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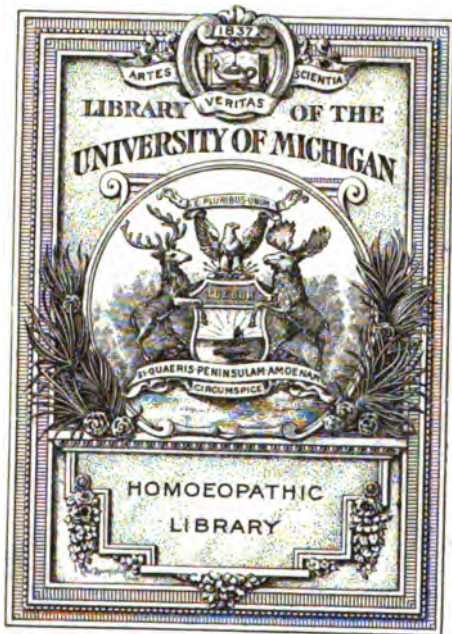
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The
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American Medical Journal

The Southern Journal of Homœopathy.

NEW SERIES
NUMBER 1.

Austin, Texas, January, 1888.

OLD SERIES
NUMBER 53.

Editorial.

The Journal for 1888.

HERE we are again, fresh from the paper mill, just from the type foundry, damp from the press and green from the bindery, all smiling and chuckling as to how we've outstripped 'em all in the matter of dress. How do you like us? Aren't we handsome? The paper mills of Connecticut succumbed to the outlandish weather and delayed us awhile, but THE SOUTHERN JOURNAL bobs up serenely with a Happy New Year for all its old subscribers and the two thousand new ones it expects to get this year, as well, and, with new hat in hand, makes its bow for 1888.

We've come to stay! The row this journal has had to hoe has been a hard one, but we've hoed it just the same and are here to remain. It is true that in the last issues of last year some very plain talk was indulged in about the finances of THE JOURNAL, and the impression may have gone abroad that we were going to quit. And so we were, and would have done, but for the fact that the afore-mentioned plain talks were productive of good, and that we are able to start off with a much better patronage than ever before. Our subscription list has largely increased during the last three months, and, as will be seen by our Card Directory, more than twenty Southern physicians, and one Northern

friend, have sent us their card for insertion to aid in THE JOURNAL's support. It is hardly necessary to say that this encouragement is most gratifying. It has had a most happy moral effect upon the editor, whose heart is greatly cheered by so marked a manifestation of confidence and sympathy, and it serves an admirable purpose in oiling the machinery of the print-shop.

Yes! THE SOUTHERN JOURNAL OF HOMŒOPATHY has come to stay, and it wants every one of its readers to lend his aid toward making it pre-eminently the practical and welcome journal of our school. He who gains knowledge at the bedside, from the books and through the journals and imparts none to his fellows, is a sponge. Every practitioner, however humble, has his golden grains of experience which belong not to him alone, but to us all. It is these we crave, these we hope you will give. Articles of value shall not be thrown aside because of lengthiness, but short, pithy contributions are most desired. Give us these in plenty and we shall be happy.

As in the past, so in the future, THE JOURNAL will labor unselfishly, persistently and determinedly for the advancement of the cause of Homœopathy in the South. There is much to be done, which, without a distinctively Southern journal would be impossible.

The co-operation and support of the profession all over the Union is most earnestly desired, while this much from

the Homœopaths of the South is confidently expected. Legislative battles will have to be waged; the press, the politicians and the people will have to be educated up to a spirit of fairness and justice toward Homœopathy. The cream of all medical knowledge must be disseminated among our practitioners that their achievements at the bedside may be of greater value to the sick and of greater glory to our cause. Contribute liberally to the pages of *THE JOURNAL*, draw upon your Homœopathic patriotism for its coffers during this year and whatever of ability and energy and devotion its editor possesses shall be spent without stint for the good of the cause.

The Outlook for the Year.

NEVER in the history of Homœopathy have the signs of the times pointed with such unerring certainty toward important achievements and gratifying accomplishments in a single year, as now, at the ushering in of 1888. The medical horizon is radiant with the reflection of the rising sun, *Similia*, and before the shades of the incoming year shall have gathered, a mile-stone of unusual progress will most certainly have been firmly set in the cement of medical reformation, else we fail to correctly interpret the events of the hour.

Look for a moment at the position of Homœopathy to-day as compared with her status a half century ago, and take this as a basis for predicting our growth in the future. Then less than a half dozen practitioners in America, now above eleven thousand; then no literature in the English language, now several thousand volumes; then no colleges, now fourteen; then no hospitals, now fifty-seven, with four thousand beds; then no dispensaries, now forty-eight; then no societies, now one hundred and forty-three; then no journals, now twenty-four; then no

pharmacies, now forty six; then no clientele, now several millions of patrons, chiefly from the more intelligent and refined of our people; then no official recognition, now it is employed in professional capacity by National and State government, honored by the establishment, by various States, of Insane asylums, Hospitals and Universities for the exemplification and elucidation of her practice and her science. Surely, such a progress as this removes all taint of bombast from a confident prediction for 1888.

We commence with the establishment of one new journal and most marked improvements, and enlargements, in several of the old. In February will be witnessed the opening of the first Homœopathic college in South America. In the spring the Convalescent Home, near London, will be ready to receive patients. The new and magnificent free hospital in Detroit will be completed this summer. A child's hospital at Chicago will be among the new institutions of the year. The Homœopathic asylum for the insane at Fergus Falls, Minnesota, will be erected as fast as the work can be done. The New York College will build its magnificent structure before the year is ended. The literature of our school will undoubtedly be enriched by the addition of many important works, some of which have already been announced. In fact, in almost every department of our art there is most positive promise of substantial progress during the year which is before us.

Homœopaths of the South! What are you doing toward keeping step in the line of the onward march? Your only journal begins the year with more substantial encouragement from you than ever before enjoyed, as will be witnessed by its card directory published in our advertising department, and for this it is profoundly grateful. *THE JOURNAL* is presented to you with improvements recog-

nizable at a glance, which are an evidence of "progress" on the part of its editor in the line marked out for the year. But, what are you doing for the general advancement of our cause? Are we to have a college this year? Shall Eighteen Hundred and Eighty-eight be allowed to go by without the founding of a hospital in one or more of our cities? Are we to have no dispensaries, no new State societies, no Insane asylums secured to us as have our Allopathic colleagues? Are we to be careless and silent and indifferent about our standing as a humane, enlightened and superior school of physicians, or are we to be up and doing, as is the profession almost everywhere but in the South?

Brethren! Let us do something for Homœopathy this year. We can do much if we will. Let us arouse from our lethargy and vie one with another in our efforts toward the accomplishment of greater works than have ever yet been ours to perform; let us signalize the present year as the most eventful of all that have been known to Homœopathy in the South, and future generations will rise and call us Blessed.

Recent Progress of Homœopathy in England.

THE new world has been the scene of the most active operations and the greatest progress in Homœopathy during the greater part of the present century, while in England and on the continent, because of the conservatism and prejudice of the Old School and the laity, and the power and influence attending the patronage of the governments of the East, our progress has indeed been slow and unsatisfactory. In fact, at times it has seemed almost as though the practice of Homœopathy would have to be abandoned, so severe have been the regulations surrounding it, and so poorly known and

feebly recognized its power to heal the sick. For America and Americans Homœopathy has been sufficient, and although at times severely tried in the crucible of doubt and opposition and ridicule, it has risen to a post of honor and trust in this country, to which it has until recently been a stranger in Europe.

It is, therefore, with great pride and gratification that we note the instilling of new life and energy into the hearts and minds of the profession in England, and the commencement of a new and better era for Homœopathy in the land of King George.

That our brethren and their friends are aroused and more actively at work than ever before is manifest from the remarkable events of the past two years. Early in 1886 The Homœopathic League, an association of physicians and enthusiastic laymen, was organized for the purpose of disseminating information relative to Homœopathy. A considerable fund of money was collected and fourteen tracts have been issued and widely circulated among the people setting forth the advantages and merits of the new system. That the issuance of correct information about Homœopathy does much to set aside the ignorance and prejudice of the masses goes without saying, and our English brothers have struck a keynote in organizing a League for this purpose.

Soon after, Dr. Dudgeon was refused an advertisement of Ameke's History of Homœopathy in the *Practitioner*, and he issued a free-lance pamphlet on Medical boycotting which attracted wide attention and set many people and physicians to thinking, and not long afterward this same gentleman addressed a caustic letter to the president and council of the Royal College of Physicians, exposing the wholesale plagiarism of their eminent Dr. Lauder Brunton, in appropriating to his work on Pharmacology, without credit, copious additions from Homœopathic

books. Those letters indicate a healthy awakening, and they found a ready lodgment in the hearts of an arousing profession and of a people who were becoming interested. The next occurrence of considerable moment was the interesting affair connected with the Margaret Street Infirmary. Near the end of 1886 a movement was started to remove from the medical staff two physicians who had become converts to Homœopathy and were using its remedies in their practice. Several of the Old School members of the staff called a meeting of the governors of the institution, and tried to force the resignation of the Homœopaths, but, not succeeding, they handed in their own resignations instead. The vacancies were filled by Homœopaths and liberal Old School practitioners, and the "Meddlesome Matties" found the doors of the institution, which they would fain rule or ruin, closed against them. It is doubtful if ever a more signal victory than this has perched upon the banner of *similia*, even in liberty-loving America.

During the year just ended two most important events have transpired. Of these, one is the completion and dedication of the Hahnemann Hospital in Liverpool, presented to the city for the Homœopathic treatment of the poor by Mr. Henry Tate, a gentleman of fortune who has had practical experience with the medicine of Hahnemann, and, with a philanthropy worthy of extensive imitation, desires that the poor of his city shall have the benefit of its ministrations. The other is the triumph of the cause of justice, in a medical lawsuit involving principle, over prejudice and bigotry. Mr. Millican, an Old School surgeon, is a member of the staff of the Margaret Street Infirmary before alluded to and also a surgeon to the Jubilee Hospital in South Kensington. When he accepted the position on the Margaret Street Infirmary staff in place of one of the

medical bigots who resigned when the governors refused to remove the Homœopaths, his fellows on the Jubilee staff demanded that he resign one or the other of the positions. This he refused to do, and the remaining members of the committee of which he was one formed themselves into a sub-committee and removed him. Instead of accepting his bouncing with complaisance, Mr. Millican brought suit to restrain his colleagues from wrongfully dismissing him, and his cause was sustained on December 19th and a restraining injunction was issued by Mr. Justice Manisty, at the court of the Queen's Bench.

While not a trial against or in favor of Homœopathy, we are an interested party as the sum of Mr. Millican's offending was, that he was serving on a medical staff with Homœopathic members.

The foregoing brief recital of a few important events which have recently occurred in England is enough to satisfy the profession in America that their brethren across the water have taken on the contagion of activity, and that reasonably great things may be expected of them hereafter.

Homœopathy is not dead in England. The establishment of the League for the diffusion of knowledge of the new practice was a move in the right direction a move worthy of all imitation in this country, and especially in the South where a majority or the members of the profession are asleep. From the League much good has already come, and to it greater accomplishments belong in the near future.

All honor to the Homœopaths of the land of King George.

Give Detroit the Institute.

THE JOURNAL has before expressed the opinion that the American Institute of Homœopathy made a mistake in

determining to hold a third successive meeting in New York State, and that opinion it now most emphatically reiterates. The West and South must certainly be brought into close relation and hearty sympathy with the parent body if it would expect to be a thoroughly representative National society; and the policy of meeting three years in succession in one State is not fair toward the great body of Homœopaths of this Union, nor conducive to the best interests of the Institute. Ours is a great big country. It takes time to get over it, and, in the South and West traveling is expensive. To illustrate, it would cost the editor of this journal one hundred and twenty dollars for railroad fare, twenty-four dollars for sleeping car fare, eighteen dollars for meals on the trip, twelve dollars hotel bill at Niagara ten, dollars for incidentals and the loss of twelve days' time, to attend the meeting next June—in all one hundred and eighty dollars, at a low estimate, and twelve days of time, even if close connections were made all around. What Eastern physician is there that would attend three successive meetings in the West or South at this cost? Not one.

Detroit is completing a magnificent hospital donated to her and Homœopathy by two of her wealthy citizens. It will be completed this summer. The City of the Straits is not a hot-box, but an attractive and delightful city. Let the Institute do honor to the worthy gentlemen who have thus honored her, and do justice also to the great body of Western physicians by meeting at Detroit upon the completion of her new and most elegant hospital and participating in its dedication. Detroit has never had the Institute, the present is a most opportune time to hold its session there; the great West deserves and should have this year's meeting. This journal indulges the hope that the Executive Committee will change the meeting from Niagara

Falls to Detroit that the Institute may engage in a grand jolification upon the completion and dedication of its new and magnificent hospital. Niagara Falls can wait, and it will do the New Yorkers good to get out of the narrow limits of their own territory. Go West, and go to Detroit, says THE SOUTHERN JOURNAL, what say the rest?

The High and the Low.

JOURNALS are largely what the profession makes them. A stream does not rise higher than its source. If the "high" doctors contribute most freely to a journal, its contents will be more "high" than "low," and *vice versa*. This journal has received numerous complaints from the "purists" about the character of prescribing set forth in various contributions from its readers, and, to be candid, some of these are not without justice, for some very "mongrel" prescribing has been recorded from time to time. But, to the purists we now say, stop your grumbling and show us how to do better. THE JOURNAL is freely open to you. Not only is this so, but, as will be seen, there has been placed on our list of collaborators for 1888 an additional extremely "pure" collaborator, Dr. Sherbino; and between the doctor and Prof. Kent we hope to satisfy the purest of the pure and the highest of the high.

This journal is not exclusive. It opens its pages to all who practice, or try to practice, under the flag of Hahnemann. Only by the freest interchange of opinion and experiences can the whole truth be arrived at, and this is what is sought. Courteous criticism of anything appearing between its covers, especially as relating to the treatment of disease, will be allowed, and the high and the low will most cheerfully be given a place and a hearing. Let us sup together, communicate freely our ideas, and learn which really is the better way.

Southern Association Meeting.

FOR THE fourth time the Southern Homœopathic Association has convened in annual session, the last time in New Orleans on the 13th 14th and 15th of last month. Each one of its sessions have been profitable to its members, and of benefit to the general cause in the South, although none have been as largely attended as they should have been, nor of as marked benefit as subsequent meetings more largely attended must, of necessity, become.

It was not our pleasure to be able to attend the December meeting, having been detained at home for no other reason than that we were engaged at the time in an active but only partially successful contest in the interests of Homœopathy in connection with the hospital service of Austin. But, from all that can be learned, the meeting was a fairly good one with a goodly number of new attendants and with more States represented than ever before. The papers were above the average in ability and acceptableness; the social features of the meeting were all that could be desired, the business of the sessions was transacted in a generally satisfactory manner, and the Association planted another white milestone in its history.

So far all the meetings have been held in New Orleans, whose physicians have been most hospitable, but the next meeting will be held in Nashville. This is a judicious move. There are a considerable number of Homœopaths in Tennessee, Arkansas and Kentucky who should be worked into the harness, and we predict a large attendance and a valuable meeting next fall. The selection of the month of October for the next meeting was also a happy hit, as was the election of Dr. Ockford to the presidency of the Association.

The Southern Association is an assured fact, and if the physicians of the South

will attend its meetings as they should, and each one contribute his share to its sessions, it will undoubtedly be of incalculable value to our cause in Southern territory.

Practice of Medicine.

Clinical Notes.

By G. W. Sherbino, Abilene, Texas.

For the JOURNAL.

CARDIALGIA:—NUX VOMICA, 2 M.

LITTLE boy aged nine years, was taken with pain in the stomach, and I thought it was Colic, from the symptoms I could get. Gave *Colocynth* (3 m). I came back in half an hour and the little fellow was crying very hard. I asked which way the pains shot, up or down; he said up. I gave a dose of *Nux Vomica*, (2 m.) and in five minutes he told his mother that that medicine had cured him. The pain left him and returned no more.

CARDIALGIA:—NUX VOMICA, C. M. (S. K.)

Mr. R. Y. P., aged thirty-five, came home from work sick with the Dengue Fever. When I arrived he was sitting on the bed groaning and pressing his stomach, with his hands. He said a short time before he was taken with a pain in the stomach and that I must relieve him quickly as he could not stand it long—it would kill him. I asked him which way the pain extended, and he said upwards and that they pressed against his lungs. He could hardly breathe. *Argentum Nitricum*, *Calarea Phos.*, and *Chamomilla* have pain "going upwards." He is a toper and I thought I would give a dose of *Nux C. M.* I put up a dose of *Sac Lactis* to give next, and gave it in about ten minutes, and, by the time I was ready to give another dose, he smiled and said that the pain was gone so he could lie down in bed. No more medicine was needed.

COLIC, ~~ENTERALGIA~~:—CHAMOMILLA.

Mr. B. came for me to go in a hurry to see his wife, ill with the Cramp Colic. I thought it a *Nux Vomica* case, but found I was mistaken there. I went to another room with Mr. B. and I put interrogatories to him about his wife, and learned that she was terribly cross and ill-natured. He said when she has these spells he does not like to ask her any questions, as she can hardly answer civilly. Pains pressing downwards and upwards.

I gave *Chamomilla*, *C. M.* and it cured like a charm. She had no more Colic.

COLIC:—SULFUR, (*C. M.*, *H. S.*)

Mr. B., aged thirty-five, had been suffering three days with Dengue Fever. He is subject to cramp in stomach. *Nux Vomica*, *C. M.*, relieved him. Next night pain came on again. He says it comes on in proxyysms of five to ten minutes. The pain commences in the Epigastric region, passing down to the umbilicus, from there obliquely downwards and outwards to the right Ileo-Cæcal region. Pressing on the stomach made him cry out.

Concomitant. — I noticed that his feet were out from under the clothes at the foot of the bed. I asked him why he put them out, as it was cold, and a fire was needed in the room. He said his feet got so hot, the soles especially, *burn*. He liked to put them out against the foot-board to cool, but the nurse would not allow him to do so. She kept covering his feet up, but occasionally he would steal them out when she was out of the room. Hot vertex, hot flashes, wants to be in a warm room. *Sensation as of the intestines were tied in knots*; ameliorated by rubbing the stomach downwards to the Umbilicus, "aggravated from motion or turning on either side. Gave one dose of *Sulfur*, *C. M.* Next pain did not come for twenty minutes, and it was the last.

HYPERÆSTHESIA.

Aloes.—Head-ache aggravated from every foot-step.

Belladonna.—Aggravated from a jar. In inflammations of all kinds. Inflammatory Rheumatism, Felons, Ovaritis, Metritis, etc., etc.

Conium Maculatum.—Great soreness of the breasts, preceded by Menstruation; the least jar, or walking causes it.

Cocculus.—A slight noise or slight, unexpected touch causes starting and trembling. The least noise or jar is unbearable.

Helonias.—Aggravation from a jar, in prolapsus of the Uterous, with a sensation as though the Uterus was immensely large.

Lilium Tig.—Neuralgic pains in the Uterus and Ovaries. Cannot bear the least touch—not even the weight of her clothes (*Lachesis*).

Aggravation from slightest jar.

Lac. Caninum.—Sharp, shooting pains in the left abdomen and pelvis. Aggravation on the left side; riding in a carriage seems to jar her.

Breasts very painful but no lumps; the pains aggravated by the least jar.

Nux Vomica.—Sensitive to a jar of floor, and to every step.

Silicia.—Head-ache, aggravated by jarring of the room, by foot-steps.

Spigelia.—Head-ache from jarring.

Theridion. — Head-ache aggravated from persons walking over the floor.

Baptisia.—Cannot bear any one to walk heavy across the floor or jar the bed, (*Bell.*), in child bed fever, with the usual concomitants of this remedy.

KALI PHOSPHORICUM is a remedy of great excellence in those cases of excessive irritability and nervous prostration in young children that often tax the ingenuity of the prescriber and give great concern to the parents.

General Paralysis of the Insane.

By A. J. Givens, M. D., Westborough, Mass.,
Ass't. Phys. Homœopathic Insane Hospital.

FOR THE JOURNAL.

A BRIEF description of this form of mental disease may be of interest to some of the readers of THE JOURNAL. It is met with frequently in our asylums, and is known under a variety of names, the most common of which are *Dementia Paralytica*, *Progressive Paralysis*, *Mania De Grandeur*, *General Paresis*, and *General Paralysis of the Insane*.

A little over one half century ago it was unknown, but in 1826 Calmiel, a French physician, wrote his work, *General Incomplete Paralysis of the Insane*, separating and describing it as a special form of brain disease. Since that time many alienists have given much time and attention to it, but while the history and symptoms are well known to-day, the therapeutics and pathology remain obscure. That it has been increasing in the past few years is undisputed, for statistics show that out of 9615 admissions to our asylums in Massachusetts in the past seven years, 580 cases have been cases of *General Paresis*, and 373 have resulted in death.

This disease is most frequently met in our seaport cities and is most common in men. In the cases admitted we find the causation to be excesses of all kinds; which act more powerfully when associated with worry and anxiety and the mental strain that is occasioned by the rush and high pressure of modern times.

The disease presents three stages; the incipient, the pronounced and the decline; and frequently a person passes from the first to the last without our being able to fix upon the dates. The first thing to be noticed may be an alteration in the manner and habits of the individual, with undue irritability, sleepiness and forgetfulness. The disease may

assume a melancholic form, when the patient will become depressed; but his melancholia differs from ordinary melancholia; or again, the patient may become excited, but the mania in General Paralysis differs from Acute Mania; or, possibly the form of dementia may occur when the initiatory symptoms in a worn-out man will be weak-mindedness, and probably will continue till the disease has run its course.

The motor symptoms accompanying this stage are frequently discerned with difficulty. The impairment of articulation, with tremulousness of the lips and tongue, together with the changes in the pupils, which are unequally dilated or contracted, or contracted to a pin point and irresponsive to light, are the most characteristic, while an unsteady gait, similar to Locomotor Ataxy, is often found, and sometimes stammering, which is due to the Hypoglossal nerve being partially paralyzed.

The first stage may pass imperceptibly into the second, or a fit of more or less severity may form the dividing line. In this stage the symptoms of the preceding are intensified, and he will tell you of his strength and riches, that he has innumerable millions of dollars, jewels, etc.; or, that he is a king, or some great personage. These ideas can hardly be called fixed delusions, for he is the projector of innumerable schemes for acquiring wealth. Accompanying these symptoms we have an increased difficulty in articulation and inability to pronounce words like "artillery," correctly. The gait becomes more marked. The appetite is good, but food is masticated and swallowed sometimes with difficulty. Common sensibility is impaired, and the skin which has been flabby may break out with *pemphigus poliaccens*. The fit, which usually accompanies the disease, and is one of the most characteristic symptoms, occurs with more or less intensity, and is

known as a Congestive, Paralytic or Epileptiform attack, and is often like the petit mal in Epilepsy, but, unlike Epilepsy, there is no cry, and the convulsions are not as violent; while it differs from Apoplexy in that the Hemiplegia may recur several times in General Paralysis. The temperature varies from 99, a. m. to 103, p. m., and occasionally reaches 105 or 106.

These attacks seriously affect the mind, and Dementia follows. The control of the bladder and bowels is lost, and the patient takes to his bed and is in the decline, becoming gradually weaker. The tongue is tremulous and protruded with difficulty, and great caution must be used, when eating, to prevent the food becoming impacted in the œsophagus or falling into the larynx or trachea. The forced decubitus, accompanied with atrophy and general anæmia, is followed by bed sores; but still, in answer to the inquiry as to how he feels, he will answer, "Fuss rate," or "lovely," until death follows, which is probably due to exhaustion, want of power to assimilate food properly, bed sores or lung complications—the duration of the mental disease varying from a few months to three or four years.

FOR THE JOURNAL.

Measles.

By A. P. Forster, M. D., Fort Scott, Kansas.

AS we had quite an epidemic of Measles in and about Ft. Scott this winter, I had a number of interesting cases to treat. The disease was not confined to children only, but attacked grown persons also, and assumed all the various forms that measles are capable of, in some cases even a malignant form, and I heard of cases which resulted in death. This, however, as far as I know, did not occur under Homœopathic treatment. I lost none, although I had several very serious cases. This appears to me to be another

evidence of the superiority of Homœopathy over Allopathy.

Measles, as is generally admitted, is contagious and appears epidemically. The contagion is chiefly during the first stadium, stadium prodromatum et eruptionis. In epidemics it may, like Scarlet Fever, be transmitted through the air. Some maintain it may be carried in the clothing. How far this is the case has not exactly been demonstrated. The incubation period until the efflorescences occur is from one to two weeks. The first symptoms are of a catarrhal character, a watery discharge from the nose and eyes, lassitude and some fever. The fever increases, the pulse runs up to 120 and 140, and sometimes higher, the temperature from 102° to 104° Fahrenheit. The eyes in most cases look red, though I have seen exceptions, and are sensitive to the light. There is generally severe frontal headache, a thickly coated tongue, no appetite, and a hoarse, barking cough. In a good many cases I also found severe gastric symptoms with excessive vomiting and diarrhoea, also, at times, delirium and sopor. All these symptoms do not, however, appear in all cases; in some they are so light that the patient is able to be up and about all the time.

A few days after these symptoms set in and previous to the exanthem, lentil-sized Measle-spots are perceived, in almost every case, on the palate and on the sides of the fauces. Where this is found, you may be sure you have a case of Measles. This is a diagnostic differing in form from the strawberry tongue in Scarlet Fever. It is said that the extension of these spots to the larynx and trachea causes the peculiar croupy cough, and where this croupy cough is found, together with the red spots on the palate, the appearance of the eruption will be sure to follow in a day or two.

The Measles always break out first on the face, generally on the cheeks and

temples. I have also seen them on the forehead, different from Scarlet Fever which generally makes its first appearance on the neck and chest. They are of the size of lentils, of a red color, raised a little above the surrounding skin, rather rough to the feel, and contain a little papule in the center. From the face they spread downward to the neck, chest and arms, and finally all over the whole body down to the feet in the space of from 48 to 64 hours. Some times they grow in size and run together, confluent, and exhibit irregular red blotches, the color being sometimes dark with a purplish, bluish tint.

In such cases and with the increasing development of the eruption, the constitutional symptoms become more intense; the pulse is full and rapid, the temperature will rise to above 104° Fahrenheit, the conjunctivæ are much the inflamed, the light intolerable to the eyes, the cough assumes a croupy sound; yet there is scarcely ever any complication with croup, but a complication with lobular pneumonia is not infrequent. The catarrhal affection may also extend to the alimentary canal and cause vomiting and diarrhœa.

In ordinary cases of a mild character the exanthem commences to decrease or fall off at the end of the third day after its appearance, from above downward, the same way it commenced, and continues until the eruption has entirely disappeared.

All the other symptoms decrease with decrease of the eruption.

Desquamation commences on the seventh day, but may delay until the fourteenth. The epidermis comes off in scales like bran, very seldom in large blotches; on the face and on the extremities it is most distinct. The patient begins to feel better. The cough may continue for some time, and also the irritation of the conjunctivæ. The above is

the normal course, but there are many deviations from it which have to be carefully watched.

Among the anomalies of a benign character are according to Bæhr, the following:

1. The eruption does not break out on the face first, but comes out sparsely on the rest of the body.

2. The single spots are topped with little tubercles or vesicles.

3. The exanthem comes out more slowly than usual, and the spots remain much longer, sometimes beyond a week.

4. The cough retains its croupy sound beyond the first day or even during the whole course of the exanthem.

Among the malignant deviations are the following:

1. The spots when first coming out are of a pale red color which does not increase in intensity, nor does it acquire the yellowish tint. Within the spots hæmorrhagic appearances are manifested and between the spots ecchymoses are noticed. The spots fade away soon after their appearance, or else they fade very suddenly at the regular period or before.

2. A dry tongue and angina tonsillaris, Diphtheritic membranes in the buccal cavity, hurried and superficial respiration, sopor and delirium after the second day of the eruption.

The sequelæ: Chronic Catarrhal Cough; Chronic Pneumonia, which may end in Consumption; Chronic Inflammation of the Eyes; Otorrhœa, Glandular swellings, and Chronic Inflammation of the Periosteum and the Joints.

I am happy to say that under proper Homœopathic treatment these sequelæ very seldom occur. In my practice I have never had them, and yet I have handled the most malignant cases. The principal remedies employed were: Aconite, Pulsatilla, Bryonia, Belladonna and Mercurius. I have seldom had occasion for any others.

In one case of earache I was called up in the middle of the night. It was in the case of a young lady, the pain was excruciating, she could find no rest. I gave *Belladonna*, and after two doses she fell asleep and did not awake till the next day at noon. In another case I gave *Antimonium Crudum* with the same result. These patients scarcely ever complained of earache any more.

What a wonderful power in the little pill. Oh! that the people could but see, and learn to be wise and not suffer themselves to be dosed with strong Allopathic doses!

Materia Medica.

FOR THE JOURNAL.

Materia Medica Talk No. 6.

By A. L. Monroe, M. D. Louisville, Ky.

PULSATILLA AND CIMICIFUGA AS "PARTURI-ATIENTS."

If *Ergot* is a Parturi-facient in grammar and in fact, *Cimicifuga* is a Parturi-atient with equal rights, for what one does in bringing on labor the other does equally well in making it easy when it comes. This, by the way of excuse for so boldly coining a word. To Homœopathy belongs the palm for first introducing special therapeutics in the prophylactic treatment of difficult, painful and tedious labors; indeed, such usage is so common in Homœopathic practice to-day that the doctor who fails to give the indicated remedy a week or two before labor, especially in those with previous history of medical dystocia, would be considered by his colleagues guilty of negligence or ignorance. I say medical dystocia in contradistinction to mechanical dystocia of such a nature as to be beyond the reach of special therapeutics, as contracted, or mis-shapen pelvis, or large head.

We admit that labor is a physiological

process in a physiological subject, but, like Dentition, it is as truly pathological in a pathological subject. Hence, *Calcearia* and *Chamomilla* are not more suited to the difficulties that children encounter in bringing forth their teeth than are *Cimicifuga* and *Pulsatilla* to their mothers' difficulties in bringing them forth.

The contrast between the labor of the squaw, or the cotton-picking negro woman and her pale-faced, cultured, delicate mistress, is generally the contrast between normal labor and difficult labor.

So marked is this contrast that our Southern accoucher soon learns to nod over his paper or journal while attending the former, and to be on the *qui vive* when attending "mistress," looking out for a call of some sort upon his resources; and rarely is he disappointed. All this in spite of the fact that the size and shape of the pelvis of the two would vary but little. The negro is healthy in body and mind with a surplus of nerve force stored up in her vital battery, the nervous system; through constant exercise in the open air the physical development becomes perfect, the abdominal muscles are powerful and harmonious, the uterine muscles through their supply of nutritious blood are strong and healthy, the pelvic joints are supplied with healthy, moist, elastic ligaments, the rheumatic and neuralgic diathesis is rarely marked—especially in the pure black—the glandular secretions are naturally healthy and profuse.

With this condition of things, what must, of necessity, be the history of labor? Why! every pain is a labor pain, pure and simple, and accomplishes its part in the grand result; the amniotic fluid and the secretions of the different glands that line the genital canal are present in proper quality and quantity, the amniotic membrane bursts at the proper time; the child is in the first position, flexion, descent, rotation and ex-

pulsion take place at the proper time and in the proper way, there is no ankylosed coccyx, and there are strong perineal muscles which guard against rupture; proper and uniform contraction follows the expulsion of the after-birth, and the thing is done without hitch or hemorrhage, the placenta having separated finely and cleanly from the womb, like the hull from the shell of a ripe hickory nut. Labor over and all is soon over; the uterine ligaments are all-powerful, and the few ounces added weight make little difference in their ability to retain the organ in place, so that in a day or two the woman is about her work again.

Note the contrast with *mistress*. Perhaps the child is crosswise, as the doctor terms it; the os becomes dry and rigid. He gives *Belladonna*, the pains take on an agonizing neuralgic or rheumatic character and radiate from the diaphragm to the knees. He gives *Chloroform* and the pains stop. He nods an hour or more, then they return and are weak, spasmodic or neuralgic again, and he gives *Gelsemium*, *Caulophyllum* or maybe *Ergot*. Under the new stimulus, labor proceeds a little further, the os dilates but the waters don't break, and he ruptures them with a hair pin. A few hours more of pain, *Chloroform*, etc., and the forceps are resorted to as preventive of vesico-vaginal fistula, ruptured perineum or death from exhaustion; or, after the birth there is a debilitating hemorrhage and a digital scraping away of the placenta. When the milk comes there is Fever, a caked breast later on, then comes a slow convalescence, tonics, stimulants, etc., etc.

This picture is over-drawn, I know, but such extremes on both sides are met often. Now, while these morbid tendencies can't be overcome in a few short weeks of treatment, clinical experience has taught us that the Homœopathic remedy does much toward relegating them to the back-ground. I say *clinical*

experience because, obviously, there are difficulties in proving the remedies that are Homœopathic to abnormal labor, in the usual way. Such a selective affinity for the generatives, etc., should stand in a curative relation to the rheumatic or neuralgia diathesis, one or the other of which converts labor pains into agonizing radiating pains in our modern female; it should be suited to alimentary disorders; it should have an affinity for the glands; it should be somewhat Homœopathic to nervous and mental Hyperesthesia—such as makes a pregnant woman anticipate an unfortunate termination, and threatens through nervous impression to alter the child's nutrition or to change its position in utero; and it should be anti-spasmodic in its influence, antedating the tendency to irregular, partial, incomplete or cramp-like contractions of the muscles concerned in parturition.

No two remedies in our *Materia Medica* which have been settled upon by obstetricians as the ones par excellence for use seem to fulfill these indications quite as nearly as *Pulsatilla* and *Cimicifuga* at this time. Admitting that one or the other is generally indicated in such cases, it becomes important to us to differentiate very closely between them, and time spent in their differential study is well spent, especially as the finger marks of both are so distinctive as to make attraction rarely justifiable. The *Pulsatilla* patient we all know; she is *fat, fair, flabby* and *fitful* in temper and symptom, now laughing, now crying, now amiable and again irritable and her mucous surfaces are all as sensitive as her temper, and slight irritation of the one will produce the characteristic greenish yellow discharge as readily as suffering of the patient brings the ready tears. The texture of the mucous surfaces of flabby people is always loose and admits readily of osmose, their tissues also contain a large per cent of liquid in their composition, hence their

secretions are easily increased in quantity. In the *Pulsatilla* patient this yellow matter obtains its spots of green from admixture with the coloring matter of the blood just as artists obtain a green color from the admixture of yellow and red—this as a digression. The *Pulsatilla* patient can't digest pie, pudding, pound cake, pickles, preserves phried phood (excuse spelling) or anything much that commences with a P. She is thirstless except when her temperature is increased enough, or long enough, to dry up her profuse secretions; she is generally chilly because her surface is generally moist and her skin loose in texture; in spite of this chilliness the fresh air is always sought to help stimulate her sluggish circulation. She and her symptoms are alike changeable; she cries and laughs by spells, she has leucorrhoea of different colors different days, or it dries up part or the time and she has symptoms somewhere else, for, with her an usual secretion or an usual excretion is rarely stopped without producing rheumatic or neuralgic pains somewhere else or gastric or nervous symptoms; especially is this peculiarity marked when her menstruation is stopped either by pregnancy or for other cause.

It seems to me that *Cimicifuga* is especially suited to the general requirements of what I have called a "*Parturient*" and should rather be preferred where the patient is not distinctly of the *Pulsatilla* make-up, with distinctively *Pulsatilla* symptoms. Especially should this preference be emphasized in *Multiparæ* with previous history of prolonged difficulty, especially painful labors, and those in which the woman experiences much nervous and muscular tremor, hysterical and other nervous symptoms, cramps in other parts of the body, adherent placenta, hemorrhage or abortion. The typical *Cimicifuga* patient is delicate and depressed with a history of muscular Rheumatism of a non-in-

flammatory character involving the belly of the muscle, hence a more or less spasmodic Rheumatism, accompanied by pains of a sharp, acute character, a sort of middle-ground between Rheumatism and Neuralgia where both the nerve fibres and muscular fibres are inflamed. She has a headache which is congestive in character, but accompanied by pains neuralgic in character. This headache either begins or ends in the nape of the neck and there is stiffness of the cervical muscles, and must be great congestion of the middle and posterior cerebral lobes explaining the symptom "afraid the top of her head will fly off," a symptom referable to congestion and accompanying tissue tension—analagous to the sensation of splitting in the skull or as if the eyes would pop out, as found under *Bryonia*.

The condition of mind in which we find the *Cimicifuga* patient is typical of pregnancy—"a dark cloud has settled over her;" "she looks on the dark side of things" like the *Ignatia* patient, only she speaks of it more freely and shows it more plainly in her conduct.

The *Cimicifuga* symptoms point to nervous excitement and spasmodic trembles; the *Pulsatilla* symptoms to torpor and delay; with the latter labor is slow and tedious, and the patient alternately cheerful and tearful. With *Cimicifuga* she is never cheerful, she thinks she will die, and is very demonstrative and impatient with the pains. They are one-sided or incomplete and radiate to other organs. Secretion under *Pulsatilla* is much more active, and the mammary glands swell and secrete milk long before labor.

The *Cimicifuga* patient shivers from nervousness in the first stage. The *Pulsatilla* patient is chilly all the time, but nervous reflexes are dull and there is little shivering. The *Pulsatilla* patient has palpitation, backache, and perhaps fainting spells; with desire for the doors and

windows to be opened. The *Cimicifuga* patient has cramps and fainting spells, darting pains, making her scream out, but producing no expulsive effect to the examining finger. *Pulsatilla* gives torpid and underaction, decrease of function. *Cimicifuga* gives excitement, over action, increase but perversion of function.

In my own practice I have found the trituration of *Macrotin*, the alkaloid, more efficacious than the *Cimicifuga* in this special department, and I hope others will confirm me in this regard. I used it for ten days, but in several cases, owing to miscount, the patients took it for two or three weeks and the result seemed more satisfactory, so that now I am using it at least three weeks before the expected confinement, with satisfactory results, excepting that it seems in my favorite potency (3 x), to cause some tendency to spasmodic after-pains, which however, seem to yield kindly to *Arnica*.

I have a theory that *Cimicifuga* has a selective affinity for the middle muscular coat of the uterus. This is the coat that is more largely concerned in the first stage than any other, if Dr. Rigby's theory that dilatation is accomplished as much as by contraction of the longitudinal and oblique fibres of the uterus, and thus a shortening of its length as by the pressure of its contents, this being the coat that contains the fibres, thus disposed. Certain it is that under the action of the drug the length of the first stage, the one that leads to the call for the doctor, is most materially shortened by this remedy.

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Gynæcology.

Read Before the Southern Association.

Simulation of Uterine Disorders by Rectal Lesions.

By Phil. Porter, M. D., Detroit.

CASES frequently present themselves in which the symptoms are of such a nature as to lead us to suppose that either the functions of the uterus are disarranged or that the organ has undergone some pathological change. These conditions are, however, on examination, found to be due in reality to a primary lesion of the rectum, its secondary symptoms having misled us into a wrong diagnosis. It is therefore necessary, in order to avoid errors in our diagnosis and treatment, to scrutinize most closely those symptoms which should lead us to suspect the existence of an affection of the rectum. When disorders of the rectum are known to be present and symptoms of uterine or ovarian disease are superadded, the necessity for careful differentiation becomes obvious.

The contiguity of the uterus and the rectum and the intimate relation existing between their vascular and nervous supply, while explaining the direct sympathy between these two organs, also suggests the great importance of a comprehensive knowledge of the various affections peculiar to both the rectum and the genital organs.

Recognizing the importance of clinical reports in a paper of this character we shall endeavor, in so far as is possible to illustrate, by cases from practice, the possibility of mistakes in diagnosis, and to point out the necessity for careful questioning, as to the presence or absence of rectal disease, even in those cases where lesions of the genitalia are found, sufficient in themselves, to account for all the symptoms that the patient refers to some "womb-trouble."

Our questions, previous to local examination must be direct. In regard to defecation we should not rest satisfied with the statement that the bowels move regularly. The ideas of some patients as to the normal performance of the function of defecation are peculiar; for there are some that consider it only necessary to satisfy the demands of nature at intervals of days. It is essential, therefore, not only to ascertain the regularity and completeness of the act of defecation, but also to inquire as to the presence of blood or mucus in the stools as well as the existence and the site of pain before, during, or after the act. There is one symptom that is often difficult to obtain without direct questioning, and that is dyspareunia or pain on coitus. This symptom may be caused by anal fissure or rectal disease as well as by caruncles of the urethra, by a displaced uterus or ovary, or by a simple hyperæsthesia. No examination is complete without careful scrutiny of all these possible symptoms and too much stress can not be laid upon the fact that a disease situated in the rectum may, especially in symptomatology, very closely simulate disease of the reproductive organs. Clinically, the following cases are presented.

CASE 1. Hemorrhoids, With Fissure of the Rectum.—Miss H., aged 35, occupation dressmaker, had been under treatment in a sanitarium for several months, for "Inflammation of the womb," from which she had been but slightly benefited and that only while confined to bed as part of the treatment. She complained of pain in the hypogastric region with bearing down sensation in the pelvis. There was also present a milky leucorrhœal discharge with frequent micturition. Many of her symptoms were aggravated at each menstrual epoch. On examination no disease of the uterus was found sufficient to explain her suffering, but, on further questioning, the patient acknowledged

she had pain during defecation and as her "lower bowel had lost its power she was compelled to resort to pills." With this additional history before us we at once extended our examination and found not only some old external piles—so frequent with women who have borne several children—but within the sphincter there was also found internal piles, and at the base of each tumor was seen a deep fissure with its associated polypoid body.

CASE 2. Fissure of the Rectum Simulating Uterine Symptoms.—Mrs. G., aged 27, mother, two children, the youngest three years of age. Has been under treatment during the past eighteen months for supposed uterine trouble, but had suffered for a much longer time before submitting to treatment. Has painful menstruation, which her last physician said was due to constriction of the *os uteri*, and for this condition the cervical canal was dilated, but without any curative effect with regard to the dysmenorrhœa. Among other barbarisms, of which she became the victim, were leeches, sponge tents and applications of nitric acid. In spite of this heroic treatment (?), she grew thinner and weaker, and from being a healthy woman, accustomed to much out-door exercise, she became a confirmed invalid, constantly reclining on her couch and only able to walk with great difficulty. On coming for examination, inquiry as to pain on defecation revealed the fact that she always dreaded an action of the bowels, and for partial relief took strong aperients; even then the pain extended a long way up the bowel, and made her sick and faint for some time after. On inspection of the rectum, there presented a deep fissure, evidently of long standing, and the sphincter itself was so firmly constricted by spasmodic contraction, as to admit the point of the finger only with great difficulty. Removal of the rectal lesion resulted in cure of the dysmenorrhœa,

the patient returning rapidly to health, even being able to take her accustomed horse-back exercise.

CASE 3. *Fissure of the Rectum with Supposed Uterine Derangements.*—Miss A. G., aged 24. Has suffered for the last four years with pain in "passing her motions" and water. Has pain in the uterus and bearing-down sensations, general debility and lassitude. She had been employed as a domestic but was obliged to give up any duties that required unusual efforts. On examination the uterus was found healthy and in normal position, but in the rectum were found some internal piles and at the base of one of them a deep fissure, much the same as in Case II.

Case IV. *Fissure of the rectum; supposed prolapsus uteri.*—Mrs. C., aged 42. Has profuse menstruation, irregular and lasting a long time. Has worn pessaries for five or six years and been confined to the bed for two years, more or less of the time. Complains of enlargement of the abdomen, pain in the limbs, particularly down the outside of the left leg from the ovarian region to the knee. On examination the uterus was found healthy and not displaced but there was, on the contrary, fissure of the rectum and a large contiguous polypoid body.

Case V. *Polypus of the rectum; supposed uterine disease.* Mrs. A., aged 30, married ten years, mother of five children. Has been treated by several physicians but received no decided benefit. Her previous medical advisers have told her husband that her sufferings were largely due to a neurotic condition, but nevertheless she has undergone at their hands the usual catuerizations, *raclage*, and other local treatment for congestion and enlargement of the uterus. Her bowels seldom move without the aid of an injection or an aperient, and she has noticed blood and mucus in the stools at various times. Has pain in the hypogas-

trium, loss of appetite, sensation as if the pelvic viscera were drawn down, pain in the small of the back, bruised sensation in the hips and thighs, soreness across the symphysis pubis, peculiar week feeling in the abdomen causing a desire to support the lower portion. On examination the uterus was found perfectly normal and in position. The rectum, however, presented, far beyond the sphincter, a large polypus. There were also present internal and external piles. After the removal of the rectal lesions the patient had daily evacuations without pain and at the end of two months she was quite cured of all her distressing symptoms.

Although the treatment of cases of the character herein mentioned does not necessarily come within the scope of this paper nevertheless we feel justified in mentioning the course pursued. Dividing therefore the subject of treatment into three classes, 1. therapeutical (internal medication), 2 topical and 3 surgical, the endeavor was at the outset to select the properly indicated remedy, then introduce the second form, which is confined to the application of dry heat to the rectum through a metal tube nine inches long by one inch in diameter. The rectal tube is so constructed that a stream of hot water is carried through a small central tube to the extreme end of the rectal tube and there discharged, heating the tip of the instrument first and then extending the heat toward the base of the tube until the portion which is insulated has been reached, furnishing a heating surface of about five inches. The insulation is necessary in order to protect the external parts which are more sensitive than within the rectum. By shifting the heater any part of the rectum may be brought under the influence.

The heater is supplied with a stop-cock which enables the operator to control the flow of hot water thus increasing

or decreasing the temperature. The tank in which the water is heated holds about two gallons and is so constructed that a water gauge and thermometer will indicate the quantity within the tank and the amount of heat. Rubber tubing carries the water to and from the rectal tube.

This manner of conveying heat to the rectum, of a temperature of 130° to 140° Fr., is, we think, far superior to any that has been recommended, and in our hands has proved not only very soothing to the patient, but efficacious in its results. Those who have not employed this treatment cannot imagine the benefit to be derived from its use.

While heat, at the temperature of 110° to 130° F., does not act as promptly in producing contraction of the tissues of the rectum as electricity or cold, it will, if the application be prolonged, bring on a reaction, and you have a more decided contraction, because of its secondary nature, than when produced by electricity, cold or astringents. Under the influence of heat the capillaries of the mucous membrane of the rectum are encouraged to contract, through the stimulus brought to bear upon the nervous system, and the calibre of the blood vessel is lessened in size with corresponding decrease of blood to the parts. Heat will always relieve an over-distention of the capillaries in any mucous membrane.

As a woman's back and hips occupy the lowest position when in bed, it is well when treating any rectal trouble, or other pelvic disorders, to have the bed elevated at the foot at least ten or twelve inches.

By this means gravity will aid us, and the return of the blood to the heart will assist in relieving the overloaded tissues. It is better to lubricate the mucous membrane before introducing the rectal tube, which is easily done by injecting with a small rubber vaginal syringe, liquid oleum petrolina. The heat treatment

should be continued about twenty minutes at each seance and every other day.

The third form of treatment (surgical) for the reported cases consisted in removing the polypoid growths by the ecraseur. All other mechanical interference, so commonly employed in treating piles and fissures, was avoided, and the work of restoration left to the curative influences of the rectal tube.

Obstetrics.

FOR THE JOURNAL.

Placenta Prævia.

By *W. E. Green, M. D., Little Rock, Arkansas.*

JANUARY 6th., 1888, I was called to see a woman in confinement at the request of my student who had never before attended a case.

While on our way to the patient's house he related the circumstances connecting him with the case, and its history.

During the afternoon he was asked to take charge of the labor by the city physician, who had been in attendance three days. The latter had made an examination and had repeatedly prescribed for the flow from which the patient was suffering.

The student inquired of the doctor as to the cause of the hemorrhage and whether or not he had ever attended a case of Placenta Prævia. He stated, that he did not know the cause of the flow, but if it did not cease the child would be born before morning; and, further, that he had never attended a case of Placenta Prævia.

The woman had been flooding, at times, since the third month of gestation; she had recently been in the county hospital, and was sent away by the physician in charge, though cognizant of the facts in the case. Upon reaching the bedside, I found the patient exsanguinated and almost pulseless, the floor

covered with large clots of blood and the clothing and bed saturated, giving forth a most disgusting odor. I immediately instituted an examination, and found the os dilated to the size of a half dollar and rigid. The Placenta was implanted over the Cervical Zone. Realizing the importance of prompt and efficient action, I firmly pressed my hand through the cervix, detached the Placenta and deflected it, grasped the feet and rapidly brought down the body of the child; but, though I put forth every effort, I could not disengage the head in time to save its life. Finding it impossible to finish the delivery by manual manipulation, I applied the long forceps, and, after a half hour's pull, succeeded in bringing the head away. The patient was bathed in a cold perspiration, exhausted and pulseless. I gave *Ergot* and *Digitalin*, hypodermically, which caused her to rally; but she relapsed, gradually grew weaker and died in twelve hours.

My actions were decisive, correct and efficient. She did not lose four ounces of blood, after I reached her. Death was solely due to the ignorance and tardiness of the city physician, who had her in charge for three days previous to my seeing her.

Pædology.

FOR THE JOURNAL.

To Mothers.

By E. Lippincott, M. D., Memphis, Tenn.

DR. JOS. F. COBB, Chicago; voices my sentiments in most but not in all respects, in an article "How to dress the Baby," in the January "*Medical Visitor*." He says, "In the matter of diapers, there is a chance for great improvement over the bungling appliances ordinarily used. They should produce

no constriction; should have large power of absorption, and should be light and easily changed. These requirements are well met by the 'Baby toilet pads;'—these pads are kept ready made at Sargents drug store, corner of State and Madison streets, (Chicago,)—they consist of absorbent cotton in a cheese cloth covering or case. They are furnished cheap enough, (twenty-five cents per dozen and six cents additional for postage) so that they can be used and then immediately burned, thus ridding the nursery of its '*bete noire*'—the odor of soiled diapers, and cutting off a large per cent. off baby clothing. One pad is used at a time, and held in place by a single diaper fold and applied in the ordinary manner. Large amounts of diapering wadded around a child will impede the circulation in the legs, interfere with their growth, make the feet cold, and may even bend the bones of the legs."

These pads are made of cheese cloth eight by sixteen inches, over which is spread a thin layer of cotton eight inches square, in the centre of which is spread a thin layer of absorbent cotton about four inches square. The cheese cloth is then folded over and overcast around the three open edges, making a pad eight inches square. The side of the pad on which the absorbent cotton is placed, is the side to be applied to the babe. These pads are not bulky and will save the washing of diapers especially when the bowels are loose, or while travelling, but to mothers who desire to avoid the wetting of baby's clothing or the bedding, they are not a success. In the language of a mother who has used them, "they are a good sieve." They appear to me to be too warm for use in summer and too small for a large baby. They can be dried to use again when only wet. A patent has been applied for on them.

Mothers who desire to save washing the larger diapers, which are made

eighteen to twenty-four inches square, place inside of them a smaller diaper six to eight inches square. The "Baby toilet pads" take the place of these and save washing. The smaller diapers are best made of old sheeting. Canton flannel is not a good material with which to make diapers as it is too bulky, too warm, stains, and never looks well after having been used a few times.

Feeling the necessity of keeping the baby's clothing and the bedding dry, for the purpose of cleanliness, as well as to avoid the odor from wet bedding and clothing, and the frequent changing of the clothing of the baby, a mother has invented a pad that surpasses all others, and all other appliances for this purpose that has yet come under my notice. This pad is made of canton flannel ten by twenty-six inches. The ends are folded together—making it ten by thirteen inches—and left open, while the sides are sewed together. A binding is sewed on at the open end an inch or more wide and long enough to go around the babe above the hips. A piece of rubber cloth the size of the inside of the pad is placed inside. This pad is put on after the diaper is on. The baby sits or lies on this and much unnecessary wetting of clothing and bedding, and consequent annoyance and trouble for the mother and nurse is prevented. It is only necessary to say: Doctors mention this to mothers, and remember that "necessity is the mother of invention."

Dr. T. S. Davis, of Dallas, joined the benedicts recently by taking unto himself a wife. Mrs. Davis, formerly Miss Hill, will find in her Leige Lord a lovable companion and true man, one of God's own handiwork.

Dr. M. C. Reeves, formerly of Cleburne, has located in Galveston.

It is time the workers of the Texas Homoeopathic Association were getting ready for the May meeting, which occurs this year at Dallas.

Psychological.

Read before the Southern Association.

The Influence of Fear in Disease.

By William H. Holcombe, M. D., New Orleans, Louisiana.

OUR sanitarians are doing a good work in exploring the physical causes of disease and endeavoring to protect the individual and the public health. But there is a higher and larger sphere of causes which they have seldom penetrated, and of whose existence even many of them seem to be ignorant. I allude to the extraordinary influence of affection and thought, or of emotions and ideas in the causation and the prevention of disease.

The body is a mirror in which the states of the soul are reflected. We are familiar with the wonderful effects of the will, the passions, the emotins, of the imaginations, sympathy, hope, fear, faith and confident expectation upon the physical system. We are accustomed to regard these phenomena as illustrations of the fact that the soul can, under certain circumstances, act powerfully upon the body, with the tacit assumption, however, that as a general rule, the body executes all its functions by chemical or mechanical laws, without the necessary intervention of any mental influences whatever. This is the great illusion of the materialist.

Imagination, intellect, will, emotion, faith, hope, expectation, etc., are only states or modes of the soul's own life, and they are in perpetual activity whether we are conscious of it or not. The operations of the soul of which we are not conscious are almost infinite in comparison with the very small portion of them which comes at any one moment within the range of our external consciousness. The soul organizes its own body in the womb

of the mother, holds all its parts together in due order and functional activity during life, and when it quits it at death its material tenement falls into dissolution.

The mind of man is constantly at work, silently prevailing every tissue of its body by its vital influence, repeating itself in every function, throbbing in the heart, breathing in the lungs, reflecting itself in the blood, weaving its own form into every act of nutrition, realizing its own life in every sensation, and working its own will in every motion. The power of the mind over the body indeed! There is no power in the body but the mind, for the body is the mind, translated into flesh and blood.

When a limb is broken, the bones shattered, the flesh torn, the blood vessels severed, the nerves lacerated, what can the surgeon or doctor do to repair the injury? A little outside mechanical work. He ligates, he stitches, he plasters, he fixes the parts in apparatus so they will remain motionless in the natural position. He can do no more. The soul which creates the body and keeps it in health repairs it when injured. By her own occult forces she regulates the movements of the blood, the development of nerve power, the chemical decompositions and re-combinations going on in every tissue, according to ideas and models implanted upon her by the Divine mind—the Ever-Soul of the universe.

The old writers called this wonderful power the *vis medicatrix naturalis*—the curative power of nature. Swedenborg, for whom nature had no power underived from spiritual sources, teaches that this vital power is the soul itself. His view that the soul itself acts unconsciously to our perceptions in the development and conservation of the body is advocated by Morell in his "Elements of Psychology" and is highly spoken of by Prof. Wm. B. Carpenter.

When we have constructed a true psy-

chological pathology we shall understand clearly why and how it is—that fear can turn the hair gray in a single night; that a mother's milk can be poisoned by a moment of terror; that the hair may be restored by a sudden joy or sorrow; that dyspepsia, paralysis and many other diseases are produced by mental worry and fretting the brain-fag of overwork and anxiety. Yea, we will understand that away back of all physical causation the roots of our diseases originate in the spiritual conditions of the race—in our false religions, our false philosophies, our false ways of thinking; our false relations to God and to each other.

The most extensive of all the morbid mental conditions which reflect themselves so disastrously on the human system in the state of fear. It has many degrees or graduations, from the state of extreme alarm, fright or terror down to the slightest shade of apprehension of impending evil. But all along the line it is the same thing—a paralyzing impression upon the centres of life, which can produce through the agency of the nervous system a vast variety of morbid symptoms in every tissue of the body.

We have very seldom reflected upon the fact, that fear runs like a baneful thread through the whole web of our life from beginning to end. We are born into an atmosphere of fear and dread, and the mother, who bore us had lived in the same atmosphere for weeks and months before we were born. We are surrounded in infancy and childhood by clouds of fear and apprehension on the part of our parents, nurses and friends. As we advance in life we become instinctively or by experience afraid of almost everything. We are afraid of our parent, afraid of our teachers, afraid of our playmates, afraid of ghosts, afraid of rules and regulations and punishments, afraid of the doctor, the dentist, the surgeon. Our adult life is a state of chronic anxiety which is fea

in a milder form. We are afraid of failure in business, afraid of disappointments and mistakes, afraid of enemies, open or concealed; afraid of poverty, afraid of public opinion, afraid of accidents, of sickness, of death and unhappiness after death. Man is like a hunted animal from the cradle to the grave, the victim of real or imaginary fears, not only his own, but those reflected upon him from the superstitions, self-deceptions, sensory illusions, false beliefs and concrete errors of the whole human race—past and present.

If fear produces disease, acute or chronic, suddenly or gradually, through the correlations existing between the spirit and the body, how can there be a genuinely and perfectly healthy man or woman in the world? There is none.

That fear does produce all kinds of disease has been frequently observed and fully substantiated by the medical profession. Dr. Tuke, in his admirable book "Influence of the Mind Upon the Body," cites well authenticated instances of the following diseases as having been produced by fear or fright.

"Insanity, idiocy, paralysis of various muscles and organs, profuse perspirations, cholera, jaundice, turning the hair gray in a short time, baldness, sudden decay of the teeth, nervous shock followed by fatal anemia, uterine troubles, malformation of the embryo through the mother, and even skin diseases, erysipelas, eczema and impetigo."

We observe in this list that fear affects not only the mind and the nervous and muscular tissues, but the molecular chemical transformations of the organic net work even to the skin, the hair and the teeth. This might be expected of a passion which disturbs the whole mind, which is represented or externalized in the whole body.

Dr. Tuke reiterates the fact which has been so frequently observed, that epi-

demics owe a great deal of their rapid extension and violence to the panic of fear which exists among the people. When yellow fever, cholera, small-pox, diphtheria and other malignant diseases obtain a footing in a community, hundreds and thousands of people fall victims to their own mental conditions, which invite the attack and insure its fatality. When the disease is new and strange, as the yellow fever was to the interior towns it visited in 1878, when the doctors were not familiar with it, the nurses not trained to it, the people, having no confidence in its management lost hope, their fears agitated more and more and more by the constant reports of horrors on all sides, became excessive, and the consequent mortality was frightful.

How does fear operate upon the body to produce sickness? By paralyzing the nerve centers, especially those of the vasomotor nerves—thus producing, not only muscular relaxation, but capillary congestions of all kinds. This condition of the system invites attack, and there is no resolve or power of resistance. The gates of the citidel have been opened from within and the enemy may enter at any point.

What determines the specific nature of the disease which attacks a person thus prostrated by fear? Men are frequently prostrated by fear in storms or fires or earthquakes or accidents and disease results. It is because they have not been thinking and brooding over any special morbid conditions. But in an epidemic, say of yellow fever, the subjects connected with the disease are strongly pictured on the mind. They are talked of, read about, discussed and written about, until the mind is full of images of fever, delirium, black vomit, jaundice, death, funerals, etc. When such is the case no microbes or bacteria are needed to produce an outburst of yellow fever. The mass of horrors already stamped upon

the mind is simply reflected and repeated in the body.

"As a man thinketh, so is he," said Solomon. Thoughts, things, apprehensions take form and substance—and lo! the disease.

In the height of his happiness and prosperity, Job permitted himself to brood in silent fear over the possibility of losses and misfortunes, and he had at last to exclaim: "The thing which I greatly feared has come upon me."

Sudden and great fears are not frequent. The little fears of every day, the constant apprehensions and anxieties of life, which are real fears of impending evil, prey upon our vitality and lessen our power of resistance, so that any passing disease may be photographed upon our minds and precipitated upon our bodies.

Fear is itself a contagious disease, and is sometimes reflected from one to another mind with great rapidity. It needs no speech or signs to propagate it, for by psychological laws we are just beginning to comprehend, it passes from one to another, from the healthy to the sick, from the doctor or the nurse to the patient, from the mother to the child. Thus malignant influences may be cast around us by even our best friends and would-be helpers, under whose baneful shadow, without our even knowing of its existence, we and our children may sicken and die.

Fear being recognized as a powerful cause of disease, and a direct and great obstacle to recovery, a wise sanitation will exert itself to prevent or antidote its influence. To eradicate fear is to avert disease, to shorten its duration, diminish its virulence and promote recovery. How shall we accomplish it? By educating the people up to a higher standard of life. By teaching them a sounder hygiene, a wiser philosophy, a more cheerful theology. By erasing a thousand errors, delusions and superstitions from their minds and giving instead the light, the beauty

and the joyousness of truth. There is a mental and moral sanitation ahead of us which is far more valuable and desirable than all our quarantines, inventions, experimentations and microscopic search for physical causes.

I will draw the picture of a sickroom in charge of physicians and nurses, by whom this enlightened sanitation has been ignored or unheeded. It is a chamber of fear, soon, in all probability, to be the chamber of death. The room is darkened, for they are afraid of the light, that emblem of God's wisdom which should shine into all rooms except when it is disagreeable to the patient. The ventilation is insufficient, for draughts you must know are very dangerous. The friends have doleful faces, moist eyes, sad voices, which reveal danger and doubt and they converse in subdued whispers, which alarm and annoy the patient. The nurse and sometimes the doctor talk of their cases before the sick man, tell how very ill they were, how they suffered, how they got well miraculously or how they died. The sympathetic visitor regales his hearers, the patient included, with his or her knowledge of similar cases and their results, the great amount of sickness prevailing, and the success or ill-success of this or that case.

They all agree that it is dangerous to change the patient's linen, dangerous to sponge the body, dangerous to give him cold water; milk is feverish, meat is too strong. A shadow of fear seems to hang over every body. The pulse is counted, the temperature taken. Nurse or nearest friend want to know aloud the report of the watch and the thermometer. The doctor answers aloud and all talk grave, and so it goes on, day after day, thoughts and images of pain and sickness and danger and death being impressed or reflected upon the mind of the patient, and the great, sound, bright, glorious spirit with-

in finds it impossible to break through this dense atmosphere of material superstitions, fear, ignorance and folly and restore its own body to health and happiness.

The true sanitarian will remember in his treatment the tremendous power of words and ideas upon the sick. He will never indicate by his language, his looks or his conduct that he thinks the patient is very ill. He will cleanse his own mind of morbid fears and apprehensions and reflect the stimulating light of hope on all around him. The suppression of anxiety and even sometimes of sympathy is necessary. His sickness should not be discussed before the patient, or any other cases of sickness alluded to. The doctor's opinion of the case should never be asked and never given within the patient's hearing. Erase, as far as possible, all thought of disease, danger or death. The sickroom should not be darkened and made silent. It should be cheerful and natural, as if no sickness existed. It should have fresh air and cool water and the fragrance of flowers instead of the odor of drugs. Hope and not fear should be the presiding genius of the place.

The Mind Curers and the Christian Scientist say that almost all acute diseases can be cured without medicine by the simple dissipation of fear from the mind of the patient, of his friends, and his doctor. Whether this be true or not, it is very certain that when an epidemic is threatened or prevailing, the people who are constantly talking about and discussing the disease, the newspapers which daily report its progress and fatality and the doctors and nurses who ventilate their experiences, who predict evil, speak ominously and enjoin all sorts of precautions are themselves fomenters and carriers of the disease, infectious centers to the whole community.

Education can do much, but it is useless to expect the total eradication of fear

without the aid and guidance of the religious principal. Fear is the cry of the wounded selfhood for something it has suffered or lost, or is about to lose. "Perfect love casteth out fear"—the perfect love of God and the neighbor. He who is in bondage to the senses has everything to dread. He alone is free from all apprehensions whose heart and mind are staid upon the living God. He truly "Sits under his own [vine and fig tree with none to make him afraid."

Correspondence.

An Appeal for the Journal.

WACO, TEXAS, Dec. 28, 1887.

DEAR DOCTOR:—It has been my earnest desire to confer with you regarding THE SOUTHERN JOURNAL OF HOMŒOPATHY, for my heart has been burdened with sorrow and shame, when month after month, in the editorial columns of the JOURNAL, as well as by means of a circular, the editor has appealed to us for subscription and other support. But a few months ago I wrote an article for the JOURNAL, which was interlarded with a few compliments and encomiums, qualifying the enviable character and reputation of Editor Fisher. Brother Fisher insisted on publishing the article, minus the "Personal Taffy." I am no flatterer nor sycophant, meant just what I said—all of which you would have heartily endorsed—and replied, "It must all go or none." It didn't go. I almost fear to venture again, as I stand in mortal terror of an editorial wastebasket, but duty prompts me to call your attention to a few facts, with which, perhaps, you are already familiar.

Dr. Fisher has devoted a large portion of his time and his unflagging energy to the building up of Homœopathy in the South, and especially in Texas. He has been a

pioneer and missionary for many years, and the major portion of us, who came to the South, and preferably to Texas, have dropped into pleasant places he has made smooth for us by his vigorous and untiring efforts in the good cause of Homœopathy. Whenever attacked, even before the birth of the *Pellet*, he was always in the van, and bore the brunt of battle. Whenever there was to be an honorable advantage for Homœopathy in the South, he was the first to "scent it in the air," and utilize its benefits for our sake. He and his SOUTHERN JOURNAL OF HOMŒOPATHY have been the "*bete noir*" of our Allopathic friends (?). Dr. Fisher has fought them single-handed and alone for many years, when we were gathered 'round with folded hands looking on, feeling assured he would take care of them, and—of us. He has fought them in our legislative halls, and each and every time has scored such a decided victory, that they have said: "If we could rid ourselves of this Fisher, we'd down these sugar pill fellows; but as long as he's among us it's no go." This, in substance, if not exactly verbatim, is the compliment the Allopaths have paid Dr. C. E. Fisher. The Doctor has given his time and money for the sake of our cause and the publishing of THE JOURNAL has been a labor of love, he having sacrificed many hundreds of dollars directly, for want of the financial support due him by the fraternity, and many more hundreds indirectly, by devoting time to its pages which ought to have been utilized in attending to his professional duties. Having labored so earnestly and so long without any remuneration, cannot we, who have profited—directly or indirectly, as the case may be—by the Doctor's labor, extend to him a helping hand and place THE JOURNAL upon a secure footing? If we are selfish here is a first-class opportunity to help ourselves while aiding the general cause.

If you live in Texas help build up your bulwark; if not in Texas but in some other Southern State—and you are weaker in other Southern States than we are in Texas, and I have given you some reasons why—assist THE JOURNAL, whose editor has watched your interests, even the far removed, as well as ours. If you live in the North, whether East or West, I say keep THE JOURNAL, for we of the South, are hewing a pathway through the dense tanglewood for the feet of your sons to tread. Let me suggest to you, no matter where your hearthstone may be, to subscribe for THE JOURNAL, and more—send your card to Dr. Fisher for insertion in its pages. I always look to its professional advertisements when my patients are about to visit some distant city, so I may recommend them to the care of a first-class physician. A card will help you. It will be a good investment.

And now I propose, in conjunction with twenty-five other physicians, if so many as that will concur, to pay for two extra copies of THE SOUTHERN JOURNAL OF HOMŒOPATHY for 1888, these copies to be distributed as samples by Dr. Fisher where he may think their circulation will "do the most good." One hundred and twenty-five dollars will pay for fifteen hundred copies of THE JOURNAL, and these, judiciously placed, will help the cause, and each one of us individually, as well.

To the rescue, say I.

Yours Fraternaly,

S. W. COHEN.

NOTE:—If you, dear doctor, will become one of the twenty-five who will pledge themselves to pay for two extra copies of THE JOURNAL for 1888, send your name and address to Dr. C. E. Fisher. Austin Texas. (I hope the doctor will excuse my interference with his business) and when the whole number

(or more), has responded, and Brother Fisher will notify us, we, of course, will remit, and, I for one—yea, all of us—with pleasure,
S. W. C.

NOTE.—It is not without considerable hesitation that space is accorded the foregoing earnest appeal for THE JOURNAL'S support by Dr. Cohen. His letter is so emphatically complimentary that it is almost in bad taste for this journal to produce it and, while, personally exceedingly gratifying, as remarked it would almost appear indelicate to give it place in these columns.

However, THE JOURNAL belongs to the profession, and as a member thereof, Dr. Cohen desire its continuance; and, knowing something of the meagreness of its support in Texas and the South, where support would most naturally be looked for, he has taken it upon himself to talk plainly and earnestly to his brethren. As a journalist we have no right to deny him a hearing, and it now remains for the tardy members of the profession to respond or not as they may see fit.

The editor has uttered his last word upon this subject, in this number. A very gratifying increase in our subscription list has recently taken place, and our card directory of Southern Homœopaths indicates a more liberal support than before. It shall be our endeavor to publish as excellent a journal as is possible so far remote from the great centers of medical knowledge, but after all it will be in a large measure just what the profession, through their moral, professional and financial support, makes it. Hold up its hands and THE SOUTHERN JOURNAL will earnestly vie with the twenty-four other friends of our school for first place in American Homœopathic journalism.

Our San Francisco brethren have changed the name of their college to the "Homeopathic Hostital College," in order to come within a legal requirement relating to the establishment and maintainance of a hospital in connection with their teaching institution. The change is a good one. There are too many "Hahnemann Medical Colleges," in name at least.

Dr. W. W. Routh found the wintery clime of Minnesota "too much" for his corporal frame, and has returned to his former location, Fort Worth.

Otology.

FOR THE JOURNAL.

Simulated Epilepsy, Caused by Ear Disease.

By Jas. A. Campbell, M. D., St. Louis.

OF LATE years we read and hear, with growing frequency, much concerning "*reflex irritation*," "*reflex neurosis*." But in spite of the fact that the reflex theory is very generally accepted by the medical world, in explanation of many obscure conditions which were formerly imperfectly understood, there is an undoubted tendency, particularly with the "Specialist," to ignore the universality of the law in directions other than that in which he happens to be most familiar. For this reason the Gynæcologist sees in the lacerated cervixuteri for caruncle of the meatus urinarius, the head and front of much offending, and in his sphere does much good. The official surgeon is blind to all but "*fringes*," "*pockets*" and "*strictures*;" and he points with commendable pride to his successes.

The oculist, because his experience proves that many headaches, neuralgia and other bewildering constitutional disturbances disappear by the proper adoption of a suitable spectacle glass, or by the adjusting and harmonizing the action of the ocular muscles, has an eye single in this direction, and gives you case after case to justify his enthusiasm. And so, too, we have the men who see in phimosis the cause of most reflex troubles, and the predisposing element to disease in general. Added to this list is the *suppresseder uption* men, who see physical corruption and almost moral depravity from something which "went back on" the patient in the uncertain past.

There are other hobbyists, who ride smaller steeds, and I have omitted one, whose claims cannot be ignored, and

that is the aurist; for he too, at times, may revel in reflexes. I have omitted him up to this point, for all of the above is but a prelude to an ear case, which must point a moral and adorn a tale; and which, when taken with the rest, will serve, I hope, to show that no one of these hobbyists embraces the whole truth, but merely presents different aspects of the same great truth.

Some months ago, Wm. L., a German lad of eighteen was sent to me with the following history, briefly given: He had been hard of hearing from childhood. There had been more or less discharge from the left ear from that time on. Six weeks before I saw him he began to have "dizzy spells," lasting some hours at a time, ending with nausea and vomiting. These attacks became more frequent, and for six weeks he had been unable to continue his work on account of them. For the three weeks preceding his first visit to me he would sometimes have four or five "spells" in a day, coming on with a dizzy feeling and nausea, and then there would be partial loss of consciousness and he would fall to the floor, often staggering around. He had been under treatment for epilepsy.

Knowing that his ears were affected, a friend advised him to consult me. Omitting here any extended record of the examination I made, except such as may be relevant to our purposes, I found the left membrana tympani with a large central perforation. This perforation presented the peculiarity that its edges seemed to be glued tightly to the posterior tympanic wall, while all around it the drum-head bulged out, especially in the posterior segment. This is rather an unusual occurrence. There was no discharge in the external meatus, showing that the attachments were sufficiently firm to retain all of the secretions which were formerly present.

Such being the condition, I felt justi-

fied in affirming that here was a sufficient cause for all of the distressing symptoms he complained of, dizziness, nausea and epileptoid seizures.

By means of a Seigle's Pneumatic instrument and Politzer's Inflation, I succeeded in breaking away all of the drum-head attachments; and by so doing gave exit to quite a quantity of foul smelling pus. Absorbent cotton and the *Peroxide of Hydrogen* completed the perfect cleansing of the tympanic cavity, and in a very few days his epilepsy was over, and the whole train of disagreeable symptoms had disappeared.

I must not neglect to record here the satisfactory action of an internal remedy in this condition. For the first day or so after the pus had been removed, he complained, that when he was lying down and turned his head over, he felt a sense of vertigo and nausea. A few doses of *Conium* put to flight the last remaining rear guard of the enemy, and to this day peace reigns.

The Colleges.

NOTES FROM HAHNEMANN COLLEGE, CHICAGO.

PROF. HAWKES: "Nothing takes the place of cultivated common sense and conscience in a physician; without them you are like a ship without a rudder." These are two of the remedies Prof. H. does not like in highest dilutions.

Prof. Laning's lectures on Lithæmia are so clear and realistic, that about one-half of the members of the senior class have concluded "that what is the matter with me." The half who have thus far escaped are still debating as to whether they owe their immunity from such contagion to absence of liver or of brain. The diagnosis of Prof. L. would be a matter of ease.

Prof. Ludlum says it is not everybody that knows the fundus of a distended

bladder is not round, but somewhat pointed. He has seen surgeons who are very much put out, because "some old codger" happened to remember this anatomical point in time to prevent an operation for a "uterine tumor" by simply introducing the catheter.

Prof. Bailey is a great friend of the Elastic Wool pessary in uterine displacements, and certainly his success in the treatment of these troubles argues well in its favor. Its advantages over the hard pessary are briefly: Its thorough cleanliness (to be changed every 24 hours); it can be used where one less soft would only irritate; it will absorb discharges and still retain its elasticity; it can be readily placed where it will be most beneficial; it can be medicated; its frequent removal enables you to watch the progress, etc.

Prof. Hall's operation of removing a portion of the skull for the radical cure of epilepsy appears to have been a complete success. The patient, a young lady of 17, was struck upon the head with a boot-jack some years ago, since which time she had been subject to fits, ranging in number from 1 to 20 in the 24 hours. Since the operation (or rather the second day after it), now three weeks, she has not had a sign of an attack, and left the hospital to-day perfectly happy. Prof. H. says that the very great proportion of epileptics would show a history of injury during childhood, if "their story could be told."

Dr. O. M. Baird, our demonstrator, came across a peculiar freak of nature the other day. In a dissection of the abdominal viscera, he discovered a kidney supplied with two extra arteries, one at the upper border and one at the lower, both from the abdominal aorta. The vinal artery was normal.

Dr. Thomas Haughton, formerly at San Antonio, is now located in Dallas.

Editor's Arm Chair.

Southern Association Officers.

THE Fifth Annual Meeting of the Southern Homoeopathic Association will take place at Nashville, Tennessee, Wednesday, Thursday and Friday, October the 10th, 11th, and 12th, 1888.

THE OFFICERS-ELECT ARE:

PRESIDENT.—G. M. Ockford, Lexington, Kentucky.
 VICE-PRESIDENT.—Walter Dake, Nashville, Tennessee.
 SECOND VICE-PRESIDENT.—E. A. Guilbert, Jackson, Mississippi.
 RECORDING SECRETARY.—C. G. Fellows, New Orleans, Louisiana.
 CORRESPONDING SECRETARY.—C. R. Mayer, St. Martinsville, Louisiana.
 TREASURER.—Robt. Bayley, New Orleans, Louisiana.

BOARD OF CENSORS.

Walter Bailey, jr., Louisiana, Chairman; W. W. Tydeman, Tennessee; C. E. Fisher, Texas; A. L. Monroe, Kentucky; J. G. Whitman, South Carolina.

LEGISLATIVE COMMITTEE.

H. R. Stout, Florida, Chairman.

PUBLICATION COMMITTEE.

C. G. Fellows, Louisiana; C. E. Fisher, Texas; C. R. Mayer, Louisiana.

The following are the Bureaux with the list of chairmen.

Bureau of Registration and Statistics, J. P. Dake, M. D.
 Bureau of Practice, E. Lippincott, M. D.
 Bureau of Materia Medica, A. L. Monroe.
 Bureau of Obstetrics, W. Bailey Jr., M. D.
 Bureau of Gynaecology and Pædology, Robt. Bayley, M. D.
 Bureau of Surgery, C. E. Fisher, M. D.
 Bureau of Ophthalmology and Otolaryngology, J. M. Foster, M. D.
 Bureau of Medical Literature, C. G. Fellows, M. D.
 Bureau of Sanitary Science, W. W. Tydeman, M. D.

The Missouri Institute.

THE twelfth annual session of the Missouri Institute of Homeopathy will be held at Kansas City, Missouri, Tuesday, Wednesday and Thursday April 24th, 25th, and 26th, 1888. The following papers have already been promised:

Prof. E. H. Pratt, M. D., Chicago.—Subject—"Sympathetic Nerve Waste as a Factor in Chronic Diseases."
 Prof. J. G. Gilchrist, M. D., Iowa City.—Subject—"Antiseptic Surgery."
 W. H. Roby, M. D., Topeka.—Subject—"Some Rare Cases of Talipes."
 Prof. S. B. Parsons, M. D., St. Louis.—Subject—"A New Operation for Bow Legs."
 S. E. Trott, M. D., Kansas City.—Subject—"Embolism of the Popliteal Artery."
 Wm. D. Foster, M. D., Kansas City.—Subject—"Surgeons and Hospitals of London."
 S. H. Anderson, M. D., Kansas City.—Subject—"Some

Common Mistakes in the management of the Puerperal Period."

Wm. D. Richardson, M. D., St. Louis.—Subject—"The Forceps." "The best Sanitary conditions for Phthisis Pulmonalis."

Moses T. Runnels, M. D., Kansas City.—Subject—"Antiseptic Midwifery."

J. C. Cummings, M. D., St. Louis.—Subject—"Medical Electricity."

L. E. Whitney, M. D., Carthage.—Subject—"The best Sanitary Resorts of Southern Missouri."

D. D. Miles, M. D., Booneville.—Subject—"Thirty Years Practice in Obstetrics."

H. Bartens, M. D., Concordia.—Subject—"Erysipelas."

C. S. Durand, M. D., Sedalia.—Subject—"The value of Symptoms" or "Treat your Patients not the Disease."

Wm. T. Banstrup, Topeka.—Subject—"The Necessity of Health Boards in City and Country."

I have twice as many more papers promised but the subjects have not yet been sent to me. We shall have a grand time. Come to the meeting and bring all of your medical friends with you.

Fraternally,

Moses T. Runnels, M. D.,
General Secretary.

Progress of Homœopathy.

Among the more recent forward movements of Homeopathy in London, is the effort approaching successful completion to establish a Homeopathic Convalescent Home at Eastbourn. Upwards of \$10,000 have already been contributed for the purpose, and with the "approach of spring the home will become a living reality. If old John Bull's Allopaths don't plug their ears, they'll be very apt to hear something drop ere long if the "blasted 'Omeopaths" don't let up with their foolishness.

Homeopathy in Australia is growing with wonderful rapidity as is evidenced by the report of the Melbourne Homeopathic Hospital. For the year ending June 30th, 1886 the total number of patients treated was 276, which was considered a good showing in itself; but the year ending June 30th, 1887 outstripped all former experiences, the number of admissions amounting to 570, or more than double the number of the year previous. And yet they say that Homeopathy is dying out everywhere but in this country! If this be death, how willing we should be, as a school, to embrace it.

Progress is the watchword in Chicago. A Child's Homeopathic Hospital to be located in that Hahnemannian city has been incorporated under the laws of the State of Illinois, and will be built this year.

Alabama is now free to all comers and the numerous good locations in that state should be occupied without delay.

What able bodied millionaire have we among us who will found a Southern Homeopathic College and Hospital? Such an institution is needed but no one seems willing to start the ball rolling. Who will do it?

Dr. Wm. D. Gentry, of Kansas City, is preparing a repertory of the Materia Medica on the plan of Cruden's Concordance which is said to be an excellent aid in symptom hunting. We are not very familiar with Mr. Cruden's work, but any improvement in the repertory line will be hailed with delight.

"Small aches from little toe-corns grow." Why can't our practitioners in New Orleans organize a Free Dispensary and from it hope to eventually create a hospital? This has been done in all other cities having hospitals, and why not in New Orleans? There is plenty of excellent material there for a dispensary staff.

The Southern Association goes to Nashville in October. Now gentlemen, for the Tennessee State Society this spring. You cant afford to allow Kentucky and Texas to lead you in this matter. Organize your State Society at once.

The Journal and Its Friends.

Dr. J. G. Belden, of New Orleans, in sending his card for publication in THE JOURNAL says he is not in the habit of advertising, but that he is so desirous of seeing the only Southern Homœopathic journal continued that he is willing to break over the rule and contribute his five dollars a year to the support of the journal even to having his name appear in print. Dr. Orme and Dr. Murrell and others whose cards appear in the advertising department of this issue, write to the same effect.

In thus coming to the support of THE JOURNAL, which has never till now paid its expenses, these gentlemen are not only conferring an obligation upon its editor, but they are also performing a duty to Southern Homœopathy which belongs to every member of the profession in Southern territory, who looks upon a distinctively Southern journal as a desideratum.

THE JOURNAL appreciates the support extended it through the medium of its Card Directory and hopes to double the list.

Dr. Max Metz, of McKinney, Texas, places us under obligations as follows: Find inclosed

postal note for two dollars in payment of one years subscription to THE SOUTHERN JOURNAL OF HOMŒOPATHY. I regard it as one of the model journals devoted to Homœopathy and its teachings, and wish you every success in your efforts to enlist the aid and support of the Homœopathic profession of the South.

Dear Doctor Fisher:

Owing to all the various departments in this office wanting your valuable journal first, we should like if agreeable to you to exchange for the coming year, two (2) copies instead of one. Please send one to Dr. Geo. M. Dillow, 102 West 43rd street as you have been doing, and the other direct to this office. I hold myself ready to mail two copies of the *North American Journal of Homœopathy*, as you may direct. We prize your journal as among the best of our exchanges. Long may it wave.

Sincerely Yours,

A. B. Norton,

The following note from Dr. Falligant, of Savannah, has the true ring about it. He has perhaps as little practical use for a card in this journal as any physician in the South; but, appreciating the value of a Southern periodical, he does as a hundred others should do, encloses his card for insertion in our Card Directory of Southern Physicians. The doctor's example is a good one—let others follow it.

That the *North American Journal of Homœopathy* knows a good thing when it sees it is clearly apparent from the following letter from the business manager of that journal. The compliment paid this journal is fully appreciated coming as it does from the office of the oldest and one of the ablest—a journal not given to taffy or gush. The extra copy is freely sent as asked:

SAVANNAH, GA., NOVEMBER 25, 1887.

My Dear Fisher:

I presume you know I had to quit work over two years ago as the result of a serious accident in which I was thrown over in my buggy and several of my ribs broken. It brought on some disturbance in the action of the heart, followed by a violent sub-acute congestion at the base of the brain and very nearly cost my life, indeed will probably shorten it very materially. I have so little use for a card, that for myself I would not need one. But I feel that we cannot afford to let your valuable journal go under. You have done good work for our brethren and ought to be sustained. Certainly when your appeals are so moderate they ought to be ac-

ceeded to. If you find that the addition of my name is needed "in card" to keep the journal going, put it in.

Yours with best wishes,

L. A. Falligant.

Dr. W. S. Lyon, Fancy Gap, Va., writes as follows:

I have been a subscriber to your valuable journal for over two years and am delighted with it. I take six others and would rather loose any of them than yours.

Yours truly,

W. S. Lyon.

Dr. J. F. Edgar & Co., of Lexington, Kentucky, are duly authorized to act as agents and receive subscriptions and advertisements for this journal. The physicians of Tennessee and Kentucky will find it a convenience to have an agency near them, and we hope a large club of subscribers may be formed at Lexington.

Busted his Filaments.

Strange things happen sometimes, but of all that we have heard of recently the strangest is the sudden and unexpected snapping "of the filaments connecting with the spinal chord and the heart" in the case of Mr. Lew Owen, of Chattanooga, Tennessee. According to our information, for which we are indebted to Drs. Harrison and French, of Chattanooga, the deceased received a gunshot wound in the neck on the 10th of this month, the ball fracturing the spinous processes of the third and fourth cervical vertebra and exposing the spinal cord. Paralysis of the upper and lower limbs occurred almost immediately, but as the wounded man rallied from the shock he partially recovered their use. He lingered a few days and died, when the "regulars" who had had charge of the case held a post-mortem with the astounding results described in the following clipping from a Chattanooga paper:

Lew Owen died at his Gilmer street home yesterday morning at 5:07 o'clock, without a struggle. The immediate cause of his death was the inflammation of the filaments connecting with the spinal chord and the heart. The filaments gave way suddenly and unexpectedly.

Dr. Trippe had just made a diagnosis of the case and found the patient's pulse a little above normal, respiration normal, and his condition as favorable as it had been for the past twenty-four hours.

The doctor walked into an adjoining room and as he turned to close the door he heard a gurgling sound. He went back into the room. Mr. Owen gave two or three short convulsive gasps and expired. His death was so unexpected that no one but the doctor and nurse were with him at the time.

It may be that the reporter tripped up in his report of the case—although reporters as a rule get things about as they are given to them; or, possibly, the doctor Tripped up in his hunt for “the filaments connected with the spinal chord and the heart,” and that in reality they are still intact; or it may be that Mr. Owen tripped up in his choice of a doctor, for a man who don't know the difference between “the filaments connected with the spinal chord and the heart” and the filament leading from his gizzard to his gullet “aint much doctor no how!”

Wonder what would become of the filaments binding a Homœopathic doctor to the profession were he to make such a blunder as the one above recorded? His filamentary attachments would be busted to smithereens by the “regulators” who post-mortemed Mr. Owen so quick that he would have an incurable vertigo. Truly, “there be doctors and doctors.”

New Publications.

Roberts Bartholow's *Materia Medica and Therapeutics* stands alongside of Ringer's and Stilles' and Lauder Brunton's Pharmacological and Therapeutic publications in its value to the progressive student in medicine, no matter what his school. It is to-day deservedly one of the most popular *Materia Medica*s of the old system and, because of its clearness of diction, its terseness and its comprehensiveness, the student who operates on the line of *Similia* can get much of real merit from its pages by “reading between the lines,” and interpreting for himself the *causus operandi*, *modus operandi* and *resultus operandæ* of each drug under description in the eight hundred pages, beautifully printed by the Appletons', of New York.

Dr. Bartholow has concentrated the best knowledge of the Allopathic school of practice, and he has done this in such a way as to make a thoroughly practical book to that branch of the profession; while, to Homeopathy it yields much that is confirmatory of our peculiar views and practice and is therefore of value also to us. There are hundreds of illustrations of the truth of *Similia* permeating its pages. For instance, of *Sanguinaria*, Dr. Bartholow says, p. 336: “There seems no doubt, according to the author's observation, that *Sanguinaria* promotes the hepatic and intestinal secretions. It is, therefore, a serviceable remedy in *Duodenal Catarrh and secondary Catarrh of the Biliary Ducts with Jaundice*.” Surely here is a case of

“that which will cause will cure!” All the way through the book there is “nuts for the Homeopath,” and the *student* in Homeopathy will find much to instruct him in its pages.

Appleton & Co. have presented the volume in their usual attractive and substantial style.

The Annals of Gynecology; A monthly review of Gynecology, Obstetrics and Abdominal Surgery is the title of a new periodical published in Boston by Messrs. Rockwell and Churchill, under the editorial management of E. H. Cushing, M. D. It is a forty-eight page octavo and each number contains four extra pages of photo engraved plates of pathological specimens, as tumors etc, which lend to the new journal an especial interest. It is the only Gynecological monthly published.

The Clinical Reporter, the new Homeopathic journal published under the fostering care of the Homeopathic Medical College of Missouri, of St. Louis, is on our table. It is a neat and attractive journal of twenty-four pages of reading matter and promises when the new is worn off, to become an able and acceptable exponent of the claims of its school, and the medium of its section. Its type is clear, its paper heavy and its general make-up is pleasing to the eye. Its first number contains a number of valuable and well written articles and much interesting miscellany. We bid it a hearty welcome.

Personals.

Dr. F. H. Orme, Atlanta, Georgia, has taken an assistant for the ensuing year in the person of Dr. H. Hielman, formerly of Macon, his partnership with Dr. Manahan having expired by limitation. He has also made a change of office to his new and elegant residence corner of North Forsyth and Luckie streets where he will be as comfortable and cosy as is possible, his new home having been built with especial reference to the combination of residence and office. THE JOURNAL extends its heartiest congratulations.

The location in El Paso, a future metropolis, of Dr. Guy Beale, is noted with pleasure. Dr. Beale and this editor were boys together, and, separated by long distance for a score of years, it is a pleasure to greet him in the profession, and in our state. Physicians in the North and East, sending patients to Mexico or California via El Paso, will do well to make a note of the doctor's presence in that thriving city.

Dr. W. A. Dewey, business manager of the *California Homœopath*, has removed his office to 834 Sutter street, a most eligible and desirable location.

Dr. Wm. J. Murrell, of Mobile, Alabama, mourns the death of his aged mother, which sad event occurred recently. The condolences of the JOURNAL are tendered.

Dr. J. G. Gundlach, has removed from Terrell, Texas, to Spokane Falls, Washington Territory. We are sorry to lose the doctor from Texas, and wish him well in his new field.

Dr. W. W. Routh, who left Texas about a year ago, and located in St. Paul, Minnesota, found the great Northwest too cold for his comfort and has returned to his former field, Fort Worth.

Dr. W. S. Lee, of Dallas, has been confined to his bed since early in the summer by Tibial Periostritis. He is now fairly convalescent, although still unable to leave his room. His friends are much pleased at his prospects of certain recovery.

Dr. I. A. Sawyer, of Monroe, Michigan, has had a most serious time wrestling with a life and death attack of Typhoid fever. For more than three months he was confined to his room and suffered a reduction in flesh from 175 to less than 100 pounds. We rejoice in his recovery. He is too good a man to be lost.

Dr. E. Lippincott, of Memphis, Tennessee, who has placed us under many obligations for repeated efforts to increase our subscription list, will please accept our thanks for recent successful efforts made during convalescence from a severe attack of Pneumonia which nearly cost him his life. We regret profoundly to hear of the doctor's severe illness and rejoice with him in his convalescence.

Our Dr. Falligant, of Savannah, has been designing some new plans for sewerage for his city, which promise to bring him into successful competition with New England's great sanitarian, George E. Waring, of world renown. Just what the salient features of Dr. Falligant's system are, we are not informed, but they original and practical, and more economic than some other systems of underground sewerage. We hope Dr. Falligant will give a brief outline of his plan to our readers at an early day.

Pot Pourri.

The colleges are well attended this winter.

France has 11,397 physicians, or about one seventh as many as there are in the United States.

Why freeze to death in the cold and icy North when there are plenty of good locations under our genial Southern sun.

Half a hundred good towns of two thousand population and upward in Texas, will support active and competent physicians of our school. Come among us and help hold aloft the banner of *Similia* in Texas.

Physicians should caution the boys about the cigarette habit. A Philadelphia coroner's jury recently found that the death of one 11 year old boy, Mathew Bird, was brought about by cigarette smoking. Dr. Tormad, who made a postmortem examination affirming that the death was due to tobacco narcosis.

How many of the Homeopathic pharmacies of the North and East are selling goods in the Southern States? None of them are aiding to support our only Southern periodical, although they are more directly interested financially in the progress of Homeopathy in the South than any other department in our school.

The Faculty of the Hahnemann Medical College of Chicago has had printed a most elegant and appropriate "Memoir" of the late president of that college, Prof. Alvin E. Small, M. D., containing a most life like photo-engraving of Chicago's Homeopathic Nestor. We appreciate and will preserve the copy sent us.

Those old school legislationists who want the medical earth should recollect their ignominious defeat of three years ago, and hands off of the legislature of Texas. There is a spirit of fairness and in favor of even handed justice in this neck of woods that bodes no good to selfish and bigoted old school doctors who want things all their own way.

How many sluggards in Homœopathy have we among us who will come out of their hole this year, attend the associations, subscribe for the journals, write an occasional contribution for their pages and let their brethren in the medical world know of their existence? Now is the time to make new resolutions. The time to break them should never come.

Why stay in the crowded North and freeze to death—to say nothing of half starving—when the more genial clime of the South is open to you. Texas, Mississippi, Georgia, Alabama and Tennessee, all offer good locations to capable, energetic and preserving men. None other need apply.

Send in the medical news-notes of your section for the journal. We all like to know what is taking place around us, and if every reader of this journal will constitute himself a committee of one to tell us of the happenings in his neighborhood, we will be able to publish each month almost interesting chit-chat department.

The next annual meeting of the Public Health Association which met recently in Memphis, will be held in Milwaukee. It was through the efforts of Dr. Martin, of our school of practice that the Association agreed to go to Milwaukee, and this circumstance caused no little kicking lest "the durned Homœopaths" might capture the corpus of the convention. Truly some people would kick if they had to be hung.

The following card from Dr. Runnels, is self explanatory:

INDIANAPOLIS, DECEMBER 10, 1887.

Editor Journal:

For the benefit of the profession and all others will you please state that Wm. B. Clark, M. D., formerly my assistant, is no longer associated with me and that I will not be responsible for any debts he may contract or loans he may negotiate.

Your truly,

O. S. Runnels.

Americans who are engaged in the practice of medicine should exhibit a few grains of the practical common sense of their country in the treatment they mete to their fellows of opposite schools. This done, there would be, at least, an interchange of ideas as occasion offered, to the benefit of mankind and possibly of the doctors. We believe the time is near at hand for the Allopathic Lion and the Homeopathic Lamb to lie down together, without the Lion wanting to eat the Lamb bodily, and without the little fellow's having to suck the Lion's hind teat all the time. Tolleration is a quantity in American political economy, and so is justice. Neither have been much practiced by the organized dominant school, but a more honorable era is dawning, or we fail to read aright the signs of the times. For the sake of suffering humanity may a kind Providence hasten its advent.

Three recent additions have been made to our corps of collaborators, viz: Drs. G. W. Sherbino, of Abilene, Texas, W. M. Dake, of Nashville, Tennessee, and Geo. M. Ockford, of Lexington, Kentucky.

Dr. French, of Chattanooga, who sent us the paper containing a report of the death of a citizen of that place from filamentary rupture, is somewhat of a humorist. He wants to take this journal and say, "If the filaments connecting my practice with the cash of the residents of this city don't paralyze my pocket-book, I would be pleased to have you send me your journal for the year." THE JOURNAL goes Doctor. What is a two dollar bill to a journal like this?

We take pleasure in calling attention to the advertisement of J. F. Edgar & Co's. Homœopathic Pharmacy at Lexington, Kentucky, which appear, for the first time, in this issue of the journal. Pharmacies operated by thoroughly reliable persons are not only a necessary part of the armamentarium of Homœopathy, but they are usually effective promoters of the cause and should be liberally patronized. The physicians of Tennessee and Kentucky should see to it that the Lexington pharmacy prospers and becomes a power for good in that section. Help support your pharmacy and it will help support you.

The following Homœopath's attended and took part in the recent meeting of the American Public Health Association:

E. U. Jones, M. D., member of the State Board of Health of Massachusetts, lecturer on Sanitary Science at the Boston University School of Medicine, and Chairman of the Municipal Board of health, Taunton, Massachusetts; J. W. Taylor, ex-President of the Indiana Institute of Homœopathy, member of the State Board of Health of Indiana, and delegate from the Indiana State Board; Robert Martin, M. D., Commissioner of Public Health, Milwaukee, and L. A. Falligant, M. D., ex-member of the National Board of Health, of the National Yellow Fever Commission, and the Homœopathic Yellow Fever Commission, Savannah, Georgia.

The part taken by these gentlemen in the proceedings of the body, was highly creditable to themselves and to Homœopathy.

FOR SALE.—A perfectly new and complete Oxygen outfit. Three large gasometers.

DR. S. W. COHEN,
WACO, TEXAS.

~~Lock Jan Sept Oct~~

FEBRUARY, 1888.

The
Southern Journal
of
Homeopathy.

C. E. FISHER, M. D., Editor,

Austin, Texas.

Subscription, Two Dollars Per Annum, In Advance.

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TERMS CASH.

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WM. H. HOLCOMBE, M. D., New Orleans; F. H. ORME, M. D., Atlanta; J. T. KENT A. M., M. D., St. Louis; JOSEPH JONES, M. D., San Antonio; A. L. MONROE, M. D. Louisville; W. E. GREEN, M. D., Little Rock; B. LIPPINCOTT, M. D., Memphis; G. W. SHERBINO, M. D., Abilene; G. M. OCKFORD, M. D., Lexington; W. M. DAKE, M. D., Nashville.

Eye and Ear Department.

J. M. Foster, M. D., New Orleans; JAMES A. CAMPBELL, M. D., St. Louis.

The Southern Journal of Homeopathy.

NEW SERIES
NUMBER 2.

Austin, Texas, February, 1888.

OLD SERIES
NUMBER 54

Editorial.

The Irregularity of "Regulars."

THE so called Regular school of Medicine does much prate about the irregularity of Homeopathy and other heterodox systems, and gives forth with vaunted dignity to the world that, because of our censurableness in "trading upon a distinctive name and practicing upon an exclusive law," they, the august representatives of all that is good and pure and holy in physic, cannot hold converse with Homeopaths. To hear them preach and to read the sermons of their oracles in the journals, the uninitiated might easily be led to believe that the orthodox system was as pure as the undriven snow, as holy as Moses himself, and as sinless in physic as its younger rival is supposed to be sinful.

What mockery! What brazen effrontery! What unblushing and consummate cheek! Who more than these self-same Pharisees are now suborned by close-communion secret-nos-trum-vending corporations to furnish the knowledge necessary for the preparation of villianous, quackish compounds for gulling, robbing, and even poisoning people? Nearly every compound and patent medicine on the market is based upon a prescription furnished by some old school practitioner who "stands in" with the manufacturer and shares his ill-gotten gains. This may be denied but 'tis the truth nevertheless, and honest doctors will not deny it.

Take up the medical journals of the day and scan their pages. Who interleave their would-be-gospel-exponents with advertisements of secret compounds for sordid gain more greedily than do they? Who more than they, in their publisher's departments, mislead their fellows with paid puffs, oftentimes false and quackish in the extreme, even until the whole fabric vilely stinks of "trade"? "Everything goes for gold" is the motto of many an old school journal which preaches purity and holiness and orthodoxy month after month and year after year, but which at the same time practices quackery and fraud, pure and simple, for dollars which proprietors of secret nostrums pay into the till. Oh consistency, thou art a jewel, and a rare one indeed in orthodox medical circles.

Gentlemen of the old school, stop your demagogism. Cease flinging your befouling epithets at your so-called irregular rivals and purge yourselves of your iniquities. They are to be seen on every hand. They greet us in our daily walks in life. We read them on the title pages of your most orthodox journals and their advertising pages are full of them. The reading pages of many of your most blatant organs are prostituted, interleaved, often in flaming colors, and the names of your most prominent men are seen attached to the advertisements of many a secret nostrum.

Purify your own garments or call off your dogs.

Another Great Victory.

THE contest that has been waging in English medical circles for several months past, has resulted in a great moral victory for Homeopathy—a victory of such pretensions and achieved in such a manner as to be certain to result in great advancement of the interests of the school in England.

The work of the Homeopathic League has already been touched upon in previous issues. It has been a splendid work. Agitation is all that is needed to win for Homeopathy new laurels, and the League, by its splendid tracts, has done much toward securing agitation of the subject in its country. And then, with its customary pig-headedness, the organized old school has aided substantially in the work of getting the people interested by its stupendous arrogance and intolerance toward its young medical rival; so that between the aggression now being practiced by our friends and the mulishness being exhibited by our enemies, Homeopathy is becoming better known and more widely advertised in England than at any period in her past history.

The latest contest has been the best, in that it has been carried on through the public press, and there is hardly a paper on the Isle but that has given some attention to the subject.

The Times, the greatest daily of the British press, has given much space to the discussion and has come out squarely in an editorial according to Homeopathy the victory in the contest, as will be seen from the following cablegram to the *New York Tribune* of January 24th.

The medical controversy which has been raging for a month or more in *The Times* was summed up yesterday in an editorial which leaves the "regular" doctors aghast. The leading journal practically sides with the Homeopaths against the Allopaths. Not that it pronounces judgment on either system, but for the purposes of this controversy it gives the Allopaths the worst of it. This attitude is the more surpris-

ing because Homeopathic doctors are, in England, a very small minority. They number less than 300.

Lord Grimthorpe, who believes in Homeopathy, began the discussion with the proposition that odium medicum is not less bitter than odium theologicum. Dr. Brudenell Carter, Sir J. C. Browne, Dr. Bucknell and other eminent "regulars" attacked him fiercely, but only proved his case; for they attacked their Homeopathic rivals more fiercely still. They have written scores of columns with the one refrain: Homeopaths are either knaves or fools. The Homeopaths, notably Dr. Dudgen, one of the most distinguished, replied with good temper and good sense enough to bring *The Times* 'round to their side. Homeopaths in England receive their diplomas from the same colleges as the Allopaths. If they are fools, asks *The Times*, what guarantee has the public that the Allopaths are wiser?

The course that has recently been pursued in England is one worthy of imitation in the South, as in all portions of this country were Homeopathy isn't much known. The people are busy about other affairs and pay but little attention to matters medical except as these are forced upon them. Whenever public attention can be attracted to the subject, the merits of Homeopathy, as a newer, safer and decidedly better system of medicine, command for her respect and approval. It becomes, therefore, our duty, both from the standpoint of devotion to our cause and duty to our fellow men, to enlighten them upon the better way in medicine.

This great victory in England is a good thing for Homeopathy but it is a better thing for the people.

Efforts similar to those which the English profession has made, will be a great thing for Homeopathy in the South, and a greater thing for our people. Shall we not profit by this most gratifying experience in England, this year? Much can be accomplished by concert of action in intelligent effort to properly educate the people in a matter in which they are so vitally interested.

We Drop the Diphthong.

WITH this issue THE JOURNAL drops the diphthong and Anglicises the word Homeopathy, following the example set by the *Homeopathic World*.

This change is prompted not by sentiment nor by a desire to be odd, for it must be confessed that we prefer the old way to the new, but it is the outgrowth of necessity arising from the neglect of the type foundries to cast the œ in many of their fonts of job type, resulting in the frequent appearance of the word in more ways than one unless the Websterian way is followed exclusively. In order, therefore, to avoid confusion and contradiction, THE JOURNAL drops the diphthong altogether.

Legislation.

FOR THE JOURNAL.

The Medical Legislationists.

By Z. T. Lillard, M. D., Tyler, Texas.

IN the December issue of THE SOUTHERN JOURNAL OF HOMEOPATHY, I see an editorial headed "Another Legislative Contest Probable." The timely warning of the sayings and attempted doings of this regular committee alone entitles THE JOURNAL to the hearty thanks and liberal support of all Texas Homeopaths.

In the article referred to there is delivered a very appropriate and just censure to those of our brethren who have thus far been so blind to their own interests as to withhold their support from the only journal we have to champion our cause. Prompted by that editorial I resolved to contribute one article at least to our journal and that one on the subject of Medical Legislation in Texas. In a short pursuit for information on this subject I found the following in the September issue of the Daniel's *Texas Medical Journal*, which I give the readers of our journal that they

may know our self-appointed enemies are laying plans for another legislative campaign.

"President Borroughs has made the following appointments: A committee of seven to draft a circular letter to the people setting forth the necessity and advantages of a law to regulate the practice of Medicine in Texas, under a resolution by Dr. M. A. Taylor at the last meeting. Drs. M. A. Taylor, Frank Allen, C. H. Wilkinson, W. P. Burt, C. J. C. King, A. W. Pope and C. F. Paine."

To any not familiar with the antics of our Allopathic Legislative Committee it may seem an act of presumption on our part to construe these movements into a menace of the liberties of all Eclectics and Homeopaths.

But, such it is recognized as by every member of these latter schools. Whatever may be said to the credit of the vast majority of old school physicians, who labor in common with us for the cure of disease and relief from pain, very little can be said to their glory as a legislative committee. We can not trust them to give us a law that will bear equally on all schools and reflect on none.

An Allopathist's idea of justice "ain't built that way." Equal and exact justice to all men, exclusive privileges to none, has no counterpart in a bill to regulate the practice of Medicine provided by a Texas Legislative Committee. The Golden Rule has an exception in its application by Regulars to Irregulars. I am one of those who believe that if the Allopaths could be induced to lay aside their violent prejudices long enough to become well acquainted with the Eclectics and Homeopaths of their communities, an unjust discrimination in Medical Legislation would not be attempted. I will even go so far as to say that perhaps the legislationists are really seeking to promote the welfare of the people at large, and the uplifting of the average qualification of Texas physicians in their wild attempt to force a law on the state.

Strange it is to think they are unable to see that the cause of their deplorable failures lies in the unfairness of the bills they present.

It is really amusing and almost pitiful to read the reports by various legislative committees of their efforts to secure more law in their favor.

For example, in a copy of the transactions of the Texas Medical Association, for '87, we find:

"Your committee on legislation have the honor to report, and that with great regret, that no measure has been devised, which, while beneficial to our people, could present any hope of acceptance by a singularly impractical legislature. In consequence it was deemed more prudent, in view of action in the future, to avoid defeat by inaction than to court it by an appeal to the legislation in its then temper. And, in this connection, your committee would respectfully suggest that naked reason will never secure from a legislative body the recognition due to the medical profession in the interest of public health, and that the pressure of public opinion must be invoked to reach minds otherwise inaccessible."

This is the report of as good a committee as they will ever get. For our own safety in the future I would rather have them make more encouraging reports. A "ching" like the above is liable to make us careless and put us off our guard. We very much question their claims to having trusted to "naked reason" in matters legislative as well as the propriety of ever doing so. It is a bad cause that abandons the leadership of "naked reason." Those who will take the pains to read up the laws regulating the practice of medicine in Texas will see that they are sufficient to meet all just demands. I can not but believe that their only fault in Allopathic eyes is their lack of sufficient discrimination in Allopathic favor.

No, Texas Homeopaths! We can not trust an Allopathic legislative committee to deal with us fairly as long as the spirit recently manifested at Terrell by the

Allopaths appointed on the board of health with Dr. Gundlach, is a fair index to the feelings entertained for us by Allopaths in general. A spirit that holds rivalry in that manner won't do to vest with power to crush.

I have nothing less than the highest regard for old school physicians as physicians. Anything in this article that may seem to savor of else than good feeling for them is meant to apply to them as would-be-legislationists.

For the benefit and harmony of all schools, each with its right to preach and practice as its pleases, if we must have more law regulating the practice of medicine in Texas, let us have something that favors no school. Can it be possible that either school can persist in claiming more privileges than another?

