper management of medical journals. Kraft's screed was published in June last and the discussion of which it was a part is almost ancient history. Is the mail service of Iowa City by canal-boat?

We have received several protests from members of the Southern Homœopathic Association against the action of that body in voting to the *Southern Journal of Homœopathy*, \$50 for the publication of the proceedings of the Birmingham meeting. We wish to say, in all kindness to the protesters, that the time to make the protest was at the meeting and the place was Birmingham. While that is not our way of doing business (since, instead of getting paid for similar work by the Missouri Institute, we stood part of the expense of the stenographer's salary) we have a species of admiration for the martyr to a cause who knows how to make his martyrdom financially profitable to himself, and we really feel like joining in the smile of the man who gets themoney—it is such a good joke!

THE paper upon the education of the laity by Dr. D. B. Morrow which we publish in this issue takes almost exactly the same view of the matter that we did in our editorial note of last month. As Dr. Morrow's paper was read in April last, the priority of expression really belongs to him, although when we penned our last month's paragraph upon the same topic, the doctor's paper, was quietly sleeping beneath a pile of manuscript and had not yet been read by us.

ABOUT OURSELVES.—We shall publish the index to the present volume of the CLINICAL REPORTER in our January, 1891, issue. Our readers may confidently expect a better paper than ever during the coming year. We hope our subscribers will renew their subscriptions promptly. There are yet a number who owe for the current year. We shall expect to receive promptly from those, both their arrears and advance payment for 1891. "Many a mickle makes a muckle," says the Scotch proverb, and the many little amounts due us make a considerable total. Brethren, it is little for you, but in the aggregate, much for us—so, pay up, and pay up now, while the matter is fresh in your memories.

WE LOSE A SUBSCRIBER.—We have lost a subscriber. This sad, sad fact was made known to us, in date of December 11th in the following words:

"You will do me the kindness to discontinue my subscription to THE REPORTER. I am not *en rapport* with its teachings. I am truly sorry but duty compels. I am a stickler for the sanctity of The Law and will stand by my colors come weal come woe."

There is an attempt at high tragedy in the closing sentence of the above communication which is irresistibly funny in its failure to reach even the level of decent farce. The "stickler for the sanctity of The Law" seems to have thought that the least he could expect at our hands was a personal attack upon his standing if not upon his person. "Come weal, come woe!" How grandiloquent! But let him rest in peace; he shall not be a martyr, so far as we are concerned. He has vindicated the sanctity of The Law one dollar's worth—at our expense—(and we suppose a dollar's worth of vindication is worth a dollar by whomever paid); he has demonstrated, we think, that he is ready to continue to vindicate "the sanctity of The Law" one dollar's worth, provided he do not have to pay the dollar, and that is all. So far as we are concerned, he shall be nameless, not only because his communication is private but because, in kindness to him (for we do feel kindly toward him, and in the past have more than once, in private, defended him against divers aspersions) we do not wish to cultivate the delusion, from which he appears to suffer, that it matters much either to us or to others, whether he is "*en rapport*" with us or with them.

But then, why speak of this at all? Simply because this man is the representative of a class and that his communication may serve us as a text for a few remarks that appear to be needed. First, however, let us premise by stating that we simply deny the charge



implied in our ex-subscriber's statement that we have at any time, either directly or indirectly, cast a doubt upon the truth of the formula *similia similibus curantur*, or in any way attenuated its importance.

We doubt, however, whether it is possible to compress a greater amount of high-sounding, arrant nonsense into the same space than is contained in the words "sanctity of The Law" as used by an ex-subscriber and the members of his conventicle of ultra-ists. Constantly mouthing about *The Law* (with capitals) they show conclusively that they do not even know what the term *law* means, and further that they are unable to grasp, or at least have not grasped, the difference between moral obligation and physical necessity.

The term *law*, as applied to the rules which regulate the relations between man and man refers to a formulation of duties based upon moral obligation; and as moral obligation, in its ultimate analysis, is obligation to the Deity, that obligation, and by extension the law which is its outward expression, may be termed sacred. It is quite a different thing, however, when we come to what we call physical laws. These are simply *an observed regular order of sequence*, or, if expressed in formal terms, the formula which expresses that order of sequence, in nature. The man who should go about mouthing inanely about the holiness (sanctity) of the law of gravitation would be universally considered a fool—almost as big a fool as the one who should deny its existence, and that for the very simple reason that all feel that holiness or sanctity can be predicated only of the actions of free moral agents; and yet, why is the law of similia any more holy or sacred than that of gravitation (attraction)?

Again, these "sticklers for the sanctity of The Law" seem to have an idea that "The Law" is an active something—almost a somebody. True, in loose, common parlance, we do speak of the action of natural laws, but when we come to accurate thinking, it is almost too plain for argument that *laws never act*. FORCES ACT, *not laws*. A thief often runs away with a copy of the statutes which forbid stealing, and the statutes do not punish him, although, if he is caught, he is punished according to the statute law, by the forces of human government. Returning to physical laws and, for the sake of simplicity, to the same illustration, the law of gravitation attracts nothing—the force of gravitation (or attraction) does that, and the *law* is merely the recognition of the fact of gravitation as a fact, and, in so far as it is formulated, it is *simply a formula*. The sanctity, the holiness of a formula! "Ye gods and little fishes!" What a holy book is a treatise on physics (!).

Now, while the distinctions we have just called attention to may be metaphysical and, at first blush, will perhaps seem to our readers to be without practical importance, they are not so in their consequences. If a natural law formulated be in effect a formula expressing the results of a sum total of observations, it follows that he who worships a natural law worships a mere formula which he believes in probably because it tallies with his own experience—in other words, he worships his own little experiences—that is to say,

*his own little powers of observation*, HIS OWN LITTLE JUDGMENT, HIS OWN LITTLE SELF. Is it not true, that men of that stamp always seem to feel that when they cease to breathe Wisdom will die?

Again, if it be borne in mind that *forces* act, not laws, it will be far easier to understand that one force may suspend the action of another, or modify it, and that the recognition of that fact is not the denial of the existence of either. The force of gravitation (still using our old illustration) would draw a cannon-ball downward; placed in a mortar it is projected into the air by another force, temporarily greater. Does the cannoneer deny the existence of the force, and hence of the law, of gravitation, because he knows that another force will temporarily suspend its action? Does he not, on the contrary, bear it in mind and recognize the fact that gravity continues to act even while the ball is apparently free from its power, and prove his belief in that fact by making allowance for its action in the deflection of the gun?

In like manner, while we have never editorially expressed an opinion upon the question whether the curative power of drugs according to the formula or law of similars is ever superseded by any other drug power or other force, and while we do not now express any opinion upon the subject, we certainly say that it is at least within the range of possibilities that such may be the fact, and we shall continue to refuse to exclude from the pages of this journal the contributions of those who believe in the possibility or the reality of the occasional and temporary suspension, by some other force or forces, of the controlling curative force of drugs, a force in whose existence they believe as firmly as our critic and ex-subscriber and his friends, and which they utilize at least as successfully as they. Upon the other hand, we shall, in the future as in the past, refuse to excommunicate those who, like our ex-subscriber, deny that, as a matter of fact, the "Law" is ever suspended. If, like him, any of these withdraw themselves as subscribers to our journal, they will lose a great deal of information which they need badly—that is all.