It is incomprehensible how a set of men who seem, and pose, as the conservators of tone, dignity, ethics and other complimentary attributes, can convert themselves into the exhibitors of "gall" and kindred assinine attributes (necessary to make good Allopathic legislative committeemen), by going before our legislature every two years, and calling for help and protection by new and more partial enactment. If this new committee persists in this class legislation, let the prayers of all Texas Homeopaths be that a report of a committee similar to that found in transactions of the Texas Medical Association '86, may express the result of their agitation in '88. The first two sentences simmer the whole report down and read as follows:

"Concerning the efforts of this association to secure legislation for the state regulation of the practice of medicine and allied subjects much might be said.

"The result can be encompassed by the one word 'failure.'"

The legislative battle of the coming winter will be a fierce one on the part of the old school. Homeopaths of Texas look well to your interests.

Practice of Medicine.

For the JOURNAL.

Does Vaccination Vaccinate?

By Joseph Jones, M. D., San Antonio.

A CHANCE remark suggests a subject. It was made by a by-stander, just as I turned from the sidewalk to enter my office; viz: "The mayor is censurable for not enforcing general vaccination in San Antonio."

It was a new suggestion of an old subject, upon which I have given much thought. As I dwelt upon the subject the following questions presented themselves to my mind:

Has vaccination benefitted the human family? Am I justified in encouraging it by the influence of my practice of vaccinating those who come to me for that service? Am I blindly, or, in criminal ignorance following a dogma, which may, during the next vaccine season, lead me into a practice, which, it matters not how cautiously and carefully performed, does, as we have abundant cause to believe, injure, temporarily or permanently, the health, and even destroy, ultimately, the lives of a percentage of those subjected to it, by the insertion of germs of disease into their bodies?

Can I, in the face of the many obtainable facts upon the evils of vaccination, continue to vaccinate innocent, helpless infants and children?

In consideration of the experience of the medical profession at home and abroad, in hospital, general and military practice, and the voluminous statistics obtainable, we may ask, does vaccination furnish any protection against Small-pox?

Dr. Winterburn, in his excellent book on Vaccination, page 69, presents a table of deaths from Small-pox in London and New York City for the period of seven years, from 1804 to 1810 inclusive. In

New York, no vaccination; in London it was the fashion. The average deaths per one hundred thousand in New York, sixty-three; in London, one hundred and eleven, showing a difference in favor of no vaccination of forty-eight per one hundred thousand.

On same page we find; "The London Medical Observer, Vol. VI, in 1810 published the particulars of 535 cases of persons having had Small-pox after vaccination, the operation in some instances having been performed by Jenner himself, including their names, with an index pointing to the authorities as witnesses. Also similar details of ninety-seven fatal cases of Small-pox after vaccination, and of 150 cases of injury arising from vaccination, together with the addresses of ten medical men, including two professors of anatomy, who had suffered in their own families from vaccination."

On page 67, the same author presents statistics from London Small-pox hospital reports which show a remarkable increase of Small-pox after vaccination.

"The number of cases of Small-pox after vaccination has steadily risen from about five per cent. at the beginning of this century, to forty-four per cent. in 1845, sixty-four per cent in 1855, seventy-eight per cent., in 1865, ninety per cent. in 1875, and is now about ninety-six per cent of the whole number of cases admitted."

On page 71 we find statistics showing very unfavorable to vaccination:

"Dr. Ducharme, speaking of an epidemic in 1868, which broke out in his regiment (Valtigueurs of the guard) a few months after he had re-vaccinated it, says: 'To what should we attribute this epidemic in a regiment in which 437 re-vaccinations had been performed, and where the hygienic conditions, as to space, ventilation and food, were excellent, when in the second regiment of Valtigueurs—lodged in a precisely similar

barrack situated in the same court, but on whom no vaccination had yet been made—not a single case of Small-pox existed.”

On page 72 he says Vaccination in Bavaria is enforced by national law.

“In the kingdom of Bavaria, where no one, for many years, except the newly born, escaped vaccination, there were in the epidemic of 1871 no less than 30,742 cases of Small-pox, of whom 29,429 had been vaccinated as shown by the documents of the State department.”

In our own country, especially in the cities of New York, Boston, Baltimore and Chicago, statistics show decidedly against protection by vaccination.

It would seem unnecessary to present statistics to observing physicians who have had experience in the treatment of Small-pox. I believe it a safe prediction that three fourths of the cases of Small-pox are subjects of vaccination.

While in charge of a Small-pox Hospital during the late war, of three hundred and seventy-four admissions only three had not been vaccinated; three hundred and forty-three had been vaccinated after enlistment. Five were confluent. Of the five cases of this type, two had been twice re-vaccinated, the last time after enlistment, and by myself. The remaining three had one re-vaccination after enlistment, also by myself.

It is time the public should be undeceived upon the source of the virus in general use. It is not Cow-pox spontaneous, or inoculated from the horse-grease. It is Small-pox propagated from human beings through *calves* to human beings again; or it is the far-fetched Beaugency Virus. It was announced in 1866 that a case of natural Cow-pox had been discovered at Beaugency, France. Please observe that it came from one cow, has been in use about twenty-one years, and is offered to the profession humanized or vitulated. A child was vaccinated

from this cow about twenty-one years ago, and the virus has passed through about a thousand transmissions. Let some expert estimate the amount of protection it gave the last child vaccinated, and as the virus may have been corrupted by each transmission, the frightful exposure to various vaccine diseases.

The vitulated has been transmitted through about a thousand calves, and, it is presumed the last calf still lives.

[To be continued.]

FOR THE JOURNAL.

Clinical Notes.

By G. W. Sherbino, M. D., Abilene, Texas.

A LYCOPIDIUM CASE.

LOUIS aet. 18 months.—I was called at 11 p. m. to this little patient, who had been hoarse for a few days. To-night he had a high fever and severe cough. Respirations forty per minute, moaning with respirations. Bowels had run off every half hour during the day. Fan-like motion of the *ala nasi* (*Antimonium Tart.*, *Bromium*, *Baptisia*, *Phosphorus*). I gave him one dose of *Lycopodium* 30, and *Sac Lac* every half hour. Called next day to find cough much better, not so much fever, bowels just about the same, moving about as often. Stools, green mucus, streaked with blood; coughs some, but not so hoarse. Fever came up in the afternoon of each day for several days. The case kept getting worse, especially the bowels. I gave several remedies from the second to the fifth day. Each day the child became more emaciated and weak, losing flesh rapidly. Outside friends began to interfere with the case—“the child ought to have wine, whisky, tonics of some kind.” The mother wanted the child to have something more than I was doing. She said to give blackberry root. “If we could only get the bowels checked, the child would be all right.” I told her we might as well give *Opium*, and if she wanted

anything in that line she would have to call an old school doctor. At the same time I pointed to my buggy case holding 253 remedies, remarking I knew that case, and those remedies will be my judge at the last day.

Here was a chance to find out which was the stronger, the love of money or the love of *similia similibus curantur*. I assured the mother that if she would watch the symptoms well and be patient her child would be healed. On the evening of the fifth day, I obtained the following symptoms: Aggravation at 4 p. m.; that was the time it commenced to get worse every evening, then worse after 2 p. m.; worse in the morning, very cross and irritable; seems to be worse after stool and on waking up; rumbling in the bowels before stool; gets restless before stool. I asked the mother if she had noticed any sediment on the napkin. She said she had noticed something and told the father about it, but he thought it was burnt flour, but she had not used any that day. Our trouble was that the bowels and urine generally passed at the same time that day. There was a fan-like motion of the *alæ* nose.

I gave a dose of *Lycopodium*. c. m. When I called the next morning the baby was better. It rested well last night, and this morning was found lots of red sand on the diaper, and he only had two passages last night. He was brighter every way. It is easily to be seen that *Lycopodium* would have cured this case quickly if I had not changed to other remedies, but when child improved and the fan-like motion of the nose had left I thought I must select a new remedy, which I did, and instead of which it should have had another dose. I discharged the case on the morning of the eighth day.

REMARKS: Six months before this same case went out of my hands, because I would not use local treatment. An Al-

lopath was called, treated the case for several months with no improvement; the discharge from the ears was the same, yellow in color, sometimes acrid, causing excoriation, foetid odor from the ear, frequent boring the finger in the ear (*Silicia*). This same little fellow had Bronchitis since birth, that was exacerbated from every change in the weather from warm to cold, for which I gave him *Dulcamara*. *Baryta*, C., also should be thought of in this modality. He had sores behind the ears, was a pale, anæmic child, with sandy hair. The sickness, the otorrhœa and the Bronchitis were all cured by *Lycopodium*, one dose of c. m., and afterward one of the m. m., (Swan).

SPASMS—BELLADONNA, C. M.

CHILD AGED FOUR YEARS.—This child was taken with spasms in the morning. When I arrived at the house they had just taken him from a tub of hot water. Whenever the clothes were moved he would chill and his teeth would chatter. I could not get any symptoms to justify a prescription so I put him on "*Sac Lac*" to wait the development of the case. I left with instructions to watch the case closely and not put him in any more hot water.

At about noon the child took with another spasm. I found it very nervous, cheeks bright red, and, in fact, the whole face red, pulse 150, temperature 104°; Throbbing of the carotids, jumping from the least noise, also during sleep. I gave *Belladonna*, c. m., H. S., one dose. No more spasms. Next day I gave *Sac Lac*. On the third day the child was well and playing.

B -- , AGED 17, NUX V., 2,000TH.

I drove ten miles to the country to see this patient that had been suffering with spasms. They come on with twitching and jerking; thumbs clenched in hand; frothing at the mouth. The spasms were aggravated by a draught of air, or by the

wind blowing on him. He had taken pills a few days before. His tongue was coated and his breath was foul; constipated. One dose of *Nux Vomica* 2,000th (J). No return in five months.

PURPURA HÆMORRHAGICA.

Mr. G—, aged 40, editor, but now called to preach. His daughter came for me one morning to call as soon as possible to see her father, who was very sick. I found the patient lying on a sofa, partly on one side, this being the right, with his head lowered—by letting it off at the side of the sofa. He was subject to Epistaxis and had a spell a day or two previous. His hands and arms, up to his shoulders, were purple, not in spots but continuously. His feet and legs were the same up to the hips; it looked as if all the venous blood had settled in the skin.

Concomitants.—Vomiting when moving his head, either nodding or rotating it; retching from moving hand or foot; also aggravated from turning on to left side or even an attempt; he had vertigo; this also was aggravated by turning on left side. Great prostration; *cold sweat on the forehead.*

Temperature 96°, pulse weak. Hands and feet cold.

Diagnosis of the remedy.—Vertigo, with vomiting, *Arsenicum*, *Ipecacuanha*, *Nux Vomica*, *Pulsatilla*, *Veratrum*.

Vertigo turning on left side, *Baptisia*, *Tinctora*.

Vertigo on left side, *Silicia*.

Vertigo, looking up, *Silicia*.

Vertigo, turning eyes to left, *Spigelia*.

Left Side.—Aggravated by laying on: *Aconite*, *Ammonium Carb.*, *Baptisia*, *Natrum Carb.*, *Natrum Mur.*, *Paris*, *Quad.*, *Phosphorus*, *Pulsatilla*, *Septia Sulphur*, *Thuya*.

Lying on the left side, intolerable:—*Lycopodium*, *Baryta*, *Sabina*.

Motion:—Aggravated from: *Agnus*, *Arnica*, *Asarum*, *Belladonna*, *Bryonia*,

Calcarea, c., *Camphora* *Camabis*, *Sativa*, *Carbo, A.*, *Cheledonium*, *Cocculus*, *Coffea*, *Colchicum*, *Crocus*, *Digitalis*, *Graphites*, *Helleborous*, *Hepar*, *Iodium*, *Ipecacuanha*, *Ledum*, *Mercurius*, *Natrum M.*, *Nux*, *Phosphorus*, *Ranunculus Bulb.*, *Rheum*, *Sarsaparilla*, *Selenium*, *Spigelia*, *Squilla* *Staphisagria*, *Veratrum Alb.*

Prostration:—*Arsenicum Iodatum*, *Lycopodium*, *Natrum M.*, *Nux V.*, *Phosphorus*, *Phosphoric Acid*, *Sulphur*, *Veratrum* and others.

Cold sweat on the forehead:—*Veratrum Album*.

In comparing the remedies in the *Materia Medica* so as to differentiate between those mentioned and in order to select the *Similar*—the one that must cure the one that is most like the symptoms of this case—we will have to reduce the number to four: *Baptisia*, *Bryonia*, *Silicia* and *Veratrum Alb.*

Baptisia and *Bryonia* are both worse from Motion. *Silicia* has vertigo on left side, but in this case it was the act of turning the body or head, that brought on the vomiting. We would also think of *Conium* as having Vertigo on turning over in bed, but the remedy that has the most symptoms of the patient is *Veratrum Alb.* The cold sweat on the forehead cleared up the prescription, and took the lead in the choice of the curative. Hering gives vertigo with *cold sweat on the forehead*. Vertigo on turning on to left side, and vertigo on turning head to the left when lying on the right side is a clinical verification and may become an important symptom in healing the sick.

He received *Veratrum Alb.*, *c. m.* (F.), one dose at 7 a. m. I called again in the evening; he had only vomited twice since giving the dose in the morning. Pulse, much better, hands and feet warmer. Temperature 98°, *Sac. Lac.*, was continued and he kept on improving. The vertigo was the last thing to leave

excepting the petechiæ. This did not all leave for a week. It was the first case I saw, and the immutable, and never-failing law of the Similars was my only guide, and blessed are they who shall be healed by this unerring law.

CEPHALALGIA—SPIGELIA, C. M.

Mrs. C. was taken with a headache in the right orbit and eye-ball. Lachrymation during the pain. Aggravated from cold air, from stooping, from others walking across the floor, jarring it. *Spigelia*, one dose cured.

ANÆMIA—CHINA.

Mr. L.—, aged forty, called at my office to consult me about his trouble. He had been in poor health for twenty years, ever since he was bitten by a copperhead snake.

His sickness came on with frequent Epistaxis, so profuse that the doctor sometimes had trouble to stop it. The Epistaxis was sure to come on if he took any cold; the blood was bright red. He was weak and walked very slowly. His whole body was swollen. This was aggravated after each spell of Epistaxis. He was pointed out to me on the street one day by a friend, and I remarked, "He is an *Arsenic eater*"—bloated, pale, and his skin as dry as parchment.

After these spells of Epistaxis he was prostrated, and had *ringing in the ears*; then followed the swelling in his feet and legs, in fact, his whole body was œdematous.

He suffered with his stomach, at times, from bloating, after eating, as if his stomach was stuffed full.

China 30th, and 200th, was used occasionally. I kept him supplied with *Aconite* to take when he had indications of a cold coming on. It always relieved his cold, and he never had another Hemorrhage.

The *China* cured the Cachexia. I was a year curing this patient, and he had received treatment for twenty years under

the old school without a particle of benefit. He has remained well now for three years. I never had to use a tampon in the posterior nares, as did my predecessors. The cure began at once and never stopped progressing until he was completely restored to health.

I never was able to tell the cause of this man's disease, although the frequent Epistaxis was the observable exciting cause, as he always had an exacerbation after these spells.

The diagnosis of the remedy was easier than the diagnosis of the disease.

For the JOURNAL.

Cerebro—Spinal Meningitis—
Three Cases.

By F. Hines, M. D., Corsicana, Texas.

CASE I.

I WAS called on February 1st to see the four-year-old son of Mr. E. Found the patient with temperature of 103°, eyes engorged, pupils slightly dilated, and complaining intensely of pain in head, neck and the joints of both extremities of the right side. Was told by parents that while playing in the street a few hours before, he was taken with a chill and with apparent loss of the use of the right leg, as he was unable to walk. The feature that alarmed me was the character of the pulse. It was weak, soft and only about sixty to the minute. I, however, prescribed according to the best indications I could get, and left without giving my diagnosis. A few hours afterward I received a message desiring me to come at once, as the boy was thought to be dying. I found the child wild with the most intense pain in the neck and head, arms and fore-arms flexed and tonic spasms in different groups of muscles. Upon being pressed for a diagnosis I stated "cerebral irritation." This did not satisfy the parents and a prominent old school physician was called in who

made the statement I had done, but gave as a cause Suppressed Measles. I was retained in the case, and found upon my visit the next morning perfect rigidity of the neck, head drawn back and the tonic spasms more intensified. Then I gave my diagnosis, and received the usual smiles of doubt and incredulity from the physicians as soon as it was noised around town.

The spasms and cerebral trouble were greatly modified by *Hyoscyamus*, 30. x., and the head relieved by *Cimicifuga*.

The case has been a fluctuating one and I do not regard it as entirely out of danger yet.

CASE II.

The second case, almost similar to the first, progressed more favorably, but after a week's treatment it passed out of my hands, and was dead a few days later.

CASE III.

The third case was taken early one morning. I saw it at three o'clock in the afternoon of the same day, found the same set of symptoms, only more intense, with partial paralysis of the muscles of deglutition and respiration. Gave a grave prognosis and on the night of the second day from the time she was taken she died.

I had other cases in a more modified form that recovered without many alarming symptoms. One of the peculiar features of these cases was the variable pulse. There will frequently be a difference of forty beats in the space of fifteen minutes. The remedies I have used most frequently have been *Gelsemium*, *Bryonia*, *Hyoscyamus*, *Belladonna* and *Cimicifuga*.

The old school physicians had some sudden deaths about the time I first gave my diagnosis. They said they were from congestion of the brain; but I think they have about come to the conclusion that meningitis is in the town.

[From the Homeopathic Physician.]

Clinical Confirmation of High Potencies.

B. L. B. Baylies, M. D., Brooklyn, N. Y.

THE following represents the clinical confirmation of some of the characteristics of remedies applied in the treatment, during more than four years, of a patient who had for a long period suffered with uterine disorders. The lady, about forty years of age, fat and lymphatic, but at the same time highly nervous, had complete antero-version of the uterus, with chronic metritis, and had, previously to my attendance, been treated Allopathically, especially for inflammation of the ovaries and for abscess of the left ovary which discharged through the vagina. She was, when I first saw her, almost wholly unable to walk, in consequence of the malposition of the uterus, the fundus of which was firmly impacted behind the pubis, the cervix in the hollow of the sacrum. I do not attempt to demonstrate the benefit of any particular course of treatment of uterine displacements illustrated in the management of this case, but merely to state the several groups of symptoms, whether casual or necessarily connected with the condition, which were always relieved by the remedies specified. I will premise that some mechanical expedients for relief were employed. Among pessaries, the watch spring pessary, affording considerable ease for weeks at a time, and Fraser's cup-shaped pessary, applied twice, and worn several weeks at each time, its removal being necessitated by abrasion of the cervix and post-pubic mucous membrane. But this did not happen till the instrument had been worn several weeks, during which the patient enjoyed great comfort and cheerfulness, and was entirely relieved of uterine tenesmus, sighing respiration, and all the symptoms of impaired function of the bladder and rectum, caused

If you are on the delinquent list, please remember that *Argentum Nitricum* is an excellent aid in conducting a journal.

by the pressure of the uterus ; but after its removal, not the least improvement was evident ; the displacement continued as before, the treatment only temporarily beneficial and not thoroughly cleanly. Thereafter, except the elastic abdominal belt, all mechanical treatment was abandoned, and medicine, with the knee-elbow position, alone employed.

Burning sensation in the epigastrium, with burning and drawing in the left ovary, was removed by *Ammonium Carbon.* 200.

2. Feeling as if the left arm and hand were wooden—*Nitrum* 20m., Fincke.

3. Giddiness, numbness in the hands, pricking pains of the arms and shoulders; inward fluttering ; dry cough, with sharp pains in the stomach, rising of frothy mucus with sense of constriction of the throat—*Cocculus Indicus* 26m., Fincke.

4. Swelling and sore pain in the left ovary, burning and stiff and benumbed feeling about the left hip—*Lachesis* 40m., Fincke.

5. Sharp pricking feeling in the right ovary, with empty, sinking sensation at the epigastrium and disposition to weep.—*Ignatia* 40m., Fincke. .

6. Bearing down, cutting or clutching pain in the uterus.—*Belladonna* 6th, 200th, and 97m., Fincke.

7. Fluttering, bounding, quivering, internal and external, muscular, with nervous and lachrymose mood, and sensation of heat and weakness of the right eye, and as of a scum upon the ball, which might be rubbed off ; feeling as of something alive in the abdomen ; with hemorrhage, even when moderate, tending to syncope ; with discharge of black stringy clots—*Crocus Savitus* 20m., 40m., Fincke.

8. Hysteric nervousness, sleeplessness, trembling, disposition to start or get out of bed, with wild alarm, retention of urine. *Hyoscyamus* 200th and 3m, Fincke.

9. *Viscid Leucorrhœa*, with soreness

and smarting of the vagina and vulva—*Hydrastis* 200, and locally.

10. Pressing pain in the forehead from without inward, gradually increasing and decreasing ; flushes of heat with burning in the face, interrupted by chilliness ; ill-humor, aversion to food on account of feeling low-spirited, pressing downward during the menses, and discharge of dark clotted blood. Patient says the uterus "feels hard," *i. e.*, subjectively ; cramping pain in the legs, ameliorated by heat. She sleeps with the arms over the head, knees drawn up ; shortness of breath as if the chest were constricted, and palpitation—*Platina* 200, Lehrman.

11. Urine thick, cloudy, containing white mucus ; stains the linen yellow ; pain extending from the region of the right kidney along the ureter ; burning pain under the skin in the left side of the abdomen ; sticking and dragging pain at times ; burning and drawing sensation in the right inguinal region, compared by the patient to the crisping of burnt leather. These symptoms were removed soon after giving *Berberis v.*, 8m., F.

12. Feeling as of a lump of mucus in the throat, and cough worse about 3 a. m. ; hollow, weak feeling at the stomach, with easy eruptions of gas ; rolling flatulence, and sensation as if in the revolutions of the bowels something touched the uterus and caused sore pain ; pricking and shooting downward and inward, from near the anterior superior spines of the ilia toward the ovaries ; retarded menses. *Kali Carb.* 30m., F.

13. Painful and distressing sensation as of something pressing in the hollow of the sacrum, and behind the pubis ; urging to stool as if diarrhoea would come on ; or, she must pass water, with great difficulty in emptying the bladder ; dragging from the waist downward ; drawing cramp-pain in the legs ; when mounting a step, drawing in the loins and back ; sinking feeling at the navel ; sighing ; pressing down as

if the contents of the pelvis would come into the world; *Lilium Tigrinum* 30th. A single dose was given dry, and allowed to act without repetition for several days; for if the dose was repeated on two or three successive days the symptoms were aggravated. More enduring relief was afforded when the uterus was first replaced and a dose of *Lilium* given than when first replaced without the use of *Lilium*. The 30th was borne well, while the 200th or higher was followed by aggravation.

14. Catching pain in the back and diaphragm, with gasping; cannot breathe without pain; after exposure to a draught, or too much exertion in walking, portions of the rectus abdominis, of the external oblique, or lumbar muscles were affected with tonic contractions, hard to the touch. *Petroleum* 200, Lehr.

15. Constipation; dark fæces, coated with and connected by strings of mucus; pain extended from the anus to the back, continuing long after the passage; smarting at the anus, which feels cut or lacerated by the passage; languor and weakness in sacro-iliac region. *Graph.* 200.

16. Diarrhoea with hemorrhoids; bloated abdomen; constant threatening of the bowels to move, and sensation of heat in the rectum. *Aloes* 40m., L.

17. Colic, with distension, and cardialgia; sour eructations; dry cough, with burning in the throat, very troublesome at about eleven p. m. *Magnesia Carb.* 20m., F, or 200.

18. Rawness (sensation) in the throat extending to midsternum; irritation, extending from upper sternum toward upper left side of chest, with burning in the epigastrium and præcordium, and dry, barking cough; disposition to cover the mouth and warm the inhaled air; *Rumex Crispus*, 200 and higher.

19. Pain in the right knee when sitting for some time; after rising, a full feeling in the head and sensation as of

a string drawn tightly around the head below the ears, stopping them up. *Gelsemium Nitridum* 3m., F.

(The *Materia Medica* gives "sensation as of a tape around the head; sudden and temporary loss of hearing," under *Gelsemium*).

The high potencies were chiefly used, and, as a rule, produced their effects more promptly and rapidly than lower potencies, the patient often expressing herself conscious of the commencing operation of the medicine within five minutes after taking the dose, and was frequently relieved of great distress in fifteen minutes or half an hour. The displacement was not cured by the treatment, but her condition much ameliorated, so that she was enabled to walk more and better than for many years previously.

I do not mention the high potencies as a subject for controversy, believing that a practical conviction of the truth of the two primary and essential principles of Homeopathy, viz.: similarity and simplicity, *i. e.*, the single remedy, exacts the use of the least requisite dose. Individual judgment will determine for each physician that dose, but experiment will prove that the higher will often *complete* what the lower potencies have only partially effected and demonstrate that the limitation of the molecule is not the limitation of force.

I cut the following from the *Medical Press*. It shows the value of experiments in illustrating to a certainty the comparative action of medicine in hemorrhage. It would be a good plan to test in the same manner, such drugs as *Cinnamon*, *Ustilago*, *Erigeron* and *Trillin*.

E. M. HALE, M. D.

OBSERVATIONS ON SOME VASO-CONSTRICTORS.—M. Trovati has made a series of experiments with the object of ascertaining the relative power of *Ergotine*, *Hydrastin* and *Hamamelis* as vaso-constrictors. When the blood contained 1-1,000 of *Ergotine* the flow ceased in an hour. It diminished by a third in ten minutes, and by one-half in the same space of time, when it contained 2½ and 5 parts per 1,000, respectively. The extract of *Hydrastis* reduced it by two-thirds at 2½ volumes per 1,000. The extract of *Hamamelis*, in the proportion of 1-1,000, reduced the flow to one-half in ten minutes, and by two-thirds in proportion of 2½ per 1,000. This test affords a good idea of the relative value of these drugs in the treatment of hemorrhage.

Materia Medica.

FOR THE JOURNAL.

Lecture on Muriatic Acid.

By Prof. J. T. Kent, M. D., St. Louis.

THE object of this lecture is to show you how to individualize. The great failure in prescribing is not in securing a right potency, but in selecting the appropriate remedy. I may lead you year after year down through the symptoms of remedies, and you will not see how to grasp a group of remedies that seem quite generally similar and detect their differences. We will take up to-day *Muriatic acid* and some remedies that seem somewhat like it, and see if we can generalize with them, and then individualize. There is no greater task after the symptoms have been duly appreciated than individualizing between two or more medicines that seem similar to the sickness to be cured.

The most prominent feature is muscular prostration, as a result of blood-poisoning. *Muriatic acid* occupies a prominent sphere in zymosis—zymotic diseases, typhoid, that peculiar state and condition of disease marked by sepsis, associated with paralysis, and weakness of the muscles of the body.

In a large number of the complaints there is a marked absence of any primary cerebral trouble, but later there comes on a marked cerebral condition, depending upon this zymotic state, and cardiac paralysis. In the mind symptoms, we have loss of consciousness, coma, passive delirium, muttering, picking at the bed-clothes, tendency to slide down in the bed. During the coma there is moaning, always moaning; this state we find in typhoid fever; as we run down the typhoid fever it has a typical state, dryness, bleeding of the mucous membrane, exudation of dark blood, the tongue is coated; if the coat is removed it is bright red;

or the tongue covered with dark brown or black coating; tongue is projected with difficulty.

Ulcers on the mucous membrane as well as on the skin. Ulcers with bleeding and burning; burning is a characteristic of *Muriatic acid*. Ulcers burn, eruptions burn, burning in the veins. It produces hemorrhoidal tumors that protrude like grapes, burning when touched, like *Phos. acid*. Burning in the stomach, burning in the abdomen.

It produces crops of boils and carbuncles that burn and have sticking on the slightest touch. It produces an increased cyanotic condition of the skin, blue spots like *Arnica*.

It sours the secretions of the body; acrid discharges excoriate and burn; tendency to raw surfaces upon the body, exfoliation of the cuticle in patches.

In the abdomen we have extreme soreness, burning, bloating, tympanitic condition—drum-like; vomiting and diarrhoea, diarrhoea without vomiting; vomiting of sour-smelling water, vomiting of feces; sometimes profuse, gushing diarrhoea; with this there is great prostration; extreme offensiveness of the secretions and excretions, the breath is foul, and the patient smells badly; it corresponds to a low type of typhoid fever. There is something peculiar about the prostration as to its coming on; in some ways it would make you think of *Phos. Acid*; but the *Phos. Acid* patient becomes delirious, yet he is very strong; finally as a result of more cerebral congestion he takes on a weakness of the muscles, as a result of the brain congestion; the trouble starts in the brain. We will reverse that in *Muriatic Acid*; the paralysis comes on from the sepsis, and finally the brain assumes its form of congestion and delirium. *Muriatic Acid* is to the muscles what *Phos. Acid* is to the brain, but if you see them in the advanced stage, they are both alike; they both slide down the bed,

they pick at the bed-clothes; in both unconsciousness, involuntary stools and urine; they both seem to enter into the extreme passive state, state of unconsciousness, that may be the result of typhoid or symptomatic typhoid.

He must strain and wait a long time for the urine to pass; finally, after straining a long time, the urine dribbles away. While pressing to urinate, the rectum prolapses, he has prolapsus of the rectum, while pressing to urinate; you will not find that in any other remedy.

Now I have described as much of the typhoid state as *Muriatic Acid* conforms to; there are a number of little symptoms in this remedy, but these are the principal ones. This remedy runs into association with many remedies that you will have to use in different climes and different diseases that sometimes assume the septic state, as measles, scarlet fever, and diphtheria have which many conditions of typhoid sepsis and the zymotic state; septic conditions like puerperal fever, which take on a rapid typhoid, and we have a large number of remedies running in.

Now let us draw an imaginary circle. And let us put inside of that circle the pathognomonic symptoms of typhoid fever. A typical case of typhoid comes on slowly. The patient feels badly for weeks before he is confined to his bed. The diarrhoea finally comes on with offensive mushy stools, yellow or brown, and there is increasing prostration and the fever is continued. Read up the books and gather the symptoms there named as belonging to the continued or typhoid fever; take them bodily and write them inside of this circle. No matter what name you apply to this circle or complexity of symptoms this you must do at every typhoid bedside. At a glance you will learn to see a general similarity standing out of this group that will remind you of the picture or image of some remedies used for its cure. Related

to the drug in mind we have especially *Arn.*, *Ars.*, *Bry.*, *Bapt.*, *Phos.*, *Phos-ac.*, and others that might confuse you to mention. We must first see the similarity in the images considered generally, and then we must take up the list and see why they are not all in perfect consonance with the symptoms of the patient. They all may have in a greater or less degree the pathognomonic symptoms in the circle, and yet not one of them be able to cure the sickness. Generally, they may all be similar but specifically quite dissimilar. Thus far we have only stated that there is a general similarity between the remedies and *Muriatic acid*, and only a general similarity between *Muriatic acid* and the group of symptoms in the circle. In relation to the specific study of these medicines there must be some objective point, hence we have taken the fragmentary image in the circle. We have a marked typhoid image in *Muriatic acid*; so we have in all the rest of the named medicines. When shall we give one and when shall we give another. Every case you meet will furnish you a new problem.

Suppose we start with *Arnica*. It produces great muscular weakness, and the unconsciousness like *Mur.-ac.*, but the *Arnica* patient comes down more rapidly; he becomes stupid rapidly and says he has been bruised; he is so sore all over and complains of the hardness of the bed. He must not be touched. We do not find his soreness in *Muriatic acid*. Both have ecchymoses, blush spots, brown sordes on the teeth, and bloody exudations. In *Arnica* he forgets the word while speaking. He attempts to say something in answer to your interrogations and fails because he has forgotten the words to express his ideas; he becomes provoked at this and drops into a stupor. If again aroused he becomes very irritable and declares he is not sick, that he did not send for a doctor, and does not need a doctor. He will do all this when he is

distressingly and dangerously sick. He may refuse to take the medicine, and then swallow it without resistance. He has offensive, gushing, inky stools, that come on even in the first days of his sickness. These symptoms coming prematurely in typhoid fever, suddenly, the activity of the symptoms is peculiar. If these symptoms should come on later one could scarcely think of *Arnica*—I mean the diarrhœa symptoms. In *Muriatic acid* the brain symptoms come on later, and also the diarrhœa.

In *Arsenicum* we see much of the image that is similar to *Mur.-ac.* The extreme prostration is a grand symptom of *Arsenicum*. It seems that he will die; he can hardly move a hand, he is so debilitated, so weak. Perhaps he has passed through a period of restlessness and extreme mental anguish in which he finds no rest. He goes from chair to bed and from one bed to another, moaning all the time, finding no comfort. Even the anguish is depicted on his countenance. He has a constant fear of death. He is thirsty, and the most typical feature of his thirst is that he wants just water enough to moisten his mouth and throat; thirst for large quantities frequently is also a strong feature in *Arsenicum*. Craving for hot drinks is often found. Frequent, scanty, bloody, brown, black, cadaverous stools. In *Muriatic acid* the stools are copious.

Arum.-tr., covers typhoid states, sepsis, blood-poisoning, etc. The foul mouth, raw and bleeding lips, tingling of nose, compelling him to bore the nose with the fingers, which is already raw and bleeding. He picks the tips of his fingers until they become sore, also the lips and nose: urine is scanty or suppressed. He passes into unconsciousness and slides down in bed. Mushy stools very frequently day and night.

Baptisia has a marked general zymotic state. So true is this that unskilled Homeopaths will say "*Baptisia* for ty-

phoid fever," without pointing out when it is indicated and when it is inappropriate. The Homeopathist will ask *When shall I prescribe it?* The patient has a besotted expression, as if he had been on a debauch with strong drink. He looks as if his condition had come on slowly, but it has come on suddenly. The stupid condition has been but a few days coming to coma. He will at first answer your questions and drop into a stupor. Like *Muriatic-ac.*, his jaw drops and there are blush spots on his face; watery, offensive stool associated with this typhoid state; the stool is so extremely offensive that you can smell it all over the house. It is death-like, it permeates the house, you can carry it with your clothing. We have extreme offensiveness in *Bapt.*; it has a listlessness at times and he will draw up his knees and lie over on one side, and lie there for days and will not speak to anybody; he attempts to answer and falls asleep; if he has wandering, as we sometimes find him, he seems to be scattered all over the bed, and seems to want to get the limbs together; he thinks he is made up of numerous factors; he thinks his limbs are talking to each other and it annoys him; he wants to get them together.

The *Bryonia* patient is full of pains and aches, sore and bruised, diarrhœa, irritable in the extreme, and is only contented when let alone and permitted to lie quiet, and not urged to move. *Bry.* has the pains and aches that belong to the typhoid state, all made worse from motion; it has the mushy diarrhœa, the tympanitic abdomen, brown tongue, sor-des on the teeth, great prostration, complaints come on slowly and the fever is continued; *Bryonia* has these things. Now, in short, that is how *Bryonia* competes with *Muriatic Acid*, which has a desire to move, and is better from motion, while *Bryonia* is worse from motion.

Carbo Veg. enters into this state; it has

the prostration, the tympanitic abdomen, the pathognomonic symptoms of the typhoid state; it is horribly offensive, the breath and feces, and particularly is he filled with gas, which he passes, and it is very offensive; he can hardly tolerate himself; he has a sickly appearance; he seems sinking; the nose and the expression of the face are cadaverous; he wants air, he wants the windows open, and wants to be fanned; wants some one on either side of him to fan him, which gives relief.

China has it all too; has the whole typhoid fever; while it is more characteristic for *China* to have periodicity, yet there are times that it has a continued fever. It is indicated for the deathly sinking belonging to the last stages of typhoid, the watery, involuntary stools, profuse, painless, watery diarrhoea, hemorrhages, or after hemorrhages; when the diarrhoea gives you the key-note, remember this, that where the bowels don't move in the day except after nourishment, and where the diarrhoea is frequent at night, of dark, inky fluid, don't fail to give *China*; exudations about the teeth, bleeding mucous membranes, blood-poisoning.

Colchicum compares with *Muriatic Acid*; the aching pains, the muscular soreness, the swelling of the joints, the watery diarrhoea and the stomach disorder, that is peculiar to *Colchicum*, the thought or smell of food, the smell of cooking food, the mere mention of oysters, soup, or broth will make the patient gag; sickness, nausea, horrible aversion to something to eat; so they go on for days and days, until you cure it; there are lots of cases lost for want of knowledge of *Colchicum*; I have known patients to actually vomit and retch when hearing some one speak of something to eat. You need not wait long for it to help that condition. *Cocculus* is something like it, but not compared here.

Gelsemium has the muscular prostra-

tion of *Muriatic Acid*; it is expressed in *Gelsemium* and not expressed in *Muriatic Acid*. You have to see it: he does not realize that he is so weak, but *Gelsemium* will tell you "I am so tired, always so tired, and my limbs feel so heavy." He has the mental power to understand it and express it to you; in cardiac trouble he will tell you about it.

If you will prescribe on these indications you will never have a Typhoid Fever, because it will not get there.

Any prescriber ought to stop a common case of Typhoid Fever in ten days, allowing two or three days in the start without medicine.

Ophthalmology.

Read before the California State Society.

Glaucoma.

By F. P. Green, M. D., O et A Chir, San Francisco, Cal.

"Glaucoma is the expression of a disturbance of equilibrium between secretion and excretion, with increase in the contents of the eyeball and increased tension."

"Glaucoma is characterized by one constant and essential symptom;—increased tension of the eye-ball." Let this physical condition be added to any eye healthy or diseased, and straightway it becomes Glaucomatous, and will, under the continuance of the pressure, manifest those changes so peculiar to the disease.

On the other hand, let the excessive pressure be taken away from a Glaucomatous eye and whatever morbid process or structural change may be left, Glaucoma exists in it no longer. We see, then, that Glaucoma is but a symptom of some unknown, morbid process which augments the fluid within the eye and increases the tension of the eye-ball, and upon this symptom alone depends all the various phenomena seen in a case of un-complicated Glaucoma.

The following classification is taken from Priestley Smith, and to us seems to be the most practical one,

Primary Glaucoma	} Chronic. Sub-acute. Acute.
Hemorrhagic.	
Absolute.	
Secondary.	

Chronic Glaucoma is the typical form. It comes on insidiously and quite imperceptibly, without exacerbations or intermissions, and gradually but surely leads to blindness, unless recognized and relieved early in its course.

This form of Glaucoma is peculiar to old age, and rarely occurs before the age of 50. The first thing the patient notices is the gradual failure of one or both eyes. Usually one eye is affected first; finally both become involved. He has been compelled to change his glasses often. You examine his eyes and you find his vision very much impaired. He has had little or no pain in the eyes, but may have had some Supra-orbital pain of a Neuralgic character, though this has not been pronounced. The functions of the eye are very much impaired and the field of vision contracted. Often he observes a prismatic halo around the lighted lamp, though this is not by any means a constant symptom. Externally the eyes look normal, except, possibly, a slight engorgement of the sub-conjunctival vessels, but the anterior chamber is very shallow, owing to the advancement of the Lens and Iris, which are sometimes pushed forward nearly to the posterior surface of the Cornea. The pupil may or may not be dilated, *but it is inactive, and does not respond to the stimulus of light.* You now examine the tension of the eye, and you find it increased often to stony hardness.

This is best done by requiring the patient to look down; close the eye gently, place the index fingers over the upper

lid, palpate the eye by alternate pressure with the fingers, as you would an abscess. Compare the two eyes, and, if in doubt, compare them with your own. Instruments have been devised for testing the tension, but nothing is so good as the educated sense of touch. The Ophthalmoscopic appearance of the Optic disc is quite characteristic where the pressure has been prolonged. The entrance of the nerve being the weakest point, the nerve is forced back. This, together with Atrophic changes, which soon take place, causes it to become cupped, or excavated; it may be undermined owing to the resistance offered by the rim of the disc so that the sides are lost to view. This is seen by the course the blood vessels take on entering the disc. They seem to hook over the edges, disappear, then re-appear on the bottom of the excavation. The vessels are all pushed over to the nasal side of the disc. The excavation extends quite up to the margin of the Sclera, which is not the case with physiological cupping. The vessels of the disc are changed in size as well as relation. The veins upon the face of the disc are reduced in size, while on the face of the retina they are full, engorged and tortuous. The arteries are attenuated throughout, and they, with the veins, may both at times be seen to pulsate, or pulsation may be produced by slight pressure upon the ball with the finger. Pulsation of the veins, however, is not of as much diagnostic importance as pulsation of the arteries; but either may be absent or occur in other troubles than Glaucoma.

The Cornea loses its sensibility owing to the continued pressure or the nerves supplying it. Many of these symptoms may not appear in a single case, but when they are found in connection with *increased tension, cupping of the disc and contracted field*, they are a perfect picture of Glaucoma.

Sub-Acute Glaucoma.—What most distinguishes this form of Glaucoma from the Chronic, is the periodicity with which the attacks occur. It has been described as "Chronic Glaucoma plus periodic exacerbations of an irritative type." The increase of tension is sudden and rapid, and is always followed by others of the same kind. In this form the pupil is *dilated*, the cornea loses its transparency, owing to dissociation of its fibres, which gives it the appearance of a glass that has been breathed upon. The loss of vision is coincident with the onset of the disease, and is in proportion to the increase of tension.

The conjunctival vessels are engorged, the anterior chamber shallow, and the eye painful in the extreme, often appearing swollen, or bulging. This condition of things lasts a few days or hours, and passes off, leaving the eye apparently unharmed. But the continued attacks which are sure to follow soon establish a permanent glaucomatous process. The ophthalmoscope reveals little or nothing during the attacks; owing to the cloudiness of the cornea you are unable to see the fundus. After the glaucomatous process has been established, the disc becomes excavated the same as in the other forms. The prismatic display of colors when looking at a lighted candle is here very constant. Do not allow yourself to be misled, by the periodic ameliorations, into the idea that it is yielding to treatment. It will return as certain as your patient lives, and, if allowed to go on in its course, will just as certainly lead to total blindness.

Acute Glaucoma.—This, like the sub-acute variety, comes on suddenly, but shows no tendency to remissions. The loss of vision is rapid and permanent. Its similarity to an inflammatory disease may lead you to think you have to deal with Panophthalmitis. But the increased tension of the ball will decide the matter

at once. The pain is excruciating, the dread of light intense, even though vision is totally destroyed. The attacks often come on at night. The eye looks swollen; the conjunctiva turgid; the lids puffy; the ball is protruding; the pupil dilated; the anterior chamber shallow; the cornea like ground glass; the eye gives a greenish reflex; lachrymation is profuse and scalding. It is impossible to view the fundus with the ophthalmoscope, even though the pupil be widely dilated and immovable. Upon testing the tension the eye-ball will be found to be hard as stone. The field of vision is contracted to a minimum. This teaches us that we are not dealing with an ordinary inflammation.

Hemorrhagic Glaucoma.—Certain cases of Glaucoma show an early tendency to hemorrhage within the ball, and for clinical distinction have received the above name. This hemorrhagic tendency is mainly due to degeneration of the coats of the blood vessels. The arteries of the retina often show Aneurismal dilations which, owing to the obstructed flow of blood, are, due to pressure, ruptured. Many times the hemorrhage is the first sign of the onset of the disease, and the increased tension may be scarcely perceptible at the beginning. Patients who suffer from this form of Glaucoma are peculiarly subject to apoplexy. This proneness to hemorrhage makes the operation of iridectomy a very dangerous one, for, as soon as the anterior chamber is opened and the tension reduced, the blood-vessels lose their support and rupture.

Secondary Glaucoma.—This is by far the most frequent form that is met with. Its symptoms are similar to those met with in the primary form, except that they appear in conjunction with, or secondary to, some other disease, such as Serous Iritis; Irido-Choroiditis; Pannus; circular adhesion of the iris to the lens capsule; occlusion of the pupil as the

result of Plastic Iritis; anterior synechia, where the iris has adhered to the cornea; needle operation for cataract; intra-ocular tumors, etc. These usually produce Glaucoma by choking the filtration spaces of Fontana through which the intra-ocular fluid finds its exit. This form of the disease may occur in young people, as well as old. In fact, it is often met with in persons in active life as the result of mechanical injuries. Serous Iritis is nearly always attended by increased tension. Extreme loss of vision is very liable to occur in cases of secondary Glaucoma; for, besides the glaucomatous condition, there remains the original disease which impaired the transparency of the cornea, vitreous body, or lens, or, perhaps, occluded the pupil. Iritis that has been treated without the local use of *Atropia* is productive of the worst cases of this form of the disease. The functions of the retina are usually destroyed before the oculist sees the case; and, while an iridectomy may relieve the tension and restore communication between the anterior and posterior chambers, its results, so far as vision is concerned, are *nil*. The pain which frequently accompanies the original disease is greatly augmented by the glaucomatous process, especially if the increase of tension has been rapid. The shallowness of the anterior chamber and condition of the pupil in many cases of secondary Glaucoma are masked, owing to a previously existing corneal opacity; but the dilatation of the sub-junctival vessels is a constant and reliable symptom. This alone in an eye that was blind, would lead the skilled oculist to suspect the cause of the blindness. The ultimate result of this form of Glaucoma is not materially different from the other forms. The tendency to final softening and the detachment of the retina, and, finally, shrinking of the ball, is greater than in other forms. The eye that has been lost

by this disease should be enucleated before it reaches this point, as it is very liable to excite sympathetic inflammation in the other eye.

Absolute Glaucoma.—This is the condition which is found after an eye has been totally blinded by Glaucoma, though the pathological changes vary somewhat, according to the form which produced the blindness. Changes in the shape of the ball are noted, the eye assuming more of a spherical form. At a glance the eye which is blind from chronic Glaucoma may appear normal, but the decided hardness reveals the cause of the whole trouble. The anterior chamber may appear of normal depth, though usually shallow. The pupil may not be much dilated. In fact, the eye may be blind for years and undergo no external changes. Finally, the iris atrophies and shows large blood-vessels on its surface. The anterior ciliary vessels become engorged, tortuous and dark red, especially over the insertion of the Recti muscles. The sclerotic is pale, the conjunctiva thickened and rough, the cornea becomes opaque, its sensibility is destroyed, the iris is changed in color, the lens cataractous, or at least appears so. Pain continues long after every vestige of color is gone. Finally, the sensory nerves lose their function and the pain subsides. Subjective vision remains for a long time, which has led patients to to the surgeon in the vain hope of a restoration of sight. The sclera becomes so weakened that it may at any time rupture. The ophthalmoscope, where the fundus can be seen, shows the disc to be deeply cupped, surrounded by a broad ring of atrophied choroid, and the vessels reduced to mere strips traversing the retina. When the eye-ball ruptures it atrophies and continues to pain the patient until it has been removed. If atrophy of the vessels supplying the ciliary body, where the intra-ocular fluid is secreted, has taken place, the eye gradually softens and

the ball shrinks up, leaving a small atrophic stump. Even here the pain does not stop.

It is not intended in this paper to give an extensive description of all the pathological changes that take place in a glaucomatous eye, our aim being to point those changes that will appear to a careful observer. We will, therefore, pass to some of the causes which tend to excite attacks of Glaucoma, when we will discuss the treatment.

Statistics tend to show that heredity has some influence in producing the disease. Hypermetropia is present in most cases of primary trouble. Tri-facial Neuralgia, dental caries, tooth-ache and gout have been known to increase the tension of the eye-ball. Watching, fatigue, mental passion or anxiety, Hysteria and long hours at the card-table may precipitate an attack. Climacteric changes may be a predisposing cause, and *Atropia* should never be applied to an eye where there is reason to suspect Glaucoma; it will likely be followed by an outbreak of the disease.

In speaking of consecutive Glaucoma, we mentioned the most potent causes of rise of tension, which it is not necessary to repeat here.

Treatment. There have been many operations devised for the relief of this disease, but so far, none have been so successful as Iridectomy. This operation consists in opening the anterior chamber of the eye with a broad, lance-shaped knife, just back of the junction of the Cornea with the Sclera, drawing out that portion of the Iris embraced by the cut and snipping it off with a pair of scissors. This is quite a delicate procedure as great care must be exercised to avoid wounding the Lens Capsule, an accident that would be followed by cataract, swelling of the Lens substance, and increased tension, thereby defeating the object of the operation.

I prefer, where the Lens and Iris are pushed forward to any considerable extent, to use the narrow Von Grafe knife instead of the Karatome.

The time to operate is just as soon as the diagnosis of Glaucoma is made. Especially is this important in acute cases; for, it must be remembered that in these the eye may be totally lost in a few hours. The amount of improvement to be expected will depend upon the variety with which you have to deal, it being greatest in acute cases and least in chronic ones. Then, too, the length of time that the disease has existed has a great deal to do with the benefit to be derived from an operation. The sooner the operation is performed, the greater will be the improvement of vision. A sudden rise of tension causes a suspension of function of the Retina, and if this is relieved early, it may not leave any impairment of vision; while, on the other hand, if the pressure is continued, the function of the Retina will be totally destroyed. It is for this reason that the improvement is so slight after an operation for the chronic form, which, as we have seen, develops so slowly and insidiously; and for this same reason the Sub-Acute form should be operated upon early, as each succeeding attack causes more or less permanent loss of sight. All that can be hoped for in Chronic Glaucoma, is to retain what sight the patient has at the time the operation is performed. Even when the operation is most skillfully done the eye may go on to blindness.

Sclerotomy is strongly advocated by De Wecker, and consists of puncturing the eye one m. m. back of the sclero-corneal border with a double-edged knife 3 m. m. in width, making a counter-puncture directly opposite, as in cataract operation; the knife is then slowly withdrawn without completing the section. The operation may be repeated if necessary.

There are three classes of cases to which this operation is adapted. The first is, Hemorrhagic Glaucoma; the second, Absolute Glaucoma, where the pain still continues; and the third where an iridectomy has failed to entirely reduce the tension. I once made the operation in a case of serous iritis, where there was decided increase of tension, with the result of lowering the tension to normal and improving the iritis. Cyclotomy is an operation devised by Dr. G. E. Walker of Liverpool, in 1876, and consists in passing a narrow knife through the cornea, iris, and suspensory ligament, with the cutting edge upwards, depressing the handle and dividing the ciliary body while withdrawing the knife. I have had no experience with this operation.

These operations comprise the surgical treatment for this disease. Internal remedies, so far, have been powerless to either check or modify its course. Locally, *Eserine* and *Pilocarpine* have been used with good advantage, but they are not to be relied upon. Their sphere is confined to keeping the tension reduced after the eye has been operated on. *Eserine*, in my hands, has often caused excruciating pain; and, in two cases, it could not be borne, while in other cases, it has had the happy effect of relieving the pressure.

Dietetics.

From The Doctor.

Sick-Room Dietary.

BEEF TEA.—A pound of lean beef should be freed from fat, tendon, cartilage, bone and vessels; it must be chopped up fine, and put in a pint of cold water to digest for two hours. It should simmer on the range or stove for three hours, *but not boil*. The water lost should be made up by the addition of cold water,

so that a pint of beef tea should represent one pound of beef. It should be strained, the beef being carefully pressed.

Mutton Broth.—Lean loin of mutton, one pound, exclusive of bone; water, three pints. Boil very gently till tender, throwing in a little salt and onion according to taste. Pour out the broth into a basin, and when it is cold, skim off all the fat. It can be warmed up as wanted.

Chicken Broth.—Skin, and chop up small, a small chicken, or half a large fowl, and boil it, bones and all, with a blade of mace, a sprig of parsley, and a crust of bread in a quart of water, for an hour, skimming it from time to time. Strain through a coarse cullender.

Beef Tea with Acid.—One and a half pounds of beef (round) cut in small pieces; same quantity of ice, broken small. Let stand in deep vessel twelve hours. Strain forcibly and thoroughly through coarse towel. Boil quickly ten minutes in porcelain vessel. Let it cool. Add half teaspoonful of acid to the pint—(*Acid Phosphate*).

Beef Juice.—Brown a juicy, thin steak quickly before a hot fire; cut small; squeeze in lemon-squeezer or meat-press; flavor with salt and pepper. May be added to milk.

Flaxseed Tea.—Flaxseed, whole, one ounce; white sugar, one ounce (heaping teaspoonful); liquorice root, half an ounce (two small sticks); lemon-juice, four table-spoonfuls. Pour on these materials two pints of boiling water; let them stand in a hot place four hours, and then strain off the liquor.

Barley-Water.—Wash two ounces (wine-glassful) of pearl barley with cold water. Then boil it for five minutes in some fresh water, and throw both waters away. Then pour on two quarts of boiling water, and boil it down to a quart. Flavor with thinly cut lemon-rind, and sugar to the taste; but do not strain unless at the patient's request.

Wine Whey.—Put two pints of new milk in a saucepan, and stir it over a clear fire until it is nearly boiling; then add a gill (two wineglassfuls) of sherry, and simmer for a quarter of an hour, skimming off the curd as it rises. Then add a tablespoonful more sherry, and skim again for a few minutes.

Egg-Nog.—Scald some new milk by putting it, contained in a jug, into a saucepan of boiling water, *but do not allow it to boil.* When quite cold, beat up a fresh egg with a fork in a tumbler with some sugar; beat quite to a froth, add a dessert-spoonful of brandy and fill up the tumbler with scalded milk.

Rum Punch.—White sugar, two teaspoonfuls; one egg, stirred and beaten up; warm milk, large wineglassful; Jamacica rum, two to four four teaspoonfuls; nutmeg.

Champagne Whey. Boil half-pint of milk; strain through cheese-cloth; add wineglassful of champagne. Strain.

Peptonized Milk.—Into a clean quart bottle put one powder (five grains of *Extractum Pancreatis*, fifteen of *Bicarbonate of Sodium*) and a gill of cool water; shake and add a pint of fresh cool milk. Place the bottle in a pitcher of hot water, or set the bottle aside in a warm place, usually for three-quarters of an hour. When the milk has acquired a slightly bitter taste, it has been completely peptonized. After the process is complete the milk must be immediately put on ice.

That sterling journal, *The Medical Advance*, has moved its publication office to Chicago, and appears in a handsome new dress from the hands of the veteran publisher, W. A. Chatterton. The January number is very handsome—its new title page especially, being exceedingly artistic. Dr. H. C. Allen continues as editor, at Ann Arbor. We congratulate the doctor and Mr. Chatterton upon the new arrangement.

The numerous compliments which are being showered in upon us upon the improved and beautified appearance of *THE JOURNAL*, are very gratifying.

Correspondence.

FOR THE JOURNAL.

A Just Complaint.

THE following letter contains so much of truth that it is published in spite of the writer's statement of its privacy:

C. E. Fisher, M. D., Editor SOUTHERN JOURNAL OF HOMEOPATHY.

DEAR SIR—Your issue of December, with accompanying request for subscription is lying before me. I have had the pleasure of seeing several numbers of your journal, which pleased me very much, and I feel that I have not done my duty by not assisting the good work with my small mite, for I feel your work is a good one for Homeopathy in the South, and your labors have been felt and appreciated, and are promotive of good. I cannot help but feel a little disgusted that so many articles appear from time to time in our journals from men calling themselves Homeopaths, who so far wander from the teachings of Hahnemann. I cannot say as to their Alma Mater's teaching, for it does seem to me that there is something wrong in the present teaching of Homeopathy or we would not find such a great number of cases reported of men, women and children being snatched from the grim monster by such treatment as *Belladonna 1x* and *Aconite 1x*, alternately every half hour; or, *Nux Vomica 1x*, an *Coffea 2x*, in alteration every fifteen minutes, or, *Rhus Tox 2x* and *Bryonia 1x*, every hour, and then, if there be no response in four to six hours, give *Morphia*, *Quinine*, etc., a la Allopathy.

This kind of literature is too often found in our journals. I can do tolerably well when called in to help a brother Homeopathist, or, he who would be, having given *Calomel* and *Rhubarb* in a case of Typhoid Fever, where there is a constipated condition of bowels, finds that

"new complications have arisen"—everything seemed going on very nicely but now bowels more painful, marked tympanitis, and with a "Weep for me when you stand 'round my grave" sort of feeling of friends—all this having been followed with *Quinine* and *Iron*, suggestive of Dovers at night "to make rest." This kind of Homeopathy I find too prevalent in the South; and, when we see such articles in the journals which are laid on our tables monthly, when we expect some real Homeopathic treat, is too much. I can but feel it a gross injustice that we are compelled to pay our money for such trash, for it is not good Allopathy, and certainly 'tis not Homeopathy at all. This kind of literature does injury and no good, and I propose to stop all journals and periodicals which publish such stuff in order to fill up or to save a subscriber. I like your journal very much, and expect to add it to my list for next year, and you may add my name to your list.

I am not writing an article for publication but that you may know I appreciate your journal and your labors to keep it up, and will help you by sending my name and \$2 the first of the year.

I am sincerely yours,

J. I. ASHBAUGH.

There is much of justice in Dr. Ashbaugh's complaint about the character of prescribing reported in the journals of to-day—this journal among the number. In modern Homeopathy alternation and low potencies prevail, however, and to say that no case or treatment shall be given place in a journal, which is not confined to "single remedy and the minimum dose," means the boycotting of three-fourths of the profession and the confining of the work of medicine into narrow channels, not generally adopted by the practitioner.

In one respect Dr. Ashbaugh is right, and in another, his complaint borders on the specious. The publication of articles, reports of cases, clinical notes, treatments, etc., in the journals, is for the purpose of conveying a lesson; and, as should be the case, wherever a lesson is

sought to be conveyed it should be put with clearness and precision. The alternation of remedies is not only not un-Homeopathic or wrong in itself, but at times it is perfectly justified, even demanded, and without it failure to succeed is not infrequently most likely to follow. But, whether alternation or the prescribing of the single remedy is reported, the main indications and most prominent reasons for pursuing a given course should be clearly set forth in order to give to the report a practical value to others than the writer; and the reason for adopting any special line should be outlined with sufficient succinctness to enable the reader to grasp the author's meaning and intent.

Too often this is not done, and just cause for complaint from careful prescribers presents. But, there is another point worthy of mention just here, and that is this: The journals are the organs of the profession. In proportion as they are used by the profession, in that proportion are they our common property. If the single remedy and minimum dose prescribers fail to avail themselves of the columns of the periodic literature of our school, whose fault is it? This journal is open to all, the rich and the poor, the great and the small, the *high* and the *low*. If the single remedy people do not avail themselves of the offer of space and inject into our periodic literature more of their ideas and practices, the fault lies with themselves, for the door is open and they are invited to enter.

The field of medical practice is a very large one, and to our notion there is room for great liberty of action. The dosage of Homeopathy is by no means a settled question, and we see no reason why the calcium light of honest investigation should be thrown into but a single corner of the field of operation. Let us have it all, and in due season the truth shall be known and will prevail. We have had the low and will continue to have. Come now gentlemen, give us the high.—ED. JOURNAL.

The Old-Time Practise.

DEAR DR. FISHER: Through the kindness of my friend Dr. A. A. Lyon, of this place, I am enabled to enclose you a copy of a curiosity in medical literature. It is copied from Volume V., Part I., *Medical Essays*, published by a society in Edinburgh for the improvement of natural knowledge, fifth edition of this work, MDCCLXXI.

If you can give it space in our much loved journal some of our successors in about the year of our Lord 2000, in looking over the files of the SOUTHERN JOURNAL OF HOMEOPATHY, may have their attention drawn to the article enclosed, which is headed thusly:

“POWDER OF TIN; AN ANTHELMINTIC MEDICINE, BY DR. CHARLES ALSTON, PROFESSOR OF BOTANY AND MATERIA MEDICA IN THE UNIVERSITY OF EDINBURGH.”

“The *Powder of Tin* has been used here for many years as a remedy against worms, and particularly the flat kinds, which oftentimes elude the force of all other medicines; but few being acquainted with the proper dose and manner of administering it upon which chiefly its success depends, it is still less regarded than it deserves.

In 1719 the following empiric receipt came into my hands, and it was the occasion of my trying the effects of this powder, which were so remarkable, that, though I never concealed it, I think it not improper to publish it more effectually, and to recommend it as a most valuable remedy for this loathsome disease.

A receipt for the fluck-worm, “Take an ounce and a half of pewther metal and grind it small to powder; take a mutchkin of treacle, and take your powder and mix both together. The Friday before the change of the moon take one half of it, and the day thereafter take the half of the other half, and the Sunday thereafter the rest of it; on the Monday purge.

Thus I use it for the *Taenia Intestini*, *Prima Ploteri*, or tape-worm, and *taenia altera ejusdem*, that is, the gourd worm, or, fluck worm. To full-grown persons I give two ounces of the powder of pure unmixed or *Block Tin* put through the finest hair sieve or searh, mixed with eight ounces of the common treacle or moloffes, as directed in the receipts, having first purged the patient on Thursday

with an infusion of fenna and manna in a decoction of grafs roots to empty the guts. On Friday morning I give to the patients with an empty stomach, an ounce of the powder, in four ounces of the moloffes. On Saturday morning I make them take half an ounce of the tin in two ounces of the moloffes, and as much on Sunday morning. On Monday they are purged again with the same infusion. Though probably there is nothing in the day, yet I thought it not amiss at first to follow in this the directions in the receipt, and finding the medicine succeeded beyond expectations, I never altered it.

I had only one opportunity of giving it for the tape worm; it was to a woman about thirty, who having been long troubled with this disease, had taken many medicines for it, and among the rest small quantities of this powder frequently. She had oftentimes passed fragments of the worm, and was far gone in a hectic consumption. The powder seemed to bring away all that remained of this taenia; for she was never more troubled with it. The consumption however continuing, at last carried her off.

I have prescribed it several times for the gourd worm, and it never failed to complete the cure. I shall mention one remarkable instance. A man of about thirty-five years of age, who had labored under this distemper for many years and had taken almost the whole class of anthelmintics, by a late very learned physician's order, to no purpose; for, as he told me, he always passed fewer worms when he took his medicines than at other times. By my advice he got the powder as above, and was cured in five days. The first purgative brought away a few. None appeared the three days he took the powder and moloffes, nor with the first stool, after the second purgative; but in the second stool, he said he thought all his guts were coming away, and it was all crawling full of this ugly vermine. For

his own satisfaction, I made him repeat the cure a morn after; but not so much as one worm was to be seen in his stools, nor did he observe any afterwards.

I need say nothing of the use of this powder against the lumbrici teretes, or long and round worms, it being sufficiently known and common in practice. One thing, however, deserves to be remarked, viz: That it is the most immediate cure for the pain in the stomach, which worms sometimes cause, that I know, though it brings them away for some days after.

The dose of this medicine for children is to be regulated by the same rules as purgatives and other medicines are.

Though the powder of tin may be several ways hurtful to worms, yet the efficiency seems chiefly to depend upon its getting betwixt them and the inner coat of the stomach and intestines, so as to make them quit their hold; so that purgatives may easily carry them away with the feces."

As to whether Prof. Alston was Regular, Homeopath, Eclectic or Hydropath, deponent saith not.

Yours, etc.,

Z. T. LILLARD.

TYLER, Texas.

P. S.—I have spelled and punctuated as in original—f=s except when s ends a word. Molasses is spelled as I've written it in the copy—m-o-l-l-o-f-f-e-s.

Keen Cutting Aphorisms.

MY DEAR DOCTOR: The professional aphorisms of Amedee Latour are curiosities in their way, and as so many of them are appropos to the present day and profession, I have attempted to reproduce them for the benefit of such of the readers of the SOUTHERN JOURNAL OF HOMEOPATHY as may not have read them. I have endeavored to make the translation as literal as possible.

1st. Life is short, patients fastidious and the brethren deceptive.

2nd. Practice is a field of which tact is the manure.

3rd. Patients are comparable to flannel, neither can be quilted without danger.

4th. The physician who absents himself runs the same risk as the lover who leaves his mistress; he is pretty sure to find himself supplanted.

5th. Would you rid yourself of a tiresome patient, present your bill.

6th. The patient who pays his attendant is but exacting, he who does not is a despot.

7th. The physician who depends upon the gratitude of his patient for his fee, is like the traveler who waited on the banks of a river until it finished flowing so that he might cross to the other side.

8th. Modesty, simplicity, truthfulness! cleansing virtues, everywhere but at the bedside; there simplicity is construed as *hesitation*, modesty as *want of confidence*, truth as *impoliteness*.

9th. To keep within the limits of a dignified assurance without falling into the ridiculous vaunting of the boaster, constitutes the supreme talent of the physician.

10th. Remember always to appear to be doing something; above all when you are doing nothing.

11th. With equal and even inferior talent the cleanly and genteely dressed physician has a great advantage over the dirty or untidy one.

Fraternally, .

RODERICK.

CARROLLTON, KY., February, 1888.

The American Public Health Association has placed us under obligations for copies of its series of Lomb Prize Essays, having reference to the preservation and conservation of Public Health. They are thoroughly practical in character and are deserving of wide distribution among the people.

Editor's Arm Chair.

The Southern Association.

THE president, Dr. Ockford, has issued the following circular letter concerning the Southern Homeopathic Medical Association, the next meeting of which will occur at Nashville, Tennessee, October 10-12, 1888.

OFFICERS.

Geo. M. Ockford, president, Lexington, Kentucky; Walter M. Dake, first vice-president, Nashville, Tennessee; E. A. Guilbert, second vice-president, Jackson, Mississippi; C. G. Fellows, recording secretary, New Orleans, Louisiana; C. R. Mayer, corresponding secretary, St. Martinsville, Louisiana; Robert A. Bayley, treasurer, New Orleans, Louisiana.

BOARD OF CENSORS.

Walter Bailey, Jr., C. E. Fisher, A. L. Monroe, J. A. Whitman, W. W. Tydeman.

BUREAUS.

MATERIA MEDICA.

A. L. Monroe, chairman, Louisville, Kentucky; W. M. Dake, Nashville, Tennessee; G. M. Ockford, Lexington, Kentucky; A. E. Meadow, Blocton, Alabama.

PRACTICE.

E. Lippincott, chairman, Memphis, Tennessee; A. O. Hardenstein, Vicksburg, Mississippi; H. G. Bayless, Knoxville, Tennessee.

SURGERY.

C. E. Fisher, chairman, Austin, Texas; W. E. Green, Little Rock, Arkansas; Joseph Jones, San Antonio, Texas; Howard Crutcher, Louisville, Kentucky.

OBSTETRICS.

Walter Bailey, chairman, New Orleans, Louisiana; I. W. Buddeke, Memphis, Tennessee; Chas. Dake, Hot Springs, Arkansas; J. C. French, Natchez, Mississippi.

GYNÆCOLOGY.

Robert A. Bayley, chairman, New Orleans, Louisiana; W. H. Holcombe, New Orleans; Walter Bailey, Sr., New Orleans.

SANITARY SCIENCE.

W. W. Tydeman, chairman, Knoxville, Tennessee; C. R. Mayer, St. Martinsville, Louisiana; Chas. Dake, Hot Springs, Arkansas.

OPHTHALMOLOGY AND OTOTOLOGY.

C. R. Mayer, chairman, Louisville, Kentucky; Chas. Dady, New York; J. M. Foster, New Orleans.

REGISTRATION AND STATISTICS.

John H. Henry, chairman, Montgomery, Alabama; E. A. Guilbert, Jackson, Mississippi; E. Lippincott, Memphis, Tennessee.

MEDICAL LITERATURE.

C. G. Fellows, chairman, New Orleans, Louisiana; J. C. French, Natchez, Mississippi; G. W. Sherbino, Abilene, Texas.

COMMITTEE OF ARRANGEMENTS.

William C. Dake, chairman, Nashville, Tennessee; E. Lippincott, Memphis, H. G. Bayless, Knoxville.

LEGISLATIVE COMMITTEE.

H. R. Stout, chairman, Jacksonville, Florida.

It is earnestly hoped that every Homeopathic physician in the South, who can possibly do so, will be present at the October meeting in Nashville. Benefit will be gained by the discussion of topics, and a good meeting will give Homeopathy in the South that aid and support which well organized work can alone accomplish. Let every member of the various bureaus resolve to add his influence and work to make the meeting a grand success and none will be disappointed. GEO. M. OCKFORD, M. D., President.

Lexington, Kentucky, February 15, 1888.

Dr. Ockford has taken the right step in thus planning beforehand for a good meeting. Let us all give a hearty second to his efforts and have a most attractive session this fall.

Pulte Alumni Reunion.

A REUNION of the Alumni of the Pulte Medical College, of Cincinnati, will occur on the evening of February 29, 1888, at the Gibson House. The following Alumni are the committee of arrangements:

W. A. Geohegan, C. E. Fisher, A. Thorp. S. R. Geiser, J. M. Patterson, Thomas M. Stewart, J. M. Crawford, O. W. Lounsbury, A. L. McCormick, C. A. Pauly, Jonas Ely.

A very attractive programme is arranged which we give entire, and a pleasant time is anticipated:

ORDER OF THE EVENING.

Toastmaster Prof. J. M. Crawford,

Welcome, Dr. W. A. Geohegan.

"Physicians, of all men, are most happy;
Whatever good success soever they have
The world proclaimeth; and what faults
They commit, the earth covereth."

—[Quarles.

MENU.

Oration, Dr. H. A. Ward.

Music.

The 'Opathies Dr. J. W. Clemmer.

"Who shall decide when doctors disagree,
And soundest casuists doubt, like you and me?"

—[Pope.

Consultations Dr. C. A. Sheets.

"See! one physician, like a skuller piles,
The patient lingers, and by inches dies;
But two physicians, like a pair of oars,
Waft them more swiftly to the Stygian shores."

—[Dunscomb.

Class of 1888 Dr. W. T. Parridge.

"Physicians mend and end us,
Secundum artem! but although we sneer
In health, when ill we call to attend us
Without the least propensity to jeer."

—[Byron.

Music.

Venesection Prof. Chas E. Walton.

"They lanced a vein, and watched returning breath;
It came, but clogged with symptoms of his death."

—[Dryden.

Other Days Dr. C. P. Meredith.

"The pills as thick as hand-grenados flew,
And where they fell, as certainly they slew."

—[Rascammon.

The Doctour of Phisik Dr. C. H. Gilbert.

"He knew the cause of every maladye,
Were it of hoot or cold, or moyst or drye,
And where engendered and of what humour,
For he was a verrey parfight practisour."

—[Chaucer.

The Boys Dr. S. B. Robinson.

"From the ale that's sound and nappy
Him as wants a change is sappy;
Wot's the odds so long's your 'appy?"

—[Punch.

Music.

Pellets and Powders Dr. Chas. Hoyt.

"O mickle is the powerful grace that lies
In plants, herbs, stones, and their true qualities."

—[Shakespeare.

The Faculty Prof. J. D. Buck.

"If there be really no disease,
And bodies are a fiction,
Why is it worth such costly fees
To cure a slight affliction?"

—[Anon.

Farewell Dr. Willard F. Shepherd.

"Forsan et hæc olim meminisse juvabit."

—[Virgil.

St. Louis Commencement.

THE twenty-ninth annual exercises of the Homeopathic Medical College of Missouri, will be held at Pickwick Hall, on Thursday evening, March 15th, 1888.

The following programme has been arranged for the evening:

Music—Overture—"Bandittenstreichs," "Suppe.

PRAYER:

Rev. Wm. Porteus.

Music—"Grandiflora," Eilenberg.

CONFERRING OF DEGREES:

C. W. Spalding, M. D., President of the College.

Music—"Amorita," Czibulka.

PRESENTATION OF PRIZES:

Prof. I. D. Foulon, A. M., LL. B.

Music—Waltz—"La Gitana," Bucalossi.

ADDRESS ON BEHALF OF THE FACULTY:

Rev. John Snyder, D. D.

Music—"Hungarian Dances," Brahma.

BENEDICTION.

Music—March—"Greeting to America," .. Bial.

The committee of arrangements consists of W. A. Edmonds, A. M., M. D., James A. Campbell, M. D., I. D. Foulon, A. M., LL. B.

THE JOURNAL regrets its inability to be editorially represented on the occasion.

A Stirring Circular.

WE have received a copy of the following stirring circular, issued to the physicians of Indiana by Dr. Davis, the president of the Indiana Institute of Homeopathy, to whom our thanks are returned for a personal invitation to attend the meeting:

DEAR DOCTOR:

There are nearly two-hundred Homeopathic physicians in the state of Indiana. All are alike interested in its interests and perpetuation. None can afford to ignore its claims. None can afford honorably to neglect continuously the State Institute or Medical Association. In unity there is strength. Remember that to the Medical Societies, local, state and national, we are largely indebted for much of our professional progress, influence, unity, and about all of our professional liberty.

Now, Doctor, if you are not a sponge, and if there is a spark of gratitude in your composition to those who have successfully fought the battle of "Similia," and given Homeopathy its high character and prominence before the world, show it by coming forward this year, by uniting with the State Institute, by furnishing

a paper on some medical subject, however brief, by taking part in the discussions, and thus show to your patrons that you, at least, are progressive. It has truthfully been said, that a "physician who cannot carry away from any Society Meeting, something to benefit his patients, must be unusually learned, or unusually thick-skulled." Try it, Doctor, and see to which class you belong. If to the first, the Society needs you, but if to the last your patrons should know it.

If you are not already a member, fill out the blank herewith sent with such references as you are able to give, and send it with \$2.00 to Dr. J. D. George, secretary of the Indiana Institute of Homeopathy, Franklin, Indiana, and your case will be duly considered by the Board of Censors, and you will be cordially welcomed by the Society at its next meeting.

You will receive due notice of the time of the meeting. Yours fraternally,

F. L. DAVIS, M. D.,

President Indiana Institute of Homeopathy.

If the Homeopaths of the Sucker state don't respond to a man to the above urgent and truthful plea, they deserve to fall a prey to the Allopaths of Indiana, and go down.

Death of Dr. Fellows, Sr.

THE news of the sudden death of Dr. George B. Fellows, father of our Dr. C. G. Fellows, of New Orleans, will be received with unfeigned sorrow by his numerous friends in the South, who will remember him as the presiding officer of the Homeopathic Convention which met in New Orleans in April, 1885.

Dr. Fellows was engaged in practice in Waukesha, where he enjoyed the confidence of the community to a great degree. He was a man of strong character, and a useful man in the profession. He was stricken with apoplexy on the 31st of January, at the age of 57. Our condolences are tendered the bereaved family.

Death of Dr. Adolph Lippe.

DR. ADOLPH LIPPE, of Philadelphia, upon whose shoulders the mantle of the great Hering had most fittingly fallen, died at his home of Pneumonia at the advanced aged of seventy-six years, on the 23rd of January, 1888.

Dr. Lippe was of foreign birth, but came to America in 1837. He was of royal blood, was possessed of brilliant talents, and a most thorough

education, and at once took a strong position in his profession. He was an ardent and enthusiastic admirer of Hahnemann even to the minutest of his views and the extremest of his teachings. He worshiped the name of the "Master," as he was pleased to term our illustrious founder, and abhorred everything looking like a department from his professions.

Dr. Lippe was a vigorous writer, a thorough student in *Materia Medica*, and an extreme attenuationist. The journals are richly laden with the work of his mind and pen, while a standard volume on *Materia Medica* is left us.

While his death will be most keenly felt by the believers in high potencies, who looked upon him as their premier, the whole Homeopathic school will mourn his loss, for he was a great, a good and a valuable man.

The Journal and its Friends.

THE SOUTHERN JOURNAL is appreciated even more in the North than in our own section it would seem, from the kind words coming in from that portion of the kingdom. Among the latest is a note from Dr. McLachlan, of Ann Arbor, editor of the *Medical Counselor*, as follows: "I am glad to learn that matters look brighter to you; should be sorry indeed to miss the visits of *The Journal*. The south should not be without an exponent, especially so good a one as your journal has always been, and it would not hurt many of our northern men to take it. If I can be of service to you in any way, command me. It will be a pleasure to me to serve you." Yours fraternally,

[Signed.] D. A. MCLACHLAN.

Dr. Allen, the editor of the *Medical Advance*, does this journal the honor of writing that his office "cannot get along without THE SOUTHERN JOURNAL OF HOMEOPATHY." The compliment is appreciated, doctor, and you shall have it regularly. We must have the *Advance* in exchange, however, so see to it, please, that your mailing clerk don't overlook us again, as he has done in the past.

These kind words get right down to THE JOURNAL'S cardiac palpitations, gentlemen, and do us a "power" of good. Journalistic effort, so far from the great centers of information and trade, is very laborious work, and 'tis a real pleasure to receive words of good cheer and commendation from our brethren on the tripod. To all who so heartily encourage us we inscribe our profound acknowledgment of appreciation.

In sending his card for insertion in our Directory, Dr. E. M. Hale, of Chicago, the veteran author on *Materia Medica*, exhibits a patriotism worthy of emulation. How many of our Northern physicians will aid this much toward circulating the only Southern journal of our School.

Dr. Phil Porter's card appears in this issue of *THE JOURNAL*. Although away up in Detroit he says this journal deserves support from every portion of the country, and he backs up his words by his pocketbook.

This journal and the *People's Health Journal* of Chicago, \$1.00 a year, will be sent to lay subscribers for \$2.00 a year, the price of this one alone. In these days of sanitation, hygiene, home-medication, etc., the *People's Health Journal* should be in thousands of homes. If our Southern physicians will only make a little effort among the ardent Homeopaths in their localities, a large addition to the subscription list of their *SOUTHERN JOURNAL* could easily be secured by means of this offer.

Dr. P. D. Beraud, of Lafayette, La., appreciates *THE JOURNAL*, as will appear from the following terse and patriotic chord:

MY DEAR DOCTOR FISHER—Yours of the 21st inst. at hand and contents noted. Am very sorry to hear of the loss you have been subjected to by the publication of *THE JOURNAL*. If \$5 will help any I cheerfully sacrifice the same. I say sacrifice, because actually, we are having a residence, etc., built which presses into service all the cash we can possibly lay our hands on. I do not wish my card inserted in *THE JOURNAL*, first, because it can be of little use to me; secondly, because the space it would necessitate can be put to better use to the cause you so ably represent. With *THE JOURNAL*, you are worthy of better support.

Homeopathic News Notes.

HOMEOPATHY appears to be prospering even in South America. A new college will commence operations at Bogota, in that country, on the 15th of this month.

The commencement exercises of Hahnemann Medical College of Chicago will take place at the Grand Opera House on the 16th inst.

The time is approaching for the spring medical meetings. If all the doctors who should do so would attend, what a professional love-feast there would be and how Homeopathy would be built up and supported throughout the land.

The Medical Current has been absorbed by the *Advance*.

New York holds her society on the 14th and 15th of this month at Albany.

There is marked improvement in many of the Homeopathic journals for January.

The Illinois State Homeopathic Society will meet this year in Chicago on the 15th, 16th and 17th of May.

The Homeopathic physicians of Sedalia, Missouri, have opened a free dispensary in their city. Dr. C. S. Durant is in charge.

The Chicago Homeopathic College will hold its Eleventh annual commencement at the Chicago opera house on the 21st of this month.

Doctor, write a paper for the spring meeting of your State society. Don't be a clam, but give forth some of your grains of experience for the benefit of your fellows.

It is not yet announced whether the American Institute will change its place of meeting from Niagara Falls to some Western point, or not. We hope it will, however.

Dr. J. A. Albertson is the new dean of the Hahnemann Hospital College of San Francisco. He is one of the nestors of California Homeopathy and the college honors itself in the selection.

Homeopathy in Texas has gained an additional member in the location of Dr. E. A. Butler, formerly of Massachusetts, but later of Canon City, Colorado, at El Paso. We wish the doctor much success in his new field.

To the Homeopaths of Texas: Are you getting ready for the next meeting of your State Society? It meets in Dallas on the first Tuesday and Wednesday in May, you know, and the time draweth nigh with rapid strides.

The California Homeopath, the able and enterprising exponent of Homeopathy of the Pacific coast has doubled up its issue and now appears as a monthly instead of bi-monthly, as before, under the editorial management of Drs. Boericke and Dewey it is taking a high rank, and if supported by our coast brethren as it deserves it will be a most valuable aid to our interests in the West. Every physician East of the Rockies should subscribe for the California journal, while it goes without saying that this is a religious duty with the profession west of the backbone of our continent.

The Western Academy of Homeopathy will hold its next session at Minneapolis, Minnesota, on the 13th, 14th and 15th of May. Dr. J. M. Crawford, of Cincinnati, is the president, and Dr. C. J. Burgher, of Booneville, Missouri, is secretary.

"The World do move." The latest is the election of a lady physician, Dr. Kate Kelsey of Meniminee, Wisconsin, to the office of City Physician and Health Officer of that city. Dr. Kelsey is a Homeopath and thoroughly competent to attend to the duties of the office.

The Homeopathic League of England continues to issue its tracts, thus sowing broadcast the seeds which will some day bring a rich harvest unto Homeopathy. Tract No. 17, titled "How to Study Homeopathy," is before us, and it is an excellent one for beginners, whether old school practitioners or young Homeopathic students.

The magnificent Homeopathic hospital being erected in Detroit, through the munificence of two of her philanthropic citizens, is fast nearing completion. It will be a model of beauty and elegance, and fully up to the times in all the modern improvements peculiar to hospitals of the first-class. It is expected that the opening will occur about midsummer.

That the truth of Homeopathy is mighty and will prevail if given half a chance is exemplified anew in the following note from Dr. A. H. Collins, one of the most active members of the Texas Eclectic Medical Association:

LITTLE ROCK, ARK., Feb. 18, 1888.

C. E. Fisher, M. D., Austin, Texas.

DEAR DOCTOR:

Until further notice please send my journal to this place. I leave to-night for Chicago to take a post graduate course in the Hahnemann Homeopathic Medical College of that city. You will not be surprised at this, knowing something of my writings for the past few years. I contend that it is an absolute impossibility for a medical man to candidly investigate Homeopathy and not be convinced of its truth.

Yours fraternally,

A. H. COLLINS, M. D.

Late of Honey Grove, Texas.

Dr. Collins is a good man, a close student of medicine, and he will come to the front in Homeopathy as he could not while laboring in the crudity of Eclecticism. We welcome him most cordially to our ranks.

New Publications.

ROBERTS Bartholow's *Materia Medica and Therapeutics*, stands alongside of Ringer's and Stille's and Lauder Brunton's Pharmacological and Therapeutic publications in its value to the progressive student in medicine, no matter what his school. It is to-day deservedly one of the most popular *Materia Medica*s of the old system, and, because of its clearness of diction, its terseness and its comprehensiveness, the student who operates on the line of *Similia* can get much of real merit from its pages by "reading between the lines," and interpreting for himself the causes operandi, modus operandi, and resultus operandi of each drug under description in eight hundred pages, beautifully printed by the Appleton's, of New York.

Dr. Bartholow has concentrated the best knowledge of the Allopathic school of practice, and he has done it in such a way as to make it a practical book to that branch of the profession, while to Homeopathy it yields much that is confirmatory of our peculiar views and practice, and is, therefore, of value also to us. There are hundreds of illustrations of the truth of *Similia* permeating its pages. For instance, of *Sanguinaria*, Dr. Bartholow says, p. 336: "There seems no doubt, according to the author's observation, that *Sanguinaria* promotes the hepatic and intestinal secretions. It is, therefore, a serviceable remedy in *duodenal catarrh and secondary catarrh of the biliary ducts, with Jaundice*." Surely, here is a case of "that which will cause will cure!" All the way through the book there are "nuts for the Homeopath," and the student in Homeopathy will find much to interest and instruct him in its pages.

Appleton and Co. have presented the volume in their usual attractive and substantial style

A highly creditable volume of Transactions (1887) of the Pennsylvania Homeopathic Society is among the late publications on our table. It contains many practical papers, is neatly printed and bound, and all in all, is well worthy of our brethren of old Penn, who never do things by halves.

In these days of fast and high living when nervous reflexes, neuræsthenia and mental vagaries prevail in the private practice of almost every practitioner, a practical work on Medical Jurisprudence, as it relates to Diseases and Injuries of the Nervous System, will be an acceptable addition to every library. Prof. Allen McLane Hamilton, connected professionally

with the Insane Asylum of New York City, has recently published just such a work and it has been issued from the publishing house of E. B. Treat, as one of the volumes of his *Medical Classics*. In it the distinguished author treats of Insanity, in its Medicolegal relations, of the Hysteroid Conditions and Feigned Diseases, Epilepsy, Alcoholism, Suicide, and of Cranial and Spinal Injuries. Each chapter is handled in a masterly and entertaining manner, portions of some of the chapters read like romance and others are accompanied by concise recitals of interesting cases which serve to clearly elucidate the text. The book possesses much value, and is exactly in the line of the empty space in the library of most physicians.

Appleton & Co. have published a manual of *Operative Surgery on the Cadaver*, by Jasper Jewett Garmany, A. M. M. D., of Bellevue Hospital College, the study of which will go far toward familiarizing the physician with the principles and practice of the Surgical art. Only by repeated dissections and almost every day practice in the dead-room can the student or practitioner hope to attain a degree of qualification in Surgery which will entitle him to the name of Surgeon, and through study and reference to Dr. Garmany's book this desideratum can easily be attained. In *Post Mortem* work it will be of great value.

Several new books are on our table awaiting review. Notices will be given them next month.

A Practical Book.

AMONG the many new and excellent books which are enriching the literature of Homeopathy, *A Practical Manual of Gynecology*, by G. R. Southwick, M. D., of the Boston University School of Medicine, is one of the most valuable, because it is one which will be found generally useful, which has been issued from the press recently.

The tendency of modern writers in this department of medical art, has been to drift into the field of surgery, almost exclusively. Dr. Southwick avoids this error, and goes carefully, accurately and as thoroughly as necessary into the therapy of his subject, thus giving to the book a value which hundreds of Homeopathic physicians who are not operators will appreciate.

In the *Surgery of Gynecology* the author is conservative, yet radical when need be. He

doesn't approve of the common and growing habit of castrating the young women of our land for every ache and pain, and condemns useless operating in unmeasured terms. The Hygiene of girl-life also comes in for clinical consideration, and many a valuable lesson is taught in this department.

The book is a pleasing one, and will undoubtedly prove one of the most popular issued by our publishers. Otis Clapp & Son, Boston, are the publishers, and have done their part in the usual excellent manner.

Pot Pourri.

IMAGINE yourself a medical editor. Consider for a moment that you are your own business manager, corresponding clerk, proof-reader, printer's devil, and everything else connected with the publication, combined. Engage at the same moment, in your mind, in an extensive and exacting practice. Be a husband and father the while, and have your residence and office in the same house so that your little darlings, three in number, may climb upon your knee and prattle in your ear while you are doing your journal work. Hear the printer's call for copy and hand him a manuscript that looks more like the crawlings upon the paper of an ink-bespattered spider than the chirography of a contributing doctor. Receive the proof from him with the text about as intelligible as a Greek testament is to a native red man. Read it between prescriptions and during office hours; send it back for correction and read it again; get a revise, and finally a stone proof, and then, after all this, pick up your journal when finished and find a thousand and one errors—many of which the revises show have been marked but over-looked by the printer—and you can imagine about how we felt upon going over our January journal.

And yet, there are men who thirst for our blood! Try it once, my dear fellow, and then fling a rock at our hot-house if you will!

In the death of Prof. A. B. Palmer, of Ann Arbor, Michigan, which occurred on the 23rd of December, Homeopathy lost one of the most bitter and abusive of her numerous enemies. In the *New York Medical Record's* obituary notice it is said that he fairly "hated Homeopathy," and it might have been said, everything connected with it. He was Dean of the Old School Medical College at Ann Arbor, a man of bright attainments but a great bigot in medicine.

The marriage is announced in the *Medical Counselor*, of our jovial friend H. R. Arndt, M. D., and Mrs. Flora B. Hall, all of Ann Arbor. Our congratulations are extended.

After performing the greater share of the burdensome work pertaining to the organizing and establishing of the San Francisco College and Hospital, Dr. C. B. Currier has retired from the deanship and faculty of that institution in order to enjoy the much needed rest which his arduous duties have made necessary. His labors have been attended by the most gratifying results, which, in the years to come, will blossom forth as a great boon to Homeopathy on the coast. His indomitable energy, perseverance and pluck, have secured a substantial basis for the college which has safely ridden the storms of persecution from foes within and foes without, and its firm establishment is a victory for Dr. Currier and colleagues which largely belongs to him, for it is mainly through his untiring efforts, his bravery of heart and his consciousness of right that this result has been attained.

Dr. Currier's name is inseparably connected with the success of the San Francisco College, and to him belongs a great share of the credit and honor of the founding and establishing of the institution. In his retirement the college loses a valued counselor, a successful business manager, and a peaceful devotee to every cause in which he engages.

Americans who are engaged in the practice of medicine, should exhibit a few grains of the practical common sense of their country in the treatment they mete to their fellows of opposite schools. This done, and there would be at least an interchange of ideas as occasion offered, to the benefit of mankind and possibly of themselves. We believe the time is near at hand for the Allopathic lion and the Homeopathic lamb to lie down together without the lion wanting to eat the lamb bodily, and without the little fellow having to suck the hind teat all the time. Tolleration is a quantity in American political economy, and so is justice. Neither have been much practiced by the organized dominant school, but a more honorable era is dawning, or we fail to read aright the signs of the times. For the sake of suffering humanity may a kind providence hasten its advent.

The Georgia Medical Society has done a good thing in opening up the fight for a reduction in the tariff on Surgical Instruments, and it has taken a step in the right direction in com-

mencing correspondence with the medical journals of the country on the subject. As its corresponding secretary, Dr. J. C. LeHardy, of Savannah, rightfully remarks in his circular letter on the subject, Physicians are at the mercy of our instrument makers, and have to pay a price out of all proportion to what the same articles cost in other countries. While the editor of this journal is a protectionist, there can be no gainsaying the fact that the gouge to which surgeons are subjected is an outrage upon the profession, and he joins heartily in the move looking toward a reduction of the tariff on surgical instruments.

In spite of all our painstaking a number of flagrant errors crept into the January number of THE JOURNAL in the composing room. We've well nigh killed a printer or two and think more care will be taken in the future.

The courtesy of a formal invitation to attend the regular monthly meeting of the Travis County Medical Society was recently extended the editor of this journal by one of its members, but a violent chill and fever, on the evening of the meeting, prevented his acceptance, much to his disappointment and regret. The subject for discussion was The Treatment of Inflammatory Affections of the Lungs in Infants.

The *Pacific Medical Record*, of San Francisco, published a lengthy report of the commencement exercises of our college in that city. The *Record* is the least partisan of any old school journal of which we have knowledge.

The January number of the *International Medical and Surgical Synopsis* contains interviews with a number of prominent physicians of St. Louis on the treatment of Pneumonia. Among the number is one from our Dr. Comstock. Straws show which way the wind blows, and if the straws in the air don't indicate a settling of the breeze toward Homeopathy we are mistaken in our reckoning.

A reliable work on Southern Practice is what we need just now. If Dr. Holcombe could be induced to give us the benefit of his life-work in a volume on Clinical Medicine, what a boon it would be to the younger members of the profession. Come, doctor, crown your medical life-work with just such a volume as you would find comparatively easy to build. It would be certain to meet with a hearty reception.

The everlasting printer perpetrated the *Argentum Nitricum* pun on page 42, of this issue, just for fun. He's been cremated.

MARCH, 1888.

The
Southern Journal
of
Homeopathy.

C. E. FISHER, M. D., Editor,

Austin, Texas.

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The Southern Journal of Homeopathy.

NEW SERIES
NUMBER 3.

Austin, Texas, March, 1888.

OLD SERIES
NUMBER 53

Editorial.

The Spring Meeting.

THE months of April and May have been selected by a large number of medical associations as the ones in which the annual meetings shall occur, and these months are almost upon us.

The Western Academy of Homeopathy will meet in Minneapolis, Minnesota, on the 13th, 14th and 15th of May. This body holds about the same relation to the Western states that the Southern Association does to the southern galaxy, and should be attended by a very large number of the physicians of the West and great North-west. It has been held by some of the Eastern members of the American Institute that the organization and perpetuation of the Western Academy is a menace to the national body. We do not so understand it, and consider it not only wise and proper that there should be such a society, but we will go further and assert that it is the duty of the West to support the Academy and make it a bulwark of support to the Institute. We cannot afford to have jealousies and bickerings in our ranks. The Western Academy and the Southern Association are only auxiliary to the American Institute, and as such should have the heartiest support of the members of that body.

The Western Academy can be made to do a great work for Homeopathy in its sec-

tion, and our practitioners in its territory owe it to themselves and to the general cause to make each of its annual meetings a perfect jubilee festival. The meeting this year should be made the best the Academy has yet held, and we hope the reports which shall come to us from the 1888 meeting will show that the Homeopathic profession of the mighty West is fully alive to its every interest.

Numerous state societies will convene within the next two months. Missouri will hold her twelfth annual session at Kansas City on the 24th, 25th and 26th of April. Already a rich harvest of papers is promised and prepared, and the meeting this spring promises to outstrip, in importance and interest, any previously held. Our Missouri brethren should look after their affairs closely, and, if possible, should gain possession of one or more of the state institutions set apart unto the medical profession. A positive and continued effort in this direction cannot fail to win eventually, and further delay should not be tolerated. This journal looks forward with especial interest to the coming meeting in Missouri, and hopes to be editorially represented.

The Illinois State Association will convene in Chicago on the 15th of May and will remain in session three days. This is one of the wheel-horse societies of our school, and much good is accomplished by it each year. If every state in the Union would do as well as Illinois has done, Homeopathy would prosper and grow

as a bay tree. Indiana also holds her meeting in May, and, from the vigorous efforts being put forth by her president, it is very likely that an unusually satisfactory meeting will be held. Certainly Indiana owes it to herself to develop a strong association, and we believe she will do so.

California and Oregon and Kansas and Nebraska and Minnesota and perhaps other Western states will hold their state meetings in the month of May. To the workers of all of them this journal extends greetings, and to each and all it wishes most harmonious and profitable sessions.

In the South, Kentucky and Texas have chosen the pleasantest month in the year for their annual reunion. In Kentucky our brethren will meet at Lexington the first week in May, and it is thought that an exceedingly profitable session will result. The work of the body is largely pioneer in character and it becomes the duty of its members to lay a strong foundation on which to build the superstructure of a superior State society. Call in all your practitioners, gentlemen. See to it that to a man the Kentucky Homeopaths are enrolled on the book of membership. See as many of your fellows personally as you can, and send application blanks and a circular address to the remaining members of the profession. Now in the beginning of your history as an organization is the time to lay the foundation. Do it thoroughly and well. A great future is before you if you secure a good start.

Texas and Kentucky Homeopaths convene the same week, our brethren meeting in Dallas on the first Tuesday and Wednesday in May. There is much work to be done in Texas. Unfortunately, there is a disposition on the part of the many to allow a few to carry the burdens. This is not as it should be and **THE JOURNAL** again expresses the hope

so often indulged that every Homeopath in Texas will be found in harness this spring. Another legislative contest appears inevitable and we must prepare for it. This is a matter that comes home to each of us, and the sluggard has no right to expect that his brethren will fight his battles for him. It will not do to build upon the past for the forces which operated so successfully before will not again bear the burden alone. *This is official.* Every Homeopath in Texas should be in Dallas at the appointed time, and willing and ready to engage in any part assigned him.

There are other reasons why our next meeting should be the best attended of any yet held, but we will not elaborate in this issue.

The spring is radiant with bright promises for Homeopathy, and if each will do his part these promises will most certainly materialize into rich blessings for us all.

An Improving Literature.

NUMEROUS causes for self congratulation have recently come to Homeopathy, and among them none is of greater importance than the marked improvement in the literature of the school. Not only is there steady improvement in our periodicals but the publishing houses are presenting the profession with practical, substantial and attractive volumes, year by year, until the library of Homeopathy compares most favorably with that of her older sister, in the practical departments in medicine at least.

The *Materia Medica* has recently been enriched by the addition of the lamented Farrington's most excellent work, and it will be further enhanced and adorned by the completion of the new volume, now well under way, by Dr. Allen, of New York. Cowperthwaite's latest edition is a marked improvement upon former issues

of the same book, and the Cyclopaedia of Drug Pathogenesis seems to be meeting with much favor in Materia Medica circles.

In the field of practice Arndt's System of Medicine has reached far beyond any previous work belonging to us, while numerous monographs on special subjects have built us a bulwark against the arch-enemy, disease and death, which makes us strong for conquest.

The time was when Homeopathy had no surgeons and no books of its own upon the subject. That day has gone forever. We are equally strong with our rivals in the mechanical and operative department of the art, and are their superiors in the medical management of surgical diseases. In the literature of surgery we have a number of most excellent volumes. Our Helmuth's Surgery has no superior and our Gilchrist's Surgical Diseases has no rival in either school.

In Gynæcology we have our Ludlam, our Southwick, our Eaton, and others. In Obstetrics, our Guernsey and our Leavitt are volumes of acknowledged merit. In Ophthalmology our Angell and Buffam and Vilas have given us books of real value.

And so on down the list. The Homeopathic system of practice has a library of which it may well feel proud, and its literary armamentarium affords it a strength which gives it confidence against all comers.

Homeopaths! Buy your own books and study them. They are full of meat. The old school publishers are giving the world some most excellent and attractive volumes, which every progressive physician should place in his library. But our Homeopathic publishers are keeping up our end of the string and are giving us the books we must study early and late if we would be masters of our art and science. These improvements are indeed a cause for hearty self-congratulation.

Practice.

FOR THE JOURNAL.

Clinical Notes.

By G. W. Sherbino, M. D., Abilene, Texas.

TRAUMATIC OPHTHALMIA—CANTHARIS.

MR. L. S., while working in a blacksmith shop was striking on a plow point and a piece about an inch long struck him on the right eyeball, it being red hot burning the eye from the inner canthus to about one-third of the pupil. He lost his left eye two years ago by a similar accident by causing inflammation and anterior staphyloma and bursting of the eye ball, and collapsing of the lids.

You can imagine the state of his mind when he thought he must go blind. I was sent for and I found the following objective symptoms: Conjunctiva destroyed from the inner canthus to one-third of the pupil; over this part of the eye was a white film, and he could only see at a right angle. Subjective sensation as if a red hot coal of fire was in the eye. There would be a burning sensation if the man had any brains. I dropped a few drops of Mother Tincture of *Cantharis* in a glass of water, and dropped a drop into the eye, and in a very short time the eye was better—it did not burn so. I gave the same in the 30 m. potency one dose, with (*Sac. Lac.*) He slept well that night. On the fifth day I gave a dose of *Silicia c. m.* (*F*), for a tendency to suppuration. Can see well out of the eye, no spots or cicatrix. Here you can contrast, as usual, Old School with Homeopathy. Which "takes the cake?"

BRONCHITIS.

A baby seven months old took cold and coughed a week before I was called. I found the child with a pulse of 136, respiration 40, cough and fever worse in the afternoon. *Fan-like motion of Alæ Nasi.* I gave a dose of *Lycopodium 30 m.*, waiting twenty-four hours for the action of

the dose. No change, getting worse. One more dose on the third day, no change. Gave a dose of *m. m. Swans*: fourth day, worse. I tried to find fault and scold *Lycopodium* for not doing the work. I asked the mother to look for red sand in the urine, but there could none be found, and the four o'clock aggravation was not very sure. I thought this time that Homeopathy was in the wrong, but on the evening of the fifth day I made another examination. *Fan-like motion of the Alæ Nasi, very active.* Respiration, 80 per minute, pulse, 160, temperature, 102°. The child would now vomit after nursing, vomit after coughing, breaks out with sweat on the face after vomiting, sleepy after vomiting, (*Ipecacuanha*), lungs full of mucus, with loud rattling, (*Ipecacuanha*). *Fan-like motion of the Alæ Nasi.* (*Antimonium Tart., Baptisia, Bromine, Lycopodium, Phosphorus.*) Child did not want to be looked at, made him angry to be touched (*Antimonium crude*). I gave him a dose of Dunham's (200), dry, *S. L.*, every half hour, in water. Next morning, respiration, 40, puls 136. Gave *S. L.* On the eighth day nausea and vomiting, better every other way. Gave dose of 3,000. The child made a good recovery.

If I had been testing high potencies when I was waiting on *Lycopodium*, I should certainly have given it the black eye, but I had used that potency too long and too many times to believe I was infalable, and the future getting of a better picture of the case, showed where I was wrong trying to impose upon *Lycopodium* the duties of "*Tartar Emetic.*"

DANDRUFF—CALCAREA.

A friend, a book-keeper in a Homeopathic Pharmacy, was visiting me and he had the worst case of dandruff I ever saw. He lost hair in tufts on the side of his head; (on the crown '*Phosphorus*). He was treated by a noted Allopath with

Mercury and he nearly lost all of his hair.

From him he went to Prof. Arcularius. He prescribed *Lycopodium*, which did him some good. I gave several remedies. I told him if we could get the similar remedy and the proper dose I had confidence he could be cured. He was in very good health for one being confined to the store. The dandruff was so thick and scaly that he could not pass a fine tooth comb through his hair unless cleaned each time. The only concomitant symptom he had was cold clammy feet, and hair as dry as tow. I gave him a dose of *Calcarea Os.*, 85,000th Fincke. He left and went to California. In the course of a few months, he writes me he is much better, or had been, but now the trouble was as bad as ever he wanted another dose; so I sent him two doses, the second to be taken in seven days. I told him it was a high potency but he did not believe in them. He had brought two cases with him filled with mostly low triturations and "mother tinctures."

"You sent me two doses of *Calcarea Os.*, '85 M' with directions to take every seven days. I have no idea what the medicine is or in what cases it is used, but I will tell you how it worked on me.

A day or two after the first dose, while at stool, I experienced a very peculiar sensation about the anus, which grew worse. I thought I had never had the piles. I immediately came to the conclusion, judging from what I had heard and read, that I had them. As I grew worse toward night I began to feel pretty blue, as I had hoped a disease like that would never fall on me. I kept thinking this over, and finally I thought it might be the medicine did it. I watched it carefully till it all passed away in a few days.

After I took the second dose the same symptoms returned, only in a milder form."

I answered him and asked if he thought there was any medicine in *Calcarea Carb.* 85,000 th.

He was completely and permanently cured with those two doses. His scalp is as clean as any one with a healthy scalp.

FISSURE ANI—NATRUM M. (D. C. M.)

Mr. C. L. W. Merchant, lymphatic temperament, *Alumina*, *Pulsatilla*, *Silicia*, *Sulphur*, consulted me at the office for a fissure he had. It was situated within the anus, so that a little straining would bring it into view, and he could feel the spot with his finger.

He thought if I could give him something to keep his bowels open he would be all right. He said his bowels were constipated, and the stools were hard the first part and the last was a natural consistency. (*Causticum*, *Hepar Sul.*, *Lycopodium*, *Leptandria*, *Natrum m.*). He had discharge of blood during stool. The stools were painful during and afterwards for some hours. He also complained of a sensation that the anus would be torn if he used much effort at stool. Sensation of contraction in the rectum during stool.

Allen's Symptom Register gives: anus tearing *Ferrum Met.*, *Natrum Mur.* He also gives under *Natrum m.*; *Hard feces at first, evacuated with the greatest exertion that caused tearing in the anus, so that it bleeds and pains, as if sore.* *Natrum* has the symptoms that correspond to the symptoms of the patient, so we did not need *Ferrum Met.* He got one dose of the remedy, with plenty of *Sac. Lac.*, and was cured.

FOR THE JOURNAL.

Apoplectic Hemiplegia.

FROM SUPPRESSED MENORRHAGIA.

By G. E. Harrison, M. D., Chattanooga, Tennessee.

☉ CASE—Mrs. G., aged 25, brunette, with firm fibre. Her family and personal history was faultless until a few months prior to my visit. Her first child

died when one month old, and she dates her ill health from that time.

An Allopath treated her subsequently for "womb disease and flowing" (perhaps nature's safety-valve for the suppressed lactation) without success. He impatiently prescribed during an attack, an astringent (?), telling her that that would stop the flow—and it stopped, but symptoms of active Hyperæmia of the brain soon developed, and while sneezing (two days later), she experienced a queer feeling in the head, followed by vertigo. "Things seemed to revolve in her head," disturbances of vision, partial loss of voice, difficult deglutition with choking spells. No history of coma or even unconsciousness could be found. Partial Hemiplegia of the right side, the arm being the most affected, resulted. General coldness, numbness and formication were present.

The attending physician applied irritants, counter-irritants, sedatives and "scientific medicine" generally, for fourteen weeks with no relief. His prognosis was (the) grave.

I was called and found her condition similar to the account given to me, which I have described.

Treatment: *Nux vomica* 3x and camphor locally were prescribed for one week, relieving the coldness and tingling. *Macrotin* 30x was given persistently with *Phosphorus* 12x, and *Bryonia* 30x, as occasional remedies during a period of six months.

I was gratified to see the return of the catamenia (no discharge being present since the suppression) in six weeks with rapid improvement. The patient now left my locality. She could talk and eat with ease, and had resumed her household duties without inconvenience. The eyes were still weak, and the vertigo prominent yet diminishing. Paralysis was a thing of the past.

REMARKS.

My treatment may not be endorsed by the Symptomatologist, but it served my purpose—the antidoting of previous medication and the re-establishing of the menstrual function. This disease with its aetiology should never occur in the practice of the "fool or knave," as we are styled by the sponges who have absorbed "all the good there is in Homeopathy." Differentiation must be made between this disease and poisoning and Hysterical Hemiplegia.

The congestion, and later, the effect of the direct cause, sneezing, exclude either in our diagnosis. "In Hysterical Hemiplegia the paralysis is usually not complete, the face not affected and the leg more completely paralyzed than the arm. It sometimes comes on slowly, but more frequently occurs suddenly after a Hysterical attack. It may continue for a short time or for years."

The Metals in Neuralgia.

By E. A. Farrington, M. D., Philadelphia, Pa.

AURUM is useful in Neuralgia after abuse of mercury. The pains are of a stinging and tearing character, and are almost always associated with anxious and hasty movements. The circulation is certain to be involved, and you have that anxiety and dread and haste that belong to heart affections.

In *Metallic Silver*, the pains gradually increase and suddenly cease. They occur usually in very nervous people who are subject to Vertigo. The Neuralgia is especially apt to occur in the joints.

The pains of *Nitrate of Silver* have this character: They gradually increase until they reach their acme, and drive the patients almost mad. Then they radiate in all directions.

Platina has for its characteristic gradually increasing and gradually decreasing pains. We will see presently that *Stannum*

also has gradually increasing and gradually decreasing pains. The distinction between the two remedies lies in the concomitant symptoms. With *Platina*, these pains are followed by numbness or cramp in the affected part. With *Stannum*, there is more pure nervousness, the muscles jerk, and the patient is low-spirited and sad.

Plumbum has neuralgic pains, and they are relieved by hard, firm pressure, and they are associated with emaciation of the affected part. You will find it indicated in Neuralgia of the abdomen, with pains that almost drive the patient crazy. If these are relieved by pressure, *Plumbum* is usually the remedy, whether there is retraction of the abdomen or not.

Cuprum Metallicum is indicated in suddenly appearing pains in the involuntary muscles, and usually associated with a great deal of congestion and cramps.

The *Arsenite of Copper* is a very superior remedy in Neuralgia of the abdominal viscera. I do not mean Neuralgia of the abdominal walls, but of the viscera themselves. The pains are periodical in their recurrence.

The *Ferrum* pains are usually relieved from slow motion; in fact, they compel the patient to get up and move about for relief. They are worse at night and are usually accompanied by false plethora.

Manganum is chemically similar to *Ferrum*, and suits similar cases. Like the latter remedy, it produces Chlorosis and Anæmia. But this Chlorosis and Anæmia are not so erethistic as in *Ferrum*. There is not so much ebullition of blood. In addition, *Manganese* seem to produce a sort of Periostitis, or if not Periostitis, Periosteal pains which are worse at night and worse from touch.

Kobalt acts upon the spine and the nerves, particularly upon the lumbar spine, causing intense back-ache, which is worse sitting than it is walking. Such back-ache usually follows sexual excesses and

is associated with weakness of the legs. The legs tremble and the knees give out.

Nicotium I do not know much about. It promises very well, however. It is particularly indicated in tearing pains in the head, worse in the left eye and recurring each two weeks. This is a periodical remedy. It has horseness occurring every spring. It also has a cough which, I would like to have you remember, is a dry, teasing cough compelling the patient to set up, it jars the head so.

Mercurius is useful of Neuralgia of the face, extremities and back: especially when the pains are rendered intolerable by the warmth of the bed and are worse at night. It is especially indicated in facial Neuralgia, starting from decayed teeth.

FOR THE JOURNAL.

Malaria.

By E. M. Hale, M. D., Chicago.

"**M**ALARIA" is a generic name for many species of blood poisoning. Often restricted to the species known among medical men as "Swamp Malaria, or that poisoning emanating from swamps and other low grounds, and results in intermittent fevers and others of that class."

The special form in which this kind of Malaria manifests itself is still unsettled. Some contend that it is an algoid vegetation, others a bacillus. Thomasi Crudili, of Rome, and Sternberg of this country, hold opposite views.

There are some facts, however, which have been proven, that may interest the public:

- 1 That the germ or bacillus of marsh Malaria finds in dampness its appropriate home.
2. That cold and dryness are not favorable to their growth.
3. They lose their activity at a temperature under 60 degrees F.
4. That they are active during the hours of night, and the hours in the even-

ing and morning when the air radiates or rises from the earth, are favorable to their diffusion.

It will be seen by these propositions that the popular and professional prejudice against low grounds, and night air in such locations, is based on good grounds.

There is a pseudo-scientific "fresh air crank," one Felix Oswald, whose writings, for some inscrutable reason, finds favor with the *Popular Science Monthly*, who contends that all the prejudice against night air is unfounded. He refers us to the immunity of animals, especially our "anthropoid ancestors," against attacks of malaria, and brings forward the fact they sleep in the

OPEN NIGHT AIR

in swamps and on the banks of rivers. He ignores the fact that certain races of men, notably the black and red races, have received immunity from malaria by living exposed for long periods of time among such poisonous emanations. It is a similar case with animals who have for ages lived in swamps and other malarious locations. But animals do have malaria when they have been domesticated for long periods away from such places. The writer has seen dogs and cats suffer from undoubted attacks of intermittent fever, and the negro, after long residence in northern cities, will contract malaria in southern swamps, where people of his own color live with impunity. The bacilli or fungi of swamp malaria cannot exist, for any length of time, in cities where there are sewers or gas. When the soil is properly drained and the ground becomes saturated with illuminating gas, the malaria bacilli soon die out. In this city, where I have practiced for nearly twenty-five years, I have observed that no cases of true Malarial Fever originate in those portions which have been sewered and are lighted with gas, after a

year or two dating from their introduction. But I have known many cases of intermittent fever to be contracted by residents of the oldest portions of this city, by spending one night in the swamps of Calumet, on the banks of Fox River, or on the eastern shore of Lake Michigan.

But there is a species of malaria which abounds in the heart of the city, the emanations of sewers, which permeates the most palatial, as well as the humblest residence. It is especially contracted in large hotels, great factories, and swarming business blocks. It is called "sewer gas fever," and is due, perhaps, to a bacillus more deadly than any swamp bacillus.

I hear every day of people who are said to have contracted "malaria" in the south during the winter month. Such a thing is possible, if the malaria alluded to is

THE MARSH MALARIA.

From the 1st of November in the Gulf states, or December in Florida, no intermittent Fever originates until after the first of April or May. The residents of such locations have no fear of ague during the winter months. To this fact all Southern physicians will testify. I admit that Northern people who visit the Southern States do get a "malaria," but it is of a different nature altogether to the one under consideration. It is a malaria contracted in crowded, old, badly-sewered hotels, supplied with impure surface water, or rain water kept in tanks. Such water is full of poisonous germs and bacilli, and should be avoided.

Many of the diseases contracted by tourists or visitors to the South are not malarial at all, but derangements of the system caused by improper eating, a life of lazy lounging, and a lack of active exercise. Few can resist the results of such a life in a Southern hotel or crowded boarding house.

Another prolific cause of so-called malaria in people who visit Southern States is the utterly absurd and injurious use of *Quinine*. They get an idea that as soon as they touch Southern soil they must begin to take *Quinine* in doses of ten to twenty grains a day.

I am ashamed to say that many physicians in the North counsel their patients to adopt this senseless plan. It would be well enough for those who, visiting the South in summer, are obliged to penetrate the swamps or travel on the banks of rivers, where they would be exposed to the swamp malaria. In such cases *Quinine* is a prophylactic. But the use of *Quinine* in winter, when the malarious poison is not in the air, is not only foolish, but deleterious. Its use congests the liver, impairs digestion, and its abuse tends to bring about a condition which closely imitates the malarious poison they are so anxious to avoid. All the reputable physicians in Florida unite in protesting against this pernicious habit. No one need contract any disease in Florida if he will take the same amount of exercise he does at home and avoid excesses in eating, drinking, and late hours. The term "malaria" has become the scapegoat for all sorts of aberrations of health. It is a subterfuge for ignorance, and the physician who tells his patient he has "malaria" confesses that he does not know what ails him.

The board of health of the city of New York has very properly refused to accept the death certificate of a physician who states that his patient died of "malaria."

In this age of definite diagnosis and etiology of disease there is no excuse for such ignorance or deception.

No apology is needed for the presentation in this issue of the admirable address of Hon. Henry Caldwell, although not strictly in the line of contributions common to medical journals. It is a paper of superior merit and through the kindness of Dr. Green this journal alone is enabled to give it to the medical public.

FOR THE JOURNAL.

Gummatous Glossitis.

By S. Mills Fowler, M. D., St. Augustine, Fla.

I BELIEVE I promised you something for the journal. Here it is—something not less surprising than pleasing, to doctor as well as patient.

The following records are taken or transcribed from my case-book, *verbatim ad literatim*:

October 18th, 1887, Robert Henry, aged about twenty years. About six months ago he supposes he contracted venereal disease, characterized, as he describes it, first, by a little dry scab which formed on top, outside of penis; the scab kept pulling off, and getting larger and larger. At first it was dry, no pimple of any kind; no water in it, nor pus. Then others began to come, and there were eight or ten of them. He cured them with *Caustic*. Then it commenced breaking out on his head, and then in his mouth and throat, where it is now.

The tongue is a mass of tumors, varying in size from a grain of rice to a hickory-nut. The organ is enlarged, being fully an inch and a quarter in thickness by two and a half broad, indurated, nodulated, thick and stiff; the condition seriously interferes with pronunciation, mastication and deglutition. The surface of each tumor, under a slight magnifying power, has the appearance of fungosity, or possibly, more of a seedy or warty look. Surrounding each tumor is a deep crack or fissure, the bottom of which, when pressed open, is red and angry looking, and appears as if it would bleed easily. The whole surface of the tongue is covered by these tumors, separated by deep fissures in its anterior two-thirds, while the base is occupied by a *thick, yellowish-white* coating, through which appear prominently the enlarged papillæ.

At one time there were warts on the dorsal surface of penis, that looked like

corns that come on a person's toe. They were flat and hard and dry. Had 'swellings in the groins,' but they 'went away,' did not break, or 'make a sore.' Another of these tumors, the size of a large pea, is on inside of upper lip, and a smaller one on lower lip. They are 'not painful, but sore, and hurt me to move my lips and tongue.' Throat is sore, but tongue is so swollen and sensitive that it is difficult to inspect its appearance.

He has been taking *Kali Iod.*, in abundance, and applied *Iodine* freely to the diseased parts.

Kali Iodium in its pathogenesis has nodules on the tongue; it is reasonable also to presume that he has taken *Mercury*.

Hering says, 'After *Mercury* or *Iodine*, particularly the *Iodide* of *Potassa*, give *Hepar Sulph.*'

He received *Hepar Sulph.*, 2 c., F. c., six doses, at intervals of two hours, to be followed with *Sac. Lac.*, every two hours q. s., to last a week.

Oct. 24th. There is very *general* improvement, and also in the appearance of the tongue. For a day or two after the former consultation there was a marked aggravation. (He came in on account of being so much worse, on the second day, and was put off with the assurance that it would be better to-morrow).

R., *Sac. Lac.* every 12 hours q. s. to last a week.

Oct. 30th. Reports very great improvement in the condition of the tongue. He says he feels better every way. So long as there is progressive improvement, do not interfere, is the advice given by the ablest and best men in the profession, and is good advice to follow.

R., *Sac. Lac.* every 12 hours.

Nov. 6th. Still improving.

R., *Sac. Lac.* every 15 hours.

I saw "Bob" occasionally on the streets from last date above given, but not to speak with him. Last Sunday

however he come into the office, and I made the following entry in my case book.

March 11th. 1888. Robert Henry returns with a sore tongue again. There are two small flat ulcers at the right upper border, well back, which are resting upon two small tumefactions, one about the size of a grain of rice, the other of a pea. He says; "About a month after the last time I was here, my tongue and throat were all right, and kept well till about a month ago. About that time these two knobs came, with another on the opposite side; the latter however has disappeared without treatment. The tongue is 'not so sore now as it was a week or so ago.' It hurts him worse when he first awakes in the morning and begins to move the tongue; but it soon gets easy and don't trouble any more till next morning. These ulcers are flat, not raised above nor sunken below the surface, of grayish white color, and have no areola of inflammation or discoloration. The base of the tongue is loaded with a *very thick yellowish white* coating.

Reviewing the record of the case, and in view of the present condition, viz: 'the flat grayish ulcers,' the 'thick yellowish white coating' of the base of the tongue (likefelt), and the evident venereal complication, some preparation of *Mercury* seems in order; also for its relationship to the former medicament. Of the different *Mercurial* preparations, the *Proto-iodide* is the remedy covering the above characteristics.

"R., *Mercurius prot.*, 4 doses, every 2 hours.

Sac Lac 12 doses every 4 hours."

(To be continued.)

Subscribers to THE JOURNAL are respectfully urged to contribute freely the medical news-notes of their respective localities, and short reports of interesting cases, verifying the action of remedies. Items of this character are especially acceptable.

Religio-Medical.

The Priest and the Physician.

By Hon. Henry C. Caldwell, Little Rock, Ark.

An address by Hon. Henry C. Caldwell, United States District Judge, at the ninth commencement of the Arkansas Medical College (old school), Little Rock, Ark., March 1st, 1888. Contributed to THE JOURNAL by W. E. Green, M. D.

WHEN I was a boy my father's cabin in the Indian country was close by the wigwam of the Indian War Chief, Black Hawk, the Napoleon of his people, and whose fate was, in some respects, not unlike that of the great Corsican. In the last war he waged against the whites, he was beaten, captured, deposed as chief, and after being detained a prisoner for some time, was permitted, on a pledge to keep the peace, after being shorn of all authority, to return to his tribe.

Calling at his wigwam one day with my father, we found the great chief seriously ill. The suggestion was made that a messenger be sent to the nearest white settlement for a "pale faced" doctor. Instantly his eyes flashed with indignation, and he answered the suggestion with an emphatic "No," in his mother tongue.

After his scornful rejection of the proposition to send for a white doctor, we were told that the "Big Medicine Man and Prophet," of his tribe, had been sent for and would soon arrive; and while we were yet talking he entered the wigwam.

Though somewhat scant and fantastic, his costume was striking. It was an exaggeration of what is known in fashionable society as "full dress" for ladies. He wore a necklace made of the claws of wild animals and birds of prey. A belt encircled his waist, to which was attached a buckskin medicine bag, and some amulets, or phylacteric, curiously wrought out of the bones of animals and fishes.

He bowed respectfully, but spoke to

no one, not even to his illustrious patient. Turning presently, to the "pale faces" with a graceful, but impressive and commanding waive of the hand, he pointed to the door of the wigwam. The signal was understood and obeyed, and the doctor and patient were left together.

What he prescribed, or what his incantations were—for he was priest and prophet as well as doctor—I know not.

His patient, was "An old man broken with the storms of state," and no medicines or incantations could restore him to youth, or relieve him from misfortunes greater than his age and savage pride could endure.

After his death, the "medicine man" took a leading part in the funeral ceremonies, which were befitting one of his station, and gave unmistakable evidence of a profound faith in a life beyond the grave.

The physician's duties end with the death of the patient. It is the priest who remains to console the living, and bury the dead; and the Indian doctor, in his character of priest, remained to perform these offices.

My observation of this man, acting in the double capacity of doctor and priest—ministering alike to the bodily and spiritual wants of his patient—and the mystery, gravity and serenity of his deportment, in both characters, made such an impression on my mind, that I have lived ever since in awe of doctors. To my untutored mind, the union of the priest and doctor in the same person was a necessary and natural arrangement, which I then supposed was universal.

But, as years rolled by, and I came to know the "medicine men" of the "pale faces," I was compelled to modify my youthful impressions on this subject.

It was not long, however, before I discovered that my early notion had been entertained by all nations, and that for his dual character of priest and doctor,

the Indian had the high sanction of antiquity, and the "wisdom of our ancestors" since we had any, and that the practice of medicine by one who did not also exercise the priestly office was a modern innovation. Not only so, but investigation discloses that he fell short by one, of practicing all the professions formerly annexed to the priesthood, for he was probably not a lawyer.

A brief inquiry into the relation that the priest and the physician (and incidentally, the lawyer, for there is not time to discuss that branch of the subject,) sustained to each other, and the influence of each upon the other, is not inappropriate to the occasion, and may not be altogether without interest.

Of these three professions, the priest and physician were probably evolved at the same time, and very nearly co-incident with the birth of the human race.

The lawyer appeared later.

Until the private ownership in land was recognized, and people began to acquire valuable movables, there was no occasion for the lawyer, and no inducement for him to enter his appearance, because, before that time, there was nothing with which to pay fees.

The most credulous thing in life is disease. It is the source of many of the superstitions that have afflicted and still afflict mankind.

At one time all the world believed that disease was afflicted as a punishment for sin, or as the work of demons, and not the result of physical causes. The logical result of such a belief was a firm faith that cures could only be effected through religious rites and spiritual agencies.

Who was the physician to administer these rights and successfully invoke these agencies? Obviously, the priest who was in the service of the god or deity, to be influenced or appeased, and who possessed power in the supernatural realm.

And for like reasons, in all countries,

the office of judge was annexed to the priesthood.

Who is so capable of administering justice, unerringly, as those who were in communication with the God of justice, and whose judgments were illumed with light from heaven?

The judgement of the priest was not the judgment of an erring man—it proceeded from a divine source, and was, therefore, clothed with a sanction greater than any human power could confer.

As a judge the priest affected to speak by divine authority, and, as a doctor, he resorted to magic, incantations and prayers, and such remedies as were prescribed by the books and traditions of his time.

This was the condition of things thousands of years prior to the Jewish and Christian dispensations.

Egypt was then the seat of the arts and sciences, and the school master to the nations of antiquity.

Speaking of the priests of that country, a learned writer of antiquity says: Interpreters, as they are of the will of the gods, and disposers of that of men, exclusive guardians of the sciences, and especially of the secrets of medicine, the power they enjoy is boundless."

As physicians, they had to study the medical works, which were of great antiquity, and which tradition said had been composed by their gods and ancient kings. They were required to use, in every instance, the remedies prescribed in medical books, and if others were used and the patient died it was a capital offence.

As physicians, each one was a specialist, and applied himself to the cure of one disease only.

Herodetus says persons are appointed by law to exercise the art of embalming, but from a passage in the Old Testament, it would seem that the physicians practiced that art also, for when Jacob died in Egypt, "Joseph commanded his ser-

vants, the physicians, to embalm his father, and the physicians embalmed Israel."

So far as respects the union of the priest, physician and lawyer, in one person, Egypt is typical of all pagan antiquity.

Every nation had its own gods and deities, but in all of them the priesthood was endowed with the triple function of priest, physician, and expounder of the law.

The Jews were no exception to the rule.

In this respect the Levitical priesthood was the counterpart of the Pagan priesthood. They believed all in the Pagan superstitions as to the cause and cure of disease; and to these they added one of their own—a belief in witches and witchcraft.

As illustrating their belief in the efficacy of supernatural agencies to cure the sick, and the little use they have for any physician except the priest, a case may be cited.

A king died of gout in his feet, and this is the way the fact is recorded: "And Asa in the thirty and ninth year of his reign was diseased in his feet until his disease was exceedingly great; yet in his disease, he sought not to the Lord but to the physicians—and Asa slept with his fathers." * * *

Four centuries B. C., Hippocrates, who had a genius for medicine, and was greatly in advance of his age on that subject, attempted to free the science from some of the grossest superstitions that prevailed in reference to it, but the influence of the priesthood neutralized his efforts, except in Greece. And the partial adoption of his views in that country, brought upon the Greek physicians, the reproach that they were contemners of the gods, and impiously attempted to save the body, without paying attention to the soul. The Jewish priest made the

same complaint against the followers of Hippocrates, declaring "the best of physicians is ripe for hell" and effectually crushed out the practice of medicine except by the Levitical priesthood.

Coming down to the Christian era we find the priest was still physician and judge; the superstitions of the Pagan and Jews, in reference to the cause and cure of diseases, were not only believed by the Christians, but very much exaggerated and intensified.

The belief was universal among Christians, that every disease of mind and body, and all plagues and pestilences, were sent by Jehovah as a punishment for a public or private sin, or that they were the work of the devil, a demon or a witch, and that relief from such inflictions was only to be found when imposed by Jehovah, in prayers and penance, and when the work of a demon or a witch, by exorcism, incantations and the death of the witch.

It is a remarkable fact, that very nearly all of the miracles recorded as having been performed by Christ, are miracles of healing.

One example will illustrate them all: A woman who had been sick for twelve years, and who "had suffered many things of many physicians, and spent all that she had, and was nothing bettered, but rather grew worse, touched his garment, and straightway she felt in her body that she was healed." * *

It is recorded that the blind were made to see, and the lame to walk, by the same supernatural power. And the exercise of this miraculous power was not confined to Christ. The apostles were commanded to exercise it: "Then he called his twelve disciples together and gave them power and authority over all devils and to cure diseases. And he sent them to preach the kingdom of God and heal the sick."

These are the terms of the commission,

as recorded by one, who was himself a physician, and who is spoken of by Paul, as "Luke the beloved physician."

It will be observed that the power and authority given to "heal the sick," is as absolute and unrestricted, and as endless in duration, as that "to preach the kingdom of God." And so it was understood by the early Christians. It was part of their religious faith, that the disciples were as much commissioned to "heal the sick" as to preach the gospel, and that the power and authority to do both would be transmitted by apostolical succession to the end of time.

It is obvious that among the followers of such faith there could be no physician dissociated from the priesthood.

In the course of time this faith was somewhat expanded, and the touch of the vestments, bones, or other relics of dead martyrs and saints was thought to be as efficacious in producing a miraculous cure, as the touch of Christ's garment in the case of the woman. Clouds of witnesses attest the efficacy of such relics.

The text is not less explicit as to who shall judge the Christians.

These are the words of St. Paul on that subject: "Dare any of you having a matter against another, go to law before the unjust, and not before the saints? Do you not know that the saints shall judge the world? Know ye not that we shall judge angels? How much more, things that pertain to this life."

As a result of this teaching, the Christians in Pagan countries voluntarily submitted controversies between themselves to their priest or bishop; and when the governing power in the state embraced Christianity, the priest naturally succeeded to the judicial office and became judge over all.

And in the end, in Christian countries, the clergy were charged with the care of the soul, the body, and the estate of man.

It is recorded that they called themselves at this period "Cocks of the Almighty," which, whatever may be thought of its levity, was not a vain boast.

In the course of time, doubts arose as to the power of the priests to heal the sick, by virtue of their apostolical succession. The doctrine was advanced, that the power to work miracles was not extended beyond the disciples, upon whom the apostles conferred it by the imposition of their hands.

This doctrine had many adherents, but it did not emancipate the physician from the priest, for the belief in demons and witches still remained; and medicine, as a science, was still strangled by the grossest superstitions.

Witches were a creation of the Jews, and a belief in witchcraft was a part of their religious faith. This feature of the Jewish faith was retained by the Christians. Paganism always rejected the wretched superstition.

Pope Innocent VIII, issued a bull against witchcraft, and the Mosaic law, which declares "Thou shalt not suffer a witch to live," was held to be in force and obligatory, and was enforced with such vigor and energy that more than one hundred thousand innocent persons were hanged, drowned, or burned for witchcraft by Christian tribunals. The slaughter continued down to the eighteenth century. Burning only served to multiply witches, until, it is said, "one half of the population was either bewitching or bewitched."

The reformation did not destroy this superstition. To deny a belief in witchcraft was atheism. Wesley, the founder of Methodism, says that men who disbelieve witchcraft are deists; and the Presbytery of the Secession Church of Scotland, as late as 1743, declared that the repeal by parliament of the "The penal statutes against witches *contrary to the express law of God,*" was a great pub-

lic sin that would call down on the nation the vengeance of God.

The lawyers were thoroughly orthodox on this point and eagerly joined the clergy in burning witches. One of their great lights on the bench, Sir Matthew Hale, sentenced two women to be burned alive for witchcraft, and the sentence was executed.

To the eternal credit of the physicians it must be stated that they were among the first in Christian countries to reject this cruel superstition.

The study and practice of medicine were not favorable to such a belief. The orthodox believer ascribed the sudden death of one in apparent health to the execution of Jehovah's judgment for a sin, or to witchcraft, but the physician knew it was heart disease, or apoplexy.

They knew that all the ills attributed to special judgments of Jehovah and to witchcraft, were the result of natural causes, and that they were to be cured by the use of proper remedial agents and not by prayers, incantations or burning of the alleged witch.

And for this physicians were stigmatized as deists and atheists. And the zeal of the clergy to maintain the belief in special dispensations, demons and witchcraft, confined the practice of medicine to them, or the believers in their faiths and rendered it practically impossible for any one to practice as a physician, who did not avow his belief that disease was the result of special dispensations or the work of demons or witches and only to be cured by orthodox methods.

The Church supervised the practice of the physician.

Pope Pius, in 1570, ordered that no physician should visit a sick person more than three days together, without seeing proper proof that he had again confessed his sins; and in Spain, to be a physician, it was necessary to be able to defend the doctrine of the immaculate conception.

If the Spanish law was in force in this state the members of the faculty of this college, would themselves have to become students, and take a course in a theological seminary before they could pursue their vocation.

Many similar ordinances and decrees were in force, all going to establish the bond between the priesthood and physic.

The Church was struggling to carry out the instructions of the apostles, "to preach the Kingdom of God and heal the sick," and this could not be done successfully, unless skeptics were excluded from the practice of physic.

The reformation worked no change in this respect. The ecclesiastical supervision of physicians was only changed from the church of which the Pope was the supreme head to that of which King Henry VIII was the supreme head.

Much of the time of this king "of blessed memory," was taken up with divorcing and murdering his numerous wives; but he was a civil service reformer, and found time to devise means that restricted the practice of medicine to his own church. This was accomplished by the following act of parliament passed in the third year of his reign.

"No person within London, or seven miles thereof, shall practice as a physician or surgeon, without license from the Bishop of London, or Dean of St. Paul's, who are to call to their assistance four doctors of physics on examination of the persons before granted; and in the country from the Bishop of the diocese."

It will be observed that this act vests the power to license in the Bishop.

He was expected to look well to the theological views of the applicant, and grant no license except to the orthodox.

This intention was openly avowed in a later act passed in the third year of James I, which in terms disabled Popish recusants, to practice physic, or pursue the trade of an apothecary.

The right of a physician to practice did not depend on his attainments in his profession, but on his theological views, and no Catholic hand was allowed to even compound pill and potions.

It is a curious fact that the physicians and apothecaries of our state are, as far as statutory law goes, subject to the provisions of these acts of parliament; for the lawyers, a good many years ago, persuaded the legislature of the state to adopt the barbarous system, known as the Common Law of England and all statutes of the British parliament in aid of it "made prior to the fourth year of James the I," and both of these statutes were passed prior to that time, and are therefore, a part of the statute law of the state.

They are not any more absurd and ridiculous than many other old English laws that were adopted in the same way and that have been enforced by the courts.

It is probable however, that if Bishop Pierce were to summon the faculty of this college and their professional brethren before him to ascertain their theological views and their belief about the Thirty Nine Articles, that his just authority, under the statute, would be connected by some schismatic on the ground that the statute conflicts with the constitution, or had fallen into "innocuous disuetude."

If we turn from medicine to surgery we find Pagans, Jews and Christians alike interposing an absolute barrier to the cultivation of this science.

No Pagan nation of Antiquity would tolerate the dissection of the human body. On this point the Jews agreed with the Pagans and the Christians with both, and the latter, by attributing the power of healing wounds to martyrs and their relics, discouraged all efforts at improvements in surgical science.

The Mohammedan religion, whose adherents number 210,000,000, expressly forbids the dissection of the human body.

Pope Boniface VIII, threatened to hurl the thunderbolt of excommunication against all who practiced it.

The Emperor Charles the Fifth put a question to the faculty of Theology, at the University of Salamanca, if anatomy was not in all cases an impious act, and received an affirmative answer.

The most fearful and wonderful thing about man, is the imperious sway of superstition over his mind; it overpowers all sense of reason and humanity, and renders cruel and ferocious the mildest people on earth.

Sincere and kind hearted Christians delighted in burning the living bodies of heretics and witches, but would not permit physicians, in the interest of science and humanity, to dissect the dead body of saint or sinner.

The ferocious spirit engendered by bigotry and superstition was illustrated when the Emperor Charles V, visited Luther's tomb at Whittenbery; as he stood gazing at it, the priests and monks, who accompanied him, proposed that the body should be taken up and burned at the stake in the market place, but the great captain answered: "I war not with the dead." The priest and monks, who wanted to burn the body of the dead heretic, would have been horror stricken at the idea of permitting its use for scientific purposes.

Not being able to obtain human bodies for dissection, students of surgery were compelled to resort to monkeys and apes as nearest to man in anatomical structure.

Finally the yearning for exact knowledge of human anatomy became so strong, that doctors determined to brave the danger, and the censure of the church, in an effort to obtain it. They let it be understood they would pay handsomely for human subjects, in the expectation of course, that they would be taken from the grave yard, and from that class of bodies which are now by law, their prop-

erty. But one Burk, who engaged in the business, finding he incurred less danger in obtaining subjects by murder than he did by robbing graves, proceeded to murder men and sell their bodies to the doctors, and that kind of murder has ever since been known as Burking.

A writer in 1476, says: "Polite doctors are seldom charged with theft, except stealing people out of their graves."

Against that kind of theft, they might have set up the medical student's plea, when accused of the same offense, that they would make ample restitution, as soon as they got into practice, by putting a great many more bodies into the grave yard than they had ever taken out.

As long as theological influences controlled, medicine and surgery were distant professions. The priest was a physician, but never a surgeon, and his partiality for medicine, and abhorrence of surgery, made the one highly honorable, and degraded the other to the rank of the barber.

By an act of parliament passed in 1591, the barbers and surgeons of London were incorporated and *made one company*, and it was provided that "there shall be chosen yearly four masters for said company, of which two must be expert in surgery and the other two in barbering."

Surgery and "barbering" were regarded as twin arts, and were practiced together down to a very late period.

After a long and bitter struggle the English parliament gave its sanction to the scientific study of surgery and anatomy by passing the "Anatomy Act," by which the dead bodies of felons and others, having no relations or friends to receive or care for their remains, were turned over to the College of Surgeons. The dark cloud which had so long obscured the mental vision of man began to pass away.

Superstition began to die out, and men began to learn toleration. The theological

prejudice against surgery and dissection began to yield, and the clergy no longer aspired to practice the art of the physician.

Relieved of ecclesiastical supervision and domination and freed from the superstitions which had effectually barred their progress, the science of surgery and medicine were studied with a zeal and intelligence unknown in the history of the world, and the advancement made in modern times in these sciences is the highest evidence of the intellectual possibilities of man, that history affords.

It is open to contestation that there are in this audience to-night, physicians and surgeons, who represent greater attainments, and a higher degree of skill in their profession, than fell to the lot of all the men who proceeded them, from the foundation of the world down to the beginning of this century. Indeed, what was known of the sciences of surgery and medicine down to the seventeenth, bears so slight a proportion to what is known of those sciences to-day, that it may be fairly stated, that they are new creations.

The average duration of human life has increased fifty per cent.

While some of this increase is due to the fact that men are better sheltered, fed and clothed than formerly, by far the greater part of it is due to the increased skill in surgery and medicine and public and private sanitary regulations. Considering the volume of disease, pain and suffering, from which mankind is now relieved by the skill of the physician and surgeon, and the extended duration of life due to the same cause, we are compelled to conclude that our debt of gratitude to them is far greater than to the members of any other profession that deals with the things of this life.

It is a popular belief that physicians and surgeons are responsible for the origin and use of the horrid, disgusting and ridiculous remedies of past ages and are censurable for the little advance-

ment made by their professions during the past 5,000 or 6,000 years.

The popular belief is not well grounded.

During that long period the practice of medicine—if such it may be called—was firmly annexed to the priestly office that clothed it with all the miracles, mysteries and superstitions of religion, and interdicted the scientific study of surgery altogether; and it is *that* profession that merits the censure bestowed by public opinion on the physician and surgeon.

The unprecedented progress of these sciences since they were stripped of their priestly vestments, shows what they would have been all through the centuries, if they had never been so clothed.

The clergyman, as well as the physician, was benefitted by the divorcement of the two professions. The just powers and influence of the clergy have been augmented by the divorce, and to-day their influence in upholding the moral foundations of the world and maintaining social order on the basis of the fundamental truths of the Christian religion, is greater than it ever was.

Their sacred office is immortal, and for all coming time they will continue to distribute hope and consolation to mankind.

The errors of any of their predecessors in office count for nothing, because they were errors, and therefore, affect not the immutable truths of the Christian religion.

The California State Society will hold its twelfth annual meeting at San Francisco, May 13 and 14. Our California brethren have the material for a splendid State association and there should be a large and harmonious session in May.

Our Missouri friends are counting on an extra good meeting at Kansas City next month. We'll be on hand to see about it, so they had better not disappoint us, for 'tis a long way to go to attend a State meeting as a visitor.

Materia Medica.

From February *Chironian*.

Bryonia Alba.

A CASE RELATED BY PROF. ALLEN.

BEFORE commencing the consideration of Arsenic, I will propound to you a clinical problem.

A young man, twenty years of age, of Rheumatic Diathesis, inherited a tendency to chronic Rheumatism from both father and mother. Having had frequent slight attacks of the disease, he was taken with Inflammatory Rheumatism. This developed in the joints of his lower extremities first, shifting about from one joint to the other.

It was never associated with a high grade of fever, his temperature at no time being above 101 and his pulse never above 108.

The disease was wholly sub-acute in character.

He had the remedies, as indicated, from day to day, but at no time *Bryonia*. He had such remedies as *Lithia*, *Calcarea*, *Colchicum*, *Pulsatilla* and *Sulphur*.

They sent for me in haste early one morning. I found his pulse 126, temperature 103. There were little round spots of bright red blush on each cheek. He had passed a very distressing night, had suffered but little pain, but complained of distress across the lower part of the chest.

These were his symptoms; pain across the lower portion of the sternum on breathing. This pain extended to both shoulders, more especially the right shoulder. Throwing the chest forward gave him real relief. He could not lie on his side. He had suffered pain in the occiput which was especially aggravated on moving the head. He was thirsty, and he had also a symptom which I did not pay any attention to, viz.: a gurgling as of water in the larger curvature of the stomach.

On applying my stethoscope, I found rough, grating sounds over the region of the heart, with both systole and diastole. It was heard less at the apex than at the base, and sounded like two sheets of sand paper rubbed together.

What would you consider to be the remedy? Will any one suggest a remedy? (A student): "*Bryonia*."

No other remedy could possibly be indicated. Every symptom says *Bryonia*, even the inability to lie on either side. I gave him some *Bryonia*, in the 6th, in water, and that evening he was just the same.

On the next day I went to see him early. He was no better, but worse. The redness had extended over the face. His temperature and pulse were about the same.

The diagnosis was what?

It was simply Pericarditis. *Bryonia* was still the remedy. The boy had shown himself throughout the attack sluggish in temperament, responding slowly and imperfectly to medicines. So much so that when he was suffering some pain in the back that seemed to call for *Cimicifuga*, and I gave it to him in the 6th, it did no good, while the *Tincture* relieved immediately.

So I gave him *Bryonia* in the 1st, in water, and left directions for him to take it every half hour until relieved. I also left some powders of sugar of milk, with directions to take these after the other remedy had relieved the symptoms.

After taking three doses of *Bryonia* 1st nearly all the pain disappeared from his chest. His temperature fell two degrees, and the next morning I found that he had turned over and slept on the right side all night, and there were no rubbing sounds in the heart.

I thought I would tell you the case in order to show you how we get at the symptomatology and how beautifully the proper remedy acts.

If the patient had been made worse taking the *Bryonia*, 6th, then I would have gone higher.

From *The Homoeopathic Physiolian*.

Ailanthus.

By A. McNeil, M. D., San Francisco.

AILANTHUS is one of the new remedies, but, unlike many others, it has been well proven. It deserves more clinical use than is given to it. Hitherto its field of usefulness has been confined almost exclusively to Scarlatina. Its provings show it is also adapted to Diphtheria, to Typhoid conditions, to organic diseases of the heart, and the like, when properly indicated.

The type of Scarlatina to which this drug is adapted is almost the opposite of that in which *Belladonna* is useful. In the latter every function is morbidly active; for instance, the delirium, the circulation, etc. With *Belladonna* the mucous membranes, the skin, and eruption, are bright red from active arterial congestion. The skin when pressed upon by the finger, is pale, but the redness returns immediately the pressure is removed. With *Ailanthus* this is reversed; the parts are purple from sluggish venous congestion, and the circulation returns very slowly when skin is pressed upon. (And yet some who claim to be scientific Homeopaths would give *Belladonna* to all cases of Scarlatina, and claim Hahnemann as their authority. A study of *Belladonna* in his *Materia Medica Pura* will readily refute this assertion.) With *Belladonna* the eruption is smooth and the skin bright red and hot to touch; with *Ailanthus* the eruption is rough, of purple color, in patches, with purplish skin between, and there is sudden prostration. With *Belladonna* the delirium is active, patient wants to bite, strike or tear; with *Ailanthus* the patient is semi-conscious, does not comprehend what is said; or

there is stupor, delirium and insensibility; muttering delirium with sleeplessness; the throat is livid, swollen; the tonsils are prominent and studded with deep ulcers, oozing a scanty fetid discharge. External neck swollen and sensitive. The tongue is livid on the tips and edges. The countenance indicates much distress and there is great prostration. Stools and urine pass involuntarily (like *Arnica* and *Hyoscyamus*).

The eruption is miliary, dark, and sometimes interspersed with vesicles; it may be slow in appearing and scanty.

In Diphtheria, *Ailanthus* is indicated when the throat is purple, tender and sore (*Lachesis*, on inhaling air; external throat swollen and sensitive *Lachesis*, and accompanied by great prostration.

Typhoid states call for *Ailanthus* when the skin, the tips and edges of the tongue are purple, combined with the mental states already noticed; also hot face; dizziness, cannot sit up, as it produces vertigo, nausea and vomiting (like *Bryonia*).

Ailanthus has no clinical history in the treatment of organic diseases of the heart; yet its characteristics show its adaptability to certain forms with purple skin, dull pain and contracted feeling about base of heart and through centre of left lung; also weak, irregular pulse, numbness of left arm (*Aconite* has this and *Rhus*, aching in it). Tingling of arms and fingers (*Aconite*) on waking.

Attention has been called to only a part of the *Ailanthus* symptoms, it covers many cases when its peculiar symptoms are found.

Spongia Tosta.

By C. Carleton Smith, M. D., New York.

THE simple toasting of a piece of sponge seems to have been an inspiration when we consider how many lives have been saved, by this remedial

agent, of patients suffering with acute Laryngitis and Croup, both alarming diseases. This drug, as we well know contains *Bromine*, *Iodine*, and perhaps some calcareous matter.

Dr. Hering taught us that it is particularly well adapted to light-complexioned patients, while *Iodine* has a greater affinity for persons who have dark complexions and black eyes. From what we glean from the various provings of this drug, it acts with great intensity upon the glandular system and mucous surfaces. Hence its great use in Goitre. In cases that come to us of this character we will find, as one of the leading conditions indicative of this drug, suffocating spells at night, while the gland is very hard to the feel, and enlarges rapidly.

This sense of suffocation is a subjective symptom belonging to the diseased condition, and is not necessarily caused by the enlargement of the involved gland, for with comparatively small goitres we find the same symptom quite prominent, and it is always an indication that our patient requires *Spongia*.

We find this drug acts specifically upon the testicles, causing great enlargement and intense hardness of these glands.

Hence we think of *Spongia* in badly treated cases of Orchitis, and also in inflammation of an acute form arising from the suppression of Gonorrhœal discharges by injections. The patient complains of a jamming, crowding pain also, and, what is remarkable, a *choking* feeling is often present, especially in Orchitis. Allied to *Spongia* in this latter condition, we have *Pulsatilla* and *Mercurius solubilis*, and as both these last named drugs have greenish-yellow discharge of what little secretion may be left, we distinguish them in this way: *Pulsatilla* has drawing, tensive pains through cords into abdomen, enlarged prostate, and stools flattened out and small in size.

Under *Mercurius* the testicles are so hard they shine, and are also sweaty, and the yellowish-green discharge is especially troublesome during the night. We are all well acquainted with the wonderful curative action of *Spongia* in acute Laryngitis, a diseased condition which is at times most formidable. We have here a harsh, barking cough, with the larynx exceedingly sensitive to the touch or contact of clothing. This latter condition is exactly similar to *Lachesis*, a drug that is often given in mistake, on account of this similiarity, in place of *Spongia*. In such cases when *Spongia* is indicated the patient cannot even turn the head without the effort brings on a suffocative attack. *Sambucus* may be considered here in this connection as being especially indicated when these spasms of the larynx occur frequently without regard to any effort for motion being made by the patient. *Spongia* has won its chief laurels in Croup, the indications being as follows: Breathing anxious, worse during inhalation, which distinguishes it from *Aconite*, which is worse during exhalation. Wheezing is the greatest characteristic for *Spongia*, and patient cannot lie down on account increase of dyspnœa, but must sit up and lean forward. Should he sleep in this position he invariably wakes up with suffocative spells. (*Lachesis*.)

Spongia croup generally comes on in the evening or night. *Hepar* croup, in or toward morning, and aggravation of symptoms from juice of orange.

Spongia has, according to its proving, a decided action upon the lung tissue. Hence we find it invaluable in cases of Phthisis Pulmonalis. It has, like *Antimonium Tartaricum*, solidification of these organs, and hard, ringing, metallic cough, which latter is peculiar to itself. Deep breathing, talking, and inhaling dry, cold air causes decided aggravation of this cough. The act of eating or drinking ameliorates this cough, a condition

we find also under *Anacardium*. Patients who need *Spongia* in tuberculous disease complain a great deal of sudden weakness overtaking them when walking abroad.

This seems to be due to a congestive condition which this drug has the faculty of causing. The books teach us that *Hepar* must follow *Spongia* when we find the *Spongia* cough continues, but with more rattling of mucus. But this I consider bad advice, for if a patient is improving under *Spongia*, that improvement is signaled by a change to a moist rattling, and then *Spongia* ought to be stopped, if it had been given in repeated doses, and a cure will follow. The *Spongia* patient wheezes, and when the wheezing is changed to loose mucous cough the patient is getting well. In cases of Phthisis *Spongia* must be thought of when the sufferers have sudden and oft-repeated flushes of heat, similar to *Xanthoxylum*, only the former has aggravation when thinking of them.

Spongia patients complain a great deal of chills which run across the back, and even shake while hugging a hot stove; these flashes never seem to affect the thighs—they being chilly and even numb.

In organic affections of the heart, we could not well get along without this valuable remedy. We have here great dyspnoea, the patient wholly unable to lie flat on the back without bringing on at once terrible suffocation.

Hence, you will usually find these cases sitting up in bed leaning a little forward, and their faces wearing a most anxious expression, cheeks flushed, and breathing rapid. *Aconite* in these cases follows *Spongia* well, and the former has also waking up from sleep with great distress, the face quite red.

Young ladies who from over-indulgence in dancing suddenly become faint and sink down helplessly, with short, diffi-

cult breathing, are quickly relieved by *Spongia*—a single dose.

Spongia has hoarseness, with difficulty of breathing, as if a cork were sticking in the larynx, while *Bromine* has a feeling as though the patient had to breathe through a sponge. In its action on the general functions in women, we find a symptom exactly similar to *Calcarea*, viz.: too early and too profuse menstruation. But under the former remedy, the patient has severe backache just before the menstruation flow, which is soon followed by palpitation of the heart, after which phenomena the flow begins.

Spongia is a most powerful antipsoric, and therefore should not be frequently repeated, even in acute diseases.

Dr. Lippe remarked once in my presence that it is unsafe to rapidly repeat this drug in membranous croup when indicated, and that many cases are spoiled by so doing, and, worse than this, the patients's lives were placed in jeopardy. Dr. Lippe followed the excellent plan of giving one dose, *high*, and awaiting its action.

The mental symptoms are worthy of note; they being somewhat similar to *Pulsatilla*, in so far that the patient is constantly weeping and quite inconsolable. She would rather die on the spot than suffer as she does. But, unlike *Pulsatilla*, she becomes extremely vehement at times, scolding fearfully. Another and very important symptom of the mind is, she is constantly expressing a fear that she will certainly die of suffocation. Also is possessed with the idea that her head is being blown up like an elastic balloon. And one of the most peculiar symptoms elicited in a number of provers was "a constant desire to sing."

Smoking tobacco and also inhaling the smoke always brings on the *Spongia* cough. *Spongia* follows *Veratrum album* and *Arsenicum* well in cases of *angina pectoris*. It also supports *Stannum nice-*

ly where this drug is indicated in a given case.

Hepar always follows *Spongia*. does not precede it, and is very similar to this drug in severe colds. *Calcarea Carbonica* frequently follows *Spongia*. And after *Spongia* in acute attacks of hoarseness *Carbo Vegetabilis* is often invaluable.

The most perfect antidote is *Camphor*.

Miscellaneous.

FOR THE JOURNAL.

Notes and Comments.

By Howard Crutcher, M. D., Louisville, Ky

DR. A. A. WHIPPLE, of Quincy, Illinois, writing to the January *Advance*, says:

"The law in therapeutics, introduced, formulated and defended by Hahnemann, and so ably put in practice by many of his disciples, I fear is not being followed in these later days as closely as it should be. Were it the rule and guide for the faith and practice of every healer of the sick, then indeed would there be sunshine and happiness in many a home where now the death-angel flaps his wings o'er the door."

How well has Dr. Whipple raised a belief which must be pretty general among those who have carefully observed the drift of events.

Whenever the Homeopathic school of medicine begins to lose sight of its cardinal principal, the law of cure, and to wander in dark places after the false gods of Empiricism, that moment it enters upon a long slumber from which it will awake some bright morning to find itself despised by the laity and damned of the "Regulars."

We have extremists in our school who would wreck our ship on the Rock of Dose and who would proscribe men for using palliatives in extreme cases, but, with

all their intolerance, they are less harmful than those among us who would set up a kingdom of medicine founded upon the sands of erratic human experience.

The great law of similars would have died long ago if the misrepresentations of its enemies and the abuses of its friends could have killed it. But that law, like the law of gravitation, is here to stand until the pillars which support the universe shall fall and sink us all into oblivion. Let not the balloonist, who fills a silk bag with hydrogen, and floats off amid the shouts of a mob of spectators, imagine that he has overcome the law discovered by Sir Isaac Newton. The force of gravity will find him when his serial carriage explodes beyond the clouds and bear him back to Mother Earth with a momentum equal to destruction.

So with the philosopher who would establish a science of therapeutics upon the results of man's experience.

.

The Kentucky legislature is about to pass an anatomical law, similar to the one now in force in Illinois. This is thoroughly progressive legislation. If medical colleges can secure enough dissecting material through legitimate channels, grave robberies and similar outrages against public decency would not be heard of in any quarter. Students must have subjects, and enough paupers die in nearly every city in the union in public hospitals to supply every reasonable demand. Surely no one would prefer to see a friendless vagabond buried in a public burying ground when the body can be made to serve the true interests of science on a dissecting table.

.

Not long since the wife of a butcher came to Louisville to visit friends, took sick, and, naturally enough, sent for the writer. She informed me that she always took Homeopathic medicines and paid

her doctors' bills in soup-bones. This story is pretty rough on the Homeopath in question, but, until he subscribes for **THE SOUTHERN JOURNAL OF HOMEOPATHY** and becomes a thoroughly progressive man, he must not expect to dine on porter-house steak and broiled quail.

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Our great and only *Courier-Journal*, like many other leading dailies of the country, has on its staff a "hoss editor." Allopathic medical journalism monopolizes the talents of the jackass editor, however.

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Many periodicals and newspapers publish the fact that they are "Entered at the Post Office at ———, as second-class Matter." In the case of a ridiculous Allopathic print of this city the publication of the line mentioned is entirely unnecessary.

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Nearly every Allopathic doctor in this city is a "professor" in some one of the alleged medical colleges of Louisville. A local paper announces that a large delegation from the medical profession is attending the revival services conducted by Evangelist Moody. The grace of God may do for the old ganders, but it seems to me that a scrub-brush and some soft-soap would be about the thing for a majority of the goslings.

.

One of the most amusing things in creation is the sight of Brown and Jones, country Allopaths, calling each other in "consultation." Together they have but two ideas—one a big dose of physic and the other a tremendous alvine evacuation.

.

A new rectal speculum has made its appearance. The thing looks no larger than a hand-car, but it pulls just like a Mogul freight engine.

A pious Allopath, not long ago, contracted a malady for which *Mercury* is said to be a specific. He claimed to have caught the disease "from carelessness in attending a patient" afflicted in a like manner. There are some people who are disposed to doubt the veracity of the physician's explanation, but, coming down to *bottom facts*, what reason is there to question the truth of what he says?

.

A colored citizen recently objected to paying the regulation price for a Homeopathic prescription and a vial of pellets. He wanted less "prescribe" and more "medicine." Why can't the negro feel towards Homeopathic pellets like he is said to have put over his Christmas turkey; "'De breed am small, but 'de flavor am delicious?'"

FOR THE JOURNAL.

The American Institute.

PRELIMINARY NOTICE.

THE American Institute of Homeopathy, will convene its forty-first session and celebrate its forty-fourth anniversary, at the International Hotel, Niagara Falls, New York, commencing Monday evening, June 25th, and closing Friday noon, June 29th. The local Committee of Arrangements has secured suitable rooms for the general and sectional meetings, as well as for committees, etc. The capacity and accommodations of the hotel are ample for all members and other physicians and their friends who may be in attendance. The committee on railroad fare expects to secure reduced rates over all the trunk lines and branches. Full particulars of railroad rates will be announced hereafter.

Among the general subjects to be considered during the session may be mentioned the following: "Results from Homeopathic Medication;" "Provings and Verifications of Provings of *Zincum Metal-*

licum and its Salts," "Surgery of the Intestinal Tract," "Operations upon the Gall-Bladder," "Accidental Complications of Gestation," "Uterine Therapeutics," "Nervous Diseases of Infancy and Early Life," "Acute Inflammations of the Eye, Ear and Throat and their Consequences," "Influence of External Agents in Causing Disease," "The Relation of Nutrition to Nervous and Mental Disorders," etc., etc.

Reports of great interest will be presented upon the subjects of "Statistics of Homeopathy," "Medical Legislation," "Medical Literature," The Colleges, etc.

Any member of the Institute engaged in the preparation of a paper, and who has not already reported its title to the appropriate bureau chairman, should do so at once. Papers should be completed at the earliest possible day, and those likely to consume more than fifteen minutes in reading should be accompanied by an abstract (see article 7, section 11, of the by-laws); also, see resolution July 1, 1887, Transactions, p. 848.

It is very desirable that all requests for statistical and other information, sent out by Dr. T. F. Smith of New York, chairman of the bureau of organization, registration and statistics, should be responded to *without the usual delay*, a delay that always makes it difficult for him to complete his report in time for presentation to the institute.

Any physician having special knowledge of the life, labors and character of any institute-member who has died during the year beginning July 1, 1887, will confer a favor by communicating with Dr. Henry D. Payne, the necrologist, No. 134, Madison Square, New York.

Each State or Interstate society is to be represented at the session by two delegates and one additional delegate for every twenty members; each county or local society by one delegate; each hospital, asylum, dispensary and journal

one delegate; each college two delegates, to constitute the inter-collegiate committee of the institute. It is not necessary that delegates be members of the institute, yet they are entitled to all the privileges of membership, except voting and eligibility to office.

The "sectional" plan of scientific work, inaugurated last year, proved a step in the right direction, and the committee having the matter in charge is working earnestly to improve and perfect it. Under the operation of the new method last year, while the aggregate text of the essays was diminished, the amount of "discussion" was increased about sixty per cent, requiring for its publication ninety-four closely printed pages of the Transaction. The *quality* also, of the discussion was of a higher order than heretofore. Under the improvements likely to be instituted this year, it is reasonable to anticipate a session successful, in some respects, beyond all precedent.

It is suggested that in those states and localities in which the institute membership is small, the officers of the state and local societies should provide for a canvass of their respective districts, for the purpose of increasing their representation in the national society. Especially should the "active members" of local societies be induced to identify themselves with the Institute and its work. The terms of membership are—Initiation fee, \$2.00; annual dues, \$5.00. Blank applications for membership may be obtained by addressing the undersigned.

The General Secretary's circular, including the entire programme, will be issued some three weeks prior to the session. Full details will be furnished to all the Homeopathic journals in time for publication in their June issues.

PEMBERTON DUDLEY,

General Secretary.

Southwest Corner Fifteenth and Master Streets, Philadelphia, Pa.

Climatology.

Cold Waves.

*By Gen. A. W. Greeley, Chief Signal Officer
U. S. A.*

THE question of cold waves and their progress is one which has engaged the attention of the Signal Office for a number of years, and the subject, in addition to frequent articles in the monthly *Weather Review* of the Service has also found a place in the Signal Service notes in the shape of a preliminary study by Lieutenant Woodruff, one of the assistants of the central office. In Lieutenant Woodruff's memoir was brought together many facts in connection with the development and progress of cold waves which before had only been known to special students of meteorology, such as Professor Loomis, or officers connected with the national or state weather services of the country. Perhaps there is no part of the Signal Service work which attracts so much attention and which may claim so important a bearing upon the physical comfort of the country, and upon the public health during the colder half of the year, than the appearance and passage of these areas of high atmospheric pressures and very low air temperatures across the country. The system of warning the public by cold-wave flags has become such an extended one that the percentage of accuracy in connection with these displays has been such as to secure for the cold-wave signals careful attention and consideration. Every physician appreciates the importance, at critical stages in the illness of patients, of knowing in advance the coming of these cold waves, which not only bring extreme cold for the season, but, what is frequently more fatal to the health and comfort, rapid and excessive changes in the temperature. The cold waves, as they are popularly known, are but the pas-

sages of enormous quantities of cold air from the subarctic region north of the United States in the Saskatchewan or Peace River country southeastward across our country to the Atlantic. The passage of such an area of cold air is only characterized as a cold wave when it results in a change of fifteen or more degrees in the period of twenty-four hours. These waves show themselves in rapidly falling temperature, and by as equally a rapid increase in the atmospheric pressure at the mountain stations to the northward of Montana and Dakota. As a general rule they move southeastward, within twenty-four hours cover the State of Minnesota, and pass thence to the Atlantic seaboard in from sixteen to twenty-four hours. The general direction of these waves, as has been before stated, are a little to the south of east, though some of them pass directly eastward across the Great Lakes and flow down the valley of the St. Lawrence, along the Lake region and northeast. In such cases the rise of temperature in the rear of the wave is generally rapid. In other cases, however, the main mass of the cold air moves northward between the Mississippi River and the Rocky Mountain slope. In such cases the cold air drifts slowly eastward, with the general movement of the atmosphere, and is from two to three days in passing to the Atlantic Ocean. In such cases the recovery of the temperature is slow and gradual. When the waves move southward it is not infrequent to find temperatures at Memphis, Shreveport, and even New Orleans lower than those prevailing at the same time in New York, Philadelphia, and Washington. It will be noticed, in connection with the advance of these cold waves, that southerly winds frequently prevail in front of them, in connection with the passage of some severe storm. In these cases the very high temperatures which prevail are most notable in the afternoon

when the weather is frequently oppressively warm for the season. In such instances the changes from the afternoon of one day to the afternoon of the next are frequently excessive, amounting to forty or even fifty degrees in special cases. The abnormally high temperatures followed by abnormally low ones are conditions which are practically trying to certain classes of sick, who, from their condition, are less able to bear such extremes than are the well and able-bodied. This accounts why certain parts of the southwest are exceedingly trying to invalids of certain classes, since the "Northers" there, which are merely the passage to the Gulf of a cold wave, are preceded by a high and very warm southerly wind from the Gulf. It would be interesting to note what effect sudden and violent changes of temperature produce upon the special classes of diseases, and whether the death rate is sensibly increased immediately after the period when these successive changes occur. It would possibly be impracticable to determine whether the public warnings, being general and wide spread, cause proper precautions to be taken against the passage of these cold waves. But a comparison of the death rate for a number of years prior to the display of these signals in connection with that which now obtains in our great cities during the winter months might shed some light upon this subject.

Legislative Notes.

The Texas Medical Legislationists have done some very tall harping about the gilt-edge, arbitrary and law-administering Medical Examining Board of the Sucker state, and its work. Wonder what they will say when they learn that Judge Waterman, of that state, has decided in a suit brought by a Chicago specialist against that corpus for revoking his cer-

tificate for unprofessional advertising, that the action of the State Board is unconstitutional. That's exactly what he did, and in unmistakable language, too.

You'll have to look elsewhere for your thunder, gentleman; the Illinois magazine is "busted," in so far as it relates to the control of men's individual actions.

From The Minnesota Medical Monthly.

Editor M. M. M.

On page 28, of your last issue, in Judge Pierce's lecture, he states that Texas is the only State in the Union having no inhibitory clause in her organic law, against statutory preference toward any school of medicine. Being a member of the Constitutional Convention of 1875, that framed our present constitution, and the author of that provision in our organic law, I yet fail to see anything wrong in it.

Because, at every session of the legislature there were continuous efforts being made to ostracise everybody except the so-called "regular."

Having served in the legislature since that time, the good results from the "lock-out" of statutory intermeddling are very apparent to me. The original resolution, as it appears on the journal, was never changed in the committee room but returned to the house as the report of the Committee on General Provisions. Article XVI, General provisions, section 31: "The legislature may pass laws prescribing the qualifications of practitioners of medicine in this State, and to punish persons for malpractice, but no preference shall ever be given by law to any schools of medicine." Respectfully &c.,

J. O. W. BARNETT, M. D.
Big Springs, Texas.

[Judge Pierce certainly intended to commend rather than criticise the Texas law. A like clause should be found in every State constitution in order to give full rights homeopathsists.—ED. M. M. M.]

Editor's Arm Chair.

Coming to Their Milk.

THE Allopathic State Society of Massachusetts has been one of the most dogmatic and ultra-old school of any of the numerous associations of the dominant sect. It has, in years gone by, arraigned Homeopathy as quackery, pure and simple; as an unblushing fraud; its practitioners as ignorant pretenders or educated knaves etc., etc., *ad infinitum*. Even as late as in October 1874 it amended its by-laws by the addition of the following sections:

"That tickets or diplomas of Botanic, Eclectic, or Homeopathic colleges, or colleges devoted to any peculiar or extensive system of medicine are considered irregular and will not be recognized under any circumstances, and that certificates from teachers who practice any peculiar or exclusive system of medicine, who advertise, or who violate in any way the code of ethics adopted by the profession in this state, will not be taken, even though the teacher himself be a regular graduate in medicine."

Immediately preceeding the enactment of these amendments to the By-Laws, a number of Homeopathic practitioners several of whom had joined the Massachusetts State Society while yet Allopaths, were expelled from that body. The air was fairly blue with venom and vituperation and medical circles near the "Hub," were shaken from foundation to turrett by the troublesome events of those times. The very "gall of bitterness" pervaded the souls of the Massachusetts "regulars" and they were not happy until they had excommunicated those members who had been seduced by the fair young giant in medicine, the Apollo of Physic, and until they enacted clauses to the By-Laws of their State Association which should forever bar from membership or recognition all who should in the leastwise be affected by association of any sort with aught irregular in the domain of their science.

Having done all this, it would seem as if they might be happy; but they are not. Like men who have done something wrong, something of which they are ashamed, something demanding retribution, they are ill at ease, and in a feeble manner are trying to undo the wrong they have done, or rather they are endeavoring to set themselves aright before a public strongly impregnated with the truth of Homeopathy and thoroughly convinced of its merits. This will be seen from the report of a recent meeting of the body which appears in

the *Boston Medical and Surgical Journal*, February 9th, about as follows:

"The committee on medical diplomas to which at the meeting in October last, was referred the question of fellowship in the society, as embraced in By-Laws I and II, reported and recommended the repeal of the following sections of the concurrent vote of the councillors and society, October 7, 1874."

"The committee stated that by the adoption of this recommendation by the council and society, it would be possible for the council to add to the list of schools whose diplomas are recognized for the purpose of admission to the society, such Eclectic and Homeopathic schools as furnish the education required by By-Law I; and the graduates of such schools who have renounced Eclecticism, Homeopathy, or other exclusive dogmas, would become eligible to examination for admission to the society."

As a Texan would say, "By Gosh! If this don't beat Bobtail!" Surely the wind is blowing our way. First, they wouldn't recognize us in any manner whatsoever, nor recognize the ticket of a man believing in Homeopathy even though the grantor of said ticket was himself a graduate in Allopathy and the most "regular" of the "regs." Now they propose to undo all this and go farther, even to the recognition of graduates of strictly Homeopathic institutions—institutions that never taught a word of the old branch of medicine—if they will only renounce the truthfulness of the law of similars—only this and nothing more. Surely the wind bloweth our way!

The Massachusetts State Society seems to have started out on a raping expedition, seeking whom it may devour of the fair young graduates of Homeopathy. Look out, old fellow! The people are watching you, and we'll tell them on you if you aren't careful. Court us honestly and honorably if you will. Recognize us for what we are worth and we may marry you outright and all live in peace and quietude; but, don't attempt the ravish act, or, like your silly By-Laws of 1874, it may come home to roost.

We wonder what the next move will be?

American Institute Meeting.

WHILE the JOURNAL deprecates the fact that the American Institute of Homeopathy has pursued the unwise course of meeting twice in succession in one state, and that not content with this deviation from established custom, has determined to hold a third meeting in the same locality and state, it at the same time recognizes the fact that the parent body—our National Homeopathic Association—is de-

servicing of the hearty support and attendance of the entire membership of our profession, and it therefore joins in the hope that an unusually large and successful meeting will be held at Niagara Falls in June next.

The American Institute of Homeopathy is the oldest National Medical Association in the United States. It has a membership of above one thousand, representing, in the main, the best blood and brain of our school. Its meetings are pleasurable and thoroughly profitable. Its volumes of Transactions are a credit to us and are valuable additions to any library, and the physician who attends the American Institute meeting of average interest and comes away unrefreshed and unimproved, is indeed a blockhead.

The West is deserving of this year's meeting and should have it. But, if the Executive Committee think it better that the original selection should prevail, it becomes us to bow acquiescence and to attend and do all in our power to make the meeting the most successful of any yet held.

The Western President, Dr. A. C. Cowperthwaite, is an executive officer of rare ability, and will preside with grace, dignity and justice. Every interest of the Institute will be fairly considered, and every section of our common country will doubtless be drawn upon for workers in the numerous positions it is the presiding officer's duty to fill.

Dr. Dudley, of Philadelphia, was born especially for the secretaryship of this great organization, and may be depended upon to faithfully perform all the delicate duties of the office.

We look forward with much pleasure to attendance upon the Niagara meeting and hope to see a large and enthusiastic delegation from the West and South. Let's all go and thus heap coals of fire on the heads of our Eastern brethren, even if by so doing we scorch their brains just a little.

A New Homeopathic Hospital.

THE city of Wilmington, the principal town of Delaware, having a population of nearly seventy thousand (70,000) inhabitants, has been until now without a hospital. Mrs. J. Taylor Gause, a lady noted for her charitable works, feeling the necessity of having help nearer than Philadelphia for the many cases which have her consideration, requested Dr. Peter Cooper to visit the Homeopathic physicians of Wilmington, and, if it met with their

approval, form an association, and make them an offer of twelve hundred dollars to start a hospital. The offer was accepted, and twenty-seven ladies were requested to take charge of the management of the hospital. On November 19th the first meeting was held at the house of Mrs. Gause, and the following officers were elected: President, Mrs. J. Taylor Gause; vice-president, Mrs. Leonard Kittenger; record-secretary, Mrs. George W. Stone; treasurer, Mrs. George W. Stone; corresponding secretary, Mrs. Clement B Smyth. The next meeting of the lady managers was held November 26th, when a letter was read from Mrs. J. Taylor Gause offering a valuable property to the Hospital Association, *rent free* for one year, which was most gratefully accepted by a unanimous vote. The subscription of Mrs. Gause, and the giving the use of the property free of rent for one year, is equivalent to a donation of three thousand dollars (\$3,000), and in seven (7) days from the first meeting of the managers, property was secured, and sufficient funds collected to warrant the immediate opening of a hospital. The hospital building has been put in order and furnished, the matron, etc., secured and the hospital is now ready for patients. The situation is admirable. The building is of brick, three stories high, crowned with an observatory. It has two large bath-rooms, and is heated by steam and thoroughly ventilated. The medical staff for the year is: Dr. A. Negen-dank, chief; Drs. S. E. Frantz, Peter Cooper, E. T. Negen-dank, L. W. Flinn, assistants.

Homeopathy for the Criminal Insane.

THE cry has long been heard that "sugar pellets, sweet powders and rainwater," the supposed armamentarium of Homeopathy, are good enough for hysterical women and sucklings, but for man, the noblest creature among human animals, something of a "medicinal" nature was required. Only recently, when the legislature of Michigan set apart for us an Insane asylum in the northern part of that State, the board of managers, all old school patrons, stole the institution under the assumption that there was no Homeopath in the State capable of undertaking its management.

The lie is given the enemies of our school who assume to thus believe, nicely and emphatically, in the results obtained at the asylum for insane criminals at Iona, Michigan, under the charge of Dr. O. R. Long, of the new school.

The Detroit *Evening Journal*, of January 21st publishes an account of a visit to this institution, under the heading, "The Flower of Michigan's Penal Institutions," which is highly complimentary to the management of the asylum, as conducted by Dr. Long. The very worst class of cases known to insane asylums is here concentrated, and the general management of such an institution being in every way satisfactory, effectually silences the false assertion of our enemies that no qualified Homeopath could be found to take charge of the northern asylum.

When it comes down to hard cases, from the medical management of an Insane murderer to the treatment of a case of croup in an infant, the mild treatment takes the entire bake-shop, and the records readily obtainable in support of the superiority of Homeopathy are so numerous and emphatic that no thinking physician is longer justified in placing himself in a false light and unenviable attitude, as he who derides and belittles the new system voluntarily assumes.

New York State Society.

ON THE 14th and 15th of last month, the New York State Society held its annual meeting at Albany. It was the most largely attended and one of the most interesting held for a number of years. The following were the officers elected for the ensuing year:

President, Professor W. T. Helmut, of New York City.

First vice-president, G. R. Stearns, '78, of Buffalo, N. Y.

Second vice-president, L. A. Bull, '81, of Buffalo, N. Y.

Third vice-president, J. L. Maffat, '77, of Brooklyn, N. Y.

Secretary, H. M. Dayfoot, of Rochester, N. Y.
Treasurer, A. B. Norton, '81, of New York City.

The most interesting part of the session was the reading of the papers:

Professor S. H. Talcott, '72, read a paper on the Revision of Laws Relating to Commitment and Discharge of the Insane; Charles Deady, '76 on Methodic Exercise in Certain Ophthalmic Conditions; DeWitt C. Wilcox, on Cancer and the Curette; C. C. Boyle, '77, on Traumatic Ulcers of Cornea with Hypopion, their Treatment; H. I. Ostrom, '73, on The Beneficial Results that may follow an Unsuccessful Attempt to Remove the Uterine Appendages; M. O. Terry, on a Serious Case of Neck Sprain, Intense Pain,

Great Deformity, Paralysis and Recovery, A. B. Norton, '81, on A Case of Myopic Astigmatism, with Weak External Recti Muscles; Professor Philip Porter, on Abdominal Surgery, Clinical Cases; F. S. Fulton, '85, on Intubation of the Larynx; S. F. Wilcox, '80, on Congenital Hypertrophy of the Cheek and Lip—a Case; Professor J. G. Gilchrist, on Treatment of Wounds; T. M. Strong, '71, on Syphilitic Manifestations in Osseous Structures of Nose and Mouth; L. A. Bull, '81, on Laryngeal Notes, and many others. From all reports the success of this meeting has awakened an interest in matters pertaining to the New York State which would indicate that the coming session, the semi-annual, which will be held at Syracuse on the 11th and 12th of September, will be one of unusual profit and enjoyment.

A good old-fashioned revival in medical as in church affairs is of undoubted benefit to all concerned. May we all enjoy one this year.

Homeopathic News Notes.

A TEXAS boy, George C. Clifford, of San Antonio, a student of Drs. Jones & Kirk, carried off the honors at Pulte College, Cincinnati, on the 1st inst, winning the \$100.00 gold medal for general proficiency, in a class of thirty graduates. We congratulate Dr. Clifford, who, by this achievement, has not only done credit to himself, but has honored his preceptors and Texas Homeopathy as well.

The Minnesota Medical Monthly, bright, crisp and newsy, is always a welcome visitor at this office.

Hahnemann Hospital College, of San Francisco, will commence its next annual session May 1st.

The Chicago Homeopathic Medical College graduated a class of forty-seven young men on the 21st of last month.

There is a healthy emulation just now among the Homeopathic journals, a number of them striving for first place, all of which is good for the profession.

THE JOURNAL'S subscription list groweth apace, and so does its advertising patronage. Our short sermon and other plain talks set many to thinking who had taken it for granted that so excellent a journal as this, was certainly receiving a liberal support. We are not only on our feet now, but are going to the front with rapid strides.

It is the duty of all Texas Homeopaths to attend the Dallas meeting of the State Society in May. There is hard work ahead of us.

Tennessee Homeopaths should organize a State Society this spring and get in good shape to welcome the Southern Association in October.

Dr. George M. Cox, of Springfield, Missouri, has been appointed surgeon of the St. Louis and San Francisco railroad. Dr. Cox is a Homeopath.

Hahnemann Medical College, of Chicago, swelled the ranks of Homeopathy by graduating seventy-eight on the 16th of February. A number of these were ladies.

All the Homeopaths of Texas should attend the meeting of the State Society at Dallas. Matters of much moment, involving interests which must not be neglected, are certain to come before the meeting, and there must be no shirking.

Dr. Pemberton Dudley now has entire editorial and business control of the *Hahnemann Monthly*, the wheel-horse Philadelphia journal. We congratulate our good friend upon thus having absolute possession of this sterling periodical, and predict that as he is able to give it attention it will improve in its every department. Dr. Dudley is a whole team by himself.

THE JOURNAL notices the retirement of Dr. Wm. Boericke from the faculty of the San Francisco College. Dr. Boericke is a thorough *Materia Medica* man, and a teacher of merit. He retires, we understand, in order to engage in business pursuits.

Drs. Lillienthal, Jr., and Ledyard succeed to the chair and will no doubt fill it most acceptably.

Dr. C. G. Fellows, of New Orleans, has sold his office and practice to Dr. C. R. Mayer, of St. Martinsville, and will spend several months in the East, pursuing the study of his profession, and from there will go to Europe, for further preparation.

We congratulate Dr. Fellows upon his ability to take the step contemplated, and wish for him unbounded success in the course he has mapped out. We also congratulate Dr. Mayer upon his bright prospects in New Orleans. He is in every way worthy, and is deserving of all the good things of life.

Our good friend, Dr. W. E. Hathaway, of Maryville, Tennessee, is pushing the war in his

section of the country by a circular address to the people, about Homeopathy, which ought to and will set some of them to thinking. As a rule we are inclined to take too much for granted about the knowledge of the people about medicine. We appreciate the fact that it is a good thing and take it as a matter of course that our neighbors do also. The people need education upon medical matters. Acquaint them with the philosophy of Homeopathy and prove to them its superiority by reliable statistics, and a great work will be accomplished. Dr. Hathaway is on the right track.

The *North American Journal of Homeopathy* continues to improve. With each succeeding number it grows in favor with us, until, without meaning to make comments unfavorable to the many other valuable and welcome journals which reach us, we cannot help greeting it with a smile of unusual satisfaction. Long may it wave.

There is no longer need for any Homeopathic physician in this broad country of ours who wants to take a New York journal, to give support to the periodical published in that Metropolis, which, while it claims to be an exponent of Homeopathy, is continually trying to stab her in the back.

The *North American Journal of Homeopathy* is a grand journal and should be taken by every Homeopath in America.

New Publications.

ASEPTIC and Antiseptic Surgery, by Arped G. Gerster, M. D., Professor of Surgery at the New York Polyclinic, is a new book of which its author and its publishers, the Appletons, may alike feel proud. In point of paper, typography and illustration no such book has ever before been published in medicine. Its paper is like ivory; its typography is absolutely faultless, and its illustrations are simply superb. These latter are two hundred and forty-eight in the way of engravings and three chromo-lithographic plates. They are mainly made from photographs taken in the operating room and illustrate often, various steps in the same operation. The minutest detail of the work in hand is thus set forth, generally quite clearly. The principles of Aseptic and Antiseptic Surgery are carefully and thoroughly taught in the text, and in many of the illustrations the various steps in the process of operating and of dressing wounds by Antiseptic

methods are shown so clearly that he must indeed be a dull student who fails to grasp their practical application.

As a teacher and operator Dr. Gerster has few equals and no superiors. He is brilliant, conscientious, painstaking and thorough. His book speaks for him as the works of comparatively few authors in surgery speak for them, because it is nearly all new. It is but a few years since Antiseptics were first heard of, and, up to the time of the appearance of this volume there was none on the subject, at least none to compare with it. He had a new field to operate in and he has cultivated it thoroughly and well. The principles of Asepsis and Antisepsis are applied to every thing in surgery from the lancing of a furuncle to the most difficult operation on the nobler organs, and withal the subject is so pleasingly treated of that it is a real pleasure to read the book. The volume is one of unusual merit and will long be authority on its subject, and of all the medical or surgical publications of the Appletons it is the handsomest. Buy it, study it. The days of dirty surgery, of butchery and foulness and disease incident thereto have passed away forever. No matter how good a surgeon you are, nor, on the other hand, no matter how little interest you take in surgery, every general practitioner and all surgical specialists need and should possess this most excellent volume.

A Practical Treatise on Diseases of the Skin, by John V. Shoemaker, A. M., M. D., is the title of an octavo volume of above six hundred pages just issued by D. Appleton & Co., New York, which will find ready favor with the busy doctor. Dr. Shoemaker is a terse writer and he has especially aimed to make this work one of practical value, avoiding in great part the technology and extended bibliographical reference common to books on this subject. His book is sufficiently well illustrated to elucidate the text, and is adorned by the presence of six beautifully colored photo-micrographic plates.

Sixty pages at the close of the book are devoted to formulæ—which are the most liberal and varied to be found in any treatise on skin disease of which we have knowledge.

The Climatologist is the title of a very attractive and useful quarterly devoted to Climatology, Preventive Medicine and allied topics, the first number of which is before us. It is published in Washington, and besides its able corps of collaborators representing every portion of the United States (but Texas), it has a

strong corps of contributors from the medical service of the army and navy. The list is headed by General A. W. Greeley, Chief Signal Officer of the United States.

There is a field for a journal of this character, and, since it is published for the people as well as for the profession, it should have a liberal support and a wide circulation.

The International Journal of Surgery and Antiseptics is the title of a new periodical issuing from New York City, under the editorship of Milton Josiah Roberts, M. D. It is a large and profusely illustrated quarterly and is devoted exclusively to the consideration of Surgery and Listerism.

Fox On Skin Diseases is one of those splendid and practical works that speaks for itself. The first edition was issued eight years ago and had an extensive sale, not only in this country but in Europe, where it was translated and published in French and in German. A new and enlarged edition is being issued in parts, two each month, with four large chromo lithographic illustrations with each part, which, for diagnostic purposes alone, are well worth the money asked for the plates and the text combined. The plates are wonderfully true to nature, being reproduced from photographs, while the text, which is more than doubled over that of the former edition, brings the treatment out clearly and succinctly, and fully up to date.

E. B. Treat, the New York publisher, is deserving the thanks of the entire profession for giving such an excellent edition of this book.

While some one has styled Althaus' Text Book the Bible of books on electricity, Beard and Rockwell's excellent work may be called Cruden's Concordance of this subject. For years it has been a favorite work with the American profession, and it has passed through several editions since its first appearance in 1871, each one of which has been an improvement on its predecessor.

Wm. Wood and Co., New York, have just issued from their press, the sixth edition of *Beard and Rockwell's Medical and Surgical Electricity*, a handsome and profusely illustrated volume of seven hundred and sixty pages, which embrace about all that is necessary for the use of electricity in medical practice. In fact, the book treats so exhaustively of the entire subject that it is a complete treatise in itself, and he who studies it carefully cannot close its covers without having learned much about

this subtle but most potent agent, which enlarges his usefulness in his profession and makes him of greater benefit to mankind.

In this new edition the chapter on Gynæcology has been almost entirely recast, and embraces the new and eminently successful treatment of Apostoli of Paris, in the management of fibroid and other tumors. For the practical use of electricity in medicine and surgery, there is no better guide or authority, and the bringing of this book up to date by Dr. Rockwell is a real favor to the profession which electricians will not be slow to appreciate.

While Appleton and Wood, and Treat and Blakiston and other publishing houses are busily engaged in adding to the medical library of the world our own publishers are fully alive to the necessities of our own department, and are continually adding works of merit to those already on our shelves. Halsey Bros., Chicago, have just gotten out a splendid edition of *Ludlam's Diseases of Women*, in a substantial volume of 1,100 pages, elegantly printed and bound, which far excels in completeness, illustration and description all the previous editions of the same book. Among the new lectures introduced are two on the Pathology of Ovarian Tumors, one on Exploratory Laparotomy and Tapping, one on Ovariectomy, one on the After-Treatment and Results of Ovariectomy and one on the Diseases of the Uterine Appendages, including the Battey-Tait operation. The surgical treatment of lacerations of the Perineum and of the Uterine Cervix, and also of Uterine Cancer, have been almost entirely re-written and made to accord strictly with modern experience and research. The illustrations are above two hundred in number.

This book is one of the very ablest works of our school. The earlier editions of Ludlam were nothing to compare with it, although valuable in themselves. Dr. Ludlam is our ablest ovariectomist and his experience in all departments of Gynæcological work is unbounded. Certainly every Homeopath should have a copy of this book, and thousands of Allopaths could well afford to buy and read it.

Pot Pourri.

DR. SHERBINO'S Studies in Materia Medica and potency differentiation, under the practical arrangement of Clinical Notes, are meeting with much favor.

The Kentucky Homeopaths should show a strong front at Lexington in May. Every

member of the profession should be on hand and work might and main for the good of the common cause.

There is room in the South for several hundred of the blizzard-stricken Homeopaths of Dakota and the Northwest. Also for a thousand or two from the East and New England. Come and see for yourselves.

Several of the journals have reached us unusually late this winter. The paper mills were materially interfered with by the cold weather. Our paper was some weeks late in reaching us and we suppose others have had like experience.

Scan our card directory each month, and when you have a traveling patient coming South, recommend those who thus invite your patronage, and who encourage the growth of Homeopathy in the South by supporting this journal.

The Allopathic State Association will convene in Galveston in April, and it will bear watching. The legislative hobby-horse will come in for a sack of oats, and the "medical department" question will be up for consideration. Homeopathy must keep her eyes open, and be ready to move her forces in May according to the attacks made upon her at the old school gathering in April.

Dr. W. B. Brooks, of Dallas, has again assumed control of the *Texas Courier-Record of Medicine*. Dr. Brooks was the founder of that periodical but relinquished control because of ill health. He is now sufficiently improved to resume its management, for which we are glad. Dr. Brooks is a liberal man, and his editorial utterances are tolerant and fair. His immediate predecessors, anything else, were really unsuited to editorial effort, for the tripod is not the place for bigotry and intolerance.

THE JOURNAL has received a copy of a circular containing the names of the nominees for the officers of the Alumni Association of the New York Homeopathic College. Heading the list for president we notice the name of E. Hasbrouck, M. D., of the class of 1865. Dr. Hasbrouck was one of the first subscribers to the *Texas Homeopathic Pellet* and has been on our list ever since he first enrolled his name. Under the circumstances we will be pardoned for expressing the hope that the doctor may be honored with the Alumni Association presidency, and to this end we trust that all Southern Alumni may send in their votes for him.

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The Southern Journal of Homeopathy.

NEW SERIES.
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OLD SERIES
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Editorial.

The Last Call.

GENTLEMEN of the Homeopathic profession of Texas, THE JOURNAL presumes to forcibly call your attention to the fact that but a few days will lapse after you shall have received its April number, until the dates for the fifth annual meeting of the Texas Homeopathic Medical Association, at Dallas, will have arrived; and, at the same time, it presumes to even more forcibly call the attention of each and every practitioner in the State to the fact that there are especial reasons why each one of us should be present at that meeting to aid in the formation of plans for action in the impending warfare on our various interests. THE JOURNAL sincerely regrets the necessity for making urgent appeal to the Homeopaths of Texas to do what it knows to be a plain duty, and an imperative one on their part, but the absolute indifference of a large number of practitioners to the wel-

fare of our State Society forces it upon us, and we feel that we would be recreant to a sacred trust did we not press with ardor the claims of our organization for self-protection and improvement.

That there is absolute need for a State Homeopathic Society in Texas, should go without saying. Removed as we are from the great medical centres of our country and separated by wide distances from each other, it is quite essential to the best interests of our patients that we meet and hold converse at least once a year, exchanging notes, relating experiences, giving and receiving the "fat of the land" in medicine and carrying away with us new ideas and thoughts, which, if we but take the pains to apply, must of necessity prove of value in the sick room.

And then, menaced as we are constantly in regard to the ethical and legal matters connected with our profession, by the aggrandizing and dictatorial spirit largely pervading the dominant school in

Texas, it becomes a matter of supreme moment that we act as a unit in all matters of a medico-political character, such as are being forced upon us even at this very time.

It is an old adage and a true one which reads: "In union there is strength." Homeopathy is weak in Texas at best. Did every member of our school in this great State attend the annual meeting, we would not be numerically a strong organization. At the Waco meeting three years ago a friendly Allopath run in on what he took to be a committee meeting; he was not informed that he was in attendance upon a regular session of the State Society. In view of this meagreness of numbers, the work of defending Homeopathy against the attacks of her organized old school enemy has been especially burdensome on a few, and it is because of the fact that an absolute change of plan will have to be made that the Dallas meeting becomes an unusually important one.

Brethren: There is no use mincing matters; the future of the State Homeopathic Society depends largely upon the measure of success attending the next session. If we can arouse the sleepy ones and press into harness those who, for one reason and another, have not been attending the State Society from year to year, thus giving a larger attendance and a more

cheery and in every way more profitable meeting, and dividing the various burdens which a few have been carrying thus far, we can hope to grow in strength and usefulness. But, if we allow ourselves to become careless and indifferent and to throw whatever of defense the innate hoggishness of some of our old school opponents compel from us on the shoulders of a few more zealous workers than ourselves, we must not blame them if they wear out or finally partake of the lethargic spirit too largely prevalent and allow the aggressive element of the old school to carry to successful completion their efforts to get their younger rival by the throat.

Three years ago last month we downed the Allopathic medical legislationists of Texas in a hand to hand conflict. This wing of the old school have hated everything and everybody connected with Homeopathy with a hatred which comes from head and from heart from that day to this, and they are on our trail. Even at this very moment an organized still hunt is being carried on. As a matter of fact, Homeopathy is more seriously threatened to-day than then, and it is the duty of every practitioner in Texas to be present in Dallas on the first Tuesday and Wednesday of next month, for consultation. No ordinary interest should prevent any Homeopath in the State

from giving his fellows the benefit and good cheer of his presence and counsel upon that occasion, and if for no other reason, self preservation should actuate a larger attendance than we have yet had at our State meetings. Come, and bring a paper with you; not a long winded text-book dissertation, but something practical, if but a batch of bedside experiences, often the very thing your fellows most desire. Our fifth annual should be the best meeting yet held, and it will be if we will all do our duty as becomes members of a young and seriously threatened profession. Let us make this a red letter day in our medical life, and go home to our patients freshened, improved, better able to cope with disease and death than before, and emboldened to greater bravery against the Allopathic foe in the contest almost upon us. Upon those who shirk attendance, who cast their share of the work upon others, who trust to the zeal and courage and devotion of their fellows, must rest the responsibility of the future for Homeopathy in Texas if adverse legislation is forced upon us. There is a work for each and every one of us. Let us join hands and do it with our might.

The Missouri State Meeting.

MISSOURI is a member of the Southern sisterhood, a bona fide constituent of this journal, and

a State in the progress and welfare of whose Homeopathic interests we have long felt a special interest. We note therefore, with pleasure, the fact that our friends of that State have great reason for encouragement in the substantial promise they enjoy for the most successful meeting their association has yet held, to occur at Kansas City on the twenty-fourth, twenty-fifth and twenty-sixth of the present month.

As among the conservative elements further south, so in Missouri—Homeopathy has not enjoyed rapid progress or substantial growth until within a few years past. Her college at St. Louis has had more than its share of struggles and embarrassments through which it has only recently most successfully and, we trust, permanently emerged. Her State Association has been a feeble one, not celebrated for large and enthusiastic meetings nor for its bright achievements in medico-politics. Her journalistic efforts in the past have not been distinguished successes, and, taking it all in all, Missouri Homeopathy has been but a feeble infant, struggling for recognition and existence, until very recently.

This is all changed now, and our interests in that State are on a surer foundation than ever before in our history. Our College at St. Louis enjoys a residence in its own attractive building supplied with

all modern conveniences for successful college work. The new journal emanating from that metropolis is as bright and chirpy as needs be, and bids fair to become a popular western periodical. And now the State Society, through the unremitting attention and efforts of a few zealous workers, bids fair to outstrip many of its seniors and to become one of the most useful and substantial associations of the mighty West.

This is exactly as it should be. Missouri is a great State, and Homeopathy should be pushed by its votaries until it becomes recognized as the full equal of the old school, which still enjoys absolute possession of all the State institutions. Our physicians should press on with a vigor and persistence which admits of no defeat, until they shall have secured the fullest recognition by their State in its organized capacity.

A successful State society is a mighty power for good, and THE JOURNAL rejoices in the fact that our Missouri sister is now in full possession of a growing and in every way prosperous State organization, which can and no doubt will accomplish greater things in the near future than has yet been brought forth in the history of Homeopathy within her borders. We shall attend the Kansas City meeting as a looker on in Venice, and hope to catch and bring back

to Texas an infection which shall do much toward leavening the Homeopathic lump of this great vineyard.

The Situation in Alabama.

THE JOURNAL presents its readers with "some mighty interestin' reading" on the condition of affairs in Alabama, in this issue, reprinting a lengthy article from the pen of an old school legislator, which appeared in the *Atlanta Medical and Surgical Journal* for the present month, and a clipping from the *Montgomery Dispatch*, from the pen of Dr. Henry, in relation to the same subject.

It will be seen that the old school writer laments what he seems to consider a most deplorable circumstance in connection with the present Examining Board law, i. e., the licensing of Homeopaths by old school examiners. He seems to appreciate the fact that the standard of educational requirement of the Homeopathic colleges is fully up to that of his own school, and that, therefore, it is not difficult for a graduate of the new school to pass the country Examining Board examination, provided there is nothing admitted to the examination which develops the medical belief and practice of the individual undergoing it.

This was exactly the intent of the law makers. *Materia Medica*

and Practice of Medicine were omitted and examination was required only in those departments which are common to all schools, for the very purpose of preventing unjust discrimination by unfair minded examiners. It is true that a separate examination was provided for all who chose to apply under the title of "irregular" practitioners, but as no high minded man cared to so style himself, it practically excluded the Homeopaths from the State.

Recently this latter clause of the law was rendered a nullity by a decision of the courts in the case of Dr. Pampinella, of Mobile, a Homeopath, who, we believe, declined to style himself an "irregular," fighting the law successfully before the courts in that city.

And now it is, since this obnoxious feature is nullified, that the ultra Allopaths find themselves in the predicament so mournfully described by the Atlanta journal's correspondent. If they don't know that a man is a Homeopath, they are almost certain to license him; for, as a rule, our graduates are well up in all the branches named in the law. Should they pronounce him qualified, as the writer asks, upon what grounds can they refuse to meet him in the sick room? And, worse than this, what answer can they give to the "Mother of Medical Associations" when asked what they mean by granting licenses to

men pronounced by the venerable old lady, quacks, humbugs, and the like?

Oh, dear! what a fix they are in, sure enough; i. e., from *their* standpoint. From ours, great heavens, what fools some mortals be! Just as though it were a vice, a crime, a sin, to differ with the old school as to the *modus operandi* and dosage of drug agents in the healing of the sick!

The trouble lies not in the law, gentlemen, nor in the Homeopaths nor Eclectics. As a rule, the former are as well qualified in the fundamental branches of medicine as yourselves, and we believe the modern Eclectic is also. The trouble is to be found in your Ethics, so-called. There is no truly ethical reason why physicians of all schools cannot hold counsel at the bedside. There may be a practical reason why such consultation is not likely to be satisfactory, but there is no ethical argument in favor of denying it. And here lies the trouble, and the whole trouble.

Clear your decks of this ethical rubbish; it is a reproach to you and a cause of your frequent condemnation by the people and the press. It keeps you in hot water, it does nobody any good, and, as a rule, it aids him whom you would place under the ban. Make merit the test of success. If the Homeopathic system is better than yours you cannot and ought not to

smother it. The act would give the lie to your claim of philanthropy and love for your fellow man. If it is a temporizing fraud, time will demonstrate it, and only those will suffer who put their heads in the noose. And, if it is as great a fraud as you would have us believe, it certainly cannot be long lived, and therefore but a small number of the human family will be lost because of its existence.

Don't mourn, good friends! We are not wholly bad. We'll nothurt you. We're not contagious and you needn't catch us if you don't want to. It is true that repeated contact with us infects the people with Homeopathy, and they get it, and sometimes "very bad;" but then, it don't kill, so what's the use of making such a fuss about it? Go along quietly and quit kicking against the pricks. Many men are of many minds and always will be. There are sects or denominations in the church and we're much mistaken if St. Peter don't open the golden gates to the good of all denominations. And so in medicine. It is not a perfected science, nor will it ever be. There are and will be sects in Medicine and you can't help it, so let's all make the best of it. There are many grounds upon which we can meet in common to the relief and benefit of our suffering and dying fellows, and these grounds for common action will broaden out until they

become surprisingly large if we but give them a chance. The progressive men are not nearly so far apart as they were twenty, ten, aye, even five years ago. And, if we do find a halting point (let us first be real certain that we find it—we do not believe it exists), let us call the halt in a manner becoming gentlemen, and differ, if differ we must, decently, peaceably and in order, according to each other honesty of purpose and intelligence of action until the contrary is (not assumed) but proven. This done and the dilemma our Alabamian old school opponents find themselves placed in will fade away as the mists before the morning sun.

A Few Words to Contributors.

EVERY periodical has a style peculiarly its own. That mapped out for contributors to this journal, which, if they will follow, will save us much trouble and labor, is about as follows: Write on one side of the paper. Write legibly so that the printer can get along with the MSS. without necessitating our re-writing the contribution entire. Spell out the names of remedies mentioned in the text of an article. In reporting accumulation of remedies abbreviation is proper, but where remedies are run into the text of the contribution they should be spelled out and underscored. By paying a little attention to these minutiae much labor will be spared us.

Practice.

FOR THE JOURNAL.

Clinical Verifications.

By G. W. Sherbino, M. D., Abilene, Texas.

I.

ACTÆA RACEMOSA—C. M., SWAN.

WAS consulted at the office for a headache; the pain commenced on the top of the head, a constant pain; but every few minutes it would shoot downwards to both eyes. (*Phytolacca* has pain from Frontal region to Vertex: shooting from left eye to Vertex.)

Amelioration: In the fresh air.

Aggravation: From moving the eyes.

One dose of *Actæa* cured.

II.

LILIUM TIG. (C. M., H. S.)

A married lady, Aet. 42, after rising on the morning of the fourth day of the menses, was attacked with pain in left Ovary dull aching, but at times sharp, shooting pain from Ovary to left side of Vulva. Aggravation from stand-in and motion. Slight feeling of prolapsus, relieved by pressing hand against the Vulva. One dose cured.

III.

CROUP—SPASMODIC.

Was called at 2 a.m., in great haste to see a very lazy, fat child, eighteen months old, light hair, dark blue eyes. It was but a short distance from home, and we were soon face to face.

The child had been dosed with that old and well tried and faithful remedy, Hive Syrup. It was hoarse the night before, but they got along, and it seemed better until about 1 a. m., when it commenced to breathe loud. His breathing was so loud he could be heard in any room in the house. At times he would gasp for breath. It was the inspiratory act that was so harsh and hoarse. The intonations were much as if some one had him by the throat choking him, thus narrow-

ing the trachea. The case, I thought, was of a spasmodic nature.* Pulse 136, respirations 32 per minute.

I gave one dose of *Bromine* (C. M., H. S.) with *Sac. Lac.*, every ten minutes.

In fifteen minutes by the watch his breathing was not so hard, and he improved for about an hour, when he seemed to get worse again; I gave him one more dose, (C. M., H. S.) At four o'clock he awoke and played with his father.

Aggravation: A teaspoonful of water would bring on a frightful aggravation. The least motion, as turning him in his mother's lap, would bring stridulous breathing.

Only saw the child once—as he was quickly cured by two doses of *Bromine*.

PNEUMONIA—BAPTISIA.

March 30.—Was called to see a boy, Aet. 17, who had been feeling poorly for several days, coughing. This evening at 4 p.m. I found following condition and history:

He complained of aching all over the day before as if every bone in his body would break. He said that the bed was hard, and the pillow was so hard that he could not rest his head on it—he would move it away.

He was then delirious; eyes wild and glassy; tongue dry as a chip, with *brown streak down the centre* (red down centre, *Verat. V.*); diarrhoea, several stools during the day, foetid; urine scant. His position was on the right side, or partly so, as he had stitching pain and could only lie on the affected side (*Bryonia Alba*). Fan-like motion of the *alæ nasi*: rubbing his hands together, they felt so numb.

Gave one dose of *Baptisia*, C. M., (F.)

March 31.—Called at 11 a.m.

He was out of his head all night, repeating whatever was said in his hearing;

*Spasm of the Glottis.

said he had pain in his right wing; he wanted a hot cloth for it. Tongue moist; delirium. Mother says he took with a chill when he came home sick. Coughing up *rusty sputa*; impaired motion of the chest on the right side; no medicine.

April 1st—At first: Temperature, 130; pulse, 112. This morning: Temperature, 102; pulse, 100. *No medicine.*

April 2d—Father called this morning, early. Says his boy has been crazy all night. Tongue dry. Spitting up almost pure blood. Sent a dose of C. M. (F.). I found him as bad as at first. S. L. every half hour in water; teaspoonful doses.

April 3d—Delirium gone; tongue moist; says he feels better this morning. No medicine.

April 4th—Called this morning, and find pulse 72; temperature, 99; respirations, 24.

Aching all gone; the bed and pillow are not hard; tongue cleaning off; wants something to eat for the first time since ill. Discharged case. Cured.

V.

MORNING SICKNESS—BRYONIA.

A Lawyer asked me to prescribe for his wife, who was suffering with morning sickness and constipation. For the symptoms he gave me I sent her a dose of *Nux Vomica*.

She called at the office in a few days, saying the medicine had done her no good.

I found her symptoms as follows: Nausea in the morning; also after eating; vomiting of food; heaviness in the stomach after eating. She was sure to vomit if she moved around much after taking her meals; if she would go and lie down and remain so, she would retain her food.

Dizzy on arising from a recumbent position, bitter taste; everything bitter; (Baptisia-Clinical, everything bitter, except water—Aconite.) Her lips were

bitter; her teeth—everything her tongue came in contact with was bitter.

Even the air she breathed seemed bitter.

Stool dry and hard. Irritable. Was mad at her "old man."

I gave *Bryonia Alba* (C. M., H. S.) one dose with *Sac. Lac.*, to last a week. She soon left for Galveston, Texas. In two weeks she wrote the medicine had cured her.

FOR THE JOURNAL.

Clinical Verifications.

By S. Mills Fowler, M. D., San Augustine, Florida.

INTERMITTENT FEVER—SEPIA.

TVERY one who reads the literature of our school has seen the statement that *Sepia* would develop an ague in its original form, when covered up or masqued by treatment. The case here reported afforded me an immense amount of satisfaction, as I hope it may others.

September 27, 1887, I was called to see Mrs. R. W. W., aged about 22 years; mother of one child, a baby, about six months old; housewife; tall, angular, but of striking appearance on account of her smooth, marble-white skin, and very black hair and eyes. She has intermittent fever; has been subjected to the regulation alopathic treatment of the most heroic type. Chill begins about 10 a.m.; very thirsty all through the paroxysm; when she begins to shake, she begins to ache; violent headache begins with the heat, and continues 'till after the sweat sets in; has white blisters (pearl like) about the mouth. During apyrexia on alternate days, is able to be about the house. Now a blind man could have seen the remedy indicated. I need not tell you that I gave *Natrum Mur. 2c.*, with the utmost confidence. But, did it cure the case? You will be as much surprised as I was when I tell you it did not.

September 22.—Mrs. W. reports an-

other chill this morning, but it didn't last so long, and it came at 8 o'clock.

With perfect confidence that our first remedy was the remedy for her, I gave Placebos and took leave.

September 25.—Mr. W. called at the office to-day, and reports that his wife is feeling very well. Had a slight chill yesterday morning at 8 o'clock, followed by very slight fever. The bottle of Placebo is empty (No. 30 pellets); he wants it refilled. Ah! ha! "I told you so." The remedy is doing its work; only give it time.

September 26.—Mrs. W. had another 8 o'clock chill, with, oh, such backache and headache. "If she had been run through a sugar mill she couldn't ache worse." And she vomited just at close of chill, as heat began to come on, vomiting very bitter. She was very thirsty, but wouldn't drink: "It made her vomit."

Now this is *Eupatorium*, surely; no getting around that, and I gave it in the 30th.

September 27.—Was called to the house again; chill this morning at 7 o'clock. Before the chill the ends of the fingers got very cold; thirsty before chill for two hours; shook and shook 'till all tired out; thirst continued through chill and heat 'till into sweat; headache began with the chill and lasted through all the stages, and is aching now (6 p.m.); after chill, during the heat and sweat, she slept; backache commences during chill and continues 'till sweat begins; is very thirsty, but has no vomiting, and the talked all of the time, 'till she went to sleep.

I made the notes on this day, and, not satisfied, I returned to office, asking them to send for medicine.

The loquacity and sleep during sweat, with the 7 a.m. chill, decided me to give *Podophyllum* 30.

I heard nothing more of the case for several days, and had about come to the

conclusion that she had been cured by the last remedy, or that they had "gone back on me," when, on October 3, Mr. W. reported that his wife had more chills; "one the day before yesterday at 8 a.m., and another yesterday at 10:30 a.m., and all the symptoms just about the same as heretofore."

Now, what to do I did not know; but something whispered in my ear, no, to my conscience, give her *Sepia*, and I did—four doses of the 200th F. C., every two hours, to be followed by *Sac. Lac.* every four hours. I heard nothing more from the case 'till October 10, when Mr. W. came into my office to pay his bill, and, what did me infinitely more good, he informed me that "the last medicine did the business."

She promptly regained her usual health, and has not had another chill to date, February 4, 1888.

STRANGURY—CANTHARIS, C. C.

While at breakfast I was called to the door, a man wanting to see me.

Mr. S., (a stranger) about thirty-five years of age, was suffering from strangury; had been sick and suffering for five days. There was burning of urethra, with constant desire to void urine, passing but a few drops, with tenesmus of bladder. I placed ten or a dozen No. 10 pellets on his tongue, medicated with *Cantharis*, 200th, and asked him to be seated a few minutes while I finished my breakfast, when we walked three blocks to my office. At the office I made the following entry in my "case book:" "Frequent desire to void urine, with worst pains when about half through; passes from a third to half a teacupful every half hour to hour, day and night; burning all along the tube (urethra), from the bladder out; *itching of the tube inside after passing water*; backache very severe, more on left side, so could not lie down; must get up and sit by the fire; water very highly colored; looks as though it contained

blood. A frequent sensation as of a *drop of pus or blood was coming along the tube (urethra)*, but it never comes out." Face is pale, a little waxy looking, with some œdema about the eyes; a sort of 'hydrogenoid' complexion" (as I understand it).

He now volunteers the information that he is feeling very much better since taking that dose of medicine. He cannot account for this attack except it might be from catching cold.

These symptoms are all of them common to many remedies, except "itching of urethra *after micturition*." (*Cantharis* and *Copaiba*); and the crawling in urethra *after micturating*, (*Cantharis*.) The crawling was described by my patient as "a drop of matter," or "blood." I gave him a few powders of *Sac. Lac.*, and sent him away in the fullest confidence that I shall hear no more of his urinary complaints, and none have I had.

FOR THE JOURNAL.

Experience with Trypsin in Diphtheria.

By E. M. Hale, M. D., Chicago.

BEFORE detailing my experience with this agent, I desire to narrate some sad experience in the treatment of that terrible disease, diphtheria.

A few weeks ago I was called in consultation by Dr. Colwell, of this city, to see three cases of diphtheria. One case was a boy, five years old. When I saw him the membrane had spread all over the tonsils, uvula and posterior walls of the fauces, and had begun to invade the larynx. He was taking bromine and bichromate of potassa, and a spray of carbolic acid was used. The next day the breathing was so stridulous that Dr. Waxham, a specialist in the use of the "tube," was called in. He "intubated" the larynx, and considerable relief followed: but the next day the child was

worse. The membrane had invaded the bronchii, and death occurred the day after.

The second case was a girl of seven. The membrane had involved the tonsils, uvula and posterior nares. The submaxillary glands and cellular tissues of the neck were swollen. A sanious, bloody discharge flowed from the nostrils. Temperature, 103° F. I advised *Merc. Cyan.* 3x., and a spray and gargle of *Resorcine*, 2 per cent. Notwithstanding the persistent use of these remedies auto-infection and blood-poisoning rapidly set in, and the girl died on the fifth day.

Third case, girl of fourteen. The tonsils and uvula were covered with the membrane. Temperature, 102° F. She recovered under the treatment adopted in the last case.

All these cases occurred in the same house, and the most diligent care and nursing was carried out; milk, beef tea and alcohol was used very freely.

Many fatal cases had occurred in that neighborhood. I determined that if a case occurred in my practice, I would not use any local antiseptic whatever, but would rely on some digesting agent to destroy the membrane.

I had not long to wait, for in a few days I was called to see a girl of eight—a delicate blonde—subject to catarrh and catarrhal croup. The membrane had appeared on each tonsil, spreading downward toward the root of the tongue. A small patch was on the anterior surface of the uvula and on the fauces. The temperature was 103° F., with red face, injected conjunctiva and foul, dry tongue.

I tried to get *papayotin*, but none could be procured. Then I resorted to *trypsin*, using it as a spray, the following formula:

Trypsin (Fairchild's) gr. xxx.

Sodii bicarb., " x.

Aqua dist., oz. j.

This mixture was used in an atomizer

thoroughly every hour, holding the tongue down, so that the spray reached all parts of the fauces. Every fourth hour this mixture was brushed carefully over the membranes. Half an hour after the spray was used the patient was given a dose of *Baptisia* 1x, and *Bellad.* 2x, mixed. The next day I was delighted to find the temperature reduced to 100; the tongue was moist; the spread of the membrane was arrested, except on the left tonsil; and the color had changed from pearly white to a whiteish brown. Continued the same treatment, and gave no food but milk—2 quarts in 24 hours. The next day the patches had decreased in size, and looked thin and flaky; no fever; gave *Merc cyan* 3x, 2 grains every three hours; ordered spray and painting with trypsin as before.

On the fourth day only a small spot of membrane could be seen on the lower part of the left tonsil, and the fauces looked paler and healthier.

On the fifth day no membrane could be found; the girl made a good and rapid recovery.

In recent periodicals I have seen reports of several cases of severe diphtheria and membranous croup successfully treated with this agent; my one case has given me much courage to use it in others.

Trypsin is the fibrin digesting element of gastric juice; it is especially prepared by Fairchild, of New York, for use in diphtheria. It acts independently of any condition, of any acidity or alkalinity of media. It is an entirely innocent and non-irritating substance, and does not attack the healthy tissue or non-fibrinous tissue.

It acts best when applied warm, at a temperature of 110, but will act at any temperature. It is most useful in the commencement of the disease. I doubt its value after the membrane is sloughing and the blood has become poisoned. On no

account should the membrane be disturbed, scraped, or pushed off by solid food or instruments.

I hope to hear some favorable reports from its use from the readers of the *SOUTHERN JOURNAL*.

Practice Pointers.

Selected from All Sources for THE JOURNAL.

KALMIA is of superior value in rheumatic affections of the heart, especially when associated with albuminuria. Ascites occurring in a rheumatic subject, when the heart has been impaired and a large percentage of albumen is transuded through the tubuli of the kidneys, would be benefited and probably occasionally cured by *Kalmia*.

Ledum may be serviceable in ascites associated with the gouty diathesis. A prominent symptom is constant chilliness, though at midnight there may come a sense of suffocation and heat, patient throwing off the bedclothes and becoming very restless. *Ledum* patient is morose, discontented, much interested in the subject at hand.

Argentum nitricum is frequently called for in albuminuria. I have given it in those cases where the quantity of urine seems to be sufficient, but where the quantity of albumin is also relatively large. I have found that *Argentum Nitricum* would more rapidly diminish the quantity of albumin than any other remedy. (Dr. Curtis.)

Gelsemium: Neuralgia of anterior cranial nerve, pain goes up to the iliac crest and down to the knee on the inner side; between these points there is great tenderness; tenderness behind the great trochanter.

Croton tig.: In peculiarly violent forms of conjunctivitis, and more particularly the phlyctenular variety, and resembling the profuse, persistent and gushing lach-

rymation of *Rhus Tox.*, we have often obtained brilliant results from this remedy, especially when the characteristic eruption of *C. T.* has been present around the inner canthus, and extending upon the nose. If the above symptoms are present the remedy will be found equally efficacious in phlyctenular keratitis.

Acapha Indica is the well known remedy for Hemorrhages, especially for the lungs, rectum, etc. It is worthy of trial in all hemorrhages, especially having notably a morning exacerbation.

Thuja: Intermittent neuralgia, worse evenings. Sleepless. Paretic weakness in extremities. Tendency to excessive obesity.

Chelidonium: Dry cough through the day with pain and stitches in the *right* side, with severe *hoarseness* each evening at *five o'clock*, so that her voice could scarcely be heard.

Oranges: Oranges are said to render gastric fevers milder, even when of typhoid form. Eaten daily, before breakfast, they are said to remove the craving for alcoholic drinks in old topers.—Her-
ing.

Yerba Santa: Cough with escape of urine every time he coughs.—Caust.

ASPHYXIA NEONATORUM.

Aconite: The child is hot, purple-hued, pulseless and breathless, or nearly so.

Antimonium-Tart: There is much rattling of mucus; pale, with gasping, pulseless.

Belladonna: The face is very red and the eyeballs are greatly injected.

Laurocerasus: There is blueness of face, twitching of muscles of face and gasping, with rattling breathing.

Opium: The child is pale and breathless, but the cord still pulsates.

RHEUMATISM.

Magnesia phos.: Excruciating, *spasmodic* pains; acute rheumatism of the joints, for the violent pains as an intercurrent remedy.

Kali mur.: Second stage of rheumatic fever when exudation takes place around the joints. This remedy removes swelling by restoring the non-functional cells of the excretory and absorbing structures to normal action. Rheumatic gouty pains if movement makes them worse, and if the tongue is white or gray furred. Chronic rheumatism with swelling, or when all movements cause pain.

Calcarea phos.: Rheumatism which is worse at night, aggravated by heat or cold, worse from change of weather. Rheumatism of the joints, with cold or numb feeling; creeping feeling in the parts affected, numbness and lameness. *Every cold brings on rheumatic pains in the joints.*

If, during pregnancy, a woman complains of pain in the sacro-iliac symphyses, *Calc. Phos.* ought to help her.

Natrum phos. produced in the provers seminal emissions every night. At first there seemed to be erethism with lascivious dreams, but later emissions took place, one or two in a night, without any sensation whatever. These were followed by weakness of the back and trembling of the knees, which felt as though they would give away.—*Farrington.*

Natrum sulph. in rheumatic pain; pains and stiffness in nape and back; pains in joints, especially of toes and fingers and wrists; pain in hip joints, *aggravated when rising in seat or moving in bed.*—*Perkins.*

Kali sulph. is reported as doing good work in rheumatism of the wrist, hips, thighs and back. In rheumatoid or neuralgic cases, worse at night and *in the*

evening in a warm room (key note), it accomplishes good results. The secretions are slimy, yellow and sticky. The nightly aggravation is very marked, the patients being "very sore from 3 a. m. until day."

Magnes. phos. has been of signal service in some troublesome cases of indigestion, where there was a marked disposition to spit up food immediately or very soon after eating.

Eupat. purpureum, the Queen of the Meadow, or Gravel Root. The urinary symptoms are important. In moderate doses it acts as a powerful diuretic; patient must empty the bladder frequently on account of the excess of urine secreted. When the dose is increased, symptoms of vesical irritation arise, micturition becomes more frequent, urgent and painful, urine is scanty, high colored, dense, containing mucus. It is thus homœopathic to *Diabetes insipidus*, a most obstinate affection, and also in inflammatory affections of urinary organs, with above symptoms. Excellent for the vesical irritability so common in women. Chronic Cystitis with tendency to rheumatism.