### THE KOCH TUBERCULOSIS CURE.

Our last month's editorial upon the "Koch-sure Cure," was taken up by the *Post-Dispatch*, which, after an introduction, which we omit, gave the following rather intelligent *résumé* of our article:

"In its last issue, the CLINICAL REPORTER of this city, the homœopathic organ, editorially takes up the Koch consumption discovery. It does so by announcing that 'this time we have the cure Koch-sure,' and then gravely discusses it from an assumed allopathic standpoint, hitting the allopathic head with a stuffed club at every opportunity. But it manages to convey the impression that the allopathic school is about to treat consumption after homœopathic methods, and the article contains much to arouse the old school. The REPORTER states that allopaths have been thrown into a mood bordering upon hysterics by the discovery of another sure cure for tuberculosis. It is a state similar to that previously produced by the creosote, the balsam of Peru, the Bergeon sulphuretted hydrogen, and the cow stable cure, but this time the discovery emanates from 'Deutschland,' and that ought to satisfy anybody. It then laughs at the allopaths because their 'lymph' idea is that of the 'nosode' theory, already put into

practice by homœopathy, but solemnly declares that homœopathic 'nosodes' were quack nosodes, while that of 'Herr Prof. Dr. Koch' is the only genuine, reliable, blown-in the bottle 'nosode' yet offered to the public. It was such a good nosode that the old school was prepared to inject it by the quart, had not Prof. Koch strangely adopted the Hahneman theory of infinitesimal doses.

"TROT OUT THE GUINEA PIG. 二

"The homœopathic critic then prods the venerable school of allopathy on the well-known 'guinea pig' experiment, dear to the heart of the latter, insisting upon the allopathic doctrine that as man and guinea pigs were both animals, only of varying weight, the same results of a remedy upon one may be gained with the other, allowing for the difference in weight. A guinea pig weighs about one pound, a man say, one hundred and fifty pounds. Dr. Koch says that two cubic centimeters of his 'lymph' hardly affect the smaller pig, so the REPORTER argues from its assumed allopathic standpoint, why not inject the larger man with three hundred centimeters? Then it quotes Koch's statement that the one-thousandth part of one cubic centimeter is the proper dose for a consumptive, and indulges in ghoulish glee over the allopathic discrepancy of three hundred thousand per cent according to all accepted allopathic teachings.

"Having whacked the old school with its own cherished guinea pig, the crafty homœopath then brings to the front the allopathic theory that the sicker a man is the more medicine he needs. Against this is set Prof. Koch's statement regarding his discovery that the more advanced the stage of consumption to be treated by his method, the less should be the dose of his 'lymph.' Assuring its readers that Prof. Koch's explanation, when it is made, will surely explain this change of scientific front in a way to deprive homœopathy of any credit for it, the REPORTER passes on with a snicker to consideration of another feature of the discovery.

"'A HORSE ON' THE OLD SCHOOL.

"This, the last treated of by the aggravating editorial, is of a nature to make the entire school of allopathy take a day off and howl with rage. With elaborate courtesy it is stated that 'Der Herr Professor, Dr. Koch,' became famous through his discovery of the true cause of tuberculosis in a certain bacillus. Following that discovery, the allopaths, 'the only scientific school of medicine,' went grubbing into all sorts of places, things and animals, looking for that 'Rough on Bacilli,' the counter-irritant that was to chase the tuberculosis bacillus from its lair. Prof. Koch himself finds a 'lymph' that does this, however, without hurting the other bugs, a result that homœopaths might say was neither logical nor scientific, but 'der Herr Professor, Dr. Koch, hat so gesagt,' and that settled it! The wonderful simplicity between the symptoms said to follow the use of 'lymph' upon healthy individuals, and the manifestations of disease which similar injections are said to have cured, are alluded to as apparently in accordance with the 'insane homœopathic theory' of '*similia similibus curantur*,' 'but,' says the CLINICAL REPORTER solemnly, 'wait until we get der Herr Prof. Dr. Koch's explanation of the *modus operandi* of his lymph, and you'll see that's not it at all. It will be something right scientific, even if unintelligible.'

"Then the CLINICAL REPORTER, tralling its borrowed allopathic coat-tails on the ground, and spoiling for a fight, casts a mock glance of indignation into the homœopathic camp, and asks loftily: 'What are those ignoramuses laughing at, anyhow?'"

The very evening when the above abstract was published, the local old-school medical society met, and one of the *Post-Dispatch* reporters was detailed to interview its officers and members upon the subject of the article. The result of his inquiries was given in a subsequent issue in the following form:

WON'T DISCUSS IT. REGULAR PHYSICIANS SILENT ON THE "KOCH SURE CURE" HOMŒOPATHIC BLAST.

"The satirical attack made by the 'CLINICAL REPORTER,' the homœopathic journal of this city, upon the Koch tuberculosis cure and the 'old-school' excitement over it, an account of which appeared in Saturday afternoon's *Post-Dispatch*, is treated with 'dignified contempt' by the professors of the regular school. The meeting of the medical society Saturday night brought out private discus-

sion of the REPORTER's editorial, but when approached for an expression as to the claim advanced that the Koch treatment by 'lymph' injection was exactly in accord with the homœopathic theory of '*similia similibus curantur*,' and that Koch's instructions as to infinitesimal doses in advanced stages of consumption was an indorsement of another homœopathic principle, the doctors positively declined to talk.

"Dr. J. K. Baudy, president of the society, laughed when asked to reply to the REPORTER's editorial and said he had nothing to say on the subject. Dr. Dalton of the City Hospital was equally reticent, volunteering the statement that regular physicians could not afford to get into such a discussion. Dr. Hall also declined to talk, as did several other physicians approached on the subject."

All we have to add to what we said before is, that the gentlemen of the St. Louis Medical Society stood upon their dignity because *they knew exactly what they had to stand upon.*

A recent dispart from Paris, states that careful chemical analysis of the Koch "lymph" shows that it is composed of the ptomaines of the bacillus tuberculosis, cyanide of gold and glycerine—in other words, it is as we surmised, a *nosode*, pure and simple.

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## HYPERTROPHY OF THE TURBINATED BODIES.\*

W. A. DUNN, M. D., CHICAGO, ILL.

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**HYPERTROPHY** of the turbinated bodies consists of an organic increase of the thickness of the tissues covering the turbinated bones, which may be general or circumscribed. Were it not for the peculiar histological formation of the turbinated bodies, it would be quite impossible for such a condition to occur. When you remember, however, that, lying between the bone and mucous membrane, is a layer of erectile tissue composed, as you know, largely of sinuses, which may be filled with blood in an instant from the slightest irritation, directly or indirectly; when you recall that, covering this erectile tissue, is a mucous membrane filled with glandules, and exposed to all the irritating influences of the atmosphere from without, and an excessive blood pressure from within, you can appreciate how easily a catarrhal condition of the nasal membrane may be established.

Chronic hypertrophic catarrh is essentially the first stage of hypertrophy of the turbinated bodies, as only by the repeated distention of the venous elements of these bodies, and the continuous exudation into their substance from frequent inflammatory congestions, can new tissue formations take place. There is first an inflammation and thickening of the mucous layer, by which the surface of the body is increased in density and thickness; especially the epithelial covering.

Now, during a normal condition of the nasal tissues, there is a gradual exudation or osmosis through this tissue, which aids the

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\*Read before the Fourteenth Annual Session of the Missouri Institute of Homœopathy at St. Louis, 1890.

glands of the mucous membrane in furnishing moisture to the nasal surface, to be imparted to the inspired air. Therefore, any mechanical interference with the normal osmosis through this tissue may change the nutrition and function of the whole or a part of the intra-nasal surface.