Senecio also affects the urinary organs, producing *Tenesmus of the bladder, with heat and urging*. Frequent copious flow of urine, also pain in loins, and bloody urine, showing considerable action upon kidneys. Has proved curative in renal dropsy and congestion of kidneys and chronic inflammation of neck of bladder. Useful also in functional derangement of reproductive organs of females. Congestion of all pelvic viscera, producing a catarrhal state of their mucous surfaces. Leucorrhœa instead of menses, or with urinary troubles. *Menstrual irregularities with hysterical symptoms*.

Phytolacca Breast.—Its influence on the mammæ of cows is interesting. Near its growth cows often eat it, and soon the udder takes on inflammation. Contact

with the teats on milking gives pain, the cow shows illness in her movements generally. Milkmen use it prepared with lard for swollen udder. So in the human female, mastitis calls for it. This is very frequent in the young mother, from defective nipples; breast is but imperfectly emptied; cold or pressure causes it. The whole gland, or portions of it, become hardened, motion of the arm is attended with pain, preceded by heaviness. Pain down arm from axilla; nausea, suppression of urine, and other reflex symptoms.

Natrum salicyl.: Noises in the head, deafness and giddiness. Vertigo is worse raising the head or sitting up.

A physician in Russia says the *Red Hawthorne* is popular there in uterine hemorrhage, and in one case he gave it with complete success where every other remedy had failed.

Prof. Fordyce Barker, of New York, claims that equal parts of fluid extract of *Hamamelis* and fluid extract of *Hydrastis* is the most valuable remedy known for hemorrhages occurring during or near the climacteric.

Antimonium Crudum is a remedy of much value in the summer diarrhoeas of young children, where the stomach digestion is not perfectly performed. Particles of food pass undigested; stools foul-smelling, yellow, mushy or watery, or brownish water; voided with blubbering or sputtering. Tongue white or yellowish; no appetite; child cross and fretful.

Natrum phos. has few equals for ulcerations of the buccal mucous membrane. "Canker sores" of the lips and cheeks yield to this remedy in the 3x or 6x attenuation, where *Borax*, *Antimonium Crud.*, *Baptisia*, *Kali Chlor.*, etc., have failed to cure.

The *Sanguinaria* headache is of the hungry kind, and is relieved by eating; while, as a rule, the *Iris* headache is made worse by indulgence in food.

Materia Medica.

Contributed to THE JOURNAL by the Author.

Bryonia Alba.*

By M. Edgerton, M. D., Kansas City, Mo.

BRYONIA belongs to the Cucurbitaceæ, or Gourd family. This order gives us some edible substances such as Watermelon, Cantaloupe, Cucumber, etc., and the following drugs: *Colocynthis Cucumis*, *Bryonia Alba*, *Citrullus*, *Cucurbita*, *Momordica*, *Balsamum*, *Elaterium nummordica*, etc.

Bryonia Alba, or White Bryony, is a perennial, climbing, herbaceous plant, growing in thickets and hedges in different parts of Europe. The roots are gathered for use. When fresh they are spindle-shaped, sometimes branched, a foot or two in length, and as thick as the arm, or even thicker. The peasants are said to sometimes hollow out the top of the root, and to employ the juice that collects in the cavity as a drastic purge. According to the United States Dispensatory, *Bryonia* is an active hydragogue cathartic, in large doses sometimes emetic, and disposed, if too largely administered, to occasion inflammation of the alimentary mucous membrane.

A fatal case is recorded in which narcotic symptoms with vomiting and purging were produced in a woman by an overdose of *Bryonia* with *Jalap*, ending in death in thirty-six hours. On dissection the brain was found congested, the heart empty, and the gastric and intestinal mucous membrane inflamed. The recent root is highly irritant, and is said, when bruised and applied to the skin, to be capable of producing vesication. The medicine was well known to the ancients, and has been employed by modern physicians as a hydragogue cathartic in dropsy, but is now superseded by *Jalap*.

*Read before the Kansas City Homeopathic Medical Society April 24, 1888.

In speaking of its toxicological properties, Taylor says:

The root contains a bitter principle, which is soluble in water, to which they owe their violent irritating properties.

The powdered root, when swallowed, produces severe pain, vomiting and purging, and after death the stomach and intestines are found to be fully inflamed. A female, recently delivered, was ordered to take an ounce of the bryony root in a pint of water, and to have an injection of a concentrated decoction of the root. She died in four hours, and, on examining the stools, it was found that the lining membrane of the rectum had been passed with the fecal matter. Inspection of the body was not allowed.

Another case is reported, in which a man took two glasses of an infusion of the root to cure ague. He was seized with violent tormina and diarrhoea, which nothing could arrest, and which soon terminated fatally. If injected into the pleural cavity it causes true pleurisy and effusion of fibrin.

An alcoholic tincture is made of the root, of a deep yellow color, and very bitter to the taste. In cases of poisoning an infusion of galls should be given, which precipitates an insoluble tannate of the active principles of the drug.

As will be seen by the foregoing, the allopaths formerly used it on account of its property of producing profuse watery excretions in dropsical conditions, but having found something better for the purpose in *Jalap*, they have discarded this pearl, and I do not find it mentioned in any of the modern works on *Materia Medica*. Ringer, Wood, Bartholow and others are silent on the subject. History repeats itself: The stone which the builders rejected has become the headstone in the corner. In Homœopathy how could we get along without this castaway. We number it with the polychrests, and find it indi-

cated, probably, more often than any remedy in the *Materia Medica*.

The physiological range of this drug is defined as follows: *Bryonia* excites both the peripheral nerves and capillary blood-vessels, thus giving rise to symptoms intermediate between inflammation and nervous irritation.

It has striking relations with the secretory organs of the bile, with the uterus, likewise with the serous membranes, and is especially suitable in hyperæmia of the serous membranes. *Bryonia* is especially indicated in affections where resorption is required, in typhoid infiltrations, serous effusions and sanguinious exudations. It is especially efficacious in affections where the catarrhal, pituitous, or rheumatic character prevails, or where synochal symptoms pass into the nervous stage. *Bryonia* is suitable to nervous, dry, thin and bilious individuals, with a choleric temperament, exceedingly irritable, and inclined to get angry.

Also to persons with brown or black hair, dark complexion, and firm muscular fibre, with a disposition to inflammation of the dermous tissues. Diseases of women and children are especially influenced by it, inasmuch as it corresponds with quick irritability, little energy, constancy of reaction, inclination to effusions, nervous diseases, and active congestions.

Bryonia has a marked action on the blood, serous membranes, muscles, skin, mucous membranes, and most of the organs of the body.

It produces changes in the blood—in its quantity, quality and circulation. These changes are shown by its homeopathicity to the numerous febrile conditions.

It is indicated in intermittent fever, remittent fever, sometimes in synochal fever, and in rheumatic, gastric, bilious, traumatic and typhoid fevers.

The symptoms which prove its effect on the blood are as follows: An in-

creased action of the heart, giving rise to a frequent, hard, tense, pulse, very similar to the aconite pulse. There is an increase in the force and power of the heart's action. This action is augmented by any movement of the body, consequently the patient is anxious to keep very quiet. There is almost always intense headache, of a dull, throbbing character, or of sharp, stabbing pains in or over the eyes. All of these parts are exquisitely sensitive to motion.

The patient, when pains are severe, will avoid moving the eyes on account of the aggravation of the pain; attempting to raise the head from the pillow causes nausea and a faint feeling.

The mouth is dry, and in the mildest fever the tongue is coated white, especially marked in the middle, while the edges may be clean. If the fever becomes more intense, and approaches the typhoid type and bilious symptoms predominate, then the white tongue becomes brown, and is associated with a very bitter taste in the mouth. There are splitting headache, tenderness over the epigastrium, with stitches, soreness, or tenderness in the right hypochondrium. If the typhoid symptoms increase the tongue becomes more dry, but still retains its coating. In intermittent fever we find the chill always mixed with the heat; during the chill the head will be hot, the cheeks a deep red color, and there is a decided thirst, which will be for large quantities at long intervals, or, may be, a continuous thirst. The pulse is hard, frequent and tense.

The sweat is provoked by the least exertion, and usually has a sour or oily odor; sometimes feels oily to touch, and may stain the clothing yellow.

To show the effect of *Bryonia* on the quality of the blood, we produce the symptoms calling for its use in typhoid fever.

It is indicated in the early stages. There is some confusion of the mind; the

sensorium is depressed; but there are no perversions of the senses.

There is delirium during sleep, which is usually of a mild character. On closing the eyes for sleep, he thinks he sees persons who are not present. On opening them he is surprised to find that he is mistaken. The delirium is sometimes accompanied or preceded with irritability. Later the sleep becomes heavy, almost approaching stupor. He dreams of the occupation of the day; has splitting headache, congestive in character; face is flushed, deep red; symptoms are aggravated by motion, and often accompanied by nose bleed. It is characteristic of this drug, if the nose bleed comes on at 4 o'clock a.m., it is frequently preceded by a sense of fullness in the head. When very severe, the patient shows it by putting his hand to his head. The mouth is dry, and if there is thirst, it is for large quantities at long intervals. After drinking or trying to sit up, there is nausea or vomiting; complains of heavy weight in stomach, bowels constipated, stools being too large, hard and dry, brownish or black in color, and expelled with difficulty—or many have mushy stools.

A symptom calling for *Bryonia* strongly in these conditions is a strong desire to go home; he insists on going home.

Bryonia produces inflammation of serous membranes, and is often indicated in inflammation of the meninges of the brain and spinal cord, the pleura and the peritoneum; also in inflammation of synovial membranes. There are sharp, stitching pains; worse from slightest motion, better lying on painful side.

Bryonia has a marked action on the muscular system, producing positive inflammation of the muscles, as found in cases of muscular rheumatism. The muscles are sore to the touch, there is a stiffness with swelling, and faintish redness of the inflamed parts; stitching or

tearing pains aggravated by the least motion. There is a dry, hot skin, or else a profuse perspiration of acrid character, bitter taste, dry mouth with great thirst, tongue is either uniformly white, or dry and white down the centre. The bowels are usually constipated; the pulse full and strong.

In some cases I have found it difficult to differentiate between *Bryonia* and *Rhus Toxicodendron*, for, in spite of the aggravation from the least motion, I have had patients with a restlessness which brought *Rhus* to the front, when I discovered on more careful inquiry that *Bryonia* was the remedy. This restlessness is of a nervous character, and they complain every few seconds of pains, and beg to have the leg or arm or body moved to a new place; when about to be moved they would cry out for fear of being hurt, and while the part was being moved the outcry was terrific.

After having been moved they seem to feel better, but soon ask to be moved again, imagining each time that they will feel better in some other position.

In its action on the bowels, *Bryonia* will produce both diarrhoea and constipation. In the diarrhoea, the stools are thin, brown and fecal; bloody, undigested or dirty watery discharges, which, on standing, show white granular sediment of undigested food at bottom of the vessel. They are frequent, putrid, and sometimes smell like rotten cheese. Also a diarrhoea alternating with constipation. Worse in the morning; in hot weather; from moving around. If caused by indulgence in vegetable food; from taking cold; from cold drinks, or from being overheated in summer, these symptoms may be accompanied by dizziness, the characteristic thirst, irritability, bitter taste in the mouth, vomiting, etc.

The Constipation seems to be an obstruction from induration of the fœces;

dry, hard stools, as if burnt; fœces too thick and too large.

The Headaches are gastric, rheumatic and congestive. There is vertigo, heaviness of head, rush of blood to the head, pressure in the head. These are generally accompanied by irritability. They are located in the occiput, vertex, or forehead; wherever there is pain there is soreness. They are usually accompanied with nausea and vomiting.

Bryonia is very effective in headache produced by ironing; also one beginning in the morning on opening the eyes. The headaches are worse after eating, and in the evening; from stooping, quick motion, etc.

The characteristic symptoms of *Bryonia* are quite numerous. Prof. H. N. Guernsey, of Philadelphia, who was, I believe, the father of the key note system, in his work on the key notes to *Materia Medica*, gives the following:

"The great characteristic is aggravation produced by motion. The patient can not bear a disturbance of any kind, either physical or mental. Can not sit up in bed; it brings on nausea, vomiting, faintness or dizziness. Nervous, dry, slender persons with bilious temperament."

Mental characteristics: Lowness of spirits; apprehensiveness and dread on account of the future; delirium, wants to go home; intolerance of noise.

Face: Bluish red, or red exanthemate on under skin; lips dry, parched and cracked.

Tongue: Is furred, usually dry and hard, with deep cracks.

Nose: Dry catarrh of the nose; epistaxis before menses, or before time of menses in pregnant females.

Chest: Deep, oppressed respiration; feels as if lungs will not expand sufficiently; cough with expectoration morning and evening—no expectoration in day

time; when he coughs in bed must immediately assume sitting posture; coughing with vomiting or micturition, with severe pains in the chest.

Urine: Dark, becomes turbid, and often casts a pinkish stain all over the bottom of the chamber.

Mammae: Feel hard and heavy, generally pale; increased secretion of milk.

Joints: Affections of the shoulder and hips; sensation of tension of joints.

Sensations: Burning pains in internal and external parts; sensation as if the parts were pressed or pushed asunder, also as if the parts would burst; pricking and darting pains in inner and outer parts; the patient may complain that he cannot walk on account of a sensation of pins and needles in the feet; darting in the muscles; swellings in general; dryness of the skin, with heat after having perspired freely; burning itching; pricking, itching, stinging pains. Erysipelas; feels hard, as if indurated, pale, tender.

Fevers: Compound fevers in general; chillness and heat alternately; heat and shuddering alternately; great thirst during chill and fever. Heat in general; external heat; heat of single parts; heat on one side only.

Generalities: Affections of the right hypochondrium, right upper and right lower extremity; disposition to catch cold; sudden startings of the body; miliary eruptions, which may look scarlet or pale, petechiæ, rubeola, ulcers with sensation of coldness in them.

Sleep: Falling asleep late; not refreshing; sleeplessness in general, especially before midnight; lying on the back during sleep.

Aggravations: Worse in the evening; from warmth; on stooping down; after eating; from exertion; from lying on the side; on ascending. Worse from cabbage, sauer kraut, fruits, warm food, etc.

Ameliorations: Better on exhaling; after eructations; on descending; while

lying down; lying on the back; lying on the painful side; when quiet; while sitting; from cold things, cold food, etc.

Remedies following *Bryonia* well: *Belladonna*, *Nux Vomica*, *Phosphorus*, *Pulsatilla*, *Rhus tox.*, *Sepia*, *Sulphur*. (After *Sulphur*, very often *Psorinum*).

Antidotes: Aconite, Camphora, Chamomilla, Coffea, Rhus tox.

Ten Tissue-Remedy Characteristics.

By E. J. Lee, M.D., Philadelphia.

NOTE.—The following characteristics of ten of the Tissue Remedies, now attracting much favorable attention, are taken from *The Homeopathic Physician* for the current month. They are deemed eminently worthy of reproduction in THE JOURNAL.

CALCAREA FLUORICA.

FOR our knowledge of the pathogenesis of this remedy, we are chiefly indebted to Dr. J. B. Bell, of Boston. The drug, as proven by him and his associates, shows symptoms which give promise of usefulness when further proven and studied.

Mentally, we find depression of spirits, with marked fear of financial ruin. (Note.—Other drugs have similar symptoms; thus, patients think they are poor, is found under Bell., Hepar, Nux-v., *Sepia*, Valer. The Arsenic patient thinks his family will starve.) So far clinical experience has shown Calc-fl. to be useful in cases of indurated glands (compare with Asterias, Baryta, Conium, Phytolacca, Silicea, Sulphur, etc.), like the mammæ or testicles; also for nodes and exudations on bones—these latter are usually irregular in shape—and for suppurations of bony tissues. (Calc-p., Sil., etc.)

The pains are generally worse in damp weather, but are ameliorated by fomentations; are also better from lying on the painless side and from motion. There is a backache, very like that of *Rhus*, caused by a strain, worse from rest, better from motion and warmth. We

also note a cough from tickling in the larynx, not relieved by coughing (which is very like the cough of *Ignatia* and *Marum*). The urine is more profuse, especially at night; the patient is awakened at night by an itching of the anus from pin worms. The only peculiarities we observe under this drug are the fear of financial ruin, the stony hardness of its glandular swellings, and the irregular shape of its bony growths. The mental symptom is also found under other drugs which are frequently indicated in diseases of bones and glands.

CALCAREA PHOSPHORICA.

This drug is so well known that I shall pass it over with a very brief notice, it being our intention this evening to study those remedies which have not been so thoroughly proven or so much used.

The mental conditions of Calc-ph. is dull, obtuse; also anxiety. Patient is worse from grief or bad news and when thinking of his complaints. Like *Agar.*, *Barr.*, *Chin*, *Ferr.*, *Helon.*, *Stram.*, *Thuja*, the Calc-ph. patient is better when occupied. The aggravations of thinking of ailments and from the exposure to cold, damp weather are the prominent conditions of this remedy. Vertigo in old debilitated persons. (Also *Baryta*, *Carbo-v.*)

The headache is generally of a dull kind, which is better from cold applications and when occupied mentally. Smoking also relieves the headache. In the headaches of school girls we think of Calc-ph. or Phos-ac. With Calc-ph. these girls show signs of mal-nutrition; with Phos-ac. the headache is rather from over study. (We must also recollect that *Silicea* pains, etc., in growing children.) With thin, emaciated, peevish babies, whose fontanelles remain open too long, or close and open again, we think of this remedy. (Here, as elsewhere, it is important to distinguish between *Calcarea-c.* and *Calc-ph.*

Both have the large head and the open fontanelles; Calc-c. has enlarged, swollen abdomen, the stools are generally white, there is a craving for eggs, profuse sweat on back of the head during sleep; it has not the aggravation from thinking of complaints, nor so marked an aggravation from damp weather.) Calc-ph. is very useful in the tardy dentition of thin, fretful children, whose bones do not properly develop. Infants, who want to nurse all the time and yet do not thrive, they will vomit their food continually, whether it be mother's milk or other food. They have colic after each feeding. Sometimes they will refuse to take the breast because the milk is too salty.

There is a coryza which is fluent in a cold room, but stopped up in warm air or out-doors, with an increased flow of saliva. The face is pale and thin yet the head is large. Fauces are swollen; warm drinks do not hurt; swallowing the saliva pains more than food. (Also Cocc., *Lach.*, Merc., Crotal.) Pain in the throat, chest, and epigastrium in swallowing.

The appetite comes when thinking of food. (The reverse of Mur-ac., Sars., etc.) Sometimes there is want of appetite before or during menses. A craving for ham or smoked meats. Nausea and pressure in stomach, which are relieved when at rest. Pain in stomach from least morsel of food. Oozing of blood from the naval of infants. (Also Abrotanum, which remedy it resembles in marasmus.) The pains in the abdomen are better after stool, by passing of flatus and after leucorrhœa. The diarrhœo is generally greenish, hot, and often profuse and watery.

Calc-ph. has nymphomania; aching, pressing, or weakness in uterine region; prolapsus in debilitated persons, etc. All of its uterine symptoms are to be found in women who are debilitated, or who have rheumatic pains from the least exposure to cold, damp weather. (Wherein it

strongly resembles Dulcamara.) In its various menstrual or leucorrhœ troubles in rheumatic females, Calc-ph. resembles Cimic. and Caul.

Chest troubles in persons suffering from fistula in ano, especially when the symptoms seem to alternate between the chest and the anal trouble. (*Berberis*, also.)

We find rheumatic pains in back and limbs worse from motion and from least exposure to dampness. Calc-ph. is especially indicated in women whose joints ache and pain at every change of the weather. When after exposure to dampness we find stiffness of neck with aching and soreness of limbs; wandering pains in the limbs, especially in sacral-region and down the legs; all worse at any change of the weather. Rheumatism with uterine displacements.

Calc-ph., with *Symphytum*, is often indicated in cases where the bones do not grow together after a fracture.

Hering tells us to compare Calc-ph. with *Berb.*, *Calc-c.*, *Calc-fl.*, *Flour-ac.*, *Ruta*, *Silicia*, and Sulphur, in bone affections, fistulæ, etc.

In joint affections, rheumatic and suppurative, with *Berb.*, *Kali-phos.*, and *Natr-mur.*

In dental caries, with *Flour-ac.*, *Mag-phos.* and *Silicia*.

In epilepsy, with *Calc-c.*, *Ferr-ph.*, *Kalimur.*, *Kali-ph.*, and *Silicia*.

In spasms of the eye-lids, with *Calc-c.* and *Nux-v.*

In diabetes, with *Kali-ph.*, *Nat-ph.*

In tabes mesenterica, with *Ars.*, *Iodum*, and *Merc.*

In hemorrhages, with *Ferr-ph.*

In worm affections, with *Nat-ph.* Removes disposition.

In debility after acute diseases, with *Psorinum*, which has greater tendency to profuse sweats.

In the peevishness of children, with *Cham.*, *Cina*, and *Kal-ph.*

CALCAREA SULPHURICA.

Hering tells us that "Calc-sul. resembles Hepar, but acts more intensely and more deeply, and is often useful after Hepar has ceased to act." From the meagre record of this drug, given in the *Guiding Symptoms*, we find it is chiefly useful for inflammations and suppurations; for effects of blows, etc. For the eye, after an injury by a splinter, like Aconite, Silicia, and Symphytum. For otitis, after a blow on the ear. (Compare with Arn.) The pus discharged is thick yellow, as is also the nasal discharge. Of the skin symptoms, we read of "many tender pimples under the beard, exuding an oily matter." (Other remedies having these pimples are, Agar, Ambra, Calc., Graph., Lach., Nitr-ac.) With Calc-sul. cold drinks temporarily relieve the colic; washing the face with cold water relieves excoriating coryza. There is general aggravation from working and washing in water.

FERRUM PHOSPHORICUM.

The following indications for Ferr-ph. are given by Farrington: The pulse is full, round and soft; the inflammation has not yet gone on to exudation; it is merely what is termed dilatation of the blood-vessels. The chest is sore and bruised. If there be a discharge of pus or mucus, then Ferr-ph. is not the remedy. The expectoration is blood streaked from simple congestion. If a patient with phthisis takes cold, and so becomes greatly prostrated and has a blood-streaked expectoration, then Ferr-ph., even in the zooth potency, would quickly relieve the pulmonary congestion. So, too, in secondary inflammation following pneumonia; one lung is inflamed, when suddenly the other becomes congested. Here, again, Ferr-ph. acts. Or, suppose, on a warm summer's day, a child is exposed while perspiring, and takes cold. In consequence inflammation of the bowels sets in; the stools are watery and bloody; there

may be some urging but no tenesmus. Here, too, Ferr-ph. would relieve.

Aconite has a full, bounding pulse, with dry heat of the skin, anxiety, fear of death, and restlessness. Its symptoms betoken *active* congestion, while those of Ferr-ph. indicate rather a *semi-parietic* condition of the blood-vessels. Gelsemium is more like Ferr-ph., but with its fever there are prostration, drowsiness, and paralysis of muscles; they will not obey the will. Patient is drowsy and wants to remain quiet.

The pains of Ferr-ph. are said to be aggravated by motion and relieved by cold.

KALI MURIATICUM.

Potassium chloride has not been proven, therefore we have no reliable data for its use. Clinically or empirically, it is chiefly recommended for glandular swellings or for rheumatic, gouty pains which are worse from motion, accompanied by white or grayish coating at the base of the tongue. These indications are not to be relied on, as they are far too vague and are only clinical. Why should one use such remedies as this when he has many well proven remedies which cover the same ground? Bryonia, for instance, has the symptoms which are given as indicative of Kali-mur.

KALI PHOSPHORICUM.

Potassium phosphate is also an unproven drug, and hence we have no reliable data for its use. Clinically, it is recommended for "neuralgic pains, occurring in any organ, with depression of spirits, failure of strength, sensitiveness to light and noise; improved by pleasant excitement and from gentle motion, but is mostly felt when quiet or alone." These symptoms remind us of Pulsatilla.

KALI SULPHURICUM.

Of Potassium sulphate we have practically no provings, as the scanty records given in the *Encyclopaedia* are useless. Clinically it has been recommended for loose, rattling cough, which hangs on

after other symptoms have been relieved, when patient is worse in doors and better out in the air.

In yellow, thick mucous discharges with these conditions it has cured. Two interesting cases are reported by Dr. Wm. P. Wesselhoeft. [See Drs. Boericke and Dewey on the *Twelve Tissue Remedies*, p. 113.] We quote from these cases the following:

1. Thick, yellow, offensive ozena, alternating with watery discharge; has been affected with it for eighteen months; has lost taste and smell; left nostril worse. Catamenia every three weeks. Takes cold very easily. Still-born child three years ago. Kal-sul. in water, to be taken once a week. In one month reported catarrh entirely well; has regained much of the lost senses of taste and smell.

2. Male, light complexion; about once a week a thick, dark brown, semi-fluid accumulation of pus formed in the left upper nostril. On being blown out it emitted a terrible stench. About a month previous a piece of carious bone was taken from the antrum Highmori through an upper left alveolus, from which a tooth had been drawn four years previous. The probe entered the antrum freely. Calcarea, Silicea, and several other remedies proved inefficacious. Three weeks after having taken two doses of Kal-sul., in water, morning and evening, a tablespoonful for four days, nothing more remained of the discharge, and the alveolus closed so that no probe entered.

Kal-sul. is also used for wandering rheumatic pains. Its characteristic conditions are like those of Pulsatilla—aggravation in the evening and in a heated room, better out in the cool air.

MAGNESIA PHOSPHORICA.

The phosphate of Magnesia is also an unproven drug; its clinical history gives promise of a very useful remedy if well proven. Its clinical use in the past has been chiefly confined to shooting neural-

gic pains, severe neuralgic pains of head, eyes, or face, which are right-sided, shooting, very severe, and are relieved by external warm applications. These seem to be the indications for Mag-ph.

It is also useful for a colic, often flatulent, which causes the patient to bend double; is better from rubbing, from warmth, and is accompanied by eructations which do not relieve. These few notes will recall to your minds the case mentioned at the last meeting of the I. H. A. by Dr. Wesselhoeft. It may be well to quote it here to further illustrate the action of this remedy. Concerning Mag-ph., Dr. Wesselhoeft said: "I made a cure with Mag-ph. very similar to the one Dr. Nash has just reported. It is one, I think, I could never have made without Mag-ph. It was an astonishing cure. The case was of a neuralgic character; the patient an old lady of sixty-six. I saw her first about six years ago. I wondered that any cure could be made on any one who was so attenuated, so thin, and so lacking in vitality. I have observed that Mag-ph. has three peculiarities—it is an entirely right-sided remedy, the pains are chiefly supra-orbital, shifting, and are relieved by warmth." [See *HOMŒOPATHIC PHYSICIAN*, Vol. VII, p. 254.] (Silicia will be remembered as having this relief from warm external applications. Cinnab. and Iris have relief from heat of the hand.)

NATRUM PHOSPHORICUM.

Under the supervision of Dr. Farrington provings were made of Sodium phosphate; they were mostly with the high potencies. Mentally, we find chiefly anxiety and fear of evil of some kind. Awakens at night with anxiety. Melancholy after seminal emissions. Awakened at night, fears his child, who has a trifling ailment, is dead; he goes to her room to see. (You will remember that Natr-m. has a very similar feeling, in that after dreaming of robbers will not

believe that they are not in the house until search is made.) Is easily startled by the least noise, especially at night, causing palpitation. Headaches in afternoon, after menses. Headache better after breakfast, worst after dinner. Ears: intolerable burning and itching of right ear, has to scratch until it bleeds. Nose as if full of mucus. Great fullness at root of nose; skin feels drawn tightly over it in evening. Left nostril sore, painful; picks it continually: scabs form. Dropping of thick, yellow mucus from posterior nares, worse at night, awakens him, must sit up and clear the throat. Pricking in throat, worse swallowing liquids, better from solids. Tongue coated yellow (creamy or golden). Blisters on tip, followed by prickling numbness of whole mouth. [Sensation as of hair on tongue is found under All-sat., Kali-bi., Natr-m., and Silicia.]

Stomach, canine hunger, can not wait for dinner (also Sulphur). Gone feeling in stomach, morning on rising, or at eleven to twelve A. M. (at eleven A. M. is also Hydr. Lach., Sulph., and Zinc.); empty, gone feeling all day, but worse after eating (also Sang.); desire for beer, which relieves this gone feeling. Heaviness or pressure in stomach better after eating. Averse to bread (also Nat-m. and Sulph.) and butter; fasting for weeks.

Abdomen: While at stool, sensation as if a marble dropped in left abdomen. Pain through right groin day after an emission.

Rectum, etc. Sore, raw feeling at anus, with desire to retract the anus, which relieves. Rawness at anus, with desire to scratch it. After coitus urging to stool and to urinate. Must bring will to bear to prevent the escape of feces. [Like Aloe.] After a large, soft stool feels as though some remained behind.

Urinary, etc. Urine increased, must strain to pass, must wait before it will pass. Frequent seminal emissions, with

or without dreams. Emissions after coitus. Semen thin, watery, smells like stale urine.

With the female the menses are too early, with aggravation of symptoms afterward; especially of headache, of palpitation, etc. During the menses, icy-cold feet by day, burning at night, in bed. Empty feeling in chest and abdomen after a meal. In the lower extremities we have a variety of pains, chiefly felt when walking. Legs suddenly give way, as if paralyzed, when walking. Sleep is restless, especially during and after the menses. (Restless or disturbed sleep in connection with the menstrual flow is often complained of; the following remedies have this symptom during menses: Alum, Amm-c., Eupion, Gent-c., Kali-c., Mag-c., Natr-m.) The most marked condition of this remedy is the amelioration of the heaviness at epigastrium and the pressure by eating.

NATRUM SULPHURICUM.

In speaking of the sulphate of *Sodium*, I shall quote largely from the lecture on "*Natrum Sulphuricum and Sycosis*," by Dr. Kent, published in *The Homœopathic Physician*, Vol. VI, page 275. This is, perhaps, the most valuable of all the drugs to which your attention has been called this evening; it deserves more study than has been given to it.

Mentally we have anxiety, irritability, desire for death, aversion to life and the things that generally make life pleasant and agreeable. So great is this satiety of life the patient has to use restraint to prevent doing herself harm; this is very characteristic of Natr-sul. Satiety of life, aversion to life, great sadness, great despondency, with irritability and dread of music—music makes her weak, makes her sad or melancholy. These symptoms run through all the Natrums, but are especially strong under Natr-sul. Cheerful or happy after stool, which is so char-

acteristic of Borax, is also found under Natr-sul.

Under the head we have violent crushing pains, especially at the base of the brain. Sick headache with bilious stools or vomit. In chronic cases of conjunctivitis with granular lids, green pus, extreme photophobia, so great that patient can't open his eyelids, lest the light of the room bring on headache and great distress—these, together with the aversion of life, strongly indicate Natr-sul. (It is here to be compared with Graphites.) Earaches, worse on going from cold air into warm room, in damp weather or after lying on damp ground. Stopped, stuffed-up nose; nose-bleed during the menses. (Natr-ars. has this stopped nose more strongly than any of the Natrum compounds. The patient feels stuffed up in nose and chest; nose stopped at night, must breathe through mouth; nasal discharge is yellow; mucus drops from posterior nares into throat [also Natr-ph.]; pieces of hardened bluish mucus blown from nose.)

There is a toothache worse from warm drinks and intolerably aggravated by hot ones; lessened in cool air. (Aggravation from hot food, Bell., Calc., Ph-ac.; *Bryonia* is worse from warm and better cold food. *Amelioration* from cold air, *Nux-v*, *Puls*.) Mouth always full of an unpleasant "slime;" constant hawking up of mucus. (You will recall to mind here the characteristic complaint of the *Sulphur* patient, that "all her troubles seem to be caused by the nauseous saliva" which fills her mouth.) We have burning in mouth and on tongue as if from blisters or from highly seasoned food.

There is a distended feeling in the stomach; a sense of weight in stomach; a full feeling extending into chest with difficult breathing; a beating in stomach with nausea; almost constant nausea; vomiting of bitter, sour slime.

Aching, sometimes cutting pains in re-

gion of liver, with great distress there. Cannot bear tight clothing around the waist (Lach., Spong., Calc., Graph., etc.); a weight in region of liver; a sensitiveness to touch, pressure, deep breathing, walking; must lie on back, pain when moving to either side. There is, too, a griping in abdomen better from kneading it. Diarrhoea, worse in wet weather and in cool, evening air (also Merc.). In cases of chronic diarrhoea where the stool is watery, is expelled with a gush accompanied with much flatus; is worse on first moving about after rising in morning.

Breathing, great *Dyspnoea*, desire to breathe deeply during damp weather. After sunset an oppressed feeling in chest and feeling as of a ball in throat, with a hysteric tendency to cry. *Asthma* in young people at every change of weather. (See China.) Empty feeling in chest with a cough that compels one to hold the chest. (Arn., Bry., Dros., Natr-m., Sepia, Phos., all have this holding of chest on coughing.) The expectoration is thick, green, and come up freely. When the chest rattles with mucus, with expectoration of large quantities of white mucus, with asthmatic breathing, this drug should be studied.

In cases of chronic gonorrhoea, with greenish discharge, this drug is recommended. The discharge, instead of running off into a white, gletty mucus, continues thick, yellow and green. Natr-sul. here competes with Merc. and Thuja, both anti-sycotics. With Natr-sul. there is generally very little pain; it is almost painless.

Dr. Kent sends me a note saying that Natr-sul.5c produced a whitish discharge from the urethra, lasting four days, without any irritation. Also, in another case, the same potency brought back a gonorrhoeal discharge many years suppressed.

This is a remedy for panaritium when the disease is easier out of doors; the

patient is pale, thin, sickly looking; is weary; has dullness of head; is worse in mornings, especially when caused by living in damp places. On the skin we have eczema, moist and oozing profusely; sy-cotic, wart-like eruptions about anus and elsewhere on skin.

This remedy has a very marked aggrava-tion in damp weather and from living in damp places; also complaints from eat-ing fish and water plants.

Legislative.

From the Atlanta Medical and Surgical Journal.

New Codeism in Alabama.*

By J. D. S. Davis, M. D., Birmingham, Ala.

THE State Medical Association of Ala-bama has taken a new departure, and now by legislation favors the new code of ethics, while at the same time there re-mains a proviso in its Constitution claim-ing to foster and practice the code of ethics of the American Medical Association.

For a long time in the history of Ala-bama two classes of practitioners of medicine, regular and irregular, were recognized. But within the past two years the law to regulate the admission of applicants to practice medicine in the State of Alabama has been so amended and materially changed that the words regular and irregular have been made to disappear from its provisions.

The monument to the honor of Ala-bama doctors, the medical laws of Ala-bama, for a long time contained certain restrictions which often sorely tried those physicians, "irregular," known as Eclec-tics and Homeopaths. Fretting under the close fitting harness so adroitly ad-justed by the Medical Association of Alabama, the Eclectics began a continu-ous kick, and their attempt to influence medical legislation was met by the State

Medical Association of Alabama with such a radical change of the provisions of the law as to meet every demand of this school of irregular practitioners of medicine †

The State Medical Association of Ala-bama realized that the passage of any such law contemplated by the Eclectic Association of Alabama would pave the way to admit to practice in the State all the quacks and ignoramuses who chose to flock into Alabama; that ignorant graduates, rejected by the regular boards of examiners, could apply to this new board and obtain certificates to practice the reform or the Eclectic system of med-icine; and, too, that the law of the State could and would be so revised as to make the distinction among doctors more em-phatic, and the law was so amended by the State Medical Association as to revise the requirements or standard of quali-fication to be required of the applicants for the several State and county boards of examiners as to meet the wish of Eclec-tics and Homeopaths and to conform to public opinion generally, creating thereby such a complete reformation or change in the medical affairs of the State as to make all who receive a diploma or certificate to practice medicine in the State of Alabama, though irregular or defective, honorable, regular doctors.

The law now provides that all appli-cants, from whatever school, to practice medicine in the State shall stand an ex-amination in the following branches of medicine: Science of chemistry, anat-omy, physiology, operative surgery and surgical anatomy, mechanism of labor and operative midwifery, natural history of diseases, including pathology, physical diagnosis, medical jurisprudence, public and private hygiene; practice and materia medica being left out of the schedule of examination that there might be no dis-

†See Transactions of the State Medical Association of Alabama for 1880 and 1881; also Transactions State Medi-cal Association of Alabama for 1885, pp. 136-139.

*See editorial.

tinctive difference or diversity of doctrines possible. And though applicants, graduates of antagonistic schools, should stand examinations before the same board, there is no distinctive difference when diplomas are granted by the board authorized to make such examinations by the State Medical Association of Alabama.

Now, since the real barrier between the different schools of medicine is destroyed by admission to the profession of medicine regularly through the requirements of the existing medical laws of Alabama, it no longer remains a question of practice but a question of ethics.

If this be true, and in accordance with the principles of justice, the representatives of all schools being made regular through the requirements of the medical laws of the State, all stand equal before the law, the people and the profession. Hence each licentiate is entitled to "individual exercise and honors of the profession." The words regular, irregular and pathies of every kind no longer exist in the provisions of the law. Every doctor gets the same kind of a certificate or diploma, is examined by the same boards, authorized and recognized by the State Association.

The State Medical Association claims to practice the ethics of the American Medical Association (its constitution providing for it). But if, by accepting Eclectics and Homeopaths into the profession by legislation, they are made legally, morally and socially equal with the members constituting the State Association, they are relatively equal professionally. If the schedule of examination laid down affords evidence of professional proficiency, so long as any (heretofore irregular) individual doctor does not practice medicine to the exclusion of the knowledge to be derived from the several branches examined in, he is entitled by legislation to recognition by the profession and "individual exercise and honors

of the profession" of the State of Alabama. And this is in conformity with the teachings of the code of ethics of the American Medical Association. Article 4, section 1, of that code reads: "A regular medical education furnishes the only presumptive evidence of professional ability and ought to be the only acknowledged right of an individual to the exercise and honors of his profession." The State Association, to be consistent with the teachings of its own constitutional government, can not exclude from membership its own *regular alumni*, or prevent its members from consulting with the Homeopath and Eclectic, where such a consultation is desired by the patient. If, then, as every intelligent thinker can but see, this state of affairs exists, the new code is the only prevailing ethics of the State Association. Many members of this Association, whose ethical characters are above reproach, have unconsciously fallen victims to this glaring error of the Association.

The modification of the medical examination was made to harmonize an irregular faction, and if it does not work harm to the profession of Alabama, it cannot fail to place the State Association in harsh opposition to the mother of American medical organization, the American Medical Association.

The State Association, fearing that adverse legislation would be had for the protection of Homeopathy and Eclecticism, a modification was influenced with a hope of meeting their wants and requirements. In the change the regular medical profession of Alabama is allied by legislation with the Homeopathic and Eclectic professions.

Since (in Alabama) a thorough knowledge of chemistry, anatomy, physiology, operative surgery and surgical anatomy, mechanism of labor and operative midwifery, natural history of diseases, including pathology, symptomatology, physical

diagnosis, public and private hygiene, is *presumptive evidence of professional ability*, whether these branches be taught in the curriculum of a regular Homeopathic or Eclectic school, if the individual who has been found proficient in all is of good moral character, and does not practice some exclusive dogma to the rejection of the aids actually furnished by these several branches of medicine, members of the State Medical Association of Alabama, in the sight of said Association, are excusable in allowing and granting Homeopathic and Eclectic physicians all the courtesies and privileges that would be expected of brother members of the Association, or expected of any brother alumnus of the institution from which said member received a diploma entitling him to examination by a board in Alabama.

Since no pathy is recognized by the State Association, and all Alabama doctors are alumni of the same institution, viz., the State Medical Association of Alabama, the members of said institution are as excusable for receiving the aid, in consultation, of the Homeopathic surgeon, gynecologist, obstetrician and diagnostician, as the professors of any given medical college would be in receiving a like service from one of its alumni.

My friend, Dr. T. D. Park, in a paper read before the Jefferson County Medical Society, in February, 1888, suggested by the fact that all the physicians of his acquaintance who had expressed themselves held ethical views so opposed to those as were forced on him as a result of a study of the ethics of the State Association of Alabama, said: "The State and county boards of the Alabama State Association, composed of the censors of the respective State and county societies, have *sole* legal power to issue license to practice—*i. e.*, diplomas in the State. Diplomas or certificates from no college, university or medical board are recognized. All applicants come on equal footing, and are

subject to the same examination. * * * As the good of the patient is the sole object in view, no intelligent practitioner, who has a license to practice from some board of known respectability, and who is in good standing in the place where he resides, should be excluded from the fellowship, or his aid refused in consultation. But no one can be considered as a regular practitioner whose practice is based on exclusive dogma, to the rejection of the accumulated experience of the profession and the aid furnished by anatomy, physiology, etc., etc.

"The certificate—the diploma of a board—furnishes in the State of Alabama the only possible evidence of a regular and sufficient medical education. Since no other diploma or certificate is recognized as furnishing this evidence, consequently every person who holds one of these certificates holds in it the proof of a regular medical education, and hence the right to the exercise and honors of his profession. Since the Alabama boards are of known and acknowledged respectability, it follows that every licensed physician in the State, whose conduct conforms to that of a physician and gentleman, may not be excluded from fellowship—*i. e.*, membership. It were too strong a reflection upon the integrity of any Alabama board to assert that it would license candidates to practice upon the people of the State who, upon examination, found by their ignorance that they rejected the accumulated experience of the profession or the aid of anatomy, physiology, etc. Moreover, no Homeopathic claims to reject the accumulated experience of the profession. He only claims the right to reject such parts of it as agree with his opinion—a claim held by every thinking physician."

Dr. Park again said: "Unlike the New York State Medical Association, the State Association of Alabama, in order to take an advanced(?) and liberal stand on

ethics, did not antagonize the American Medical Association, but simply induced the Legislature of the State to pass laws that placed all licensed physicians on an equal plane, that make all legal practitioners regular, and hence it is enabled to permit its members, in due conformity with the national code, to meet physicians in good moral and professional standing, who, in other States, might be known as homeopaths, thus proving the truth of one expression heard by me several times, but not understood in its entirety, 'that the medical laws of Alabama are in advance of those of any other State in the Union.'

"And manifestly, the Alabama Association can not refuse fellowship to any licensed physician in good standing in the State, from the fact that it is the only *alma mater* that any Alabama physician can legally claim; and the Association can not so stultify itself as to declare that certain of its *alumni* are not competent, even on the day of their graduation, to be received into fellowship or met in consultation." "What would be thought of an army examining board that would recommend an applicant for appointment, and then in the face of this recommendation, take the position that the appointee was unfit for association with the other surgeons of the army? Than the army board, no more can the State Medical Association of Alabama—trusted guardian of their interests—declare to the people of the State that it licenses incompetent, unfit and unprincipled men to ply their nefarious trade among them."

Alabama is the pioneer State in medical organizations, and has encountered no obstacles it has not overcome, and it is hoped that present and future barriers may yield to its demands.

The Association is composed of that alchemy of human purpose and genius which has touched the crude elements of an imperfect organization and converted

them into progress and greatness.

Yet, in a hasty chase after the mendacious bubble, it has exhibited a degree of recklessness, if not of folly. An association which is stamped with such persistency of effort and human endeavor as to surpass all others in far-reaching results, should not have been guilty, in the face of its diametrically arranged constitution, of influencing legislation, which, from its very nature, must and has become a part of the provisions of said association, without first considering the ultimate result.

It has soiled its good name and placed a question of ethics in the festive dish that will be refused by the very guests sought to be palliated. Like the Sioux, who, after banqueting at the board of Colonel Pike, rose up and slew him; like a coal of fire, "if it does not burn it will smart."

Unqualifiedly this was not the intent of the change, but it furnishes the result.

If the profession is not prepared to realize that this is the significance of thus allying the regular with the irregular profession, time in silent oratory will prove the truth of my statement.

I congratulate the association on much of its work, and hope that in this last legislation it has not misused its influence and power.

The California State Homeopathic Board of Examiners issued certificates to forty-two homeopathic diploma holders last year. This shows a healthy growth for homeopathy on the coast, especially when compared to our growth in Texas.

That Dewey, M. D., of the California homeopath, knows how to appreciate an extra good thing will appear from a line recently received at this office reading as follows: "We did not receive a February number of the best journal in the United States. Please send us one. Dewey." We don't like to give our friends friends away—to the other journals—but are glad to know that Dr. Dewey's discriminative judgment is fully up to par.

Editor's Arm-Chair.

The Kansas Homeopaths.

THE Twentieth annual meeting of the Homeopathic Medical Society of the State of Kansas, will take place at Wichita, May 2 and 3, 1888. The following papers have been announced to date:

Address of Welcome by Dr. J. A. Kirkpatrick, Anthony, Kan.

Annual address of the President, Dr. P. Diederich, Kansas City, Kan.: Subject—"A Homeopathic Decalogue."

SANITARY SCIENCE, CLIMATOLOGY, HYGIENE AND STATISTICS.

G. H. T. Johnson, M.D., Chairman, Atchison, Kan.: Subject—"Sanitary Science and Longevity."

A. P. Forster, M. D., Fort Scott, Kan.: Subject—"Hygiene of the Sick Room."

Charles Steadman, M. D., Frankfort, Kan.; Subject—"Climatology of Kansas."

U. M. Griffin, M. D., Girard, Kan.: Subject—"Hygiene and Sanitation."

H. C. Barker, M.D., Kansas City, Mo.: Subject—"The Sanitation of Our Homes."

J. W. Jenny, Salina, Kan.: Subject—"Sanitary Science; Boards of Health as Factors in the Advancement of the Same."

J. J. Edic, M. D., Leavenworth, Kan.: Subject—"The Meteorological Observations in Kansas, the Relation They Bear to the Health of Our People, and What They Teach the Physician and Sanitarian."

Voluntary paper by Mrs. L. C. Diederich, Kansas City, Kansas: Subject—"Our Duty to the Future, or Why and How to Teach Physiology to Children."

MATERIA MEDICA.

E. R. McIntyre, M. D., Chairman, Topeka, Kansas: Subject—"How Shall We Become Better Prescribers?"

H. E. Potter, M. D., Clifton, Kansas: Subject—"Sanguinaria Nitrate."

Dr. Edgerton, Kansas City, Mo.: Subject—

SURGERY.

H. W. Roby, M. D., Chairman, Topeka, Kansas: Subject—"Ovariectomy." Club Foot.

R. G. Harrison, M. D., Cedarville, Ark.

OBSTETRICS AND GYNÆCOLOGY.

Sam. A. Newhall, M. D., Chairman, Newton, Kansas: Subject—"Progress, Inventions and

Discoveries in Obstetrics and Gynæcology During the Year Past."

G. H. Anderson, M. D., Seneca, Kansas: Subject—"Anæsthesia During Labor; When it Should be used, and When Not."

Moses T. Runnells, M. D., Kansas City, Mo.: Subject—"Uterine Displacements; Their Causes and Treatment."

J. Miller, Minneapolis, Kansas: Subject—"Hysteria, its Causes and Treatment."

H. E. Potter, M. D. Clifton Kansas: Subject—"Uterine Cauliflower."

CLINICAL MEDICINE AND THERAPEUTICS.

W. T. Branstrup, M. D., Chairman, Topeka, Kansas: Subject—"Chloroform in Obstetrics"

I. E. Potter, M. D., Clifton, Kansas: Subject—"Pharyngitis."

OPHTHALMOLOGY, OTOLOGY AND MICROSCOPY.

H. W. Westover, M. D., Chairman, St. Joseph, Mo.: Subject—Summary.

F. F. Cassidy, M., D., Kansas City, Kansas: Subject—"Diagnosis of Eye Diseases."

CHEMISTRY, PHARMACY AND PROVINGS.

H. F. Fisher, M. D., Topeka, Kansas: Subject—"The Potentization or Attenuation of Homeopathic Remedies in a Scientific Manner."

DISEASES OF CHILDREN.

F. M. Jackson, M. D. Chairman, Emporia, Kansas: Subject—Summary.

NERVOUS DISEASES.

J. F. Elliott, M. D., Chairman, Kansas City, Kansas: Subject—"Chorea."

Joshua Thorne, M. D., Kansas City, Mo.: Subject—"What is Reflex Action?"

Exposure of the Living Heart.

THE *Alla Californian* in a recent issue gives the following account of the exposure in a Canadian of the living heart, which will be read with interest by the readers of THE JOURNAL. We clip it from the *American Homeopathist*:

There is a singular case in the City and County Hospital which rivals in its strangeness that of the celebrated Alexis St. Martin, who, it will be remembered, had a hole torn in his side by the discharge from a gun, through which the interior of the stomach could be plainly seen and the process of digestion watched. By this means the digestibility of different foods was determined, and for many years St. Martin has been the *cause celebre* of medical science. The case before referred to, that of Edgar Jackson, also a Canadian, rivals St. Martin's. He is a native of New Brunswick, twenty-six years old,

and up to a year ago was working in the shingle mills of Humboldt County, this State.

Twelve months ago he was seized with an attack of pleurisy, which was treated with indifferent success in the country, and when he came into the County Hospital here his lungs were suffused with water and pus. By means of an aspirator his chest was tapped twenty-five times, and in all eight gallons of water were drawn off.

Still the effusion continued, and as pus was forming, the attending physician saw the necessity for prompt action, and determined to make a free opening in the side. An incision was made in the left side over six inches in length, severing the third, fourth, and fifth ribs, portions of each rib being taken off, so that the opening would not close. Through this the water and pus made their escape freely, and the patient's life was saved for the time.

It was found that the pressure of the water on the left lung had forced that organ into the upper part of the thoracic cavity, and it had solidified, leaving the heart and pericardium exposed to view. At present the patient is getting on nicely, and if no accident occurs will make a complete recovery, although he will have lost the use of his left lung. A reporter saw the wound dressed yesterday. Into the gaping hole in the side was pumped about a quart of soap and water, which bubbled and foamed under the pressure from the contraction and expansion of the right lung. Turning on his side, the water escaped from the patient, and there in full sight was the heart, every pulsation plainly perceptible, the systole and diastole, the contraction and expansion of the human engine, which has forever puzzled philosophers, and which will continue to do so, in full view. It is safe to say that never before have the inner workings of the human frame been so exposed to view with so little apparent inconvenience to the subject. He says he suffers no pain, and looks forward to a good recovery.

Homeopathy's Great Victory:

THE JOURNAL has recently made mention of the controversy which has been waging in England between representatives of Homeopathy and the old school for some weeks past, and it takes pleasure in reproducing entire the concluding editorial of the *London Times*, the Krupp gun of the English press. A perusal of the editorial will serve to show that the Allopaths have been routed, horse, foot and dragon,

and that a grand victory has been fought and won by our friends on the little isle. The *Times*, unprejudiced, unacquainted with Homeopathy, favorable in all matters to the Allopaths, has rendered a verdict which will go far toward securing for Homeopathy a firmer foothold than she has to this day enjoyed in England.

THE "TIMES" EDITORIAL.

"Lord Grimthorpe must be highly delighted with the results of the discussion he started in our columns. In the first place, it has been a very lively one; and he loves animation. In the second, it has excited an immense amount of public interest, which, we presume, is a gratifying circumstance. We have given what will be admitted to be a liberal allowance of space to the correspondence, but the letters we have been able to insert are a mere fraction of the number we have received from all sorts and conditions of men. In the third place, Lord Grimthorpe has the satisfaction of reflecting that he has been entirely successful in establishing his original contention. So wide is the field over which the discussion has traveled, that it is perhaps necessary to remind the public what the original contention was. It was simply that an *odium medicum* exists, exactly analogous to the *odium theologicum* of a less enlightened age, and no whit less capable of blinding men otherwise honest and kind hearted to the most elementary conceptions of candor and justice. That contention has been proved not so much by what Lord Grimthorpe has directly advanced, as by the revelations of temper and mental attitude made by those who took up the cudgels in behalf of the orthodox profession. There have been one or two verbal denials of the existence of this *odium*, always accompanied, however, by an expression of contempt which comes in practice to much the same thing. But the strength of Lord Grimthorpe's case lies in the fact that whole columns have been filled with contentions which have no point or meaning except to justify the hatred which is verbally denied. Homeopaths are fools if they believe and practice what they profess, and knaves if they do not; therefore we are justified, and indeed bound, by the lofty considerations which alone influence professional action, to hate and despise them in either case—is a fair and accurate summary of the attitude assumed by orthodox champions at the opening of the discussion, and maintained with unswerving consistency up to the present moment. But that is the precise attitude which Lord Grimthorpe intended to describe by the phrase *odium medi-*

cum, and, therefore, out of all the confused discursiveness of the controversy emerges the fact that he has amply justified his main and original statement.

"We do not know exactly what end our orthodox correspondents have proposed to themselves, consequently it might be unscientific upon our part to express any positive opinion upon their mode of conducting the controversy. If they wrote merely to relieve their feelings and comfort those who already agree with them, they probably have every reason to look complacently upon their own performances. But if they either desired to convince Homeopaths of the greatness of their delusion, or sought to enlist the sympathy and command the confidence of the lay public, we are quite sure they have made an egregious mistake. At an early stage of the controversy we tried to hint as much to our professional advisers and guides. We pointed out that it is a mistake to fling charges of knavery and folly, either alternatively or cumulatively, at men taught by the same teachers, trained at the same schools, and declared qualified practitioners of medicine by the same authorities as themselves. To call a man a fool who holds exactly the same diploma as the men who abuse him merely because he differs upon some medical subtlety which laymen are told they can not form an opinion about, has the effect of filling the lay mind with distrust of the very certificates upon the strength of which the doctors challenge our confidence. If one M. D. duly licensed by an orthodox faculty can be such a fool and as nearly a criminal lunatic as his bretheren can make him out, poor laymen can not but feel that there may be other wolves in sheep's clothing passed by the same authorities, and all the more to be dreaded because they carry no distinctive badge. When doctors are denounced as knaves whom laymen have known all their lives, and who, in all the ordinary relations of life, behave with quite average common sense and integrity, it becomes rather difficult to impose implicit confidence in some practitioner whom we only know by name, merely because he professes utter disbelief in the efficacy of decillionths. When our orthodox friends descend in their wrath to the practices of the tenth-rate politician, and pick up any bit of malicious gossip at second or third hand—the chatter of a discarded servant or the loose statements of an anonymous but necessarily interested druggist—it is hard for us ordinary laymen, who do not readily rise to the temperature, to feel very deeply convinced of the

sobriety and trustworthiness of their judgment. Our intelligence has, indeed been flattered at great length by the assumption that we are competent to pronounce infinitesimal doses absurd; but then other things have been mentioned which look quite as absurd to the lay mind, and which we have to accept as the infallible conclusions of science. No guide remains for us except common sense operating upon considerations such as we are familiar with in our ordinary affairs. Consequently a real injury has been inflicted upon us by those orthodox practitioners who have so conducted this controversy as to arouse in every unprejudiced lay mind the horrible doubts to which we have just referred.

"When we last wrote upon this subject it was already evident that the controversy covered a much wider field than that of Lord Grimthorpe's first letter. It had become a dispute between two systems or schools of medicine. Being only laymen, we are of course incompetent to hold a rational opinion upon such a subject; but it was open to us to endeavor to get the controversy conducted in accordance with the general rule that disputants ought to deal with the arguments of their opponents as stated by themselves, not with any loose travesty of these arguments that prejudice or ignorance may suggest. We accordingly took some pains to ascertain and set forth the Homeopathic position as stated by Homeopaths themselves, and we were afterwards encouraged to believe that we had done so with (for laymen) tolerable exactitude. It ought not to have been necessary, because every orthodox practitioner ought to know the best as well as the worst of Homeopathy, and every orthodox controversialist ought to be ready to state his opponent's position accurately and fairly. It was necessary, however, and we did it, but without the slightest effect. Orthodox writers went on through column after column, blazing away at what is non-essential, accidental and extrinsic, while the essential points upon which the whole argument turns were left untouched. What disquisitions we have had about decillionths, and how utterly irrelevant they are when Homeopaths maintain that dose is a mere affair of experience and that the essence of their system is a rule of drug selection based upon observation of the effects of drugs upon the healthy body! Their rule may be rotten and worthless, but we can never advance one step towards proof of that fact by losing ourselves in calculation connecting the space that a decilion of grains would occupy.

A correspondent tells us to-day that the cases in which like seems to cure like can be explained upon some other hypothesis, which he does not mention. But that is not the point. Homeopaths do not offer any explanation or hypothesis. What they say is that the rule leads them to the choice of the right drug for a given case, and if that is so it does not greatly matter, although what they call likes are really wide as the poles asunder. The same correspondent tells us that infinitesimal doses have no effect upon a man in health and therefore can have none in disease. Here he rather trenches upon the domain where even a layman can check him. When a layman has an inflamed eye he finds that it will not bear the ordinary daylight in which he rejoices when his eye is well. When his nervous system is out of gear he is driven nearly mad by noises which do not affect him in health. When he is recovering from an illness his stomach will not bear the solid food he finds necessary at other times. It follows that whatever is based upon our correspondent's dictum manifestly stands upon a quicksand. Another correspondent says to-day that if anybody likes to try the effect of one-millionth of a grain of calomel three times a day, he will find that it is unpleasantly potent even in health. The effects produced are the ordinary physiological effects of a dose of calomel, and the experiment may be tried by anybody in his own person. How much less than a millionth will do we can not say, nor do we know whether the millionth would be more active in disease. These are matters of fact, and we mention them only to show that we laymen have not had that assistance from our orthodox friends which we might fairly have expected."

Pot Pourri.

THE Texas State Medical Association will convene in Galveston in its Twentieth annual session on the twenty-fourth of this month.

Our old school friends have a strong State Society—strong numerically, and strong in ability of individual practitioners—and it is capable of splendid work, if it will get about it in earnest and cease trying to make trouble for the rest of us. We hope the Galveston meeting will be an unusually successful and harmonious one, and that the conservative or liberal wing will sit down upon any attempt to force another legislative war, which will only result in bringing the medical profession into unenviable no-

tority. Stick to Medicine and Surgery, gentlemen, and let legislation alone.

The Allopaths of Texas continue to organize into County and District Societies. All well enough if the purpose is honest and sincere, as we hope it is. It will be well, however, for our friends to keep a weather eye open for concerted movement looking to unfair legislation, for there is absolutely no telling what deviltry these county organizations may be put up to unwittingly by the few legislative cranks abroad in the land.

On dit, that the Allopathic physicians of San Antonio, in search of glory and fame, are about to organize and establish a medical college in that city of tamales and beer. What a superior medical education could be obtained there sure enough.

Dr. M. Salm, formerly a prominent old school oculist of this city, who was driven from Austin by a sensational expose of some of his supposed deviltries, and who brought suit for \$25,000 damages against the daily *Statesman* and Dr. Ghent, of Belton, because of the publication in that paper of foul charges made against him by the latter gentleman, has failed to come to time in court, and has had his case dismissed, thus causing everybody to believe him guilty of betraying an orphan girl in the house of Dr. Ghent while the recipient of the latter physician's hospitality. Hanging is too good for such a man. Dr. Salm is supposed to be practicing in New York city at the present time.

The Texas Supreme Court has just decided a case of great importance, not only to the physicians of Texas, but to the entire profession. Dr. J. B. Fearn, of Garrison, sued Nacogdoches county in a lower court for payment for expert service as a witness in a homicide case. The amount involved was small, but Dr. Fearn deemed the principle of so great importance that he submitted to the necessary legal expenses to test it. The lower court decided against Dr. Fearn, but the Supreme Court reversed its decision and directed the payment of his bill.

The thirty-ninth annual session of the American Medical Association will be held in Cincinnati, O., on Tuesday, Wednesday, Thursday and Friday, May 8, 9, 10 and 11, commencing on Tuesday at 11 a. m.

A colored woman has received the degree of the Paris Faculty of Medicine. Her husband is a blonde French physician.

Homeopathic News Notes.

THE Nebraska State Homeopathic Society will meet at Lincoln on the 8th, 9th and 10th of May. We hope our Nebraska brethren will have a good meeting. Were it a few days earlier in the month we would be on hand to enjoy it with you.

The *Bureau of Materia Medica* of the American Institute of Homeopathy chose for their work this year a study of the therapeutics of *Zincum Metallicum* and its salts in nervous diseases and in diseases of the uterus and its appendages. They also decided to make some provings and reprovings of these drugs, for the reason that while some of them are highly valued by homeopathic physicians, their combined symptomatology shows a large part of it to be derived from allopathic sources, cases of poisoning, etc., and not from reliable provings. To add to the interest of the discussions of this bureau, an appeal is made to each member of the institute to make a note of cases in which *zincum* or any of its salts were indicated, giving the administration of the remedy and its effects, and present it during the discussion at Niagara Falls in June next. Let us all have the benefit of your individual case books. Address your reports to the chairman of the bureau, Dr. A. R. Wright, Buffalo, N. Y.

If the fraternity in Chicago should happen to see a wild-eyed Texas long-horn gazing with gaping mouth and bulging optics at the shop window displays in their "city of the unsalted sea" the last of this month, they need not be frightened—"it is only us" on business connected with THE JOURNAL. We're not used to "the city," you know, and may act somewhat gawky at first, but if you don't try to "rope" us we'll soon tame down so that the most timid tenderfoot may come near without danger and view us to his heart's content. Handle us carefully at first; that's all.

The genial "phiz" of the only Phil Porter, of Detroit, graces the album of this editor, as does also that of Dr. Sherbino, these being our latest additions. Dr. Porter is editor of the reliable *Homeopathic Obstetrical Journal* and professor of Gynæcology in Pulte Medical College, Cincinnati, in both of which positions he is doing good work for homeopathy; while Dr. Sherbino is one of the close prescribing clinical writers whose contributions to this journal speak for themselves. The photographs of these gentlemen are appreciated in this office.

Dr. Cooper, of Kansas City, representing Luyties' Pharmacy, has been making a tour of the State recently, and gave us a pleasant call. He is a clever gentleman and a good salesman, and we would wish him much success did we not think it proper to urge the Southern physicians to aid in building up every homeopathic interest in the South, including our pharmacies at New Orleans and Lexington.

From a copy of the New York Tribune of March 28, kindly sent us by Dr. Slocum, of San Antonio, it appears that Chief Justice Waite fell a victim to the meddlesomeness of an allopathic "ethical" gentleman, who, calling as a friend in the interim between Dr. Winslow's visits, bathed his chest and throat with turpentine on two separate occasions, an outrage upon the attending physician, a lady homeopath, and as bad a thing as could be done for a case of pneumonia, although very scientifically done. And thus was a great man sacrificed.

The thanks of the editor of this journal are returned for an invitation to attend a reception to be given to the Missouri Institute of Homeopathy and its invited guests, on Wednesday evening, April 25, 1888, at 8 o'clock, at Hotel Brunswick, by the Kansas City Homeopathic Medical Society. Drs. Wm. D. Foster, H. A. Barber and S. E. Trott compose the committee of arrangements. We'll be there, gentlemen; so lay in an extra supply of edibles, etc., if you would reach our heart via our gastric viscus.

The editor of this journal will attend the meeting of the Missouri Institute of Homeopathy at Kansas City, April 24 to 26, and the Kansas State Association at Wichita, May 2 and 3, at both of which meetings it is hoped to add largely to its list of subscribers. He will also visit Chicago and possibly St. Louis, immediately after the Missouri Institute meeting, in the JOURNAL's interests. Look out for him. He has a canvasser's blood in his eye.

Note the recent additions to our advertising department, readers of the JOURNAL, and govern yourselves accordingly when making your purchases. Help those who help to sustain the official organ and only missionary publication of homeopathy in the South.

THE JOURNAL learns with regret of the ill health of W. W. Routh, M. D., of Fort Worth. He suffered an attack of pneumonia recently, from which he is recovering but slowly. We hope he will soon be restored to perfect health.

MAY, 1888.

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of
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Austin, Texas.

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M. D., Nashville.

Eye and Ear Department.

J. M. Foster, M. D., New Orleans; JAMES A. CAMPBELL, M. D., St. Louis.

The Southern Journal of Homeopathy.

NEW SERIES.
NUMBER 5.

Austin, Texas, May, 1888.

OLD SERIES.
NUMBER 57.

Editorial.

The Texas Homœopaths.

THE fifth annual meeting of Texas Homœopathic Medical Association is reported to have been exceedingly pleasant and harmonious, and profitable to those in attendance. It was not our pleasure to meet with the brethren this spring, owing to an important business trip to the Northern and Eastern cities, but we rejoice in the knowledge of the fact that the meeting was of a character to insure the success of the association, and that at least half of those in attendance were present for the first time.

From such reports as THE JOURNAL is able to give of the proceedings it will be seen that President Cohen's suggestions as to our legal status were timely and emphatic, and that the resolutions reported by a committee and unanimously adopted by the association

strike straight home for the rights of Homœopathy in Texas. The Lord helps those who help themselves, and now that the physicians of Northern Texas are working in the harness with those from other sections of the State, there can be no doubt of the ultimate success ere many years of our undertakings in defense of the medical system of Hahnemann.

The next annual meeting will be held at Fort Worth, in May, 1889. THE JOURNAL is glad to know that North Texas wants the next meeting, and it fondly entertains the hope that in a greater degree than ever the physicians of that energetic and growing portion of the State will capture and control the association. It belongs to us all, and we of Central and Southern Texas have had it long enough to yield gracefully to the claims of other sections. An exceedingly profitable meeting is looked for for next year.

A Successful Meeting.

IT was our pleasure to attend the Missouri Institute of Homeopathy convened in its twelfth annual session at Kansas City, last month, and to enjoy association with the physicians of that State in the most successful meeting ever held within its borders. Throughout the session, lasting three days, there was an average of fifty-five physicians present, while at one time we counted seventy-seven in the room. Missouri, Kansas, Colorado and Texas were represented in the meeting. Thirty-two new members were admitted to membership; a large number of interesting and practical papers were presented and freely discussed; the social features of the gathering were all that could be desired, and the entire assemblage pronounced the meeting one of the very best ever attended.

Missouri Homeopathy did herself great credit in this meeting, and a positive forward step was taken by her enthusiastic friends and workers. The interests of our school in State affairs were not forgotten, and the tocsin of war upon restrictive and exclusive distribution of State medical patronage was sounded in no uncertain tone. Our Missouri friends mean business from now on, and, with such a large, influential and enthusiastic State association as they

now possess there can be no doubt of the substantial progress of our every interest.

The Texas Medical College.

NOTWITHSTANDING the fact that the Legislature of this State, recently in convention in extra session, made an appropriation of \$50,000 for setting on foot the medical department of the University of Texas, the physicians of Galveston have decided not to wait longer on the slow going movements of the law makers, but have determined to strike out for themselves and reorganize the Texas Medical College.

It is another case of the farmer and the lark. When the people of Texas seven years ago decided by their votes at the ballot box to establish the medical branch of the University of Texas at Galveston, the trustees of the existing medical college, an institution of some merit and fairly good support, decided to suspend operations pending the organization by the State of its medical university and to throw whatever of strength they had to the support of the new institution. From year to year they have suffered disappointment. Even now, that the Legislature has finally come forward with a pitiful appropriation, it is found that the available resources of our State University are so much less than has been generally reported, that they

must move for themselves or await the development of those portions of our broad domain in which the University lands are situated, before their hopes can find realization.

They have moved, and the Texas Medical College is a living reality. As will be seen from the clipping from the *Galveston News*, appearing elsewhere, the institution is substantially equipped, comfortably housed in suitable buildings, well supplied with hospital advantages and clinical facilities and is now ready for work.

THE JOURNAL congratulates the Allopaths of Texas upon this important step. Ours is a large and growing State. Its medical force numbers above four thousand men, and hundreds of students are spending their time and money at medical colleges in other States when they can do just as well at home—certainly as well as at St. Louis, Nashville, Louisville, Atlanta and other cities we might name. Only New Orleans and New York, of the colleges principally patronized by Texas students, are likely to furnish facilities superior to the Galveston institution. Although in no wise interested in the affair, we are sure the old school profession of the Island City can do good work in the line marked out, and we wish the new faculty and college every possible success. Pitch high your standard and you can hardly fail,

Materia Medica.

Materia Medica Talk No. 7.

By A. L. Monroe, M. D., Louisville, Ky.

ANÆMIA AND CALCAREA PHOS.

THE anti-Pathologists of our school received a severe blow in the death of Dr. Ad. Lippe, and another is being silently dealt in the rapid growth in therapeutic favor of bio-chemistry.

Thus, take anæmia and try to treat it symptomatically, ignoring its pathology, and your failure will be fore-ordained unless, indeed, your remedy strikes at the cause of an anæmia that is consecutive, and even then you will not be apt to find such a remedy if your ignorance of pathology is passing dense. These things properly weighed, and we need not be surprised that in the twelve inorganic salts that compose the ashes of the human body are found the best remedies for anæmia, especially in its chronic forms, where the qualitative blood changes are the prime indications for therapeutic measures. There are few such forms of anæmia, for instance that either Calc. Phos., Ferrum Phos., and Natrum Mur., one, two, or all, cannot control. The first the corpuscle maker, the second the corpuscle colorer, and the third the great blood solvent; in more homely phrase, the carpenter, the painter and the carrier of material.

In the symptomatology of such forms of anæmia—be it known as chlorosis, leucocythæmia, olegæmia or what not—will be found the indications of most of our prostration remedies, and those suited to female disorders, as the Veratrums, China, Arsen., Pulsat, Sepia, Helonias, Senecio, Sulph., etc., and yet these drugs would oft bring but disappointment, unless they suited the case. China, it is true, has a great reputation after loss of fluids, but even here it seems to work much as a bridge, and the best authors

acknowledge its action as temporary. Alcohol might well divide honors with it here. I frankly confess some disappointment with it when well indicated in such conditions. Even in anæmia, looking for its prime cause in metorrhagia, bleeding piles, epistaxis, etc., the thinness and lack of clotting properties of the blood would seem to find its most rational remedy in such a salt as would correct this predisposition to hemorrhage, either to precede or alternate with the indicated remedy. My present plan of treating anæmia in its various forms is to begin the treatment with one of the three remedies alluded to, generally Calc. phos., and end with Ferrum phos., using at the same time as an alternative or intercurrents the Homœopathic remedy or remedies which the symptoms suggest or by their urgency require. This plan may not be entirely new—it was first suggested to me by the observation in the very excellent late work of Drs. Boericke and Dewey, that Calc. phos. supplied the material for the construction of new blood cells, and the Ferrum phos. that for coloring them. Calc. phos., like Ferrum phos., owes most of its present prominence to the work of Dr. Schussler. As late as 1876 Dr. Hughes speaks of it as an untried remedy of rather problematical value, and in Dr. Burt's edition of 1873 it is not mentioned. It is now being more and more recognized as our great defective nutrition remedy, suiting those systemic changes that make the greatest demand upon the nutritive forces at the critical times of life, dentition, puberty, climaxis and old age.

Indeed, it suits such diverse conditions and ages, that one gets to wondering, for instance, how it helps the babe at the time when there is an overplus of organic matter and too little lime phosphate in the tissues, and also helps the aged with reverse condition pertaining. Our only

explanation must seem to rest in the thought that in the former it is the tissue remedy, and in the latter the Homœopathic similimum, a thought that may assist us in fitting the proper potency to the two conditions.

As time goes on, I find myself gradually and unconsciously using the Calc. phos. where formerly I used the Calc. carb., and by a process of gradual transposition the phos. bottle goes to the pharmacist many times oftener than the carb. bottle, and the child gets the phos., whether the stomach saucer is turned up side down or down side down; and as for the fontanelles, I never did believe much in poking my fingers into a child's brain, and there are lots of other ways to see if the bones are getting their quota of nutrition. With the comparative certainty of results obtainable in the treatment of chlorosis with Calc. phos., followed by Ferrum phos. along with Homœopathic intercurrents, the physician can sometimes add to the eclat of his cure in the following manner: Explain, when beginning treatment, the condition of the blood, its effect on the tissues, etc.; then show the mother the pale, yellow translucency of the pinna of the ear. Let her understand that the first—the Calc. phos.—treatment will show little change, especially in the appearance of the ear. Shortly after beginning Ferrum phos., a slight reddish tinge will begin to appear against the light upon examination of the pinna. This will be plainly more decided each week, until the rich pink of properly nourished flesh and properly filled capillaries will finally supplant the sickly yellow of the chlorotic state. These changes can generally be predicted with a tolerable degree of certainty, and what to you is a very simple process will seem to the friends of the patient something truly wonderful, securing great good to your name, your fame, your pocketbook,

and your patient, for I know that anæmia of the medical pocketbook is not an unusual disease.

Cowperthwaite's *Materia Medica* gives us much corroborative evidence of the Homœopathicity of Calc. phos. to anæmia and defective nutrition. Under "Conditions" we have "girls at or near puberty (headache), during dentition, old people." Also the following symptoms pointing to chronic anæmia, which I have somewhat condensed:

Head—Aggravation; artificial light; ringing in ear.

Urinary—Large increase of urine, with sensation of weakness.

Uterus—Leucorrhœa like white of egg.

Respiratory Organs—Breathing short, difficult; contraction of chest worse getting up.

Generalities—Weariness from going up stairs; wants to sit down, hates to get up; children do not learn to walk.

Fever—Copious night sweats. •

Aggravations—These point more plainly than any other to the anæmia patient; they are, mornings; evenings; motion; cold; eating; change of weather; getting wet in the rain.

In short, from anything requiring the expenditure of much nerve force, or making any special demands upon the circulation. Anæmia patients are all worse immediately after eating, as the stomach makes such unequal demands upon the small stock of blood and nerve as to temporarily impoverish brain and heart, though they are better when digestion is well under way, and for obvious reasons. Such patients are also always worse from weather changes, as the feeble circulation is not able to promptly accommodate itself to the differences in external temperature. Especially is this true where the change is to cold, necessitating more rapid combustion where the supply of fuel is scant; or to wet, when a like demand is made to counteract more rapid

conduction of heat from the surface.

Little wonder, then, that the Calc. phos. patient's fibrous tissues stiffen up and ache in bad weather, for they are neither lubricated with oil, padded with fat or nourished with blood to a proper degree. To many of us who have sometimes found disappointment in *Rhus*. in these cases, our present remedy may give comfort; and let me suggest that such patients need oil or fat in some easily assimilable form in quantities, as lubricators, pads and for fuel, especially in the winter.

I suppose few of us at this time fail to understand the value of hydro-carbons in the treatment of neuralgia and rheumatism. The woman that has an attack of neuralgia in the head every time she runs across the yard bare-headed, is not the fat, rosy, oily woman with a full suite of hair, but the scrawny, thin style, with badly nourished and superficial trigeminous, dry, wrinkled skin; and as to hair, like old Uncle Edward, who had "no capillary element on the summit of his cranium, in the place where the capillary element ought to vegetate."

Toxical Effect of Gelsemium.*

By D. V. Vansyckel, M. D., Canton, Mo.

SOME time since I was called to visit two children that were sick in town. After being a few moments in the house, a lady called me to see a patient in the room above. I declined, he not being under my care. Said she, "You will surely not let the young man die. We have dispatched a messenger for his physician, though he has not yet had time to come," and insisted upon my immediate attention. The consternation being so great, I finally concluded to go to the young man, and see what was the matter. Found the following alarming conditions: Total unconsciousness;

*Read before the Missouri Institute of Homœopathy, at Kansas City, Mo., April 26, 1888.

breathing stertorous and very imperfect; countenance of a pale, livid color; lower jaw drooping; mouth wide open; eyelids partially closed and motionless; pupils wonderfully dilated; no pulse perceptible. I made inquiries, but could not learn what had been given him. The man was in convulsions, evidently from poisoning. I elevated him from his bed out upon the floor, and instead of massage I administered slapping, thinking he must be reacted in some manner, and that as quickly as possible. I feared each moment to see the jerking respiration cease and life become extinct. The cardiac movements were so depressed on account of insufficient respiration, die I thought he must. However, he reacted, and tossing him back on the bed and turning to the table, I found this prescription: "Gelsemium—20 minims, the dose to be given hourly, with an increase of five drops each hour." Immediately upon placing the young man in a horizontal posture, another convulsion, or paroxysm, took place, seemingly more severe than the first. I told the lady in attendance that there was no hope. She said, "For God's sake, Doctor, do all you can!" I called for brandy and morphia, at the same time elevated him from the bed and administered my former treatment, shaking and slapping, not being able to get him to swallow either the brandy or morphia. My former treatment brought him out of the second paroxysm. I again laid him upon the bed. No sooner in the horizontal position than the third convulsion took place. It lasted longer and was more severe than the two former. I again resorted to my former treatment, and succeeded in getting him to swallow a little brandy. Just then I looked out of the window and saw the attending physician approaching. Immediately I left the room, and met the regular at the foot of the stairs. I remarked to him: "The next time you leave Gelsemium to be

taken in that large dose, you had better leave its antidote." Upon entering the room, the ladies (for there were several there by this time) said, "You would have had a corpse had not Dr. Vansyckel been here." The Regular made light of their fears—said he had often given to his wife double the amount. I think the doctor that cannot distinguish between temperaments is not fit to practice medicine. The doctor's wife being bilious-lymphatic, and the case poisoned sanguine-nervous, the dose that would kill the one would hardly effect the other. The young man always insisted I saved his life, and the incident converted him to Homœopathy. The case left an indelible picture upon my mind that will never be effaced.

I understood afterwards that my treatment was followed by the attending physician. I ordered brandy and Ammonia carb., on account of the alarming prostration. Should another case similarly affected come under my care, would pursue the same course, with the addition of galvanism, an agent I think would be beneficial.

I understood recovery was not complete for several days, the principal complaint being of great prostration and muscular weakness, particularly of the elevators of the lower jaw and eyelids and the muscles of the arms. After the return of consciousness, intelligible speech was only possible when the jaws were supported. The tongue also was stiff, and the voice thick and guttural. The patient stated before he became unconscious objects appeared double; he then, by degrees, became totally blind, and thought, naturally enough, he was dying.

An American lady, Dr. Ellis, is physician to the Queen of Corea, with a salary of \$18,000 per annum.

Drs. W. E. and A. T. Hall, of Waco, announce the removal of their office and residence to 427 Washington street.

Surgery.

Antiseptic Surgery.*

By J. G. Gilchrist, M. D., Iowa City, Iowa.

THE term "Antiseptic" has a definite meaning, one that should prevent its misuse, and yet there is considerable uncertainty, it would seem, in the minds of some as to what is meant by *antiseptic surgery*. Some esteem it to be prevention of septic changes in the secretions of a wound; others, again, the destruction of living organisms that may find entrance from the air. Of late a new term has arisen, that has much to commend it, viz., *asepticism*, which represents a condition antagonistic to the common apprehension of antisepticism. By this is meant the preservation of the conditions of repair, the avoidance of putrefactive changes in a wound. The term is a happy one, in strict conformity with the canons of science, and the end an aim of all practitioners.

The meaning attached to words has very much to do with therapeutics. Thus the so-called antiseptics, whether they adopt one or the other of the definitions given above, treat their cases in accordance therewith. For instance, the first, esteeming the septic state to depend upon a putrefactive change in the secretions, seek to preserve the normal, physiological characters by treatment designed to minimize the disturbances in nutrition. The second, who dread the admission of putrefiable material formed without, attempt to exclude it by unusual precautions as to cleanliness, and to render such organic material aseptic by drugs or other agents that are supposed to arrest cell change. The third, who esteem the air to be full of microscopic organism, especially inimical to health, bend all their efforts to the destruction of these

bodies, both in the air and in the wound if any find entrance. It matters not which theory is adopted, any attempt to destroy germs, arrest tissue change, or diminish excretion or facilitate its evacuation by drainage, one or all must prejudice repair, and convert a physiological state into a pathological one. This has a sound of dogmatism, but let us see if it is not true.

The conditions of repair, in a surgical wound particularly, are first, the proper provisions of reparative material, both in quantity and quality. Deficient quantity gives imperfect repair; a minus in quality gives inadequate repair. The injured tissues, the blood and the lymphatics furnish the germinal elements out of which the new tissue is to be made; if this supply is obstructed, repair must cease. The cells are proliferated from the tissues, and we know that duplication goes on afterwards; those that fail to duplicate undergo fatty changes that fit them for the nutrition of the formative cells. This is matter about which there can be no question or dispute, and must be fixed in the mind as closely related to the natural history of the bacteria in this connection. The bacteria are unicellular; they propagate precisely as the germinal cells do. Suppose an agent is brought in contact with them that destroys their life; what is the biological effect? It arrests subdivision, it destroys the life of the cell and converts it into dead, putrefiable matter. But what effect does the same agent have on the germinal elements furnished by the tissues? Precisely the same. Now the result is plainly to be stated, and is capable of abundant demonstration: Repair ceases; the dead cells and the dead bacteria furnish a large amount of putrefiable material, which may be, under favorable conditions, the occasion of septic infection, the very thing the germicide treatment is intended to prevent!

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It is not only in this way that the welfare of the patient is jeopardized. The process of repair is a normal excretory one. When excretion is arrested absorption takes its place, so that a properly acting germicide will arrest proliferation of germinal elements, furnish abundance of putrefiable material, and add to the toxic matter to be taken up by the absorbents, if the wound is "hermetically closed," the germicide that has done all the mischief being killed and buried in the wound. Later it will be shown that if the wound is kept open, or drainage practiced, repair is likewise retarded. All surgical practitioners are familiar with the toxic effects of carbolic acid, iodoform and corrosive sublimate, so that the danger is not, by any manner of means, an imaginary one that the "antiseptic agent" may become an active, morbid factor.

Surely little argument is required to make good the statement that so-called *antiseptic* surgery would be more appropriately named *proseptic*. There are some associated questions, however, that must not be lost sight of; matters of practice that have grown up out of the antiseptic craze, such as drainage, disinfecting instruments and hands, and, above all, an utter misapprehension of the significance of bacteria. The limits of a paper of this character are too restricted to warrant any attempt at thoroughness of treatment of such a subject, but to men and women of the character of those for whom it is prepared, much can certainly be left for their own application.

Drainage was, until quite recently, considered the one great desideratum—now many of the foremost practitioners esteem it to be prejudicial to repair. It is well known after the reception of an injury there is a period of preparation before active repair commences, a period during which foreign material, organic and inorganic, is removed, by extrusion

or absorption, as the case may be. Until the wound is absolutely free from foreign matter, active repair is absent. Should the wound be a large one, repair may commence in one portion of it, while elimination is going on in another; the whole wound does not take on active repair until it is entirely free of foreign matter. A drainage tube is foreign matter to the same extent that a spicula of bone or a splinter of wood is, and it matters not what the tube is made of, rubber, glass, decolified bone, or what not. Repair is prolonged, excretion is increased, germinal elements are exposed to danger as long as the tube is permitted to remain. So to-day we find many first class men discarding drainage in toto. So "antisepticism" has taught us, through its own defeats, first, that the spray was not only useless but harmful; that secreting surfaces were capable of taking care of their own exudates, and that the drainage tube first increased the exudate and then delayed repair, so that with a tube complete primary union was impossible.

Disinfecting instruments and hands, as far as thorough ablution is concerned, is unquestionably a very important matter. To do this, or rather to *attempt* to do this, by any of the "antiseptic" agents, is first inoperative, as far as true disinfection goes, and second, prejudices the asepticism of the wound made by their use. The agent does not destroy and remove the septic matter, as fire would do—it simply kills it if living (bacteria), or arrest degenerative changes if already dead; thus the septic matter that may have been on the hands or instruments is either introduced into the wound as foreign material which will prejudice repair, or the degenerative changes may come on later, and septic infection become possible. More than this, the agent itself may enter the wound, arrest repair, set up toxic infection, or promote septic infection by furnishing decomposable ma-

terial in abundance. At least two of these dangers, toxic drug action and arrest of repair, may be rendered less possible by careful ablution with water, boiled if you are scrupulous.

Bacterial significance is something very different from what it promised to be a few months ago. Then it was supposed by very many that almost if not quite every form and variety of morbid action was due to a specific form of bacteria, the bacteria being the veritable *fons et origo morbi*. Then some began to surmise that perhaps the bacteria were simple carriers of contagion; were vehicles. Then others suspected that perhaps they were consequences, not causes; and finally, that they had no specific relation to the morbid action, were perhaps even elements of recovery, something in the nature of scavengers. The actual relationship that they have to morbid action, seems to be pretty well determined to-day, and is thus stated by Ziegler (Path. Anat., etc., p. 285): "There are some which find their appropriate soil in the perfectly healthy organism, and in it they grow and multiply. Others are unable to settle in a perfectly healthy body; they can only develop when the physico-chemical constitution of the tissues is morbidly altered so as to correspond with their requirements." In other words, the morbid state attracts the bacteria, and is not caused thereby. In all probability, judging from the results of experiments going on all over the world, there are fewer varieties of bacteria than was formerly supposed; what were taken for different species are probably different stages of development, of the same organism, under different conditions.

Such is a fair *resume*, in very condensed form, of the results of the so-called "antiseptic" practice, leaving us with some knowledge of true asepticism, which, after all, seems to be attainable only by Homœopaths. With Hypericum

for pain; Arsen., or Lach., or Arnic., for septic invasion; Bell., or Rhus., for erysipelas; Hepar sulph., Iodine, Merc., Sil., for abnormalities in repair; Calc., Sulph., and other remedies, for constitutional dyscrasia; Acon., for traumatic fever, and Bellad., and other remedies, for shock, with cleanliness of instruments and hands, and an intelligent conception of physiological, the Homœopathic surgeon should be enabled to reach results unattainable by one not so happily situated therapeutically. This is not theory; the results of an exclusively surgical practice, embracing in public clinics and private practice nearly the whole range of operature, the writer has a mortality record of three cases in four years. This is not due to surgical skill, for his is not to be compared with many in other schools of practice; it is due to Homœopathy consistently and conscientiously practiced.

Surgeons and Hospitals of London.*

By Wm. D. Foster, M. D., Kansas City.

THE student in medicine and surgery can choose, from the many in London, those teachers and hospitals most suited to his tastes—different ones for each day in the year. Connected with the larger and more renowned hospitals are teaching faculties. These institutions are very numerous, and either a hospital or an infirmary may be found in almost every quarter of that immense city. It is authoritatively stated that, including charitable and other institutions for the relief and care of the sick and wounded, there are above *one thousand* within the corporate limits of that town.

What is true of the older British surgeons, to-wit: Brodie, the Hunters, the Listons, Ferguson, Abernathy, the Bells,

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Simpson and the luminous host of men known to history—that they were first brought to public notice through connection with one or more of the great hospitals, either of the metropolis, of Edinburgh, or of Dublin, is generally true of the renowned surgeons of the Three Kingdoms of to-day. The name of Allingham is intimately associated with St. Marks, City Road; in the hospital he has distinguished himself as a teacher and as an operator; that of Bantock with the Woman's Hospital; Barwell with Charing Cross—and so on.

The student can therefore usefully occupy his time at the places his tastes, inclination or fancy may dictate.

No introduction is required. On arrival at the hospital the visitor first encounters the porter. Mark Twain has left to this age and to posterity a most graphic description of this functionary, found everywhere in European countries—hence I will not attempt to enumerate his manifold virtues. The porter will present one's card to the surgeon who is on duty and usher the visitor into the operating room—whether the amphitheater or one of the hospital wards. From this same attendant the operations for the day can be learned; or, quite commonly, the operations to be made, and the names of the surgeons on duty, can be found bulletined in the hall, especially in all the great surgical hospitals. He will, on request, send to the London address of visitors, by post, timely notice of important operations for the following day.

If fortunate enough to find the surgeon unoccupied, he is cordial, chatty, interesting, will secure a good place of observation, and bestow such attention as circumstances will permit. After two or three visits, however, we were allowed to look out for ourselves, other strangers claiming the attentions shown us previously. In these hospitals physicians

are met from every quarter of the globe—the spectacled German, the mercurial Frenchman, the Hindu, the Ethiopian, the Scotsman, the Irishman, as well as Americans in numbers superior to all other nationalities combined.

With a single exception, all the hospitals visited are surgical. These were: Guy's, King's College, University, St. Mark's, The Woman's, St. Peter's (or the Lock), Brompton Cancer, and the Children's, in Great Ormond Street. They are amongst the greatest in the world. Order reigns everywhere; the equipment is complete; cleanliness is the rule and the practice.

In studying the London methods the American surgeon can not escape noticing many peculiarities. Among them may be noted:

First: The London man—and so also the London surgeon—is never in a hurry. He is deliberate and methodical; emergencies do not accelerate his movements; he quietly encounters the unforeseen, deals efficiently with complications and proceeds on the even tenor of his pre-arranged course. He is cool, and apt to be tedious; lacks the dash of the American and of the Parisian; he is an anatomist, and he is scholarly; is what Bacon describes as "a full man." The technique of the amphitheater he has at his finger ends. He talks but little, if at all. What he says consists of a dry and meagre recital of the history of the case, or a brief statement of what is proposed—and this before the operation is begun—then he proceeds in silence with his work. Observation must, therefore, supply the lack of oral instruction as the operation proceeds; he is full of resources, surprised nor affected at anything. Ready assistants with adequate armament promptly respond to his calls. Does the patient behave badly under anaesthesia? amyl nitrate or ammonia is at once substituted; does the patient show signs of exhaustion?

stimulants, per rectum, are administered, the operator proceeding steadily on his way.

Of all the operations witnessed daily during a period of several weeks, including nearly every major operation now practiced, but one instance now occurs to memory wherein criticism can be justly made. This was a castration made at St. Peter's. The operation was undertaken on account of a malignant disease of the testis. After exposure, an attendant grasped the vessels and attempted to hold them with his bloody fingers. The vessels were no sooner divided than the slippery mass promptly escaped his clutch, retreated into the inguinal canal out of reach, giving rise to a startling hemorrhage. This accident rendered it necessary to cut down on the vessels where they could be caught with forceps and ligated. From this circumstance I conclude that a Spencer Wells pressure forceps is a better instrument to hold the arteries of the spermatic cord than the unaided fingers—even of a London surgeon.

Second: The London surgeon, like the rest of Her Majesty's subjects, is plucky, heroic. He will tackle anything, however unpromising the monster, wherein he can display his skill. He does not apparently calculate what the result to the patient may be. The dressings are applied by the surgeon himself before the patient is removed from the table. In Paris, on the contrary, the great Pean, at the Hospital Saint Louis, makes the operation, secures bleeding vessels with his pressure forceps; the patient is then removed, the dressing to be applied elsewhere. This is the custom in Paris, as far as I observed. It is worthy of note that this distinguished surgeon operates in full dress, minus hat and gloves.

At St. Peter's, where the largest clinics in London are held, free local use

is made of Cocaine. It is highly esteemed in cases of urethritis, cystitis, prostatitis, in renal calculi. A few drops of a two per cent solution are injected into the urethra with a drop glass. At this hospital urethral strictures are treated exclusively by the cutting operation. Maissonneuve's urethratome is the favorite instrument. Objection is made to Otis' instrument by the surgeons there for the reason that it cuts as it is withdrawn, whereas Maissonneuve's cuts both ways, and for the further reason that Otis' urethratome cuts too deep, rendering liable dangerous hemorrhage. At 5 o'clock the surgeons at the Lock Hospital suspend their labors and drink tea.

We saw one of the Fenwicks at Brompton Cancer Hospital make an operation in the case of a diseased kidney, the subject being a woman. The kidney was exposed by a flap in the loin, the organ split open in its long diameter, an enormous quantity of pus evacuated and the cavity explored for suspected stone in the ureter. In cancer of the breast the operators attempt to preserve enough tissue to bring the flaps together and close the wound. In one case, involving an enormous mammary gland, and the chain of lymphatics up into the axilla, the dissection uncovered the axillary artery, yet the wound was closed, with drainage.

In ovariectomies at the Woman's Hospital the stump is cut short and dropped into the abdomen. Drainage in exceptional cases.

Antiseptic precautions more or less complete are everywhere observed. The spray is seen less frequently in London than in Paris.

The Children's Hospital in Great Ormond street can be visited with profit every day. More sick babies are brought here for treatment than to any other one place on earth. They appear to belong to every condition of life. Richly clothed children in elegant carriages accompanied

by mothers from the higher walks of life are jostled by the poor from the dark lanes of that populous city. Here can be studied every disease incident to childhood. The treatment being conducted on the old school plan, is routine and not very instructive to the Homœopath. Crying and struggling babies are quieted by tickling the ear with a bit of paper rolled into a tent. The result is magical.

Finally the London surgeon who achieves renown as an operator, teacher or writer will have served a long and arduous apprenticeship, and will have earned all his laurels by hard labor. He is the product of the hospital and his own genius.

Sabina in Deficiency of Milk.*

By E. M. Hale, M. D., Chicago.

A WOMAN nursing an infant five months old applied to me for a prescription to restore the menses. She had menstruated regularly since the birth of the child, but had missed the last period. She complained that her milk was very scanty and not sufficient for the child. Her breasts were very flabby and evidently but little milk was secreted. She claimed to have caught cold, but I thought she might be pregnant. She had no symptoms, however, to indicate pregnancy. Not desiring to give any medicine that would cause miscarriage, but to satisfy her desire for a prescription, I gave her *Sabina* 1st. dilution, ten grains every three hours. A few days afterwards she reported "no menses," but said that after taking a few doses of the medicine her breasts became swollen and an unusual flow of milk set in, which continued to date. I ordered her to suspend the drug a few days and report. A week after she reported that the flow of milk was not diminished. I did not see her until the

time for her sixth period, when she reported "no menses," but a suspension of milk. Again ordered *Sabina* 1x, as before. Under its influence the breasts again enlarged and milk appeared in abundance. This experience verifies symptom 304, observed by *Von Pleyel* ("Perceptible swelling of the breasts," *Allen's Encyc. Mat. Med.*), and may prove a valuable clinical observation. I cannot say whether the woman is pregnant or not, but in either case it does not lessen the value of this experience.

The Causation of Diphtheria.*

By F. F. Casseday, M. D., Kansas City, Mo.

THE term Diphtheritis was first suggested by Bretonneau. He observed that the disease was different from other maladies of a similar character by the formation of false skin and membrane and he accordingly made the word diphtherite, from the Greek diphthera, a skin or parchment, and ite, from ites, hasty, impetuous, a well known termination used in medicine to indicate inflammation.

Diphtherie was suggested by Trousseau in order to get rid of the etiological doctrine of inflammation which the affix indicated, and the Registrar General of England adopted the term Diphtheria.

Diphtheria is a specific disease occurring epidemically, endemically and solitarily. It is characterized by more or less inflammation of the mucous membrane of the pharynx, larynx and air passages, and by the formation on these parts of a layer or layers of lymph or false membrane, generally showing signs of bacteroid mycosis. The disease is generally of the adynamic character; it is often associated with the disturbance of the renal function, Albuminuria, and has fre-

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quently been followed by lesions of innervation. The larger proportion of fatal causes terminate by gradual Aphnoea, and a certain number die from Asthenia, blood poisoning and heart clot. It is a communicable disease. The principal predisposing cause of the disease is extreme youth, but the existence of catarrh, especially when it affects the system, or any hereditary taint, may often exercise a bad influence. The exciting cause is a specific poison, though its natural history has not yet been explained. Oertel, Hueter and Letzerich have advanced the idea that the cause of the disease is a minute fungus. While the disease often arises in connection with bad drainage, filthy surroundings and impure water, and while it is impossible to ascertain the exact cause of any given case or epidemic, yet scientific men are still opposed to the doctrine of the spontaneous origin of specific diseases. Some cases appear to enter the system by the use of drinking water, when, as a matter of fact, the water has been poisoned by persons previously suffering from the disease. The disease exists in almost every country, but it is most common in temperate climates. It flourishes under ordinary atmospheric conditions, but it is probable that dampness favors its development. Dr. Thursfield, an English health inspector, found that in certain isolated hamlets and houses when in recent years he had been sent to investigate the cause of diphtheria, that at intervals of 5, 10, 15, 20, 25 and 30 and even more years, there had been previous outbreaks of fatal sore throat. It seems from this and from other observations that the germs of diphtheria may remain dormant outside of the body for a considerable time and may be developed under some peculiar atmospheric condition or when the patient's system is in the most favorable condition to receive it. An instance is recorded by Dr. Wm. Squire (Reynold's System of Medicine,

Vol. I, Page 379) in which the virus remained latent 11 months and then led to the development of the disease when the person occupied the room in which a case of diphtheria had previously occurred. Mackenzie states that he has known the poison to remain dormant for four, seven or fifteen months and in one instance for three years and then again became active. The disease has generally been prevalent in towns where there is a great rainfall, in towns located in valleys, and in places where there is not sufficient fall to get good drainage. It is essentially a disease of early life. In this respect it is said to differ from genuine fibrinous bronchitis, which by some is held to be a very different disease and said to occur but rarely in children. This statement is hardly correct, however. Cases of fibrinous bronchitis have been known to occur in children under three years of age.

Diphtheria does not occur very frequently in adult life, while its occurrence in old age is very rare. In Vienna, in sixty-eight of five hundred and one deaths, only one had reached the age of sixty-two years, and in over three hundred cases only two were over thirteen.

Jacobi states that he is unable to say that sex exerts any predisposing influence over diphtheria; yet of six hundred cases of laryngeal diphtheria in which he had practiced tracheotomy, or observed the progress of the disease in the practice of others, he found the majority in males and the recoveries in inverse proportion of the numbers thereof, the mortality being greater in boys.

After an age of ten months there is a greater tendency and predisposition to diphtheria in children than in adults.

Tigri reports the disease in a child fourteen days old, while Brétonneau reports one at the age of fifteen days, while Bednar, Bouchut, Weikert and Parrot mention several cases varying in age from seven to twenty days.

There seems to be very good reasons for this predisposition to diphtheria during childhood. The mucous membrane in the mouth and pharynx of the child is more succulent and frequently the seat of inflammatory action. The nasal cavities are small and the buccal cavity often the seat of stomatitis. Inflammatory, or in fact any abnormal condition of the mucous membrane, except atrophy, predisposes to diphtheria. Again, the larynx is small and the protuberant condition of the tonsils afford a resting place for disease. Again the size and number of lymphatics has a great influence. The slightly acid condition of the mouth, beginning with the third month, acts as a hindrance, in some cases, to the occurrence of the disease after that time.

There are families which seem to have a predisposition to certain diseases as well as individuals; and while these families may be exposed to ample sources of infection, they very rarely contract the disease. Again there are families in which a large portion of the individual members are affected with some form of atrophy or enlarged tonsils or both. But these conditions do not apparently increase the predisposition of the disease.

As regards climate and temperature, authorities differ. Sudden changes in temperature are dangerous in persons predisposed to the disease; but on the other hand some of the most severe epidemics that we have observed in this country have depended on neither climate nor temperature, and have existed under the most diverse conditions of both. As a rule, however, the disease is more prevalent during the cold season than during the warm seasons, though it is very frequent in warm seasons.

Again the disease appears to increase in severity as we go into the higher latitudes and decrease in severity as we reach the lower latitudes; but this statement is to be modified so as to exclude

swamp ground or low-lying ground in a neighborhood where the inhabitants would be exposed to exhalations from marshy ground.

Some cases of the disease, originating in the latitude of northern Michigan, have apparently been benefitted by removal to the latitude of Georgia. But the many modifying conditions which are liable to affect cases of this character, independent of the location, makes the bare statement unsatisfactory and unreliable in the absence of the full history of the cases. The fact, however, remains that many physicians insist that cases have been benefitted in the manner stated—by removal.

Cases of diphtheria, which cannot be traced to exhalations from sewers, are quite frequent. In view of the fact, however, that dysentery and typhoid fever are frequently attributed to the same cause, it would hardly be safe to specify this as a specific cause of diphtheria, except insofar as it lowered the vital power and predisposed to the onset of disease of any kind.

The Massachusetts Board of Health after a careful investigation into this subject, report the matter as being in doubt. Barley refers (*Med. Jour. and Obst. Rev.* Feb. 1st, 1882), in the epidemic of Bromley, the first cases to unventilated sewers and cess pools. Thursfield, in the *Sanitary Record* (p. 158, 1877), claims that the diphtheria at Ellesmere was due to the accumulation of excrements under the school room, and the deficient supply of water, which was moreover of bad quality.

Railston, Bayley, Russell, Bell and Tripe in the *Sanitary Record* (Aug. 10, 1887) claim that sewer gas is an active cause of the disease, and others in the same journal (April 18 and May 2, 1879), claim that bad drainage and polluted waters, are frequent causes of diphtheria.

As regards polluted waters, it is an open question; water may contain inor-

ganic and organic matter, minerals, wood and plants and various fungi, which would make water rather disagreeable, but not exactly unhealthy; for the only places where bacteria, which are derived from these substances could lodge or take root, would be in diseased portions, either in the oral cavity or in the upper portion of the œsophagus.

Milk, too, has been accused of producing diphtheria. Dowrus, in an article on diphtheria in the *British Medical Journal* (Feb. 1, 1879), believes that the milk which gave rise to diphtheria, at a distance may have been soiled and infected. The connection between milk and scarlet fever and typhoid has been known for years. but no observation has been made in regard to diphtheria. It has been noted as a fact, both in this country and in England, that the young in large cities, who drink large quantities of milk, are less liable to have the disease, than the children of the poor classes, who obtain less milk. Bollinger states that in his opinion it is very doubtful that milk transmits diphtheria. He claims that the possibility of contracting diphtheria directly from animals is very much greater than from water or milk. Trasbut inoculated a healthy hen from a diphtheretic one, but in attempting to produce transmission to dogs, pigs and man, he was unsuccessful.

The *Medical and Surgical Journal* reports a peculiar incident in this connection. There were five children in one house, ill with diphtheria. Three kittens which had been playing with them from time to time, took the disease and died. An examination showed diphtheretic membranes in their throats.

It is possible to produce diphtheria by external influences. Bretonneau introduced tincture of cantharides and olive oil into the trachea and succeeded in producing the "dense, elastic, reed-like membranous concretion."

In regard to the comparative danger

from diphtheria in city and country, it is difficult to speak, on account of the many modifying influences which may contribute for and against the development of the disease. A well-ventilated city home, with good plumbing and sanitary surroundings of the best character, is, in my opinion, far preferable to a country home with indifferent, or even ordinary sanitation. I am convinced that some of the worst cases of diphtheria that we meet with occur in the country; but if we will look closely into the surroundings of these country homes, we will find that lack of personal cleanliness, impure drinking water, contamination by barn-yard drainage, air and water are palpable causes of the disease. That the disease is contagious in other ways than by direct contact of false membrane with some portion of the mucous tract, certain cases seem to prove; but on the other hand it may be true that a careful investigation of the surroundings of these cases might reveal active causes of the disease.

Puerperal Mastitis.*

By H. A. Barber, M. D., Kansas City, Mo.

PROMINENT among the ills that beset the lying-in woman should be mentioned inflammation of the mammary glands. Not that, like some of the rest, it is often directly fatal, yet from several considerations it deserves our careful attention. It ranks among the very painful, acute maladies.

Remotely, very grave consequences not infrequently result—such as the undermining and impairment of the general health, from long continued suppuration, destruction of considerable portion of the gland, with resulting deformity, and, in rare cases, the sloughing tissues may become gangrenous, and the patient die from septicæmia.

If, now, we consider, the large mortal-

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ity among bottle-fed infants, and that these infants are bottle-fed largely because they are deprived of their natural sustenance by puerperal mastitis, we will see that this disease is indirectly chargeable with a very large mortality, and that few of the puerperal diseases make a more urgent demand for our consideration.

To get the best understanding of the different forms of mammary inflammation, it will be well to recall briefly something of the anatomy of the parts concerned. The gland, itself varying greatly in size, is made up of a considerable number of lobules, separated from each other by layers of connective tissue. From these lobules arise small divisions of the lactiferous ducts; these ducts, uniting, form larger ducts, which terminate in a single canal corresponding with one of the chief subdivisions of the gland. Between the glandular substance and the skin, and extending from the margin of the areola to the base of the gland, is a layer of cellulo-adipose tissue, varying in thickness according to the general fleshy or lean habit of the individual; to this substance the breast owes its evenly rounded form, and, to a considerable extent, its size; under the areola there is no cellulo-adipose tissue, but it rests upon the proper glandular substance, with the intervention of a few strands of muscular fiber, and over its surface may be seen numerous sebaceous glands of large size. Finally, under the gland, and separating it from the chest wall, is another layer of cellular tissue. Any of these different structures may be the seat of inflammation and abscess; and we thus have inflammation of the mammary gland itself (glandular mastitis); inflammation of the cellular connective tissue lying underneath the gland, between it and the pectoralis major muscle (sub-glandular mastitis, or, properly, sub-mammary cellulitis). Or the seat of inflammation may

be in the cellulo-adipose tissue, between the gland and the skin, or the sebaceous glands in the areola may be the starting point of a circumscribed inflammation forming small abscess or boils.

Authors assign mammary inflammation to a certain list of causes with much uniformity, but differ widely as to the relative importance of these causes. Women of the so-called strumous diathesis or otherwise delicate are much more liable to it than those in sound health.

Deformity or lack of development of the nipple may render it impossible for the child to nurse effectively, and inflammation may result from retention of milk. A certain amount of irritation or congestion of the mammæ occurs normally with the first appearance of milk, and this may be so excessive and long continued as to result in abnormal changes.

Cold is always mentioned as a common cause of mastitis. The breasts, previous to pregnancy and confinement, are rarely exposed to the air (or at least such exposure ought to be rare), but when the nursing period begins this is quite different; every two hours, or oftener, the clothing must be removed to nurse the child; usually the breasts and their coverings are wet with milk, and, to be in this condition frequently exposed, damaging effects from cold would seem probable. Failure to nurse the child at proper intervals, if habitual, may produce such abnormal changes in the gland as to lead to abscess.

Mechanical injury is chargeable with not a few cases of mastitis, as the following cases will illustrate:

Last summer a patient of mine, while passing around her house, was struck by a stream of water from a hose; pain ensued at once, followed by the usual phenomena of mammary inflammation, and I lanced the breast in two weeks after the accident.

Another patient fell to the ground, face

foremost, and so bruised the breast that inflammation and abscess resulted. Still another that I recall was kicked in the breast, while in bed, by an older child, and suffered abscess in consequence. Each of these cases occurred at a period about one month after confinement.

Strong emotional excitement is sufficient to cause mastitis, as the following cases will show:

Some years ago I had the honor to attend in confinement the wife of a showman who herself played a part with a rather free and easy band of traveling artists. Nothing occurred in her case that could possibly lead to mammary difficulty until the third week, when some circumstance came to her knowledge that led her to suspect her husband of paying undue attention to one of the other girls; in the midst of an angry altercation which followed she took a chill, followed by high fever, pain in the breast, inflammation and abscess, in due course.

Two years ago, during one of our cyclones, a puerperal patient of mine became greatly alarmed concerning the fate of her children, who were in one of the ward school houses; at the height of her agitation a chill occurred, followed by the other phenomena of mammary inflammation, ending in abscess.

I am particular in noticing these cases, because some high authorities seem to question the probability of emotional influences ever causing mammary inflammation. Sore nipples, in my observation, is the most frequent cause of that form of mastitis which results in abscess. This result is reached in one or two ways; the sore nipple may prevent the effectual exhaustion of the breast, to such an extent as to produce morbid changes; or the disease of the nipple may propagate itself along the lymphatic vessels to the gland, and thus set up an inflammatory process.