It is from this fact, I am quite sure, that we have the greatest amount of hypertrophic change at those points in which is located the most abundant supply of erectile tissue—the posterior end of the inferior turbinated body—hence, the most copious exudation into the tissues, which can not escape to the surface, but is retained and becomes metamorphosed into new tissue elements.

This tissue change, of necessity, requires a long time to be completed; so that we often find an enlargement in this region, which may be said to be in the transition stage, in which the exudation has gradually taken place but has not yet been converted into real tissue formation.

In different locations we observe that the hypernutrition varies and causes, therefore, different varieties of hypertrophic growths. On the anterior turbinated bodies, the thickness exists as a diffuse enlargement and may cover a large portion of the nasal surface, or be limited to a small part of the turbinated body.

The appearance is always similar to that of a simple chronic inflammation, from which it can be diagnosed only by an application of cocaine.

On the anterior end of the middle turbinated body, the change takes on a mucoid degeneration, so that it usually has the appearance of a mucous polypus. But, by the use of the nasal sound, you may make clear the attachment, by a very broad base, to the anterior portion of the middle turbinated, and that it seems much more dense than a well developed myxoma. In the posterior region, we find two forms of enlargement, the difference being due to the pathological changes that take place in the tissues.

In one variety, we observe a smooth, round, purple tumor, filling more or less of the posterior nasal space, and in extreme cases, a portion of the naso-pharyngeal space as well. In this form, the pathological change is largely in the venous walls, causing paralysis, distention and thickening of the vascular elements. These growths are markedly reduced by cocaine, and are very liable to produce a serious hemorrhage if improperly removed.

The other variety of posterior growth is made up largely of connection tissue proliferation, so that it is much more dense, nodular and of whitish color, while it is but slightly affected by cocaine.

There is yet another condition I have observed, which I designate as hypertrophic polypus. In this form, there is a circumscribed proliferation which results in a large tumor filling a portion of the nasal space. This tumor may be sessile or pedunculated. In the case reported, the growth was as large as a fair sized olive and was composed of pure, hypertrophic erectile tissue.

CASE.—*Polypoid hypertrophy of the turbinated body*—A young man of twenty complained that for a number of months, he had

been unable to breathe through the right side of his nose, and that he often suffered from colds and stuffiness in the head. He had suffered frequently from headache, especially during the more acute symptoms. There was some nasal discharge, which also varied according as the symptoms were acute or sub acute. An examination revealed a large pedunculated tumor springing from the middle of the inferior turbinated body, which completely filled the nasal space on the right side. It was quite red and of firm consistence but slightly erectile, by the application of cocaine. The growth was easily removed by the aid of the electro-cautery snare, and perfect freedom for the passage of air secured, as well as a permanent cure of the growth.

The symptoms developed by this tissue change are similar to those of the chronic catarrhal stage, intensified. There is always a predisposition to acute inflammatory attacks of the nasal tissue from which reaction is tardy, and the patient realizes that his colds never get well. He may suffer from permanent stenosis, with all its remote results, or he may notice those symptoms only at intervals. There is not usually a large amount of secretion, but the discharge is thick, tenacious, and often stringy. There is no odor from the nose, unless the discharge is retained, which seldom happens. The pharynx or larynx may become affected, either by an extension of catarrhal inflammation to these regions, or on account of the tough mucus, which, accumulating in the nasal region, falls into the pharynx or larynx, causing an excessive irritation within these regions. Cough may result from the same reason. The ears may suffer from an extension of the inflammatory condition to the Eustachian tubes, or from improper ventilation of the middle ear, due to the nasal stenosis or occlusion of the Eustachian openings. The most interesting symptoms of this condition are those known as reflex, and may include any form of vaso-motor trouble, from a simple headache to a violent attack of epilepsy or chorea.

In common with the other orifices of the body, the nasal membrane is supplied with sensitive nerves, ever ready to convey a stimulus to some reflex center, which may transmit only an increased physiological action at a single point, or may set the whole system writhing in a clonic spasm, or torture it by an intense neuralgia.

Headache, vertigo, contraction across the nose, temporal or frontal neuralgia, cough, asthma, abnormal sensations about the throat, chorea, and epilepsy, are some of the many conditions that may arise from reflex irritation due to these hypertrophic growths. The following case shows the care we should observe in all cases, where reflex symptoms exist or complicate matters.

CASE.—A somewhat nervously inclined lady vocalist complained that for some months she had been quite unable to sing, on account of an irresistible desire to swallow what she thought must be an abundant supply of mucus. She also had a sensation as if the vocal cords were bathed in mucus, which caused her to clear the larynx almost continually. She complained of no other symptoms, and her general health was fairly good. Examination showed the

larynx and pharynx in perfectly normal organic condition, and perfectly free from excessive mucous secretion. On further examination, I found on the posterior ends of the lower turbinated bodies, small enlargements of the white variety. Treatment directed to those spots relieved the whole trouble in a very few days.

Another case illustrates the reflex effect of one of these growths on the brain.

CASE.—Posterior hypertrophy of the turbinated body.—Male, aged thirty-one years, complained that, for a year or more, he had been unable to breathe through the nose, and especially the right side. He also suffered from headache, dizziness, and dullness of intellect, while, at times, he had violent attacks of vertigo, in which he would become unconscious for a short time, especially when bending forward, as was required during much of his labor as a gardener. Indeed, he had become unable to perform any labor that required the stooping posture, on account of the syncope. He had much tough mucus in the posterior nasal region which escaped through the choanæ into the throat, producing much hawking and scraping of the throat, which had caused an irritation in the pharynx and larynx, with slight cough. On examination, I found a very large, purple hypertrophy of the posterior end of the turbinated body, which completely filled the right posterior nasal space, and projecting behind the septum, obstructed a large portion of the left narium and much of the naso-pharyngeal space. After an application of a ten per cent. solution of cocaine directly to the parts, with a cotton applicator, I removed the entire growth at a single sitting. This was done with the electro-cautery snare, operating through the nose by the aid of the rhinoscopic mirror in the mouth. A severe hemorrhage followed, which I was not able to stop for some time. Perfect relief from all symptoms resulted at once.

*The treatment* of these growths, when fully developed, is essentially surgical, and consists of removing the growth entire, or by destroying a line through it with an electro-cautery point, in such a manner that a deep cicatrix will bind the tissue to the bone, thereby preventing congestion and nutrition. This latter procedure in my hands has not been very successful.

Another manner of operating on this tissue is by the aid of some escharotic to destroy the growth in part or entire. Chromic acid is, perhaps, the best agent for this purpose, but should be used with great care. My manner of operating on these growths is always by the use of the electro-cautery point or snare. I have made an electro-cautery handle and electrodes by which these operations are rendered much easier than by the older patterns.

The handle is of the pistol pattern, to which is attached a snare or point, at such an angle that the view is not obstructed. The curve gives a good, firm hold, while the thumb and forefinger are free to work the snare and current. The wire is attached to the slide on top while the current is broken by the little button on the side of the handle. The cords are attached beneath. Any form of electrode may be used. The anterior growths are easily snared

away by the aid of the head mirror and a good nasal speculum. The posterior growths are much more difficult and require great skill in the use of the rhinoscope. With a good light, the patient is placed as for a rhinoscopic examination. The snare threaded with a fair sized loop and introduced through the nose. The mirror, well warmed, is now placed in the throat, and a view of the growth and wire obtained, and the wire placed around the tumor. Care should be taken not to turn on the current, unless the wire is seen to be embracing the growth. As the current is turned on, the slide is drawn downward by the index finger, so that the growth is slowly cut and burned through, leaving a white, dry stump, without the loss of a drop of blood. Should the operation be improperly done, the hemorrhage may be extremely severe, as I well remember in some of my earlier cases. I use an application of cocaine, ten per cent. solution, applied on cotton, in all these cases. The after-treatment consists of antiseptic solutions applied with an atomizer until the healing process is completed. I must ask the Institute to remember that I have reference in this paper to the absolute new growth, and not to chronic catarrh, that I may not be misunderstood in regard to the treatment. The indiscriminate use of the cautery in catarrhal conditions can not be too severely criticised.

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### A CASE OF QUADRUPLETS.

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C. BOOKER, M. D., NEWTON, ILL.

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WAS called to see Mrs. N. H. Davis, aged twenty-three, (husband forty-four) a few miles north of this city, August 6th, at three P. M. I found her in labor. My attention was at once attracted to the enormous size of the abdomen.

Upon examination I informed an elderly lady present that it was my opinion that there were triplets. Then I kept "mum" for there already seemed to be a great deal of anxiety and uneasiness in the family.

About ten o'clock P. M., I delivered her of a boy baby, seemingly still born, but after twenty minutes faithful work I brought it around all right.

At two A. M., I delivered her of a girl baby, still born. I then ascertained there were two more, the last of which was not born until three P. M. These last also were born dead.

The first boy weighed six pounds, is still living and doing well. The second weighed four and one-half pounds, the other two five pounds each. The aggregate weight, twenty and one-half pounds.

The first had its own placenta. The second and third had a common placenta. The fourth had its own.



The labor was rendered more difficult on account of very short cords which were around the neck of all except the third.


About one hour after the last child was born, I had post partum hemorrhage to deal with.

The after births were adhered and had to be peeled off. She had become so very sensitive that she could not bear the introduction of my hand without an anæsthetic. So Dr. A. A. Frank was summoned in haste to my assistance. He administered chloroform, I easily delivered the placentas, a few minutes all was right. The mother made a good recovery.

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### VAGINISMUS IN LABOR.\*

MRS. ELECTA A. SCOTT, M. D., COLUMBUS, KAS.

 WAS called at 10 P. M., on the 18th of September, 1889, to Mrs. H., aged twenty eight, mother of three children. I found her shaking; teeth chattering from nervousness. She had no control of herself. I gave her a few doses of gelsemium, which soon produced the desired effect. Labor seemed to be progressing nicely. Upon introducing my index finger the second time, I found that vaginismus had set up, and it was with great difficulty that I could withdraw my finger. Under local anæsthetic applications the walls soon relaxed, but then I found that the head was impacted. The patient passed through four hours of the hardest labor that I have ever witnessed. Within that time, she had two convulsions. I administered chloroform, subsequently. During the absence of a pain, she arose from her couch and threw herself upon the floor, begging us, for God's sake; to let her die. I then informed the husband that I wanted help, that I did not want the responsibility of two deaths resting upon my feeble frame (168 pounds). I chose as my assistant a *regular*, and my request was granted. In the meantime, I pushed the chloroform to all that I dared to. Finally, to my relief, as well as that of my patient, the parts became so thoroughly relaxed as to enable me to insert my whole hand, and encircle the head. I worked vigorously, the bones overlapping each other and grating so as to be audible to myself and attendants. I expected to bring forth a dead child, but to my joy delivered an eight-pound babe, vigorous enough to announce its arrival with a hearty good morning, in the way of a great cry. The babe was taken care of, the third stage of labor was completed, and the patient was made comfortable, previous to my counsel's arrival. The genitals of the mother were swollen to an alarming extent, having the appearance of two large bladders. I anticipated having a patient to visit for several days, but one visit

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\*Read before the Fourteenth Annual Session of the Missouri Institute of Homœopathy, at St. Louis, 1890.

was sufficient, having prepared a lotion of non-alcoholic tincture calendula, one to three parts water, and ordered a saturated compress to the parts until the swelling and soreness were reduced. I had attended her through two previous confinements of ten-pound children. Patient made a quick recovery, getting up and around her house inside of two weeks, and she affirms that she has never gotten up feeling so well and strong in so short a time, in previous confinements.

There is one feature that I observe in Kansas that I did not often meet with in Missouri—where I have two easy, normal labors, I meet with seven hard, long, protracted, difficult cases; hard, unyielding heads, that do not adapt themselves to the form of the channel. While here, I have had my share of breech, arm, and face presentations to contend with, and no one of our school to depend upon, but I have nerved myself to the several occasions, and when with the most dangerous cases have been the bravest and most successful, not having lost either patient or child.

I wish to ask the more experienced members of this body whether vaginismus in parturition is a common occurrence, and also whether there is a better way to relieve such a state of affairs than the way that I resorted to, this being my first case of vaginismus and convulsions, out of three hundred or more cases.

## BRIEFS.

ANÆSTHESIA IN SMALL OPERATIONS.—For this purpose Dr. A. Dobisch, of Zwittau, recommends spraying the parts for one minute with the following: Chloroform, 10.00; ether, 15.00; menthol, 1.00 This produces complete anæsthesia of the skin, lasting from two to six minutes.—*Inter. Jour. Surg.*

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RICHMOND'S SAMARITAN NERVINE.—According to our analysis this wonderful agent has the following formula :

Potass. bromide.....	1 ounce.
Sugar.....	1 ounce.
Caramel.....	20 minims.
Water.....	5 ounce.

Dissolve and add oil cassia to minims.

—*The New Idea.*

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FOR "POISON IVY."—It is said in *Every Thursday*, that the fresh green leaves of the common white bean, crushed and rubbed on the spot affected, and bound on for a few hours, are an effective antidote. Another remedy, recommended by Dr. Straley in the *Times and Register*, is a strong decoction of chestnut leaves, applied locally every three or four hours. He claims to cure all cases, in all stages of the inflammation, in from twenty-four to seventy-two hours.

DR. F. W. BRINKMAN has been elected coroner of Gasconade Co., Mo. He will now put to good use the knowledge of medical jurisprudence which he acquired while a student in "Old Missouri." 'Rah for Brinkman!

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AN OINTMENT FOR CHAPPED HANDS is recommended in *Provincial Med. Jour.*, consisting of Menthol, 15 grains; Salol, 30 grains; Olive Oil,  $\frac{1}{2}$  drachm and Lanolin,  $1\frac{1}{2}$  ounces. It is said to alleviate the pain on the first application.

\* \* \*

TREATMENT OF INGROWING TOE-NAIL—Rurckhauer (*Munich Med. Wochenschr.*) recommends the following method which he has tried, not only on himself but numerous patients. The offending portion of the nail is painted with forty per cent. solution of Hydrate of Potassium, which rapidly softens the outer layers, soon reducing them to the consistence of butter, after which they are scraped away. The proceeding is again repeated until the nail is reduced to the thickness of paper, when it may be removed from its bed and cut away with scissors.

\* \* \*

MOLES—THEIR REMOVAL.—Moles on the face are now being successfully treated by the use of Sodium Ethylate. The mole is painted with the Sodium Ethylate, a fine glass rod being used. When the mole has a varnished look, the Ethylate is gently rubbed in with the glass rod to make it penetrate more deeply. The mole turns nearly black, and a hard crust forms over it which is nearly three weeks in becoming detached. When it comes off the mole is much lighter than before, and this treatment can be continued until the mark is scarcely noticeable.