The symptoms of puerperal mastitis

differ somewhat, according to the character and seat of the inflammation. The inflammation that begins in the sebaceous glands of the areola or in the connective tissue between the mammary gland and the skin may proceed to abscess formation with no more systemic disturbance than would attend the formation of an ordinary phlegmon in any other part of the body. Proper glandular mastitis, however, and sub-mammary cellulitis are ushered in and attended by a train of noticeable symptoms, such as marked chill, severe pain in the breast, high fever, arrest of secretion, anorexia, etc.

Locally, besides the pain, we have swelling, hardness, heat, slight redness, circumscribed hard lumps. Many or all of these symptoms frequently occur within a week after confinement, and, under judicious management, nearly always disappear without serious consequence. The congestion, swelling and pain that attend the first outset of the milk are not mastitis: neither is the hard lump that comes from obstruction of some of the milk ducts; nor the caked breast, with its fever and pain that occurs periodically with the regularity of an ague; these get well themselves, or are quite amenable to treatment. But the mastitis that baffles our skill begins at a later period, after the second week—usually after the third week—and the tendency to result in abscess is exceedingly strong. When this occurs the local and general symptoms will be found to increase; there is constant throbbing pain, increased tenderness and swelling, decided redness and heat of skin over inflamed part, which appears glazed, shining and œdematous; further on, the hard lump becomes soft, and fluctuation may be felt—indistinct, however, if the abscess is deep. The fever is continuous, but liable to exacerbations following slight rigors occurring several times a day. If left alone, the pus eventually finds its way to the surface and is

discharged, greatly relieving the pain and tension. Recovery will now follow, or a subsequent renewal of the attack occurs from extension of the disease to other lobules of the gland.

In case of sub-glandular cellulitis some of these symptoms are considerably modified. There is not so much one special point of tenderness, but the whole breast is swollen and tender, and every motion of the arm causes extreme pain, owing to movement of the chest muscles under the gland, which seem lifted from the chest by the accumulation of pus beneath.

The pus may accumulate in large quantities before reaching the surface, and lead to grave systemic disturbances and numerous fistulous and sloughing ulcerations.

Mammary abscess usually affects one breast only, and the secreting function is lost in the lobules involved; so, arrest of secretion will be in proportion to the extent of the disease.

In the treatment of mammary inflammation, the old adage, "An ounce of prevention is worth a pound of cure," finds a very clear illustration; as I am convinced that when inflammation of the gland is really established, it will be found exceedingly hard to interrupt its course. I will remark again here, that the disturbances in the breast that occur within the first few days after confinement, though they may appear alarming, almost invariably pass off without serious results, and the many cures of inflamed breast have gained their reputation in the management of this class of scarcely abnormal conditions. Let us look back at the treatment, preventative and curative.

To prevent the disease we must prevent or in some manner antagonize the causes that lead to it. In accepting the care of a pregnant case, it is not improper for the medical man to ascertain the condition of the breasts, and to put his patient under such management as will best guard her

against disease of the nipples and other conditions likely to cause mammary disease at her confinement. A physician who has had large experience with the Indians told me that a gathered breast was one of the misfortunes that savage women rarely, if ever, meet with. Some Indian women have flat and deformed heads from having their skulls placed in clamps during the growing period, and, from a similar treatment of the pedal extremities the Chinese women have only the rudiments of feet; but it remained for Christian white women to so encase their daughters' breasts in unyielding stays or corsets, that many of them come to motherhood without any nipples.

At the risk of hearing the cry of "chest-nuts," then, I wish to urge the importance of this matter of dress as an important means of preventing mammary disease in the puerperal state. After confinement, attention to apparently trivial matters, with the view of prevention, may do our patient more good than the most scientific treatment possible after the disease is once established. The breasts should be kept covered with flannel cloths, frequently changed, and as little of the organ as possible exposed in the act of nursing. Excessive congestion and distention that is apt to occur with the first appearance of milk may be modified by a restricted diet and the withholding of fluids. In a measure obstruction of the milk flow may be further overcome by instructing the nurse with her oiled hands to rub the breast from base to nipple, and with gentle pressure remove a portion of the milk. This is better than the pump, though in some cases that may be used too. If there is fever, give Aconite. If the breast is caked, hard and painful, give *Phytolacca*. A suitable bandage should be used to support the organ.

Recognizing the possibility of emotional excitement causing this disease, we should have our patient guarded

against such influences as far as possible.

But, after all this, suppose after the third week or later, mammary inflammation actually sets in. The patient has the chill, the fever, the swollen, caked and painful breast—what can we do to prevent suppuration. Aconite is indicated in fever and acute inflammations; it will be right to give it; *Phytolacca* has the endorsement of high authority in this case, so we will add it; *Bryonia*, some noted man says, is all he has found necessary; give it, too; and then the patient, nurse and all the neighbor women will expect you to make some local application. Brown paper, saturated with hot lard, is much used. Cheesecloth, soaked with mutton tallow and beeswax, makes an application that meets the approval of the old ladies. Pursue this treatment faithfully, and when the abscess is mature, lance it with a good wide incision radiating from the nipple. I wish I could offer some plan of treatment that is uniformly more successful than the old one above detailed. A better (though by no means always successful one) may be this:

As soon as inflammation is certainly established, suckling from the affected breast should be suspended, and all manipulations of the organ forbidden. Aconite and *Phytolacca* may be given, I believe, with advantage, but firm and even pressure should be made over the entire breast by means of adhesive straps, applied so as to extend on to the chest walls and overlap each other, until the organ is completely encased and firmly compressed. A bandage has been devised and used for this purpose with reputed success, but I can't speak of it from experience.

An active colleague in this city uses a roller for the same purpose, and I should think it could be made to produce the same effects. But a certain proportion of cases with this, or any other treatment,

will go on to suppuration, and it remains to consider the treatment of abscess.

As soon as appearances indicate that pus is near the surface, the breast should be cleansed with an aseptic wash, lanced and the pus removed by means of mammary expression. In glandular mastitis, incise over the most depressed portion, but in sub-mammary cellulitis it should be at the base, and in some cases the exploring needle had better precede the knife. A compress of absorbent cotton, saturated with a solution of Permanganate of Potash should now be applied, and held in place by a bandage passed around the thorax and shoulders in such a manner as to produce firm and even pressure. This should be changed once or twice a day until the discharge has mainly subsided, and then left on longer. In the vast majority of cases recovery is complete and prompt. Even in those neglected cases that come to the physician with numerous fistulæ and considerable destruction of gland tissue, this treatment will be found satisfactory in many cases. If the openings in the skin are small, they should be enlarged, and the antiseptic solution may be freely injected into the sinuous passages. The general health in these cases will be broken down, and the patient should be placed under the best hygienic conditions, as to fresh air, nourishing food, etc., and should receive Arsenic and other indicated remedies.

We note with satisfaction and pleasure that Judge Connor, of the Abilene district, has appointed our Dr. Sherbino a member of the medical examining board for that district. Dr. Sherbino is a painstaking and conscientious physician, and will perform the duties of the office with credit to himself and to homeopathy. He is at present the only homeopathic examiner in the State to our knowledge.

New York Homeopathic College held its commencement exercises at Chickering Hall on Friday, April 13.

The California Homeopath, as a monthly, is bright and chippy.

Obstetrics.

Aseptic Midwifery.*

By *Moses T. Runnels, M. D., Kansas City, Missouri.*

TVERY one who has attended a considerable number of obstetrical cases has had occasion to wonder why puerperal fever, septicaemia, phlebitis, metritis—one or more should have confronted him so frequently, and so often ended in death. The pathology and treatment of these disorders have seriously engaged the attention of accoucheurs for many years, but the medical profession has not yet given to the subject of prevention as much study as is demanded at the present time. Aseptic precautions have for several years been observed in obstetric practice in the largest and best hospitals of Europe and America, and the results have been so gratifying that strict asepsis is now insisted upon in all hospital obstetric practice.

In private practice, however, there is no regular aseptic treatment in obstetrical cases. Patients are allowed to approach the lying in chamber without having made the necessary preparations for their own comfort. Incompetent persons are very frequently employed as nurses, and the physicians entrust too much to their care. The necessary conveniences are not provided and the want of skill on the part of nurse and physician usually fails to promote cleanliness. It is now thought by the best obstetricians that puerperal fever does not partake of the nature of a local or general disease, but that "it is really blood poisoning or septicaemia due to causes acting in the great majority of cases, from without, and associated directly with the presence of micro-organisms." To a great extent this is the result obtained in maternities by the use of

antiseptics. The mortality in the Maternity of Munich has been reduced to one half to three fourths per cent. by the use of antiseptics. Clinical midwifery is constantly taught there, and several hundred labors occur there annually. At the general-lying-in hospital, Lambeth, London, during a period of five years, rigid antiseptic precautions were used and the total mortality from all causes was 6.7 per cent. Examine the records of the maternity hospitals in St. Petersburg, Vienna, Paris, Copenhagen, Edinburgh, London, Dublin and Boston where rigid antiseptics have been observed, and the result would be decidedly in favor of the use of antiseptics. Ten to fifteen per cent. of the deaths occurring in women during the child bearing age are caused by puerperal fever. In every 120 confinements one is fatal within the puerperal month, and one per cent. of all confinements result in death due directly to labor.

How can we lessen the deaths from pregnancy and labor? The prevention of puerperal fever in hospitals has practically been attained, but in private practice there has been no systematic work done. At the present time nothing can be of more practical importance to the medical profession than the prevention of puerperal fever. This fever is to be distinguished from malarial complications of the puerperal state. In speaking of the latter, Dr. L. L. Danforth, of New York, says: "So close is the resemblance of this post partum fever to the true septic fever of child bed, that experienced practitioners are sometimes in doubt as to the nature of the affection in question, and it is only after the most careful analysis of the local and general symptoms, combined with a knowledge of the history of the patient and a consideration of all corroborating circumstances that a true solution of the case can be reached." Dr. Fordyce Barker

*Read before the Twelfth Annual Session of the Missouri Institute of Homeopathy at Kansas City, Mo., April 24, 1888.

says: "The occurrence of chills, a high temperature, rapid pulse and great depression of the vital forces in a puerperal woman, must inevitably cause anxiety in the mind of her medical attendant, and this anxiety must be greatly increased if there be also some indications of a local pelvic phlegmasia, or the foregoing phenomena are followed by such grave complications as mania, secondary hemorrhage, and the development some days after parturition of extremely offensive lochia. Hence the great importance of being able to decide whether the symptoms be due to one of the puerperal diseases strictly so-called, such as epidemic puerperal fever, septicaemia, phlebitis or metritis, or whether it be due to constitutional infection from telluric or atmospheric causes, acting upon a system whose physiological condition is modified by the various changes which are taking place during puerperal convalescence." Malarial puerperal fever must be, therefore, studied separately, and outside influences must be carefully investigated. Defective sanitary arrangements in the house where the confinement occurs undoubtedly have much to do in bringing on malarial fever or puerperal septicaemia. Sewer gas, impure drinking water, the decaying animal or vegetable matter in or around the house of the patient—one or all—have caused malarial puerperal fever or generated puerperal septicaemia. In the same way that diphtheria, typhoid fever and certain forms of sore throat can arise from sewer gas, impure water, unwholesome food or decaying animal and vegetable matters, so can puerperal septicaemia or puerperal malarial fever come from one or more of the causes.

Whenever a fever attacks a lying-in patient, the accoucheur may rest assured that some serious mistake has been made by somebody, and in searching for the causes of the fever, the en-

vironment of the patient must be very carefully considered. Perhaps one of the most prolific causes of malarial and septic tendencies will be found in the drinking water. Frequently I have verified this statement. We have no proper legislation on sanitary matters, and it is not surprising that frequently malarial and septic fevers spring up where all the conditions are favorable for the development of zymotic diseases. The house in which a confinement is soon expected should be thoroughly examined by the physician and sanitary officers. The water supply should receive as much attention as the draining and plumbing. The genital tract is not the only channel through which the poison of puerperal septicaemia can enter the system. The air the patient breathes and the food and liquids she consumes may be loaded with deadly poisons, which, taken into the blood, generate puerperal septicaemia as quickly as if they had been introduced through wounds in the genital tract. The time is fast approaching when the untaught and unskilled nurse must give place to the competent nurse who has entered upon the business to make a profession of it. The competent nurse believes in antiseptic precautions, and the great importance of extreme cleanliness. She will not attend a case of labor immediately after being in contact with scarlet fever, erysipelas, puerperal fever or any infectious disease without permission of the attending physician and thorough disinfection. She believes that soap, water and a nail brush are indispensable to her existence. She will provide herself with a corrosive sublimate solution and a carbolic solution. The receipt for the former is Hydrarg. per chlorid. grs. 154, glycerine two fluid ounces, M. S. One teaspoonful added to two pints of water forms the solution, 1 in 2000 for rinsing the hands. Two tablespoonfulls of carbolic acid to a pint makes a solu-

tion of 1 in 20. A sublimated vaseline two grains to three ounces or a pomade with one part of oil of encalyptus to seven of vaseline will always be in her outfit. All catheters, vaginal tubes, syringes and sponges shall be kept clean, and when wanted for use should first be placed in 1 in 40 carbolic solution, and when taken out should be greased with antiseptic vaseline. All diapers or other articles when used shall immediately be taken from the room. All utensils in the room when used shall be washed and rinsed in the carbolic antiseptic solution.

The success of the physician is often prevented by the ignorance and meddlesomeness of nurses. About 99 per cent. of the nurses the country over never had any thorough training and very few indeed know how to pass a catheter, put on an abdominal bandage, give a vaginal douche, dress a baby, take the pulse or temperature of a patient, or can comprehend the significance of a chill. What safety has a patient in the hands of an ordinary nurse? The obstetrician may be ever so skillful, but his experience and skill are fully cancelled by the incompetency of the ignorant nurse—and the simplest case may be rendered the most complicated and dangerous by exposure to filth and one of the zymotic diseases. It must be admitted that the healthy puerpera is aseptic. Infection generally comes to the patient from without. The hands of the physician or nurse or unclean instruments are probable sources of infection. How important it is that these should be thoroughly disinfected before coming in contact with the woman's genital tract. The accoucheur should not require of the nurse any precaution which he does not adhere to himself. Thorough disinfection and cleanliness of himself should be his rule, and in the management of the different stages of labor as few examinations as possible should be made. Great care must be

had to express as completely as possible the placenta and all its remnants from the uterus. Let the patient lie on her back and keep up firm pressure on the uterus until the binder can be applied. As a general rule it may be said that vaginal and uterine injections are needless and often harmful when used after the antiseptic vaginal douche and when no septic infection is manifested by fever or offensive discharge. Only when there is evidence of infective material in the uterine cavity should intra-uterine douches be admissible. If peri- or para-metritis are present intra-uterine douches will positively do harm.

Laceration of the perineum should be stitched at once. Place lint soaked in antiseptic solution in the vagina, then wash the torn edges with warm sublimate solution. Use curved perineum needles and carbolized silk suture in stitching the torn edges. A warm vaginal calendula douche twice a day will keep the parts pure and clean and is very acceptable to the patient. Whether or not the douche is of advantage will depend entirely upon the method of its administration.

The patient should be kept on the back for a few days after labor, and the kneelbow position should be used in passing water. This position favors the best drainage from the vagina. After properly cleansing the woman each day it is a good practice to separate the labia and blow into the lower part of the vagina and upon the pudenda about two drachms of iodoform by means of a powder blower. By this means the odor of the lochia disappears and the temperature is not liable to rise even on the third day. No syringe should be used to give a vaginal douche which has been used to give rectal injections. It is a good plan to use a new syringe each time. The vaginal douche should be given by the physician when practicable.

The question is often asked, "How soon after exposure to an infectious disease may a practitioner take charge of a confinement?" The majority of the best obstetricians hold that time is non-essential and that thorough disinfection can at once be accomplished. Es-march writes as follows: "If you have thoroughly disinfected yourself, you can immediately enter upon obstetric practice. Time does not destroy septic dirt."

The best way to prevent post partum hemorrhage or puerperal fever is to act in every case as if either were very liable to occur, and to use every means to remove all the conditions from the patient which would favor such an occurrence.

Before a poison can enter the blood and tissues of a patient let us take precautions to destroy it. The most rigid cleanliness should be the aim of both nurse and physician. When all physicians and nurses study more carefully how to be clean and carry out in daily practice the principles of aseptic midwifery, the occurrence of puerperal fever, septicæmia, phlebitis, metritis, or any infectious disease in the lying-in chamber will be seldom heard of.

Intra-Uterine Medication Following Confinement.*

By W. John Harris, M. D., St. Louis.

I DESIRE in this paper to call attention to some of the dangers that may follow intra-uterine treatment when applied as a *preventative* of septic poisoning in the puerperal state.

When a patient has a well marked case of puerperal septicæmia, then intra-uterine injections, and all other judicious measures, should be adopted; but when aseptic agents are put forward only as a prophylaxis, then, I believe, our medicinal agents should be applied to the

vaginal surface only, and, if possible, excluded from the uterine cavity.

Recently I read an article published in a medical journal advocating the following plan as the proper treatment after confinement:

"Immediately after the delivery of the placenta, a suppository containing two grains of *Iodoform* is to be pushed into the uterine cavity, and be repeated every three hours; the vagina is to be thoroughly syringed out every two hours with a four per cent solution of carbolic acid."

Now, in ordinary cases of labor I hold that this is entirely too much medication—especially immediately after delivery.

I believe the *Iodoform* suppositories entirely unnecessary. To crowd into the uterine cavity large quantities of drugs in cases of normal labor is, I conceive, a great mistake—first, because there is nothing there that needs disinfection, and second, because the uterus will be trying to perform its proper function of contraction, and thus closing the mouths of the blood vessels.

That there is danger from intra-uterine medication, even in gynæcological practice, few, I believe, will gainsay, and this being the case, how much more likely we are to have trouble from over medication when the vessels are all exposed as they are in the puerperal state.

My own experience would lead me to decide against intra-uterine injections, even in puerperal septicæmia, excepting, perhaps, the most malignant cases.

Of seven cases attended in the past five years, of undoubted septicæmia, with a pulse ranging from 110 to 120, and temperature 104 to 105½, five recovered without intra-uterine treatment, but with thorough and repeated cleansing of the vagina with a two and one-half per cent solution of carbolic acid and five per cent Tinct. Calendula.

In those extreme cases of puerperal

*Read before the twelfth annual session of the Missouri Institute of Homœopathy at Kansas City, Mo., April 25, 1883.

septicæmia the question of intra-uterine injections must be decided by the urgency of the case, but when our efforts are addressed entirely to the *prevention* of blood poisoning, I hold that our aseptic measures should be confined entirely to the vulva and vagina.

A Case of "Moon-Stroke."

MARYVILLE, TENN., April 25, 1888.

C. E. Fisher, M. D.:

Dear Doctor—I received the March issue of the JOURNAL recently, and among other things I read Dr. Sherbino's Calcarea case, wherein the 85,000th Fincke caused piles. I think he must have spilled a little of that trituration or "delusion" on his MSS., and possibly it got mixed up with the paper in your office, for almost as soon as I read it I experienced queer and not wholly disagreeable sensations. The fact is, I have had to ride a bucking Texas pony recently, being compelled to rest my horse on account of slight lameness, and had developed some symptoms of hemorrhoids. Merely reading that article, however, and thinking hard about the "85,000th Fincke" of Calcarea, has, I feel sure, done the business. Presto! the piles must go! Have I imbibed a potency? Is there any danger of my getting too much of the stuff by contact with the JOURNAL? I'll handle it with tongs and read it with an opera glass and risk it. If there should be more of the same sort send 'em along. I've got my courage up now to brave anything. Yours,

HATHAWAY.

Keep your seat, brother, and pull down your vest. Sherbino will cause you to lift yourself over the fence by your boot straps ere long with some of his astounding cures, if you show signs of getting rattled so soon. Just wait and see, and then try it yourself, and report results. ED. JOURNAL.]

Societies.

FOR THE JOURNAL.

Society Organization.

By Geo. M. Ockford, M. D., Lexington, Ky.

THE homeopathic physicians in the South often look with envy upon the success of their Eastern and Northern confreres in obtaining public recognition and equal rights with other schools of medicine. Now it is safe to assert that nothing has contributed so much to render a complete victory over the machinations of their professional enemies as the existence of local and State societies. Organized effort is the only effective weapon against intolerance and prejudice. We have only to look at the history of religious organizations to see the truth of this position. A solitary reformer meets with poor success until he has the nucleus of a society about him, and then if there is anything attractive in his doctrines he is immediately assured of success. The same is true of the medical profession. If there are enough practitioners in a city or county for a society, such an organization should be effected. If the county or city has an insufficient number, then a State society, embracing the practitioners in an aggregation of counties is necessary. Then a further union of various sparsely settled States may with advantage unite in a district society. But in whatever form the boundaries of a society may be made, the principle is the same. Organized effort means efficient work, and every homeopathic physician in the South owes it to himself and his brethren to help, aid and assist in the maintenance of State and district societies.

When the homeopathic physicians of the South shall become as thoroughly organized as their Northern and Eastern confreres, they will control public opinion and prevent the passage of

obnoxious laws equally well. The fight for recognition was made in every Eastern State by the strong arm of united effort. This same strength of union is needed in the South to brush away the cobwebs of bigotry and prejudice. There is no move made in any State by a solitary allopathic physician, but every project for maintaining old school supremacy is backed by an almost impregnable State society. To overcome such a force a similar force must be opposed to it, and this can only be done by united and determined work. The various State societies of the South should receive the support of every physician within their precincts. And as there are States too sparsely settled to maintain a State organization, the Southern Homeopathic Association, embracing in its folds the whole South, the strong States and the weak States, becomes a necessity. The principle is the same and the duty as urgent upon those physicians who are under the protection of State societies to assist those who are not so protected as it is for the individual practitioner to uphold the dignity of his profession. The Southern Association meets at Nashville, Tenn., in October, and we urge upon every physician of the homeopathic school in the South to strive to be present at that meeting, and we feel sure that their efforts will be rewarded by increased favors and toleration to the homeopathists of this section.

Texas Medical College.

AN adjourned meeting of the board of trustees of the Texas Medical College and hospital was recently held, at which there were present: Drs. Stuart, Heard, Paine, Burroughs, Trueheart, Haden, Towsey, Wilkinson, Fly, West, Cooke and Sykes; the mayor, Hon. R. L. Fulton, and Mr. J. G. Goldthwaite. Dr. Stuart, of Houston, occupied the chair.

Dr. Burroughs, as chairman of com-

mittee on nominations of faculty, made the following report:

Mr. President: Your committee to whom was delegated the duty of selecting and recommending a faculty for the Texas Medical College and Hospital for your consideration and approval, beg to submit that it has had under careful and earnest consideration the subject of its appointment, and would most respectfully represent that while it has made some progress, we have by no means closed our duties. We herewith submit the following selections:

Dr. H. A. West, theory and practice of medicine; Dr. B. E. Hadra, science and art of surgery; Dr. J. Y. Paine, obstetrics and diseases of women and children; Dr. A. W. Fly, anatomy; Dr. H. P. Cooke, physiology and institute's medicine; Dr. E. Randall, Jr., materia medica, therapeutics and clinical medicine.

On motion the report was received and the committee continued for further services.

The election of the faculty then took place, in accordance with the recommendations of the nominating committee.

The following additional members were elected to fill existing vacancies therein, viz: Dr. T. C. Thompson, J. E. Wallis, Esq., Dr. B. E. Hadra and Dr. E. Randall, Jr.

Dr. Paine, on behalf of the executive committee, read the following announcement of the board of trustees:

In the year 1881, when the question of advisability of separating the medical branch from the main body of the university was being agitated, and all of the more prominent cities of the state were recounting their claim upon the department, Galveston entered the list and made a presentment of her superior advantage as a location for a medical school. The citizens of Texas at the ballot box decided that the medical department

should be disjoined from the main university, and declared it should be located at Galveston. That no obstacle might be interposed in the way of the speedy and successful carrying out of the people's wishes, the Texas Medical College and hospital discontinued its exercises. Seven years have passed and the state medical school still remains in the germinal state, and is likely to so continue indefinitely on account of the crippled financial condition of the university. A little more than a year ago the city of Galveston offered to donate to the state for the use of the medical college a block of ground and splendid new building (City Hospital), valued at \$50,000, situate thereon, provided she would establish and put the same in operation at an early day; and Mr. George Sealy, on behalf of his brother, the late Mr. John Sealey, of Galveston, and of his widow, Mrs. Rebecca Sealey, tendered \$50,000 for the erection of a hospital on the same block, and to be connected with the college on the same conditions. These liberal propositions it was thought would furnish a solution of the speedy organization of the medical school; but such was the financial status of the university they were declined on the ground that it could not be maintained, even though it was established and fully equipped.

Intelligent efforts failing to overcome the indifference of successive legislatures has left the matter in such an unsatisfactory shape that medical men throughout the state have given expression to their impatience in personal letters, and through other media, urging the importance of reopening the school which suspended operations to make room for the university.

In view of these facts and other conditions to be enumerated, the trustees have determined to reorganize the Texas Medical college and hospital. And they feel just pride and gratification in an-

nouncing that arrangements have been made to make the institution first class from the beginning.

Every facility and opportunity for teaching medicine in all its branches, according to the most advanced modern methods, will be furnished.

They have acquired a lease, at a nominal rental, for ten years of the city hospital building, whose commodious wards will be transferred into amphitheatre, lecture room, chemical laboratory, museum and dissecting room. This building is commanding in appearance, beautifully situated and admirably adapted for its new uses. The public-spirited business men of Galveston have manifested their unqualified indorsement of the undertaking by the most liberal contributions of money. The aggregate of such subscriptions is a large sum, reaching many thousand dollars; ample in amount to fully equip the chemical and physiological laboratories, and provide apparatus for the illustration of lectures in all departments of medicine, surgery, obstetrics, anatomy and materia medica. A member of the faculty will be elected at an early date to purchase the appliances, everything will be ready for use on the opening of the session next fall.

The Sealy hospital mentioned in another connection, and now in course of erection, will be ready to receive patients during the coming winter, and when completed will be one of the most handsome and perfect buildings of its kind in the south. It will occupy the same block with the college, standing about sixty feet distant, and will accommodate eighty patients.

The faculty will constitute the medical and surgical staff, rendering professional service gratuitously, though its clinical material may be utilized to the best possible advantage for the benefit of students. A spacious clinical amphitheater will be constructed on the third floor and

rendered easy of access by an elevator. Galveston being a seaport and the terminus of several railroad systems, her hospital draws patients from a large floating foreign population and from different parts of the State, since it is the nearest point where hospital relief can be procured, as well as from her own citizens. During the last six years an average of twenty-five hundred patients have been treated in the Galveston hospital, and this number would have been largely extended if hospital permits had been indiscriminately given.

Taking the last year of the series, two hundred and ninety-six surgical cases were admitted, and embraced fractures, dislocations, every variety of wounds, surgical diseases of bones and joints, blood vessels, viscera, eyes, genital organs, skin, etc.

Numerous operations were performed. The medical cases included the various types of fever, bowel diseases, diseases of the circulatory, respiratory, digestive, genito-urinary, muscular, cutaneous and nervous systems, of the eye, ear, and in fact almost every affection comprised in the nosology, except, of course, certain epidemic and infectious diseases. With this vast amount of material, which will be available, it is readily perceived that better facilities for clinical instructions and study can scarcely be offered anywhere. Appreciating the fact that clinical teaching forms one of the greatest factors of a medical education, nothing shall be wanting to aid the student in gaining practical knowledge. The professors will make daily rounds through the wards of the hospital, accompanied by the students, who, being brought in direct contact with patients, will be afforded an opportunity to learn practically the various methods of diagnosis and the application of surgical dressings.

The curriculum shall be comprehensive, and the standard of requirements on a

plane that will insure the recognition of its diploma as a patent of merit.

The faculty is composed of gentlemen of learning and experience, who have been selected with a view to their fitness for the different chairs, and which it is believed will deserve the confidence and support of the profession of the State.

It will be our aim to keep the character of teaching in this institution abreast of the progressive age of medical thought. Nothing less will satisfy our aspirations, or gratify the demands of the medical profession of the State of Texas.

At meeting of the faculty of the Texas Medical College and hospital was held subsequent to the meeting of the board of trustees, at which were present Drs. J. F. Y. Paine, H. A. West, A. W. Fly, E. Randall, Jr., and H. B. Cooke, Dr. B. E. Hadra being unavoidably absent.

Organization of the faculty was effected by the election of Dr. J. F. Y. Paine as dean of faculty.

The election of demonstrator of anatomy was proceeded with by ballot, and resulted in the unanimous selection of Dr. George H. Lee to fill the designated position.

The chair of lecturer upon diseases of the eye, ear and throat was created, and Dr. George P. Hall elected to fill the position.

A resolution was adopted to the effect that the college open with a preliminary course on October 15; that the regular course commence November 1, and close with the commencement exercises on April 3, 1889.

After the transaction of other business connected with the re-establishing and opening of the medical college, the meeting adjourned subject to the call of the Dean.

Dr. George G. Clifford, who graduated with the highest honors of his class at Pulte College last month, has located for practice in San Antonio. We wish the doctor a high degree of success in his life work.

Editor's Arm Chair.

Example for Texas to Follow.

APPROPOS to the proposed early establishment of the Medical Department of the University of Texas, *THE JOURNAL* takes pleasure in presenting the people of Texas and the Regents of our University with a history of how they do things in the fair minded State of Minnesota, where they have just arranged for the opening of the Medical Department of their State University.

Recognizing the fact that it is but just and fair to the medical profession and to the people who pay the taxes and who compose the State that all that is known of medicine should be taught, they have followed in the line already established by Michigan, Iowa and Nebraska, and have set up an Old School institution under the name of the College of Medicine and Surgery, and a New School Institution as well, under the name of the College of Homœopathy.

The following clipping from the Minneapolis Tribune, of May 3, tells of the organization, and gives the names of the faculties of the two medical colleges. It is interesting reading to the Homœopaths of Texas, who look to our Board of Regents to follow exactly this course when they open up the Medical Department of the Texas University.

* * * * *

A very important move to the medical educators and to the profession, indeed, at large, is the lease of the Minnesota Hospital College, located at the corner of Sixth street and Ninth avenue, south, to the State University, for the use of the medical department. The leasing was only recently accomplished, and covers the term of five years, at the merely nominal rent of one dollar a year. It is understood that the regents of the university have the privilege of purchasing the building and its school appliances at any time within the period of the lease, at their cost, a sum estimated at from \$35,000 to \$40,000. The only restriction set forth in the lease is that the board of regents shall constantly during its term maintain a medical school and free dispensary on the premises. This lease puts the State medical department on its feet at the start, and, as far as mere preparations go, insures its immediate utility and success.

The board of regents of the State University have been in session all day at the capitol in St.

Paul, arranging and completing the details of what will be known henceforth in the literature of the university as the Department of Medicine and Surgery. This department is divided into three sub-departments, the college of medicine and surgery, the college of homeopathy, and the college of dentistry. Rules and regulations were adopted to-day which may be briefly summarized as follows:

The curriculum of the department is practically an exact copy of that of the Harvard medical school. The entrance examinations will be conducted by a committee of the faculty of the department of science, literature and arts, and the dean of the department of medicine and surgery. All students will take the lectures in anatomy, physiology and chemistry and will be required to pass in all these branches, after which they will be permitted to go on into the full college whose course they may elect to pursue.

The regents this morning also settled finally the personnel of the faculties in this department. They are as follows:

In the college of medicine and surgery: Dean, Dr. Harry H. Millard, of St. Paul; professor of descriptive anatomy, Dr. A. F. Ritchie, Duluth; professor of physiology, Dr. R. O. Beard, Minneapolis; professor of chemistry to be filled; professor of materia medica and therapeutics, Dr. H. M. Brackeu, Minneapolis; professor of theory and practice of medicine, Dr. A. E. Senkler, St. Paul; professors of clinical medicine, Dr. E. J. Abbott, of St. Paul, and Dr. C. H. Hunter, of Minneapolis; professor of principles and practice of surgery, Dr. Chas. A. Wheaton, St. Paul; professors of clinical surgery, Dr. F. A. Dunsmore, Minneapolis, Dr. Perry H. Millard, St. Paul; professor of obstetrics, Dr. Parks Ritchie, St. Paul; professor of gynæcology, Dr. Alexander Stone, of St. Paul; professor of ophthalmology and otology, Dr. John F. Fuller, St. Paul; professor of diseases of the nervous system, Dr. C. E. Riggs, St. Paul; lecturer on medical jurisprudence, Chas. H. Boardman, St. Paul; lecturer on hygiene, Dr. Arthur B. Aucker, St. Paul; lecturer on orthopædology, Dr. J. E. Moore, Minneapolis; lecturer on genito-urinary diseases, Dr. J. H. Dunn, Minneapolis; lecturer on dermatology, Dr. M. P. Vanderhorck, Minneapolis; lecturer on pædology, Dr. Chas. L. Wells, Minneapolis; lecturer on histology and bacteriology, Dr. J. Clark Stewart, Minneapolis; lecturer on pathology, Dr. C. H. Hunter, Minneapolis; lecturer on laryngology, Dr. W. S. Laton, Minneapolis;

lecturer on physical diagnosis, Dr J. W. Bell, Minneapolis; clinical instructor in gynecology, Dr. A. W. Abbott, Minneapolis; adjunct to chair of gynecology, Dr. A. McLaren, St. Paul; clinical ophthalmology and otology, Dr. Frank Allport, Minneapolis, instructor in clinical dermatology and genito urinary diseases, Dr. L. N. Denslow, St. Paul; adjunct to chair of obstetrics, Dr. A. B. Cates; Minneapolis; adjunct to chair of diseases of the nervous system, Dr. W. A. Jones, Minneapolis; chemical instructor in surgical anatomy, Dr. E. C. Spencer, St. Paul; demonstrator of anatomy, Dr. Burnside Foster, Minneapolis.

The faculty of the college of homeopathy is as follows: Professor of theory and practice, Dr. Henry Hutchinson, St. Paul; professor of materia medica and therapeutics, Dr. W. E. Leonard, Minneapolis; professor of obstetrics, Dr. H. C. Leonard, Fergus Falls; professor of gynecology, Dr. A. E. Higbee, Minneapolis; professor of principles and practice of surgery, Dr. R. D. Matchan, Minneapolis; professor of pædology, Dr. H. W. Brazie, Minneapolis; professor of clinical medicine, Dr. Geo. O. Ricker, Minneapolis; professor of ophthalmology, Dr. J. F. Beaumont, Minneapolis; lecturer on clinical surgery, Dr. W. S. Briggs, St. Paul; lecturer on dermatology, Dr. H. C. Aldrich, Minneapolis; lecturer on physical diagnosis and laryngology, Dr. E. L. Mann, St. Paul; lecturer on nervous diseases, Dr. S. M. Spalding, Minneapolis; lecturer on genito-urinary diseases, Dr. H. B. Ogden, St. Paul; lecturer on otology, Dr. D. A. Strickler, Duluth.

The faculty of the college of dentistry, so far as selected, consists of Drs. Weeks, Bailey, Angle and Martindale, of Minneapolis.

The Texas Association.

THE fifth annual convention of the Texas Homœopathic Society, which met in Dallas May 1st, was composed of a small but enthusiastic body of physicians prepared to do faithful and conscientious work.

The meeting was called to order at 11 a. m. by the president, S. W. Cohen, M. D., of Waco.

Rev. C. L. Scofield, of the First Congregational Church, of Dallas, opened the convention by prayer.

The roll call by the secretary and numerous letters and telegrams of regret received from various portions of the state revealed the fact that only a fraction of the members were to be present. However, those who were present strove to make up the deficiencies and pro-

ceeded to business in an earnest manner. The society returned a resolution of thanks to Dr. Lee, which embodied expressions of the kindest fraternal feeling for the doctor as the pioneer in this portion of the state, and sympathy was extended him in his present inactive condition, trusting that he may be speedily restored to his wonted health and usefulness.

The day was occupied chiefly in routine business of considerable interest to physicians.

President Cohen presented a series of recommendations to the association for their consideration, one of chief interest to the profession and laity referring to legislation.

THE JOURNAL will present Mr. Cohen's address in full in its next issue. It was received too late for this month.

A committee of three presented the following energetic and sensible resolutions on matters of interest to the profession of the state at this particular time :

Resolved, that we endorse the action of the Texas (Allopathic) Medical Association at Galveston, in demanding an amendment to the law regulating the practice of medicine, and recommend as follows :

1. That no one not practicing medicine at this date shall be allowed to practice medicine in the state of Texas without first having registered in the district clerk's office a diploma from some bona fide medical college, regularly authorized by some state legislature or its authority to grant degrees in medicine.

2. That said diploma shall be signed by the president and faculty of said college, stating that the holder has passed a satisfactory examination in all branches of medicine to which it refers ; that said holder has studied medicine and attended lectures consecutively for three years previous to the granting of it.

3. That said lectures shall consist of three separate and distinct courses of not less than six months each, and that an interval of one year shall elapse from the beginning of one course to the commencement of the next, and the diplomas of no college which does not rigidly require this standard shall be accepted.

4. That all practitioners coming into the state whose diplomas are not in accord with the above requirements, must appear before the district board of the district in which they propose to practice, in accordance with the provisions of the civil code ; provided that no physician shall be compelled to appear before a board whose members are of a different school from his own.

Resolved, that seeing the constitution of the State of Texas, sections 32 and 16, distinctly declares that any law passed by the legislature of the state stating no preference shall be given to any school of medicine; and as the medical examining boards are principally composed of one school—allopaths—we, the homeœopathic school of medicine in said state, demand that the district judges shall be compelled by law to appoint homœopaths as members of said boards whenever such claim is made and there are sufficient homœopathic practitioners in the district, and that no homœopathic physician shall be compelled to appear for examination before any board other than of his own school.

Resolved, 1. That we heartily endorse the action of the Allopathic Medical Association of Galvesion, in demanding of the regents of the university an early establishment of a medical branch at Galveston.

2. That in the said university we claim that the same privileges be accorded to the homœopathic school of medicine that is given to any other, and that at least four chairs be accorded to it, viz: *Materia Medica*, therapeutics, physiology and pathology.

3. We claim the study of medicine shall be under the same rules and charges as that of law and other departments.

G. W. SHERBINO, M. D.,
TERTIUS MARKS, M. D.,
H. C. MORROW, M. D.,
Committee.

In the afternoon the society was called to order by the president, who delivered his annual address, which was received with marked interest by all the members present, and a vote of thanks was tendered him.

The work of the bureau was taken up, and interesting papers were read by various members on the following subjects: "*Materia Medica*," "*Theory and Practice*," "*Obstetrics*," "*Gynæcology*," "*Pædology*," "*Surgery*," and "*Institute of Homœopathy*."

The afternoon session was largely devoted to the election of officers and selection of place of meeting for 1889.

The officers elected were as follows: President, F. Hines, M. D., Corsicana; first vice-president, Dr. Edwards, of Blanco; second vice-president, G. W. Shebino, M. D., Abilene; secretary, G. G. Clifford, of San Antonio; treasurer, W. F. Thatcher, M. D., Dallas. The society will hold its next session at Fort Worth on the second Tuesday and Wednesday of May, 1889.

THE SECOND DAY.

The president, Dr. Cohen, presided, with Dr. Thatcher, of Dallas, acting as secretary and the following other members present: Drs. Pollock, of Fort Worth, Morrow of Sherman, Bayliss, of Wayland, Edwards, of Blanco, Stevens and Rew, of Galveston, Barnett of Big Springs, Barrett of Gainesville, Sherbino of Abilene, Marks of Sipe Springs, Metz of McKinney, and Dickey and the three Drs. Davis, of Dallas. The business of the day was largely routine.

At night quite a number of ladies of the city, among whom Miss Zillah Lee was the leading spirit, gave to the physicians of the association a reception at the Y. M. C. A. Hall. There was a promenade concert by an excellent orchestra and delicious refreshments.

Dr. Davis, acting as master of ceremonies, introduced Mr. W. L. Hall, alderman from the third ward, who, in the absence of Mayor Connor, unavoidably prevented from being present, welcome the association to the city in a pleasant and happy effect. He was followed by the Rev. R. T. Hanks, who spoke in the same strain, complimenting the ladies for their efforts in their behalf.

Dr. Edwards, on the part of the association, responded, making a few felicitous and appropriate remarks. Dr. Davis followed him in an entertaining short speech.

After this the physicians and ladies were invited into the banquet-room, where ices, berries, cakes and confections in abundance awaited them. THE JOURNAL regrets that it has not been furnished with a full report of the proceedings which it would have published as before with pleasure. The above is from the DALLAS NEWS.

Personal.

Dr. George G. Clifford, of San Antonio, made us a pleasant call during drill week. He is surgeon of the San Antonio Rifles.

Dr. A. B. Norton, of the staff of the *North American Journal of Homeopathy*, has removed his office to 152 West 34th street, and will devote special attention to the eye and ear.

The venerable George St. Clair Hussey, M. D., of Brenham, paid us a pleasant visit recently, while in attendance with his commandery upon the capitol dedication. This veteran homœopath is enjoying better health than for two or three years past, and is as enthusiastic a dia-

ple of Hahnemann in his old age as the world has ever known. Fifty years of practice has taught him that the law of similia is a solid rock of truth, and upon it he is willing to stand or to die.

An association in practice has been entered into between the editor of this journal and his brother, H. F. Fisher, M. D., for three years past of Topeka, Kansas, at Austin. Now that we have help, we expect to give our readers a better journal.

Dr. W. W. Routh, who returned to Fort Worth last fall, has found it necessary, because of ill health, to again remove to St. Paul, Minn., where he will remain permanently. We hope he may be fully restored to health by the climate of the North Star State.

Prof. J. C. Kent has accepted a call to Philadelphia to succeed to the practice and mantle of the late Dr. Lippe, and has opened an office at 1419 Walnut street. He is succeeded in St. Louis by W. L. Reed, M. D., late of Mexico, Mo. Success to both of these gentlemen in their new fields of labor.

Homeopathic News Notes.

Dr. Harriette C. Keatinge, N. Y., has succeeded to the office and practice of the late Mrs. Dr. Lozier.

It is reported that El Paso now has six homeopathic physicians. We have knowledge of Drs. Higgins, Butler and Beale. Who are the others?

The Texas Health Journal is to be the title of a new monthly publication to be edited by Dr. J. R. Briggs, of Dallas, formerly of the *Courier-Record of Medicine*. It will appear soon.

The American Institute meeting to be held at Niagara Falls, June 25 to 29, inclusive, bids fair to be the best held for a number of years. The West should attend in solid phalanx and capture the convention.

The American Institute of Homeopathy will hold its thirty-eighth annual session at Niagara Falls the last week in June. There should be a large attendance from all parts of the Union, and we trust there will be.

The old school legislationists of Texas are again in labor, and their groanings are being heard through their journals and the press. Poor old ladies! We hope they'll get through the ordeal safely, but we'll bet a dollar and a

half that the product of the labor will be an abortion!

Dr. E. R. Ellis, of Detroit, proposes to issue a quarterly *Popular Journal of Medical Science*, commencing next month, intending to popularize homeopathy with the people at large. We wish him every possible success in his new venture, for which there certainly is room.

The *Medical Era* folks are pushers. They are constantly striving to push their excellent journal to a front place, and will send it free for three months to all who will postal card their name and address to 48 Madison street, Chicago.

The Cincinnati Press Club has issued an elegant card of invitation to the dedication of the press headquarters at the centennial buildings, Cincinnati, June 9, for a copy of which our thanks are truly returned. It is courteous on the part of the club to issue its invitation to medical editors far removed from its neighborhood, a courtesy which this journal appreciates, and we truly regret that we cannot attend.

The ladies of New York city who are interested in the homeopathic college and hospital are to hold a fair the first week in the present month for the purpose of raising money for the above institution, at which one of the features will be the voting of a first-class eight oared rowing shell for a crew averaging 150 to 165 pounds. It is said that Yale, Cornell, Columbia and the University of Pennsylvania have already entered the contest.

Dr. A. C. Cowperthwaite, of Iowa City, President of the American Institute of Homeopathy, has issued a stirring appeal to the physicians of the West, urging their attendance on the meeting of our National Association at Niagara Falls, next month. In this he does a duty alike due the Institute and the West, and for it he will receive only hearty commendation. It is earnestly hoped that his appeal may bring a larger attendance from the West than the Institute has yet had at any meeting.

During our recent trip East, we stumbled in, almost by accident, upon a most elegant concert given at Chickering hall, New York, for the benefit of the Homeopathic College. The best local talent volunteered in the good work, and the renowned Reubenstein Club, ladies, and the equally favorably known Mendelssohn Club, composed entirely of gentlemen, aided in rendering the evening most enjoyable by their delightful choruses. The large auditorium and

balcony were crowded to their utmost capacity, and the concert probably netted about two thousand dollars for the college.

Send in your news notes for THE JOURNAL. A little spice mixed in with the mental pabulum goes far toward making a journal's visits acceptable, and every reader is invited to send us the medical gossip of his neighborhood.

Mr. J. H. Bates, the most reliable and business-like advertising agent in New York, has recently moved his offices to 38 Park Row, where he is now comfortably and roomily housed in elegant quarters. It is a pleasure to do business with Mr. Bates, who conducts his operations upon a straightforward and honorable basis.

The twelfth annual meeting of the Oregon State Homeopathic Medical Society was held in the parlors of the Gilman House, Portland, on May 8, 9 and 10. The following officers were elected to serve for the ensuing year: President, Geo. Wigg, M. D., of East Portland; first vice president, S. A. Brown, M. D.; second vice president, C. E. Geiger, M. D.; recording secretary, S. Lewis King, M. D.; corresponding secretary, C. E. Brown, M. D.; treasurer, B. E. Miller, M. D. Board of censors, C. E. Geiger, M. D., B. E. Miller, M. D., A. S. Nichols, M. D., Emma J. Whelty, M. D., L. Henderson, M. D.

The following papers were read and discussed by those in attendance:

"Sanitary Science," C. L. Nichols, M. D.

"Spongia Tosta," by Geo. Wigg, M. D.

"Tarantula Cubensis," by A. Phol, M. D.

"Aconitum Napellus," by S. A. Brown, M. D.

"Our Pharmacutists," by L. Henderson, M. D.

"The Insane and their treatment," by Osmond Royal, M. D.

"Vesico Vaginal Fistula," by B. E. Miller, M. D.

"Bronchitis; its Treatment," by C. E. Geyer, M. D.

"Bacteria as a Cause of Disease," by S. Lewis King, M. D.

"Diseases of the Lachrymal Duct," by A. S. Nichols, M. D.

Our Oregon friends have an energetic young society, and as their state fills up with people and physicians from the East, it will be heard from for good on the Pacific coast.

C. J. Burger, M. D., general secretary of the

Western Academy of Homeopathy, Booneville, Mo., has issued the following sensible official circular:

"Dear Doctor—The fourteenth annual session of the Western Academy of Homeopathy will be held in Chicago, Ill., May 29, 30 and 31, 1888. To say we expect, or to promise you a good time is not our aim. While encouraging you to uphold your State society and trusting you will never aid in lessening the influence of our National Institute, we also expect you to make some sacrifice in behalf of the advancement of our healing art in the great valley of the Mississippi. As the Western Academy of Homeopathy seeks to embrace the union of a Western brotherhood, it becomes, therefore, the duty of every homeopathic practitioner throughout the West to enroll his name as a member of the academy, and by his personal influence endeavor to advance its best interests.

That our annual meeting largely contributes to the expansion of the teachings and practice of homeopathy, and that our convention is of deep practical value, must be admitted. If you value social professional intercourse, if you prize expression of thought, interchange of ideas and wise counsel, then meet with us at Chicago."

There is room and a mission for the Western Academy, and this journal hopes it will enjoy a long life of activity and usefulness.

At the banquet tendered the Missouri Institute of Homeopathy by the Kansas City Homeopathic Medical Society on Wednesday evening, April 25, at the Hotel Brunswick, the following toasts were offered, Dr. W. C. Richardson, of St. Louis, acting as toastmaster:

First—Hahnemann. Drank standing and in silence.

Second—The Missouri Institute of Homeopathy. Response by S. B. Parsons, M. D., St. Louis.

Third—The Physician's Wife. Response by J. A. Campbell, M. D., St. Louis.

Fourth—Medical Education and Aims. Response by C. E. Fisher, M. D., Austin, Tex.

Fifth—Our Guests. Response by Joshua Thorne, M. D., Kansas City.

Sixth—Kansas City Homeopathic Hospital. Response by W. J. Ferrey, Esq., of the Kansas City bar.

Seventh—The Press. Response by James A. Mann, of the Kansas City Journal.

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The
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C. E. FISHER, M. D., Editor,

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WM. H. HOLCOMBE, M. D., New Orleans; F. H. ORME, M. D., Atlanta; J. T. KENT, M. D., St. Louis; JOSEPH JONES, M. D., San Antonio; A. L. MONROE, M. D., Louisville; W. E. GREEN, M. D., Little Rock; E. LEWINCOTT, M. D., Memphis; G. W. SHERRINO, M. D., Abilene; G. M. OCKFORD, M. D., Lexington; W. M. DARR, M. D., Nashville.

Eye and Ear Department.

J. M. Foster, M. D., New Orleans; JAMES A. CAMPBELL, M. D., St. Louis.

The Southern Journal of Homeopathy.

NEW SERIES.
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Austin, Texas, June, 1888.

OLD SERIES.
NUMBER 58.

Editorial.

Learned, but Not Liberal.

AS a differential diagnostician, for the people at large, upon all subjects of general interest whether political, commercial or scientific, the great pulse-taker of the universe, the daily press, is acknowledged to be most accurate. It is because of the fact that it is compelled, in the very nature of its work, to be broad, catholic, cosmopolitan, in its observation and study of all great questions, that it is so likely to be accurate; for, in order to serve its readers, who are the entire people, with the news of the day and with the advanced and advancing thought of the hour it must look beyond its own circumscribed sphere and delve into the philosophies of a great world, drawing its deductions from the views and conduct of its own great audience.

In treating of matters medical, the press is as apt to be accurate as in treating of any other subject,

and to its credit be it said that, as a rule, its deductions are emphatically correct. It sees through disinterested spectacles. It hears all sides. It gathers its inspiration from all available sources, and its philosophizings upon the ethical conduct of the profession are quite apt to be logical and in accord with the exercise of sound reasoning.

If any of our readers doubt the ability of the great dailies to correctly diagnose the ethical imbecility of our Allopathic friends, let them read the following editorial from the New Orleans *Times-Democrat*, of May 17th :

MEDICAL OLD FOGYISM.

Twice already allusion has been made in the columns of this journal to the action of the American Medical Association in refusing to allow Dr. L. W. Fox's paper on a difficult and successful operation performed by him, to be entered upon the minutes, because an account of the operation had found its way into the newspapers. But the incident suggests further and more general comment.

The ethical code of the medical profession with regard to matters of this kind is one of the most thoroughly fossilized

and illiberal absurdities surviving at the present day. In their ideas upon this subject medical men stand alone among the learned professions. The most distinguished clergymen have no objection to seeing their sermons reprinted in the newspapers; nor do the ablest lawyers consider that their dignity suffers when the cases in which they are engaged are reported. On the contrary, members of the ministry recognize that the newspapers furnish them with larger congregations than those that assemble in their churches, while members of the bar know that the more attention newspapers pay to their forensic efforts the better for their reputation with the public. But physicians, forsooth, are superior to such considerations as these, and profess to think that a description of an operation published in a newspaper stamps the operator as a quack, places him, in fact, on a level with the itinerant vendor of boluses, warranted to cure everything from colic to total paralysis.

And yet of all professions the medical is the one in which this kind of thing is least becoming. Of all sciences the medical science is in the most experimental condition; even its greatest masters are learners—searching after truth, groping in the dark with lamps more or less dim. And if, as is to be supposed, physicians have a higher object in view than personal profit, if they desire to benefit humanity they ought to rejoice in the facility which newspapers afford them to make their discoveries known. But their peculiar code of ethics or etiquette stands in the way.

Not long ago two gentlemen, a physician and a journalist, happened to meet in a street car. The physician had much to say on the subject of a remedy for cancer, which, as he declared, he had tried in several cases with complete success. The journalist suggested that so valuable a remedy ought to be generally

known, and, to that end, offered to place the columns of his paper at the doctor's disposal. "What!" exclaimed the doctor, with horror depicted in every feature, "publish it in a newspaper? Why, I should be ruined!"

Is not this incident a sufficient condemnation of the so-called ethical code of the medical profession? Here was a member of the profession who had found a remedy which he believed to be efficacious in eradicating one of the deadliest and most painful maladies from which man can suffer; but he dared not make it known in the readiest way open to him—by publication in a newspaper. The medical may be a learned, but it is certainly not a liberal profession.

And this is the beloved code of the old school viewed by the greatest southern daily, one too, nurtured in the lap of all that is old school, and living in the shadow of the great Tulane University and Charity Hospital! If there is a paper in America from which the Allopathic profession might with confidence expect approval of their "ancient guide to gentlemanly conduct" it is the *Times-Democrat*, of New Orleans. Truly, the code must be an offensive instrument to be thus caustically criticised from this quarter. Will the dominant school never learn wisdom and burn the document, or shall it remain for the people to purge it from existence? By its continued existence it but makes a laughing stock of a learned profession, bringing its members into contempt with all fair-minded, liberty-loving people. Away with your cast iron code.

The Genus Epidemicus.

TO the late Dr. Pulte, of Cincinnati belongs the credit of having first called the attention of the profession to the fact that at certain seasons of the year and under certain conditions existing at certain seasons, telluric, miasmatic, etc., there would be of necessity, a considerable degree of routinism in the practice of every Homeopathic physician, simply because of the fact that there are genii to every epidemic in accord with the cause and conditions that perpetuate the same. That this position is a tenable one is amply proven in practice. As for example, in the fall which is hot and characterized by hot days and cold nights, *Bryonia* and *Dulcamara* are as a rule the remedies par excellence for a majority of the cases of the prevailing bowel derangements. In the winter when it is cold and damp, *Aconite* and *Mercurius Kali*, with perhaps one or two other remedies, will correct most of the influenzas; and so on and so forth almost ad infinitum.

Especially is it worth while to take notice of this idea in the hot, summer season now nearly setting in in the south, and by studying closely the genii of the epidemic of summer fevers and "summer complaints" beginning to engage our attention, we may be able to handle our cases with greater success than otherwise, and to relieve

much of suffering and save many lives. Already the diarrhoea of young children is prevailing to considerable extent. For this, *Cuprum*, *Veratrum* and *Sepia*, may be said to be the sheet anchors for most of the cases which have come under observation thus far, with *Iris*, *Gambogia* and *Borax* as helpers. For the remittent fevers, *Eucalyptus*, *Gelsemium* and *Natrum Muriaticum* seem to be the main stays.

Will our readers give their views and experiences as to the remedies thus far this season found most useful, for the benefit of their professional brethren?

In multiplicity of counsel there is wisdom. Unbosom yourself through the pages of THE JOURNAL with the cream of your knowledge and thereby gain the plaudits of your fellow practitioners.

Don't Forget the Institute.

The American Institute will meet in Niagara Falls, June 25th. Although this national Homœopathic body has been somewhat monopolized by the east lately, yet it is, in intent and in fact, a national body, and as such is entitled to the support and admiration of every Homœopath, no matter what his section. Dr. Cowperthwaite, a thorough western man, is president this year, and is making extra effort to secure a large attendance of western men.

Societies.

The President's Address.*

By S. W. Cohen, M. D., Waco, Texas.

IN no more fitting way can I introduce these remarks than by heartily thanking you for the manner in which you, at our last meeting, chose to express your appreciation of my endeavors in behalf of this society since its organization, by conferring upon me the honor to preside over the deliberations of this, our fifth annual convocation. With this pledge of your esteem upon me, I shall endeavor to do my whole duty during our present session, and the remembrance of your kindly regard will stimulate me to use my every effort and whole influence to further the interests of our cause, wherever and whenever the opportunity presents itself.

While, as I approached the subject of my address, it seemed a difficult task to find material enough to contribute to your entertainment, thought upon thought has presented itself almost spontaneously, and all in such rapid array, since I penned my opening lines, that my offering from the chain would become too exhaustive were I to attempt to dwell upon each that lays claim to consideration in these pages. The *one* thought ever uppermost in my mind is: How can I strengthen and perpetuate Homeopathy? and the pictured reply is indelibly registered deep in the innermost recesses of my mentality, and the picture of the farmer, his sons, and the bundle of sticks, an illustration of one of Æsop's fables, is but typical of the legend "United we stand, but divided we fall," and ever reminds me that our State Society requires my heartiest support, and yours as well. No consideration except of extraordinary nature, no contingency save whose possibility meant tribulation or disaster, ought to be permitted to hinder our presence at its meetings.

*Read before the Texas Homeopathic Medical Association, at Dallas, May 1, 1888.

Such a course, and only such a one, pursued and persisted in from year to year by the members of our association, will be an evidence to our people of our permanency.

By no means can we so stimulate each other in our intellectual progress, and reanimate such brethren as are lagging in our wake. These meetings inspire one to new resolves under the banner of Similia, and as we wend our several ways homeward after our duties have been performed, we carry with us a clearer conception of what Homeopathy is, and what it is capable of accomplishing under the auspices of our fair minded communities. Though feeble and almost moribund in the abnormal imagination of some of our orthodox brethren—the wish being father to the thought—each year finds us more vigorous than the one preceding it, and at no time in the history of our school have the skies been so clear, our future so brilliant, and victory so assured. It is not the design of this address to engage your valuable time with a table of statistics, but my professional pride prompts me to recommend to your attention the advance of homeopathy since last we were assembled. From the European continent we have the most encouraging reports. In London we are soon to have a convalescent home. In Liverpool we have but recently acquired the Hahnemann hospital. Our Infirmary victory has been told you at length. In Calcutta, India, a college, dispensary and several journals are helping the good work along. Among the upper classes of far off China homeopathy is rapidly advancing into favor. In Melbourne, Australia, we now have an exceptionally fine hospital. In South America our new college is in successful operation. Coming back home, we may point with pride to our recent acquisitions. A new hospital is being built at Detroit, a Child's hospital is to be erected in Chicago,

though we now have a homeopathic hospital and a portion of the county hospital in that city under our supervision. A new college in New York city, an asylum at Fergus Falls, Minn., and a hospital at Wilmington, Del., must also be added to our revised directory of homeopathic institutions. I have no desire to go into detail regarding such other of our institutions as have already been reported by the American Institute of Homeopathy at its last June meeting, but the grand total of colleges, hospitals, dispensaries, societies—State and National—practitioners, etc., is sufficient to enkindle the zeal of any save a stay-at-home-and-never-attend-a-society-meeting Homeopath. Basing our faith upon the earnestness of our fellow practitioners, by the record they have thus made in the East, North and West, and acknowledging their worth by the constant multiplication of their works, let our approbation be shown them by our seriousness in the same good work here at our own hearthstone. No pecuniary cause, no jealousies, no trifling misunderstandings, no differences of opinion, should be permitted to detract aught from the success of our meetings, but all with one accord, and one aim, lay down the burden of our daily routine, when duty calls, and in joint effort make our every yearly gathering a grand success. If we have proven a remedy, here is the place to publish it; if we have conceived a new idea, here is the altar upon which to offer it to our brethren, if we are radically "high" or "low," here is the modern forum from which to reason and convince those who differ with us. We come here not only to strengthen our beloved science, but ourselves individually. We come here to interchange opinions, to gather fresh inspirations, to jostle each other and profit thereby. We come here for mental and physical recreation, and to extend the right hand in hearty good

fellowship. We come here to study Homeopathy—and that member who does not profit more by his attendance than will fully remunerate him for his outlay, is a fit subject for our sincerest commiseration. With our prospects never so bright, let us not flatter ourselves into a state of apathy, or even security, by imagining that the forces that have so long and persistently besieged us in a most bitter and aggressive spirit, have raised the siege and withdrawn, but rather make "eternal vigilance" our watchword, and be prepared for every fresh private or public assault. Even now the balmy Southern zephyrs come to us laden with whisperings of efforts, quietly but determinedly pursued, to influence a legislative body, whose past action has clearly demonstrated that it cannot be influenced to discriminate against one portion of its constituency at the behests of another. Still these bellicose gentlemen seem to profit so little by former experience, having received hint after hint from the highest sources to desist, they are blindly rushing in to again invoke the legislative boot. We know the temper of our representatives better than they do, and simply cry "lay on," though it behooves each member to constitute himself a sentinel on the homeopathic watch-towers to be ever on the alert for some hidden attack from some unforeseen quarter.

Our position as a distinct school of medicine was for many years a questionable one, but to-day we are recognized from the Orient to the Occident, and wherever the human ear is assailed by the bustle of a stirring life, there you will find Homeopathy, and always on its feet, with the right one foremost. Still, our struggle is not yet over, as evidenced by a preceding paragraph of this paper. While the general rabid antagonism of the past has been to some extent modified, it is not owing to any sudden revo-

lutionary movement, impulsive change of heart or contrite conversion on the part of our antagonists; but our prominent successes, our rapid growth in members, the endorsement of our system by the most intelligent and cultured classes in the larger and more intellectual centers, the accumulation from year to year of these hospitals, asylums, dispensaries and colleges, and the appointment of homeopathic professors to separate chairs in many of our universities, as well as members of our school to both state and government offices—all these have become appreciable factors in wringing concessions, and oftentimes conciliatory treatment, from the hands of our opponents. In many cases, open malice and uncurtailed vituperation has softened down into good natured banter and friendly ridicule. When policy demands such a change in Texas as it has elsewhere, even our now unreclaimables will follow their captains in leading strings. We have been the cause of much dissention in the ranks of the old school, for our undisputable achievements have been recognized by some of the more liberal element who sit in high places in the orthodox synagogue, and these are honorable enough to accede our ability in every field of medical science, and our especial aptitude in therapeutics. Their most able exponents have been made our most ready witnesses, for progressive allopathy, is so well disguised with homeopathic sauce as to make it most palatable to even our most intolerant so-called *regular* brother. This is the hour of intellectual "renaissance," and the riper minds among our lay friends have been emancipated from the domination of the doctor, as well as that of the dominie.

Two newspaper articles have recently come to us from the pen of Dr. Wm. A. Hammond, the one entitled "No Reason for Death," and the other "Can Man Live Forever?" The

theories the doctor advances are unique, and to some, perhaps, may appear conclusive, but the editor of our local paper, the *Waco Evening Day*, strikes the key note reason for the extension of the average years of human life within the past half century. "With due deference to the doctor's theory," says the *Day*, "we suggest that the 'laissez faire' of medical science now-a-days, as compared with its deleterious doses of fifty years ago, has helped no little to lengthen the span of life." The seed planted by Samuel Hahnemann has brought forth a living tree, and this is its goodly fruit, for to-day the progressive Allopath is trying Homeopathy, or resorting to the expectant or do-nothing treatment, as being a cycle of years ahead of his do-too-much methods. Sweep away the bigotry and intolerance still existing in the "know-it-all" class of old school practitioners, and the next fifty years will lengthen out the average span of life still more.

Full well do I remember my advent in my present field of practice and adopted home, and how some who have since that occasion received the benefits of Homeopathic treatment at my hands, and are now numbered among its staunchest supporters, pointed the finger of scorn and ridicule at me, and denominated me a quack. Their apology invariably has been, "We knew nothing of Homeopathy except what individuals interestedly opposed to it had told us." We are often reminded of the fact that as practitioners we are in the minority; that the great majority represents the truth. That is what every Buddhist has said to every Mohammedan, every Mohammedan to every Christian, every Christian of one sect to his brother of a numerically inferior one. Galileo heard the same remark, and so did Copernicus and Kepler. Harvey and Newton, too, felt the strong opinion of the majority, and Stephenson

and Morse bore bravely up under it, until *they* became the majority. Every new truth is subject to comment, criticism and often derision, but a fact remains a fact, whether accepted or not. Every new idea requires elaboration—proliferation—and Homeopathy has bided her time with her sister sciences, until every *unbiased experience* has accepted the law of similia as one of nature's own; and nature's methods are infallible, no matter what her duties may be. We have every evidence to fortify us in our firm belief in the law. Coupled with our own experience is that of those who have spent more years in its service than are allotted to the average man; of these a large proportion were once adherents of the old school, and as bigoted as many of the heirs of that school ever were, and these same gentlemen are the most competent judges as to the comparative efficacy of the two systems of medicine. On the other hand, I can call to mind but one individual, and he originally an allopath, who came over into our camp to study homeopathy and practice it awhile, and who re-proselyted after once within our ranks. This man expected, no doubt, to popularize himself with his old friends, as he did, for he took back with him enough newly acquired knowledge to place himself in their midst as a teacher of—Homeopathy, under another name, mindful of the Shakespearean quotation, "What's in a name? that which we call a rose, by any other name would smell as sweet." I refer to Mr. Phillips, of England. Day by day is the opinion of such gentlemen, whose constant observation and experience confirm our predictions, becoming of more value to the public than that of such who have even no clear conception of the initial lessons in Homeopathy. Small doses have undoubtedly been tried by our so-called regular practitioners, under the firm conviction that they were

testing Homeopathy, but the drugs were given from an allopathic standpoint, i. e., for their physiological effects, without taking their reactionary powers into consideration, and with no homeopathic indication whatever. Minimize your calomel or quiniæ doses to infinitesimalism, but you'll find no virtue in them if not prescribed according to the the law of similars. Homeopathy knows no law of dose, Hahnemann himself beginning to practice under the law with tinctures and the lower potencies, though gradually ascending the scale, and finding the higher potencies more efficacious; and 'tis a fallacy on the part of the old school when they believe the size of the dose is prescribed by the same law that selects our *similimum*. 'Tis true minute dosage has become, as it were, a corollary of our system, and a most beneficial one in every respect. *Simila Similibus Curantur*, or Like is Cured by Like, i. e., symptoms the outgrowth of any idiopathic condition are cured by a drug which, when taken by a person in health, produces symptoms *similar* to the symptoms of the disease, is the only never failing basis upon which the science of therapeutics finds a secure footing. The size of the dose is a matter of personal experience, for some persons are more susceptible to drug action than are others. Many of us differ upon this question of dose, but with charity for all, let us decry no brother who conscientiously prescribes according to the law. In the application of the various medicaments to disease, Homeopathy means similia or nothing. Please remember this. Right here permit me to protest against accumulating innovations which are being saddled upon the law. Isopathy, antipathy, nosodism, eclecticism and Schusslerism per se, are not Homeopathy, whatever they may be, or in what estimate they may be held. Samuel Hahnemann formulated and defined the law which his bright mind

grasped in a moment of inspiration, while delving deeply into the hidden secrets of nature, during the period he was investigating the relationship of drug action and disease. This law we cannot hope to improve upon. I repeat, Homeopathy correctly interpreted means *Similia Similibus Curantur* or it means nothing. We do not say it encompasses the whole domain of a physician's duties, for conditions demanding antidotal treatment, and surgical diseases requiring manual or instrumental interference are not amenable to dynamic treatment. The originality and dexterity of a large number of expert surgeons of the old school cannot be denied, and I would withhold no meed of praise for their research and constant improvement in that specialty. Here they *have* a field where the laborer who diligently applies himself will reap abundant harvest. The intelligent old school physician recognizes this fact, as well as another—that the results of empirical formulæ can hardly be termed conservative; so, having no desire to begin his studies anew, even under the guidance of a Ringer or Brunton, he applies himself assiduously to surgery. The tendency of the wide awake portion of his school, remote from medical centres, are towards surgery, as soon as their eyes are fairly opened to the fact that the medical shot-gun, loaded to the muzzle with too great a variety of globular masses, scatters too much, missing that portion of the living target aimed at, and carrying uncontrollable and oftentimes irreparable mischief elsewhere while the Homeopath is inclined toward therapeutics, for his accurately sighted *rifle* containing but a single sphere, selected by careful and painstaking differentiation, will make a centre shot, providing, always, that the marksman has been *and is* a diligent student. For these reasons we have fewer surgeons in our school even proportionally, but a larger number of accomplished

and qualified physicians, though they outnumber us about eight to one. That our school has among its number some surgeons who rank with the foremost in any clime, none will dispute, and it were an invidious task to call them by name.

You can be more useful in your sphere as a physician—a therapeutic specialist—than you can as a surgeon, for over ninety-nine cases out of every one hundred in private practice are of a medical nature, and 'tis in this branch of our science the old school physician is lost in a bewilderment of diagnoses and formulæ and must yield first place to the Homeopath. I know we often appear to labor at a disadvantage, when employing curative instead of paliative measures, but passing as therapeutic specialists, it becomes our duty to study the *materia medica* more diligently, and soon the laity will learn to discriminate between transciency and permanency. Too many flying the flag of Homeopathy pander to the desires of a distressed and nervous relative by presenting an antipathic dose to the patient, which performs its functions to-day, at the expense of the patient's health tomorrow, retarding convalescence, and often interfering with a final cure. We must learn to individualize and set our faces against such empiricism and eclectic practices as are often presented us by journals with the homeopathic colors at the peak. When, with most charitable intent, I, at the organization of this association at Austin, in the year 1884, presented a resolution to the effect that any and all practitioners in good standing who so desired should be permitted to affiliate with us, I was emphatically and effectually sat down upon, by being reminded in short speeches and long ones—historical declamations and classical lingual demonstrations, all of them—that “this was an *Homeopathic* society.” “I thank thee, Jew, for teaching me that word.” This quotation is not merely utilized as

poetical pleasantry, for I do here to-day heartily thank this society for so practically teaching me its principles and purposes.

I have learned the lesson well, and now I entreat you let us teach our friends that we are Homeopaths not only in name but in deed. As no occasion more auspicious than the present will present itself, allow me to suggest that we have more clinical papers, and at least a few provings at each meeting. This is a rapid age, and minutes of to-day are worth what hours were fifty years ago. So let our subjects be concise and pointed. Let each paper have some prominent feature that cannot be forgotten when once learned. We do not claim to be histologists, nor even, and I must say it, accurate pathologists, as a school, but we do claim to be therapeutists. Microscopy, pathology, bacteriology and kindred sciences, deserve the highest places in our estimation, *as such*, but the well versed therapeutist is the one most earnestly desired by the largest number of poor, suffering brothers and sisters, at the bedside. Your diagnosis of the disease may be, I repeat it *may be*, the correct one, but what avails it if you cannot "diagnose" the indicated remedy. The laity has been taught to believe that when the doctor knows, or *seems to know*, just what part of the anatomy is awry, and just *how* the physiology is sick, he knows exactly what will restore the harmony of the discordant element, but just here the polypharmaceutists of all schools strike a snag, and experimentation, temporization and expectation take the place of accurate prescription.

We have so little to add to what we find in works, on the unstable *theories* of medicine, accepted to-day and rejected to-morrow, that our experience in proving drugs, not familiar, or reproving some of those best known, and our clinical observations in the therapeutic field, are of

more interest and value to the association than a rehearsal of the old subjects so well defined in various text books, though played upon with the numerous variations of an expert interpreter armed with a most accomplished vocabulary. Let us profit by each other's errors, and we will thus acquire a practical knowledge to serve us a good turn ere, perhaps we expect it. Medicine is no humbug, though often so denominated by those with no defined or regular methods of applying drugs to disease. Drug pathogenesis, to many, even of our own school, is an eternal labyrinth—a maze in which they become bewildered and lost.

The finer shades of a drug's actions are lost to us by generalization, but close observation of both subjective and objective effects of toxic physiological doses of medicines, as exemplified by either accidental poisonings or provings, or both combined, is our only finger post to success. 'Tis only Hahnemann's instructive method, closely and conscientiously followed, that will place us upon vantage ground as a school of medicine. Finely spun theories, tendered in elegant phraseology, from a scientific platform play euphonic melodies upon a normal tympanum and the "old Harry" in the sick room. 'Tis only the symptoms of the proven and the verification of these that promise us success, and always keep their promises.

Homeopathy is about one hundred years old, a lively centenarian, expecting to live always upon its own acquired merits. Her first born literature is perhaps twenty-five years younger. From the date that Samuel Hahnemann presented us his first provings and that of his disciples from the hour the *materia medica* was first published, the therapeutics of our school have never changed. Every drug utilized by Hahnemann in his day is used by his followers of to-day for the same or similar conditions. We find the

truth declared by him to be the same to-day as it was when first promulgated, nearly a century ago. Our works on *materia medica* issued during the first portion of this century, are as valuable as those still moist from the printing press, and, in many instances, more so. The indications of a drug pointed out by Hahnemann and his immediate associates remain — must necessarily remain — the same, until the end of time.

Irregular? Turn now to another picture. The old school therapeutics of twenty-five years ago is next to worthless to the advanced practitioner of that school of to-day. The theories he swore by then have been cast into the rubbish of his fast crumbling therapeutical temple. The drug lauded to the skies yesterday is anathematized to-day. The busy doctor of this decade is compelled to discard his literature published in the last, and purchase "Disguised Homeopathy"—so denominated by a London medical journal of his own school—by such authors as Ringer, Phillips, Brunton and Bartholow, the foremost therapeutists in his school. In ten years from now his text books will be again revised, and as each new revision means a little more homeopathy, I'm heartily glad of it. We have no revisions, except to add an occasional clinical symptom to a drug, or to dispense with a doubtful one, and to extend our remedies. What! Stand still? No progress? Nature's laws are not progressive; they are perfect. Give the same cause, the same effect follows.

Electricity is not progressive, nor does gravitation advance. These and other natural laws are made utilitarian in various ways, from time to time, as we become more familiar with their functions, but the principle inherent in each particular phenomenon remains always the same, and so with the law of *similia*. Its scope, applied within its own sphere, is infinite and universal. Not of man's creation,

but an immutable interpretation of nature's curative method. None of our remedies—proven remedies, I mean—are ever charged with a failure. None of them have ever been cast out of our therapeutics and relegated to the back shelves of our pharmacies, cursed for their inefficiency and feared for their dangerous properties. Never have we accepted the "ipse dixit" of some doubtful medical authority, some unknown chemist or some manufacturing firm as authority for the use of a drug. Never have we prescribed some new drug in the medical firmament morning, noon and night, blessed it as a specific a few short weeks, and then abandoned it for some new star that arose as a candidate for our professional favor, except we have borrowed our ammunition.

I know it is easier to prepare some palliative—simple or compound—than to "dig out" the *similimum*, and many who claim to be Homeopaths, "and just as good Homeopaths as anybody," resort to such a measure. Did they but realize that they were unwittingly digging a pitfall for Homeopathy wherever their influence extends, they would mend their ways, for in many instances the public can determine but so slight a difference between such guesswork, practice and the unalloyed orthodox that it cares not to leave the frying-pan for the fire. One can not find a secure position between the two schools. One can not be one-half Homeopath and one half some other path. The days of mermen, centaurs and minotaurs have gone by. I know some of the homeopathic fraternity indorse eclectic methods, but they are handicapped in the race. I can honor a conscientious old school physician and can listen with a good grace to his medical suggestions, for I know he means what he says, and won't compromise when he thinks he is in the right, but little dependence can be placed upon

a practitioner who is anything to-day and nothing to-morrow. I do not mean to be severe upon any class, nor have I a desire to cast reflections toward any quarter, but am only using my might to lift up Homeopathic therapeutics, and when you write the word please begin it with an extra sized capital H. We can only gain renown for our method of cure by being simon pure homeopaths, and that correctly defined means prescription based only upon the law of Similia. I know it and so do you, that Similia covers the whole therapeutical ground, and if we put the temptation to temporize with empiric suggestions behind us, it will enable us to show the *real* difference in the results of Homeopathic and other practice. A renowned Eastern physician wrote me some time ago: "I *will not* give morphia. I'd rather lose the practice of a family than accede to such a demand. If one can't get well *with* Homeopathy, he can't get well *without* it." Imbue our profession with these sentiments and we will gain adherents more rapidly than the most sanguine of us ever dared hope.

The minutes I had apportioned off for this address are rapidly being numbered with the past. I am loth to leave it here with so many things unsaid that ought be said. If I have reverted to any one subject too frequently or dwelt upon it to lengthly, my apology must be that my whole being is stimulated with a desire to do my utmost for the good of our school of medicine. It certainly will not be accounted amiss if the president of an Homeopathic association touches upon the subject of the *Organon*. By its refulgent light our first feeble steps in the days of long ago, were taught to acquire direction. With a finger traveling from paragraph to paragraph, the grand master architect who planned its beautiful ground work and superstructure, and rested the whole on that un-

changeable sub-fundament, the law of Similia, taught the new truths therein contained to his eagerly attentive followers. The old guard who so loyally and courageously assisted in the upbuilding of this resplendent edifice sleeps the kind sleep of oblivion with the Master, but the trestle board upon which the designs for their guidance and ours was first imprinted has in too great a measure been forgotten.

In my college days I rarely ever heard the *Organon* mentioned, and *never* heard a line read from its pages from the lecture desk during three courses of lectures. Is there any member present who, during his student life, saw it in a lecture room? Is there any Homeopathic college within whose walls it is taught, or where one of the requirements of graduation insists upon a student's knowledge of its teachings? The philosophy of Homeopathy is found only within the pages of the *Organon*, and without a knowledge of its precepts we at best must go halting and stumbling along the pathway to that goal ever beyond our ability to reach. We are not compelled to take every paragraph or section of the *Organon* on trust, for never was there man nor the work of man perfect.

The grand truth underlying the whole work may at some points test our faith and combat our understanding at first reading, but even these apparently weak spots become stronger and stronger as we rehearse the glorious volume from time to time, and at each review learn to interpret it more correctly and understand it more thoroughly. Do not decry the lessons it teaches, though you may find some apparent fallacies within its boards. Complementary issues, be they right or wrong, cannot destroy the infallibility of the law, and nowhere will you find the philosophy of rational medicine so explicitly laid down as in the *Organon*, by Dr. Samuel Hahnemann. And now

let us promise ourselves and each other that we will read a portion of this, our grand primer, until we meet again in 1889, and then spend a portion of our time in discussing some of its paragraphs and the influence they may have had upon our practice. Let us make our meeting of 1889 an experience meeting in every sense of the term. One admonition, and I am done. Hold your colors aloft and stand by them boldly. Do not surrender your principles, even in the face of a seeming defeat. *We* are liable to err; the law, *never*. Let us not humor a desire to change our remedies by merely changing our methods, but "rather bear the ills we have than fly to others we know not of." Fight the good fight with your own weapons, as you know yourselves. Such a course will strengthen you morally, giving you that confident carriage in the sick room which so soon becomes contagious, that patients, visitors, all, become "eu rapport" with you, and place their fullest trust in your ability. Your influence will lend prestige to our State Association, and its representatives will carry weight with them wherever sent. You will encourage your old friends, and make new friends for homeopathy of its erstwhile enemies.

THE JOURNAL has given place to the able address of Dr. Cohen in spite of its length, not only without reluctance, but with positive pleasure, chiefly because of the emphatic position he assumes in regard to the future of the State Homœopathic Association, and the plainness with which he urges upon every physician in Texas their support and attendance upon the organization. A strong state society is a necessity to Homœopathy in Texas, and it is believed that the presentation Dr. Cohen makes of this duty will arouse from lethargy some who have not yet attended the association meetings.

Practice.

FOR THE JOURNAL.

A Typical Case of Cocaine Poisoning.

By J. H. Lowrey, M. D., Neola, Iowa.

One Sunday about five weeks ago, while preparing to take my necessary mid-day rations, I was hastily summoned to the residence of my esteemed "regular" opponent, Dr. Harvey, with the abstruse statement that his wife was having a "spell."

Cognizant of the fact that she was addicted to the *Morphine* habit, naturally led me to suppose she had gotten an over-dose. Arriving there, I was ushered into her apartment, where I found the distracted Doctor endeavoring by pacific means to quiet his raging wife.

Although well acquainted with her, she did not recognize me on entering, but gazed at me with a dazed, bewildered stare. I watched her intently for at least five minutes, carefully noting her symptoms, the doctor meanwhile acquainting me with her morphine habit, observing, incidentally, that he had never seen it "act that way." It required two persons to control her whenever the paroxysms of frenzy recurred, which they did every few minutes with increasing severity. She incessantly gesticulated and muttered to herself, picked at her clothing and bedding, reaching at imaginary objects. She would strive strenuously to get out of bed, but did not attempt to injure her attendants. She would not stand erect without support, and when thus supported she would roam from room to room, searching for something intangible. Her tongue was dry, parched and quite stiff, coated brown down the centre. Words she uttered were scarcely intelligible. Her eyes were exceedingly brilliant and glassy, pupils dilated, and features blanched and drawn. A cursory review of her symptoms convinced me

it was not *Morphine* she had taken. I ventured the opinion that it was *Cocaine*, my memory reverting to a similar case that occurred in Chicago, and reported in one of the journals. He thought it impossible. I then averred it must be *Stramonium*, as her symptoms and that of *Stram.* poisoning were identical. He said: "Impossible, I have not that agent even in my drug store, but I did have a vial of *Cocaine* tablets $\frac{1}{8}$ gr. in my buggy case." A hurried investigation verified the correctness of my supposition, as half of the tablets were gone. An old hypodermic syringe, half full of *Cocaine* solution, found in the closet, explained all. Meanwhile she had grown appreciably worse, her pulse increasing in frequency and losing volume. The most perplexing and unanswerable question was, what to do? My knowledge of the drug, especially its toxic effects and antidotes, I had to confess, were meagre indeed, consisting only of articles I had read in the journals. The Homeopathic medical works published in 1887 do not mention the drug among "poisonings." Like the sinking sailor, I had to do something. I gave her *Coffee*, *Camphor* and *Digitalis*, but without relief. Puzzled at the striking resemblance of her symptoms to *Stram.* I decided to experiment. I explained my purpose. "How give it," said the doctor, "Homeopathically?" "Certainly," I replied. "Very well," he said; "give it if you think it will help her." Preparing twenty drops of the tincture in one-half glass of water, I gave a tablespoonful every fifteen minutes. The very first dose ameliorated her symptoms, and after the third dose she lapsed into a quiet repose, from which she awoke perfectly rational.

This case furnishes food for reflection. The remedy was prescribed in accordance with the law of similars, and its action was prompt and effective. Does not this conflict with the promulgated and accep-

ted theory of homeopathic drug action? There was in this case a toxic condition, in which the cerebro-spinal nervous system was the chief centre of disturbance. In reasoning from a medico-philosophical standpoint, *Stram.* should have been given in palpable doses to obtain its antidotal effects. No one will contend that the small quantity given was antidotal. I always employ that drug, in combating morbid conditions, in the tincture. Its action, then, can only be explained by the law of similars; but how reconcile that hypothesis with the established theory of drug action? According to our conception of that law, we administer the attenuated remedy in conditions in which normal action of the human organism is perverted, either by morbid influences within or without the body, and in which functional or structural changes have been produced, but nowhere are we advised to give attenuated remedies to counteract the effects of poisons. The action of *Stramonium* is as much an enigma to me as the result of its administration was brilliant.

Reduced Rates to the Institute.

MEMBERS and others desiring to attend the American Institute meeting at Niagara, July 25-29, will be returned for one-third fare, provided they pay full fare going and procure a certificate from the agent at point of starting. West of Chicago the following lines will grant excursion rates: Chicago & Alton, Chicago & Northwestern; Chicago, Burlington & Quincy; Chicago, Milwaukee & St. Paul; Chicago, Rock Island & Pacific; Illinois Central, Missouri Pacific and Wabash Western. Non-members residing in the territory of the trunk lines, i. e., east of Niagara, Buffalo, Salamanca, Pittsburgh, Wheeling and Parkersburg, can have certificates sent them by applying to H. C. Allen, Chairman Committee on Railroads, Ann Arbor, Mich. This reduction of rates ought to secure the attendance of physicians from a very large scope of country, and thus make this year's meeting truly National in character.

Obstetrics.

The Accoucheur.*

By C. N. Cooper, M. D., Winchester, Ky.

I DO not expect to be the means of shedding a great amount of new light on the above subject, but hope to briefly emphasize a few of the more important and oft overlooked points. The earnest physician in love with his work, when called to attend a woman, in this, the most trying time of her life, has truly a *labor* to perform himself, and else he has his wits about him and is ready to meet any and all of the many emergencies that may arise he will wish his calling something else, other than a medical doctor.

On the other hand, if he feels himself well prepared to cope with whatever comes before him and has had a thorough practical knowledge so essential, and that should be required in every one of our schools before a diploma is granted in this branch, then his actions may gain him confidence.

A call to the lying in chamber is one in which we should respond promptly. On arrival it is well to let the patient know of our presence in the house before entering the bedroom. We should learn the nature of previous labor, time consumed, etc., etc.; and just here let me emphasize the necessity of having our patient under prescribed treatment and diet for some weeks or months previous in all possible cases, thereby being able to make use of and observe the action that some well selected Homeopathic remedy has in assisting nature along to a happy termination.

During the *first stage* the patient is generally dressed. Inquiry should be made as to when the bowels have moved, and if not for twelve hours an enema must be employed; if the bladder is full

a male catheter is better for evacuating when necessary.

An examination should be made, both during and after a pain, to ascertain the size of the os, and the strength of the pains. [False pains are told by the fact they produce no effect on the size of the os.]

If we find the os, or cervix, half inch long or over we know labor is not yet commenced. Apprise the patient of the fact, leave some remedy (perhaps *Cimicifuga*) and say you will call in the afternoon or next morning, as the case may be. Before examination let me emphasize the propriety of washing the hands, *in the presence of the patient*, with warm water and applying lard or vasaline over the examining fingers as usual. Now, the doctor should be kept away from the patient's room until needed, for a woman will get along much better *alone* at this period unless something special is the matter. It is my custom to be in an adjoining room where I can have an ear to the whole proceedings. Near the completion of the first stage the woman will generally take the bed, and before doing so the bed should be protected from discharges, then prepared over this for the comfort of the patient. The woman should have her clean clothes tucked up under her arms and an old shirt or sheet over the lower half of the body which, after labor, can be removed along with all articles soiled and her clean and dry clothing brought down, thus saving the trouble and often avoiding a risk to the woman of having to be dressed when she desires and should have complete rest.

Have the woman placed in such a position that she may support the feet against the foot of the bed, as she will generally want to pull on this by means of a strap or towel, during a pain, and may want some one to support her back. These desires should be gratified.

During the *second stage* stay by your

*Read before Kentucky State Homeopathic Society.

patient. The woman now generally lies on the left side or back with the thighs flexed, and legs on the thighs. Have your nurse by you and subject to your orders, to keep the patient and bed clean as possible of any discharges. As the head of the child descends, watch it closely and relieve any abnormal conditions that may occur to it or the woman, if possible.

A slightly prolapsed vagina may occur and can be remedied by pressing with the fingers against the vaginal wall during the interval of pain. So also may a malposition of the head be rotated to one normal. When the head is born see if the cord is about the neck, if so, try to loosen it during an interval of pain, and if this is impossible the cord must be cut and the babe taken at once, if we would save it.

When the child is born it is well to wrap it up in an old sheet and lay it on the right side until handed to the nurse for washing.

During labor, the woman generally perspires freely, and may have a chill; however this may often be prevented by covering her with an extra blanket. This chill may come even in hot weather, it being somewhat nervous in origin. Soon after birth our attention must be turned to the mother as well as the child, and see if there is another babe in the uterus, and if the uterus is contracting and solid, instead of flabby and relaxed. If the patient sinks and says she hears bells, dangerous hemorrhage is probably imminent. In such a case quickly scoop off the placenta, give the indicated remedy (China), and do not withdraw the hand until the uterus has contracted firmly and has expelled it and its contents.

Now the *third stage*. Conditions decide the question of time. The Placenta comes in fifteen or twenty minutes after birth of the child, but if there is no flood-

ing, or we do not have a relaxed state, do not interfere too soon.

It is my custom to rub and knead the abdomen over the uterus after the birth, in order to produce contractions and excite the third stage into activity.

On October 13, 1887, I was called to attend a woman in labor; age 29, house-keeper, tall and angular with dark complexion, and the mother of three children. Heretofore had been under the strict care of the regulation old school (and his code of ethics). On arrival I was informed we would have no trouble with the birth of the child, but "the after birth" would have to be torn away as heretofore. "Oh, doctor, I would rather have twins born together" than to have that done.

The birth of the child was slow at the beginning, the pains being sharp and cutting, extending to back and upwards, and quoting the patient doing "no good." This was relieved by a few doses of Gels. S., and the child born in fifty-five minutes. Now comes the truth of their assertions to meet.

The child being born the mother had but one slight pain following, which was not expulsive, and she became very much excited, fearing a repetition of the scooping process, as heretofore. After waiting some twenty minutes, owing to her excitement I was unable to get any reliable symptoms, and as is my custom in this dilemma, I gave Cantharis 3x, two doses fifteen minutes apart, and before time to repeat, one genuine and forcible pain expelled the placenta entire.

On several occasions I have thought the contractions were aided by cutting the ligatures of the cord and allowing it to bleed a little.

Do not forget, in cases where there are any signs of much hemorrhage, Cantharis should not be used.

Care should be taken to see that the placenta is removed entire, thereby avoid-

ing a troublesome and offensive lochia; however, only a slight tension must be put upon the cord, and that during pain.

The question of the belly-band I generally leave to the patient, unless I see some reason to the contrary, always ordering however, that the nurse apply the band if there is any complaint of relaxation or tendency to hemorrhage in my absence.

The after pains are generally worse as the number of labors increase and are diagnosed by the fact they are not attended with febrile excitement, no tenderness to pressure, no suffering in interval of pain, and no suppression of the lochia. They generally cease in two days, but can be controlled with such remedies as Bell., Puls., Secal Cor., Gels., Xanthox., etc. In bad and persistent cases it may be necessary to use opium as a suppository (one eighth grain injected into vagina.) Take care that after pains are not caused by an over accumulation of urine. I must not forget a few words about the resultant of all this trouble, the babe—that closest observer of all animals.

After birth, when all is right with the mother, see that the child is washed, and washed clean, after which it is handed to the doctor for dressing the cord. The child should not be fed until after the mother has had a rest, unless there is fear of hemorrhage.

Putting the child to the breast has a good influence on the uterus, and on the child. It also empties the breasts of cholostrum. Every two and a half or three hours is frequent enough for nursing an infant, and the disobedience of this rule is the result of much of our infantile sickness.

POST PARTUM TREATMENT.

When all appears convalescent you will then have time to give a few directions for the future, and lucky is the doctor whose words have more weight than

the inevitable and irrepressible neighbor.

The food for the mother is governed by the character of the labor. Panada gruel or cracker soup may be given first, and can be allowed every two hours, if she likes it. After a nights rest give mutton chops and butter toast, after which we can allow prescribed table food.

Permit no eggs, fish or oysters to a lying-in woman, and if any signs of convulsions at any time, forbid fresh bread.

Let the patient have small meals until milk fever is established. Allow water at any time, as after labor during lactation there is a great demand for the watery food, which should be supplied.

After labor order a darkened room, quiet and well aired. Keep a mellow light in the room for a week, and let the company be limited for the first two weeks. My practice is to exclude every one, save the family, for the first week in *every* case, and to keep the patient in bed for ten days. In a few hours after labor we have a slight increase of temperature, this being a reaction from the fall that took place at close of second stage. This increase dies out, giving us another fall, a rise again taking place, due to milk fever, the level being reached in about five days after labor.

Make your first visit within eight hours after a normal labor, and note every symptom carefully. The pulse should not be over 100. The character of the lochia, pain and tenderness of the abdomen, and urine, all require special attention. Has she any headache? Did she sleep well? Is the lochia profuse or suppressed? We should remember that pressure may cause paralysis of the urethra, and the woman have no desire to urinate. In such a case have the vessel warmed by pouring hot water into it, and let her sit up and get on her knees and elbows over the vessel, in this position the desire may return. To facilitate further let her hear the sound of running

water from a handy faucet or pitcher while in this position, which will often aid the effort wonderfully.

This getting up tends to clean the vagina of clots, and perhaps cause her to pass water in itself. After the patient has had her first sleep she may have a wash and dry napkins. The washing should be done by rubbing with a damp rag and drying as we go.

The napkins now applied, measure the amount of lochial discharge. If it becomes offensive, such remedies as Arsenicum, Baptisia, etc., etc., are thought of, along with the injection of an antiseptic solution, and here allow me to suggest that the nozzle of the syringe be removed, and the simple rubber tube be used instead. By this the water goes up in more volume and so returns, while the little thin stream may enter the cavity of the uterus and cause uterine colic.

In all the foregoing I have omitted the mentioning of many remedies that might be required, as every physician knows that of a dozen cases of obstetrics, perhaps no two are alike in treatment, and consequently must be given the one indicated.

Getting Left When We Expected Extra Reward.*

By J. F. Edgar, M. D., Lexington, Ky.

A YOUNG lady whose mother died of consumption, came into womanhood with menstruation painful, irregular, etc., and came under treatment in October, 1884, for general run down condition, as well as the female trouble. After being apparently fully relieved for a year or more, she married, and shortly after became enciente. Came and made engagement for "the future," and also for treatment for ulcerated nipple and enlarged glands in that bosom, and axilla. That condition being relieved gradually, and an ex-

amination of the pelvic cavity refused, she went on to time of labor, and one morning in August, 1886, the call came. Found the os dilating, mucous showing, head presenting but not down to an engagent; no pain. Pelvis found to be rather small, but not deformed specially.

As she was in no pain, suggested she get up and go about the house, as she had only gone to bed as I arrived, and as soon as a bearing-down occurred, to let me know. She played croquet that afternoon and evening. After midnight, bearing down feeling and discharge of part of the waters, and on being sent for, an examination found the os dilated and the head coming down, with hardly any pain, till the head reached the inferior straight, when the pain became intense and agonizing, the head being too large for the straight. Gave Chloroform, which she took badly, and did not crowd it—the family opposing—she calling for it.

She had great confidence in me, but her husband (an ignorant, bigoted fellow) as well as members of his family present, had no knowledge or confidence in Homeopathic practice. The bones of the head gradually lapped, and child was born, with very little laceration, and all seemed to be doing well. As a whole the labor was lighter and less painful than the average of primipari.

It was customary for the obstetrician to go away now, as the mother and child were washed and dressed, and resting easy; but I found the *pulse* running high, although asleep and not of a nervous temperament. So, told the family I would stay awhile, as the pulse indicated trouble, though no other—absolutely no other—indications. Womb contracted, and everything apparently normal except the *high pulse*.

In the course of an hour nurse called me, saying: "She is flooding," Found her pallid, breathing heavily, gasping, etc; gave a dose of Ipecac 1 m., B. & T.,

*Read before the State Homeopathic Society of Kentucky, March 17.

which promptly acted, and she again rested easy, and without any further symptoms I could gather, except the rapid pulse. I again said I would wait, and through dinner. She took nourishment, and again slept, after nursing baby.

An hour or so after, the nurse again called me, saying; "She is getting cold," and I saw the worst case of congestive chill that has ever been my lot to witness; the face like a mummy—horrible, cold, rigid, and eyes exophthalmic. Gave her a dose of Aconite at once, but soon turned to some pills of Capsicum and Quinine to try to make her to swallow. The friends said she could not swallow "pills;" broke them up and partially dissolved in hot water, and forced on her, until she gradually revived.

Asked for consultation of my partner, and sent my own buggy after him, telegraphing from a neighboring railroad depot, so as he could be prepared. Telegram not delivered till late, and the messenger had to hunt him up on arriving in town. When he did arrive she was so far recovered that same treatment was continued, and supper was had.

Shortly afterwards a neighboring allopathic physician arrived and was conducted into the room by the husband. In few minutes physician called me, and asked history of case. I gave it, and we passed on into the parlor, and he said: "You have done all that could possibly be done; she is over the worst of it; and all I suggest is you give ergot to hold the womb down if it should dilate again." I answered that the womb seemed to be contracted all right, and may be ergot would not be needed.

He said there was no use in his remaining, but just then a servant called him out; not returning, I walked out, and learned that an M. D. from Lexington was also in next room, and soon after the husband came out and informed us he had concluded to change doctors.

I said it was certainly uncourteous to leave us out after getting his wife through the worst possible trouble, but he left me; and to her father I said: "I am going; your son-in-law has changed, not considering that your daughter is now over the worst, and if I had left this morning, as is customary when child is washed and dressed and mother resting easy—not noticing the rapid pulse—you could not have reached a physician in time for aid, at either the flooding or congestive chill; hence I consider this a dirty trick." He expressed his regret, but said he was powerless in the matter.

If you, gentlemen of the State Society, can give me aid to avoid a future similar to this, or pick up a suggestion to steer clear of yourselves—do so.

This is not written as a vent to wounded feelings.

Pædology.

Diarrhoeal Diseases of Infants.*

By George M. Ockford, M. D., Lexington, Ky.

AMONG the causes of infant mortality, diarrhoeal diseases hold a prominent place. Hot weather, improper food, exposure, privation and defects of constitution all tend in the young to derangement of the alvine functions. Dyspepsia induces gastric and intestinal irritation, the forerunner of catarrhal inflammation. The primary effect of indigestion may be constipation; but as the undigested bolus undergoes decomposition and fermentation, loose discharges occur of a yellowish or yellowish green color mixed with cheesy-like lumps and of a sourish odor. The tongue becomes coated and the mouth and lips become dry, and if the disease is unchecked aphthæ appear upon the buccal mucous membrane. If the diarrhoea becomes

*Read before Kentucky Homeopathic Society May 17, 1888.

chronic the discharges become offensive and of a variable color. This form of diarrhoea is frequently accompanied with rumbling and pains in the abdomen.

The appearance of acute gastric catarrh is marked by vomiting and loose discharges, at first muddy in appearance but becoming later on of a choleraic or rice-water character. The inflammatory condition may extend into ascending colon and more severe constitutional disturbance become evident from the increased restlessness, piercing cries and the congested blood vessels which surround the otherwise pearly and tense cornea. The character of the discharges assume a mucous character, being either whitish mucus or mucus streaked with blood, becoming more and more dysenteric as the disease extends downward. The protracted summer diarrhoeas are usually of a catarrhal character, and the more severe attacks denominated cholera infantum are closely allied to them. In the latter disease diarrhoea is the first symptom, but vomiting is soon added, all food being rejected and apathy and debility quickly supervening. The discharges from the bowels are excessively fluid, soaking through the thickest napkins, varying in color and of a peculiar penetrating odor as long as any feculent matter remains in them, but becoming as the disease progresses of a peculiar fleshy, sweetish odor. Death may occur in a short time, or the vomiting may cease, and the alvine discharges become more yellowish and flocculent and child make a long and tedious convalescence, oftentimes being made worse by the occurrence of hot weather and not fully recovering until the summer is past.

Usually bloody discharges indicate dysentery, but they also occur in follicular inflammation, tubercular disease of the bowels and typhoid fever. These latter ulcerative processes are attended by discharges of fecal matter mixed with blood

of a penetrating carion-like odor. Dysentery is usually ushered in with fever, vomiting and pain in the lower portion of the abdomen. The discharges are at first slimy, becoming later bloody or mucus tinged with blood in streaks or clots and attended with tenesmus or straining.

In the treatment of these various forms of diarrhoea, as well as in their prevention, proper food and clothing are of the first importance. Even in the hottest weather the abdomen of the infant, subject to diarrhoeal disease, should be protected by woollen and every effort made to prevent sudden chills or over fatigue. Food that does not admit of perfect digestion and assimilation should be prohibited, for no element is so prone to perpetuate diarrhoeal diseases as improper food. Vegetables are not allowable and most fruits are harmful. All fruits containing seeds should be strictly avoided, unless the latter are wholly removed. Very ripe pears and peaches are sometimes borne without injury and in debilitated cases the expressed juice of the grape is of great value. The unfermented grape juice is always to be preferred to brandy or any alcoholic liquor in the treatment of infants. Milk is valuable as a food and is usually well borne. Administered at a temperature of 98 F. milk exerts a curative influence in dysenteric disorders, and I have known severe cases of dysentery cured without any other medicine. The tendency to fermentation may be lessened by the use of milk sugar instead of cane sugar, the latter being a poison to many infants and never well borne. Starvation never benefits diarrhoea, but an effort should always be made to bring the system as near the normal standard as possible. The food should be nourishing and easily digested, meat broths and farinaceous food being often of great benefit in promoting a cure. Every physician has his

peculiar favorites in prepared meat extracts and infant foods, and no rules could be formulated that would apply to each individual case.

The medical treatment opens up a wide field, and in the treatment of protracted cases many remedies may be required in order to meet the existing conditions. These cases can be studied from the text books and it is unnecessary to enumerate all the remedies which may be called for. In the management of acute cases we may succeed with a few remedies, and it is to these I would call your attention.

Aconite is of benefit in cases of an inflammatory nature in which the discharges are greenish or bloody and accompanied by more or less feverishness; often given in the tincture in water.

Apis is often called for in painless, offensive or odorless, varying colored discharges, accompanied by starting in sleep, etc.

Arsenicum, like *Apis*, has varied colored discharges, of an offensive fetid nature, with vomiting as an accompaniment, especially when water seems obnoxious to the stomach.

Bryonia and *Podophyllum* are to be thought of in diarrhoeas, induced by hot weather.

Aconite, *Colocynthis*, *Cantharis*, *Ipecac*, *Mercurius* and *Nitric acid* are the most frequently indicated remedies in dysentery, although *Podophyllum*, *Apis*, *Baptisia* or *Sulphur* are often of service.

Gnaphalium, *Iris versicolor*, *Chamomilla* or *Calcarea* will often cut short what might otherwise be a protracted attack of summer diarrhoea. I consider *Gnaphalium* one of the best remedies in infantile diarrhoea. You will find its indications in children who are very irritable; constantly complaining of pain in the bowels, who have a thickly-coated tongue and whose discharges are loose, watery and pale in color, with much rumbling before each movement.

Calcarea carb, *Iris versicolor*, *Rheum* and *Sepia* are adapted to diarrhoeas, in which there is much acidity.

Ethusa, *Calcarea carb*, *Nux vomica* and *Silicea* are to be thought of in vomiting, of milk especially.

Nervous restlessness usually yields to either *Aconite*, *Chamomilla* or *Sulphuric acid*, or if there is much starting in sleep *Apis*, *Ferrum phos.*, *Belladonna* or *Zincum* may be required.

These are only general hints for remedies and I need not inform you that there is no royal road to cure any disease save the individualization of every case and the administration of the indicated remedy.

FOR THE JOURNAL.

Certain Objects to be Obtained Through Nutrition.

W. I. Thayer, M. D., Brooklyn, N. Y.

Some live to eat, others eat to live, and it becomes an important matter to the welfare of certain tissues what is eaten.

The strong and robust of maturer years, can dispose of certain kinds of food that invalids and infants can not digest. The best food for infants under one year old is human breast milk, if, and provided, said pabulum is rich in its various constituent parts—not otherwise. No child can be properly nourished unless its mother, from the very start of conception, partakes of a variety of foods, mingled with special kinds, having specific elements in its construction. But little argument is required to prove that, where no nutrient matter is taken, there can be no maintaining of a physiological condition—much less, any new tissue building.

It is just as true that certain tissues require certain materials to build themselves out of, or up with. The bones require more of certain elements in the food than does the muscular tissue; and the teeth require still more of the same kind of substances for their formation.

The sustaining treatment in protracted diseases, is beginning to receive more attention from all schools of medicine.

There are three tissues—the enamel, dentine and cementum, that have been sadly neglected by the profession and laity, up to the present moment. The object of this paper is to endeavor to awaken an interest in building up a better dental organization than we have to-day. It can be easily done, if he whose opinion is so often sought in matters pertaining to the health will but do his duty. Build much better than any dentist can repair.

Something over 80 per cent of tooth structure is composed of the salts of lime. There is ten times more of the phosphate of lime in their make-up than of the carbonate. This is an important matter to be provided for in natural and artificial feeding. The chief source of supply of these lime salts comes from the cereal foods. But *not* from such food *after it has been bolted*, as is the rule with our wheat so extensively used. There resides in the outside of our grains, in the bran, a large supply of these *necessary* and *easily divisible* lime salts that can be readily digested and appropriated by the hungry tissues. *Hungry tissues!* The facts are, they are being *starved* out of existence! This is particularly true of the petrous tissues, the teeth.

Almost any food will supply the soft-solids of tooth structure; but not so with the calcareous portions. There is no food that will supply a sufficient amount of inorganic constituents for the teeth save the coarser portion of our cereal foods. None of these foods should be bolted; not one! Since the teeth commence to form as early as the sixth week, the mother ought to eat liberally of bread made out of the *whole* of the wheat—Graham bread, bread constructed out of unbolted rye and Indian meal, well cooked oat meal and unbolted rye bread.

is a very important matter, of what

goes through the umbilical cord and mammary gland. If no calcareous matter flows through those channels, or a minimum quantity passes through, then in just the proportion to the supply will be the deposit.

Since the ability to resist decay depends upon the amount of the inorganic constituents that enter into tooth structure, the demands of the case makes the necessity of supplying the proper pabulum very patent. Therefore feed the mother and nurse.

There are many children to-day that are very successfully brought up on artificial foods. There are some eight or nine different ones now on the market. There are starch foods, two or three malt foods, and there are milk, or albuminoid foods. The latter are very much the best, such as Nestle's food, which contains of the Albuminoids 11.46 per cent., Fat 4.66, Salts 1.75, ease of digestion 11.09, Lime 3.90, Phosphoric acid, 0.630. Second, Anglo-Swiss: Of nitrogenous matter; Albuminoids 12.38 per cent., better than the first: Fat 2.39, Salts 1.95, Digestion 11.20 per cent, Lime 0.520, Phosphoric acid 0.800. Third, Carnrick's Soluble Food, contains of the Albuminoids as high as 18.22 per cent: Fat 5.00, Inorganic salts 2.991, ease of digestion 16.45 per cent., Lime proportion in the salts is 0.645, and of Phosphoric acid 0.874. This latter food contains a much better *balance* of the lime salts—petrous tissue builders—over, by more than 46 per cent. It is easier of digestion than the first nearly 65 per cent, and is a very superior artificial food to substitute for mother's milk. Any one of these foods are very much superior to indifferent maternal nursing, and this is eminently so of Carnrick's food, which will digest as readily as human milk.

Many children are brought up on cow's milk. Few infants under one year can at all times dispose of the tough casein

found in such milk. If, however, the nurse will *partly* predigest the milk with pancreatine before it is injected, well and good. But few mothers will be found capable of doing this properly. If the digestion is carried too far the fluid will be *bitter*. If too much heat is applied the ferment is spoiled and the milk will not be digested at all.

Starches will not digest any more readily in an infant than cane sugar. Starches are disposed of by the amyolytic ferments of the saliva, pancreatic and intestinal juices. An infant less than one year old has not a sufficient supply of these amyolytic ferments to digest such food.

Good wheat will deliver from ten to twelve per cent. of nitrogenous matter, but if the starch in such material is not *partly predigested* by its conversion into *dextrine* by baking some eight or nine hours at a temperature of 350 degs. Fahrenheit, then there certainly will be trouble in digesting it. This process reduces the starch granules into a gummy substance known as *Dextrine*, which is but one remove from soluble sugar. This latter substance is ready for immediate absorption. But, where pure starch is injected, these amyolytic ferments have got to perform the conversion into maltose, and when there is not enough of these ferments secreted to perform such transformation, then we have heat and burning in the stomach, and the raw starch matter passes through the intestinal tract, *rasping* its way to the anal opening.