\* \* \*

THUJA IN VASCULAR RECTUM.—In a case of protruding rectum that Prof. A. J. Howe was called to amputate, the doctor says (*E. M. Journal*): "A glance at the patient and at the vascular rectum convinced me that a radical operation was risky—might prove fatal. In this case I advised milder measures. Thuja tincture was diluted two or three times with water and thrown with a hypodermic needle into the vascular mass every three or four days. The effect was in the highest degree satisfactory. Little pain was provoked and the vascularity lessened appreciably from day to day." The doctor claims that Thuja will bring about atrophy in most states of vascular excess—in hemorrhoids and conditions.—*Am. Med. Journal.*

\* \* \*

M. J. BLECHMANN (*Paris Medical*) advises the treatment of cracked or fissured nipples by means of goldbeater's skin. Over the nipple affected by erosions or fissures, after wetting with simple clean water, there is applied a round piece of goldbeater's skin of about ten centimeters in diameter. The center of the skin is first pierced by a number of fine holes with a needle. The skin takes the form of the nipple and adheres like a second epidermis. The exter-

nal surface of the goldbeater's skin may now be moistened and the infant applied to the breast. The nipple is thus isolated from the child's mouth, and has a chance to heal without suffering the constant irritation from contact with the lips of the infant. After each nursing a new piece of skin should be applied.

\* \* \*

WE forgot to announce in our last issue the marriage of Dr. J. Martine Kershaw to Miss Katrine Dickson. The REPORTER'S best wishes attend the pair, of course. This leaves only two lone bachelors (Drs. McElwee and Burleigh) in the Faculty of the Homœopathic Medical College of Missouri, and rumor has it—but who cares for rumors anyhow!

\* \* \*

St. Louis light has broken upon the Cimmerian darkness of Chicago. Dr. Leonard E. Schoch having settled as a missionary at 1268 Madison street in that city of loud smells. As the Scotchman said about the Edinburgh odors, he breathes the perfume of the Chicago river only "to help awa' wi' it!"—a truly Herculean task!

\* \* \*

CHILBLAINS.—Dr. Selman, of Indianapolis, Indiana, gives the following as a good remedy for chilblains :

℞ Acidi sulphurici.....2 drachms.  
 Olei terebinthinæ.....2 drachms.  
 Olei olivarum.....2 drachms.

Mix in an open-mouthed bottle, still with a wooden or glass rod until chemical action ceases, and the mixture thickens. Apply every night to the parts affected with a wooden paddle, rub well in, and wrap up the parts for the night. Repeat each night.

\* \* \*

BORAK has studied the laws of the passage of chloroform through the placenta (*Rev. d'Obstet. et Gyn.*, March, 1800). He finds that even when the mother absorbs great quantities of chloroform, very little passes through the placenta. The foetus, not being able to eliminate this agent by the lungs, casts it off by the urine. The chloroform accumulated in the brain existing only in very small doses in the blood, not to be recognized chemically. The existence of these small doses of chloroform in the foetal organism has no serious influence upon the health of the new-born. The author thinks, then, that the danger to the child does not furnish a contra-indication to the use of chloroform in obstetrics.

\* \* \*

THE MATTISON PRIZE.—With the object of advancing scientific study and settling a now mooted question, Dr. J. B. Mattison, of Brooklyn, offers a prize of \$400 for the best paper on "Opium Addiction as Related to Renal Disease," based upon these queries :

Will the habitual use of opium, in any form, produce organic renal disease ?

If so, what lesion is most likely ?

What is the rationale ?

The contest is to be open for two years from December 1, 1890, to either sex, and any school or language

The prize paper is to belong to the American Association for the Cure of Inebriety, and be published in a New York medical journal, *Brooklyn Medical Journal* and *Journal of Inebriety*.

Other papers presented are to be published in some leading medical journal, as their authors may select.

All papers are to be in possession of the Chairman of Award Committee, on, or before January 1, 1893.

The Committee of Award will consist of Dr. Alfred L. Loomis, President N. Y. Academy of Medicine, Chairman; Drs. H. F., Formad, Philadelphia; Ezra H. Wilson, Brooklyn; Geo. F. Shrady and Jos. H. Raymond, editor *Brooklyn Medical Journal*.

\* \*

SHILOH'S CONSUMPTION CURE.—This composition, as we examined it, shows :

Muriate of morphine.....	3 grains.
Muriatic acid.....	8 minims.
Fluid extract of henbane.....	2 drachms.
Fluid extract of ginger.....	3 drachms.
Fluid extract of wild cherry.....	3 drachms.
Diluted alcohol fl.....	3 drachms.
Chloroform fl.....	1 drachm.
Essence of peppermint.....	30 minims.
Syrup of tar fl.....	3 ounces.
Simple syrup enough to make, fl.....	8 ounces.

—*The New Idea.*

\* \*

A CURIOUS POISON is that which Shakespeare makes Friar Laurence give to Juliet as a means of enabling her to escape the proposed marriage with Paris. It would, he assured her, produce temporarily all the symptoms of death—

“ Each part deprived of supple government,  
 Shall, stiff and stark and cold, appear like death ;  
 And in this borrowed likeness of shrunk death  
 Thou shalt continue two and forty hours  
 And then awake as from a pleasant sleep.”

Juliet takes the draught, and the effect is precisely as the friar has predicted. It might be supposed that so convenient a poison was purely the invention of a dramatist, and had no sort of equivalent in the drugs of the toxicologist. Modern science, however, has recognized in the contents of the Juliet phial a well-known medicine of Ancient Greece (*Atropa mandragora*) which really possesses the remarkable power attributed to it in Shakespeare's tragedy. It was actually used by Greek physicians very much as we use chloroform, and under its influence operations were performed. It was known as “death wine,” and was in common use till about the fifteenth century, but old medical works are still extant containing descriptions of it, and, a few years ago, this gentleman tells us that a friend of his brought him some of the root from Greece, and by following these old prescriptions he was able to concoct some of this death wine, and to make such experiments with it as to entirely confirm

"Friar Laurence's" account of its action. We are further told that when the Jews were under the Romans, and a good many of them were crucified, the Jewish women were in the habit of giving them this mandragora in order to alleviate their sufferings, and it is suggested that as some of the victims were known to have recovered from their apparent death, the practice of breaking the legs was resorted to as an additional safe-guard against their restoration.—*Hall's Journal of Health.*

---

## OUR BOOK TABLE.

**ESSENTIALS OF MINOR SURGERY AND BANDAGING**, BY EDWARD MARTIN, A.M., M.D. Philadelphia: W. B. Saunders. Pp. 170, \$1.00.—An excellent little work on a subject which, though minor in name, is of major importance. Worthy to be used as a text-book by any student.

**TRANSACTIONS OF THE FOURTEENTH ANNUAL SESSION OF THE CALIFORNIA STATE HOMŒOPATHIC SOCIETY.** *Drs. Tisdale, Dewey & Martin, Committee on Publication.*—The committee on publication deserve credit for the neat appearance of this octavo volume of some 170 pages. It contains a number of valuable papers.

**KING'S JOURNAL DIRECTORY** for 1891, containing a complete list of Medical, Dental, Pharmaceutical, Chemical, Microscopical, Sanitary, Veterinary and Medico-Legal Journals, both Home and Foreign, will be ready for delivery on or before January 1st. Orders should be sent promptly, as the book is sold by subscription only. Price, 50c., post-paid. Address Dr. F. King, Publisher, Box 587, New York.

**VISITING LISTS.**—P. Blakiston, Son & Co. have issued their Visiting List for 1891. It contains all the information usually gathered in such books, in convenient and very compact form. F. A. Davis also comes out with the **MEDICAL BULLETIN LIST.** This is a little larger than the former, and contains much new and interesting matter. Its arrangement for the record of professional visits and carrying charges so that an account can be found at a glance, is original and ingeniously simple.

**THE PHYSICIAN'S ALL-REQUISITE ACCOUNT BOOK.** Pp. 303 and Index, size 10x12 inches,  $\frac{1}{4}$  Russia, Raised Back Bands, Cloth Sides, Price \$5.00 (600 page edition \$8.00). Philadelphia: F. A. Davis.

This book will not commend itself to those who enjoy double-entry book-keeping. It is too simple for that. Those, however, who desire to save time and trouble in entering their accounts, will find in this book just what they have been looking for. Others may be as good, but we do not think any can be superior. The \$5.00 size accommodates 900 accounts, and is large enough for all ordinary purposes. While the book itself needs to be seen to be appreciated, the publisher issues a sample and explanatory sheet which our readers can undoubtedly get on application.

---

## NOTICES OF NEW INSTRUMENTS, APPLIANCES, ETC.

To speak of something really new in the way of Clinical Thermometers is to run the risk of being called a romancer. Still, Steinhäuser & Co., 517 $\frac{1}{2}$  Chestnut St., St. Louis, Mo., have something new in this line in their well-named "Common Sense" Thermometer. The peculiarity of this instrument is that, while it has on the left the Fahrenheit, Reaumur and Centigrade scales, it has upon the right a patented scale (corresponding with the others), which takes the normal temperature of man at the zero point, so that the reading gives immediately the exact plus or minus of temperature—an ingenious and practical idea.

## FACT AND FUN.

## PUBLISHERS' DEPARTMENT.

THE reporter wrote: "Dr. Jones, one of our most *skillful* physicians," etc., but the typo set it: "Dr. Jones, one of our most *killful* physicians"—and no one was happy.

E. P. BREWER, M. D., Norwich, Conn., says his system of book-keeping is the best, and he ought to know. Still, doctors will disagree; so, write him for specimens and judge for yourself.

FATHER—Doctor says many loathsome diseases are communicated by kissing.  
Lovely Daughter—What kind of a doctor was he, pa?

Pa—A regular.

Daughter—I thought so. We don't believe in that kind, you know.

ECLAMPSIA OF INFANTS AND CHILDREN.—In eclampsia of infants and children, hysteria, paroxysms of epilepsy, and cases of extreme nervous prostration in women, dependent upon severe mental strain, Peacock's Bromides is superior to anything that I have ever used.—T. H. VONKLEBCK, M. D., *Phil'a.*

IN A PHYSICIAN'S OFFICE.—"I say, doctor, I wish you'd fix me up something for my stomach trouble. I've got something inside that first comes up and then goes down, and then comes back again, and—faugh! it makes me sick to think of it."

Doctor—You don't mean to say that you have accidentally swallowed an elevator, do you?—*Ex.*

THE Cooper Pharmacy Company is constantly on the alert for good things. Among the latest additions to its specialties is a preparation which they have dubbed "Ophthalmine," and which is in reality the favorite formula of Professor J. B. McFatrik, the eminent Chicago ophthalmologist. This preparation can be used in conjunctivitis, keratitis, iritis, granulated lids and corneal ulcers—in connection with other treatment as indicated. Dr. McFatrik says that it "will relieve pain in the eye, and after applying it two or three times in fifteen minutes, a foreign body can be removed and the eye manipulated the same as if a solution of cocaine had been used." Its constituents are: Muriate hydrastin., Sesquicarb. potass., Mur. cocaine, Morphix sulph., Anemonin and Glycerine.

THE *National Druggist* publishes the following collection of orders received by drugstores: "Send me some of your essence to put people to sleep with when they cut their fingers off." "I want something to take tobacco out of my mouth." "Send me a baby's top to a nursing bottle." "Something for a sore baby's eye." "Enough ipecac to throw up a girl four years old." "Enough anise-seed to take the twist out of a dose of senna." "Something for a woman with a bad cough and cannot cough." "Something, I forget the name, but it is a cure for a swelled woman's foot." "For a man with a dry spit on him." "For a woman whose appetite is loose on her."

CORNERVILLE, MISS., September 23, 1890.

*Paris Medicine Company, St. Louis, Mo.:*

SIRS—After an experience of more than two years and a-half in the use of your Febriline, or Tasteless Quinine, I think I can give an impartial and unprejudiced opinion of its merits. Like myself, I presume all physicians experience a great deal of trouble in getting their little patients to retain the bitter quinine on their weak and nauseated stomachs. \* \* \* I find you have succeeded beyond my most sanguine desires in removing this serious objection to the real bitter quinine in the preparation you are pleased to call Febriline, which may be used in all cases where quinine is indicated, and with the utmost confidence that it will meet every indication, and that too in the case of little infants and children with the weakest and sickest of stomachs. And herein consists the great beauty of the medicine.

Yours truly,

W. W. STINSON, M. D.

"Die hole ish too schmall," was the scientific diagnosis given by a German quack to one of our *confreres*, who sent at once for his forceps.

BOARDING-HOUSE KEEPER—And, now, Mr. C., what part will you take?  
 Medical Freshman from the Country—Imparticular; big piece from anywhar.

AS ALREADY stated, I have used the CAMPHO-PHENIQUE in a number of cases of inflammation of the external auditory canal, both circumscribed and diffuse, and, in addition to its allaying the irritation and inflammatory symptoms, it has one especial point in its favor, which is valuable, even if it did not allay the inflammation, *i. e.*, its analgesic properties. It is the best remedy to allay pain in inflammatory conditions of the external auditory canal with which I am acquainted at the present time.—W. R. AMICK, M. D., *Professor of Ophthalmology in the Cincinnati College of Medicine and Surgery, etc.*

CHARMING INVALID—How long do you say it takes you to make a professional call, Doctor?

Appreciative Physician—About twenty minutes.

C. I.—Well, doctor, if you charge by the visit, you can stay longer; if by the hour, it is time to go.

A. W. MACFARLANE, Fellow Royal College Physicians, Edinburgh; Fellow Royal Medical and Chirurgical Society of London; Examiner in Med. Jurisprudence in the University of Glasgow; Honorary Consulting Phys. (late physician) Kilmarnock Infirmary; formerly Examiner in Medicine and Clinical Medicine in the University of Glasgow, &c., &c., in his monograph, "Insomnia and its Therapeutics," says:

"Bromidia (Battle) has in several instances been found reliable, in drachm doses, given in syrup and water at intervals of an hour until sleep is induced."—*Wood's Med. and Surg. Monographs, Sept., 1890.*

SMALL BOY—I'm too sick to go to school to-day.

Mamma—Then lie down, and I'll send for a doctor.

Small Boy—Dr. Pellet?

Mamma—No; he's a homœopath. I shall send for Dr. Castor, the regular.

Small Boy—Never mind, mamma; I feel better. Where's my books!

THE trade circular of a local homœopathic pharmacy recently referred, with questionable taste, to other homœopathic pharmacies in St. Louis as having a purely local trade. Of course, local trade, which is least influenced by drumming, is the best test of real merit; but, anyway, we happened to drop into Munson's the very day the circular in question was issued and found a lot of boxes waiting the call of the expressman, addressed to such *local* points as Portland, Ore., Sehome, Wash., Gibson, Tenn., Los Angeles, Cal., Little Rock, Ark., and a dozen others—and Mr. Bookstruck asserted it was not a good day for local orders, either. Bookstruck is behind in some things, however: he declines to compete with others in furnishing Lachesis, mother tincture(?), and he has *not* made two hundred and fifty gallons of tincture of *Passiflora Incarnata* "to last until spring!"