Impure milk and starchy foods are more frequently the cause of enterocolitis and blennorrhœa of the muco-intestinal tract than any other cause.

Malt foods, so called because their hydro-carbons have been converted into maltose instead of dextrine, are another source of trouble in the infant. Malt sugars are ready for immediate absorption

and should be injected *into the Duodenum* instead of the stomach. The acid condition of fluids of the stomach are liable, in a weak invalid's or infant's stomach to undergo a vinous or sour fermentation *before* it can reach the *Duodenum* and so continue on down through the intestinal tract. The carbo-hydrated going into the stomach as *Dextrine*, remain unchanged until they reach the gut, where they are bathed by the aforementioned amyolytic solvents, which converts them into soluble sugar, and then this sugar is ready for immediate absorption and gotten into the circulation beyond the possibility of any sour fermentation.

Artificial foods that contain unconverted starch and maltine, maltose or malt are poorly adopted for infant nutrition

To make artificial foods easy of digestion their nitrogenous or albuminoid matter—milk—must be *partly* predigested by the manufacturer as well as the conversion of the starches into dextrine. If this is done then we will have a pabulum that will digest as readily as human milk and can be properly balanced with the inorganic constituents so that the three petrous tissues can receive the nutrient matter that their perfect physiological condition from early conception to the end of their growth ABSOLUTELY DEMAND!

Children, youth and those of maturer years up to the full eruption of the wisdom teeth, ought not to eat white wheat or unbolted wheat bread, or any cereal food that has been through a process. But, on the contra, *should eat three times each day* of some one of the cereal foods that have *not* been bolted. There is a Homeopathic physician in this city, a magnificent specimen of dental and physical perfection, whose honored mother obtained a conception of what her duty was and *performed it!* There is a very large field of usefulness in this direction for the interested physician if he will but follow out these feely constructed observations.

Gynæcology.

FOR THE JOURNAL.

Phoradendron (Mistletoe) and Gossipium (Cotton-Root) in Sub-Involution of the Uterus.

By E. M. Hale, M. D. Chicago.

IN a paper read before the Bureau of Obstetrics in the Illinois State Homeopathic Medical Society May 16, 1888, I mentioned two distinctly Southern medicines which ought to be more fully investigated. If any of the readers of this JOURNAL can communicate any empirical or clinical facts relative to their use the profession will be indebted.

After defining sub-involution of the uterus as a failure of that organ to resume its normal size after parturition, abortion or abnormal menstruation, I stated that the pathological condition of the bloodvessels of the uterus was one of passive stasis.

The chief remedies mentioned for this condition are *Secale*, *Hydrastis*, *Ustilago*, *Phoradendron* and *Gossipium*.

Phoradendron is the name given by botanists to the American mistletoe. It is nearly identical with the *Viscum album* or English mistletoe. The latter has long been used in England and on the continent by midwives and veterinary surgeons for retention of the placenta and uterine hæmorrhage. It has recently been taken up by regular physicians, especially in Germany, and used as an accelerant of labor, in uterine hæmorrhage and in menorrhagia. In the Southern States the mistletoe has a medical history of similar uses. Dr. Long of Louisville, Ky., was the first to bring it into regular practice. A notice of its uses in labor will be found in the last edition of my *New Remedies*. Since that time there has appeared in all schools some considerable clinical experience which goes

to show that it acts in a manner similar to *Ustilago* and *Gossipium*.

All observers agree that when given in labor for deficient or absent pains it causes intermitting uterine contractions, simulating the normal.

That in retention of the placenta it aids in expelling it.

I do not know of any record of its use in preventing sub-involution. My own unpublished experience is limited to two cases. One of a case of miscarriage at the fourth month in a multipara. Her uterus was very large and flabby. After removing the contents there continued to be considerable hæmorrhage of a passive nature. The cavity of the uterus measured four and a half inches five days after. Under the use of *Phoradendron* in ten drop doses every four hours for two weeks the uterus measured three inches and all discharge had ceased. The other case was a woman after her sixth confinement. A week after confinement the uterus was readily felt, reaching half way to the umbilicus. It felt heavy and was very open, with a profuse bloody mucous discharge. *Sabina* and *Ergot* had seemed inefficient. After two week's use of the mistletoe fifteen drops every four hours the uterus was reduced to nearly its normal size and all discharge had ceased.

I believe this remedy is worthy a more extended and careful trial.

Gossipium.—It is a little singular that so much has been asserted of the abortifacient and parturient powers of the cotton root and yet so little is really known.

No systematic experiments have been made to ascertain if it will cause uterine contractions in the unimpregnated or gravid uterus in animal or woman.

All that we know of it is purely empirical except a fragmentary proving by Dr. Williamson of our school, and in that proving the uterine symptoms are almost *nil*.

It is asserted that it will hasten labor

by causing more efficient pains and arrest uterine hemorrhage due to laxity of tissues; that the expulsive efforts are not as painful as those of ergot, and that it will arrest excessive lochia.

Now if it will do all this it will be an addition to our means of treating sub-involution of the uterus. All that I personally know of *Gossypium* is that in large doses it rather decreases than increases the menstrual flow—that it is beneficial in after-pains, with normal or abnormal lochia, and that the uterus seems to contract better after labor if it is administered in moderate doses (15 or 20 grains) three or four times a day for a few weeks before labor.

I never found it to cause uterine pain, nor do I know of a single *authenticated* case where it has caused miscarriage or premature labor.

We must have more definite knowledge of its powers before we can use it with precision.

Psychological.

FOR THE JOURNAL.

A Healthy Reaction.

By Howard Crutcher, M. D., Louisville.

I HAVE recently returned from one of my many visits to Chicago. I am acquainted with that city, its vices no less than its virtues, and I can speak of its civilization with unaffected candor and sincere disinterestedness. Within its borders are found the extremes of all that is good and all that is mean in human character and conduct. The home of many of the most cultured and enlightened people in America, it is also the abode of the vagabond from the Black Forest, of the anarchist cutthroat from the slums of central Europe, and of the lazzaroni from central Italy. It is, after New York, the cosmopolitan centre of America, and is conservative in nothing. In Chicago, as in Washington, "everything goes," and goes a-flyin' and a-tear-

in', with a speed and precision at once surprising and confusing to an observer who is accustomed to eating his pie with a fork and taking his bread in his fingers. To use the words of Mr. Henry Waterson, "it is the fastest thing in the country."

For many months past Chicago has been the storm centre of every sort and species of quackery known among rascals. The most unscrupulous pretenders, the most blatant charlatans, the most persistent quacks on the continent, have flocked there in swarms and met with a success absolutely impossible in more conservative communities. Conscienceless scamps, scorning ability and frowning upon merit, have sought the Lake City in which to inaugurate and carry on a campaign for plunder by imposing upon the unlearned, and setting traps, artfully baited, to catch the unwary; and in this campaign of multiplied rascality they have been aided immeasurably by the liberal and progressive tendencies of the city.

It would require too much space, to say nothing of the outlay in printer's materials, to enumerate the various "specialties" of the questionable, if not the baser, sort found lodged in offices within a gun-shot of the city hall. As might be expected, **MAGNETISM** (a *charming* word!) has played a greater role in this crusade of venality and rapacity than even Napoleon played in the diplomatic councils of Europe. Verily has it sounded with a pleasing charm in the ears of the ignorant and gone unharmed, if not unnoticed, by the more enlightened. The "charm" in the hands of our Southern negro is a tolerably harmless implement of superstition when compared to that quantity called "magnetism" directed by the conscienceless brain of a Chicago pretender. Voodooism in its palmiest days was modest in its claims and reasonable in its practices when brought face to face with the

preposterous assumptions of "magnetic" charlatanism.

Let no one suppose that the devotees and disciples of these varied and multiplied crazes were confined to the unthinking and ignorant classes in society. There are at least one thousand people, generally of the wealthy class, in Chicago who live in an ethereal vapor a million miles beyond the palest stars, who never condescend to take part in the trivial vulgarities of this earth, such as eating and drinking, and who never go to sleep without dreaming of a great big circus of some sort with themselves in the middle of the ring. They ought to be very happy people, but they are not. They are too much absorbed in the task of moulding the thought and casting the philosophy for "the herd" around them to dwell in the happy state. As a matter of course, these people rushed, body and breeches, into the arena of everything affording an opportunity for the display of their "ideas." A man or a woman belonging to this class is subject neither to criticism nor to comment. They are above and out of this world, including its criticism. As an illustration of this, the great and only James Gordon Bennett once remarked, that, "after all, there are but two families that have any general influence upon human affairs—the Bennetts and the Bonapartes."

The statement of Mr. Bennett was accepted as a scintillation of genius, a rare and brilliant gem to blind the eyes and dazzle the senses of all but the favored few; but if some man of the name of Smith had made that remark, in Kentucky he would have been classed as a bigoted fool—and probably expelled from his lodge.

But Chicago is coming to its senses on these questions, and a reaction has set in, destined to sweep the board clean, leaving only the good and the substantial in the place of the vast amount of chaff and

worse of which the city has surely had a surfeit.

In conclusion, I am pleased to produce the utterances of our own Dr. A. L. Monroe, which are as wise as they are felicitous:

"In this age of intellectuality and scientific investigation, when even the world of fashion encroaches upon the domain of science and of the healing art, the physician is constantly placed in the involuntary attitude of antagonism to so-called 'fads' in medicine, to meet which properly requires the nicest tact and discrimination and the most consummate diplomacy. In treating such matters, he should first eliminate self-interest entirely from his thoughts and conversation, and next impress his patients with his superior intelligence upon matters touching his art. He should leave no room in his arguments for dispute, and should never deal in denunciation. Dr. Hering's favorite scientific motto, 'Unity in things certain, liberality in things doubtful, and charity in in all things,' should govern his arguments. Such a line of policy soon places him in the exalted position of confidential friend and adviser to his patients, and insures him the first word whenever the Christian Scientist, the electrician, the metaphysician or the liver pad man comes to town. Taking Christian Science as an example. I always assure my patients that I believe there is something in it; that only time will demonstrate how much; that it has made cures that cannot be explained away, and at the same time advise them to go slow and not give themselves over to it entirely without an intelligent understanding of its merits and some proof of its practical results; that whatever its pretensions, it must come down to the dead level of every-day results, must submit to the crucial test like the rest of us have to do. Extremes meet, and the great mind often grapples

vainly in attempting to separate the good from the bad, the right from the wrong, and the true from the false. A committee composed of the Chief Justice of the Supreme Court, the most learned theologian, and the most sensitive conscience in the United States would not always be able to draw the line in the right place. Tears flow as readily from joy as from sorrow; the veil that separates the good and the bad is so thin that one might almost whisper and be heard on the other side. All these things considered, can we, as physicians, as humanitarians, as Christians, be just unless we view such things with that broad catholicity of spirit that alone becomes us?"

Sick Nurses and the Management of the Patient.*

By A. C. Jones, A. M., M. D., Carrollton, Ky.

THE title of this paper, as published in the programme, is "Nurses for the Sick." I have taken the liberty to change it to "Sick Nurses and the Management of the Patient." It shall be my object in this paper to show, first, that physicians, as an entirety, leave the management of the sick room to amateur nurses and the friends of the patient, when it should be a professional duty; and second, that nurses even, sometimes when professional, do more harm than good.

The control and management of the sick room, as I have just remarked, should be a professional duty. The successful physician has not depended, you will find, alone upon the administration of his medicines; the surroundings of his patient are important factors, and are not less important as agents of life or death than the drugs administered. We all know that drugs are only administered

as aids to the arrest of diseases. The most physiological methods prove that this Nature which is constantly struggling with disease to assert herself, will accomplish her ends often with but little assistance from drugs, if the case be only so surrounded as to have removed from her way every obstacle. It is important, then, that the physician make the management of the sick room his most earnest care, and not trust it to others. The placing of the patient in circumstances favorable to convalescence is the first and most important step; one who thus holds is the true therapist; and it is therefore impossible for him to be careless in the matter. The conditions and particular needs must, of course, be decided by the surroundings of each patient, but I insist upon the fact that no physician can relegate this part of his duty as a minister of health to a nurse, however kind or skilled, or to friends, however intelligent or solicitous. To do this is to surrender to the nurse a power which may be used to the detriment of the patient. The physician should be a good nurse in all that the term implies. In other words, the physician, to manage the sick room wisely and efficiently, should be most thoroughly versed in all the details of nursing. He should be able to do himself everything that he expects of others.

Nursing is being now taught as a profession, and it has grown out of the neglect of physicians to properly understand and perform that function. I do not wish to be understood as conveying the idea that physicians should take upon themselves the burden of nursing, but I do think they should take upon themselves the responsibility of seeing that it is properly done. Physicians, at least many of them, *do not* have the practical familiarity with the details of the duty of proper nursing that they should; it is a part of the province of the art of healing.

*Read before the Kentucky State Homeopathic Society, May 17, 1888.

But what of the nurses themselves? In what I am about to say I mean no disrespect to the class of skilled nurses that have by study and practice under competent teachers prepared themselves for the work. Affection only, however warm, will not qualify a sick nurse. The cool head and steady hand of a professional stranger is too often to be preferred. Many a life has been sacrificed by ignorance or stupidity or anxiety, where the nurse would have gladly died to save the patient. The result of a fever has before now been determined by the clapping of a door or the injudicious spoonful of unsuitable food. The indulgence may prove fatal of some whim which a fond mother cannot deny to her sick child. The longed for change of posture may be accorded a day too soon. A moment's through draft, a cup of tea, a piece of news, a second pillow, may settle the struggle between life and death. How often a doctor leaves the house feeling that it is only in *spite* of the nursing the patient will recover. He shudders to think of the messes that will be offered as beef tea. He is in despair when a poultice is prescribed, as he is almost certain that it will be so applied as to do more harm than good. And as valuable as all kinds of baths are in illness, he dares not order them knowing the insane way his orders will be carried out. He is often afraid that the self-conceited nurse will take into his or her head to give the medicine or nourishment in their own particular and perhaps original way. Medicine ordered to be given every two hours will have a better effect if the dose is doubled or trebled, or if given all at once to save time and not disturb the patient, and it is hard work to persuade this nurse that half a dozen tablespoonfuls of brandy in eight or ten hours is not the same thing as a whole glass in one hour. The tact required for the sick room differs from all other kinds of ex-

periences. Amateur nurses seldom possess it. Now and then a lady is to the manner born, and without instruction or previous experience blossoms into a full grown nurse at a moments notice. The doctor who finds one ready in a house rejoices heartily. His own credit as well as the recovery of his patient is more assured.

Seldom, however, has he this good fortune. His ordinary experience is entirely different. If he wishes the sick room kept at a certain temperature, he cannot have it done. The fire is alternately half extinct and blazing up the chimney. There is no care to have the room warm at sunrise and sunset, and moderate when the sun is shining and the air warm. The invalid is awakened from a priceless sleep by hearing the cinders fall on the unprotected fender, or by the noise of a clumsy hand throwing on coal. The morning meal is perhaps delayed until the patient has passed from appetite to faintness. Household affairs and troubles are freely discussed in the room. Mary has given warning because there is so much more work; the cook is out late of nights, and the dinners are spoiled; Johnny has cut his finger and Lucy fell down stairs. Such things are told in loud tones and in an excited voice. But worse than this is the mysterious whispering at the door or in the room. This is kept up until the patient is so nervous and excited that he grows rapidly worse. In the country they do not whisper, but friends and acquaintances from far and near gather in to the sick room until every inch of sitting space is taken up. There they sit in perfect silence hour after hour exhausting and poisoning the air, and staring the poor patient in the face, their own faces as long and as solemn as the moral law, until it is time to go home. All this the amateur nurse allows, and if the physician protests and orders the crowd kept

out, the relatives exclaim, "Oh, la me doctor! we must not offend the neighbors."

The irritating creak of a boot, the constant shuffling of a loose slipper tries a sick person's patience unreasonably, and the amateur nurse argues against such silly fancies and thinks they are matters in which reasoning can be of no avail. The untrained nurse never commences her arrangements for the night until the patient is just beginning to grow a little sleepy. She then arranges the pillows, moves the chairs, stirs the fire and perhaps makes up her own bed. Such fussing at sleeping time produces fever in a most unaccountable way, to the nurse, and this amateur is amazed and bewildered because the patient lies awake all night. Besides all this, and no matter how noisy and elaborate the preparation for the night's campaign; several things are forgotten from down stairs. No beef tea to be had in the middle of the night, and none of the many little things, important to the welfare and quiet of the patient which the doctor spoke about so particularly, have been attended to. Amateurs do not know that sick people not be asked what they will have but should be saved even the mental exertion of making a choice. However desirable that they should arrange their affairs business matters should not be discussed before them. Sometimes a man who has not made his will before his illness will be anxious and uneasy until he has made it, and will get better when the matter is off his mind. But to arrange such things requires nicety and tact, such as the amateur, who, perhaps, shares the sick one's anxiety, can not show. In convalescence, even more than in illness, the attention of an inexperienced nurse is often trying to the invalid. If he has been well nursed he is still amenable to discipline of the sick room and will probably do what he is bid. But if he had

not learned unquestionable obedience to a benevolent but irresponsible power he has many things to suffer before he gets well. At first, perhaps, he will be allowed to sit up hours when minutes were the doctor's orders. He is able to persuade his nurse to give him a tumbler of claret when a doctor's allowance was a wine-glass full. He is allowed to see the newspaper for a few minutes and he reads an exciting novel. He is permitted to see a visitor and has a room full of company. He is overloaded with muffing when he takes his first walk, and before his return sits while resting on a cold and damp garden seat. When he gets home no nourishment is ready for him and the chances are that his room is cold and damp. And as he gradually emancipates himself from the bondage of illness and returns to ordinary life it is seldom that his reviving appetite is properly humored. The *sequela* of many fevers are both induced and aggravated by the carelessness by which unwholesome food is offered to the recovering invalid. This is even more often the case where there is chronic illness or delicacy of constitution. It is amazing to see a man suffering from a deadly complaint sit down to a dinner where he has to choose between stewed kidneys and salt beef. If he is cautious, which is not the case, his hostess will wonder to see him prefer a bread and water diet to loading his stomach with such stuff. But the entire ignorance of what constitutes wholesomeness in food is a curious feature in the character of nurses but the majority of housekeepers. In all diseases of the respiratory organs the importance of care in adjusting the temperature, especially at night, is seldom, if ever, thought of; yet a little trouble taken in time has often saved a delicate constitution from falling in the test. Even in a bad climate it is only by experiments that this terror of humanity may be escaped.

People are wholly demoralized by fear when its name is mentioned. Medical men who hesitate to use the word, knowing what despair it will lead to, are accused of deceit. The frantic parent whose child is threatened tries all kinds of experiments, rushes wildly from place to place and from physician to physician, consults all kinds of quacks, uses a half-dozen methods of treatment, alternately keeps the patient in the open air or in utter seclusion, and when the end, inevitable in such cases, comes at last, is subject to life-long self-questioning as to whether anything more might have been done.

A practical nurse, one whose firmness would not have allowed any interference from sympathizing friends; a little exact and unreasoning obedience to the orders of one competent physician, a little disregard to the patient's morbid cravings, and the chances of the patient are doubled. Why do not some of our great novelists write upon the subject of natural nurses? It is a pity that Ruskin, Charles Reade and Dickens, while doing so much to bring about reforms, should have overlooked this one of "Sick Nurses." If Ruskin had ever turned his practical mind upon this subject, his Utopia would not have consisted only of young and healthy women, but the sick nurse.

To be sure, in his *Fors Clarigera*, he defines woman's work among the sick; but only as a fair angel of mercy. As a sick nurse he in no way refers to her.

The Homeopathic profession of Kansas City has gobbled up the Allopath-Homeopath-Eclectic institution which has had existence in that city for six years past, and will, this fall, commence operations as a straight out, full-fledged, up-and-up Homeopathic college. The faculty includes several men who have had considerable experience in teaching, and a number of enthusiastic younger men who are well qualified in their profession. They promise much in the way of good faithful work

Editor's Arm Chair.

Missouri Institute Notes.

A number of lady physicians attended the Missouri Institute meeting and participated in the proceedings, Drs. Phillips, Rockwell and Badger, of St. Louis, contributing either to the papers or to the discussions in a manner highly creditable to themselves and the association. The lady physician of to-day is a decided success, and, God bless her, she is welcomed as a lady should be in the ranks of Homeopathy.

Dr. Parsons, the president of the Institute, has been in poor health lately but was able to preside with his usual dignity and ease and with positiveness enough to satisfy the members that his health and strength is improving.

There is only one Dr. Westover, and when at a medical meeting he is all over.

Dr. Hall, the new president, is one of the pioneer Homeopaths of the state. He has a most elegantly equipped sanitarium in St. Joe, Mo., and is one of the strong men of the State.

Dr. Runnells, the Secretary, was covered all over with fulsome acknowledgement of the efficiency and value of his services. A good secretary is half of a society, and that's exactly what Dr. Runnells has proved himself to be. Of course he was re-elected.

Dr. Joshua Thorne, the nestor of Homeopathy in Kansas City, is a regular Krupp gun, and, although on the shady side of life, is one of the most active members of the association. He is also a genuine walking encyclopedia.

Dr. Casseday, one of the brightest and most stirring members, has a future before him of much usefulness. He is the dean of the new college and the acknowledged leader of that institution on the floor in debate. He made a good race for the presidency, and lacked but few votes of winning.

Dr. Luyties, the stenographer, is an expert in phonography, and his reports are a complete history of the transactions.

The genial Williamson, formerly of this state, but now of Springfield, Mo., was there, and carried the next meeting to his young city.

The election of the editor of THE SOUTHERN JOURNAL OF HOMEOPATHY to the vice-presidency was a compliment highly appreciated in this office. It was proper, however, for him to decline the position, with thanks, it rightfully belonging to Missouri. In the subsequent election of Dr. Morgan, of St. Louis, the Institute acted with commendable wisdom.

Kentucky's State Meeting.

THE second annual meeting of the Kentucky State Homeopathic Association convened at Frankfort on the 16th instant, and was called to order by the president, Dr. J. A. Lucy, of Georgetown, at 2 p. m., about thirty physicians being in attendance.

The credentials of Dr. C. A. Pauly, from the Ohio State University, were presented, and the courtesies of the convention extended to him.

The president stated that he desired the members to recognize the fact that the society had been incorporated, and was now a legal institution, with power to indorse diplomas in accordance with a recent act of the General Assembly. Dr. Lucy was in favor of so framing the by-laws that they would stand the test of time and command the respect of those who may hereafter become members.

The secretary, Dr. S. M. Worthington, of Versailles, presented his report, which showed the society to be in a most satisfactory condition.

Drs. W. C. Taylor and Howard Crutcher, of Louisville, were admitted to membership.

Dr. J. A. Vansant, of Mt. Sterling, next read a most interesting report of some clinical cases, showing the vast superiority of results obtained by closely following the Homeopathic law of cure.

On motion of Dr. Monroe, of Louisville, a vote of thanks was extended to the legislative committee for faithful and untiring efforts in behalf of the society.

By special invitation Dr. G. C. McDermott, of Cincinnati, related an interesting case of intense neuralgia, which had persisted for months, and which was relieved instantly by the removal of amalgam fillings from the teeth. Dr. McDermott especially urged the profession to look carefully at their patients teeth when searching for the cause of such maladies.

The board of censors reported the following names for membership: Drs. J. T. Bryan, of Shelbyville; W. P. Roberts, of Georgetown, and R. L. Carick, of Georgetown. Dr. Rufus Conrad (colored), of Louisville, was extended the courtesies of the floor. A motion was made to extend an invitation to the Allopathic physicians of Frankfort to be present, and to take part in the discussion of papers. Dr. Crutcher opposed the motion, for the reason that whilst the Allopathists might attend, they would not entertain a proposition to discuss anything with

the disciples of Hahnemann. He was, however, in favor of inviting them to be present. Dr. Meredith strongly opposed any concessions to the men who deride Homeopaths as quacks and imposters, and was in favor of occupying as high ground on ethical matters as the Allopaths themselves. Dr. Crutcher remarked sarcastically that the "ground" occupied by the Allopaths was not so very "high." Being put to vote, the motion carried.

Drs. Lucy, Monroe, Gober, Meredith and Vansant were elected a committee to draft by-laws for the further government of the society.

SECOND DAY.

The second day's session of the Kentucky Homeopathic Medical Society was called to order by President Lucy. Dr. Meredith read a paper upon "Homeopathic Therapeutics," strongly urging the followers of Hahnemann to stand by their principles and make no sacrifices. He ridiculed the idea of men arrogating to themselves a certain superiority because they were physicians first and Homeopaths afterward."

The next paper was a carefully prepared essay on "Phosphate of Iron," by Dr. A. L. Monroe.

Dr. J. F. Edgar presented a paper on "Croupous Remedies, urging the important point that croup is an insidious disease, demanding the closest care on the part of both parents and physicians.

Dr. Gober spoke of the efficacy of lime inhalations in both croup and diphtheria.

Dr. Crutcher claimed that pine tar had no equal as an inhalation and cited clinical cases in corroboration of his treatment.

Dr. Vansant favored alcohol and turpentine as an inhalation.

"Nurses and the Management of the Sick," was the subject of the paper of Dr. A. C. Jones, of Carrollton. Dr. Jones held the opinion that nursing should be held as a professional specialty.

Dr. Rufus Conrad (colored), by request, presented a thoughtful paper on "Paralysis and its treatment."

"Diarrhæal diseases of Infants" was treated by Dr. Geo. M. Ockford, of Lexington.

Dr. A. C. Jones read an exhaustive paper on the "Use of Co'd Water Locally in Typhoid Fever." Mr. C. H. Howe, of Chicago, read a paper on "Triturations." Other papers were read by Dr. T. W. Johnson, of Sullivan, Indiana and Dr. A. C. Cooper, of Winchester.

The public session at 2 p. m. was well at-

tended by many ladies prominent in Frankfort social circles. Dr. E. M. Gober read a paper on "Sleep," which was discussed by the society.

"The Metaphysical in Medicine" was the subject of Dr. Howard Crutcher, of Louisville. This paper delicately touched upon a certain efficacy in faith-cure, or Christian science, in which the will and imagination play the conspicuous part.

THE OFFICERS ELECTED

for the ensuing year are as follows: President, Dr. C. P. Meredith; vice-president, Dr. H. C. Kehoe; corresponding secretary, Dr. Howard Crutcher; recording secretary, Dr. A. C. Jones; treasurer, Dr. J. A. Vansant.

Louisville was selected for the next place of meeting. The following Homeopathic physicians were in attendance, and sat down to a banquet given to them by Dr. Meredith, the president elect: J. A. Vansant, Mt. Sterling; J. A. Lucy, Georgetown; J. H. Thomasson, Georgetown; H. C. Kehoe, Cynthia; S. M. Worthington, Versailles; C. P. Meredith, Eminence; J. F. Edgar, Lexington; E. M. Gober, Frankfort; J. H. Smyser, Cynthia; Owen C. Reese, Owenton; A. Leight Monroe, Louisville; E. W. Righter, Bourbon county; A. C. Jones, New Liberty; C. W. Taylor, Louisville; N. R. Fitch, Fitch, Frankfort; Howard Crutcher, Louisville; Rufus Conrad (colored), Louisville; G. C. McDermott, Cincinnati.

We congratulate our Kentucky friends on such an excellent showing for the second meeting. If they will but work with a singleness of purpose to the furthering of the good of Homœopathy in their state, the success of their organization is beyond question.

The Ohio State Homeopathic Society met at Delaware on the 8th and 9th of this month, with an average attendance of seventy-five members. The meeting was pronounced a good one, and considerable enthusiasm was manifested. The following selection of officers for the ensuing year was made:

C. E. Walton, M. D., president (good).

C. L. Cleveland, M. D., first vice-president.

Francis J. Derby, M. D., second vice-president.

Frank Kraft, M. D., secretary (good again).

C. D. Crank, M. D., assistant-secretary.

H. Pomeroy, treasurer.

H. E. Beeby, M. D., chairman board of Censors.

Cincinnati gets the next meeting, the second Tuesday in May, 1889.

The American Institute Session.

THE American Institute session, as already announced in your journal, will be held at Niagara Falls, New York, beginning Monday evening, June 25. The general sessions, the sectional meetings, and the meetings of committees, will be held in Orpheus Park Theatre, a recently completed structure, facing the State Reservation, and contiguous to the large hotels. It is furnished with upholstered chairs, is well ventilated, and well lighted by both daylight and gaslight.

Mr. A. H. Gluck, proprietor of the International Hotel, will entertain the physicians and their friends at the very moderate rate of three dollars per day. Carriages will be obtainable at reasonable and fixed rates. Admission to all points of interest about the Falls will be without charge, the only exception being the bridge toll of twenty-five cents for the round trip across either of the suspension bridges to the Canadian side.

The committee on railroad fares has secured concessions under which those who pay full fare going, may obtain return tickets at one-third fare. But to obtain this reduction, the rules of the railway association must be followed implicitly. These rules will be published in the Institute's annual circular. Any physician failing to receive the circular on or before June 5, may obtain a copy by addressing the undersigned.

So far as is now known, about seventy papers will be presented at the session, embracing a wide variety of medical and surgical topics, and sure to furnish subjects of special and absorbing interest to all who may attend.

A grand excursion to Fort Niagara, at the mouth of the river, has been arranged for Tuesday evening. The excursionists will enjoy a fine view of the Falls, the Gorge, the Rapids, and the Whirlpool, from open "observation cars"—first by twilight and then by moonlight—and a steamboat ride, with a collation and music, on the quiet river below. This unique entertainment, so generously provided for the physicians and their friends, will be in harmony with the usual attractions of Niagara, which have given it its world-wide reputation.

Respectfully,

PEMBERTON DUDLEY, M. D.,
General Secretary.

General Items.

THE "Special Subject" of the report of the Bureau of Gynæcology of American Institute is "Uterine Therapeutics." It will be considered under the three heads mentioned in the Annual Circular:

1. "Changes in Form and Position."
2. "Neoplasma."
3. "Nutritive disturbances."

This statement is made by request of the bureau chairman to correct an omission in the circular.

The Homeopathic physicians of Chattanooga, Tennessee, met Wednesday evening, April 11, and organized the Chattanooga Homeopathic Medical Society. They are to hold regular meetings on the first Wednesday of each month, to transact business and discuss papers and other topics pertaining to the good of the profession. The following officers were elected: Dr. E. H. Price, President; Dr. W. W. French, Vice President; Dr. G. E. Harrison, Secretary and Treasurer.

During a recent visit to Detroit, it was our pleasure to call on the venerable and gifted Dr. Younghusband, who was the President of the Detroit Homeopathic College at the time we received our degree from the institution, sixteen years ago this month. Dr. Y. is one of the ablest practitioners of medicine in America—a model of intellectuality and dignity, broad, liberal, cultivated. His name is an honor on any diploma, and his friendship a delight to an appreciative mind. Long may his life of usefulness and honor be extended.

The retirement of Dr. Pemberton Dudley from the editorship of the *Hahnemannian Monthly* marks a period in that journal's history which hundreds of its readers and friends will seriously regret to see rounded out into an actual fact. Dr. Dudley's name is inseparably connected with the best years of the Philadelphia journal's existence. Under his able management, and largely through his untiring energy and his devotion and zeal in the cause of Homeopathy, the *Hahnemannian* had come to be recognized as a positive leader in the journalism of our school, and its editorial utterances were considered as ex cathedra. He has led many a fierce and successful charge against the intolerance and arbitrary course of the Allopathic foe, and to him is largely due the present satisfactory condition of the affairs of Home-

opathy in Philadelphia and Pennsylvania—a condition alike highly creditable and satisfactory to our friends and the general public.

Dr. Dudley conducted the journal over whose destinies he presided with such marked success for eight years, with ability of a high order. His editorial utterances were always clean and courteous and marked by the language of a thorough scholar. When occasion seemed to require, he was sufficiently positive, radical and caustic to satisfy the most exacting demand, yet nothing offensive from his pen ever besmirched the pages of his journal. He was a model editor, and his place will be hard to fill.

The foreman got slightly mixed on the "make-up" of THE JOURNAL last month, and side-tracked two or three articles belonging to the department of Obstetrics under the title of Surgery. Oh, these printers! They also run a few squibs of general character in with the Homeopathic News Notes. Occasional errors of this kind will happen, in spite of both editor and devil.

We are off to Los Angeles and San Francisco for a short summer vacation next month, after the issuance of the July number.

We still have several papers left over from the Kentucky State Society, and a few from the Missouri Institute. They will be continued in our next.

Dr. W. M. Mercer, of Galveston, announces the removal of his office and residence to No. 315 East Church street.

The Lexington, Kentucky, Homeopathic Pharmacy has removed from 23 East Short street, to 70 and 72 east Main street.

Not to be outdone by Galveston, the physicians of San Antonio have organized a medical college, of which we shall give further notice.

The first annual announcement of the Kansas City Homeopathic Medical College is on our table, but is received too late for extended notice of the new institution this month. We will give it further mention in the July JOURNAL.

With the July issue, this journal will have finished its fifth year. Look out for a newswy Retrospect and a "dandy" of a "Prospect." We've climbed the mountain and have seen the promised land. Maybe we'll tell you all about it.

JULY, 1888.

The
Southern Journal
of
Homeopathy.

C. E. FISHER, M. D., Editor,

Austin, Texas.

Subscription, Two Dollars Per Annum, In Advance.

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DR. W. E. LEONARD,
OF MINNEAPOLIS.

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The Southern Journal of Homeopathy.

NEW SERIES.
NUMBER 7.

Austin, Texas, July, 1888.

OLD SERIES.
NUMBER 59.

Editorial.

Five Years of Journalism.

WITH the present issue this journal ends the fifth year of its existence. *The Texas Homeopathic Pellet* first saw the light of day in August, eighteen hundred and eighty-three. It was launched on the sea of journalism as a pioneer for Homeopathy in the great Southwest, and during the year of its life under this name over ten thousand copies were circulated gratuitously, and entirely at our own expense, among the political wise-men of Texas, for the purpose of leavening the medico-political lump of the State. At the end of a twelvemonth, at the request of numerous physicians of other Southern States, its name was changed to *The Southern Homeopathic Pellet* and its scope of usefulness was enlarged by the organization of a corps of collaborators representing several of the States of the South. During this year the journal began to assume more of the character of a regular

medical periodical and at the beginning of the third year of its existence its name was again changed, this time to the comprehensive and dignified title it has since borne.

Superficially and in brief this is our history to date. But have these five years been marked by nothing eventful? Has THE JOURNAL grown to its present position of honor and usefulness without effort, simply as "a matter of course?" He who dares to think so is a fit subject for the lunatic asylum. A flattened pocket book tells a tale of sorrow and of woe, of large printers' bills, of absconding advertising agents, and of delinquent subscribers, many of whom occupy high places in the Homeopathic synagogue. The shortage account of five years of journalism at a point so remote from the medical and commercial circles as is our location, runs well up into the hundreds—aye into the thousands. But is this all? By no manner of means. Practice neglected, family robbed of mo-

ments not engrossed in practice which should be theirs, eyes rendered astigmatic, myopic, amblyopic and all but glaucomatous, from night-writing, proof-reading, etc., alleged brain villainously frazzled from overwork, loss of sleep and worry by the printer and his "devil"—or the devil and his printers, as you like it—these, and other afflictions, "too numerous to mention," are ours—to keep.

Reader, do you want fame? Establish a medical journal! Don't delay, but establish it at once. Are you tired of wealth? Does your family love you and want your attention at least one minute a week? Is your practice already large and growing so rapidly that you fear you soon will not be able to attend to it all? Are the laws of your State being framed so that you fear others will not be allowed to come in and divide your practice with you? Are you a genius and do your colleagues pat you on the back and cry "Sic! him bull!" until pay day comes? You ought at once to buy a printing office and start a medical journal. It's such fun! in fact, there's nothing exactly like it. Seriously, Homeopathic journalism is hard work, and it don't pay.

During the five years we have published this journal we have worked early and late, have neglected patients oftentimes when our services were greatly desired,

have drawn heavily upon our receipts from other sources to sustain it, have not given that attention to our private affairs which they have deserved, and have seriously taxed our health. The work of editing and publishing a medical journal is too great for any one man to bear without yielding somewhat to the strain, yet we have been so situated that we have had to attend to all the business affairs of this journal, all the correspondence connected with it, all the proofreading and the rewriting or dressing up for friends of more than half the contributions which have appeared in its pages, to say nothing of the innumerable little cares connected with its publication, which only one who has had experience can understand.

It can readily be imagined that we are proud of the position THE JOURNAL has attained when its struggles and trials have been considered. It is not vain boasting to say that it ranks well up toward the top in the Homeopathic galaxy. It certainly occupies a high place in the ranks in the opinion of the journalists themselves, and it now numbers its friends by the thousands in all portions of the Union. It circulates from Maine to Mexico and from Florida to Oregon. Like the prophet of old it is better thought of away from home than where it should with reason most expect appreciation and support,

and, although Southern in name it is now National in circulation and usefulness.

Ad Astra Per Aspera. We have fought the fight and have come to stay. THE JOURNAL has cut its eye teeth, has doffed its swaddling clothes, is a full-fledged warrior for Homeopathy and asks no odds of anybody. If you don't like it, don't take it. If you do—it will cost you two dollars per annum in advance.

Legislate the Colleges.

THE teaching of medicine is very loosely done. A rather indifferent studentship for a twelvemonth under a practitioner who is too busy to pay attention to the student, except, perhaps, to impose on him the duties of office boy, book-keeper, collector and, perhaps, dispensing clerk, a five months attendance upon a college with the stereotyped lecture course and an occasional quiz, another six months as office boy and then five months more as a senior at college, a sheep-skin, a bouquet, a banquet, and after that—a funeral, is about the ordinary menu of a medical student's life. This is all wrong, and it is because it is as it is, that we find so much willingness on the part of the people to listen to the seductive whisperings of the examining board fiend so numerous abroad in the land.

The whole system of medical edu-

cation as practiced to-day is rotten to the core. In all other vocations in life requiring an education, the student is put through a system of instruction embracing study, recitation, review and examination, at least calculated to give him a sure foundation upon which to stand in after life; while, although in no vocation is thoroughness so essential to the welfare of the people as in medicine, in no department of education is thoroughness in training and instruction further removed than from the medical colleges of this country. Even under the graded course system, which is a decided improvement on the old plan, the absence of the recitation, the frequent review and the rigid examination, common to academic and university instruction, renders the teaching of the important art of medicine far less thorough and scientific than it should be. Here is an opportunity for reform, and instead of creating examining boards, manned, as a rule, by political favorites of the powers that be, the medical profession should engage itself in securing legislation looking to more system and thoroughness in the medical colleges.

Charters already issued should be so amended as to require at least three full courses of ten months each, or, better yet, four full courses of nine months, and no new charters should be issued

with less requirement. In addition to this, college charters should only be given to corporations which show evidence in their applications of their ability to operate and maintain a hospital of a certain number of beds and with certain established clinics. The hospital should be made a pre-requisite for a college charter—it should precede the college—and an exceedingly rigid and thorough course of college and hospital training should be demanded in every charter issued. At present a dozen physicians in any town of considerable size can take out a charter, advertise for students, sell tickets to "Tom, Dick and Harry," lecture at random and issue diplomas; whereas the most rigid rules should be made to apply to medical institutions in existence and to those yet to come.

Let the American Medical Association, the American Institute of Homeopathy and the National Eclectic Medical Association and all state associations of all schools of practice at once direct their efforts toward the grinders of the grist, rather than to the grist after it has been ground, and it will not be many years ere the standard of medical education will be sufficiently elevated to make the people comparatively safe in the application of the art at the bedside.

Send in your news notes and items. They enliven a journal greatly.

"Moonshine" and "Mongrel."

AT the beginning of this year THE JOURNAL uttered an editorial titled "The High and the Low," in which it was announced that contributions from all practitioners of our school, whether of "high" proclivities or of "low" tendencies, would be cheerfully welcomed and all would be accorded space for their views and for exemplification of their methods of practice, who cared to so favor THE JOURNAL.

Special notice to this effect was prompted by complaints from the "high" men that the character of clinical reports we had been publishing was not satisfactory to them, some complaining that THE JOURNAL was becoming quite a "mongrel" in practice and teaching. So the door, which has always been ajar, was thrown wide open to the "purists."

They have entered the portal and have given our readers some of their rifle shot testimony which each practitioner must weigh for himself, as should be done with everything presented for consideration. That they write as though they had faith in what they write is clearly apparent. That they believe they cure with their single remedy and high potency better and more certainly than do the "mongrels" with more appreciable doses and with their combines or alternations is also clearly apparent.

To say "I don't believe it" won't do, for that's exactly what the Allopaths say about those of us who use the third and other low attenuations. Neither will it do to call it "moonshine" "nonsense" or "humbuggery" and the like, for this, too, is what the Allopaths say of all Homeopaths, and we will be just as liable to censure as they if we condemn or ridicule that of which we have but little, if any practical knowledge.

There is but one course to pursue and that is to investigate. We all want to know the better way and in the face of the positive declarations and published testimony of men whose intelligence and veracity cannot be gainsaid, we have no right to close our eyes to their claims for even the highest potencies. Do they cure? Of course we all need and should use them. Do they cure more quickly, certainly, pleasantly, than the lower attenuations? Certainly they should be in the hands of every Homeopath. Continue your reports to this journal ye self-styled riflemen of our school, but make them sufficiently clear and specific to carry weight and bear investigation.

In the meantime "a word with ye." Don't call us "mongrels." It don't sound nice, and it engenders ill feelings. You owe it to us and certainly to yourselves to present the facts in your posses-

sion in a pleasant light that we may accept them and enjoy the sunlight of truth as you do. There is a great deal of human nature in mankind. Give us your testimony, make it a little clearer than some you have so far furnished, and thus win us if you can by argument and testimony which will bear thorough scrutiny.

Murrah for California.

© CALIFORNIA has forged very rapidly to the front in the past ten years. In commerce, agriculture, the arts, politics, etc., she has taken a high place in the galaxy of States, greatly to her credit and to the delight of her people. And now this bright member of the western sisterhood leads the nation in a practical demand for higher education and attainment on the part of the doctor of the future, as will be evidenced by the following preamble and resolutions which have been adopted by two of her State Medical Examining Boards (each school of practice has a State board in California) and which will certainly be adopted by the third at its next meeting:

WHEREAS, The law to regulate the practice of medicine in the State of California provides that the Board of Examiners, in the discharge of its official duties, shall determine what colleges, the diplomas of which are presented in applications for certificates, are "in good standing;"

And, whereas, it is apparent that the

protection of the public, and the best interest of the profession require a higher standard of medical education than that which is now adopted by many medical colleges; therefore,

Resolved, That on and after April 1, 1891, the Board of Examiners, of the Medical Society of the State of California, will not grant certificates to practice medicine on diplomas issued after that date by colleges which do not require that all candidates for graduation shall have studied medicine not less than three full years, and shall have attended not less than three full courses of lectures delivered during three separate years.

This is a positive and eminently practical step forward. In California the State Boards have absolute power to recognize or not recognize the diplomas of the medical colleges of this country, and they give ample notice ahead that after three more years they will recognize no diploma whose college does not demand the three years course of study.

That this will result in a betterment of the condition of medical affairs in that State there can be no question. It goes without saying that three terms at a medical college are better than two and that the student who attends the graded course comes out of college better qualified to enter upon the practice of his profession than he who goes through the two-term repetition method. It naturally follows, therefore, that in so far as California is concerned a positive advance has been taken.

Now let other States follow suit. If the colleges can not be coaxed they must be driven. The time has come when it is a libel on the intelligence of the people and the profession that young men and women can go through a careless student life in a physician's office, or, often but nominally under his preceptorship, for a year or two, and after two courses of medical lectures come out from college qualified—to take human life. 'Tis a monstrous incongruity in educational affairs. In the literary and scientific institutions of the land from three to five or six years of preparation are necessary to secure a parchment, while in medicine, which deals with the most important of the temporal affairs of men, but ten or eleven months of college life is required.

There is need for radical reform here and California deserves great praise for taking the initiative. Now let other States follow and before the present century shall have gone from us make the requirement five years instead of three and but small need for State examiners will longer exist.

Fifty years a doctor! Just think of it! That's what the veteran journalist and author, Professor Samuel Lillienthal, now of San Francisco, can say of himself this year, since he received his degree from the Royal University of Munich, in 1828. What a life of usefulness and honor he has lived. The profession can never repay him for what he has done for it in this half century—his reward must come from on high. May Heaven continue to bless and preserve the good old man.

Institutes of Medicine

Practice Pure Homeopathy.*

By I. W. Johnson, M. D., Sullivan, Ill.

GENTLEMEN, it is not without some hesitancy that I present to such an honorable assemblage of earnest workers in the Homeopathic cause as the Kentucky Homeopathic Society a paper on a subject which has received the attention of the master minds of our profession, and on which volumes have been written for its elucidation. And yet the good work goes on, but the question remains unsettled, at least so far as the practice goes, which, in curing the sick, goes all the way. We are still struggling in a quagmire of uncertainty. I mean by this that the practice of Homeopathy of to-day is not a science. I do not find any fault with the law, it is all right, but we fail to follow the law at the bedside and practice what might properly be called mongrelism.

We are taught by the law governing Homeopathy, and which we regard as being a true law, that life depends on a spirit-like force or is of dynamic origin, which is not, as yet, demonstrable to man, and as long as that dynamic force is not disturbed by extraneous influences brought to bear upon it from some source we have an harmonious action of the functions of the body, and health. But when those extraneous influences are brought to bear upon the vital force we have a disturbance of the harmonious play of the functions and disease follows. This disease-producing power, to have any effect upon the vital economy, must be equally infinitesimal with it.

Here we have two dynamic powers, the one producing harmonious action of the functions or life in its normal state, the other disturbing the actions of the

functions, or disease-life, in an abnormal state. There is but one of each. This may sound absurd and serious objections may be raised to it by some from the fact that we have as many different diseases as there are branches to the mighty aorta. But I assert and I hope to be able to maintain the assertion that they all are only different manifestations of disturbed harmonious action of the *one* vital force. This fact is generally acceded. I only bring it up as a prelude to the point I hope to make.

We have symptoms of diseases as widely different, comparatively speaking, as the north and south pole. It is difficult to find an individual entirely free from one or the other of the dyscrasæ, psoric or syphilitic, which are taught us by Hahnemann. Hence when the vital force receives an impression sufficient to bring into prominence this latent power we may have a disease which will localize itself in a certain organ or tissues of the body while the rest of the body may appear to be in a healthy condition. This disease is usually chronic in its nature, but it may be acute.

I said in a local trouble that the other parts of the body may appear to be in a healthy condition. I say "appear," for it is simply an appearance. The different parts of the body are so intimately connected by the sentient nerves that if one part manifests disease the others sympathize with it. This is widened by sympathetic inflammations, etc. As an example of the sympathy existing between organs I will mention for illustration a felon on the finger or furnucle on the nates. We all know the patient has other symptoms than those pointing to the local trouble, as sleeplessness, restlessness, peevishness and irritability with loss of appetite and probably nausea and vomiting, symptoms in organs far remote from the local trouble. Hence I say it is impossible for one part of the body to be

*Read before the Kentucky Homeopathic Society.

diseased without the others being more or less affected. It is the same vital power disturbed with the same manifestations of disease that characterize disease manifest by any other set of symptoms.

Now the exciting cause may rouse the latent power which has remained dormant for years, and we have a morbid growth; or it may appear without any apparent exciting cause, which is sufficient to destroy life and which seems to be incurable in its nature. It may progress rapidly and be acute in its nature or it may progress more slowly and be what we call chronic, probably lasting for years, but gradually wearing out the vital forces.

It is frequently said that two different and distinct diseases may be present at the same time and in the same individual. This I will not admit but I will admit that two sets of symptoms widely different may be present at the same time for a person suffering with a chronic disease may take on acute symptoms and *vica versa*, which seem to have no connection with the other; but the connection does exist, but we, in our haste, fail to find it or neglect to look for it; still it is there. Take, for instance, scarlet fever, which is regarded as being self-limited, they either die or get well and the disease is ended.

Now, the case I wish to bring before you is one in which the scarlatina has run its course and the patient has recovered from all symptoms of acute scarlet fever. But there comes on an otorrhoea, which is chronic in its nature and frequently causes deafness and not infrequently death. There were no signs of an otorrhoea before the fever and the fever is acute and self-limited. How are we to account for this otorrhoea. The fever has gone long ago but the otorrhoea remains. It has aroused that latent power which has manifested itself in the form of a chronic

disease. But is it distinct from the scarlet fever which passed away, was cured months or years ago? No, they are intimately connected and if you cure the otorrhoea you must get the symptoms which preceded it or the conditions under which it was produced. If the scarlatina had been properly treated this would not have occurred, but as it was not we have this to contend with. Another example which is probably more striking than the foregoing is the rheumatism frequently following suppressed gonorrhoea. You have all seen this and know how difficult it is to cure. The only way it can be permanently cured is by giving an anti-sycotic and bringing back the gonorrhoeal discharge, with the appearance of which the rheumatism disappears; then treat the gonorrhoea according to indications.

What I wish to prove by the foregoing is that life is an unit of force and that the disease-producing power is an unit of force and that the unit of disease or the extraneous power coming in contact with the unit of life, the functions of health are destroyed and disease is the result; and that two different diseases cannot exist entirely separate at the same time in the same person, but there is a connecting link which makes them one. Hence the great necessity to get the totality of symptoms in making a prescription.

Now for the third unit of force, that of drugs. We have found that health and disease was each an unit of force. And to be able to cure disease we must have another unit equally as dynamic as the others. This we have in drugs and we get its dynamic effect or power by potentising, each drug having its own unit.

In prescribing under the law of similars we must get a remedy whose physiological action corresponds with the totality of symptoms of the natural disease and we cannot effect a cure until we have a remedy whose action does correspond

to the totality of symptoms. When we have this we need no other remedy.

A few words on alternating. It is acceded by all that each drug has its action and that to cure disease the drug indicated must be given. Let us imagine a patient with the mental symptoms of Pulsatilla and the uterine symptoms of cimicifuga. Can we, according to the law of Homeopathy, alternate the two and cure the disease? Most emphatically no. Here is a condition where the unit of power of neither Pulsatilla or Cimicifuga corresponds to the symptoms and by combining or alternating we can not produce that unit. We must look for the remedy whose sphere of action will cover the totality of symptoms. If one drug is indicated all others given are superfluous if not injurious, as only one drug can correspond to the totality of any given set of symptoms. Let us study the symptoms closely and recognize those which belong to the disease proper from those which are complementary to it. Study our materia medica, that we may differentiate and individualize. Give the single remedy and follow the law.

"A Case of Moon Stroke."

By S. W. Cohen, M. D., Waco, Texas.

HAD the correspondent of THE JOURNAL, who hoisted the above caption [Ye editor did the "caption" act—Ed.] over his recent article, written it, or a similar one, but a year before he did, dating it April 25, 1887, it would so nearly, or rather wholly, have voiced my own sentiments that I would have been tempted to have replied as follows:

WACO, Texas, May 1, 1887.

C. E. FISHER, M. D.

DEAR SIR: I wish to place myself on record as one who earnestly desires to endorse and support your Marysville, Tennessee, correspondent. He hath-a-way that stamps him a man of no common or-

der. He is an honor to Homeopathy. [Aside: He thinks just as I do.] He is doing brave work in attacking the methods of such cranks as Sherbino. If Sherbino were not such a big fellow I should say he was either a "fool or a knave." This is a handy phrase, coined for us by our allopathic friends (?) A man must be a fool to think the C. M. of any drug, though it be *the* similimum, will cure a given disease, and the reports of such cures are—must be, undoubtedly, false. These so-called high potency fellows are the "*bele noir*" of the profession and drag us into ridicule and contempt. I think your correspondent and I practice much alike, for I am sure he practices Homeopathy correctly, utilizing all adjuvants necessary and leaving nothing undone for a patient that could be done by any school of medicine in a similar case. Such methods of practice and only such will give us renown. Hathaway! my profound obeisance!!

Yours fraternally,

S. W. COHEN.

But to the communication of April 25, 1888, I have quite a different reply:

WACO, Texas, June 18, 1888.

DEAR HATHAWAY: I know you don't want my sympathy, but, notwithstanding, I am sorry for you. I wish I could have met you ere you penned your "Moon Stroke" article and related to you my brief experience with high potencies. One twelve-month ago I had an utter contempt—there is no other word in my vocabulary that so forcibly expresses my feelings—for Doctors Sherbino, Lippe, Kent, Wells, Schmitt, Lee, James and others of that ilk. I was as zealous and enthusiastic a Homeopath then as I am now, and "as good a one as anybody" in my own estimation. At the Texas State meeting, at Fort Worth in 1887, Doctor J. G. Gundlach read an article on "The Potentization or Dynamization of Drug Forces." (I shall not discuss your

reply to this in a former number of THE JOURNAL, nor the controversy that followed but speak only of myself.) I worried through the reading of Doctor G.'s paper as best I could, a fit subject for a dose of Rhus Tox, with a cynical smile hovering constantly about my lips, the while looking about me to catch approval in the eyes or demeanor of those present. After the doctor had finished reading I was the first on the floor to combat his predications. I laughed him to scorn while extending my commiseration and would then and there have conscientiously signed a certificate setting forth that he was a fit subject for the insane asylum. I felt bitterly toward all men who would advance such foolish ideas and so persistently contend for them. The "*auto da fi*" would have been their portion if my behests had been law and all for the "good and glory of" Homeopathy. Doctor Gundlach and I had several little private arguments during the several recesses of our session. He attacked my "Liberality of Thought," knowing this to be my chiefest hobby, and finally wrested from me a promise to test the high potencies, and the *single remedy*, kindly advising me at the same time to make myself thoroughly familiar with our *Materia Medica*. I adhered to my resolve, though my conscience often smote me, when giving a single drug where I had formerly given two or at times three alternately, or had possibly mixed two in one goblet to alternate with another, "as all good Homeopaths ought to do *when necessary*," as I then thought. Often was I sorely tempted to recant and drop back into my happy-go-lucky methods, and as often did I resolutely turn my back to the temptor. I presented *the indicated remedy* in a high potency, never giving a lower one than the 200th and running up the scale to the highest I then possessed. I corresponded with Doctors Fincke, Kent, H. C. Allen

and Sherbino (and even acknowledge writing to Doctor Swan and receiving a kind response), for, as the dawn began to break, I discovered that my so-called zeal was only bigotry, and that my prejudices had served me as those of others had served them since man first saw the light of day, i. e., to the hinder wheels of advanced thought and scientific progress.

To-day, after a painstaking experimentation, analytical and synthetical, for a whole year, I must reply to my own queries of a year ago. "It's not possible. How *can* it be?" by "It *is* possible. "*How can* it be?" "I don't know HOW, but IT IS." I affirm and my own observation has been my only mentor, that the higher potencies act more speedily and more effectually, curtailing the length of cases, and are more satisfactory in every way, except it be, perhaps, in the cutting down of one's receipts the first year or two; but I feel assured the physician's ability by their aid will soon establish for him a reputation which will eventually fill his coffers. I am now using our remedies only from the 200th potency up, going as high as the D. M. M. I have many potencies I can "swear by," and if you, or any other man or woman, desires a graft of a few of these never-failing potentized drugs—when indicated of course—I shall be only too glad to mail them to you or to them upon receiving a request for the same, gratis.

Sincerely yours,

S. W. COHEN.

How to Advance Homeopathy.*

By D. B. Morrow, M. D., St. Louis.

WE are apt to do the unexpected. Though announced for a scientific subject, a more practical is deemed of more importance at this hour, and being an ardent lover of my adopted pathy, I volunteer a little speech for it.

*Read before the Missouri Institute of Homeopathy April 26, 1888.

It is a well known fact that Homeopathic doctors are more employed by the more or most intelligent people in every community. The converse is necessarily true, that Allopathy is used by the ignorant of the community. It is also true that the ignorant portion of any community is largely in the majority. Ignorance of Homeopathy among the Allopathic profession is a case of arrested development. Sometimes it is associated with kleptomania, and while he steals from Homeopathy he adroitly increases the ignorance of the laity on Homeopathic benefits. This he does on business principles. Among the laity Homeopathy is, "a home medicine to be practiced by old women and only good for the minor ills of women and children;" or it is, "two glasses of water and two teaspoons, alternate, a dose every hour;" or it is "little pills," or "sugar and water," or "Faith," or a thing to be ridiculed. An intelligent man suffering from an incurable disease said, on returning home from my office with a little package of medicine: "Jane, I never thought we would come to this! let's hide it and not let anybody know I am taking it!" He was honest enough to acknowledge that it did him lots of good and he died several months later. My patient praising not Homeopathy but his "bully doctor."

Only now, a woman after patiently and persistently swallowing Allopathic drugs for two whole years, ruining her teeth and growing steadily worse, concluded she had an incurable consumption, and through the influence of a friend applied for treatment. After one week of Phos., M. potency, reports free from cough, hoarseness, night sweats, indigestion, etc., etc.; said she was ashamed to go to the Homeopath, lest her husband and neighbors would laugh at her. A very intelligent physician, author of several meritorious works on medicine, editor of a medical journal, owner, manager and

president of a prosperous medical college that sends out some practitioners of Homeopathy (?) said to me: If Homeopathy is not small doses what is it?

I suppose every doctor before me has heard such or similar expressions from the laity. I quote these few from people intelligent on other subjects, even intelligent on the subject of medicine for the purpose of showing the dense ignorance that exists among the people at large on the subject of our favorite pathy. We make slow progress, comparatively, because, as it seems to me, we do not proceed in the best way. Homeopathy is nothing to be ashamed of in this day and age. The fact that otherwise sensible people are deterred from its use for fear they will be *laughed* at is the best evidence that we do not proceed in the right way. The "Book and Box Process," "The Guides to Homeopathy," "Homeopathy Simplified or Made Easy," "The Stepping Stone," etc., etc., have their uses and abuses. They are apt to produce an undervaluation of the benefits of Homeopathy, and Mrs. Smith may, with her book and box, make a good cure and Homeopathy get no credit for it. The case was not bad, etc., etc., and if there is any *serious* illness the Allopath is called. Besides, Mrs. Smith concludes that Homeopathy is *Bell*—or *Aconite*, or *Nux Vom*. Nothing more. A few medicines that other doctors do not use. Furthermore, there are *now* Homeopathic doctors enough to do the doctoring. By his study, proving, introduction and use of drugs they are *his*, as much as if he had a patent right to them, and he should not have his calling *cheapened* by being compelled to compete with Mrs. Smith's book and box, Mrs. Smith being usually some wealthy lady who *amuses* herself giving away her little pills if they bait all right. If not, she is not a doctor yet Homeopathy is considered to have failed. Then we have a few tracts that are not

circulated nor read. The college work and journal is to make new doctors and keep them *polished* when made. The hospital work is a fine charity, beneficial to a few young doctors, or other doctors that get free advertising in that way, and to the patients who are treated. But the next door neighbor does not know what good is being done; rarely knows that it is a *Homeopathic* hospital, for no *sign* announces it.

Medical ethics does not allow the doctor to advertise only by his successes and these are often attributed by his patrons and patients to many influences and causes other than his little pills and water, so that, however great his light, he is compelled from usage, and that is the law of the land, to put it under a bushel and keep it there until by some lucky chance some half-dead person whom the Allopaths and domestic quacks and patent medicine men, electricians, magnetics and Christian science healers have failed to kill and who is walking about to save burial expenses, stumbles into his office, gets cured and *discovers* him, announces his discovery to his friends, etc., etc. When James A. Garfield in the Chicago convention, nominated John Sherman of Ohio to be a candidate for the president's office he reviewed briefly the history of the Republican party, whereupon an astute reporter remarked that he did not nominate John Sherman, but instead the Republican party, and that fact, with some correlative influences, nominated Garfield as the banner bearer. Now, it seems to me the wisest and most common-sense thing Homeopathic practitioners can do is to nominate and elect Homeopathy. We are deterred by ethical usage from advertising ourselves. Let us advertise HOMEOPATHY. To this end let Homeopathic practitioners of the *United States* form themselves into a league to teach the *benefits* of Homeopathy to the people

at large. Americans learn largely their notions on any subject from the newspaper. Many people read very little else. The newspaper finds its way into every house. For this reason they are considered by sharp business men as the cheapest and best advertising medium. The live editor is awake to the necessity of furnishing information on all subjects. It creates a demand for his paper. Now, while in many newspapers you may see well written articles on medical subjects from Allopathic pens, you never see more than a brief notice of some *State Homeopathic meeting* or college commencement, on the subject of Homeopathy. Is it any wonder people are ignorant of the benefits to be derived by employing Homeopathic doctors? It is the duty of Homeopathic preceptors and colleges to create a demand for the young doctors they send into "fields of usefulness" instead of his principal business, the first ten years of his professional life being the consideration of the discomforts of an office chair or "consultations with the village priest." He should be recognized as a man competent to discharge the duties of his profession, and should be sought and employed from the opening of his office as any other business man. Homeopathy has its millions of cures, which can be *verified*, some of them in every community where there is a Homeopathic practitioner. Some of these should be brought to the notice of the public through the medium of the press, with name and residence of patients given and enough of them to prove the *verity* of our claims.

By bringing Homeopathic *facts* before the *people* and keeping them there, NOT as the claim of any special practitioner but of the *pathy*, every Homeopathic physician's business would be increased and a *demand* created for many more.

Practice.

Diet and Water in Typhoid.*

By A. C. Jones, M. D., Carrollton, Ky.

OF all antipyretic measures in the treatment of typhoid fever I consider hydro-therapy the chief; first, because it combines in itself all the attributes of a remedial measure, and second because its action on the fevered organism may be varied to any degree. Cold and lukewarm baths cool the blood and the vital fluid is returned to the internal organs with an indescribably pleasant as well as beneficial effect. Nor is this all. Digestion is improved and the patient can be better fed; sleep is favored and induced, and the general circulation is improved. On the circulation the effect is to contract the peripheral vessels; the heart works more slowly; the vessels show an improved tension, diastole is decreased and the elasticity elevation returns. The respiratory apparatus is excited by the peripheral irritation to deep and slower movements; cough is more effective and consequently bronchial obstructions and catarrhal pneumonia are aborted if not avoided.

From the first water should be used, i. e., commencing with the initial period. As typhoid fever is self-perpetuating, if I may be allowed the phrase, decided treatment may cut it short if not counteract it entirely. One of the means to this end I have found to be the free but discriminate use of cold water. The continual development of morbid matter in the intestinal canal culture typhoid germs. This condition is much effected by the diet and by agents which influence the lesions of the intestinal glands. From the appearance of the first symptoms the physician should insist upon absolute rest of body and mind, many cases being put in jeopardy by "not giving up," as

*Read before Kentucky Homeopathic Medical Society.

the patients say, and going to bed sooner. And not alone should this early rest of body and mind be attended to, but next in importance, if not first, should be the diet. A decided restriction of diet should be imposed at once. If the intestinal canal and its *Materies Morbi* are the seat and cause of much of the disturbance, then is it not supremely necessary that they be kept in the very best condition from the onset of the disease? To this then, it is important to look to and regulate the diet; not after certain physiological symptoms have made their appearance, but from the beginning of the disease. Milk, light gruels, broths and cold water should be the diet from the first. Here let me say, that only too often it is found that milk, broth, soft boiled eggs, etc., are found to disagree in a day or two. This is nearly always the fault of overfeeding, giving no rest to the digestive organs. During every twenty-four hours the stomach should have from three to four, and perhaps six hours of rest from food, and during the remaining twenty-four hours food should not be given oftener nor less frequently than every two hours and then in very small quantities. A tablespoonful of broth every two hours will assimilate rapidly and thus strengthen your patient, while a teacupful, or even half that quantity, given at one feeding, once in eight or ten hours, will cause, in the weakened and irritable state of the stomach, acute indigestion, non-assimilation and a multiplicity of troubles. Milk is often the chief and most reliable nourishment if found to disagree should be diluted or to aid its digestion, peptonized. As food is given observe its effect as carefully as you observe the effect of your medicines, and feed accordingly. The subject of feeding, or rather improper feeding in typhoid, can not be over-estimated, for many conditions are resultant from this cause. For instance, tympanitis,

peritonitis and diarrhoea are very often the result of excessive or improper feeding. It is true that often these conditions may be caused by the enfeebled state of the muscles of the intestinal and abdominal walls and by the lesion of the mucus membrane. The *Materies Morbi*, which is already present and the seat of mischief, is thus added to by the rapid accumulation of imperfectly digested organic matter. In short, the question of feeding in typhoid fever is the fundamental one; should receive more care and study, and should in each case be given the closest attention. Alcohol, in its turn, is an important factor, not alone as stimulant but as food. As a stimulant in extremely malignant cases it is sometimes sooner or later required. Yet it should never be prescribed excepting when definite indications call for it. These indications are to be found in the character of the heart's action, of the nervous symptoms, of the digestion and of the pyrexia. It is wise to withhold it till called for by indications and to then give it in small doses, cautiously increasing the doses and strength until it secures every benefit to be derived and thus avoid all harm which at times follow its excessive use. It is said that the majority of typhoid cases need little if any medical treatment. I would qualify this by saying that *many* cases require but *little* medication. Upon the other hand my experience has been, and that has been an extensive one, that the *majority* of cases *do need* careful and painstaking medication. If it is true that the defective elimination of the products of regressive tissue changes may be, in part, at least, the cause of the typhoid symptoms. Every effort should be made to keep active the skin and kidneys by medicine, sponging with cold water, cold water to drink, ice to eat and plenty of it. When a milk diet has been ordered examine the stools with care to see if the milk has

been fully digested. Sponging with cold water should be done at least twice a day from the onset of the disease; but as soon as the temperature reaches 102 to 103 degrees it should be done frequently, at least every two hours. If the temperature rises to 104 or 105, showing a disposition to remain there or fluctuate between then the wet pack should be used and persisted in until the fever is lowered. The use of cold water is particularly indicated in cases with profoundly ataxic symptoms, although all of the conditions or features in this state are not due to the pyrexia. The so-called heroic use of cold water in typhoid fever I do not advise, it is an extreme that should be avoided, for the use of the bath is apt to cause a too rapid descent of temperature and bring about an alarming condition of collapse. Sponging, no matter how frequent, and the application of compresses has a more gradual and therefore a better physiological effect and is certainly more soothing to the nervous system. Only lately, in the case of a young lady, this was verified to an astonishing and highly-gratifying degree. The case was typhoid pneumonia and had been in Allopathic hands for two weeks. I found the temperature 105 2-5. I immediately ordered the wet pack, cloths rung out in cold water so placed as to extend from the throat to the lower part of the bowels, lapping over so as to nearly reach the spine. From the back of the head, reaching well down the back, another one was placed; these covered with dry flannel. In thirty minutes they were removed as dry as a chip, were wrung out in fresh water and replaced. This was continued for two hours, when the temperature had gone down to 103. The cloths were now changed every hour during the night. In the morning I found the temperature reduced to 101 2-5, expectoration re-established and the patient much improved. While the fever lasts the diet should be

altogether liquid; in fact it should so continue for a number of days thereafter, no solid food being allowed until convalescence is well on its way. Alcoholic preparations of any description, whether pure or diluted, can be used not only as a stimulant when demanded but as nourishment to a degree. I take it as my guide for the beginning of the use of stimulants the state of the first sound of the heart. I make the examination frequently and with care. Upon ascertaining that the sound is weak and insufficient I order mild stimulants; if there is waste of tissue and decided heart failure eight ounces of whisky every twenty-four hours can be given with safety. I am well aware of the fact that in making this statement I am treading upon dangerous ground and inviting criticism. In the administration of nourishment allow me to say again, at the risk of repeating myself, do not overfeed. From two to four ounces of milk every two hours, for say eighteen hours, then rest; for an interval of at least five hours out of every twenty-four should be given to foster the digestive organs. There is still another important thing in connection with feeding in typhoid that should not be overlooked, and that should receive the physician's special observation viz.: the often indiscriminate giving of Apollinaris water and its kindred waters. Also lime water. These preparations will cause the coagulation of the caseine by dilution and do much harm. In short, in order to pull your patient through an attack of malignant typhoid fever the nutrition and stimulation of the patient can be accomplished by the wise use of cold water to the exclusion almost of everything else, while the medicinal and therapeutic effect of cold water externally and internally used is beyond value. Threatened peritonitis, diarrhoea and its attendant conditions, and the nervous excitement so often present are allayed and controlled by cold water. If,

when convalescence sets in and farinaceous food is given the temperature rises slightly, cold compress will very soon bring it down to its former condition. Port wine or some of the better quality of nutritious wines, I often prescribe. Port wine is preferable if there is obstinate diarrhoea. As to the remainder used it is not the purpose to discuss them in the paper. I will say, however, as to potency that in typhoid fever I have never used a remedy lower than the 3 x or higher than the 30 x. In comparison let us briefly look at the treatment in typhoid by our Allopathic brethren, and it shall be no overdrawn picture; it shall be true to life. I might say more properly, death. From seven to eight grains of calomel with ten grains of sodium bicarbonate and this at a single dose. This mild prescription for a starter. Every other day this is repeated, only, perhaps, the dose is increased a little, just a few grains, so as to insure a good thing. This treatment is continued for five or six days; by this time the patient has become alarmingly ill, so the calomel is stopped and quinine substituted. Six, eight and even ten grains are given every three or four hours until the patient has become entirely oblivious to all surroundings. Becoming alarmed the quinine is stopped and the gauntlet of their drug armamentarium, iodine, carbolic acid, pure turpentine, bromide potass., and so on ad lib., ad-in-finitum until poor nature succumbs, and then it is as usual attributed to a special dispensation of "Divine Providence." Is this picture overdrawn? Not a bit, as many of you know, and the strange part of it is that this is not the old and discarded treatment of a quarter of a century ago, neither is it the treatment of some antiquated, fossilated, bucolic country doctor, who lives so far in the interior of the mountainous regions of Kentucky as not to have learned that the war of the rebellion is over and forgotten. But it is

the treatment of *to-day* in this enlightened and progressive year of our Lord, 1888. It is the treatment *per se* in one of the leading Allopathic hospitals in the United States, and was used in case after case during the past year. To be sure the majority of these cases died, but what of that, was it not regular? Have you or I the temerity, the audacity to question for a moment the means or the ways wonderful and mysterious, though they may be, of regular medication? Is there any good in Israel outside of the law of *contraria-contraris*, and to those of us who have gotten beyond and out of the pale of this Holy of Holies, this Shibola of all that's pure and good and beautiful in medical love shall we as much as think even that all this murderous medication of a forgotten past is damnable in the sight of God and man? But suffering humanity is thinking for itself and is calling out against such treatment in thundering tones. From North to South and from East to West, and too from continental Europe, can be heard the echo of the doom of heroic medication, and the answering cry comes to us, not now as in the past, give us something better, but we have found it in the grand, the beautiful, the almost divine law, *Similia Similibus Curantur*, as handed down by that great and patient teacher, Samuel Hahnemann. The necessity of Homeopathy is being heard throughout all Christendom, through its colleges, its journals, its eleven thousand of educated physicians and millions of followers. It has proved to the world the divine injunction, "by their works shall ye know them." Leaving no stone unturned, stooping to no measure, no matter how arbitrary or degrading to attain their ends, the Allopathic school of medicine have, during the past twenty years, bent every energy, not alone to smother in its infancy this child of progress, but to keep from being sunk, into eternal oblivion,

their own theories. Year after year have they fought inch by inch, not alone the law of similars, but to keep intact before the world their own mistaken and illy-begotten law of *contraria-contraris*. Bitter, indeed, has been the fight, but the signs of Homeopathic success, aye of Homeopathic supremacy, are to be seen and felt upon every hand. The slogan of Homeopathy, which for many years could only be indistinctly heard, has grown louder until its echoes are heard in city, town and hamlet until the very valleys and mountains vibrate and revibrate with the glad acclaim, which says Homeopathy has come to stay.

FOR THE JOURNAL.

Bibron's Antidote for Serpent and Insect Bites.

By Daniel Waldron, M. D., Kissimmee City, Florida.

IN response to your call for items of value and interest to the profession for your journal, I will intrude on your columns by calling the attention of the profession to what I find they, in general, are quite ignorant of, and that is the high value of Bibron's antidote for serpent and spider bites.

The antidote was originated by Prof. Paul Bibron, of Wirtemberg, Germany. The open formula is: Bromine $2\frac{1}{2}$ drs., Iodide Potassium 2 grs., Corros-Chlor-Merc 1 gr., Diluted Alcohol 30 fl. drs. Dose a fluid drachm in some wine or brandy—repeat if necessary.

A series of experiments upon animals bitten by rattlesnakes were made by Ex. Surgeon-General Hammond that fully demonstrated its great value, and it is also endorsed by Prof. Erichsen in his "Surgery." I have used it in my practice on one man and several dogs, and have known others to use it on their dogs, and in all cases with entire and prompt success, in fact I have an absolute reliance on it. I would say that I always used

it with water, the wine or brandy not being at hand. I also understand that all United States medical chests are supplied with it.

Dr. E. F. Brown of Kissimmee, Fla., when attention was called to the antidote, assured me that he had used Iodine the same way with entire success, so it may be inferred that the "antidote" may owe its value to the Iodine and Bromine, any how I fail to see where the Corros-Chlor-Merc comes into value. Can any of your readers come to the front with anything bearing upon the matter?

Cimicifuga for Tansy Poisoning.*

By J. A. Vansant, M. D., Mt. Sterling, Ky.

CASE, Fannie C., married; five months advanced in pregnancy, took large quantity of infusion of tansy to produce abortion; when called found temp. 105°, pulse 140 and weak, severe headache, abdomen sore and tender, with sharp cutting pains, and some bearing down pains and pain in the lumbar region and across hips. I knew of no antidote to Tansy, but tried the methods suggested in the United States Dispensatory, and also gave Acon. and Bry., with no improvement; after waiting three days, the temp. still 105°, and headache more severe, I abandoned all efforts to antidote by chemical means, and determined to test the law of Similars in this case of poisoning at least. Finding that *Actea Rac.* presented a good picture of the patient's suffering, it was given, ten drops in one half glass of water, and one tablespoonful every half hour; I was not a little surprised when two hours after beginning the *Actea Rac.*, to find the temperature reduced three degrees, and headache relieved, while pains in the abdomen and back were also less severe; continued

remedy every two hours and patient was soon well, and gave birth at full term to a ten pound boy. Is *Actea Rac.*, an antidote to Tansy poisoning?

NITRIC ACID IN ACNE.

Case 1.—G. W., age 27. For twelve months had large pimples on face, and several on ears size of a split pea; at times had pricking sensation in pimples, no history of syphilis; gave Nit. Acid 3x dil., 3 drops four times per day; in two weeks entirely well.

Case 2.—Frank S., age 18. Face and forehead thickly covered with pimples size of millet seed; stinging in eruption, could obtain no other symptoms; gave Nit. Acid 3x dil., 3 drops every four hours. Saw him six months afterwards and he reported that he was entirely well by the time he had used the 2 dr. vial of liquid.

Case 3.—R. K., age 21. Pimples since puberty on face and especially on forehead; small red elevations, aggravated by shaving; subjective symptoms negative; for eight months gave Sulph., Ars., Hepar. and Ant. Crud., with only slight amelioration; gave Nit. Acid 3x dil., 3 drops 3 times per day, and in one month almost entirely well, and has continued so for three months to the present time.

FOR THE JOURNAL.

Sticta Pulmonaria for Scanty Milk.

By L. O. Rogers, M. D., Newton, Iowa.

THE reading of Prof. Hale's interesting report of the action of *Sabina* in case of deficiency of milk, in the May JOURNAL prompts me to relate a similar experience with *Sticta Pulmonaria*.

In the first case in which I noticed its action in this particular, I was prescribing it for its peculiar cough and rheumatic conditions, the patient then nursing her seventh child. She had always been annoyed because of a scantiness of milk,

*Read before the Kentucky Homeopathic Medical Society.

occasionally it being entirely suppressed.

While taking the remedy the flow of milk became ample, and so long as an occasional dose of *Sticta* was given it remained so. I have since verified this result in a number of cases.

A High, Single Dose Cure.

Dr. M. A. A. Wolff, Gainesville, Texas.

ARSENICUM, 8000TH, ONE DOSE.

WAS called June 7th at 11:45 to Mr. C. R. Found him in bed with an unbearable pain in stomach and abdomen; above and around the umbilical region. He had suffered for two hours and had taken a mixture of *laudanum* and *chloroform* without effect. Gave at once a dose of *Colocynth*, low, and then made my examination. Face showed an anxious, distressed expression. No fever, tongue clean, pulse normal. Complained of heaviness in stomach, tender to pressure, great anxiety about epigastric region, pain arresting breathing. Had taken two glasses of *ice tea* with his supper. At the question if he felt any better (after the *Colocynth*) I received a negative answer. Gave him now a few No. 10 globules *Arsenicum* 8000th, and then prepared magn. phos. (Schussler) in a tumbler of water. After a few minutes repeated my question in regard to improvement. He thought he was somewhat better. The anxious expression was gone. Waited another five minutes and improvement going on. Now gave orders to take nothing as long as improvement was manifest; only if the pain should return again to take the solution, a teaspoonful every quarter, half, one or two hours, according to violence of pain. Returned next morning, found the gentleman at his work fully recovered. *He had not taken anything after I left, slept well all night and felt well.*

[At a venture, and with full consciousness of being pronounced a heroic, we'll

go a farthing that 'twas the *Colocynth* that did the cure in this case, the interval between the administration of it and the *Arsenicum* not appearing.—Ed.]

SELECTED.

Early Morning Diarrhoea.

SULPHUR. The patient is hurried out of bed in the early morning, and has barely time to reach the closet; changeable stools.

Rumex crispus. Early morning, watery, gushing stool, hurrying the patient as in sulphur; but it continues during the whole day, being often worse at noon.

Kali bich. Watery, gushing stool, with urging and tenesmus, which does not allow him time to reach the closet; he soils his clothing.

Aloes. Mucous stool with jelly-like masses, accompanied with much rumbling, burning, and itching about the anus, also escape of hot flatus which relieves. Later than sulphur, about 6 a. m.

Natrum sulph. After being up and about, or after breakfast, scanty stool, forcibly expelled, with much flatus, which does not relieve.

Bryonia. An early morning diarrhoea which comes on as the patient begins to move about; after vegetables or stewed fruits, or overheating in hot weather.

Dioscorea. Morning diarrhoea, with griping, colicky pains like those of *colocynth*, but more apt to fly off to other parts of the body.—*Minn, Med. Monthly.*

The Westborough Insane Hospital (Homeopathic) had 432 patients its first year. Of these, ninety declared a preference for Homeopathic treatment, and forty-six were private paying patients.

The Homeopathic Hospital College, of San Francisco, is again in full blast, with a good class. This institution has a good faculty, and is doing earnest and faithful work for our school on the coast. It is deserving of and should receive the hearty support of all Homeopaths west of the Rocky Mountains.

Ophthalmology.

Sympathetic Ophthalmia.*

By F. F. Casseday, M. D., Kansas City, Mo.

THE term Sympathetic Ophthalmia is applied to those cases in which an injury of one eye is followed by a peculiar inflammation in the other, usually occurring a short time after the accident, and is of a very dangerous character. The disease usually shows itself in the form of a malignant Irido-Cyclitis accompanied with great irritation of the iris and the capsule of the lens. It sometimes assumes the form of Serous-Iritis or Irido-Choroiditis; again it takes the form of Retinitis or Neuro-Retinitis. It is of very great importance to distinguish the condition of sympathetic irritation which follows an injury, or inflammation from sympathetic inflammation. Where there is sympathetic irritation it is observed that any increase in the inflammation of the injured eye is accompanied with more or less irritability in the other. The patient is unable to read or use the eye for near work without complaining of a feeling of weariness, and there is loss of accommodation to a greater or less degree; the range of the accommodation is also diminished and the eye flushes up and has considerable injection of the conjunctiva around the cornea as well as photophobia and lachrymation; pain in and over the eye also frequently accompanies this condition. These symptoms appear and disappear as the patient uses his eyes or abstains from work, while there may be cases in which there is great irritability of the eye without resulting in sympathetic Ophthalmia, yet on the other hand, it must be admitted that an inflammatory attack is often preceded by symptoms of irritation. However this question may be there is no doubt that the proper methods of dealing with a case in which there is persistent symptoms of

sympathetic irritability appearing is the immediate removal of the injured eye, especially if the sight is lost or very much impaired.

Sympathetic Irido-Cyclitis presents all the symptoms of severe intra-ocular inflammation. There is photophobia, lachrymation, pain in and over the eye, and the eye lids are more or less red; very soon after the onset of the disease there appears vascularity and chemosis; the iris becomes discolored and of a yellowish red tint. There is effusion of lymph at the edge of the pupil which extends to the opposite surface of the iris and ciliary processes; the iris adheres firmly to the capsule of the lens, and as the disease progresses the exudation becomes firm and organized; the ciliary body becomes very sensitive and the circulation of the iris greatly impeded on account of the inflammation. The structure of the iris becomes very much softened and is very friable and breaks down readily; in some cases the attack comes on very slowly and is not accompanied by any pain; the patient is apt to overlook it, and thinks it a case of trivial character and he neglects it very frequently until the sight becomes very materially affected; the tension is generally more or less increased at first, but gradually diminishes until the eye becomes soft; this, however, is not a constant rule.

The symptoms of sympathetic Serous-Iritis are very different from those of Irido-Cyclitis. In this disease the iris is more or less discolored; the pupil dilated; the aqueous humor faintly clouded and the opposite surface of the cornea dotted with opacities, and there is also more or less ciliary injection and the depth of the anterior chamber is sometimes slightly increased. The intra-ocular tension is frequently increased. This form of disease is not as common nor is it as dangerous as Irido-Cyclitis, but there is

danger of it passing into that disease. Mooren, in his valuable work, states that in those cases of inflammation which begin in the iris a more favorable prognosis can be given than when the inflammation involves the choroid; it is most dangerous to vision where it begins in the ciliary body. Von Graefe describes a rare form of Sympathetic Ophthalmia called Sympathetic Choroido-Retinitis, and narrates two cases illustrative of the symptoms presented by it. Another form of Sympathetic Ophthalmia affecting the cornea is sometimes mentioned.

The causes of Sympathetic Ophthalmia have their origin in those conditions which set up a plastic inflammation of the ciliary body. Among these causes may be mentioned injuries such as wounds, especially in the region of the ciliary body; foreign bodies lodged in the eye are also a frequent cause of this condition; foreign bodies, however, do not always set up a Sympathetic Ophthalmia, as a large number of cases are on record where pieces of gun caps and fragments of steel, splinters of glass or stone, have remained in the eyeball for years without producing either sympathetic irritation or inflammation in the sound eye. In other cases a long period of time will elapse between the injury of one eye and sympathetic inflammation of the other; some cases have been reported where over twenty years have elapsed from the receipt of the injury to the development of Sympathetic Ophthalmia. Sympathetic Ophthalmia may also be caused by internal inflammation, especially if these inflammations are accompanied by hemorrhagic effusions. The mode of production of sympathetic diseases has yet to be explained. McKenzie's theory is that the inflammation spreads to the sympathizing eye along the optic nerve and chiasma; more recently it has been claimed that the ciliary nerves formed

the conducting paths, the inflammation being carried to the center of the ciliary nerves of the injured eye, and thence reflected down the ciliary nerves of the other eye, or else that the vaso-motor system was acted upon in such a way as to interfere with the nutrition of the other eye. The experiments and observations of recent years have, however, proved that the space between the Dual and Pial sheaths of the optic nerve and the lymph sheath surrounding the retina of the optic nerve are often occupied by lymphoid cells similar in nature to those which are so abundant in the Uveal tracts of the eyes affected. There is a theory that along this lymphatic space the morbid process extends to the sound eye; this theory, however, has not been proved as the chiasma is not affected, and furthermore the changes have become much less apparent as the chiasma was approached. The mode of transmission of Sympathetic Ophthalmia is as yet unknown, and we are unable to say just what the morbid changes are which occur in both eyes.

TREATMENT.

The affected eye should be carefully treated and every means used to subdue the inflammation in this as well as to prevent the inflammation and irritation in the sound eye. The physician should always inform his patient of the danger to the opposite eye which should be carefully guarded from light, and should always be kept at rest, not only during the course of the inflammation in the other eye, but for some weeks after the disappearance of the inflammation in the exciting eye. Ophthalmic surgeons have practically agreed that when the exciting eye is rendered useless either by wound or inflammation, and a foreign substance is imbedded in it, and when there is no vision and no likelihood that there will be vision it should be excised. The reason

for this is apparent when we remember that it does no good to excise the exciting eye after irritation or inflammation has been set up in the sound eye. When the exciting eye, although injured still, has more or less vision, it is often a difficult question to decide whether it should be removed or not. If sympathetic inflammation has already commenced in the sound eye, although it may be of the serious type, then the exciting eye should not be removed; its removal at this late period is not likely to stop the disease in the other eye, in fact the better eye may become so affected by the progress of the disease that the exciting eye may prove to have the better vision of the two. When it is decided to preserve the exciting eye, it should be treated in the manner recommended for the plastic form of iritis. The eye which is suffering from sympathetic disease must be treated in the same way. The operative treatment on either the exciting eye or the eye which is suffering in sympathy must not be commenced until the inflammatory symptoms have subsided.

Among the remedies most useful in Irido-Cyclitis or Irido-Choroiditis are Apis., Arsenic., Asaf., Aurum., Bell., Bry., Gels., Hepar, Kali Iod., Mercur. Iod., Prunus., Spur., Sulph., and Thuya. Allen & Norton report a case of sympathetic irritation which was speedily relieved as follows: The left eye had been removed six months previous on account of extensive Staphylomatous bulging of the whole eye by abscising the cornea and evacuating the contents of the globe, thus leaving only the sclera and muscles intact. She now appeared complaining of sharp pain in the stomach extending in stitches to the left eye in which there was considerable irritation and photophobia, occasional obscuration of vision and commencing presbyopia. There was constant discharge from the old stump, which was excessively sensitive to touch. Sulphur 200 relieved in a few days.

Remarkable Restoration of Sight.

By A. P. Davis, M. D., Dallas, Texas.

THE following unexpected and remarkable restoration to eye sight after twenty years of absolute blindness, may be of interest to the readers of THE JOURNAL: A woman, age 53, colored—a servant of one of our wealthy and influential citizens, met with an accident about twenty years ago that produced blindness in the right eye, and, from which accident, resulted capsular cataract (anterior capsule). The capsule *proliferated*, was white as cotton, thick and tough as leather: She having iritis in the other eye, and complete stenosis of the pupil and loss of sight. Appealed to two noted oculists of Dallas and was informed that she was hopelessly blind for life. She came to me, and upon examination I decided to operate upon the capsule. I did so. First performed iridectomy (upper cut); took out a large piece of the *Iris*, and with the scratcher lacerated the capsule; closed and bandaged the eye; removed the bandage next day, and to the surprise of every one, patient could count fingers, and four days after could tell the difference in color of black and white hands. This operation demonstrated the verity of sight, and as soon as the eye recovers from the operation, will remove the capsule—all of it that is possible to remove—and expect a perfect restoration of good sight.

We are pained to learn that the venerable Dr. Eckel, President of the Hahnemann Hospital College, of San Francisco, and one of the earliest pioneers of Homeopathy on the Pacific coast, recently suffered a severe accident to his knee which has confined him to his room for some weeks. But we are rejoiced to hear that he is now convalescent, and likely to be able to resume his extensive practice very soon. Homeopathy in 'Frisco cannot spare its godfather yet.

Legislative.

The Medical Law of Texas.

By Geo. G. Clifford, M. D., San Antonio, Tex.

THE term "physician" in law implies: "A person who has received the degree of doctor of medicine from an incorporated institution." — Bonvier. "One lawfully engaged in the practice of medicine." No reference is made to any particular school. This legal authority recognizes the right of every individual to practice medicine who has received the degree of doctor of medicine from an incorporated institution. No mention is made of the "American Medical Association" recognizing the different schools as competent to pronounce a person qualified to practice medicine. To fill the requirements of this definition it is necessary to possess a diploma from some incorporated or legally authorized college or institution. The civil statutory law of this State, which, by-the-way, is a "dead letter," as will be shown later on, acknowledges the dictates of the aforesaid association respecting the standing of medical institutions, over and above the recommendations of the different States in which the said institutions are situated. The question which presents itself is Has the State the right to empower the "American Medical Association" with the privilege of dictating to the institutions at large, which of them can send for alumni to Texas soil?

From the definition just read I infer that the State has not this authority and I am told by men of the legal profession that they deny the right. The statutory provisions to regulate the practice of medicine in the State are conflicting. It appears to me that too many legislators "have had a finger in the pie," and as is usual when such is the case the different enactments conflict.

The law reads as follows: Article 3625

Revised Civil Statutes: "The presiding judges of the district courts of the several judicial districts shall, as soon as practicable, severally appoint a board of medical examiners for their respective districts, which appointment shall be in writing and signed by the judge making the same and delivered to the person appointed." Article 3626: "Said board of medical examiners shall be composed of not less than three practicing physicians of known ability, and who are graduates of some medical college recognized by the American Medical Association, and who are residents of the district for which they are appointed." Article 3632: "It shall be the duty of said board to examine thoroughly all applicants for certificates of qualification to practice medicine in any of its branches or departments, *whether such applicants are furnished with medical diplomas or not* (italics mine) upon the following named subjects, to-wit: Anatomy, physiology, pathological anatomy, and pathological surgery, obstetrics and chemistry; *but no preference* shall be given to any school of medicine."

Who examined the examiners. They are graduates of schools recognized by the American Medical Association and are "judges" of the competency of the abilities of their brethren to administer physics, though they may be of the same alma mater. Are these provisions consistent with each other? Article 3635: "The certificate provided for in the preceding articles shall, before the person to whom it was granted is entitled to practice by virtue thereof, be recorded in the office of the clerk of the county court, etc., * * and the clerk of said county shall be entitled to demand and receive for such service, from the holder of such certificate, the sum of one dollar. Article 3638: "No person, etc., * * * shall be permitted to practice medicine in any of its branches

or departments without first having obtained and recorded a certificate of qualification from some authorized board of medical examiners, as hereinbefore provided; *and any person so offending shall be punished, as provided in the Penal Code*" (italics mine). The acts were passed August 21, 1876. Article 396 Penal Code reads as follows: "If any person shall practice for pay, or as a regular practitioner, medicine, in this State, in any of its branches or departments, or offer or attempt to practice without first having obtained a certificate of professional qualification from some authorized board of medical examiners, *or without having a diploma from some accredited medical college, chartered by the Legislature of the State or its authority* (italics mine), in which the same is situated, he shall be punished by fine, not less than fifty nor more than five hundred dollars." Passed August 21, 1876. As will be seen article 3632 of Civil Statute, which prescribes "whether such applicants are furnished with medical diplomas or not," conflicts with article 396 Penal Code, which imposes a punishment if you have not a "diploma from some accredited medical college, chartered by the State in which said college is situated." It is contrary to the civil law to practice without a certificate, but where is the remedy? The Penal Code, where the law's recourse should lie, acknowledges diplomas. The civil law and Penal Code enactments were passed upon the same day, yet they conflict. The latter is in accordance with the legal definition of a physician, is consistent throughout and a wise provision. The civil enactment is inconsistent, inoperative and a "dead letter." The Penal Code very justly ignores the American Medical Association, but demands diplomas from incorporated institutions.

Again, under article 398 Penal Code: "If any person shall hereafter engage in

the practice of medicine in any of its branches or departments for pay, or as a regular practitioner, without having first filed for record with the clerk of the district court of the county in which such person resides or sojourns, a certificate from some authorized board of medical examiners or a diploma from some accredited medical college, he shall be punished as prescribed in article 396." Passed August 21, 1876, re-enacted 1879. Under article 3635 Civil Statute the certificate must be recorded in the county clerk's office, while this article just requires the certificate or diploma be recorded in the district clerk's office. The articles heretofore quoted were passed upon the same day and undoubtedly sprung from the same source and had the same advocates. Is it reasonable to suppose that these men were ignorant of the inconsistency of the aforesaid articles? If not ignorant of it then they were guilty of fraud. It appears to me to be a piece of sharp practice by some party or parties to gain an advantage under the Civil Statute, knowing that under the Penal Code they could not sustain themselves, as it would be unconstitutional, as I propose to show further on. The advocates of the aforesaid measures were desirous of gaining an advantage by some means, and as the Penal Code could not be "tampered" with they then turned their attention to the civil law and secured the statutory enactment herein referred to for the purpose of intimidating practitioners from locating in the State. The article that passed the Legislature March 23, 1887, was to make article 3635 conform with article 398, the word "district" being substituted for "county."

A case in point has been decided in the highest courts of Texas.

Section 3, laws Thirteenth Legislature, page 74, enacted November 16, 1873. "The county court of the several coun-

ties in this State at their first regular term after the passage of this act, or as soon thereafter as practicable, severally appoint a board of medical examiners for their respective counties, to be composed of not less than three practicing physicians of known ability and graduates of some medical college recognized by the American Medical Association, who shall" * * *. The county court of Harris county appointed on the board of medical examiners for said county Dr. H. C. Parker, who was not qualified under the act, he not being a graduate of some medical college recognized by the American Medical Association, but was a graduate of a Homeopathic school. They also appointed Dr. J. H. Blake, who was a graduate of both schools but practiced Homeopathy. The other members of the board, six in number, ignored Drs. Parker and Blake and organized the board of medical examiners of Harris County without either of them, whereupon the latter instituted suit to force the board to admit them, because the law of 1873 was contrary to article 1, section 2, of the Constitution, which provides that "no man or set of men are entitled to exclusive public emoluments or privileges," and article 1, section 18 of the constitution, that "perpetuities and monopolies are contrary to free government and shall never be allowed." In other words that the great American Medical or any other association could not arrogate to itself the right to dictate what college or set of colleges should have the right to pronounce men competent to practice medicine. But that any medical college properly chartered and in good standing have equal rights as against attempted monopolies.

While the case was pending before the various courts of Texas and before the supreme court had time to act the Legislature of 1876 met and amended the law by enacting in the Penal Code of the

State, article 396, page 54, taking good care to leave out altogether the American Medical Association for the reasons already advanced. This was a great relief to the supreme court, before which tribunal the case was then pending; and Gould, associate justice, in summing up the case, says: "The statute has been changed so as to leave it no longer a practical question as to plaintiff's (Drs. P. and B.) rights to membership on the board." *Howard vs. Parker*, 49 Texas, 243.

This brings us up to the laws of 1876, which were re-enacted in 1879 and slightly altered in 1887, which have been quoted, and decides that a diploma from a Homeopathic college, properly incorporated, will entitle the owner to be qualified as an examiner, and if he is qualified as an examiner he certainly is, by virtue of the same diploma, qualified to practice medicine in this State without undergoing an examination, which leaves the Revised or Civil Statutes and Penal Code at a variance.

Helleborus in Hydrocephalus.

H. B. Stiles, M. D., Abilene, Texas.

Amie S. had been treated for several days at my office for whooping cough. One notable symptom to be remembered as *the first* of a series, was scantiness and high color (like coffee) of urine.

June 23, in the night, Amie had a spasm. The frightened parents called the nearest physician, who gave Rhubarb.

When called next day (24) I found A. suffering as from colic. She was quite restless, tossing about, crying out suddenly in a querulous tone, rather shrill (Apis) but not very loud. I thought she was suffering from the effects of Rhubarb, but have changed that opinion. With these symptoms were drowsiness and fever 102°, pulse 120. Gave Bell. *cm* (F). No improvement. To antidote Rhubarb gave Colocynth 3 *m*. No improvement,

Toward evening new symptoms began to appear as follows: Feet and ankles swollen (Apis, Ars.), grinding of the teeth. [Apis, Acon., Arn., Ars., Aur., Bar. C., Canth., Caust., Cham., Cic., Cina, Cof., Hyosc., Hell., Ign., Lyc., Merc., Phos., Plumb., Pod., Sec., Stram., Verat. When sleeping Ars., sitting Ant., unconscious Apis, Hell.]

Dilatation and contraction, rapidly and visibly alternating, of pupils, which were insensible to light. (Cic., Op., Bell., Stram., Hyos., Hell.) Eyes turned and set to one or the other side (Digit.) Occasionally turned upward (Verat., Hell.) Staring, glassy (Bell., Hyos., Op., Stram., glassy Hell.) Head, rolling from side to side, (Apis., Bell., Bry., Hell., Podoph.) Thrown back and boring into pillow (Apis., Hell.) Spasms were repeated. Increasing tendency to opisthotonus in spasms (Bell., Canth., Cham., Cic., Ign., Ip., Op., Rhus., Stram.)

A noticeable symptom was a "fan motion" or dilatation and contraction of nostrils, similar to the oscillation of the pupils. (Ant. Tart., Bap., Brom., Lyc., Phos.)

June 24 I next prescribed Lyc. 30 *m.* on strength fan motion of *alae nasi*. No improvement. Getting worse.

June 25 A. had three spasms during the night, last one about 7 a. m. At 8 a. m. gave Apis. *m.* Moaning ceased and rolling of head gradually disappeared. Thus symptoms began to disappear in reverse order of coming. Patient rested quietly but in stupor until 2 p. m., when she was seized with a severe spasm. Only during spasms did she urinate and defecate. Approach of spasms indicated by fixation of eyes to right or left, with staring, glassy appearance. Spasms followed by rapid motion of *alae nasi*.

Encouraged by partial relief of head symptoms gave second dose of Apis,

this time *c. m.* During afternoon gave third dose. Spasms continued at intervals during afternoon. Improvement ceased; child getting worse. Prescribed Mag. Phos., 13x. Pulse dropped from 120 to 100 in half an hour. Parents thoroughly frightened; called in old school physicians. One made a very superficial examination and gave the opinion that the child was not sinking and would get well. I had made no contrary prognosis. The other gentleman made a thorough examination and gave almost hopeless prognosis, "child might die before morning." As both gentlemen agreed in my diagnosis the parents were satisfied that I knew at least what I was dealing with. I requested to have until morning to work on the case. Continued Mag. Phos. 13x. Child grew worse during the night, paroxysms of whooping cough provoking spasms, which gradually superseded the coughing spells altogether, this being the last phenomenon to appear.

June 26. Patient no better. Seemed worse. Spasms continued. Had reached number of about twenty-five.

Sometimes urination during spasms but at no other times.

During several days left arm and leg had been very active, moving almost constantly, while right limbs were motionless, even during spasms.

Going home to study the case I compared two strongly indicated remedies, one of which had already failed—Apis and Hellebore. And now came the need of very close discrimination. The symptoms now were as follows: Sopor, coma, (Hell.), unconsciousness, head thrown back and (Apis) boring into pillow (Apis and Hell.) Head rolling (Apis and Hell.)

Frequent shrill and querulous cries not very loud (Hell.), very loud, sudden and shrill, (Apis).

Pulse about 120, spasms frequent (Hell.)

Eyes vacant, staring (Hell.)

(Eyes closed, sensitive—*Apis*).

Eyelids (upper) injected, bluish (Hell.)
(Lower, *Apis*).

No notice of hand before eyes (*Apis*).

Tremor iridis (Hell.) (Dilated pupils,
Apis).

Twitching of Levator Supercilii (Hell.)

Rubbing nose with hand (Hell.) (Itching
nose—*Apis*).

Occasionally face was flushed, or had
flushed streak across nose from cheek to
cheek, followed by yellowish spots and
pallor (Hell.) Chewing, grinding motion
of lower jaw (Hell.) Grinding—
Apis).

Lower jaw hanging down (Hell.)
Tongue dry and white (Hell., *Apis*).

Thirst (Hell.) *Apis* is usually *thirst-
less*). Urine very scant all the time, with
thirst (Hell.) Urine usually profuse,
without thirst, *Apis*.

Respiration labored (Hell. and *Apis*).

"Involuntary throwing of one arm and
one leg," (Hell.)

"Automatic motion of one arm and
leg in hydrocephalus, (Hell.)

The symptoms of dilatation of *alae
nasi* (called "fan-like") being found in
neither drug, I set it down as a clinical
symptom of *Hellebore*. Having thus
closely compared the symptoms of *Apis*
and *Hellebore*, I decided in favor of the
latter. At 4 p. m., June 26, I gave the
child a dose of *Hellebore 33m* (F.) In
less than half an hour she urinated freely,
without a spasm. No more spasms
appeared, coughing spells gradually re-
turning. The child rested well during
the night, receiving occasional doses of
sac. lac.

Gradually the rolling of the head, jerk-
ing of facial muscles, etc., disappeared,
the "order of their going" being in gen-
eral the reverse of their coming.

Continued improvement next day.

Second day after, some restlessness,
with return of some symptoms. Gave
second dose of same potency, followed as

before with free urination in a few min-
utes, with amelioration of symptoms.

Sac. lac. for another day, then some
aggravation appearing, a third dose of
Hellebore. This was followed by *very pro-
fuse* urination, saturating all clothing.

This third dose was the last. All brain
symptoms disappeared in two or three
days after, leaving *Amie* with her origi-
nal malady alone—*whooping cough*. She
is doing well, though her Allopathic
friends did insist that she "was paralyzed
and didn't know *nothin'*," which state-
ment highly amused the happy father.

Case II. A babe three weeks old was
attacked with *whooping cough*. Brain
symptoms appeared and she had a spasm.
Being called to attend her I found symp-
toms extremely similar to those of case
I. Gave *Bell.* without avail. Then gave
Hell., 33 *m.* one dose. Brain symptoms
faded away totally. No more spasms.
But her father did not believe in Homeo-
pathy. So when the brain symptoms re-
turned three or four days later he called
in an Allopath. The baby had three
more spasms, I am informed, and died.

Societies.

The American Institute.

FROM the July number of the old
reliable Philadelphia journal, *The
Hahnemannian Monthly*, just at hand,
which, by a brilliant stroke of business
and journalistic enterprise, has given us
a full account of the late meeting of the
American Institute at Niagara Falls, we
glean the fact that a most satisfactory
and successful session took place, and
that the cause of Homeopathy has much
that is good to rejoice over and be glad
for, because of this session.

A most excellent presidential address
was delivered by Dr. Cowperthwaite, in
which he took high grounds in favor of

a more thorough and efficient medical education than is now practiced at the colleges. After referring to the present methods of teaching, and the necessity of advancing the standard, he recommends that the inter-collegiate committee be requested to formulate and adopt some uniform system of medical education, which shall be more comprehensive and rigid in its character than that now existing, and shall include the following requirements:

"1. A good preliminary education, including some knowledge of the classics.

"2. A four years course of study.

"3. Attendance upon three full courses of lectures of at least six months each."

Dr. Cowperthwaite was frequently interrupted with loud bursts of applause, which were especially marked when he made his appeal for a higher standard of medical education, showing that the Institute is level-headed on this subject.

REGISTRATION AND STATISTICS.

The chairman of this bureau announced the work of the year as in every way satisfactory, and reporting what must have been noticed by JOURNAL readers, an extra activity of the state societies—a very healthy sign. We have now:

"Four National Associations,

Thirty State Societies,

One hundred and five local societies,

Thirty-one special hospitals, with four thousand seven hundred and sixty-nine beds.

Thirty thousand eight hundred and thirty-two patients received treatment at these institutions within the past year.

The death rate among thirty thousand eight hundred and thirty-two patients was but $3\frac{1}{2}$ per cent.

Forty-three is the number of our dispensaries, which treated 144,443 patients last year.

Twelve hundred and fifteen students attended Homeopathic colleges last winter.

Three hundred and ninety of these graduated."

The foregoing is certainly a most excellent showing for a young medical system.

On motion of Dr. Talbot, of Boston, a committee of twelve were appointed, six of whom are pharmacists, to prepare an authoritative pharmacopœia for the use of the Homeopathic profession. The committee consists of Drs. Lewis Sherman, J. Williamson Clapp, F. E. Boericke, Henry M. Smith, J. E. Gross, Wm. Boericke, J. P. Dake, Conrad Wesselhœft, A. C. Cowperthwaite, T. F. Allen, Malcolm Leal and H. R. Arndt.

Dr. Talbot's motion was a step in the right direction, and the make-up of the committee is most excellent. We certainly should expect good work from so able a committee, and, no doubt, Homeopathy will at last have a Pharmacopœia worthy of the name.

HIGHER MEDICAL EDUCATION.

Dr. Comstock, for the committee on Medical Education, presented a most excellent report, with numerous practical suggestions, closing with the following resolutions:

Resolved, That from and after the year 1890, the American Institute of Homeopathy will not recognize the diplomas of any college requiring less than four years study, and attendance upon three courses of lectures of at least six months each.

This was followed by the report of the inter-collegiate committee by Dr. Talbot, who closed with the following:

Resolved, That for the collegiate session of 1890-91 each and all of the Homeopathic schools of America shall require of their candidates for graduation, three years of medical study, including three full courses of lectures, didactic and clinical, of at least six months each. Thus all students who have entered these colleges for the present year, will do so under the requirements of this resolution. To carry out this resolution successfully will require the cooperation of the profession generally with the Institute.

These resolutions being before the Institute, a long and interesting discussion followed, the tenor of which showed that the members present were a unit in their desire for a higher education.

Dr. Comstock amended his resolution so that it should accord with Dr. Talbot's, after which they were adopted amid such thunders of applause as have never before been heard at the sessions of the body.

Thus Homeopathy has wreathed an additional laurel crown for her youthful brow, and before the ink of our editorial in this issue, on this very subject, is fairly dry, the grandest medical association of the world has demanded that the colleges of America fix a higher standard, and give us no railroad speed in the graduating race. Had the Institute done nothing more than this, its session for 1888 would have been a grand and glorious one. It now becomes the duty of the profession at large to join hands with the Institute and accept no one as a student who is not far above the average in natural qualifications, and in the matter of general education.

In this way our school can soon be made to take a place far in advance even of the proud position she occupies to-day. Let us all work to this end.

MEDICAL LEGISLATION.

Dr. J. H. McClelland, of Pittsburgh, for the Legislative committee, made a report mainly referring to the efforts of the old school to secure control of the affairs of State pertaining to medicine, and treating at some length of the examining board plan. He presented the following resolutions, which were discussed by several members and unanimously adopted:

WHEREAS, The single State Boards of Medical Examiners have been recently established in several States, the membership of which is made up wholly, or largely, of the representatives of one school of medicine, thereby foster-

ing and maintaining sectarianism in medicine in the most pernicious form; and,

WHEREAS, The practical effect of these sectarian boards is found to be prejudiced to the interests of other schools of medicine, and constitutes an unnecessary and unwarrantable interference with the free exercise of the widest liberty of thought and action consistent with the public welfare; therefore,

Resolved, That whenever legislation shall be attempted in any State looking to the creation of a single State Board of Medical Examiners, Homeopaths are hereby urged to oppose such bills to the fullest extent of their influence, unless amended so as to provide for the appointment of Homeopathic Examining Boards having equal legal rights and privileges with those of other schools of medicine.

Resolved, That while we approve the appointment of State Boards of Medical Examiners as the most suitable method for securing higher and more nearly uniform standards of medical acquirements, we reject the proposition that these ends can be attained only through the appointment in each State of a single Medical Examining Board.