WAS it Dr. Gatchell's friend Johnstone?—

And he was a reader of the mind, and she a maiden fair;

"So let me read your mind," said he, with a way quite debonair.

"Nay, do not try," the maiden said, "to read a mind that's grown;

Try first a small and simple one,—pray, try to read your own."

R ALETRIS CORDIAL.....8 ounces.  
 Sig.: One teaspoonful three times a day.

The husband reported that the wife had the easiest time she had ever had, and suffered no pain. When the next time came, the menses did not appear; two bottles of ALETRIS CORDIAL were taken, and in regular time they were made happy by the advent of a bright, bouncing girl. The above is one of several cases of the same kind I have had in my practice. I have been prescribing ALETRIS CORDIAL in my practice for about five years, and from its use during that time I have certainly had an opportunity of testing it very well, both singly and combined. When treating females of a weak, nervous and hysterical condition, caused from uterine derangements, the following will relieve in nearly every case:

R ALETRIS CORDIAL.....8 ounces.  
 Celerina.....8 ounces.

M. Sig.: Two teaspoonfuls three or four times a day.



"My friend," asked the doctor, "what is the trouble—what can I do for you?"  
 "Well, doctor, to tell the truth, that's the very question I came to ask you."  
 "Doctor, I have indigestion; I have been eating peanuts."  
 "Hold on, sir, I don't understand you."  
 "By the way, doctor, there is the money for your visit."  
 "You mean to say [pocketing the money] that you had eaten peanuts, then you had indigestion? Oh, I understand you now."

Do you want a hat, a cap, an umbrella, a cane, a pair of driving or dress gloves, either for yourself or for a Christmas present to the editor of THE CLINICAL REPORTER, or any one else? If so, go to Matthews & Lefferty's, 719 Olive St. Best for the price.

IMPECUNIOUS DOCTOR (desperately)—Tell me the truth. Is it not my poverty that stands between us?

She (sadly)—Y-e-s.

Impecunious Doctor (with a ray of hope)—I admit that I am poor, and so, unfortunately, is my father; but I have an aged uncle who is very rich and a bachelor. He is an invalid, and cannot long survive.

She (delightedly)—How kind and thoughtful you are! Will you introduce me to him?

Hamilton, Nevada, June 15, 1890.

JEROME KIDDER MFG. CO.: *Dear Sirs*—I sent yesterday \* \* \* \* This is the sixth battery I have had of your manufacturing during the last twenty years. There have been any amount of electrical machines in this western country during the last decade. In my practice, I am willing to acknowledge that Kidder's battery far excels any other for durability and medicinal purposes.

Yours respectfully,

H. S. HERRICK, M. D.

VIRGIN MODESTY.—A Sister of Charity had a tape-worm. "When we have what we cannot love," says the proverb, "we must love what we have." But the nun and the proverb differed in opinion. The expulsion of the anchorite was decided on. A physician was called in and prescribed kousoo—that Fourth-of-July for tape-worms—but, alas! the kousoo failed. "Ah, Sister," said the physician to the *religieuse*, "when kousoo fails, we must use *filix mas* the *male fern* on you." The nun blushed scarlet, and timidly made answer: "Felix Maas, the *male fern*! Heavens! In that case, doctor, I must have a special dispensation from our Bishop!"—*Lancet-Clinic*. (Improved.)

"Doctor, I have pain in the back, headache, and no appetite; what is it?"

"One dollar, sir."

"How much for your visit, doctor?"

"Two dollars, sir."

"Shall I pay you now?"

"Yes, sir, if you want me to come back."

"Will you come back?"

"Yes, sir, if you pay me now."

DR. ENNO SANDER, the veteran chemist and manufacturer of aerated, carbonated and still mineral waters, has recently issued a little brochure which every physician should carefully read and digest. It is a résumé of the opinions of distinguished physicians as to the therapeutic properties of the salts of lithium and of lithia waters, and comparison, made by competent observers, of the relative value of "natural" and artificial lithia waters. In rheumatism, gout, and certain kidney troubles, the value of lithia has been recognized for upwards of forty-five years, splendid results having followed the use of even the old and uncertain methods of exhibition of the agent. Millions and millions of dollars have been drawn from the pockets of the gullible public by owners of mineral springs, through the simple assertion, widely advertised, that their springs contained lithia, although the assertion rested on nothing stronger than the vivid imagination of the said owner, or the so-called analyses of obscure or venal chemists. Dr. Sander's lithia waters are constant in their percentages of lithium carbonate (and other ingredients), and hence the physician knows exactly what he is prescribing in ordering them.—*St. Louis Medical and Surgical Journal*.

Dr. B—y, who enjoys a large practice, was seen on "All-Souls' Day" in Calvary cemetery. "What are you doing here?" asked a bystander; "taking inventory of stock, eh?"

THE  
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 HOMŒOPATHIC MEDICINE AND SURGERY.

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# AN OPEN LETTER TO THE MEDICAL PROFESSION.

## The Infant Food Problem Solved.

NEW YORK, May 1, 1890.

*The Annual of the Universal Medical Sciences for 1889, says: "A perfect Infant Food is still a desideratum; such a food will probably be evolved in the mind of some manufacturer who understands the physiology of infantile digestion and the chemistry of milk. A substitute for human milk to approximate the latter closely should be made entirely from cow's milk, without the addition of any ingredient not derived from milk."*

*"But not alone do we demand that these Milk Foods contain the equivalent of these solids in human milk, and especially of the albuminoids derived from milk, but that the latter be gathered with the utmost care from properly fed animals, transported with the least possible jolting to the factory, maintained during its transit at a low temperature, then transferred to an apparatus for sterilisation, and immediately after the latter has been accomplished reduced to the dry state, in order to prevent the formation of those organisms which Loeffler, Pasteur, and Lester have found to develop in fluid milk after boiling under an alkaline reaction. If such a preparation be put into air-tight and sterilised jars, all will have been accomplished that can be done to render the food sterile, and thus fulfil the chief indications in the prevention of the most serious gastro-intestinal derangements."*

*"Such a food, too, would have the advantage of being easily and rapidly prepared by addition of sterilized water, affording an altogether sterilized food."*

To the Medical Profession at large, we submit for examination and trial the perfected Milk Food known as LACTO-PREPARATA. We claim that LACTO-PREPARATA is an ideal Infant Food, and that it fulfills the above requirements in every particular, except the partial substitution of cocoa-butter for unstable milk-fat. This substitution was made by advice of Prof. Attfield, London, who made extensive tests of its food value and digestibility in the London Hospitals for Infants.

LACTO-PREPARATA is made from cow's milk evaporated in vacuo a few hours after it leaves the udder. In order to have the product correspond in composition with breast-milk, sufficient milk-sugar is added to bring up the carbohydrates and reduce the albuminoids to a proper proportion (17 per cent). The casein is partially pre-digested (30 per cent.), and the remaining portion is rendered like human milk in character and digestibility. The ingredients are perfectly sterilized and placed in hermetically sealed cans; the powdering, bolting, and canning are done in an air-tight room, all air entering and leaving this room is forced by a blower through heavy layers of cotton. LACTO-PREPARATA is adapted more especially to infants from birth to six months of age; and by the addition of water alone represents almost perfectly human milk in taste, composition and digestibility.

Another product of our laboratory which has been before the profession for a number of years is CARNRICK'S SOLUBLE FOOD, which, as now prepared and perfected, contains 37½ per cent of the solid constituents of milk, 37½ per cent of wheat with the starch converted into dextrine and soluble starch, and 25 per cent additional milk-sugar. For infants over six months of age it is perfect in every respect; for infants younger than this, LACTO-PREPARATA is more suitable, although Soluble Food has also been used largely from birth with the most satisfactory results.

Samples will be sent prepaid, also pamphlet giving detailed description.

REED & CARNRICK, NEW YORK

## Tertiary Syphilis.

---

“Your preparation, **IODIA**, is an excellent alterative, and is the most agreeable of any preparation of Iod. Potas., as it does not cause the cramps in stomach, which are often intolerable.

“I have employed **IODIA** in two cases of Tertiary Syphilis, in which, after five weeks' treatment, the manifestations disappeared.

“In a case of Syphilitic Eczema it was also successful.”—**DR. SAM PETITEAU**, Garches, France, Nov. 10th, 1890.

---

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Treated with phenomenal success by a New Method. Send for literature giving formula and full particulars as to terms, samples, etc.

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*Century Chemical Co.,* Owasso, Mich., Feb. 10, 1890.  
Gentlemen.—Your U. D. M. is certainly a wonderful remedy. I have used it in four cases of organic stricture with perfectly satisfactory results; and as regards your "Medicated Bougies," they acted better than anything I have ever tried in chronic gonorrhoea. Yours respectfully, S. S. C. PHIPPS, M. D.,  
Pres. Board of Health.

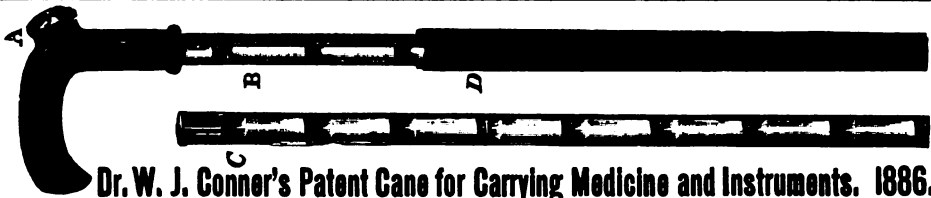
*Century Chemical Co.,* Providence, R. I., July 16, 1889.  
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Dr. Geo. B. Hope, Surgeon Metropolitan Throat Hospital, Professor Diseases of Throat, University of Vermont, writes in an article headed, "Some Clinical Features of Diphtheria, and the treatment by Peroxide of Hydrogen" (*N. Y. Medical Record*, October 13, 1888). Extract:

"On account of their poisonous or irritant nature the active germicides have a utility limited particularly to surface or open-wound applications, and their free use in reaching diphtheritic formations in the mouth or throat, particularly in children, is, unfortunately, not within the range of systematic treatment. In Peroxide of Hydrogen, however, it is confidently believed will be found, if not a specific, at least the most efficient topical agent in destroying the contagious element and limiting the spread of its formation, and at the same time a remedy which may be employed in the most thorough manner without dread of producing any vicious constitutional effect."

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Dr. E. R. Squibb, of Brooklyn, writes as follows in an article headed "On the Medical Uses of Hydrogen Peroxide" (*Gaillard's Medical Journal*, March, 1889, p. 267), read before the Kings County Medical Association, February 5, 1889:

"Throughout the discussion upon diphtheria very little has been said of the use of the Peroxide of Hydrogen, or hydrogen dioxide; yet it is perhaps the most powerful of all disinfectants and antiseptics, acting both chemically and mechanically upon all excretions and secretions, so as to thoroughly change their character and reactions instantly. The few physicians who have used it in such diseases as diphtheria, scarlatina, smallpox, and upon all diseased surfaces, whether of skin or mucous membrane, have uniformly spoken well of it so far as this writer knows, and perhaps the reason why it is not more used is that it is so little known and its nature and action so little understood."

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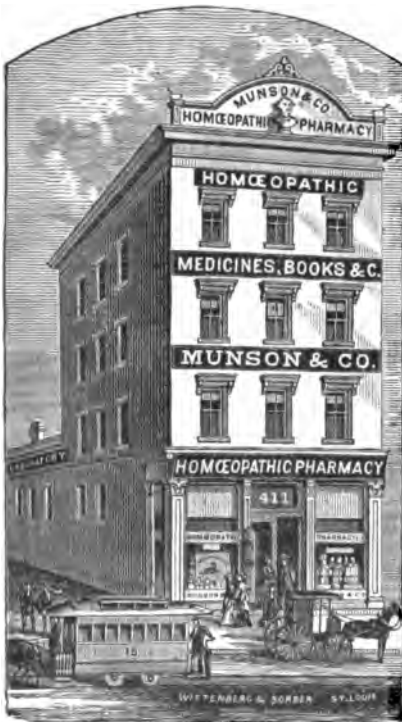
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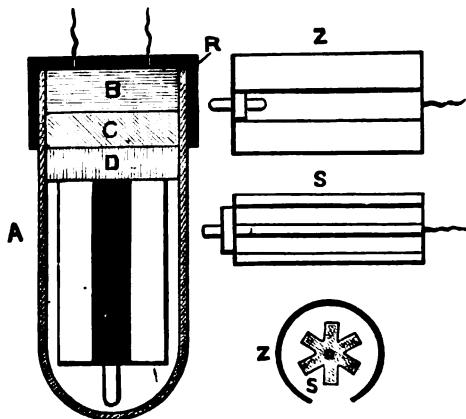
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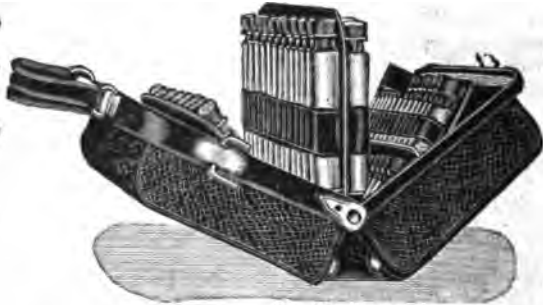
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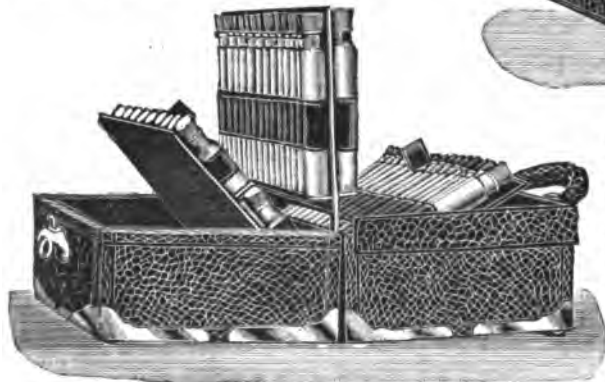
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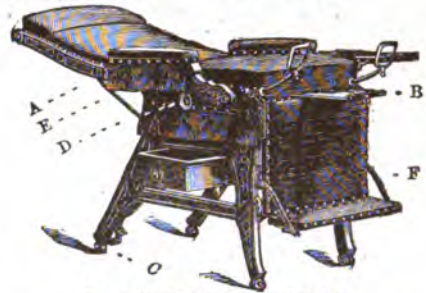
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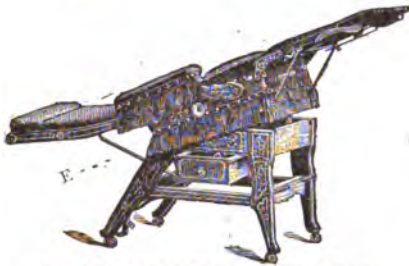


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