Resolved, That while we approve the principle of State examinations, Homeopathic interests can be conserved only by the establishment in each State of a separate Homeopathic Examining Board, or that which is its equivalent, viz: The appointment of a full corps of seven or nine Homeopathic examiners, whose decision alone shall be final as regards the standing and licensure of all Homeopathic students making application thereto.

Resolved, That in case it shall be found to be difficult or inexpedient to create and maintain a State Homeopathic Medical Examining Board, Homeopaths are hereby urged to rely for the protection of their interests mainly on laws for the regulation of medical practice and the registration of practitioners.

Resolved, That in cases in which State Homeopathic Medical Examining Boards and laws for the regulation of medical practice have failed to protect Homeopathic interests, and persistent efforts are being made for creating a single State Examining Board, Homeopaths in such States should urge and secure the passage of a law providing for the teaching of Homeopathic principles and practice in each of the old-school medical colleges in such States.

Resolved, That a copy of these resolutions, with such other suggestions as the Committee

on Medical Legislation may deem proper, including forms of proposed medical bills, be presented by circular or otherwise to the Homeopathic profession at an early day.

Just here the institute made a slip. The whole examining board system is an abomination and a snare. THE JOURNAL takes a most positive position on this subject and in future issues will try to show good reason for the faith that is in it. The institute struck the keynote when it got after the colleges, and if it will but bring about a much needed reform in the manner of teaching medicine, there will be no need of star chamber boards of medico-political practitioners appointed by professional politicians, as most of our governors are, to sit in judgment on their fellows. The institute blundered in approving the scheme, which is both faulty and pernicious. But of this more again.

OFFICERS ELECT.

The officers for 1889 are as follows:
President, Seldon H. Talcott, M. D.,
Middleton, New York.

Vice-president, T. Y. Krimer, M. D.,
Patterson, New Jersey.

Treasurer, E. M. Kellogg, M. D., New
York.

Secretary, Pemberton, Dudley, M. D.,
Philadelphia.

Provisional Secretary, T. M. Strong,
M. D., New York.

Lake Minnetonka, Minnesota, gets the next meeting, at which, if ever, there should be a large and enthusiastic crowd of Western physicians.

Seventy new members were admitted at the Niagara meeting.

The *Hahnemannian's* report is quite exhaustive and contains much that is of interest concerning the papers presented for consideration and the discussions thereon, but it is received too late for us to give to our readers in this issue. We have crowded out other matter already in the hands of the printer, in order to give space to this abridged report, which contains enough good things to suffice till next month.—ED. JOURNAL.

Editor's Arm Chair.

The Spring Meetings.

THE WESTERN ACADEMY.

THE fourteenth annual meeting of the Western Academy of Homeopathy was held in Chicago May 29, 30 and 31.

Papers were read by the following members: T. S. Hoyne, M. D., of Chicago; H. P. Phillips, M. D., of St. Louis; D. W. Williams, M. D., of Omaha; J. D. Buck, M. D., of Cincinnati; B. F. Storke, M. D., of Milwaukee; T. C. Duncan, M. D., Geo. A. Hall, M. D., and Chas. Gatchell, M. D., of Chicago.

The president appointed the following as chairmen of bureaus:

Legislation and Statistics, H. B. Skiles, M. D., of Chicago.

Pharmacy, A. H. Schott, M. D., of Troy, Ill.
Sanitary Science, E. F. Storke, M. D., of Milwaukee.

Nervous and Mental Diseases, Chas. Gatchell, M. D., of Chicago.

Ophthalmology and Otolaryngology, J. L. Beaumont, M. D., of Minneapolis.

Surgery, G. F. Shears, M. D., of Chicago.

Pathology, E. C. Cole, of Chicago.

Pædiology, A. P. Bowman, M. D., of Des Moines, Iowa.

Gynæcology, M. D. Baker, M. D., of Kansas City, Mo.

Obstetrics, G. H. Parsell, M. D., of Omaha.

Materia Medica, W. H. Pettit, M. D., of Cedar Falls, Iowa.

Clinical Medicine, J. D. Buck, M. D., of Cincinnati.

The election resulted in the choice of the following officers:

President, T. S. Hoyne, M. D., of Chicago.

Vice President, W. A. Paul, M. D., of Rock Island.

Secretary, C. J. Burgher, M. D., of Booneville, Mo.

Treasurer, G. W. Foote, M. D.; of Galesburg, Ill.

Rock Island, Ill., was chosen as the next place of meeting.

The *Ers* says the three days' session was marked less by great achievements than by an evident determination on the part of those present to put the Academy in such a position that it shall accomplish far more in the future.

CALIFORNIA.

The California State Society, which convened

in San Francisco May 9 and 10, elected the following officers for the ensuing year:

President, S. Powell Burdick, M. D., of Oakland.

First Vice President, Jno. J. Miller, M. D., of San Jose.

Second Vice President, Laura A. Ballard, M. D., of San Francisco.

Secretary, A. C. Peterson, M. D., of San Francisco.

Treasurer, W. A. Dewey, M. D., of San Francisco.

Censors, Drs. Samuel Lillenthal, C. L. Tisdale, H. L. Bradley, G. H. Jenks, W. E. Ledyard.

Directors, Drs. J. N. Eckel, J. A. Albertson, L. H. Bradley, Wm. Boericke and C. B. Currier.

Board of Examiners, Drs. R. H. Curtis, Wm. Boericke, J. W. Ward, G. E. Davis, H. C. French, Sidney Werth, A. C. Peterson.

The Secretary of the Board of Examiners, Dr. Wm. Boericke, reported sixty-one licenses granted and four refused, since May, 1887, and balance on hand of \$286.95.

NEBRASKA.

Nebraska held her fourteenth annual meeting at Lincoln, May 8, 9 and 10, Dr. Faulkner, of York, presiding. The sessions are pronounced interesting and profitable. The following are the officers for the ensuing year:

President, Dr. Benj. F. Bailey, of Lincoln.

First Vice President, Dr. E. T. Allen, of Omaha.

Second Vice President, Dr. J. B. Fons, of Crete.

Secretary, Dr. D. E. Forrestall, of York.

Censors, Drs. J. B. Hawk and C. G. Sprague.

The next meeting will be held at York, in May, 1889.

IOWA.

The Iowa State Homeopathic Society held its annual meeting at Iowa City, May 24 and 25. The following officers were chosen for next year:

President, Dr. B. Benter, Waterloo.

Vice President, Dr. J. G. Gilchrist, Iowa City.

Secretary, Dr. George Royal, Des Moines.

Treasurer, Dr. H. G. Griffith, Burlington.

The meeting next year will be held at Des Moines.

ILLINOIS.

Illinois had an unusually profitable and interesting meeting of her State Homeopathic Society at Chicago, May 15, 16 and 17. The

following officers were elected for the ensuing year:

President, Ch. Gatchell, M. D., Chicago.

First Vice President, F. W. Gordon, M. D., Sterling.

Second Vice President, W. A. Smith, M. D., Winona.

Third Vice President, H. E. Stansbury, M. D., Chicago.

Secretary, A. B. Spach, M. D., Englewood.

Treasurer, A. A. Whipple, M. D., Quincy.

Chairman Board of Censors, L. Pratt, M. D., Wheaton.

Sterling was elected as the place of the next meeting.

The following bureau chairmen were appointed:

Materia Medica, Dr. F. W. Gordon, Sterling.
Medical Legislation, Dr. J. A. Vincent, Springfield.

Obstetrics, Dr. A. A. Whipple, of Quincy.
Ophthalmology, Dr. C. H. Vilas, of Chicago.
Pathology and Histology, Dr. F. O. Pease, of Morgan Park.

Diseases of Women, Dr. S. P. Hedges, of Chicago.

Neurology, Dr. H. B. Fellows, of Chicago.

Surgery, Dr. W. F. Knoll, Chicago.

Diseases of Children, Dr. M. J. Hill, Sterling.

Sanitary Science, Dr. C. W. Harback, of Lockport.

Pharmacy, Dr. J. E. Gross, Chicago.

Medical Literature, Dr. H. P. Holmes, Sycamore.

Necrology, Dr. T. S. Hoyne, Chicago.

In electing the original and only *Medical Era Gatchell* to the presidency, Illinois honored a deserving man, and in so honoring him honored herself also. It's dollars to doughnuts that the president elect will bestir himself in the interest of the society, and that he will mark an *Era* in the history of that body which will always be looked upon as an important one. Just as certain as next May finds him alive, that certain will Illinois find in our journalistic colleague a genius in her presidential chair. Congratulations to all parties concerned are freely extended.

KANSAS.

The Homeopaths of Kansas held their twentieth annual meeting at Wichita May 2 and 3, with about forty physicians in attendance. The president, Dr. P. Diedrich, of Wyandotte, presided, and gave an entirely original and unique address, styled "The Homeopathic Decalogue," which, but for its length and the crowded con

dition of our columns, would be given entire. It was an able and interesting address.

Among other business transacted a committee was appointed whose duty it will be to see that the Homeopaths of Kansas are not overlooked in the future, in the appointment of physicians to the asylums and other State institutions.

The election of officers resulted as follows:

President, Dr. S. A. Newhall.

Vice President, Dr. Schemmerhorn.

Recording Secretary, Dr. J. A. Kirkpatrick.

Corresponding Secretary, Dr. A. J. Caperton.

Treasurer, Dr. G. H. Anderson.

Board of Directors, Drs. Minnick, H. W. Roby and J. J. Sturgis.

Wm. E. Leonard, B. A., M. D.

It is with much pleasure that we present this month, as our first frontispiece a likeness of Dr. W. E. Leonard, of Minneapolis, one of the live workers for Homeopathy in the great Northwest.

Dr. Leonard is purely a Western product, being, with one exception, the only native physician in Minneapolis, where he was born, in 1855. He is the only son of Dr. W. H. Leonard, one of the pioneers of Homeopathy in Minnesota, member of the State Board of Health, ex-President (three terms) of the State Institute, etc. His education was had in the public schools and at the State University, where he received the degree of B. A. in 1876, being by election the salutatorian of his class. A three year's Medical course at the Hahnemann Medical College of Philadelphia, ending in 1879, was supplemented by a year's residence at the Ward's Island Homeopathic Hospital, New York City, the largest Homeopathic Hospital in this country. Thereafter he became an office partner with his father in Minneapolis, with whom he practiced six years, but has since been alone in general practice. For two years he has edited and chiefly managed the *Minnesota Medical Monthly*, and at the same time filled the chair of *Materia Medica* and Institutes, with three lectures a week, in the Minnesota Homeopathic Medical College. In the management of that institution and in the establishment of the new College of Homeopathic Medicine and Surgery at the State University, which supersedes the former, he has played a prominent part, and is now, by virtue of his chair, *Materia Medica Therapeutics*, at the head of the new faculty.

THE JOURNAL hopes from time to time to

publish the photographs of other active workers for Homeopathy in the United States, thus adding an attractive feature, which it believes its readers will appreciate.

An Unfounded Fear

THAT'S a nice compliment paid this journal in the following editorial note which appeared in the May issue of the *California Homeopath*:

SOUTHERN JOURNAL OF HOMEOPATHY.—We feared at one time to lose this most excellent journal, and we are delighted to know that Brother Fisher has received sufficient encouragement to permit its continuance for another year. We hope by the end of that time the majority of physicians will feel as we do—that we cannot do without it. In appearance the SOUTHERN JOURNAL leads. It is a beauty, especially the January number. We are not so much stuck on the color of the February and March numbers. The general get-up and newsworthy character of the journal, combined with the fact that it is edited, renders it one of our A No 1 journals.

The compliment paid us in the above is fully appreciated, and, believing that the hope expressed for the continuance of THE JOURNAL by our San Francisco brethren, comes from the heart, it is a pleasure to be able to assure them that its permanency is assured, and that THE SOUTHERN JOURNAL has come to stay.

It is true we were about half mad and half discouraged at our indifferent support, a few months ago, and seriously threatened to suspend publication, but since that time our advertising and subscription lists have been materially added to, and the journal has become self-supporting. As long as it is not actually a pecuniary loss, it shall not be allowed to cease existence, and from the many protests and substantial encouragements received when a little plain talk was indulged in, it is altogether unlikely that we will ever be forced to the necessity of uttering its valedictory.

Another Homeopathic Hospital.

OAKLAND, California, is the latest city to honor itself and Homeopathy by the erection of a hospital in which modern medicine is practiced.

The dedication occurred April 29. The building is large, roomy, is said to be of fine architectural effect, and cost about \$18,000. The site was donated by the late Anthony Chabot, and Frederick Delger started the building fund with \$5,000. The balance was raised by the Homeopathic ladies of Oakland, who are always to the front in good works.

The main building is 100x60 feet, with a large wing 60x120 feet, extending to the rear. It is two and one-half stories in height, and the inside is commodiously arranged with large wards, library, reception room, operating room, bath, private apartments, etc. A tower rises on the west and a turret on the east, while in the sloping roof are dormer windows.

With this new hospital in Oakland, and another new one projected in San Francisco, the Pacific Coast will no longer be behind the age.

Personal.

Just twenty-one years from this date the professional card of St. Louis' popular oculist will read "Jas. A. Campbell, M. D., & Son." Nuf Ced! Congratulations are extended.

Dr. G. M. Martin, formerly of Honolulu, has located in San Francisco with Dr. Currier, at 921 1-2 Geary street. Dr. Martin is an able young man and will doubtless be a useful one in his new field.

To Drs. Bartlett and Van Lennep, the new editors of the *Hahnemannian Monthly*, we doff our cap. May the arduous and exacting duties of the tripod rest lightly on their broad and capable shoulders, and may they grace the new position assumed as they have the various offices they have so far performed for Homeopathy. The right hand of editorial fellowship is most cordially extended.

Ah, there! Boericke! You of the *California Homeopath*, we mean. Why do you set such an example? Every Homeopathic editor in the country will have to go to work now to buy a pair of twins just to keep up with your new girls, you know. If this is the order, 'twill force the retirement from the tripod of this faberian, at least, if, in fact, it don't result in the complete abandonment of Homeopathic journalism. . You should never have done so—never! However, since 'tis your first offense of *dual* nature, you're forgiven, and sympathy, or congratulations, as you desire, are freely extended. Only don't let it occur again. Sabe?

Boring Recognition.

THE *Medical Standard* says that an Eclectic physician is a member of the Faculty of the Chicago College of Physicians and Surgeons and that for years the Association of Superintendents of Hospitals and Asylums for the Insane has admitted Homeopaths to membership, still sending delegates to the American Medical Association the while.

Pahaw! neighbor, that's nothing. The American Public Health Association numbers several Homeopaths among its members, and it, too, sends delegates to your A. M. A. And then, too, at the Memphis meeting last year, the association accepted the invitation extended by a Homeopath to convene this year in Milwaukee. Our Dr. Helmuth, of New York, is a regular contributor to the only exclusive surgical journal of your school; and the *Obstetrical Journal*, of New York, recently published an elaborate original article from his pen, although it is presumed to be ultra "regular." Dozens of instances might be cited where the old school are being forced in one way and another to recognize the physicians of the new system, and we confidently expect to live to see all barriers to a perfect intermingling of the physicians of all schools effectually and permanently removed. School lines and codes of ethics are, in the main, an abomination, and will have to go. Every tub should be made to stand on its own bottom.

Look Out for Us.

CALIFORNIANS, take notice! We are coming your way this month, and while visiting the Golden State shall use every effort possible to secure a large list of subscribers on the coast. You may as well run your hand down in your pocket for a two dollar bill and have it ready, for that's exactly what it costs to get THE SOUTHERN JOURNAL for a year, and we want all of you on our list.

Until further notice we can be addressed at Los Angeles, in care of Dr. E. C. Manning. We expect to spend two or three months in the West for rest and recreation, and will visit all the important cities of California before returning home.

The June number of the *Era* is devoted almost exclusively to the Illinois State Society proceedings. This is eminently proper, and this course should obtain with all our journals, whenever practical. Give lots of space and attention to the State organizations, and they will become more popular.

"Salient Materia Medica" is the title of a handy little volume by C. L. Cleveland, A. M., M. D., of the Cleveland Homeopathic College, recently issued by Boericke, Philadelphia. It contains the essential features of a large list of remedies, and will prove a handy helper to the prescriber.

AUGUST, 1888.

The
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of
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C. E. FISHER, M. D., Editor,

Austin, Texas.

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The Southern Journal of Homeopathy.

NEW SERIES.
NUMBER 8.

Austin, Texas, August, 1888.

OLD SERIES.
NUMBER 60.

Editorial.

The Examining Board Recd.

THE old school legislationists of Texas have greatly exercised themselves from time to time in efforts to extend and perpetuate the examining board system of control over the profession at large, and would have us believe it the only method of securing protection to the people from unqualified and hurtful practitioners of medicine. They have attempted, in vain, to foist upon us a guilt-edge, star-chamber state board of medical examiners, clothed with absolute authority and arbitrary powers, and are still quietly at work laying plans, not to be seen on the surface, for the securement of that power which was wisely withheld by our Legislature, after a contest of great activity on their part, but three years since.

Why do they want examining boards? Are these more likely to carefully and conscientiously inquire into and ascertain the quali-

fications of medical aspirants than are the faculties of legally chartered and thoroughly equipped colleges or universities? And is the average examiner qualified for the task proposed to be imposed on him by the laws they would seek to have enacted? We think not. As a rule, physicians are selected for college professorships for their erudition, their training, their experience in practice, and a college faculty is quite likely to contain the best talent of its vicinity, and is also as likely to represent the honor and honesty of the profession as is a board of examiners appointed from outsiders. If it be true that some colleges are quite careless in the matter of issuing diplomas, how do we know that examining boards would not be equally or more so in the matter of issuance of their certificates?

As an illustration: Texas has now an examining board law. It provides for the appointment of boards of examiners by the district judges of the State, each a board for his own district. It is presum-

able that the best and most honest medical talent of each district is called into service; certainly it is as reasonable to assume this as that a like result would obtain were the district board to be done away with only to have a State board created. And yet, what is the result? It is that men are being licensed by examiners, to practice medicine, who have never attended a college, a hospital or a clinique.

Think of it, ye allopathic-elevate-the-standard-of-medical-education croakers! In the latter part of the nineteenth century, a "regular" old school examining board, appointed under the laws you have asked for, to conduct the examination you have prescribed, the same examination that you asked for for your State board, issues licenses that place a man who never saw a college or a hospital on a par, legally, with your Herff, your Cupples, your McLaughlin, your Swearingen, your Paine, your Stuart, and others. And, oh! how you would kick yourselves did you know that unwittingly one of your examining boards has recently issued such a certificate to an applicant who intends to try to practice Homeopathy! What a parody on the examining board system about which you so much prate! What a libel on your talk about "elevating the standard," etc., etc.! Better by far is it to send out among the people the least quali-

fied of all our medical college graduates than to license men who have never heard a lecture, who have never engaged in dissecting, who have never seen a clinique. Yet this is what your "regular" examiners are doing to-day.

Go to, with examiners! Legislate the colleges. Exact longer terms and more thorough teaching and you will come very nearly eradicating the evils now complained of. But the examining board is a veritable farce and a fraud, and through it the profession is much more likely to "elevate" down hill than up.

Join the Southern Association.

THE time rapidly approaches for the next annual meeting of the Southern Association, and it behooves the members and friends of that organization to bestir themselves that a successful meeting may be assured. The four meetings thus far held have been reasonably successful, but in order to perpetuate the association and to attain the greatest measure of usefulness its friends must make more earnest and determined efforts than they have yet made to increase the membership, to increase the attendance, and to make the sessions of interest and profit.

Nashville is the place of meeting, and the second week in October is the time selected. Since New Orleans has had all the meet-

ings thus far, the selection of Nashville was an eminently wise and proper move, and a large addition to the membership of the association from Tennessee, Kentucky, Arkansas and Georgia should be looked for with confidence. The city is a beautiful one to visit, and a strong Homeopathic centre, the home of the Dakes and other able representatives of our school, and the time selected is one of the pleasantest of the year in the south. The attendance will embrace all the "old stage" members, and it will include also a large number of physicians who have not found it convenient to attend the sessions at New Orleans but who will take pleasure in uniting with the association now that it has been brought nearer to them. We think, therefore, that it is within reason to anticipate a splendid meeting in so far as attendance is concerned. And yet no member should spare reasonable effort to induce his colleagues and professional friends to unite with the society that this result may be assured, for a larger membership is most certain to mean a prosperous and useful organization.

The professional work of the Association should be made practical to the last degree. Its studies, in our judgment, should be largely confined to the practical departments of our art. Remedies indigenous to the South should

receive a good share of attention, and the diseases of the South, or diseases as they occur in the South, should receive careful consideration at the hands of our writers and in the discussions. Next to these subjects, or even of greater moment, it seems to us, is her consideration of the present status of Homeopathy in southern territory and of plans to advance her interests and to insure her a more active and a better future. We are not doing the best we can—neither for ourselves individually nor for our school as a collective body. The people and the press of the South are not sufficiently informed about Homeopathy, and we conceive it to be a duty to institute a practical and feasible method of spreading the truths of our system before the people.

The Southern Association has a work to perform, and it is a work in which every practitioner of Homeopathy in the South can well afford to engage with heart and head. Come to the Nashville meeting and join hands with all the brethren in the work of up-building Homeopathy in the South.

LATER—ESPECIAL NOTICE.—Since the foregoing editorial was put in type, word has been received that the meeting which was to have been held at Nashville will be held at Louisville, owing to the fact that Drs. Dake, of the former city, both of whom have been highly honored by the Southern Association, don't want it to convene in Nashville. THE JOURNAL has been delayed to await our return from California in order that this announcement might appear in this issue. Further discussion of the subject appears in the Editor's Arm Chair Department, which please see.

Practice.

FOR THE JOURNAL.

Clinical Notes.

By G. W. Sherbino, M. D., Dallas,
Texas.

HOMEOPATHY VS. MORPHINE.

I CALLED to see a man suffering great pain in the right ankle. Several days before while lifting a hog into a wagon, he missed his hold, and the hog fell on his leg and foot. From that time he suffered pain in the external maleolus; had not slept any for several nights, and was nearly worn out from the pain. There was redness and swelling of the ankle and foot. From the symptoms I could get at the time, I gave him a dose of Belladonna cm. I was away for an hour then came back, to find him no better. He was very restless, and motion, he thought, afforded him a little relief. I gave *Rhus Tox cm.* The next morning I was sent for early to come as soon as I could, as the fellow was so bad he was about to go into spasms. I found he had not slept any, he was very nervous, trembling all over from head to foot, groaning and moaning, and begging for relief. "Oh! give me anything to relieve me. I don't care whether Homeopathy or what not, give me relief, give me something to put me to sleep. I can't stand it any longer." The boy that was in the room with him said he was going to die and the patient thought so too. He said during the night he commenced aching all over, in his bones; his hand and arms were numb, and he felt as though his arms were as big as his legs. I gave him a dose of *Baptisia cm.* (Fincke). In fifteen minutes he was asleep. He was better for about three hours, and the restlessness and pain were coming back. Then I gave another dose of the cm. I had no more trouble with the case.

COMMENT.—This is a verification of "enlargement of the hands and arms." I have verified the sensation of enlargement of the legs as though they were as large as saw logs, in typhoid.

VERIFICATION OF SANICULA THIRTIETH CENT.

Mind: Weakness of memory; inability to think; can't find the word to express an idea; low spirited; aversion to company; desires to be alone (*Bry., Lyc., Nux*).

Upper Extremities: Back of neck cold and clammy; back of wrists and hands cold and clammy; the palm of the hand hot in the morning.

Head: Dull, occipital headache.

Stomach: Tenderness of the pit of the stomach; poor appetite; bloating after eating; feels too full after eating (*Bry., Lyc., China, Nux*). In other remedies this symptom comes on while eating (*Lyc.*); dull, stupified feeling after eating; gnawing in the stomach before eating, relieved by eating.

Bowels: Constipation; stools large and hard (*Bry., Kali C., Nux, Nat. M.*); the first of the stool is hard, the last of a natural consistency (*Caut., Hepar., Lyc., Lept.*); bowels move every other day.

Lower Extremities: Feet sometimes cold and clammy; usually the soles burn in the morning; have to take off the shoes; tingling of the feet; it comes on at 10 or 11 a. m., continues all day; ameliorated as soon as the feet get cold; cold clammy knees (see *Carbo. Veg.*); cold ears; nose cold at the tip; scrotum feels cold and has a cold sensation; cold sensation of the testicles (*Berb*).

A BAPTISIA VERIFICATION.

Feels every morning after waking up as though she were only a small speck; she had to wait till her body would grow to its normal size; sensation as though the whole body was swollen or enlarged. *Baptisia cm.* cured.

HEMICRANIA—LAC CANINUM C. M.

I was called at 10 p. m. to see a patient with sick headache. She had not eaten any supper, was sick at the stomach and vomiting berries undigested. "Oh! I am so sick," she said. She had had headache all day, pain commencing in left temple extending from there to left eyeball, and from left eyeball to malar region and upper jaw. Then the pain would reappear in the left temple. The pain also extended back from the temple to back of head on the left side, thus showing that the left hemisphere of the brain was affected as the pain seemed deep.

Aggravation: From light, noise, jar, and on turning on to the left side. One dose of *Lac. Caninum*, cm., (H. S.) cured promptly.

ERYSIPELAS-SANICULA TENTH THOUSANDTH.

Mrs. H. B.— called at the office for treatment for her hands. The knuckles looked red and the integument is thickened. *Ameliorated* by letting the cool air blow on them (*Alum*). They burn. *Aggravated* by putting them in hot water. Gave one dose of *Sanicula*, 30c.

June 15.—Redness and swelling extending up the hands; they look as if they had been cooked; integument hard and crisped. Gave one more dose of *Sanicula*.

June 17.—The redness has extended above the wrist on both hands; the integument is thicker than ever; the line of demarcation is plainly seen. Gave one dose of same remedy in the 10,000th. (Skinner.)

June 18.—The redness is all gone this morning; she is much better to-day—no medicine.

June 19.—Integument is exfoliating; skin all peeling off; hands are so stiff she can hardly shut them—no medicine.

June 26. The hands are all well now with a new skin.

"MOON STROKE" NUMBER TWO.

My little boy, aet. 10, ate strawberries and in twenty-four hours after eating them he would break out with a rash that would cover his body. It was worse on his face and neck. The last attack came on in twenty four hours after eating blackberries. It made him worse than when he ate strawberries.

Objective: His face was very much swollen and looked as if he had been stung by a thousand bees—swollen from scratching.

Subjective: Burning and stinging; itching incessantly.

Ameliorated by keeping cold, wet cloths over the eruption. Dr. H. B. Stiles gave him *Apis Mel.* 1000th, one dose. This was in the morning after eating the berries the night before. In the afternoon was better from the one dose of *Apis* 1000th (Fincke). The next day he was all right, but when playing or running, exercising, he got red in the face and the itching, burning, stinging would appear again.

Inquiry: What had the berries to do with this case anyhow? Some of the wise men from the east perhaps can tell.

COLD SWEATING—SANICULA IOM.

Mrs. — came to my office for relief from a cold feeling. This was over the entire body *wherever her clothing covered her*. Her face and hands were warm, but all over her body she said she was freezing; was covered with cold sweat, as cold as ice water. *Thuja* has sweats on the uncovered parts, the covered parts dry and hot. The temperature by the thermometer was 102° in the shade. She could not bear to be in the wind as it chilled her so, and made her sick at her stomach. One dose of *Sanicula* (10m) cured.

FOR THE JOURNAL.

Two Clinical Cases.

By S. W. Johnson, M. D., Sullivan, Ill.

CASE I—PULSATILLA.

LAST February I was called to see a little girl of six years. She had been sick for some time, and had been under Allopathic treatment. The original trouble was ulcerated sore throat for which she had received a gargle of chlorate of potash without any other treatment. She has light hair, blue eyes with heavy lashes and is inclined to be fleshy. Upon examination I found enlargement of both tonsils and cicatrix showing the seat of former ulceration, but with no particular difficulty in swallowing.

The symptoms giving the family most uneasiness were referable to the alimentary canal. There was soreness of the stomach and bowels. There was great tenderness to pressure over the pylorus and transverse colon, with loss of appetite and bitter taste, especially in the morning; suffered considerably from griping pains in bowels, with desire to stool, but without effect—being constipated. One peculiar symptom was a continual spitting without really any expectoration.

From the symptoms and from the fact she had been taking Allopathic remedies, which I believed caused the stomach trouble, I gave *Nux Vomica*. She improved under the *Nux*, and I did not hear any more from her for a month, when I was called again to see her. I found the stomach and bowel symptoms had disappeared under *Nux*, but the throat had gotten worse, with difficulty in swallowing; throat had dark red appearance; *tongue brown with red tip*; very restless, raising up in bed; had to sit up to breathe thirst with the *constant spitting*. The temperature was $102\frac{1}{2}^{\circ}$, pulse accelerated, full and compressible. I gave *Rhus*

Tox., which was followed by a short improvement. When I next saw her, on fourth day, the dysphagia had increased greatly. Solid food could not be swallowed at all and liquids only in very small quantities, it returning through nose if larger amounts were taken. Between giving the *Rhus* and seeing her this time she had *Belladonna*, and later *Sulphur*, guided by a severe burning in the soles of the feet. There was now almost complete loss of voluntary motion; she could not stand nor move herself in bed; when raised, her head would fall back and had to be supported; almost complete relaxation of muscular system; she could scarcely speak above a whisper; the spitting continued; I continued the *Sulphur* but with no effect.

I now turned my attention to the peculiar symptom which before had been neglected, having been prescribing for those I deemed characteristic. I found constant spitting under *Mercurius Viv.*, and *Pulsatilla*. From the other symptoms I gave the latter in the thirtieth, and with satisfactory results, as she began to improve immediately: The spitting ceased, the throat improved and strength and tenacity returned to the muscles. I kept up the treatment, and in a short time she was entirely well.

CASE II—ARGENTUM NITRICUM.

On June 1, Dr. S., a dentist, applied to me for treatment for a "nervous trouble." He is of a very nervous temperament, and I found him suffering from the following symptoms: Very nervous and excitable; starting at the slightest sound; pupils contracted; foul taste; loss of appetite with pain in stomach after eating little, with eructations; burning in stomach; heavy feeling in head; roaring in ears; constipation; sometimes great repugnance to food, the sight of it making him sick; sleeplessness and frequent starting in sleep. At the time of seeing him he was greatly excited, having

gone into the wrong door, which caused the aggravation. He said he could not remain alone as he was not responsible for his actions, and might wander off. He had given up business a short time previous, as he could not do anything because of his nervous excitability. I found on inquiry he had had a singular attack two years ago, brought on by an altercation, and was confined to his room for six weeks. He has told me since that the beginning of this last attack was much more severe than the first one. I forbid any mental work and cautioned him to avoid excitement; forbid meat, but advised milk and a vegetable diet, taking little at a time but frequently. Advised exercise in the open air, and admonished him to keep away from his office, and gave him *Argentum Nit.* thirtieth a dose every three hours during the day. He began to improve immediately, and I knew I had "struck the nail on the head." In two weeks he began work in his office, and has not had any further trouble.

FOR THE JOURNAL.

Diagnosis Wanted.

By F. W. Southworth, M. D., Tacoma,
Washington Territory.

THE following case puzzled me greatly and I would like a diagnosis. Publish it if you will. On afternoon of April 25 a gentleman called and wanted a prescription for a child of his suffering from easy vomiting. Had just arrived in town over the N. P. R. R., and thought the child "seasick" from riding on the train only. I gave him what seemed indicated, and heard nothing more until the evening of 26 about 10 o'clock when I was called to see the case. In answer to my questioning they stated that the vomiting ceased after a dose or so and the child seemed all right, but was taken suddenly

in the evening with symptoms of a cold. They gave him tablespoonful doses of syrup of onion and had hop poultices on his chest. On examination I found high fever (104°), increased respiration and pulse, prostration and great thirst for cold water; wanted to drink all the time; bowels and urinary organs normal; had eaten fairly well; no cough; no throat difficulty, or apparent heart trouble. I frankly told them that something serious was brewing, of what nature it was impossible for me to state, but it would make itself manifest in a few hours. I gave *Aconitum* ix, five drops in one-third glass of water, a teaspoonful every hour, and instructed them to call me when any change in symptoms took place. I was called again at 4 a. m., 27th (next morning), and the "manifestation" was alarming. The child's face was, with the exception of a very small area, covered by large brownish and black patches as large as silver dollars and some larger; darker on forehead. Trunk and limbs also discolored, worse on limbs. Hurried respiration and quick, wiry pulse; coma. I immediately called in counsel, and while we agreed the child could not live, yet no diagnosis could be arrived at. He died three hours later. Was two years old. An older boy developed nothing except incipient croup which *Aconite* and *Spongia* removed.

While it presents some analogous symptoms to erysipelas, purpura and scarlatina maligna, yet it lacks the characteristics of either. What was it, is the question?

[NOTE.—The above was sent to the *Minnesota Medical Monthly* and kindly forwarded to THE JOURNAL for insertion. To us the case appears as one of spotted fever—cerebro-spinal meningitis. The timely use of *Aconitum* saved the second case. What do others say to this diagnosis?—ED. JOURNAL.]

FOR THE JOURNAL.

Calcarea 85,000 vs. Piles.

By L. D. Rogers, M. D., Chicago.

I HAVE just read in SOUTHERN JOURNAL OF HOMEOPATHY the article titled: "A Case of 'Moon Stroke,'" in which reference is made to *Calcarea Carb. 85,000th* (Flincke), causing piles. My friend, Dr. T. G. Roberts, of Washington, Iowa, recently sent me a graft of *Calcarea C. M.* I gave a lady some of it and "bleeding piles" followed in a few days. She was very much surprised at her having "bleeding piles," something she had never had before, notwithstanding she had had what she called ordinary piles for years. I never connected the medicine and the piles, yet in some other cases I had noted the fact that after giving the *Calcarea C. M.*, the patients complained or spoke of being more constipated.

[Next!—ED. JOURNAL.]

Materia Medica.

FOR THE JOURNAL.

Strychnos Nux Vomica—A Study.

By W. E. Leonard, M. D., Minneapolis.

THIS, the poison nut, is one of the oldest remedies in the materia medica, having been used three and a half centuries before Hahnemann proved it. The nut is the product of a tree belonging, as the following schema will show, to the Loganiaceæ, an order closely allied to, and by some authorities classed with, the Apocyanaceæ—the dog-bane family:

LOGAINACEÆ (*Logaina Family*).*Gelsemium Sempervirens* (*Yellow Jessamine*).*Strychnos Ignatia* (*St. Ignatius Bean*).*Strychnos Nux Vomica* (*Poison Nut*).*Spigelia Anthelmintica*.*Spigelia Marilandica* (*Pink Root*).*Strychninum*, alkaloid of the genus *Strychnos*.

We will consider the symptomatology of *Nux* in the Hahnemannian order and its grand uses, with a summary of poisoning by *Strychnia*.

MIND.—Mentally, the *Nux* patient is quarrelsome, ill-natured, even to violence; his irritability is of the sullen variety, with disinclination to do or say anything; wishes to be let alone (as in *Anacard.* and *Sulphur*). *Nux* suits the hypochondriasis of studious men who sit too much at home and have abdominal complaints, constipation and dyspepsia; or again, it applies especially to very particular, careful, zealous persons, who are inclined to get excited and angry or of a spiteful, malicious disposition. Oversensitiveness to external impressions is character of *Nux* and of *Strychnia*. Such patients cannot tolerate noise, talking, music, strong odors or bright light; every harmless word offends; every little noise frightens; they are anxious and beside themselves. Such patients in chronic troubles cannot bear the least even suitable medicine. Here *Nux* should be given as an intercurrent remedy, and then the indicated medicine. When the ailments, mental or gastric, are traceable to continued and excessive mental labor, *Nux* is one of the first medicines you should think of. *Sulphur* may be necessary to complete the cure. If both mind and body give out together think of *Cuprum*. Patients thus worn out will lose the connection of ideas, cannot read or calculate; fear they will lose their reason (as under *Calc. Ost.* and *Actea Rac.*), and with their irritability show an inclination to suicide; all of which are *Nux* conditions. Overdoses of bromides just here may drive to insanity.

HEAD.—*Nux*, as we shall see, is the great remedy for drunkards and debauch-

ers, such as have vertigo with vanishing of sight and hearing after the drunkenness of the previous day, worse after dinner and in the sun, also "the big head" of the morning following a debauch, when the food lies like a stone in the stomach and there is much sour belching. The vertigo of *Conium* is very singular, being worse when lying down as if the bed were turning in a circle, but is of anemic rather than gastric origin, and more common in elderly people or weakly people who overtax their minds. The headaches of *Nux* have the same apparent connection with the stomach being accompanied by sour vomiting and palpitation. The pains are pressive, boring beginning in the morning (most head pains of *Nux* are better after rising in the morning) although it is the time of the general aggravation of the *Nux* symptoms, lasting all day, worse from mental exertion, light, noise, coffee and after eating. This association of head and stomach symptoms, always better while eating, but worse after, makes it very similar to *Anacardium*.

EYES.—The most characteristic use of *Nux* here is in hyperæsthesia of the retina; the pains are in the top of the head rendering sleep impossible. He awakens in the morning irritable with photophobia, and any attempt to use the eyes brings on spasms of the recti (*Agaricus*).

NOSE.—In this special sense also *Nux* shows the same oversensitiveness. Strong odors as flowers at a funeral, cause fainting. It suits the beginning of ordinary acute catarrhs, especially those excited by dry, cold air or sitting on cold steps; nose runs through the day and is stopped up at night, as in the "snuffles" of infants where it is often indicated; much sneezing early in the morning; worse in a warm room, better in the open air (as in *Pulsatilla* which suits a more advanced cold), yet chilly from the slightest mo-

tion; much lachrymation, and a scraping rawness in the throat.

The nose bleeds if *Nux* is preceded by a headache, and red cheeks frequently occur at night in sleep, and in people who suffer from hemorrhoids or have in some way checked the usual flow from internal piles.

FACE.—The typical *Nux* patient is sallow, but with a pseudo plethora that causes flushes—a red face upon a yellow background. The facial neuralgias, and indeed most of the symptoms of *Nux*, are aggravated in the morning.

STOMACH.—It is here that the *Nux* patient suffers most, and from the stomach spring many of his reflex symptoms. His dyspepsia is seated in the stomach, liver or duodenum, and is caused by high living, excessive drinking (mainly of brandy or beer, in which case you must repeat the remedy quite often), aromatics in food or medicines, especially ginger, pepper, etc. (any "hot medicines"), mental overwork, sedentary habits, loss of sleep, abuse of drastic purgatives, etc; in short, anything capable of setting up an extreme irritability of the stomach. And these are his most prominent symptoms: Difficult belching of gas, hic-coughing, nausea and violent retching; "if he could only vomit he would be better," showing how irritable the stomach is. This nausea is most commonly manifest in the early morning and often with fainting, aggravated after eating, from tobacco (*Ignat.*, *Clematis*); no hunger at time of attack, but ravenous for twenty-four hours or so before. Most of these gastric symptoms are worse an hour or two after a meal, when there will be pressure in the stomach as of a stone; pyrosis, depression of spirits, bloated epigastrium. This aggravation during duodenal digestion is highly characteristic of *Nux*. It also cures a gastralgia in which the pains begin in the epigas-

trium, are griping or clawing in their nature, radiate to all parts, return regularly every morning, and are relieved by warm drinks, and worse from food.

Bismuth (Subnitrate) is the remedy for a purely nervous gastralgia not caused by catarrh or indigestion, griping, burning, lancinating pains referred to the epigastrium, with dull pain in the back and spasmodic vomiting and inability to retain anything upon the stomach.

Kreasole is the remedy par excellence when the stomach retains food several hours but finally rejects it undigested. This remedy also shows the same feeble indigestion by its lienteric stools containing food eaten days before.

To go back to *Nux*.—A peculiar gastric cough is cured by this remedy similar to that of *Bryonia*. It occurs with rawness in the epigastrium from titillation and rawness in the larynx, being worse after eating, ascending or from mental effort.

ABDOMEN.—*Nux* has a well-earned reputation for relieving the acute symptoms of hernia, especially right inguinal, viz: Sensitiveness, bitter vomiting and distressed breathing. The colic attending the gastric and bilious troubles of *Nux* is often flatulent when the pressure is upwards upon the chest, downwards upon the rectum and bladder causing inclination both to urinate and to stool, and in both conditions a tension as though the abdomen would burst. (Here it closely resembles *Carbo. Veg.*, *China*, etc). This colic may be hemorrhoidal as are often the headaches and other complaints of *Nux*, viz: Caused by a sudden suppression of the usual hemorrhoidal flow.

STOOL.—The constipation of *Nux* is accompanied with rush of blood to the head and constant but ineffectual urging for stool, which never comes, or passage of small quantities of fecal matter with a feeling as if not done. The most promi-

nent similars in this ineffectual urging are *Lycopodium* and *Carbo. Veg.*, but in these the urging is not from the same irritability and imperfect spasmodic action seen in the gastric symptoms of *Nux*, but in *Lycopodium* from a constriction of the rectum and anus and in *Carbo. Veg.* from flatus.

Nux should not be forgotten in dysentery, although not as often indicated as some other medicines. The stools are small and shiny with scybala of fecal matter, and (this is the key-note) relief of the tenesmus after stool, being the opposite of the *Mercuries*.

In hemorrhoids, both blind and bleeding, when *Nux* is indicated, there will be much burning or sticking in rectum and urging to stool, smarting as if cut some hours after stool, and an intolerable itching which keeps the patient awake nights, all aggravated by high living or mental exertion.

Prof. Farrington warns against the use of *Nux* here unless thoroughly indicated, since it may excite some other trouble more unendurable than the one relieved. *Aesculus*, *Aloes*, *Collinsonia*, and *Sulphur* should also be studied in cases of painful hemorrhoids.

MALE SEXUAL ORGANS.—When gonorrhœa has been suppressed by *Copaiva* or *Cubeb*s and there is a thin, watery discharge, smarting pain on urinating, with pain in the urethra while at stool, *Nux* is probably your remedy. *Nux* is one of the best remedies for the bad effects of early masturbation, viz: Backache, spinal irritation, indigestion, and later incipient softening of the brain, when accompanied by frequent nightly emissions with lascivious dreams.

Nux is the first of a time-honored group for these troubles, viz: *Nux*, *Sulph.*, *Calc. c.*, and *Lycop.*, in this order. *Sulphur* almost always complements *Nux*. *Calcarea* follows for the

night sweats and bodily and mental weakness after coitus, and *Lycopodium* when the genitals become cold and relaxed (as with *Calad*).

FEMALE SEXUAL ORGANS.—The menses of *Nux* are too early and too profuse, dark flow with oversensitiveness and fainting spells before and after. It cures a recent prolapsus uteri, caused by straining or overlifting, when much pressure towards the genitals, worse in the morning with urging to stool (*Podoph.*) and to urinate is present. In pregnancy you will find *Nux* useful for morning sickness, with more retching than vomiting, jaundice, no appetite, bad taste in the mouth and constipation. In labor spasmodic pains which cause constant inclination to stool or urinate call for *Nux*, or fainting with no pains, or violent back pains similar to those of *Pulsatilla*.

URINARY ORGANS.—*Nux* shows the same ineffectual urging at the neck of the bladder as at the anus; the urine passes in drops; there is much pressure before urinating with burning and tearing in the urethra and neck of the bladder and hematuria (pain not so acute as in *Cantharis*). In renal colic the pains are worse on the right side, extending to the genitals and right limb, made worse by lying on that side and better when on the back (*Canth.*, and *Lycop.*, affect that side also) in *Bell.*, the pains are sudden, radiating, with cramps; in *Berberis* the pains shoot in all directions, and there is a muddy red deposit in the urine (also *Nux* and *Lycopodium*).

LUNGS.—The cough of *Nux* is commonly dry, fatiguing, worse from midnight until daybreak, or beginning very early in the morning, causes pain in the stomach and soreness in the abdominal muscles (*Bryonia*), and is worse after eating, mental effort, exertion and from tobacco; and better from warm drinks, as, you will remember, are the stomach and

many of the head and mental symptoms. *Nux* is especially well indicated for an intercostal neuralgia which is relieved by lying on the affected side. In drunkards, when the hæmoptysis follows a debauch, or violent emotions, or a suppressed hemorrhoidal flow, think of *Nux*. When asthma results from gastric disturbances with fullness of abdomen after each meal, which belching relieves, *Nux* ranges with *Carbo Veg.*, *China* and *Sulphnr*. The *Nux* case is made worse by cold air or on ascending.

BACK AND SPINE.—Here *Strychnia*, the active principle of *Nux*, shows its most characteristic action. It causes in poisoning cases first a restlessness and twitching of the muscles, trembling of the limbs and stiffness beginning in the face and neck. This quickly passes into tetanic spasms of various sets of muscles, and ends in extreme opisthotonos. These convulsions are renewed by the slightest touch, or sensorial impression, although relieved temporarily by rubbing. Consciousness generally remains clear throughout. This picture is very similar to that of tetanus or lockjaw, but in the latter the rigidity is quite constant; whereas there is generally relaxation in *Strychnine* poisoning; the trismus comes very early in tetanus and late under *Strychnia*, and the temperature is higher in tetanus. You should be able to carefully distinguish these two affections from each other and sometimes from hysterical convulsions, since *Strychnia* is a common poison. Moreover, you have in these toxicological symptoms the thread to much that is characteristic of the symptomatology of *Nux*. For instance: *Nux* will cure a cervico-brachial neuralgia of spinal origin when there is torticollis worse in the morning or after eating and from touch. Such a case may have burning stitches in the spine and pressure like a stone between the scapulæ. While *Nux* thus shows decided uses in

"spinal inanition," its action does not extend to that of *Physostigma*, *Gelsem.*, and *Conium* in producing the more decided paralytic conditions. The victim of *Strychnia* poisoning dies of asphyxia before these conditions are developed. When the large muscles of the back, and particularly the belly of these muscles, are affected in lumbago or in incipient locomotor ataxia, so that the patient must set up in order to turn over in bed, think first of *Nux*. It is also indicated in sciatica by gastric symptoms and by upward pains, worse at night and at stool. *Nux* suits a rheumatism which attacks mostly the large muscles of the trunk, as in lumbago above mentioned and the large joints (*Actea Rac.*), the swellings are pale and tense, there is numbness and twitching, worse from the least jar or cold.

The *Nux* patient is peculiar in his sleeping. All day he is drowsy, especially after meals, but oftentimes can get no sleep before midnight; more often he awakens at 3 a. m., he is awake for hours with a rush of thoughts, finally falls asleep in the later morning with troublesome dreams and awakens late more tired than before retiring. A short nap reinvigorates the *Nux* patient, unless he is awakened when he is cross and worse for his nap (*Compare Lycop., Lach., and Cocculus*).

IN FEVERS *Nux* has the following uses:

Intermittents: Chill in morning, from slightest motion of bed clothes, from drinking, not relieved by internal warmth; anticipating morning fever; chill with aching in limbs, gaping, blue nails, no thirst; followed by thirst and long-lasting fever, with stitches in temples, light sweat; apyrexia marked by gastric and billious symptoms, weak, paralytic condition of legs.

After Abuse of Quinine: Sour vomiting or vomiting of food, white-coated

tongue, sour taste, distressed from eating an hour or more after meals, cannot bear slightest pressure after eating.

Typhoid Fever: Especially in early stages, when *Nux* most resembles *Bryonia*. Patient languid; must lie down; intense lumbar backache; chilly from least motion in bed; external impressions aggravate; cannot bear noise, smoking, odors; constipated; aching in limbs, tired; threatened paralysis of brain. *Bryonia* also wants to lie down; costive; white-coated tongue; from motion; nose-bleed at 3 a. m.; dryness of mouth; thirst in the morning; tip of tongue driest; nasty taste in mouth.

Bryonia: Dryness of mouth, with constant desire for much water. The patient springs up and tries to escape; night seems long; dreams full of bustle; sometimes awakens as if in a fright from a slight noise.

Bryonia: When they shut their eyes they think they see persons, and expect to see them on opening the eyes again.

RELATIONS.—The antidotes to *Nux* are wine or coffee in large doses, or among the medicines *Cham.*, *Cocculus*, *Puls.*, and sometimes its near relative *Ignatia*. *Zincum*, in many particulars a very similar remedy, is often inimical, i. e., if you happen to give the two in succession to a sensitive patient, you will find the case aggravated and have to go back and antidote one medicine before giving the second.

Sulphur very often seems to complete (complement) the work of *Nux*.

Contributed to THE JOURNAL by S. Lillienthal, M. D.

Carbo Animalis.

By Dr. Mossa, Stuttgart.

THERE is still too much difference in the preparation of this drug and thus we can only explain that some physicians consider it of therapeutical value, while others speak very lightly of it. Hahnemann's mode of preparing it may

be considered absolute. He advised to put a piece of thick oxen-leather between glowing coals and let it burn up till no flame appears any more, put then the still glowing piece between two stone plates, so that it is immediately extinguished, or else it keeps glowing in the fresh air and thus its action is destroyed. Weise, a Saxon physician, prepares it on the contrary in the following manner. He takes lean veal with its ribs, about one-third of the latter to two-thirds of the former. They are put in a coffee-drum and turning it constantly around the veal is roasted over a quick fire. This roasting is continued so long as the inflamed air gives up little flames (probably carbonic acid), if kept up too long, it loses all its action and produces in the patient an odor of foul eggs. The remainder is then pulverized, but ought to be always granular and of the odor of burned meat. As it is a mixture of coal from meat and bones, its chemical composition differs from that of Hahnemann. What differentiates animal from vegetable charcoal is the azote, which is the larger the lower the temperature was during its preparation and the shorter the time of its roasting process. By the admixture of the ribs such a coal becomes rich in its minerals, especially of lime combinations (Calcareæ Phosphorica, Carbonica, Fluorica, Hepar Sulph., Natrum Cyano-Sulphuricum and Ferrum). In the animal charcoal of Weise may also be detected Natrum Chloricum, Carbonicum and Phosphoricum. After relatively small doses, three grains, morning and evening, some physicians observed, after two weeks, disturbances of digestion, eructations and diarrhoea; one observer saw therefrom improved digestion, increased activity of the vascular system, especially of the skin, evincing itself by night sweats. Some physicians record after its use a coppery eruption over the whole body, especially on the face, fore-

head and nose; furuncles of the size of peas are also mentioned which suppurated and had the odor of burned meat (as also the feces). Weise also records the case of a boy of fifteen years where under its use a painful nodule of the size of a hazelnut formed itself which disappeared again when the drug was omitted. Some women suffering from scirrhous indurations felt, from large doses, pains in the affected parts, and leucorrhoea set in. Several healthy persons felt, from its use, nodules in the mammæ, swelling and induration of the auricular and maxillary glands (also witnessed from Carbo Vegetabilis), which again disappeared spontaneously, and vice versa swollen glands, even the thyroid, became diminished under the use of Carbo Animalis. In several women, who had weaned their children, the secretion of milk returned under its use.

Weise recommended during its use a farinaceous diet with milk and fruits and forbade coffee and spirits. He found such treatment especially of benefit in scrofulosis, removing the induration of glands. Rothamel assures us that he often cured with it old scrofulous glandular indurations. Pitschaft saw from it in a delicate, exceedingly scrofulous woman, who also suffered from ozæna scrofulosa, most splendid effect after total failure of other anti-scrofulosa. It acts equally well in scirrhous indurations, especially of the mammæ, in scirrhous indurations of the lips, which either disappeared or passed into suppuration. Scirrhous of the lachrymal glands, of the testicles, of the face, etc., may be cured with it, though in many cases it will only produce a transitory amelioration. Putting a layer of the pulverized drug on carcinomatous ulcer breaks up the induration and causes a more healthy suppuration. In a very old scirrhous mammæ with tendency to become an open cancer it not only failed entirely but seemed to

increase the inflammatory symptoms in the breast. Still animal charcoal greatly reduced, in two cases of uterine cancer, the pains; hemorrhages were reduced and the discharges became less foul, but it injured digestion and had to be omitted. In another case of uterine cancer the foul ichorous discharge changed into a glassy, albuminous, less foul smelling fluid, the pains gradually decreased and under the care of *Calendula* and *Cinchona* her strength increased and she finally recovered. Notwithstanding all our pathological advances we still find it difficult to differentiate between malignant and benign glandular indurations and burning or lacinating pains are not a safe criterion.

Institutes of Medicine

FOR THE JOURNAL.

The Repetition of the Dose.

By G. W. Sherbino, M. D., Dallas, Texas.

AS early as the year of 1784, Hahnemann condemned compound prescriptions and polypharmacy. The more complex our prescriptions are the darker is the condition of therapeutics. If any one sees me giving one remedy one day and another the next, he may conclude that I am wavering in my treatment, for I too am a weak mortal. But if he sees me mix two or three drugs in the same prescription (and ere now this has sometimes been done), he would at once say: "The man is at a loss, he does not rightly know what he would be at—he is bungling. If he was certain the one was the right remedy, he would not give the second, and still less the third." What could I answer? I could only hold my tongue. If I were asked what is the mode of action of *Bark* in all known diseases, I would confess that I knew very little about it, though I have often given it alone and uncombined; but if I were asked what *Cinchona* would do if admin-

istered along with *Saltpetre*, or still more with the third substance, I should have to confess my benighted ignorance, and worship anyone who could tell me. Dare I confess that for many years I have never given anything but a single remedy at a time, and have never repeated it, till the first dose had exhausted its action? Bleeding alone, an emetic or a purgative alone, and always a single, never a complex medicine. And never the second till I was quite clear as to the effects of the first. Dare I confess that in this manner I have been very successful, and satisfactorily cured my patients, and seen things which otherwise I never would have seen."

In these few words Hahnemann shows he was the first Allopath to give the single remedy and the single dose, and not to repeat till the action of that dose had ceased to act.

Now that we have learned the rules to follow during Homeopathic treatment concerning the main differences of diseases and the particular circumstances attending such diseases, we come to the consideration of the curative remedies, their mode of application, and the dietetic rules to be observed. Perceptible and continued progress of improvement in an acute or chronic disease is a condition, which, as long as it lasts, invariably counter-indicates the repetition of any medicine whatever, because the beneficial effects which the medicine continues to exert is rapidly approaching its perfection. Under these circumstances every new dose of medicine, even of the last one that proves beneficial, would disturb the progress of recovery. Organon, section 245.

How true are these words uttered by the illustrious and immortal Hahnemann. This shows how deep he could see into the mysteries of nature. Who ever before his day suggested one dose of medicine, and the waiting on that dose until

its action should cease? No one but Hahneman. How many of us are carrying out his instructions in this respect? I fear very few of us. Hahnemann arrived at this conclusion from observation and experiment. No doubt he saw many aggravations from his medicines by reasoning from cause to effect; one dose would have a shorter aggravation than twenty-five doses. There is less reaction of the vital force against one dose than from a repetition of doses; especially is this true in cases that are dangerously ill. The vital force is nearly exhausted by the severity of the disease, and the intense action of the remedy given to a very susceptible patient may cause the one remaining strand existing between body and soul to be broken or severed, and the last hope of cure is gone forever.

I commenced practice by repeating. I made some good cures and was tolerably successful in practice, but I have had cases go out of my hands for this very thing. I cannot convey the idea any better than by giving my own experience. Some years ago I was called to see a sick boy who had been given up to die. I saw the case at 9 p. m., and he was very sick, had been, I think, for about eight weeks with a fever diagnosed as the Abilene fever. He had not retained any food or nutriment for five days. This case I reported to the *Medical Advance* to show that I had killed this little boy by repetition. It was a clear case of *Phosphorus*. "Vomiting food and water as soon as it became warm in the stomach. Diarrhoea, the anus remaining open after stool." I gave him one dose of *Phos. 200th*, and while putting up more medicine, and before I had finished, the father called me to his side saying, "I think he is dying." The pulse was almost imperceptible; eyes were sunken; hyppocratic countenance; breathing nearly suspended. But in fifteen or twenty minutes he revived again. The

next morning at 7 a. m. the father related that he had a sinking spell after each dose, every two hours through the night. Next morning I put *Sac. Lac.* in water. I saw the little patient at 11 a. m. He was improving. An impulse came over me to give another dose of *Phos. 200th*, which I did. The child commenced sinking as at first, the night before, and died in a few minutes after I left. The vomiting had stopped and we were giving him tablespoon doses of water and milk, which he now retained, but I gave one dose too much.

The next case was that of a woman with consumption. I saw her in the morning. She had symptoms similar to *Antimonium Tart.* I gave her a powder of 200th put in water, a teaspoonful every two hours. I was sent for in great haste; that Mrs. Jennie was dying. I arrived in a short time and found loud rattling in the lungs, a rising and falling of the larynx (*Lyc.*); jaw dropping; mouth wide open; fan-like motion of the *Alæ Nasi*; pulse gone. I asked her nurse how many doses she had given and she said two or three; that she got so bad she stopped the medicine, and she got no more of any kind as I thought her dying. In half an hour or so the pulse came back, she revived and lived two or three weeks, but she got no more *Antimonium Tart.* These cases show me that Hahnemann is right in regard to the repetition of the dose, that even giving a medicine till you get some results is wrong, for as the cases I have cited did not bear a repetition. How are you going to tell those cases which have an idiosyncrasy.

Dr. Rollin R. Gregg, in his early life and practice, states a case of diphtheria where he was alternating *Carbo Veg. 3rd*, and *Nitric Acid 6th*. He gave a dose of *Nitric Acid* at night, and the child got desperately sick after the first dose. *Carbo Veg.* was given through the night.

The next morning he gave a dose of *Nitric Acid 6th*, and the child died in a few minutes afterwards. This made him stop altering, and give the single remedy, in a single dose in a high potency, and his success in practice was marvellous. The good works and cures of this really great and good man are left us as a legacy.

Another case was that of a little girl with a high fever. She was restless at night, kicked the covers off, would awake out of sleep flighty, coughing and gagging, white around the mouth and nose, picking the nose, milky urine. I gave her *Cina 200th* every two hours. I gave her the remedy for four or five days without any change for the better. I could not see then why it was that *Cina* did not cure her. The case went out of my hands as the family thought I was too slow. If I had given one dose, and when that dose seemed not to act, had gone higher I would have cured the case.

DIRECTIONS

(1) The more dangerous and ill the patient the less they need repetition.

(2) This holds good both in acute and chronic diseases.

(3) Select the right remedy, and give one dose, and wait on *Sac. Lac.*

(4) Give no more medicine as long as improvement continues.

(5) When there is still indication for the same remedy and the patient gets worse after an improvement give another dose dry or in water.

(6) After giving the medicine in long continued cases or chronic diseases, and the remedy does not act, give a dose in water.

(7) Sometimes after several doses given dry it seems inert, but now dissolved in water will act.

(8) When one or two doses of a remedy have been given and there is no response go higher.

FOR THE JOURNAL.

High Potencies, With Cases.

By M. A. A. Wolff, M. D., Gainesville, Texas.

THE "heroism" boasted of in the note, July issue, page 210, I must claim for the *Arsenicum 8000th*. Since I wrote my article, about six weeks ago, I have, in this season of ice water, ice tea, ice cream and iced and not iced fruits, had the opportunity half a dozen times to test the prescription for men, women and children, and it has worked every time like a charm. *Colocynthis* has always, if indicated, shown its effect in a few seconds, no matter what potency given, and therefore *Colocynthis* in cases likely to be benefited by it, is my first prescription without taking time for individualization. So in the case reported. But after the five minutes used for oral and manual examination, it had not done what I expected, and I followed strictly what the symptoms so clearly indicated, and in a few seconds the improvement was manifest (the expression of the face). Since then, as stated in consecutive cases, I did not waste time with *Colocynthis* but prescribed at once the *Arsenicum 8000th*.

About a score of years ago when I arrived in the United States I brought a full case of Lutze's 30th and Gunter's 15th with me. I was then yet a beginner in Homeopathy, gradually leaving Allopathy, the only medical training in the home university. My conversion had been produced by the 30th potencies mentioned. But immersing myself in the American Homeopathic literature, in which low potency prescriptions preponderates, I little by little fell in with the great majority, and tinctures to 6ths became my rule; higher, but never higher than 30, the exception.

About eleven years ago, in San Francisco, at a consultation, the frater medicus acknowledging that *Belladonna*, which I had prescribed, was indicated, proposed

to me to try the 200th. He had never done anything of that kind, and his scepticism could not otherwise then effect me. Nevertheless I made the trial in an erysipelas case, mismanaged by old school prescriptionists before it came to my hands. Well, *Belladonna 200th* did what *Belladonna low* had failed to do, and the successful experiment incited more experiment. Repeated verifications especially with *Lachesis*, *Lycodium*, *Mercurius Corr.*, *Silicia* and *Sulphur* gave me such a certainty in the use of them where indicated clearly that the 200th was then at once relied upon. Nevertheless the low potencies remained to be my rule. But on and off I have had cases which baffled me however sure I was of the correctness of my prescription. I would then return to my tyronic administration. To illustrate: In a case of St. Vitus dance, a young man of eighteen years, from the country, had had a previous attack several years ago. For three weeks I used low potencies, but whenever he returned to the office I would find his monkey manners worse, his shaking and motions as if the chair was going to pieces from the violence of his spasmodic motions unabated. I now gave him four powders, one powder *Cuprum 30th* (five globules) and three of *Placebo*. I ordered him to commence with number one after dissolving in eight spoonfuls of water, and to take one spoonful morning and evening for four days, then to wait three days, and then to prepare and take the others in the same manner, and not trouble me before it all had been taken unless other complications should set in. His brother here in town whose family physician I had been for three years, told me about a week after the prescription that he had had a report that his brother was all right. This happened in February and March, 1887. The last prescription was given March 26.

Experience had at last taught me that

I had become a less successful physician than about twenty years ago until I returned to my original way of prescribing, and so, without discarding low potencies, even tinctures (because in spite of about twenty to twenty-five years study I am not yet wise enough), the 30th has become the basis of my practice, but whenever dead sure of my case the high, from the 200th up to cm and higher if I have it, is my arrow.

One instance more on behalf of the high. Some years ago I had the full orchestra of cold instruments, influenza. After about one week's medication it settled on the lungs with a bad pneumonia. The discharges became most copious and their character like consumption. While after three to four weeks this had improved, I could not get rid of the frequent and most harassing cough. At last I thought I would try "for fun" *Phosphorus 1000th*. (That it had been taken low I hardly need state.) I took a dose of a score of globules No. 10. From that moment no medicine more was required. I did not forget this "fun," but used it successfully several times in equal cases. The last of these was on February 20. My friend, Dr. N. L. T., Tulare, California, had written me a letter about his troubles in consequence of the fire which destroyed all his uninsured property, and complained of a cough that harassed him already for several months. I sent him six powders, *Phosphorus 1000th*, with direction to take one as soon as received and then wait, and as long as improving take no more. About four weeks later I received a letter: "Dear Friend—Do tell me what it was you sent me. I have only taken one powder, and as the cough did not trouble me much more, and now has completely left me for about three weeks, I did not take more. Please do not keep it a secret, but tell me what you sent."

If such cases, all the time verifying

past experiences, do not compel the dispenser thereof to believe, I do not know what should do it. And I think it is his duty not to keep it back, no matter whether viewed with scepticism by those who have not tried it. But the principle trouble is, at least with me, while my faith in the low is anchored well, my faith in my knowledge and consequently my determination is weak. I have studied a great many years, but still am compelled repeatedly to call myself an ignominium.

[NOTE BY THE EDITOR:—The old adage "The proof of the pudding lies in the eating of it," certainly applies in the practice of medicine, and testimonial experience is in order. Come brethren, talk right out in meeting! What do you know about the high or the low as curatives?]

Obstetrics.

Post-Partum Hemorrhage.

By G. W. Sherbino, M. D., Dallas, Texas.

THE second case of obstetrics I had, was, unfortunately for me, one of this kind: As I was making a visit late in the evening, I met a physician of the physio-medical persuasion who informed me that a woman had been confined at about 1 p. m. that afternoon, but that the placenta was still retained; that he had been there and could not or did not get the placenta away, and that he then recommended them to call me. I had not gone far before I met the messenger. I arrived at the house and found the husband and a neighbor woman with the patient, who was lying on a bed. I approached her and placed my fingers on her pulse, but it could not be felt. I placed my hand on the abdomen, and to my astonishment found the abdomen as large as before parturition. I made a

digital examination and found the vagina full of large clots of blood, which I removed. With each one she would say: "There, you have got it away, haven't you?" The os was contracted to the size of a half dollar, and was rigid and hard. It seemed like putting the fingers in a "sucker's" mouth. She was pale and cold, yet could not bear the covering. (*Camphora*.) I dissolved and gave a few pellets of *Secale Cor. 200th* in water. Ordered hot cloths to the abdomen, hot applications to the feet, and also to the region of the heart. From some cause the os yielded and commenced to relax, and in half an hour from the time I arrived I had the placenta, and a good firm contraction of the uterus. The woman had a slow recovery, as she had Phlegmasia Alba Dolens in the left leg, which then went to the right leg; then, to cap the climax, she had the diarrhoea. I had the satisfaction of seeing her restored to health again.

COMMENTS.

This case gives evidence of the power of the dynamic remedy. The only thing that saved her from dying before I arrived was the contraction of the os, preventing the escape of blood, thus filling the uterus and pressing against the bleeding vessels. I have had many cases of Post Partum Hæmorrhage, and have always found the indicated remedy all powerful and sufficient to contract the uterus and stop the hæmorrhage though the blood flow Pleno. Rivo.

A case of Post Partum Hæmorrhage occurred here a few days ago with death of the patient. The doctors used ice, but all they could do was of no avail. This case should give us new zeal to master the remedies in Post Partum Hæmorrhage. After the doctor had delivered the placenta he turned to wash his hands, and all of a sudden he heard a gurgling noise, went to the patient and found

her flooding; he called for help; another physician was called; they packed the vagina and uterus with ice, but she died half an hour afterwards. Homeopathy might have saved her as it did the case cited.

Sanitary.

Filth versus Disease.*

By George M. Ockford, M. D., Lexington, Kentucky.

SANITARIANS have long recognized the close connecting link between filth and disease. The first sanitarian of the Hebrew people, Moses, foresaw that connection when he wrote: "When ye are gathered together in cities, I will send the pestilence among you;" for it is when people congregate together and are unmindful of the requirements of hygiene and sanitation that the evils of pestilence come among them. Cities have been built in places where the natural topography and climatic conditions tend to develop disease, and the carelessness and indifference of mankind in their rush for wealth have caused them to neglect the most simple and obvious methods of sanitation, and thus furnished abiding places for the epidemics that have destroyed mankind. The same tendency to crowd together, the same means of defilement of the earth, and the same neglect of hygienic and sanitary measures existed in Moses' time that are encountered in this period of the world's history. The nomad races escaped pestilences that ravaged their brethren who dwelt in cities. All the old cities of the world have a dark page in their histories, occupied by records of plagues and pestilences, which ever and anon desolated their people and paralyzed their industries. No darker pen picture can be drawn than the accounts of these

terrible visitations, and their victims exceeded in number those of either wars or famines, or of both combined. Socrates suffered in mind as he witnessed the plagues of Athens cutting off its citizens like a sickle cutting grain. The old world was devastated with plagues and pestilences, increasing in intensity as the cities became older, and stalking about with such terrible force during the dark ages, when ignorance and superstition usurped the place of reason and knowledge, that it failed to be recognized as disease, but was known as death itself. In the fourteenth century, one-half of the inhabitants of Great Britain fell victims to the terrible plague, it falling with terrific force upon those who were gathered together in her cities. The plague fed upon the accumulated filth of centuries, and it is only by the efforts of sanitary reformers in Europe that it has ceased its visitations. Herculean efforts were put forth as the character of the disease became known, and, while quarantine and sanitary cordons failed to stay its progress, a crushing out of the foul spots and improved systems of drainage and buildings have effectually stayed its progress, and Europe and America are happily freed from it. That sanitation eradicated the plague is plainly shown in the history of London. That city had frequent eruptions of the disease, becoming almost perennial in its appearance, and nothing served to check its progress until the great fire of 1665 destroyed 13,000 of its houses, laid miles of streets waste, and enabled its citizens to rebuild upon its ashes a better city, with wider streets and more in accord with the requirements of sanitary science.

The perennial existence of cholera among the unsanitary surroundings of the delta of the Ganges, its increase in virulence among the filthy pilgrimages that annually wended their way to Mecca and other shrines are too well known to

* Read before the Southern Association.

need comment, as well as the beneficial effects which have followed the cleansing of lodging houses and the enforcement of sanitary rules among those people.

Yellow fever is no exception in its tendency to follow accumulated filth. The early history of Havana discloses that previous to the crowding together in narrow and illy ventilated streets the disease was only an occasional visitant, but as the ground became saturated with animal refuse and the inhabitants became more crowded in their dwelling the disease became, and continues to be, epidemic at all seasons of the year. The virulent epidemics of yellow fever in Mexico date from the growth of cities and soil defilement. The checks that have operated to stay the disease in this country are all of a sanitary character, and it has been under unsanitary conditions that its worst ravages have occurred. Philadelphia in the last century suffered severely, but early efforts at sanitation have been rewarded by preventing late returns of the disease. Occasional epidemics of yellow fever occurred in New York prior to 1822, but since that time the sanitary improvements that have been steadily persevered in have placed that city outside of the yellow fever zone. The same thing holds true of Savannah, Charleston and other cities on the Atlantic seaboard, in all of which sanitation has been followed by a marked decrease of the disease. Why did the fever rage so disastrously in Memphis in 1878? Look at the survey which discloses thousands of foul cellars, with the accumulated filth of years, impregnating the dwellings with noxious gases, and we have no trouble at arriving at an answer. Examine the sanitary condition of Grenada, Miss., Hickman Ky., and Chattanooga, Tenn., and we will find the same unsanitary conditions favoring the disease, and that in many instances there was no extension beyond

sections that were notoriously filthy. The lack of drainage, soil pollution and general filthy condition were the factors that favored the development of the disease and maintained its virulence.

Why should Tampa suffer from an epidemic of yellow fever this year? Its unsanitary condition has been well known for years, and the wonder has been that it has not suffered more severely. Look at its location, with a swamp back of it draining its impurities into the ocean and maintaining a damp, unwholesome subsoil. The dwellings are poorly constructed and a large portion of its inhabitants have transplanted the filthy habits of Cuban life to the town. The danger has been increasing yearly as the population has been augmented, and the soil pollution magnified until disease breaks out in virulent and deadly form. The history of Tampa is the history of all Southern cities where sanitary science has not been properly applied in their government.

And it is not only typical diseases such as yellow fever and plagues that are augmented by conditions of filth. What are known oftentimes as "malarial" fevers, and are popularly supposed to originate from climatic influences, may be traced to an infection wholly due to soil defilement and its consequent contamination of a water supply derived from surface wells.

A few years ago a city on the Wabash river had the reputation of being one of the most unhealthy cities in the country. Wabash fevers were household words in that section, and every spring and fall there was such a prevalence of these so-called malarial fevers that there were not enough well people to take care of the sick, and householders made preparations for their annual visitations of disease as for any of the regular operations of life. Now all this is changed, simply because there is less of the sewerage of

the city finds its way into the food and drink of its inhabitants. The location of this city is on an elevated knoll on the banks of the Wabash, but underlying it, dipping back from the river bank, is an impervious stratum of clay, spreading under the city like a huge basin and beneath the surface at a varying depth of from two to fifteen or twenty feet. All the drainage of the city gathers within this basin, and in early times the sole water supply was from surface wells, which did not go below the bed of clay. As long as this water, loaded with filth, was used, the inhabitants suffered from disease, and the city presented an abnormally high death rate. Subsequently a purer water supply was found beneath this impervious clay, and from the time this water was used the health of the city exhibited marked improvement, until to-day her death rate will compare favorably with those of sister cities. The so-called malaria was purely a product of filth, and capable of removal by the most simple requirements of sanitary science.

The prevalence of malignant fevers in the cities of the central states during the past few months may be traced to the accumulated filth. There has been an unusual period of drouth. The rivers and water courses are all at a low ebb, and there has been an absence of rains to flush and wash out the sewers. Unless the closed sewers of a city have periodical flushings, it becomes like an elongated cesspool with filth adhering along its entire length. This filth is made up of human and animal excrement, vegetable and animal refuse from kitchens, wash-houses and water closets, as well as the products of slaughter houses and other unwholesome occupations. It contains organic carbon and nitrogen, chlorine and other poisonous compounds, which are inimical to human existence, which when taken into the human organism, prepare the way for disease to enter. We

do not claim that all diseases are caused by filth, but the whole teaching of the history of epidemic disorders is that pestilences, plagues and kindred enemies of the human race come oftener, stay longer and exert a more deadly influence in places unprotected by sanitary precautions and administration. The filthy soil, polluted water and vitiated air are elements that contribute to the premature death of multitudes of human beings, and we would be recreant to our duties as physicians did we fail to warn the people against these evil conditions and seek to elevate them to a higher standard of sanitary and hygienic education.

Pædology.

Contributed by the Author to THE JOURNAL.

Infantile Diarrhoea.

By *W. E. Green M. D., Little Rock, Ark.*

WITH the advent of warm weather, appear infantile bowel troubles with their attended mortality that is, at times, sufficiently great to sicken the heart of every conscientious physician. We all, as it were, take down our "Bell" and go studiously to work refreshing our knowledge of infantile therapeutics and dietetics, calling to memory the resources of the past season, with its darkened record, that ominously portrays to our minds the possibilities of like ignominious failures.

In defiance of our boasted skill, and in spite of our most earnest efforts, death stalks abroad claiming the little patients as his rightful heritage.

Our years of experience add more to our distrust of medical measures than to our confidence in them, and every season exemplifies the Darwinian theory, "The survival of the fittest." I never deliver a poor sickly woman of a weakly little babe, that I do not ponder the possibili-

ties of its living, and the struggle that is almost certain to terminate its life during the coming summer.

Certainly there are many robust children, born of healthy and vigorous parents, that sicken and die, but the first mentioned constitute the class that mostly engage our attention. The first adverse circumstances that befall these little ones is the failure of the mother's milk, nature's proper pabulum.

The alimantal demands incident to lactation, enfeebles her digestion, thereby impairing nutrition and adding discomfort to increased debility. The mother, already feeble, weakens under the additional drain, becomes anæmic and nervous and complains bitterly of weariness. Nature is sounding the alarm and the physician is called upon to explain the meaning, which, if wisely interpreted, is unmistakable. Our first efforts in behalf of the little one, should be directed to the mother, for in her strength dwells the safety of the child. Her general health should be looked after, suitable food prescribed, and proper hygienic measures instituted. Her surroundings should be cheerful, comfortable and airy. She should have daily drives or walks in the open air. Her sleep should be ample and undisturbed. Her digestive organs should be kept in good working order, and such articles of food administered as malt, cocoa, milk, eggs, oat-meal and cream, stewed fruits, broths, rare roasts or broiled meats, fish, bread and butter etc.

The skin should be stimulated to a healthy function by friction and salt baths. If the supply of milk is deficient and the mammary glands are flabby and poorly developed, electricity—Faradization—should be applied.

When the mother finds that her health is failing, she will often consult the physician concerning the propriety of weaning the child. She is usually advised by

some kind friend to do so. The matter should be placed intelligently before her, warning her against the first act in the fatal drama, that her own conscience and maternal feelings may rightly guide her.

If I find it impossible for her to nourish her infant without jeopardizing her own life, I insist upon procuring a wet nurse, for there is no substitute that approaches the mother's milk. Our advice is too often ignored, and the little one is weaned in spite of our entreaties and predictions. The child is put upon artificial food, and so long as cool weather continues it thrives and does well, and you are often reminded of your inaccuracy as a prophet. But the misgivings are still in your heart, and it is surely strange if you are not summoned to the bedside of the sick child at the first approach of warm weather.

Of the many forms of intestinal lesions we shall notice but two; simple and inflammatory diarrhoeas. Of these, the first mentioned is the most common, being simply a functional disturbance, unattended by appreciable inflammatory symptoms. The seat of the lesions is usually confined to the large intestines.

The pathological condition is a mild hyperæmia of the mucous membrane with consequent epithelial exfoliations, and serous transudations that intermingle with the feculent matter. The causes are unfavorable hygienic conditions, atmospheric influences, colds, indiscriminate feeding and unwholesome alimentation.

The second classification, entero-colitis, is attributable to about the same causes, and prevails most extensively during the hot summer months. It is characterized by inflammatory symptoms; invades both the large and small intestines; is protracted in its course, and leaves the subject liable to frequent recurrences. During the acute stage, there is inflammatory hyperæmia with consequent exudations,

sub-cellular thickening and follicular enlargement; later the follicles ulcerate, and if the tumefaction be great, there is sloughing of the mucous and sub-mucous tissue, with other attendant pathological lesions. The stools at first fecal, are intermingled with mucous and blood, and are usually accompanied with straining; they are often arrested before death, a symptom that I have known to be construed as favorable by unobserving physicians.

Children in a state of health, vary greatly in their powers of digestion; some are able to eat almost any kind of food, while others sicken upon the slightest indiscretion in diet. However, great care should be exercised in feeding all children, as the most robust may be stricken with illness and die from dietetic imprudence. Berries and green fruits, are common among the articles that cause intestinal derangements, and parents should be cautioned against their use, especially with young or delicate children. We can often trace an attack of bowel trouble to a dish of strawberries, a green peach, a plum or an apple that the child has eaten.

Prominent among the factors that sustain a causative relation to intestinal disorders, and cerebral disturbances as well, is dentition.

The terminal nerve filaments become impinged through capillary turgescences, thereby creating a peripheral irritation that is reflected to the brain through the branches of the anterior—and the nasopalatine nerves, and their ganglionic connection with the fifth.

While it is true that teething is a physiological process, and ordinarily, should not be attended with pathological results, it is also a fact that this function, like all others connected with the human organism, may be perverted and dire results follow.

When detention complicates the dis-

orders of childhood, a marked degree of nervous excitability or depression exists. The child is restless, fretful and sleepless; it cries and sobs, rolls its head and clutches at its mouth, and will violently throw itself backward and forward as though it suffered great pain. Upon inspection, the gums appear livid from congestion, and are swollen and highly sensitive to pressure. The rational method of dealing with this condition, is by incision; not for the purpose of assisting in the eruption of the teeth, but to relieve the pressure by allowing the capillaries to unload, and permitting the exuded serum to escape. The beneficial results of this insignificant operation are often magical. Within a few minutes after the gums are lanced, the child passes from a stage of great nervous excitability into a quiet and refreshing sleep, from which it awakens relieved of its torturing restlessness, and the concomitant disorders greatly benefited.

The fallacious theory "that a hardened cicatrix follows a simple superficial incision," is not in accord with sound pathological reason; nor is the statement, so often made, "that the teeth are deflected or retarded in their eruption" by this cause, sustained by unprejudiced observation. While it is conceded that an injury might be done by the harsh and cruel method sometimes practiced by mothers, of rubbing or grating the flesh away with a thimble or a lump of crushed sugar, unpleasant results never follow the practice of lancing, when judicially performed.

DIET.

The food given to children should always be simple, digestible and nutritious, and should be administered at regular intervals.

While milk is an all important element in the regimen of small children, it is almost wholly inadmissible, when they

suffer from diarrhoea. If the attack be severe, even the mother's milk, at times, must be stopped. When it becomes necessary to discontinue this article of diet, it becomes the physician's duty to devise some other form of nourishment for the child. This will often tax his ingenuity and dietary knowledge to the extreme. When severe gastric symptoms obtain, it is at times impossible to give the smallest quantity of liquid of any kind without exciting vomiting; in such cases, though the little sufferer constantly frets for milk, everything in the shape of food should be withheld for a few hours, until its stomach will tolerate the presence of fluid. Then a spoonful of strained toast water may be given at intervals of half an hour. As the irritation grows less, other substances may be administered. A favorite with me, is the white of an egg shaken or beaten up in half a glass of water, sweetened or salted to suit the taste, and given in small quantities; it is quite nutritious and seems soothing to irritated membranes. I cannot speak too favorably of this article in all cases of bowel disorders, whether mild or severe, as well as in other forms of sickness. As the severity of the symptoms subside other foods should be used in conjunction with these. The simplest, and one of the best, is barley water. It should be prepared by placing one tablespoonful of barley meal to a teacup of water; boil for one or two hours, strain and sweeten. When condensed milk is used, to dissolve it in barley water instead of the water alone adds to its nutritive properties and digestibility.

Parched rice made into a kind of rice coffee is another excellent food that will often answer well. The rice should be roasted until it is of the color of the crust of a nicely baked loaf of bread, then ground and prepared much the same as the barley water. Plain rice water often answers well, and will do to substitute

for, or alternate with any of the above. Later, as the child grows strong, and in mild cases, beef tea, mutton broth, the juices of roast, or broiled steaks with stale bread, if the child is old enough, may be given. I have found chicken tea, prepared as follows, quite beneficial: Cut the lean of a well-grown chicken into small bits, put in a vessel with stale bread, rice and carrots; pour over it a small quantity of water, place in another vessel full of water; cook for three hours, strain and serve with salt and pepper. During the sickness, care should be used in the administration of any and all forms of nourishment, that they are not given in too large a quantity at a time, lest harm be done and an aggravation of the symptoms follow. When the child is able to return to a regular food, condensed milk dissolved in barley water is usually to be preferred, but other articles, such as cream diluted with barley water, raw steak scraped, the fat of ham boiled, broiled breakfast-bacon, the juice of stewed blackberries, and at times, small quantities of ice cream may be sparingly given.

Of the many brands of manufactured infant foods, I have but little to say. They are a constant source of disappointment, since, in my experience, they so seldom agree with sick children.

TREATMENT.

The therapeutical management of infantile diarrhoea should be conducted on purely homeopathic principles. We will not enter into an extended review of remedies but will limit our remarks to the characteristic indications of a few of the most important ones.

Aconite: This drug is appropriate when inflammatory symptoms accompany diarrhoea. When the disease occurs in the early spring or late fall, when the warm days are followed by cold nights. The child is restless, anxious and thirsty; has nausea or vomiting; cutting pain in the

bowels and straining at stool; pulse quick and sharp; skin hot and dry; stools are watery, slimy and bloody; small, mucous and greenish; bloody, blood bright red.

Aconite is followed well by *Mercurius*, or it may be given in alternation with it. I obtain the best results from the lower dilutions, 1x to 3x.

Belladonna: This is a near relative to *Aconite*, and like that drug, is admissible in inflammatory conditions, especially when it is the result of cold. The discharges are accompanied with severe tenesmus and sharp pain in the bowels. The stools are thin, greenish and bloody; the child screams out, starts and jumps in its sleep and continually throws itself backwards; has moist skin, flushed face, hot head and cold feet, 3x dil.

The *Mercuric* preparations hold an important place in the treatment of dysentery and inflammatory diarrhoeas.

Mercurius cor. stands first in cases of great intensity. The stools are bloody and slimy, with shreds of mucous membrane; small, frequent and corrosive; constant urging; tenesmus vesicae; urine scanty and hot; feeble pulse, cold feet and hands, 6x trit.

Mercurius sol. has restlessness; great thirst for cold drinks; tongue coated, broad and flabby, showing the imprints of the teeth, increased saliva; vomiting bile; clammy perspiration; urging to stool; stools dark green, slimy, streaked with blood; like stirred eggs; sour and corrosive, 3x trit.

Mercurius dul. The characteristic features of this preparation are as well marked as those of the Corrosivus, and in this climate it is often called for. There is an icteroid discoloration of the skin and conjunctiva; the tongue is pale, broad and thick, and the saliva increased and stringy; nausea and bilious vomiting often exists. The stools are frequent, at times large, yellow, bilious, slimy or watery, 3x trit.

All the Mercurial preparations have nightly aggravations.

Arsenicum is another remedy that is stamped with a strong individuality; the indications are clearly cut and distinctive.

The child presents marked symptoms of restlessness, anxiety, distress and exhaustion. The vitality is reduced and the pulse is weak. It is tortured with thirst and drinks often but only a small quantity, that is thrown up immediately after it is drunk. The vomiting is convulsive and varied in character. It may be acrid and sour water, thick glary mucous, yellow or greenish bilious matter; dark brown or bloody; or it may consist only of the liquid or food that was taken. The epigastrium and abdomen are usually sensitive. The stools are frequent, greenish, watery and corrosive; brown mucous; bloody, dark or black.

The aggravations of *Arsenicum* are at night, after eating or drinking, and from cold. I give the 6th dilution.

Podophyllum is another remedy with a well established reputation in the treatment of infantile diarrhoeas. It is frequently indicated and gives satisfactory results. The stools are large, watery or mucous; yellow; sometimes bloody and green mucous; frequent gushing, painless, undigested, lumpy and very offensive.

The aggravations are in the morning and after taking milk. The diarrhoea of *Podophyllum* continues all day, but is worse in the morning; they are peculiarly offensive, putrid, gushing and profuse, saturating the napkin through and through.

Aloe has morning aggravation that hurries one out of bed, but the symptoms are more distressing than those of *Podophyllum*, the stools are small mucous or jelly like; violent urging and quickly passing stools; continued tenesmus with fullness and weight in the pelvis.

Natrum Sulph. has diarrhoea that comes on after getting up; there is flatulence

with eructations and rumbling in the bowels. The effort at stool is prolonged and the discharge accompanied with flatulency.

Sulphur drives the patient out of bed early; the stools are very changeable, fetid often excoriating and expelled suddenly, at times involuntary.

Dioscorea has morning diarrhoea that is associated with the characteristic griping.

Aethusa: In threatened brain troubles, from gastric and intestinal irritations, this remedy is superior to all others; the face is pale and the expression is anxious and pinched. The gastric irritation is severe, and is accompanied with deathly nausea and great prostration. The child nurses and immediately vomits, then falls back exhausted and goes to sleep. The milk is often returned just as it was taken, though it may be curdled. The stools are liquid, profuse, yellow or green; undigested and lumpy. 6x dil.

Antimonium has analogous symptoms, but has the white coated tongue.

Croton tig: This remedy is a jewel in itself. The stools are liquid or mucous, greenish, sometimes milky, either small or large, sudden and gushing, preceded and accompanied by nausea and colicky pains, aggravated by eating and drinking.

Secale cornutum has much the same symptoms as the above, but has less straining and greater thirst, the discharges are large and watery, gushing, at times involuntary, and always followed by profound prostration. The skin is cold, yet the patient has great aversion to being covered. 6x dil.

Chamomilla: Child is extremely peevish; cries for everything, but will take nothing that is offered; wants to be constantly carried; has colicky pains; stools greenish and yellow, stringy, like scrambled eggs; changeable, corrosive, odor like spoiled eggs. 3x dil.

Dulcamara: The attacks are brought

on by cold damp weather. The stools are green mucous, or greenish water; small, changeable, sour and corrosive, griping pains.

Ipecac has greenish, grass-green, watery or mucous actions, but it has, also its characteristic nausea and vomiting. 3x dil.

Veratrum alb. is also a remedy of great value in the diarrhoea developed by the extreme heat of summer. The attack is usually sudden, and is accompanied with violent vomiting, great thirst for large quantities; severe cramps and marked prostration. The face is pale, pinched and wears an expression of anguish; the forehead is bathed in perspiration; the eyes are sunken and the extremities are cold. The discharges are watery, greenish, brownish, blackish or bloody; profuse frequent, and at times involuntary. Aggravations are at night, by moving and by drinking. 6x dil.

There are other important remedies to be thought of in the treatment of diarrhoeas, but as the object of this paper is to call out discussion, it has already exceeded its legitimate limits.

Electricity.

Selected.

Electrolysis in Uterine Flexions.

By Egbert H. Grandin, M. D., New York.

THE use of electricity in the routine treatment of the diseases of women, although slowly gaining ground, has by no means as yet received the recognition to which it is justly entitled. For some reason or other, possibly the impression that the application requires deep study and the expenditure of much time, the specialist and the practitioner are very slow to accept as facts the favorable data

which are daily accumulating in evidence of the marked relief which very frequently follows the intelligent resort to this most valuable therapeutic agent. I have elsewhere stated the deductions which my experience has taught me are warrantable in connection with certain of the inflammatory affections to which woman is liable, and my sole purpose in this brief article is to add further testimony to that which already exists in results obtainable in cases of uterine flexions.

As to the pathological factor which is at the base of the symptoms that in some women accompany the presence of a flexion, it is useless to theorize. Whether or not the dysmenorrhœa—the most marked symptom—is the result of stenosis somewhere in the cervical canal, or of an hyperæsthesia at the level of the internal os, due to morbid structural change, or is the accompaniment of changes in the tissues surrounding the uterus, matters not for my present purpose. Sufficient the statement that in many women with a uterine flexion labor cures the dysmenorrhœa, and the corollary must stand that this is possibly partially in consequence of the dilatation to which the cervical canal has been subjected during childbirth. When, therefore, a woman presents herself for treatment for dysmenorrhœa, we find a flexion of greater or less degree, and the symptom does not yield to the general measures which suggest themselves, we not unnaturally resort to dilatation. This step rarely fails, in well selected cases, to cure the symptom. Of the dilating means at our disposal, the one chiefly favored to-day is divulsion by steel-branched dilators, followed or not, according to individual preference, by the insertion and the more or less prolonged wearing of a stem-pessary. This method offers certain disadvantages, such as the necessity of anæsthesia, rest in bed for a number of days thereafter, and the fact—very excep-

tional, true enough, where the requisite precautions are taken—that it may be followed by perimetritis or parametritis. Further still, where a stem-pessary is inserted, the latter complication may at any time develop, if the uterus happens to be of the kind which we now and then meet with which is intolerant of the presence of a foreign body within its cavity. Such being the objections which I doubt not even the most pronounced advocates of divulsion will grant, it remains to advance the merits of a method which a somewhat prolonged experience satisfies me is safe and effective.

The value of electrolysis in causing the absorption of plastic deposit, and the incontestable ability of this property of the electric current to overcome stenosis in case of stricture of the male urethra, very naturally suggest its utility in similar conditions in the female. The statements which have been advanced in its favor by a number of workers in the fruitful and by no means thoroughly tilled field of gynecic electro-therapy I have been enabled to amply satisfy myself are warranted, with the result that, given to-day an instance of uterine flexion accompanied by symptoms fairly attributable to the distortion, and my choice in treatment would be electricity. The technique of the method is simple, painless, and applicable in one's office without the expenditure of overmuch time. Furthermore, it hardly rises to the dignity of being called an operation, something from which many a patient will shrink. The risk the patient runs of the development of any inflammatory sequelæ may with justice, I think, be stated as *nil*. The insertion of a stem-pessary is not called for. The canal once opened, the hyperæsthesia once abated, the endo-cervical catarrh, which is not infrequently a complicating factor, once cured—and all this is possible through electrolysis—the patient's symp-

tom, dysmenorrhœa, disappears, and, so far as it is dependent on the flexion, not to return. These statements which I advance any one is in a position to verify for himself if he possesses a galvanic battery and the requisite electrodes. A convenient internal electrode, in that it has the requisite degree of flexibility, is the steel-bulb sound used in the exploration of the male urethra. The shaft may be effectively and cheaply insulated by rubber tubing. In the nullipara, having previously determined the degree of flexion by the sound in order to give the electrode the proper curve, I am in the habit of electrolyzing with the patient in the dorsal position and without the insertion of a speculum. Where the external os is very small and the cervical canal tortuous, the ordinary Simpson sound, insulated within an inch and a half of its tip by rubber tubing, has answered very well in my hands as the smallest electrode. The size of this sound corresponds to about a No. 9 French scale bougie, and the largest electrode I have thus far found it essential to use has been the No. 22 French scale bulb. The external electrode is placed over the fundus of the uterus, and may consist of the ordinary sponge, or else, and this is more cleanly, of an oval or circular tin disk covered with cotton or rough toweling. This electrode is connected with the positive pole of the battery and the internal electrode with the negative. As regards the current strength necessary for effective action, opinion varies. Personally, I have not found it requisite to bring more than eight to ten cells into the circuit, where the battery is freshly filled. The main rule for guidance is to proceed slowly and to use only that current strength which is found sufficient to cause the bulb to work its way along the canal. The seance need not be prolonged beyond ten minutes, and the

average number sufficient to dilate to the requisite degree may be stated as about ten. Thereafter, if the patient is seen once or twice before each menstrual period for two or three months, she may be dismissed as cured.

While I would not be understood as lauding this method above all others, it is my desire to maintain for it a high rank in uterine therapy. Especially is it of value in case of those sufferers from dysmenorrhœa associated with flexion, whom, being unmarried, one is naturally loath to subject to the specular distension of the vulva which divulsion entails. In such instances, constitutional measures having failed in giving relief, instead of writing a prescription for morphine or antipyrine to be taken at the menstrual period, let the practitioner cocaineize the introitus and hymen, pass the smallest bulb, guided by his finger, to the internal os, and use the proper current strength, and he will be amazed at the ease and freedom from pain with which, successively, he will be enabled to dilate the cervical canal to the degree requisite for giving the patient immunity from pain during menstruation.

My object in this paper having been simply to record my individual impression in regard to the value of this method of treatment, I have deemed it unnecessary to insert illustrative cases or to refer by name to the workers in the same direction whose results are in accord with mine.—*N. Y. Medical Journal.*

The organization of the College of Homeopathic Medicine and Surgery of the Minnesota University, is a great achievement for our friends in the Northwest. The *Medical Monthly* and the instituting of a distinct Homeopathic college accomplished the work, beyond a doubt, and to the energy and zeal of the friends who established these two missionaries for Homeopathy belongs the credit. Oh! for a little more Minnesota zeal down this way.

Editor's Arm Chair.

Disloyalty to the Southern Association.

IT IS by no means a pleasure to this journal to have to herald the announcement to the Homeopathic profession of the South that outspoken disloyalty and opposition to the Southern Homeopathic Medical Association has developed in a quarter from which the warmest hospitality and the truest devotion should, with reason, most be expected—in the bright and representative city of Nashville, the home of Drs. Dake, and from Drs. Dake themselves. But it becomes our painful duty to so inform our readers, whose attention is called to the following letter from Dr. Ockford, the President of the Association:

LEXINGTON, KY., August 22, 1888.

Dear Dr. Fisher:

I was astonished a few days since at receiving a letter from Dr. Walter Dake requesting me to call the meeting of the Southern Association at some other place than Nashville, and adding that they (the Dakes) did not deem the Association a necessity, and that its organization was uncalled for. Under the circumstances, I am decidedly averse to calling the meeting to any town where the members and leading physicians are disposed to throw cold water upon the enterprise. We must have a successful meeting. Memphis and Louisville have been spoken of, and Drs. Monroe, Crutcher, and other physicians in the latter city are anxious to have us meet there, and promise every endeavor to make the gathering a success.

Let me hear from you anent this subject, so that speedy action may be taken to get the profession informed. We will not trouble the Dake family. Let them alone in their selfishness, but let us choose a place of meeting that will add to our cause and strengthen the Southern Homeopathic Association.

Truly yours,

GEO. M. OCKFORD.

Owing to the fact that we were absent in California at the time the foregoing letter was received, the August number of the JOURNAL was delayed for our return. In the meantime a second letter from Dr. Ockford announces that a majority of the members written to favor the selection of Louisville, and that therefore the October meeting of the Association will be held in that city.

To say that the action taken by Drs. Dake and their expressions toward the Association are astounding and in very bad faith, is expressing the truth in terms of child-like blandness only. It is true that when the organization was first proposed they thought the movement ill-advised and unnecessary. Subsequently, however, at

the St. Louis meeting of the American Institute of Homeopathy the elder Dake addressed that body in defense and approval of the organization. The next year himself and Dr. W. M. Dake applied for and were elected to membership in the body. Not only so, but the elder Dake accepted an invitation to address the Association and a large assembly of invited guests at a public meeting in New Orleans, and did so, and Dr. W. M. Dake was at that session elected to the Vice Presidency. Further, the elder Dake at that meeting, as every member there present will attest, publicly declared that the meetings of the Association were among the most enjoyable and interesting medical gatherings he had ever attended.

In the face of all this THE SOUTHERN JOURNAL OF HOMEOPATHY is forced to the painful conclusion that the action taken by the gentlemen who have been honored as above mentioned, in the past, is highly reprehensible, and that a considerable degree of bad faith toward the Southern Homeopathic Association has been shown by them. If Dr. Dake, Sr., thinks "the Association not a necessity, and its organization uncalled for," why did he defend it in St. Louis? Why did he address it and its guests publicly at New Orleans? And why did he pronounce its meeting there such a success and so interesting? If Dr. W. M. Dake thinks "the association not a necessity, and its organization uncalled for, why did he join it, attend it, and accept the Vice Presidency of it?"

Physicians of the South! it won't do. The reasons given by Drs. Dake for turning the Southern Association away from their doors are flimsy and self-convicting.

In the meantime, what shall we do about it? The answer is plain—just go ahead as if nothing had happened. Nearly a hundred of the best men of the South—men good and true—including such seniors as Orme and Holcombe and Bailey and Belden and Falligant and Jones, and such enthusiastic juniors as Bailey and Fellows and Monroe and Crutcher and Ockford and Meyer, and others, have shown by their attendance and participation in the meetings that to them the Association is needful, and that its organization is not uncalled for, and we can certainly get along without the assistance of the few to whom "a small beginning" is somewhat distasteful, if we can get along at all. In fact, if its editor had been at home at the time Dr. Ockford's letter was received, THE JOURNAL would have most earnestly advocated the holding of the October meeting at Nash-

ville, whether or no. There are other Homeopaths in the city and vicinity to whom its meetings would have been, doubtless, a real pleasure and profit, and they should have been taken into account.

However, Louisville has been selected, and Louisville goes. It is now for every member who can to attend and do all in his power to make the meeting a success, and thus to resent the manifest discourtesy shown the Association. The physicians of Ohio, Indiana, Illinois and Missouri are most cordially invited to join with us in the meeting, to the end that it may be especially interesting and profitable, and to the end also that the present feeble Homeopathy of the South may be encouraged and strengthened in its combat with the ignorance and prejudice of its section and the indifference and opposition of its more affluent and favored members. Come, and let us sup together and have a veritable Homeopathic love feast in Louisville in October.

Leboes from the Pacific.

THE EDITOR is taking a summer recreation on the golden shores of the Pacific. With us a vacation is a necessity—made so by the arduousness of our numerous labors, and the western coast has been selected because the climate suits us. In Texas the summers are long and tedious. The thermometric range is not extreme nor are the summers so acutely prostrating and severe as in the north; but the heated term is long continued and the warm days are so long and so many that the summers become very trying, and to the overworked a change becomes very desirable. California's summers are delightful. Even as far south as Los Angeles, blankets at night are a necessity and light wraps in the evening are comfortable. At noonday it is occasionally quite warm, but never intensely hot, nor does the heat ever become humid or prostrating in character. The ocean breezes fan the country for many miles, even back to the mountains, and to one who has been all but cooked by the over genial sun of the South, the breath of the mighty Pacific is grateful and invigorating.

During the fifteen years of our manhood life we have visited almost every State in the Union, and we are compelled to say that for summer climate California excels them all. For this reason we are here.

* * * * *

Los Angeles is a gem. Snugly nestled in a

most fertile valley at the foot of a spur of the Sierras, a part of her residence portion extends back to the foot-hills of the mountains, while the larger part of the city spreads out over a beautiful plain sloping towards the ocean but twenty miles away. But a few years ago a village, her population is now above eighty thousand, and it is largely one of wealth, culture and refinement. Her houses are modern and attractive, with beautiful grounds and hedges, her streets are broad and chiefly of easy grade, her business blocks are massive and of recent style, and in almost every feature the city is attractive and pleasing. Impregnated with large wealth and immense energy, and surrounded by a most fertile section of country not yet fairly opened to settlement, Los Angeles is certainly destined to be a great city.

* * * * *

Homeopathy is strongly represented in Los Angeles, both in patrons and practitioners—especially the latter. She has more Homeopathic doctors than San Francisco with four times the population. The large emigration of people from the North and East to this point within the past three or four years, has carried with it a corresponding influx of physicians, until one can not help noticing and commenting on the number of physicians' signs presenting on every hand. Many have been called but not so many have been chosen. With the exception of a few especially energetic and capable men, a vast amount of talent is wearing itself hard on the big arm chair waiting for something to do. The leading practitioners are busy—a few of them very busy—but of the half hundred Homeopaths of the city well nigh four-fifths would do better by seeking unoccupied fields.

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The lack of organized effort for Homeopathy doubtless has much to do with the inertia of very many of our representatives in Los Angeles. A county medical association was organized some years ago, but it exists more in name than in fact. As one of the leading physicians expressed it, "We have a society put away on the shelf somewhere, which we bring out occasionally for an airing." It seems to us that a growing city of eighty thousand souls and nearly fifty Homeopathic physicians should by all means have a regular organization actively at work for the general good, and that it would result in substantial benefit to the entire membership, especially the younger members. Los Angeles should have a free Homeopathic

dispensary, and eventually a Homeopathic hospital, and if her physicians will carefully consider their own interests and the general good of Homeopathy at large, in which all alike are interested, they will soon organize for active work, and vigorously prosecute these suggestions to a practical realization.

The editor of THE JOURNAL desires to publicly express his acknowledgment of favors shown him, during his stay in Los Angeles, by Drs. Manning, Fellows, J. B. Owens, Kirkpatrick, Wheeler, Wilcox, Reynolds, Boal, and others. With a genuine California hospitality he was most kindly welcomed by the physicians named and by others, and to each and all a hearty acknowledgment of appreciation is returned. If any or all of you should happen to come Texasward, you will find the latch string hanging out over the front gate as far west as El Paso.

It was our good fortune to be most genially received by several members of the old school profession of California's gem city, and the impression created was pleasing and gratifying. In one instance a formal consultation, in a case of pulmonary hemorrhage, was had with one of the most prominent Allopaths of the city, without a ripple of the unpleasantness so common to such occasions. In another instance a social acquaintance most satisfactory in character, resulted in professional courtesies not common among the stricter sort. But the most pleasing of all the experiences of this character was the cordial exhibition of editorial hospitality and courtesy shown by Dr. Lindlay, of *The Southern California Practitioner*. In his greeting Dr. Lindlay manifested a spirit of liberality and professional courtesy not common to medical journalism in some other portions of our country, and it so closely tallied with other exhibitions of toleration met with on the coast, that it created the impression that the hospitality of the great west had pretty thoroughly permeated the old school profession. Truly, it is pleasant for brethren to dwell together in unity, and unity and peace is better than enmity. While this journal is ever ready to defend Homeopathy from the attacks and raids of old medicine upon her and her interests, yet it is also ever ready to recognize the olive branch and to accord to others honesty of effort and intent, and to reciprocate the *entente cordiale* of its old school colleagues. Should its footsteps ever be directed to the Pacific

Coast, it would take great pleasure in vying with the *Practitioner* in endeavoring to establish a cordial and professional relationship between the truly representative men of the two schools.

Some Echoes from San Francisco will engage our attention in THE JOURNAL for September.

Homeopathy's Insanity Record.

THE Seventeenth Annual Report of the State Homeopathic Asylum for the Insane, at Middletown, New York, transmitted to the Legislature January 30, 1888, is before us. This asylum, under the skilled guidance of the new president of the American Institute of Homeopathy, Dr. Seiden H. Talcott, keeps always in the van of progress among like institutions, and is a source of pride to all lovers of Homeopathic therapeutics. The superintendent's report shows that 642 patients were treated during the year 1887—310 males and 332 females. Of these, 22, or 3.42 per cent died, and 96, or 51.33 per cent of those discharged recovered. The recovery rate is the highest that has been attained since the asylum was opened for the reception of patients, and the death rate is lower than that of any previous year except one. The Doctor accounts for this by the excellent care given the patients, by *Homeopathic medication*, and by the bed treatment of the insane. The latter has been put in practice in this asylum for five years, and evidently subserves its purpose well. Those who present any cause to the examining physician are religiously placed in bed, and are there carefully fed, nursed and prescribed for.

Dr. Talcott's "Notes on General Paresis," "Habits which tend to the production of Insanity," and especially his continued resume of the uses of Homeopathic remedies in insanity (pp. 54 to 71), make the report a very desirable addition to any physician's library.

The faithful work done at Middletown has already borne fruit at Westborough, Mass., and Fergus Falls, Minn., and will continue to make New York the banner State until all the sisterhood of States rival her in like Homeopathic institutions.

Another Doctor Shop in Texas.

TEXAS is not to be outdone by Kentucky or Georgia, or Alabama, or any other State in the Southern galaxy, and from this time on will manufacture her own doctors. Galveston has reorganized and re-established

the Texas Medical College, and with her ample hospital facilities, and her physicians experienced in college work, ought to be able to grind out a fairly good Allopathic grist. And now San Antonio comes to the fore with the announcement that she, too, has medical talent sufficient and hospital facilities great enough to justify her in entering the field as Galveston's rival, and that this fall she will institute, establish and maintain a full fledged doctor factory.

Well, San Antonio has some very capable men in her medical ranks, and if she goes about it rightly she can do as good work as Mobile, or Atlanta, or Nashville, no doubt. Whether she will go about it properly, however, remains an open question. The faculty is given below, and it contains the names of some very weak brothers, and from a personal acquaintance with some of them we are safe in predicting that a reorganization will occur at no distant date, or that very ineffective work will be done in some important departments. 'Tis not our funeral, however, and so we will not mourn, even if the division of the patronage of the old school of this State will result in two sickly colleges. We give the faculty as at present announced. The college organizes under the auspices of a \$100,000 (on paper) Methodist University (also, as yet, on paper).

J. V. Spring, M. D., Dean, Professor Ophthalmology and Otology.

F. Herff, M. D., and Geo. Cupples, M. D., Professors Surgery.

M. K. Taylor, M. D., U. S. A. (retired), Professor Theory and Practice of Medicine and Hygiene.

T. R. Chew, M. D., Professor Obstetrics.

J. Braunnagel, M. D., Professor Anatomy.

F. Terrell, A. B., M. D. (Harvard), Professor Physiology.

A. Herff, M. D., Professor Clinical Surgery.

S. T. Lowry, A. M., M. D., Professor Clinical Medicine.

C. E. R. King, M. D., Professor Materia Medica and Therapeutics.

R. Menger, M. D., Professor Pathology and Histology.

E. Cross, M. D., Professor Gynecology.

P. W. Johns, M. D., Professor Dermatology and Venereal Diseases.

D. Berry, M. D., Demonstrator of Anatomy.

E. S. Carothers, M. D., Demonstrator Pathology and Histology.

J. P. Oldham, M. D., Assistant in Gynecology.

Geo. H. Kalteyer, Professor Chemistry.

Geo. Schmidt, Assistant in Chemistry.

F. Terrell, M. D., Secretary of Faculty.

Pot Pourri and Personal.

THE editor of the JOURNAL begs the indulgence of his numerous correspondents. A large number of letters await answer, and attention will be given them upon our return home, early in September.

Dr. T. L. Bradford, of Philadelphia, is preparing a list and brief history of the Homeopathic Journals of the country.

It was our pleasure to meet with Dr. George S. Norton, of the New York Ophthalmic College and Hospital, in San Francisco, and to visit the Hahnemann Hospital College, of that city, in company with him. Professor Norton was accorded a warm reception in the metropolis of the Pacific coast.

Prof. Wm. Owens, of Cincinnati, who has a brother and a son living in Los Angeles, is on a visit to the coast. We had the pleasure of a visit with him in San Francisco, and also in Los Angeles. Dr. Owens is full of years and honor, and has long been a valuable man in our profession.

Drs. Butler and Beal, of El Paso, shook us by the hand as we passed through El Paso. These gentlemen, with Dr. Higgins and three other Homeopaths in that city, have well nigh taken the town, medically speaking.

Dr. Sherbino, he of our hundred millionth and upward, is visiting in California with the possibility of remaining on the coast. Dr. Stiles is now located at Abilene.

Later.—Dr. Sherbino located at Dallas, Texas.

A post-graduate course of lectures will be given under the auspices of the executive board of the Women's Homeopathic Association of Pennsylvania, at the hospital, Twentieth street and Susquehanna avenue, Philadelphia, this fall. Prof. J. T. Kent will deliver these lectures on Homeopathic Materia Medica and the Organon on Tuesday, Wednesday, Thursday and Friday afternoons, from 5.30 to 6.30 o'clock, commencing October 16, and continuing seven weeks. No doubt the lectures of Dr. Kent will be well worth attending, as he is one of the most practical materia medica teachers of the present day.

SEPTEMBER, 1888.

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of
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C. E. FISHER, M. D., Editor,
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The Southern Journal of Homeopathy.

NEW SERIES.
NUMBER 9.

Austin, Texas, September, 1888.

OLD SERIES.
NUMBER 61.

Editorial.

The Situation in the South.

THE recent action of Drs. Dake in turning the Southern Homeopathic Medical Association away from Nashville and the reasons assigned by them for so doing prompt a brief review of the situation and of the condition of the medical affairs of the South at the present time.

In the United States, the new school is the child of the East and North. Her most rapid strides were made at a time when the South, by virtue of the approach of the late war, its subsequent occurrence and the unfortunate reconstruction period which followed, was anything but an inviting field. Colleges were built, hospitals and other benevolent institutions were founded, societies were organized and journals were established in the cities of the North and East while the South was yet sweeping up the ashes and hauling off the debris left by the war and com-

mencing anew the work of up-building the country desolated and impoverished by the terrible conflict waged on her soil. And further rapid strides were being made in the North, while our people were wrestling with the griefs and sorrows, the angers and disappointments, the sufferings and mortifications incident to the "carpet bag" period, these naturally enough causing them, for years, to shrink from anything and everything hailing from Yankeedom, Homeopathy included.

In consequence, the few Homeopaths who had wandered southward before 1861, together with the smaller number, who, to the manor born, had learned of and embraced Homeopathy prior to that date, constituted the entire rank and file of our school in Southern territory until within a very few years. And even now, for climatic, financial and in many instances, no doubt, for socio-political reasons, the tide sweeps from the East to the West rather than from the North to the South, so that,

numerically, we are a great deal weaker than in any other portion of the Union.

For example: Texas, with two hundred and sixty thousand square miles of territory and with two and a half million of people, has but sixty-four Homeopaths, good, bad and indifferent. Louisiana hasn't more than half as many; Arkansas less yet; Georgia not so many as Arkansas and Alabama not half as many as her sister just mentioned, and so on throughout the entire South. But two states, Texas and Kentucky, have organized and operating State Societies. The South has no Homeopathic College, while she has above a dozen of the other school. She has no hospital, no dispensary even, and but two or three feeble pharmacies. Many of her states have no State Association simply because they haven't a baker's dozen to compose one.

Under these circumstances what are we to do? Scores, if not indeed hundreds of us feel the need of social and professional relations with each other. Many of us are entirely alone in our fields, completely isolated from our fellows, shut out as it were from the great world of Homeopathy which it has so long been Drs. Dake to enjoy, and we want to improve ourselves and to advance our beloved science throughout our territory in every legitimate way. Even those

of us best situated financially and who have colleagues in our locations with whom patients may be left do not feel that we can spare the time and the money necessary to an attendance upon the American Institute every year. Some have tried it and have found it an expensive luxury. Others of us who would dearly love to attend the Institute meetings each year were we able, feel also that we want to enjoy association and fellowship with our brethren of neighboring states whose interests and ours are more in common than are those of ourselves and our compatriots of such remote portions as the North and East and West.

For these reasons and others equally pertinent and legitimate, the Southern Homeopathic Medical Association was organized in April 1885. At that meeting there were present representatives from eleven states, of which ten had no state societies. At the second meeting there were delegates from eight states, and Dr. Dudley, of Philadelphia, attended and took a prominent part with us. His "Test at the Bedside, or Homeopathy in the Balance," was the outgrowth of that meeting. At the third meeting ten states, if we remember rightly, were represented, and the senior Dr. Dake, who now turns a cold shoulder upon the organization, delivered an exhaustive address and left pronouncing the

meeting highly interesting and profitable. The fourth meeting was held last December, but as we were not able to be present on account of pressing medico-political duties in connection with the affairs of the city government of Austin, of it we cannot speak intelligently. Nor have we learned how it happened that Nashville was chosen for the next meeting. This we do know, however, that Dr. Dake, Sr., at the meeting he attended, expressed agreeable surprise at the composition and work of the Association and remarked that at some future date it must meet at Nashville, when they would have a State Society organized to welcome it. We presume it was because of this remark that Nashville was chosen.

In declining to give us welcome at their home, Drs. Dake say they consider the organization of the Association uncalled for and its existence unnecessary. Pray, would they have us surrender the South to the Allopaths? In England they have a league which is effectively spreading information among the people and has not Dr. Dake publicly applauded this movement? And yet, by virtue of the Southern Association's having met in New Orleans four times the people of the South have been treated to facts and figures about Homeopathy, through the columns of the great dailies of the city, in

quantity sufficient to have made several League Tracts. Addresses delivered by Prof. Davis, of Natchez, Dr. Dudley, of Philadelphia, Dr. Monroe, of Louisville, Dr. Ockford, of Lexington, Dr. Holcombe, of New Orleans, and by this writer, occupying in all from a dozen to twenty columns, have been given entire to the people of the Mississippi Valley, by the *Times-Democrat* and the *Picayune*. Across the water this alone would be accounted a great achievement. A goodly number of interesting and valuable medical papers have been read and much testimonial experience and many practical suggestions have been interchanged, the members, besides having enjoyed the social converse and good fellowship of the occasion, returning home better prepared for their daily battles with disease and death and refreshed and improved by the rest and enjoyment incident to the sessions of the Association.

Is not all this worth striving for? And if it is, is the Southern Association a failure? Emphatically, no! Counting from the beginning and viewing its work from all sides it has been a pronounced success—not all we could have wished for, yet a success nevertheless, and should it cease to exist right now, the good that has been done by it will live after it.

But it will not cease to exist.

There is too much yet to be accomplished in the South and there are too many good, earnest men in the Association who want to see Homeopathy substantially recognized by our entire people, to give over the work simply because one or two of our fellows are not in sympathy with it nor in harmony with our efforts. The people must be educated up to Homeopathy, and in no way can this be more certainly accomplished than by sowing the seed through the newspapers. The reports of our meetings and the addresses referred to have been read by thousands upon thousands of people to whom Homeopathy is a stranger. A Southern college must eventually be established. Several of our chief cities should have Homeopathic hospitals, and some of the State Institutions of the South must be wooed over to our school. The hundreds of unoccupied fields in the various Southern states should be supplied with physicians and Homeopathy should take on the same activity in our territory that we see exemplified elsewhere. The Southern Homeopathic Medical Association, if its efforts are properly expended, can accomplish much in the directions above outlined, and unless we widely miss the mark it will go on undisturbed by the slight ripple of embarrassment incident to a lack of fidelity of one or two members, un-

til great and lasting benefit will follow from the continued efforts of the honest and determined men who compose the nerve and sinew, if not the gilded veneering, of our school in fair Southland. The Association was organized for a purpose, and until that purpose is accomplished it will continue to exist even though the gates of Nashville be closed against it. Of this THE JOURNAL is confident.

A Startling Admission.

THAT the old school of practice is practically powerless in the treatment of continued and malignant fevers has long been recognized by careful observers in and out of the profession, and that they have been almost helpless in the combat against that dread plague, Yellow Fever, has been many years whispered aloud throughout the South. But in spite of a knowledge of the true situation of affairs, obtained by personal experience in the fearful epidemic of 1878, we cannot help being startled at the recent published acknowledgment of the helplessness of the dominant school in their contest with the saffron scourge in Florida.

For the benefit of our readers we will quote a few sentences bearing on the case from a communication from Dr. John P. Wall, of Tampa, which appears in the *At-*

Atlanta Medical and Surgical Journal for the current month. After discussing quite exhaustively the diagnosis and prognosis of the disease, he says in regard to treatment:

"As to treatment, little need be said, as, unfortunately, so far no specific treatment has been found." * * * * *

"The main indications are to restore the equilibrium of the circulation by mustard pediluvia or baths, evacuate the bowels with some efficient, though mild purgative, and control the febrile excitement by the use of antipyretics—antipyrin and antifebrin. * * * * *

"Antipyrin in ten grain doses every three hours, appears to have a very beneficial effect in reducing temperature, promoting diaphoresis and relieving headache and other pains. * * * * *

"In the graver type of cases, with the nephritic trouble, no line of treatment, after the third day, promises any certainty of success. * * * * * It is in this class of cases that we are constrained to recognize the impotency of our art and utter helplessness in the presence of this dread disease." * * * * * (Italics ours.)

Further on he says that "no remedies proved specially useful in relieving nausea and hiccough. Cocaine was tried without benefit, carbolic acid in small doses proved a failure. In fact, nothing but as complete abstention as possible from food and drinks appeared to do any good."

In commenting, editorially, on Dr. Wall's paper, the *Atlanta journal* agrees that "it shows quite conclusively that, in the present state of our knowledge, our therapeutic resources are of little avail in the direction of combatting and curing the disease," etc.

There is a great degree of seriousness in these admissions. There is more than seriousness—there is criminality in them. Let us look at it for a moment. Dr. Wall and the *Atlanta journal* represent the Hippocratic or so called "Regular" school of practice which lays claim to being the medical law and gospel of the land. Homeopathy and other "isms," as they term it, are denounced by this school to be unworthy of notice or attention at their hands, and they disdainfully refuse to read our literature, attend our colleges or in any manner whatsoever to learn and apply our methods in practice. Through their superiority in members, and because of the more substantial position they have attained by virtue of their age and numerical strength, the vast majority of the people have actually come to believe them the embodiment of all the wisdom and skill of medical science and art, and with a zeal and persistence worthy of a better cause the great majority of the old school physicians continually endeavor to so impress the people. Having exerted themselves in this direction for many generations, and having won in large measure the blind confidence of their fellow men, they bar out, as far as possible, all new or rival systems of medicine, using all fair means and many that are by no means fair to im-

press the world with their own all-sufficiency. Having become tolerably secure in their position and while enjoying the fat of the land in medicine, Yellow Fever appears upon the scene and what do we see? Instead of the vaunted medical giant coming to the rescue and saving the people and relieving their sufferings, we find outspoken acknowledgement of utter helplessness—an honest admission, but, oh, what a fearful one in the people's time of need!

Here is where the criminality comes in. Having established their claims to wisdom and greatness, having won the confidence of the people to the last degree, and having, by ridicule, ostracism, invective and calumny retarded the growth of other systems which might afford help, when the people are in dire extremity and are asking for bread they have only a stone to offer.

Instead of throwing up their hands and wailing aloud their inefficiency, the profession of the South, now that their helplessness is established beyond dispute, should begin to look beyond the literature of their own school and give some heed to the claims of others. Homeopathy makes great claims to usefulness in Yellow Fever. Holcombe, Orme, Falligant and others have written intelligently and extensively on the sub-

ject. These veterans and Belden and Bailey and Murrell and others can a tale unfold to Dr. Wall and his colleagues which will swiftly knock the scales from their eyes, if they but ask to know the truth.

With *Aconitum*, *Belladonna*, *Bryonia*, *Veratrum* and *Gelsemium* in the febrile stage and with *Arsenicum*, *Crotalus*, *Naja*, *Lachesis*, *Argentum Nitricum* and *Veratrum Album* in the stages of exhaustion, collapse and black vomit, and other equally valuable and potent agents successful in combating complications which present in every epidemic, the Homeopath is supplied with an armamentarium all but impregnable, and so supplied; at least two-thirds of all who go down under the treatment of the old school, whose helplessness has been so honestly confessed, could without doubt be saved, there being clearly that difference in favor of Homeopathy as shown by thoroughly reliable statistics from the epidemic of 1878.

Will the *Atlanta Medical and Surgical Journal* and Dr. Wall accept the invitation to investigate the claims of Homeopathy, or will they continue to cling to the art whose impotence they admit? The former course would be honorable and commendable. The latter, under the circumstances, would be reprehensible in the extreme and worthy of severe condemnation.

The Kansas City Venture.

THE new Kansas City Homeopathic College is being viewed with distrust by many of the journals because of the fact that several of its professors were formerly connected with a quasi-Homeopathic institution from which the new college took its birthright, while others are associated with men whose methods in practice and business are not considered in accord with the best and purest tone of the profession.

It is unfortunate that a new college should have to start off under a cloud, but that there are dense shadows whose rays are reflected upon the Kansas City institution there is no doubt. Several of its professors were connected with the college existing under a tripartite head and run by a coalition of Allopaths, Homeopaths and Eclectics, while others, occupying important chairs, too, are as yet infants in Homeopathy, men who should be taught rather than make claim to be teachers.

That there are some capable and promising men connected with the faculty cannot be denied. But this is not enough; and it is unfortunate for Homeopathy in the vicinity of Kansas City that in the organization and establishment of a college of our school, such a number of notably good men located there should be overlooked, and that, at

the same time, such a number of very ordinary men, some actually inferior in their new places, should be clad in the mantle of a professorship.

Kansas City is well located for a college, and we believe a teaching institution there will be a great convenience to students in a large scope of country tributary to that thriving metropolis. But, while not in the leastwise prejudiced in the premises, it has come to be our candid conviction that the faculty of the institution should be made to undergo a thorough and radical reorganization before the profession of the great West can afford to give it their patronage and support. This journal has come to this conclusion only after a very careful and dispassionate survey of the situation, which it considers to be of sufficient gravity to demand honest and outspoken inquiry upon the part of all who are interested in the welfare and good name of Homeopathy in the Missouri Valley. Clear the decks of all doubtful or ordinary timber and strengthen up the faculty in its weak places, then teach Homeopathy as it should be taught in this the latter part of the Nineteenth century, and the journals will be found rallying to the support of the new fledgeling with a most satisfactory degree of unanimity, without a doubt.

As Irrational as Ever.

IN the September number of the *Dan-iel's Texas Medical Journal* appears a leading editorial titled "The Quack Must Go—First Gun of the Campaign," which calls for brief consideration by this journal. For the benefit of our readers we quote entire the first paragraph of the editorial referred to:

At a meeting of the Austin District Medical Society, which will be held in this city on the 20th inst., it is understood that a resolution will be introduced—and no doubt adopted—declaring that the physicians of Travis and adjacent counties represented in this association will not support with their ballot, and influence with their respective *clinteles*, any candidate for the Legislature who will not pledge himself to favor and advocate a bill before the Legislature to regulate the practice of medicine in this State.

Did you ever hear the like of it? A genuine medical boycott! Candidates for the Legislature! no matter what your party, whether you're a democrat, a republican or an independent, a free trader or a protectionist, a free grass or a herd law man, a railroad or an ox cart candidate, an anti or a pro., everything goes down like chaff before the sickle, and unless you come up for your Allopathic pill of "medical regulation," and swallow it without a whimper you will never occupy a seat in the new capitol by the vote of the bolus rollers of Texas and their friends! Was ever greater nonsense uttered by sensible man? As well may the blacksmiths, the bootmakers, the butcher, the baker and the candlestick maker combine to demand beforehand special rights for themselves as for the doctors to attempt any such foolish pro-

cedure as this most certainly is.

Admit, for the sake of the argument, that a new medical law is a crying necessity, what candidate for legislative honors can, with self respect, submit to such bulldozing methods as this? A man with proper spirit and made from the kind of timber we most need in the Legislature would be almost certain to tell a medical or any other society attempting to influence him in this manner to go to Sheol with its influence and votes.

Truly the old school medical regulationists are showing themselves to be altogether incapable of treating of this subject with intelligence and judgment.

The fact of the matter is the science and art of medicine will regulate itself if properly taught at the colleges, and never were more fallacious efforts to elevate the standard of medical education attempted than through examining boards. Texas is already a victim of this pernicious system, and it is an abomination. Yet the Allopathic State society wants to perpetuate it, changing the plan only slightly, concentrating all the power for good and for evil in the hands of a State Board, instead of leaving it as at present in the hands of District Examiners.

As an instance of the evil of the examining board system, we will cite a case: On the third day of July, A. D. 1888, at Sulphur Springs, Texas, the examining board for that district issued a certificate of qualification to practice medicine and surgery to an applicant who has never attended a medical college. The certificate is signed by J. E. Robertson, M. D., as President, and S. L. Griffiths, M. D., as Secretary, both good and true Allo-

paths, and as likely to do their full duty as District Examiners as though they were members of a State Board. The applicant is engaged in special practice in Austin to-day, with "M. D." on his sign, as though he were a regular graduate in medicine.

Another instance of the damnable evil of the Examining Board is this: Some years ago the board for the counties of Freestone, Limestone and Navarro issued a certificate of qualification (?) to two young men neither of whom had ever heard a lecture. Soon they were called upon to attend a woman in confinement. The case was a breech presentation. All went well until it came to the delivery of the head. This, not being easily effected, a strap was wrapped around the child's body, and a sufficient degree of traction was applied to entirely sever the body from the head. The mother never rallied from the shock, and she and her headless babe were buried in the same grave—the legitimate outgrowth of the Examining Board system.

About the only medical legislation needed in this State is the repeal of the Examining Board feature of the present law, and the enactment of an amendment to the effect that when an applicant offers to record his diploma he shall be required to record, also, an oath to the effect that he obtained the same by actual attendance upon the college issuing it, and that he is the bona fide and rightful owner thereof. If he swears falsely, the penitentiary yawns before him. There is no earthly reason for believing that any sort of Examining Board, whether for a county, a district or the entire State, will

be more thorough and effective than the faculties of the medical colleges, while there are hundreds of reasons why actual attendance upon colleges and hospitals is most certain to fit the student for a good start in his profession. The possession of a legal medical diploma, legitimately obtained, will be as good an evidence to the people of the qualification of the possessor as would be a certificate from a State Board of Examiners, even though it bear the autograph of the brilliant editor of the journal from which our text was taken.

Come, gentlemen, you will have to go about this matter with more wisdom and judgment than is exhibited in the foregoing proposal of your District Association, or you won't get a respectful hearing, even.

A Yellow Fever Number.

SINCE the indications are, most unfortunately, favorable to a spread of the saffron scourge, from Florida to other Southern States, even, perhaps, throughout the entire South, THE JOURNAL has decided to call upon the more experienced men in Southern territory for the Homeopathic treatment and general management of the disease, to the end that the younger men in the profession, and especially those of our members as may have located in the South since the last great epidemic, may be made acquainted with the best known methods of management and treatment, should the dreadful plague extend and they be called upon to combat its terrible ravages. Urgent requests have been written to Drs. Holcombe, Belden, Bailey, Sr., Bai-

ley, Jr., Angell and Bayley, of New Orleans, Murrell of Mobile, Orme of Atlanta, Hardenstein of Vicksburg, Falligant of Savannah, Henry of Montgomery, Beraud of Lafayette, Andrews of Waterproof, Mercer and Coers of Galveston, Beaumont of San Antonio, and Price of Chattanooga, asking them to favor the readers of this journal with short, practical articles on the subject, and if enough copy is received from these physicians to enable us to do so, we will devote the October issue of *THE JOURNAL* entirely to the consideration of this dread disease, making that issue a "Yellow Fever Number."

It is needless to add that by so favoring *THE JOURNAL*, the gentlemen mentioned will be conferring a debt of gratitude on the profession of the South which will be very difficult to repay. It is hoped that each and every one of them will contribute freely, and that others who have had experience with the disease, who may have been overlooked, will consider themselves invited to contribute also. We hope no one will hesitate or will refuse to give his brethren the value of his experience in previous epidemics.

Institutes of Medicine

High or Low—Continued.

By *W. E. Hathaway, M. D., Maryville, Tenn.*

Qui bono? We shall continue to be fully persuaded each in his own mind.

The limitations of human wisdom and of my own wisdom in particular, does not

warrant contempt for any honest opinion. Nor is there any definitely marked issue or question embraced in the discussion. Hence its fruitless character. If for example, the question were, can any pathological changes be brought about by the 30th or higher dilutions? the writer would freely offer his own body for unlimited experiment and defy all comers to produce any recognizable pathological conditions by the exhibition in his person of such potencies. There then, under the proper safeguards and conditions, the guantlet is thrown down to the world. Let him take it up who will.

If the question were as between medical treatment for the sick and no treatment, there would be a definite issue. It may be shown that the administration of drugs for the cure of disease has wrought great harm—that on an average they have been a greater evil than benefit. There can be no question that the lessened evil of drugging, which Homeopathy insures, constitutes no small part of its merit. But as between minimum doses of medicine (but still real doses of real medicine) and so-called doses of something in which no medicine can be imagined, much less proved, to exist, there can be no scientific controversy, as there is nothing in question of which science can take cognizance. Science depends upon ascertained and proven facts. The premise as well as the predicate must admit of tangible, certain proof, in order to constitute knowledge worthy of the name of science. For instance, by what law of reason can an effect be ascribed to the exhibition of a certain something, in which no portion of medicine of any sort can be proved to exist? Apparent clinical proofs of the value of high potencies, as curative agents, are thus inexorably ruled out of court as utterly inadmissible evidence. To admit them is to forsake the safeguards of scientific and rational

rules of evidence, and to surrender the mind to fantasies.

If we have any right at all to the name of physicians—any claim whatever upon public confidence and support—it is because we are guided in our methods and efforts for the alleviation of human suffering and the cure of the sick by the light of scientific instruction. We are differentiated from christian scientists, mind curers, spiritualistic mediums and the entire host of quack healers, simply by the fact that we deal with known and knowable quantities of matter and in accordance with certain known and unchangeable laws of its pathogenetic and therapeutic effects on the human body. We are of the earth, earthy; when we depart from this round and rational basis and fix our faith upon something which can neither be seen, tasted or weighed, measured, proved to exist at all nor conceived of by the imagination, whatever our success may be as thereapentists, we are not scientific physicians, and are unworthy of any confidence which is founded upon our supposed scientific attainments.

This kind of practice then, whatever its merits, belongs not to scientific medicine. Whatever physiological changes the patient may manifest might equally well have been manifested if nothing had been administered, and it is unnecessary for me to add, what is nevertheless true, that in all the clinical reports I have ever read, attributing surprising results to dynamized remedies, there has been a strong element of improbability in the reference.

The admitted narrow margin of superiority of the best Homeopathic treatment, over the purely expectant method, so focalizes the scope of inquiry into the merits of any particular prescription, that it is safe to say that no test which has ever yet been made, has been adequate to more than give strong grounds of probability to any theory deduced therefrom. The

foundation is much too weak to sustain any gigantic superstructure. Dr. Cowperthwaite includes in his argument for the power of diluted remedies (reprinted from *transaction Amer. Inst.*, 1879), the circumstance that Homeopathy's pioneers in this country, relied exclusively upon the 30th or higher potencies. That they succeeded in that day in making a far better record than their allopathic opponents, is weak testimony indeed. We know now that they would have made the same general record, if they had carried only rain water in their medicine cases. Such was the status of medicine in general and such the destructive effects of the heroic dosage, then prevailing, that the physician was a veritable "terror by night" and an agent of that "destruction that wasted at noonday."

We might step aside at this point to discuss the disastrous effects upon individual judgment, which inevitably follow in the wake of delusions of any sort. It is only necessary to recall the fact that no doctrine or proposition can be so absurd or unreasonable or contrary to the laws of the universe, but what it can be maintained, and such doctrines have been (to one out of mind) fully and to many minds conclusively maintained by human, and I may add, honest testimony. Nor is there any material difference in the estimate that scientific men ought to put upon clinical reports coming from such sources, from that which we now attach to the statements of our lamentably deluded fellowmen and women who are willing to trust the lives of all their relatives to the faith healers, christian scientists or spirit influences. All these, to quote our liberal editor, "write as though they had faith in what they write," and yet we know that their doctrines are, for the most part, arrant nonsense. They all point to astonishing clinical evidences, and yet we know that their boasted evidences are fallacious and that these peo-

ple are often the worst victims of the delusion. One mournful feature attends all these departures from right reason. Those who are once thoroughly affected with this form of mental malady seldom recover. We may ply them with irrefragable argument and unimpeachable facts to no purpose. We may call upon them to furnish us proofs or cease to prattle such nonsense; but the proofs are never forthcoming while the out-put of incredible assertion increases in volubility.

We must turn our attention with hope only to the young, to those who have not yet learned to call the fictions of fancy, arguments, or to draw upon their imaginations for facts. We are pointed to celebrated names, names indeed that are revered and honored in the ranks of Homeopathy, and scornfully asked if we think to controvert the testimony of these sainted witnesses? To which we can only sadly reply, that if these "or an angel from heaven" have, any or all of them, taught any doctrine at variance with demonstrable scientific truth, for their sakes and ours the less said about it the better.

This subject has its yet more painful side. I will give one illustration. A family who learned their first lesson in Homeopathy from me, and learned to trust it, moved away. In the city where they took up their residence they naturally turned to a Homeopathic physician. Unfortunately they unwittingly employed one of the sort who deals in c. m.'s. A child died under his treatment. In that same season this high potency practitioner lost so many patients that it left no doubt in the mind of that intelligent mother that her child had been sacrificed to his unreasonable and unscientific delusion.

She returned to reproach me with her tears and sorrow for ever having beguiled her into faith in Homeopathy. "I could bear it," she said, "only I feel that really nothing at all was done to save my child."

Clinical reports of experiences of this sort with dynamized remedies do not often illuminate the subject, but in my short experience as a Homeopathic practitioner, I have picked enough of them to add a new and valuable feature to this discussion. The aberrations, however, serve to exalt our admiration for the fundamental principle of Homeopathy, which has so triumphantly survived the monumental fallacies which would have smothered less clearly manifest truth. The rule of similars will live and continue to gain adherents because it is founded on an irrevocable, incontestable and unvarying law of nature. Through all the mists and fogs of false conception, it shines forth with a clear and steady light; a beacon to every storm-tossed and misguided therapist. To have taught mankind to understand and apply this one rule is glory enough to cause one name at least, to shine with imperishable lustre, however, the same intellect may have groped in minor matters.

That those who have enjoyed the advantages of the highest grades of human learning, should yield their assent to doctrines and practice that are scientifically untenable, is discouraging; but none the less is it our duty to point out in unequivocal language that such doctrines are delusions, pitiable in themselves and prone to wreck the fair fame of the only scientific system of therapeutics extant.

FOR THE JOURNAL.

Practice.

Clinical Notes.

By G. W. Sherbino M.D., Dallas, Texas.

INFANTILE DIARRHOEA—SANICULA.

Baby, bowels loose; stools the color of *verdigris*, sometimes lumpy (Ant. c.) bad odor, sweats when sleeping (on back of neck); growing poor, skin very

pale, transparent. *Sanicula* 30th. One dose cured.

NEURASTHENIA—SANICULA.

Mrs. H. B. P.: Menses came on at proper time but they did not last more than an hour or two. She complains of the following symptoms:

Cold, clammy hands, cold sensation all over the body. When this cold feeling comes on she has internal heat, then it is vice versa, internal coldness with external heat. Sensation of weight on the top of the head; sourness in the uterine region, not to pressure but sensitive to a jar; pain shoots on left side of pelvis and extends across the pubic region; constant aching, shooting pain from left iliac region underneath left breast. The atmospheric temperature at 90 degrees. All symptoms vanished in half hour after one dose of *Sanicula* 30 c.

POST-TYPHOID DYSPEPSIA—SANICULA.

Mrs. Ed—, Blonde, was sick last summer with Typhoid Fever; has never felt well since. Now complains of bloating and bowels feel so full; gurgling on the left side, all through the abdomen; at times it extends even to the right side. Hands are cold and clammy, feet the same; also clammy neck; sweats at night, wetting the pillow. (Cal. c., Silic.) Gets very hungry before meals and has to have a piece of bread; gnawing empty feeling in the stomach, relieved by eating; weight and heavy feeling in lower abdomen when standing. This is felt most when the bloating of the abdomen is felt most. Gurgling in the left hypochondria, gurgling along the left side of the spine, below the shoulder blade, downwards; gurgling in left hypochondria, passing downwards, extending around in semi circle to the right side of abdomen. Rumbling in the abdomen so loud others in the room could hear it; worse when getting empty; ameliorated after meals.

Sanicula, 30th c., cured. *Sanicula* is better from eating as are also *Anacardium*, *Chelidonium*, *Hepar S.*, *Graphites*, *Phosphorus*, *Sepia*, *Sulphur*.

NEURASTHENIC INFLUENZA—SANICULA.

Miss, at 44, teacher in kindergarten, has nervous influenza. Either from joy or sorrow, or any excitement, when the brain and nervous system is highly wrought up, brings on immediately a spell of what she calls Hay Fever, with burning, smarting in nose and eyes and eyelids; sneezing, worse in the wind or fresh air; worse from the least motion or talking; burning, smarting and a raw feeling in the posterior nares; soreness in the palatine region; a terrible itching in there; would like to get at it with fingers and give the parts a good scratching; hot water running from the eyes and nose, making the wings of the nose sore and red; aggravated from any mental application or study; ameliorated by having the mind occupied by thinking of something else than her trouble. When closing the eyes a sensation in the occiput as if she was going backwards. While walking and coming to the office, when closing her eyes she did not know whether she was walking forwards or backwards. Sensation as if a cold hand was grasped above the wrist. Dull frontal headache; pain from the back part of the left eye ball, shoots like a flash to the back part of right eye ball. Forgetful, absent-mindedness; irritable; head strong; does not like to give up; is arbitrary; gets excited in talking; trembles; debility when walking. *Sanicula* 30 centes.

Next day not a particle of the old trouble; feels bright and cheerful, happy; all the depressed feeling gone. On the fifth day she had a relapse, and she now has cold ears, cold nose (the tip) cold feeling and sensations on the back of the hand and wrist. One dose of (10 m. Skinner) the same remedy. Says it is

the most wonderful thing she ever heard of—this Homoeopathy. She never had anything to cure her like that dose did.

AGUE—MAGNESIA PHOS.

A Frenchman, boss of a sheep camp, had been taking quinine in large doses for some time for chills and fever. He got no better and a messenger was sent to me for a remedy. He gave the following symptoms:

Before the chill about two hours he is taken with a pain in his neck—the back of the neck—a sort of stiffness, the pain extending down the spine to the lower part of lumbar region; he described the pain as a sickening pain before the chill stupid and sleepy. (*Ars. Bap. Corn. F. Pulsat. Therid.*) Chill preceded by getting mad before it. (*Bry. Alb, Nux.*). Drinking large quantities, then vomiting. ("Eupat. Perf.")

During the chill: Cramps in lower limbs, ameliorated by some one taking hold of the foot or feet, and drawing or extending them. Thirst before and during the chill, none during the heat or sweat, (*Ignatia*); feels better as soon as he commences to sweat. (*Natr. Mur.*) I sent him *Magnes. Phos.* 13x. Some of my conferees will wonder why I stoop so low when I sail so high. The reason is not that I have lost implicit faith in our beloved system, but that this was the only potency I had in my case. I gave one dose followed by sac. lac. every three hours. No more chills. Homeopathy is not the law of dose per se, but the law of similarity. You will say: "You are using an unproven remedy" which is true. But I have given the totality of the symptoms manifested by the internal morbi, and this case will show the clinical range of this remedy in remittent fever. I cured another case with some remedy more than two years ago when there was cramping over the whole body, but more especially in the lower limbs. The

cramps were relieved by holding the patient down; cramping and vomiting at the same time during the chill. *Magnesia Phos.* cured the lady beautifully.

INFLUENZA—AMMON. CARB.

Mrs. T. O.A., brunete, was taken with influenza. I was called to relieve her condition. Hot water running from the nose, also from the eyes; sneezing in rapid succession; smarting and burning of the nose and eyes; tingling in the nose; when the paroxysms come on she has to catch hold of her nose and hold it tight to relieve the tingling and disposition to sneeze; aggravation from every breath of cool or fresh air; had to keep the doors closed all the time. (Better from fresh air, *Allium cep., Pulsatilla.*) I put one dose of *Ammonium Carb*, dry on her tongue. While her tongue was yet out, with the medicine on it, before it had had time to dissolve, she said to her husband: "Tom, I am better." Next morning she was perfectly well. I gave her one dose only.

Called for THE JOURNAL.

Practice Pointers.

M*agnesia Phosphorica* is a valuable remedy in all the *algias*—neuralgia, enteralgia, gastralgia, cephalalgia, ovaralgia, and the rest—when the pains are severe, intermittent and relieved by warmth—that is, by the application of hot cloths, etc. It has a preference for the right side. *Arsenicum* also has relief from heat.

The *Pulsatilla* patient can't stand the external application of warmth.

For "stools smell like rotten eggs" it will not often be necessary to look beyond *Calcarea*, *Chamomilla*, *Psorinium* and *Sulphur*. These remedies have this indication italicized.

For *Causticum*, *paralytic weakness* is the characteristic indication of impor-

tance. The rectum is so weak that fecal accumulation occurs, and the sphincter vesicæ is so weak that the urine escapes on coughing, sneezing, etc.

Causticum is a remedy of much excellence for old, large, inflamed or ulcerated warts on the face, nose or arms.

Stillingia tincture is credited with the cure, in a case of syphilis, of pains in the testicles and groins, corroding ulcer at the meatus, headache and fearful bone pains; aggravations at night.

Veratrum album is death on colic from eating ice cream or other gastralgia-causing ices.

For dry, teasing cough, in emaciated boys, give *Lycopodium*.

FOR THE JOURNAL.

Violent Renal Colic--Berberis.

Reported by Dr. H. B. Stiles, Abilene, Texas.

FRIDAY, June 14, 1888, Dr. Sherbino was called to see Col. J. B. at 9:30 p. m. I went with him. We found the old gentleman (aged 70 years) throwing himself from head to foot and side to side of the bed groaning in agony. Symptoms as follows: Sharp pain arising in the region of right kidney, extending upward, also downward into gluteal region; obliquely downward and forward over crest of ilium into hypogastrium, bladder, penis and testicles. Pain sharp, cutting, not much relieved by motion, though patient cannot lie still a moment, rolling and tossing, rising and walking about the room, rubbing and pressing affected part; urging to urinate every few minutes, passing but a drop or two of high-colored urine; mouth and tongue "dry as powder" in feeling and fact. Talking constantly, all sorts of foolishness, reminiscences, etc.; said talking relieved him. Result of morphine. Has suffered thus

for two nights. Allopathic physician prescribed *morphine* internally and *chloroform* hypodermically, with no permanent relief. Gave one dose of *Berberis vulg. c. m.* Then dosed with *sac. lac.* in water every ten minutes as placebo.

Patient soon became quieter and talk changed from penitent and anxious to humorous and merry, yet he obstinately denied that the medicine had relieved him at all. Within an hour after the dose he showed signs of falling asleep. Presently he looked up at Dr. Sherbino and said, "why don't you ask me something? I've been waiting for you to repeat that old question." "Do you feel better now?" said the doctor. "Yes, I'm wholly relieved," answered the patient. Leaving a "relapse dose" of *Berberis c. m.* to be taken in case of a return of the pain, and q. s. of *sac. lac.*, we left the Colonel reposing quietly in the position in which the last "flop" had left him, i. e. with his feet where his head should have been. He assured Dr. Sherbino he would call him again if the pain returned. No call has yet come—three days after.

That one dose of *Berberis c. m.* in one hour relieved excruciating pains in a patient saturated and crazy with morphine.

My practice has been with alternations, below the 200" and usually below the 30". I report these facts of Dr. Sherbino's cure with *c. m.* merely as observed facts, and without comment.

Contributed to THE JOURNAL by S. L.

Cardiac Tuberculosis—A Case.

By Dr. Rochet.

A young man of 22 entered the hospital of Constantine (Africa) suffering from a phlegmon of left thigh, which was treated by large incisions and antiseptics. He seemed to recover nicely, when a week afterwards he had a severe chill

with convulsions and erysipelatous redness of the affected extremity; the urine showed a small quantity of albumin. During the examination of the chest the next morning the action of the heart suddenly ceased and the patient was dead. Autopsy revealed a moderate prevalent infiltration of the left lower extremity, a slightly congested state of the lungs, whereas the enlarged heart was partially adherent to the pericardium and showed at its base an irregular large tumor, consisting of several pieces which were only with difficulty separated one from another. A closer examination demonstrated that it was thoroughly interwoven with the myocardium, and at its anterior surface contained a caseous focus of the size of a silver half dollar piece, surrounded by irregularly fringed borders, filling up the space between the two sides of the pericardium, and otherwise in toto closely grown together. The tumor extended upwards in the myocardium and especially to the right auricle, whose substance seemed to be interspersed by a caseous mass of the size of a walnut, leaving the endocardium intact. The whole tumor laid immediately before the ostium venæ cavæ superioris, limited on one side by the fossa ovalis, on the other side by the blind sac of the auricle. A lymphatic gland near the arcus cortæ was enlarged to twice its natural size and in a caseous degeneration. A voluminous fibrinous coagulum between the tendinous thread in the right auricle, partially occluding the orificium of the arteria pulmonalis. The left side of the heart was perfectly normal; the inner surface of the aorta bright red and on spots of rough appearance. In none of the other organs could be found a trace of tuberculosis; the endocardium was everywhere normal, though the caseous mass

bordered to large extent on the endocardium.

The cause of the sudden death could only be explained by thrombosis at the ostium of the pulmonary artery, which might have been produced by the accidental combination of three things: A general endoarteritis arising through the phlegmon, a weakening of the heart's action, caused by the tuberculosis cordis, and finally by the disturbance in the constituents of the blood produced by the continued fever. A combination of these at one time produced a lateral thrombosis which gradually increased up to the moment when then coagulum caused a reflex shock.

We learn from this case two interesting facts: First, a tuberculous tumor without ever giving a tangible symptom, remaining solitary, may be found in the parenchyma of the heart, and in no other organ can be detected a trace of tuberculosis. Second, a moderate endocarditis may in a person, whose heart is weakened by some cause or another, suddenly develop thrombosis of the heart.

Surgery.

Laparotomy for Suppurative Peritonitis—Recovery.

By W. E. Green, M. D., Little Rock, Ark.

W AY 8, 1888, I received a telegram from Dr. J. C. Daily, of Fort Smith, Ark., requesting me to come at once and be prepared to operate in a case of peri-typhilitis. As the regular passenger train had departed, I, in company with Dr. Hughes, took a special that evening and reached my intended destination, a distance of 175 miles, at 2:30

the next morning; thirty minutes later I was at the bedside of the patient, a lad of fourteen years, and found him a very unpromising case indeed, as the following history and symptoms will show.

Dr. Daily was called to the boy seven days previous to treat, as he supposed, a case of colic; but the severity and persistency of the symptoms convinced him that he had to deal with a more formidable pathological condition. He promptly and correctly diagnosed the malady, plainly portrayed to the parents its nature, dangers and requirements in treatment. He placed a trained nurse in charge, and gave the little sufferer the most careful and constant attention. The pain was agonizing, and the condition soon became critical; on the fourth day he grew extremely restless, his temperature reached 105 and his pulse 160. *Belladonna* apparently relieved him, and for a time he grew better so rapidly that it seemed as though the crisis had passed. This improvement was of short duration; he again grew worse, and on the morning of the sixth day septic symptoms supervened; on the seventh the doctor diagnosed pus, and at once insisted upon immediate surgical interference. The parents, recognizing the great necessity of promptness, readily consented to the operation.

I found the boy sleeping heavily, with eyes partially open; difficult to arouse, restless, but free from pain when awake; tongue dark and dry; thick sordes on the teeth and lips; temperature 101, pulse 130, but fairly strong; skin moist, hypocritic countenance; abdomen distended, and dull over the right inguinal, lower portion of right lumbar and umbilical regions.

Fully concurring with Dr. Daily's opinion, I arranged to operate at 8 o'clock. At this hour, assisted by Drs.

Daily and Hughes, the latter giving the anaesthetic, I made an incision two inches long in the right linea semi-lunaris, down to the peritonium. The tissue here was dark, emitted an offensive odor, cracked under pressure, and was so changed in feature that familiar structures were not recognizable. Therefore I abandoned the knife and finished the opening with my finger nail. When the peritoneum was entered a large quantity of very offensive pus gushed out.

With the tube of a large fountain syringe, the cavity was freely irrigated. A search was now made for pus pockets, that were found to exist in every direction; they were successively broken up with the index finger and washed out. Such extensive adhesions existed among the intestines that I considered their release imperative lest constrictive bands might cause obstruction; therefore I carefully separated all acquired attachments. I now searched for the cæcum and brought it into the wound for visual inspection. To accomplish this the primary wound was enlarged to four inches. It was found to be highly congested, dark, but not perforated; nor was the appendix diseased, but a fold of its omental attachment, the meso-cæcum, was gangrenous and very friable; this sloughing mass was ligated along its base and with the scissors cut away. Several other fringe-like projections were pinched off and some points of ulceration scraped out with the finger nail.

The abdomen was now flooded with water at a temperature of 105. The index finger, with the irrigating tube lying along its palmar surface, was moved about among the intestines in every direction; searching deep and remote parts, stirring up blood clots and collections of pus, the fluid constantly escaping through the external wound. After a gallon or more of

water had been used in this way it flowed out clear.

I now took a large Jaques catheter, perforated it at its point in several places with a saddler's punch, and inserted it deep into the right lumbar region, letting it emerge from the superior angle of the abdominal wound; another, similarly treated, was placed in the lower angle, with its beak resting in the most dependent part of the pelvic cavity.

The peritoneal borders were then coaptated with animal sutures and the muscular and tegumentary structures secured with silk.

The tubes were cut short and the protruding stumps transfixed with ligatures that were fastened to the abdominal parieties with adhesive strips in order to insure permanency of position.

The patient was now put to bed between blankets, bottles of hot water applied, and hypodermic injections of digitalis and brandy administered. He soon returned to consciousness, but remained in a depressed condition for twelve or fourteen hours; the digitalis and brandy had to be repeated at stated intervals during this time. When I left him, at 9 p. m., he was still depressed, but his mind was clearer, his temperature less and his tongue cleaning and somewhat moist. He gradually rallied and in two days I had a favorable report from him. The abdomen was irrigated every twelve hours with pure water rendered sterile by boiling. These injections were always followed by a subsidence of the septic symptoms, both the temperature and pulse receding within an hour after their use. At the expiration of the eighteenth day there ceased to be any discharge through the tubes and the returning fluid was free from odor. The tubes were removed on the twenty-first day.

The after treatment of the case consisted in the administering, at short intervals, of small quantities of liquid food, the

giving of the indicated remedy and the use of such accessory means as were necessary to promote comfort.

The boy at the present writing is well. This is one of the few cases that the physician meets when he can say that he has positively saved the patient. The pathological condition that existed was incompatible with life, and the demands for operative help were imperative; unless relief could be obtained by this means death was inevitable. Decisive action, thoroughness and strict attention to details were the essentials in the operation.

Too much praise cannot be accredited to Dr. Daily for the faithful and intelligent manner in which he managed the case throughout, without which recovery would have been impossible.

FOR THE JOURNAL.

Treatment of Carbuncle by Excision.

By *W. E. Green M. D., Little Rock, Ark.*

In March, 1888, I was consulted by Mr. B., who had been suffering from a recurrence of carbuncles. At the time I saw him a well defined one existed on the anterior aspect of the left fore-arm. The arm was much swollen and was the seat of great pain. The area of congestive engorgement was quite large, indurated and in its center presented several openings through which oozed small quantities of pus. This central zone was dark purplish and presented characteristic symptoms of disintegration.

I told him that in my judgment, complete removal of the diseased parts would afford prompt relief. He consented to my proposal and I at once proceeded to operate.

After introducing several injections of a 4 per cent. solution of cocaine, I encircled the decaying structure to within limits of vital tissue, by a deep incision and rapidly dissected out the sloughing mass. I now sponged the bleeding sur-

face with a strong solution of carbolic acid, painted the surrounding integument over a space of three or four inches with collodion, which, by its contractile power disengorged and supported the over-loaded capillaries, filled the cavity with iodoform and dressed with absorbant cotton.

The patient reported in three days, stating that he had been entirely free from pain since the operation. Upon inspection, I found that the swelling had almost subsided, and that the wound presented a healthy granulating condition. I redressed it and discharged the case. Subsequently, learned from him that he made a rapid recovery without further suffering.

Tarantula, and later, *Arsenicum* was given to remove the constitutional condition.

Gynaecology.

Contributed by H. F. Fisher, M. D.

Therapeutics of Dysmenorrhœa.

Selected from Southwick's Practical Gynaecology.

Aconite.—Congestive dysmenorrhœa, in consequence of suppression of the menses, especially if from fright (*Lyc*) or vexation, in plethoric women, accustomed to profuse flowing. Ovaritis may be present. The pain is sharp and cutting: the vagina hot, dry and sensitive (*Bell.*), with painful urging to urinate. The patient is very restless, and tosses about; thirsty, and the pulse full, hard and strong.

I. ——— Girl, age 22. Strong and plethoric. Has always had severe, agonizing dysmenorrhœa. Violent cutting pains in the back and loins, like labor pains, for the first two days. On the third day, violent cutting pains in the abdomen. On the last day, very severe pressive headache. Menses every three weeks, discharge copious and dark. *Belladonna*

helped the backache; *Pulsatilla* the abdominal pains; *Ignatia* the headache: but they only proved palliative. Suspecting inflammatory irritation as the cause, I gave *Aconite* 6. The pain soon ceased. She had two doses of *Aconite* the next month. The flow then became regular every four weeks, and painless. This was thirteen years ago, and she has had no return of it in that time.—DR. ELB. ZEITSCH. *J. Hom. Klinik*, vol. 1, p. 4.

Ammonium Carb.:—Recommended by Dr. I. T. Talbot for dysmenorrhœa in persons of nervous, sanguine temperament, when the pain is cramp-like, confined to the uterine region, and occurring, for the most part, before the flow, with pallor of the countenance. The flow is blackish or clotted, too early and abundant. The acetate is preferred by some physicians. Dr. H. H. Read found this remedy not only cured the dysmenorrhœa, but also had an excellent effect on the general health of a patient who suffered from cramps and diarrhœa coming three or four days in advance of the menstrual flow. Several remedies had been given previously without any relief.

Belladonna:—*Atropine* is sometimes used instead. Dr. Dunham found it a very effective remedy for the following symptoms: Very severe pain, dragging and pressing down in the pelvis; also cutting pains through the pelvis, i. e., horizontally, not around it like *Sepia* and *Platina*. These pains are paroxysmal and precede the menstrual period from six to twenty-four hours. The ovary, more often the right, is inflamed and prolapsed, making defecation painful at this time. It should be given just before the menstrual epoch, and if necessary, persisted with for many consecutive months.

It is also useful for sudden suppression of the menses from cold, with severe bearing down pain and throbbing in the hypogastric region, flushed face, throbbing headache and difficult or painful micturition.

Borax:—The action of this remedy on

the uterus is not thoroughly understood. It has successfully been used for membranous dysmenorrhœa, but is by no means a specific for it. The best results from it have been obtained from the pure substance in from three to five grain doses. This use of the remedy is said to have originated with Dr. Henry Bennett. Dr. Guernsey gives "fear of downward motion" as a great characteristic of this drug. Dysmenorrhœa with sterility. The menses are too early and too profuse, with nausea and colic. *Leucorrhœa like the white of an egg* (*Ammon. Mur; Bovista, Calcarea Phos., Mezer.*), with sensation as warm water were flowing down. It may be chronic and acrid, accompanying sterility, with great nervousness.

I. Dr. A. H. Tompkins, New England Medical Gazette, December, 1879. Two cases of membranous dysmenorrhœa cured; one with five-grain doses of the crude drug; the other with 2x trit.

Case of radical cure reported by Dr. E. M. Hale, British Journal of Homeopathy, Vol. xxix, p. 748, 187. In this case pure borax was given in five-grain doses, three times a day.

Caulophyllum:—*Spasmodic pains in the uterus and various parts of the hypogastrium.* The flow is either normal or scanty, in patients subject to rheumatism of the small joints. It is also useful for moth spots in the face of women subject to menstrual irregularities or leucorrhœa (*Sepia*). Dr. D. Dyce Brown thinks highly of it, both at the time of the pain and between the periods.

Chamomilla:—*Neuralgic dysmenorrhœa* (*Coffea*). The flow is too early, too profuse, and offensive (*Belladonna*). *Drawing pain from sacral region forward; gripping, pinching, labor like pains in the uterus, followed by the discharge of large clots of blood;* the patient is impatient, irritable, and very sensitive to pain.

Cimicifuga.—*Macrotin*, an impure (not the active) principle, obtained from the tincture, is preferred by many practitioners. *Rheumatic dysmenorrhœa, i.e.,*

dysmenorrhœa in patients subject to muscular rheumatism, and an apparent metastasis to the uterus which is irritable, and feels sore or bruised on examination. (Dr. Dewees, in the old school, introduced *Guaiac* as a remedy for this condition). Menses irregular, delayed or suppressed; hysterical or epileptic spasms at the time of the menses; pains in ovarian region shoot upward, from side to side; bearing down and tenderness in the hypogastric region; limbs feel heavy.

Cocculus:—Dr. Edward Blake considers this the best remedy for dysmenorrhœa, as well as menstrual colic from the flatulence generated by the intestinal wall, more often at night, and especially during menstruation and pregnancy. Menses too early, with cramps in abdomen, and colic pains; great weakness during the menses (*Ammon, Carb., Carbo An*), severe headache on third or fourth day of the flow; light and noise intolerable, and accompanied by nausea, like the heaving up and down of the stomach in sea-sickness; sudden cessation of the flow, followed by severe spasmodic pains; dysmenorrhœa in girls and childless women; flow may be scanty or profuse, with pain in the breast, restlessness, groaning, vomiting; small pulse and great weakness; leucorrhœa between the periods. Dr. Lobeth praised it as a remedy between the monthlies, but did not value it as highly during the monthly epoch. Dr. Hartman esteemed it very highly; but in extremely severe cases, when the attacks resembled epilepsy, he used *Cuprum Met.* instead.

Collinsonia:—Is a good remedy, especially between the periods, for dysmenorrhœa associated with passive congestion of the uterine, hemorrhoids and constipation.

Colocynth:—Severe left-sided ovarian dysmenorrhœa, causing the patient to double-up; colicky pain two or three

days before the menses, extending below the navel to the genitals, relieved by warmth, and associated with cold feet. The pains are also relieved by flexing the thigh upon the abdomen.

Gelsemium.—It is best given in hot water, a teaspoonful every fifteen minutes, and less often as soon as there is any improvement, which will be sure to follow, if at all, after three or four doses are taken, provided the remedy was administered as soon as the pain commenced. It is one of the very best remedies for spasmodic dysmenorrhœa; but, as a rule, some other remedy, such as *Caulophyllum*, is required between the menstrual periods to effect a cure. Severe sharp, labor-like pains in the uterine region, extending to the back and hips (*Cimicifuga*, *Secale Cor.*); dysmenorrhœa, preceded by sick headache; vomiting; congestion of the head; *confused vision*; deep red face; bearing down in the abdomen. *The patient passes large quantities of limpid, clear urine, which relieves the headache.* It is esteemed very highly by Dr. D. Dyce Brown.

He recommends *Gels. Cauloph.*, *Xanthox.*, *Cimic.*, *Cocc.*, *Cup. Met.*, and *Ignatia*, in his lecture on Diseases of Women, at the London School of Homeopathy.—*Monthly Homeopathic Review*, p. 464, August 1, 1881.

Hamamelis.—Has been praised as a remedy for ovarian dysmenorrhœa. There is severe pain through the lumbar and hypogastric regions, and down the legs; the ovaries are sore and painful, the veins distended, and the flow profuse.

Pulsatilla.—Is an excellent remedy for dysmenorrhœa, given between the periods rather than at the time of pain, when some other medicine is often more applicable. It is particularly useful for suppression of the menses from wetting the feet, and is always to be remembered with Aconite in congestive dysmenorrhœa from this cause—also for delayed, scanty and painful menstruation. The

pain is constrictive, labor-like, more often in the left side of the uterus, and obliges the patient to bend double. In *Aconite* the discharge is bright red, and the patient inclined to plethora. In *Pulsatilla* the discharge is dark and clotted, and the patient of a lymphatic temperament.

Senecio.—Painful menstruation, with scanty flow (*Cactus*, *Conium*, *Graph.*, *Puls.*, *Sepia.*), and urging to urinate, worse at night; menses irregular. Dr. J. Moore emphasizes this remedy in his list of remedies for dysmenorrhœa.

Sepia.—Chiefly useful as a remedy between the periods where there is passive congestion of the pelvic organs (also *Sabina*); severe bearing down in the latter, and yellow or milky, excoriating leucorrhœa worse before the menses.

Veratrum Vir..—Dysmenorrhœa; menses preceded by intense cerebral congestion in plethoric women. It has been recommended for spasmodic dysmenorrhœa at or near the climacteric, six drops of the ix . in half a cupful of hot water, a teaspoonful every fifteen minutes until the patient is relieved.

1. The following case of long standing had been treated by able physicians without relief. Menses regular in time, quantity and character, but preceded for several days by terrible menstrual colic; pains extend all over the body; head and face look bloodshot, as if the vessels might burst; pain runs into the head from the neck; pulsation in head, neck and carotids; sight disappears at times, everything moving in confusion before her eyes; tongue feels heavy, but is clean and natural; great thirst; pulse full and bounding. *Verat. Vir. ix* was given in five drop doses every half hour, for six hours, at the time of pain. In four months she was perfectly well.—DR. EGGERT in *North American Journal of Homeopathy*, November, 1873.

Viburnum Op..—The tincture is best given in hot water, at intervals of ten or fifteen minutes. It is one of the best remedies to allay the pain, but often requires some other intercurrent remedy to effect a cure. Cures of membranous dys-

menorrhœa from its use have been reported (by Dr. T. C. Hunter, in *Hahnemannian Monthly*, January, 1875). Before the menses there is bearing down, aching in the sacral and pubic region; excruciating, crampy, colicky pains in the hypogastrium; much nervousness; and occasional shooting pain in the ovaries. The pain and nervous restlessness continue during the flow, with nausea. Dr. E. M. Hale considers it almost a specific for neuralgic and spasmodic dysmenorrhœa.

Canthoxylon.—This remedy promises to become almost a specific for neuralgic dysmenorrhœa, with very severe pain extending down the genito-crural nerves, down the anterior surface of the thighs, and chiefly left-sided, though in recent provings the right ovary was particularly affected. Menses too early; profuse; and the ovarian pain was followed by profuse, milky leucorrhœa.

Zincum Val..—Is a favorite remedy with some physicians for neuralgic dysmenorrhœa in very nervous hysterical women. Dr. E. E. Marcy has found *Zincum Cyanuret* very useful in a number of cases. He was led to use it by the symptoms of a case of poisoning.

1. A young lady, aged 22, took two grains of the *Cyanuret of Zinc* twice a day, and was attacked with cramp-like pains in the uterine region; severe pain in the back; colicky pain in the bowels; vertigo; convulsive movements in various parts of the body; great restlessness and nervousness; oppressed and rapid respiration; frequent and feeble pulse.

Other remedies giving favorable results are *Apis*, *Cal. Phos.*, *Ignatia*, *Kali Carb.*, *Lapis Alb.*, *Millefolium*, *Nux Vom.*, *Phos.*, *Sarsaparilla*, *Strontium Carb.* and *Amyl Nitr.*

The California Homeopath announces our intention to remove to the Pacific Coast. Hold on, brother, for a day or two, please. Great bodies move slowly, you know, and we haven't gone yet.

Obstetrics.

Selected.

Post-Partum and Other Hemorrhages.

PLATINA.

Characteristics:

1. Apprehensive; fears about recovery, coupled with fault-finding; lachrymose, or merry, unnatural liveliness, ending in haughtiness and contempt of others.
2. Pains increase and decrease slowly and gradually.
3. During sleep lies on back; arms over head; thighs flexed and legs uncovered.

Special indications.

Menses too early, copious and short lasting.

Metrorrhagia, blood very dark, thick and tarry; not coagulated; in masses, with pains in small of back and sacrum; pressing pains as if the parts would come out; great sensitiveness of the external organs; labor pains, interrupted by sensitiveness of vagina and vulva; after labor so sensitive she cannot bear touch of napkin.

Nymphomania; feels as if the limbs and body were growing large.

Generalities:

Constipation; stools seem to adhere to anus like putty; worse traveling; dark-haired females, *rigid fibres*; great inclination to violent, spasmodic yawning; worse in evening; worse from anger; worse when lying down and while sitting; from tapeworm.

Restlessness of body; worse on resting; better moving; better on and *after* rising from bed or *seat*; better walking.

SULPHURIC ACID.

General characteristics.

1. Great exhaustion.
2. Sensation of tremor all over without actual trembling.

3. Pains gradually coming, suddenly ceasing (come and go quickly—Bell.; come and go gradually—Stann., Plat).

4. Impatience. Nobody does anything quick enough for her. (Cham.)

Special indications.

Hemorrhages of black blood from all outlets of the body.

Menses too early and too profuse, and preceded by distressing nightmare.

Oozing of dark, thin blood.

Generalities.

Aversion to water; it chills the stomach unless mixed with spirit.

Injuries from being bruised or cut, especially when ecchymosed, it competes with Arnica, from which it is differentiated as follows:

Arnica: Oversensitiveness to pain; worse from being overheated; better in open air; worse in-doors.

Sulphuric Acid: Lacks oversensitiveness; can't do things quick enough; worse in open air; better in room.

STRAMONIUM.

Characteristics.

1. Delirium, loquacity, hallucinations, talks all the time, sings, makes verses; hallucinations terrify the patient; sees ghosts, bugs or beasts running at her.

2. Aversion to water; thirst, but inability to swallow; unable to speak.

3. Urine suppressed, with urging; constipation, with desire for stool.

Special indications.

Metrorrhagia, loquacity, singing, praying, sometimes passing large coagula.

Special indications.

Threatened abortion, unceasing talking, singing, imploring. Excessive menstrual flow.

Menstrual flow watery; during menses loquacity and strong smell as of semen.

Nymphomania, lewd talking.

Generalities.

Arms agitated, lower limbs quiet.

Covers up during heat; pupils dilated.

Vision affected; fog before eyes; can't distinguish colors; double vision; shuns light, but yet likes room illumined.

Aversion to water; sight of it causes spasms; can't drink, or if he can does so in a spasmodic manner; worse during perspiration; worse after sleep; worse from spirits. (Contra Sulph-ac.)—HOM. PHYSICIAN.

Metaphysics.

FOR THE JOURNAL.

The Reaction Spreading.

By Howard Crutcher, M. D., Louisville, Ky.

IN a late number of THE JOURNAL, I called attention to the decline of Faith-cureism and some other isms in the city of Chicago. They are beginning to show signs of approaching dissolution in this city also.

Louisville is a conservative place, and to tell the truth, metaphysical healing, so called, never obtained much of a foothold here; still there were clans and classes here and there, principally there, and a good ways up there, who kept things hot for a while and made us all ashamed that we were too stupid or too perverse, or both, to understand the marvelous powers said to be possessed by the very precious few. The "rage" never got beyond the control of a few wealthy people, who had plenty of time and lots of money. The poorer classes, if not told to keep hands off, were not invited into the inner sanctuary of the metaphysicians, and if the movement was not a swell society affair, pure and simple, it surely had some plain ear marks of it. There were some people connected with the affair who were neither "christians" nor "scientists" and if "christian science" expects to succeed anywhere it must produce some able-bodied specimens of a union of science

and christianity or go to the wall for "lack of versimilitude."

It seems to be as true of scientific discoveries as of politics, that nothing can achieve great success unless it appeals to the hearts and minds of the common people. The great mass of mankind has neither the time nor the inclination to shut itself up behind curtains and drapery and discuss the relative potency of "truth and falsehood," "light and darkness," etc., etc. The people want something practical, something common-sensical. I would like to know, anyhow, what the devil the penetration of light has got to do with a case of pneumonia! And those people who reside in Kentucky and receive "mental" treatment from a specialist in Boston at one and the same time—ought they do any kicking about the two-hundredth potency? It would appear not.

If the metaphysical healers have ways and means superior to those of the medical practitioner, it is time they were demonstrating them; and the way to demonstrate is to demonstrate. Let them come right down to this wicked world of men and miseries, take dead aim at something tangible and blaze away. If a metaphysician can cure a case of chills and fever quicker than I can, and I ask him, in the interest of science and humanity how he did it, I do not want him to begin a discourse about that big bridge across the Ohio river existing only in his mind. The question is "By what means did you cure that case of fever quicker than I could have cured it with medicines?" The reply ought to embody something practical, something of general use to mankind.

There are some physicians who appear to believe that a few more years will bring about a revolution whereby all cures will be wrought by some sort of magical laying on of hands. It may be so, but they may as well understand now

that all arguments and appeals for something better than we now have must be addressed to living, walking, breathing mortals, and not fired at the North Star or "Dipper." I am of the belief, however, that our great grand-children will all be treated Homeopathically, and that THE SOUTHERN JOURNAL OF HOMEOPATHY will be found on the tables of doctors all over the earth as bright and fresh as it is to-day, one hundred years hence.

[In the which you are most eminently correct—only that it will have another editor then, for by that date we'll be a full-fledged scientist with wings.—ED. JOURNAL.]

Ophthalmology.

FOR THE JOURNAL.

Amblyopia Potatorum.

By F. P. Green, M.D., O. et A. Chir., San Francisco, California.

CASE I.

S. F. æt. 41, Civil Engineer, consulted me, March 5, 1886, for an eye trouble that had existed for a year and a half. He had been addicted to the use of alcohol for about three years, and smoked from eight to ten cigars a day. Two weeks previous to consulting me he had experienced some peculiar hallucinations which caused him to stop drinking. Although the whisky was stopped, the man imagined he could see all sorts of people in gaudy uniforms parading the streets. He would think his room was filled with elegantly dressed ladies. He said he knew it was a hallucination, but he could see them. He was perfectly rational in every respect. He had been suffering from insomnia, and during the last six months had been under the care of a physician who had given him large doses of Bromide of Potash, which caused his vision to fail so rapidly that he concluded to change doctors.

He came into my office feeling his way with a stick. His vision in each eye was 4-200. He was color blind for red and green. The field of vision in both eyes was contracted to such an extent that at the broadest point, taken ten inches from the eye, it only measured eight inches in diameter. The optic disc was pale owing to the destruction of the small vessels in the surface of it. There was slight physiological cupping and the inner border was surrounded by a dark ring of pigment. The arteries were highly attenuated and the veins tortuous and full. I diagnosed beginning atrophy of the optic nerve, and gave a guarded prognosis. Upon the first visit of the patient he had the following symptoms: Great restlessness; constant desire to move about, which gave no relief; dizziness on going up or down stairs; floor seemed too near, causing him to step too high; forgetful, would start to do something and forget all about it before accomplishing the object; severe aching in the back and legs. Gave *Onosmodium Vir.* 3x.

Patient reported in one week entirely relieved of all unpleasant symptoms, including the hallucinations. I then gave *Nux Vom.* 2x, four times a day. The patient's eyes began to improve, and continued to do so until May 27th, when his vision was 20-50. The field of vision had also increased to nearly normal, and my patient had long since discarded his cane. Here improvement ceased. I changed the potency to a higher one but without result. Hypodermic injections of *Strychnia*, 1-60 of a grain, once a day for two weeks were now resorted to, but caused no improvement.

The remaining paleness of the disc, the attenuation of the vessels, the contracted field and color blindness, together with the permanently impaired vision go to show that atrophic changes had already taken place, and that a return to his old habits of drinking whisky and using to-

bacco, would end in absolute blindness.

The patient had been in the field at work since the 17th June. In a letter to me dated August 15, he says that his eyes are no worse than they were when he left, though he had been using them constantly, both with and without instruments, and that much of his work is very fine; still he experiences very little difficulty. I am satisfied that the administration of the Bromide of Potash very materially increased the atrophy by diminishing the lumen of the blood vessels and lessening the blood supply to the nerve.

April 3, 1887.—Examined Mr. F. today. His vision still remains 20-50, and he suffers no great inconvenience in pursuing his vocation as Civil Engineer.

CASE II.

J. L. T., journalist, æt 51, consulted me Sept. 6, 1886, about his eyes, from which he had been suffering for more than a year. He had been under the treatment of two old school oculists, and was salivated by inunctions of mercury. Finally he was told that nothing more could be done for him, and that he would ultimately become blind. Upon examination I found his vision to be O D 20-200, O S 10-00.

The face of the optic disc was pale and showed the lamina cribrosa, while the arteries were perceptibly lessened in calibre, and the long veins tortuous and full. Color blindness had existed for some months previous to consulting me, and the field of vision was greatly contracted. Over the center of the left pupil was a slight corneal opacity. The patient presented rather a pitiable appearance for he had become very despondent. He was totally incapacitated for business; was unable to recognize his friends on the street, and on one or two occasions came near being run over by the street cars. I gave *Nux Vom.* 3x, to be taken every

three hours, and ordered patient to report in a week.

September 15. Patient reported, no better, but an indigestion from which he had been suffering was much improved. Continued the Nux Vom.

September 25. Eyes felt better, but a test showed no improvement in his vision. Prescription continued, but the potency changed to 2x.

October 1. Patient worse, except indigestion, which was entirely relieved. Gave Nux 6x.

October 10. Still no better. I then began the use of subcutaneous injections of Strychnia, 1-100 grain, once a day, and gradually increased it to 1-60 grain until ten injections were given. Improvement began at once. At the end of ten days I stopped the Strychnia on account of its producing headache. His vision was then O D 20-100, O S 20-200. Patient complained of flatulence with emissions of large quantities of flatus, which *Lycopodium 6th* relieved.

October 30. Vision still improving. O D 20-70 O S 15-100. I now resorted to the injections of Strychnia again, beginning with 1-100 grain and increasing it to 1-75 grain. This was continued for fifteen days when his vision in the right eye was 20-20 and in the left 20-70, with plus 40 glass. A plus 18 glass was given him for near vision, and he was ordered to report in one month which he failed to do.

February 1. Patient reported that he was able to continue his work without any trouble, and that his eyes were apparently as well as they had ever been. Examination showed no change in his vision; the disc was little changed in appearance. The field of vision is somewhat contracted and color blindness remains, while objects still appear slightly veiled, showing that atrophic changes had taken place. The corneal opacity was sufficient to account for the greater

loss of vision in the left eye; it had existed from childhood, the result of corneal ulcer.

June 1, 1887. Patient continues to attend to his own business without any trouble.

APOPLEXIA RETINAE.

June 1, 1886, Mrs. J. M. Y. æt, 65, widow, mother of five children, consulted me for sudden loss of vision in the left eye. The ophthalmoscope revealed an extensive hemorrhagic spot a little internal to and below the macula lutea; also several small extravasations in the retina of the right eye. There was no pain or photophobia. O D V 20-20, O S V fingers 3 ft. There is a large scotoma in the left field. The patient has had frequent attacks of sciatica, and two years ago had inflammatory rheumatism. When I first saw her she complained of severe shooting pains in different parts of the body that came and went suddenly: was very easily chilled. Her sleep is broken and disturbed by bad dreams and constant moaning, which awakens her; has smothering sensations which compel her to get up and walk the floor. Great muscular prostration; pulse 110, weak, compressible and irregular, missing every fifth beat. Examined the heart and found enlargement by dilatation; mitral regurgitation and aortic obstructive murmurs. Gave *Gelsemium 3x* every two hours.

June 3. Patient reports very much improved; pulse 71, regular and fuller; smothering sensation gone; sleeps better; prostration relieved. Continued *Gelsemium 3x*.

June 11. All unpleasant symptoms relieved; feels quite herself again. No change in the eyes. Gave *Crotalus Horridus 6x* three times a day.

June 29. The small hemorrhagic spots in the right eye have been entirely absorbed, while all that is left of the spot in the left eye is a small pigment spot. Vis-

ion has returned to 20-70. *Crotalus* was continued once a day. The patient failed to report to me again, but on September 1, sent me a note saying that she was entirely well, and had had no return of the distressing heart symptoms; that she could attend to her household duties without experiencing any discomfort whatever.

March 1, 1887. Examined patient, eyes; found nothing remaining of the hemorrhage except a pigment staining of the retina. V, 20-70 x S, 1-50 D, 20.20. The heart murmurs still exist and the patient's feet have begun to swell; otherwise she is quite well.

Miscellaneous.

SELECTED.

The Treatment of Ulcers.

AN article appeared in the London *Medical Record*, for December 15, 1887, giving interesting details of the treatment of ulcers by phosphoric acid, as shown by the experience of Dr. Grossich. By his method of treatment, he used a ten per cent solution of pure phosphoric acid in distilled water. The ulcer is covered with a bit of lint dipped in this solution, and the dressing renewed three or four times a day. The patient for the first few minutes feels a slight burning sensation, but this soon passes, and within twenty-four or thirty-six hours the ulcer cleans and looks better. Inflammation or eczema of the surrounding parts disappears and all pruritus ceases. The ulcer cicatrizes rapidly and the cicatrix is firm and healthy.

Kollischer treated tubercular affections of the joints with injections of the phosphate of lime with great success. Dr. Grossich has also had good results with this treatment and cites some very interesting successful cases.

The treatment by the solution of phos-

phoric acid was further employed in a case of tuberculous abscess of eight months duration, and also a case of eczema marginatum which had lasted more than a year and good results followed.

The above suggests the superiority of Horsford's acid phosphate as a substitute for the phosphoric acid.

The effective acidity of this preparation is about the same as the ten per cent solution of the phosphoric acid which is prescribed in the above treatment, and it may be justifiably employed by the profession in the treatment of disorders of this character. It has the advantage of containing the phosphates in solution, notably the phosphate of lime. It follows, then, that all cases that require the phosphoric acid treatment can be advantageously treated by Horsford's acid phosphate.

FOR THE JOURNAL.

Book Reviews.

By *W. D. Leonard, M. D., Minneapolis.*

THE Pathology, Diagnosis and Treatment of the Diseases of Women. By Graily Hewitt, M. D., F. R. C. P. Edited with notes by H. Marion Sims, M. D. Three volumes, \$2.75 each. E. B. Treat & Co., New York, 1886.

This American edition of the works of one of the most prominent gynæcologists of England, edited by the son of a still more prominent American gynæcologist, is worthy of careful study by the specialist, and general practitioner as well. Dr. Hewitt's practice tends more toward the local surgical and mechanical treatment of the elder Sims, which he also supplements with sensible dietetic and hygienic measures. He recognizes a general cause for most of the local troubles of women, and needs only the aid of Homeopathic therapeutics to perform many remarkable cures. These some of the readers of the new school can supply. Such should go forth from the perusal of these volumes better equipped in knowledge of their patients' diseases and better able to cure

them. The very wide experience and the conservative mind of the English author will certainly make these books a necessity to all who would keep abreast the times, and give them a place with Erichson in general surgery, and other standard foreign authors.

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A Repertory of Gonorrhœa, with the Concomitant Symptoms of the Genital and Urinary Organs. Compiled by Samuel A. Kimball, M. D., I. H. A. Boston, Otis Clapp & Son, 1888.

This little book of 53 pages, should it stand the test of time as have the special repertories of Boeninghausen and Bell, will, with them, rank as a most valuable aid to the prescriber according to the law of Hahnemann, i. e., the totality of the symptoms. This method is no royal road to success, nor is it overcrowded with votaries, yet it is the only known way of curing those cases that continue to tax the patience of both patient and physician. The fact that this book is published for the International Hahnemanian Association may invoke the prejudice of some, but should rather be a guarantee of faithful work; for this same association has in its membership many of the most conscientious workers in Homeopathic materia medica. The preface contains the author's argument for not using injections or local measures. We believe that the therapeutists of all schools are gradually coming around to his views and those of Hahnemanian in the treatment of this and all venereal diseases

The book is arranged with the strictly local accompaniments of the act of urination in part first and the symptoms of special organs, as bladder, glands, penis, etc., and such pathological distinctions as hydrocele, gleet, orchitis, etc., in separate chapters in part second. There is nothing to criticize in the typography of the book, it being on heavy paper and in the usual excellent style of the publish-

ers. As to the merits of the contents nothing but use will test that. We should certainly have placed *Hepar* under the caption of "chronic gleet" and "organic stricture," for in high potencies it has several times accomplished much, after the whole armament of ordinary remedies failed.

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Address of Dr. Z. B. Nichols on the Progress of Homeopathy before the Oregon Homeopathic Medical Society at Portland, May, '88.

Dr. Nichols was one of the pioneers of Minnesota, was physician to the Deaf and Dumb asylum at Fairbault for many years, and president of the State Institute in 1873.

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Address on Hospital and Dispensary Clinics and the Art of Prescribing, by Dr. Prosper Bender, Boston, Mass.

This little pamphlet contains the experience of a conscientious prescriber, and hence something which many Homeopaths should know.

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Publications of the Massachusetts Homeopathic Medical Society, 1887, Vol. X, published by the committee on publication.

Why Massachusetts is no further on than Vol. X, we do not know, but conclude from that volume that she is making up for lost time. The book is illustrated by a few good cuts, and will be of interest to the gynecologist, the surgeon and the general practitioner; the latter especially, for the excellent report of the bureau of clinical medicine on Diabetes mellitus. Pædology and materia medica both come up with fine reports at the semi-annual meetings of the society. If not to be had in each private library, such transactions should be accessible to the profession in a public library in each large city.

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A number of most excellent books from Boericke's, Appleton's and Wood's publishing houses are on our table and await review. All will receive proper attention in due time.

Editor's Arm Chair.

Echoes from the Pacific.

THE August number of this journal contained some echoes from Los Angeles and promised a few from San Francisco this month. In keeping with that promise we now proceed to echo.

San Francisco is the metropolis of the Pacific coast, and at this time contains not less than from three hundred thousand to three hundred and fifty thousand souls. The city shows steady improvement and growth, and is destined to number a half million or more inhabitants within the next decade. It is the wealthiest city in the Union, and is blessed with three features which go far toward insuring it a brilliant future. These are an invigorating climate, an enterprising people and an open hearted hospitality which challenges the admiration of all visitors, and wins thousands upon thousands of new citizens.

Of San Francisco's climate a word is not out of place. It has been our pleasure to visit the city each year for three years past, and with each succeeding visit we have become more favorably impressed than before with what is to us her *glorious climate*. This may appear strange, for it is a common remark that San Francisco's climate is simply beastly. To us it is not so. The mornings are bright and cheery and rarely before noon is even a light wrap required, unless one is exposed on the hills back of the city to the stiff ocean breezes. About noontime the wind begins to blow from the west and during the afternoon when the people of the east and north, as well as of the south, are sweltering in the heat, the San Franciscan's step is quickened, his heart's action is more vigorous, his cheek glows with a ruddy hue and his eye is brightened by the ozonized air from the mighty ocean. The men are robust, the women are vigorous and broad o'beam, and the little children are ruddy and as fine specimens of the youthful *homo* as are to be seen anywhere. Just a little fire is occasionally desirable; blankets are always needed at night; one weight of under- and outer-clothing will suffice the year round; geraniums and fuchsias and plumbagos grow out of doors all through the year, catching just a light nipping in the month of February.

The fogs, of which so much has been said and written, are, in the main, dry and not unpleasant even to persons of moderate sensitiveness. To us they are absolutely exhilarating. Taking it all in all, San Francisco has a far better climate than Boston, New York, Philadelphia, Buffalo, Chicago, St. Louis, Cincinnati or any other large city in the United States.

As predicted by this journal two years ago, Hahnemann college of San Francisco is coming out of its teething troubles swimmingly and is meeting with that gratifying success which its merit deserves. The class is nearly or quite twice as large this year as any which has previously attended the institution, and in composition it is of the very best material. We have never seen a more thoroughly intellectual and earnest body of young men and women assembled at a medical college than are now in attendance upon this institution. The causeless warfare on the college has ceased, the faculty and board of trustees have undergone reorganization, and there seems to be a very satisfactory degree of unanimity of action and harmony of effort all around. The battles have been fought and victory is with the college.

Some of the changes which have occurred in connection with college affairs are not in accord with its best interests, according to our way of thinking; but it is possible our way is not the best way. There are some wheel horses in San Francisco who have voluntarily retired from active work who should get back into the traces and whose return would be welcomed by their fellows and students. As matters now stand, the faculty is an able and competent one and it is doing good, but this, as all other new institutions, would be strengthened by calling into active service all the practitioners of experience and ability within easy range who have not been in antagonism to its work.

The profession of the Pacific Coast States should give their hearty support to the California college, thus aiding Homeopathy in their section and assisting in building up an institution of which they will eventually all be proud.

It was our pleasure to listen to three of the professors of the college as they taught the young medical idea how to shoot, and if the balance of the professors are as capable in their chairs

as are Professors Eckel, Dewey and French, the teaching corps is an admirable one.

Professor Eckel intersperses his lectures on Diseases of Children with illustrative cases and the recital of illustrative facts, which gives much practical value to his course of instruction and which carry home to the student a more thorough understanding of the subject under discussion than it would be possible for him to very easily obtain in the ordinary routine lecture course. In other words he makes his lectures largely what may be termed a clinical course without having the patient before the class. The method is a valuable one and is in high favor with the students.

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A clear headed lecturer on Anatomy is a great boon to a medical school, and that's exactly what the Hahnemann College of San Francisco has in the person of Prof. W. A. Dewey, of the *Homeopath*. It has been our pleasure to listen to several lecturers on this subject, and we cheerfully accord the palm to Prof. Dewey for clearness of description and thoroughness, without tediousness, in detail. He comes as near making the dry subject of Anatomy interesting and entertaining as any teacher we have ever heard, and in his department we don't believe he has a superior anywhere.

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Prof. French lectured in the department of Ophthalmology on Croupous and Diphtheritic conjunctivitis, and as the saying goes, made his subject as plain as the nose on a man's face. Prof. French is the poet, the glib-talker of the faculty, and in his introduction of his former teacher, Prof. Norton, of New York, and of this "Texas Ranger," as he styled THE JOURNAL'S editor, he proved himself a skilled expert in the use of the King's English. He is a great favorite with the students.

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Within a year they have founded a Homeopathic Hospital in S. F., but our brethren have not got at this work with quite the right energy and tact yet, and much remains to be done in this direction. They have had a great deal to contend with, however, in their college and hospital work, and are deserving of praise for having done as much as has been done to date. No doubt as opportunity develops and as time advances they will accomplish much in this line and will eventually succeed in establishing a thoroughly representative hospital. Homeopathy should have a first-class hospital on the

coast and the entire profession of California should cheerfully lend their aid in this direction.

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Brothers Boericke and Dewey, of the *California Homeopath* placed us under many and lasting obligations during our pleasant stay in their city, and we long for an opportunity to get even with them in our own sanctum. It's a way those Westerners have of making it so thoroughly pleasant for a stranger within their gates that they win him body and soul. These gentlemen and Drs. Currier, Eckel and Albertson and others have combined upon the occasion of our several visits to the golden shores to make it so delightfully agreeable for us that they have almost, if not altogether, succeeded in compelling the decision that some day we and ours will pull up stakes and move out there bodily, taking THE JOURNAL along. Their open-hearted hospitality and thorough good fellowship is so refreshing to a man two thousand miles away from home that the temptation to yield to their seductive graces is very great indeed. Whether we will be able to withstand their influences is yet to be determined. In the meantime, our most heartfelt thanks are returned for their numerous courtesies.

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It was a matter of sincere regret with us that Dr. Currier and family should have been absent from the city on their summer outing during our recent visit. We missed the genial doctor and his good wife very much.

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The venerable Dr. Eckel, president of the Hahnemann College and God Father of Homeopathy on the coast, will please accept public acknowledgement of our high appreciation of his kindly hospitality.

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Dr. Albertson, Dean of the college and one of the pioneers of our school in San Francisco, is actively in the harness and is looking after the college interests faithfully and well. He has placed us under many obligations for kindness shown.

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Prof. Ward is one of the hardest workers and most enthusiastic devotees the college and hospital has. He works all the time, even more than his strength will admit of, without risk or fear. He is a rare combination of ability, energy and zeal.

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If THE JOURNAL shows fewer typographical er-

for's than previously and if there are indications that the editor is doing his work better than before, we wish it distinctly understood that 'tis because Dr. Peterson did us a lasting and invaluable favor during our visit to his city, in the matter of prescribing for our tired, aching and astigmatic optics. He kindly put us through a most thorough, painstaking and scientific examination and prescribed a glass through which to work is a real pleasure. We will be pardoned for speaking right out in meeting about it but the relief which has already been obtained from the use of the glasses prescribed by Dr. Peterson has amply repaid us for all the trouble and expense of our Western trip. For several years we had not been able to read or write longer than a few minutes without inconvenience and pain, but since our return, as a test, we have carefully perused two octavo volumes of above three hundred pages each without the slightest discomfort to the eye. To Dr. Peterson, therefore, we return our most grateful acknowledgements for the invaluable service so kindly rendered us, a service THE JOURNAL'S readers will appreciate with us.

* * * * *

The San Francisco college has several very earnest and intellectual women in its class this year. There is room and work for them in the profession.

\ * * * * *

It was not our good fortune and pleasure to be able to meet the venerable Dr. Lillenthal—the only dark spot in our recent delightful visit to his city. We hope for better fortune the next time we go West.

* * * * *

Dr. F. P. Green, formerly of Little Rock, now of San Francisco, is oculist and aurist to the Fabiola, the Oakland Homeopathic Hospital, and through his courtesy we were shown through this splendid "Hote de sick" from foundation to turret. Of it and the work there being accomplished THE JOURNAL will give a description in a subsequent issue, these echoes having already been lengthened out more than was intended when they were commenced.

Louis—Villians At Work.

Appropos to the coming meeting of the Southern Association the local committee of arrangements has issued the following earnest and snappy appeal for a large attendance. That they are in earnest the cordiality and

heartiness of their invitation clearly demonstrates. It now remains for us to gratify their heart's desire by fairly overrunning their beautiful city:

LOUISVILLE, September 13, 1888.

To the Homeopathic Profession:

It affords the Committee of Arrangements great pleasure to announce that the coming meeting of the Southern Homeopathic Medical Association will be held in this city, beginning Wednesday morning, October 10th, 1888. Whilst our president, Dr. Ockford, and our secretary, Dr. Mayer, and many others are laboring earnestly for the success of the October gathering, we of Louisville feel that a special obligation rests upon us to exert ourselves extraordinarily in bringing together as large a number of physicians as can possibly visit our city the coming month. We have promised faithfully to bring here the doctors of Chicago, St. Louis, Cincinnati, and other cities of the North and West, and come the last one of them *must*. In fact, we have strongly urged upon the officers of the Association the propriety of meeting at the great border city—close enough to be irresistible to our Northern brethren and not too far away to deter the Southerners.

An exceptionally attractive program has been arranged and many of the most famous men in the Homeopathic profession will be present with us. Prof. E. M. Hale, of Chicago; Dr. Runnels, of Indianapolis; Prof. Buck and McDermott, of Cincinnati; and many others well known throughout the Union will attend the sessions. Dr. E. H. Pratt, of Chicago, will deliver one of his celebrated lectures on "Nerve Waste of the Sympathetic." There will be a public meeting, addressed by Drs. Buck, Fisher and others.

Reduced rates have been obtained over the Louisville, New Albany & Chicago, the Ohio & Mississippi and the Louisville & Nashville railroads. Members must obtain certificates from ticket agent at *starting point*, which, when countersigned by the General Secretary at Louisville, will entitle them to reduced rates homeward. It is believed that the railways mentioned cover all territory likely to contribute to the meeting.

The Fifth Avenue Hotel will entertain members at the rate of \$2.00 per day.

To our Northern brethren we frankly say: We need your aid at our meeting; we need your moral and intellectual support; we need your presence and your words to aid us in the great work of strengthening Homeopathy at the South; and we firmly expect you to meet with us at the approaching Convention. We are as yet poorly equipped in hospitals and dispensaries; we have no college, no public charities under our control; and did not our bright and breezy *Southern Journal* come once a month to gladden our hearts and brighten our minds, one might well suspect that Southern Homeopathy had but a feeble existence. You of the strong North and West, can aid us immeasurably in our missionary efforts and we shall always cordially appreciate such aid as your presence at the coming meeting will give us.

We are enabled to state thus early, from positive evidence, that our October meeting at Louisville will be the largest and altogether the greatest convention ever held at the South. The daily newspapers of this city have assured us of the fullest possible reports, and we hereby thank them for past courtesies in the matter of publishing our announcements. Every detail that can possibly contribute to the success of the meeting will be attended to with scrupulous fidelity.

Homeopaths, come to Louisville in October! Come prepared to eat our fare and to drink our—water; come to a genuine Homeopathic love feast, where the great guns and the little guns will all fire off, instead of up, together, and where the amenities of life will flow in variegated streams to gladden the hearts of all.

Fraternally and sincerely,
 A. L. MONROE, } Committee
 HOWARD CRUTCHER } of
 CHAS. W. TAYLOR, } Arrangements.

THE VERY LATEST.

The following letter from Dr. Crutcher, just received, bears good news concerning the meeting:

September 18, 1888.

Dear Dr. Fisher: We are going to have a great big convention and we want to make things fairly boom. Drs. Pratt, Grosvenor, Hale and Gatchell, of Chicago, will be here, and Cincinnati will have a good representation. I have a most encouraging letter from Dr. Hale this morning. Reports from everywhere are encouraging. Dr. Ockford and Dr. Jones, our Kentucky secretary, are working like beavers. I am devoting especial attention to Chicago and Indiana. The meeting promises to be, and cannot but be, an immense success for the Association. I leave to-morrow for Chicago to be gone a week. I shall canvass that city with a fine-tooth comb.

Louisville's part of the programme is all arranged and the points have been given to Dr. Mayer, our secretary. Henry Watterson will deliver the address of welcome. Drs. Buck, of Cincinnati, Pratt, of Chicago, and yourself will "orate" the night of the first day's session.

Yours hurriedly,
 H. CRUTCHER.

Certainly when the Louisville physicians are so very energetic in the Association's interests and are so thoroughly hospitably inclined, they should be heartily supported by the entire Homeopathic profession of the South. Let's all go for a day or two and enjoy the fellowship of our brethren, and strengthen our cause in the Southern States where at present it is so feeble.

Pot Pourri and Personal.

The partnership between Drs. Lippincott and Landis, of Memphis, dissolved August 31, Dr. Lippincott retaining the office of the present firm.

Drs. Buddeke and Dake of Memphis, have dissolved partnership.

Dr. R. B. Leach, of Paris, Texas, is the happy father of a bouncing girl baby. Congratulations are extended.

Dr. Sherbino, late of Abilene, has located in Dallas, at 1220 Main street. What is the former city's loss is the latter's gain.

Dr. Guy Beale has removed from El Paso to Hillsboro, New Mexico.

Our Dr. Harrison, of Baton Rouge, La., is a cousin of Benj Harrison, the republican nominee for president, and is himself a republican candidate for Congress from the district in which he resides. If the doctor prosecutes his canvass with the vigor and success which has characterized his contest with the Allopathic folks of his neighborhood he'll certainly be a congressman this fall. And so mote it be, from the Homeopathic, medico-political standpoint, says this journal.

Dr. A. L. Monroe has been appointed chairman of the local committee of arrangements for the Southern Association meeting at Louisville, October 10. This means that everything will be done up brown. He has already arranged reduced hotel and railroad rates for the occasion.

Our Dr. J. W. Barnett, of Big Springs, is local surgeon at that place for the Texas & Pacific railway.

Dr. J. E. Johnson and wife, of Jacksonville, Florida, are both ill with Yellow Fever. Their early recover is hoped for by THE JOURNAL.

THE JOURNAL very much regrets to learn that Dr. H. R. Stout, of Jacksonville, Florida, is reported in the telegrams as one of those attacked with the Yellow Fever, and it indulges the earnest hope that the doctor may safely weather the storm. Dr. Stout is too valuable a man in Homeopathy in his state for us to spare him. We sincerely trust he will have a mild case and a speedy recovery. In the meantime our heartfelt sympathies are freely extended.

With Yellow Fever in the South and the Allopaths admitting their utter helplessness to combat its ravages, who dares say Homeopathic organization and aggression is not a necessity?

The Austin *Daily Statesman* pays this journal the following appreciated compliment in a recent issue:

The Southern Journal of Homeopathy for August, edited by C. E. Fisher, M. D., of Austin, is as handsome and readable a number as any of its predecessors. It is really one of the best edited medical publications in the South, and is evidently taking rank as the exponent of Southern Homeopathic medicine. There are several able, original articles in this number. Dr. Fisher has shown energy as well as ability in building up his journal in the face of many obstacles.

The Statesman is every ready to appreciate a good thing and to give credit where it thinks it is deserved. For its courtesy to this journal it will please accept our thanks.

OCTOBER, 1888.

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of
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The Southern Journal of Homeopathy.

NEW SERIES.
NUMBER 10.

Austin, Texas, October, 1888.

OLD SERIES.
NUMBER 62.

Editorial.

Our Yellow Fever Number.

THE existence of Yellow Fever, "La Maladie du Diable," in Florida and other portions of the South, this season, prompts the presentation of an issue of this journal devoted largely to the consideration of this dread disease, an issue which we shall title a Yellow Fever number and through which means it is hoped not only to create a special interest in the study of the causes, nature and treatment of this pestilence, by the Homeopathic physicians of the South, but to attract also a considerable degree of interest and inquiry by the people of the Southern States in regard to its Homeopathic treatment and management.

Of all the diseases to which the South is liable, none is so terrible in all respects as this. It is true we meet with other diseases which present a higher death rate, and it is true also that the ravages of a number of commoner diseases are

annually far greater than are those of the saffron scourge. Cholera occasionally comes upon us like an avalanche, depopulating cities and towns. Diphtheria attacks neighborhoods and ruthlessly robs the little ones of their lives, at times sweeping an entire family out of existence. Even as these lines are being penned the local paper on our table announces the death from this cause of four bright children in one family and of two in another, in both instances the sorrowing parents being left childless. Typhoid Fever creeps more stealthily upon us, prevailing at almost all seasons in some parts of the country, and every autumn in others, claiming as its own more victims per hundred attacked, and more in actual number annually, even when Yellow Fever prevails epidemically, than does the saffron enemy. But, in spite of these facts, to the people of the South there is a terror attaching to the very name of Yellow Fever which attends not the presence, even, of the other diseases mentioned, and

to them it outranks in importance all others combined.

When once it gains a foothold on our soil every industry is paralyzed, our people become panic stricken and flee for their lives; brother quarantines with the shotgun against brother; home, family, business, friends, all are forsaken in the mad flight from the pestilence, and terror and confusion reign supreme; for death stalks abroad at noonday, and with his sickle poisoned with the germs of the dread disease mows down our strongest men, our purest women and our loveliest children. Hopes are blasted, homes are desolated, lives are crushed and sorrow and gloom hang like a great black pall over the face of our bright, sunny land. We doubt not but that tears are wrung from the eyes of angels in heaven as they are made to look down upon the blight and ruin of the yellow scourge, and the pen is not yet cast in its mould that can correctly portray the terrible scenes and desolation of a Yellow Fever epidemic.

As physicians whose lives are spent in its zone, and to whom the people of our territory look for succor in their time of distress, it becomes us to thoroughly acquaint ourselves with its essential features and its proper treatment, that we may be prepared to combat its ravages should it ever cross our path; and for the purpose of collecting

the evidence and experience of those of our physicians who have had experience with the disease, this special number of this journal is prepared. Doubtless with many of our number this is unnecessary; but to those who have come to the South since the last epidemic of Yellow Fever had existence, the experience and testimony of their fellows will be most welcome, and chiefly for the benefit of these, and as a means of acquainting the people with the ability of the new school to combat the disease is this special number issued.

It is a matter of regret that all who were invited to do so have not contributed their experience. Enough, however, is given to show clearly the superiority of our treatment over that of the dominant school, and, we hope, to incite others to effort in the same direction. The subject is one pregnant with interest to our people, and THE JOURNAL intends to continue its consideration from time to time, in successive issues, until the treatment best adapted to the successful management of Yellow Fever is fully understood by the profession of the South and more largely adopted by the people.

Homeopathy courts investigation and fears not the result of intelligent inquiry. Her treatment of yellow fever as outlined in this number is practical, rational, humane, and by its fruits we are willing to rise or fall.

Yellow Fever.

Some Points Concerning Yellow Fever.

By F. H. Orme, M. D., Atlanta, Ga.

COMPLYING with the request of the JOURNAL for some points upon the subject of yellow fever, now of such interest throughout the country, I give briefly some views as they occur to me.

THE QUESTION OF CONTAGION.

This is still a moot question, and is likely to continue so to be for the reason that facts are constantly occurring which appear to confirm now one view and anon the opposite.

Unquestionably numerous instances have been known in which an epidemic in a place has followed the arrival of a person from an infected city, village or vessel. This does not prove contagiousness, however, but only transportability, the infection probably being in the baggage conveyed with the person rather than with the person himself. The fever has often been conveyed in merchandise, sometimes in small packages, when no affected person accompanied. Surgeon General Hamilton was correct when he stated that there is probably no danger from contact with persons from an infected place while there is certainly danger of transporting the exciting cause of the disease in trunks, etc.

The latter fact is probably undisputed by any one in the profession, while the general impression is that the disease is not contagious, strictly speaking. To be contagious, a disease must be inoculable, which yellow fever is not. Repeated efforts have been made at inoculation without avail. The skin of the hand has been scraped to abrasion and black vomit placed upon it and covered with court plaster without infecting the person. Black vomit has been swallowed, even, by

persons who have not had the disease without result. Almost every physician of much experience with the disease has had black vomit spouted upon him (for it often comes with a spout) without taking it, until finally he becomes a victim from the infection upon the atmosphere. Small pox or any indisputably contagious disease may be inoculated by the use of any secretion, probably, of an affected subject.

The infecting poison does not appear to be generated or reproduced in the subject. Were it so, hundreds of thousands of men, women and children who have been in contact with yellow fever patients, and who have never had the disease, would have become victims.

It is a quality of the infecting principle of yellow fever, whether it be a germ, a microbe, or some unknown and unclassifiable something, that it multiplies and propagates itself upon the atmosphere, under favorable conditions. Exactly what constitutes these conditions is not known, but something about it has been learned by experience. For example, it has been shown that a box of goods or clothing packed in an infected city, and, of course, containing some of the germs of the disease, is found to have the poison of the atmosphere in such package greatly intensified, so that being opened at a distant point, those who inhale the air from the box will sicken, and if the atmospheric conditions be favorable, the disease may become epidemic—not from propagation from the first person sickened, but from the infection of the air.

The distinction should be made between conveyance of the infection in what a person takes with him, and contagion from the person himself. The dejections from the bowels of a person suffering from typhoid fever—a disease which is not contagious in a general way—have been known to contaminate water supplies, when carelessly disposed of, and

thus spread the disease; but it has never been shown that the dejections of a yellow fever patient have even done this much. On the contrary, thousands of physicians, nurses and friends have been in daily contact with the most malignant cases of yellow fever, handling them and their clothing with impunity—not taking the disease unless in the usual way from the epidemic influence. Times without number, people have fled from towns infected to country and village places, sickened and recovered or died, without infecting those in contact with them, or the atmosphere around. When the opposite effect has been observed, it could always be ascribed to trunks or baggage of one sort or another which may have contained the fomites or infecting principles, multiplied or intensified by being confined as before mentioned. It is on account of the want of discrimination, the want of logical investigation, that the opinion that yellow fever is contagious, has prevailed. This view has been losing ground for a long time, as larger experience has been gained, until now but few physicians hold to the theory of contagion.

The chief sanitary officer of the government acts upon this view of non-contagiousness, when he, to some extent, allows people to go from infected to distant points but detains their baggage for disinfection by fumigation, although the great dread of persons from an infected district generally causes the detention of persons also at a quarantine station for a certain length of time.

An intelligent quarantine system will, therefore, regard the danger from infection as residing not within the individual, but as connected with his appurtenances.

MANY FALLACIES

which were once believed with regard to yellow fever have given way in the public or at least the professional mind before the light of large experience.

SECOND ATTACKS.

It was at one time more generally believed than now, that a person once having had yellow fever, was exempt for his life-time from future attacks. While one attack does, to a considerable degree, afford immunity from subsequent attacks, it is nevertheless true that many cases, and apparently an increasing number of cases, have occurred of second attacks, while cases have even been known to die of a third attack. I can speak positively of second attacks from personal experience and observation, as I not only had the disease severely in Savannah in 1854, and again in 1858, but treated a number of cases in 1858 that I had treated in 1854. Others have had similar experience. This was during continued residence in the same city, while it is generally considered that the liability to a second attack is greater when one moves to another country, or when the conditions are different in the same country. While the security afforded by an attack is valuable, it should not be relied upon as absolute.

Another notion formerly entertained, was that

NEGROES DO NOT HAVE YELLOW FEVER.

This has also been exploded, over and over. That they do not have it as readily, or with such frequent fatality, is generally observed. This feature of the disease varies with different epidemics. For example, in Savannah, in 1854, during the most violent epidemic the city ever experienced, comparatively few negroes suffered from the disease, while in 1876, during another severe epidemic, the negroes suffered in much greater proportion and with greater fatality. The relative severity of the epidemic in the two seasons referred to may be judged by the fact that in 1854 eight physicians and two medical students who were assisting in the practice of their preceptors lost

their lives, and only two practioners of the city escaped the sickness, while there were but two deaths among the profession in 1876 and many escaped the disease altogether. So that the severity of the epidemic does not appear to determine the rate at which negroes are affected. Every epidemic seems to have some features peculiar to itself, and the extent to which negroes are liable, appears to be one of these.

BLACK VOMIT NOT ALWAYS FATAL.

Another old-time idea, abandoned now by all excepting the uninformed, was that black vomit was invariably followed by death. Under the old methods, when the barbarous aphorism that "desperate diseases require desperate remedies," was followed as a truism, this was, of course, the case; but since the said aphorism has come to be properly regarded as a piece of desperate nonsense, the case is quite different. Desperate diseases require to be dealt with in a delicate and skillful way, instead of with heavy handed barbarity, and in no disease has the superiority of mild treatment been better shown (unless in the cases of cholera and pneumonia), than in yellow fever. I have had the pleasure of seeing many cases recover after black vomit, and the investigations of the Homeopathic Yellow Fever Commission which met in New Orleans in 1878 showed that recoveries after black vomit under Homeopathic treatment were not nearly so exceptional as was generally supposed. Indeed, such recoveries were positively common. The report of this commission showed also a greatly reduced mortality generally under the Homeopathic treatment, which fact has come to be commonly recognized. But even with the old school, when not too fogyish, when they had learned that the whilom system of heavy dosing had been fearfully destructive, and had adopted gentler measures, re-

coveries after black vomit have not been infrequent.

One of the most delusive of all the fallacies that have been entertained, but which has been dissipated, although some fond citizens of healthy places still lay the flattering unction to their souls, is, that

YELLOW FEVER CAN NOT FLOURISH IN PURE AIR.

The fact is it can flourish upon any sort of air, if fairly introduced, and there be temperature of sufficient grade. The sanitarians of our large cities, where they consider their air pure, are aware of this, and are rigid in their quarantine, no matter how pure the air may be. They know that it has flourished epidemically, in past times, upon the air of New York, Philadelphia, Boston, Providence, Portland, New Haven, Quebec and other cities of equal or greater healthfulness. I never saw or felt a more beautiful or delightful atmosphere than was found in Savannah during at least a part of the season of 1854, when sanitary conditions were good and had nothing to do with the existence of the disease. Often did I ask myself, as I drove the desolate streets of that fair city, if it were possible that pestilence was abroad upon so lovely an atmosphere; and yet it was even so, and to such an extent that there were interred in one September day, fifty-one persons—while the population of the city, when all were at home (more than half of the white had fled), was at that time not more than 20,000. Yes, and the fever was at other places that were noted for purity of air and healthfulness. Was there anywhere a place more renowned for purity of air than St. Mary's Ga.? And does not every one acquainted with the history of recent epidemics know that the disease has visited many of the healthiest towns and villages in all this sweet land of liberty? Let us not,

then, flatter ourselves with this gilded fiction of the self-deluded egotist who is so conceited about his city or town as to think that while all others suffer, his domicile, forsooth, must escape.

Akin to the fallacy just referred to, is the one that

HIGH ALTITUDE GIVES EXEMPTION.

Evidently some people love to hug a delusion. What proof is there that yellow fever can not exist in high altitudes? True, cities have generally been built on water courses and the exotic yellow fever has been imported most frequently to these, but has it not spread to higher altitudes as these may occasion? Is not Holly Springs, Miss., which was so severely scourged in 1878, healthful and as high as 750 feet above sea level?

Alexander Von Humboldt traced the disease to an altitude of 3,500 feet in Mexico, and it has been epidemic twice in New Castle, Jamaica, at an altitude of 4,000 feet. Why, then, should we delude ourselves with this fancy? But it has been said that it has existed sporadically, or has been imported to certain places by patients who either died or got well without a spread of the disease, and that this has happened repeatedly, and that thus it has been proved that it can not spread, but will

“DIE OUT IN OUR ATMOSPHERE.”

Let us see about this. It is well known that yellow fever has frequently occurred in various cities without spreading, but have the citizens of New Orleans and other places been so short-sighted and unwise as to fancy that it might not spread at some other time? Brunswick, Ga., was founded by Gen. Oglethorpe soon after the founding of Savannah, which was in 1733. Savannah had her first yellow fever in 1817. It was there again epidemically in 1820, 1839, 1854, 1858 and 1876, with perhaps lighter epidemics, and certainly sporadic cases

in other years. Charleston, Fernandina, Darien and other cities on the neighboring coast had the disease at various times. Brunswick escaped, although it had been above and below her, and although persons imbibing the disease at other places had gone there and recovered or died without a spread. This thing had gone on for a century and a half without her having had an epidemic. This appeared to be good ground for an argument that she could not have it—that her air was too pure or too peculiar; but alas, for all such calculations. In 1876 she was visited with one of the most disastrous epidemics that ever went to take the conceit out of a city. Let us admit that we do not know all about what this mysterious disease may do, and neglect no wise or reasonable precautions.

DISINFECTION.

It has often been supposed that the production of and exposure to almost any strong odor, especially if particularly disagreeable, caused disinfection; and so a great variety of substances have been regarded as disinfectants. Superstition has had very much to do with these ideas; but even when there has been apparent reason, upon scientific grounds, for presuming that certain articles possessed disinfecting qualities, experience has shown the contrary. In 1878, Dr. White, of New Orleans, thought that if he could impregnate the air of a certain district with carbolic acid it might prevent the occurrence of the disease; but a thorough test proved that this, like many other so-called disinfectants, was ineffectual. Sulphurous acid gas is probably the most efficient disinfectant so far known, but has its disadvantages. There is reason to hope that the application of refrigerating processes will prove to be the most practicable, thorough and unobjectionable method of disinfection, while it may also be found to be quite useful in the course

of treatment of yellow fever and other fevers. This matter is referred to in the report of the Homopathic Yellow Fever Commission, from which I quote:

"We call attention to the refrigeration of vessels suggested to us by Dr. B. W. James, of Philadelphia. From recent inventions and improvements in the way of fitting up refrigerating rooms and ice making machines, he is convinced that all difficulties can be easily overcome, and the hold, cargoes and passengers of vessels can be subjected for two or three days to a low temperature, say ten or fifteen degrees below freezing point—a temperature quite destructive of the yellow fever germ, but entirely compatible with human comfort."

Since this was written greater improvements still have been made, and I am informed that it is quite practicable, by the process in which ammonia is used, with modern appliances, to reduce the temperature of the air in box cars, for example, to a temperature below zero.

Cremation of filth, also recommended by the Homopathic Yellow Fever Commission, is in the line of prevention of fever outbreaks, and, when civilization and sanitation advance far enough to overcome superstition and sentiment, we may look for further advantage in the cremation of human bodies. The commission emphatically recommended what is still demanded by the national health, the erection of "a permanent Sanitary Commission, ably constituted, well salaried, and invested by the government with large powers, to be composed of medical men, yellow fever experts, and of professional scientists; which Sanitary Commission shall devote itself exclusively to matters of public hygiene." Why should the establishment of so important a commission be delayed? Why should not the people cry aloud for it? Extensive experiments and investigation must be made in order to settle important ques-

tions concerning this important subject, and there appears to be a culpable dilatoriness in this matter, even while the country is now in a state of panic.

Of all general disinfectants, an abundance of sunlight and fresh air take the lead. Pestilential diseases delight in darkness and closeness. And this leads to a suggestion, the importance of which can scarcely be overlooked. Too often have refugees returned to their homes, after epidemics have been officially declared to be at an end, to be taken down with perhaps fatal yellow fever. This has been due to the fact that the epidemic influence was preserved, perhaps in an intensified state, in closed up rooms and closets and chests and other receptacles of infected air, ready to attack the first who invades their privacy. Health officers should therefore be emphatic in directing all persons returning to closed up houses, at the close of epidemics, to see to it that every room and closet and nook and corner of the premises should be opened and aired for some time, and if possible exposed to frosty air; for, while other disinfectants may be doubted, frost is acknowledged on all hands to be a certain destroyer of yellow fever infection, provided it be allowed to get at it.

The apparel worn upon the bodies of yellow fever patients—as the infection does not come from the body—by reason of its agitation and thorough ventilation, is probably not a source of danger at some distance from points of infection; while packages containing clothing, with confined air from an infected atmosphere, must be regarded as dangerous. It is upon this idea that a disinfection of mail matter is insisted upon.

In this article the use of such terms as germs, microbes, etc., is only provisional, on account of convenience, as it is not claimed that it is known what the form of the infecting principle is. For aught we know, pestilential diseases may be due

to modes of motion, or to allotropic conditions of the elements of our atmosphere. Take, for instance, the case of the epizootic, which prevailed from the northern lakes to the gulf, affecting man and beast. The air was apparently pure, and at times the temperature was perfect; and yet the boldest theorists never attempted to explain the real nature of the infection. Let us hope that more may yet be known of these matters, that we may more confidently apply preventives and curatives.

In the meantime,

WE NEED A NEW BOOK.

Since the excellent work of LaRoche, which is still the best extant, although now old, no special work of large extent has appeared upon the subject of yellow fever. In the meantime, new facts have come to light and larger experience has been gained. There is a fine opportunity for some man of ability, research and industry to immortalize himself by the production of an exhaustive and monumental work upon this most interesting subject.

Treatment of Yellow Fever.

By W. H. Holcombe, M. D., New Orleans, La.

A PATIENT feeling badly should not "fight off" yellow fever and keep up as long as possible, but should go to bed at once, and begin the proper treatment.

Give him a warm foot-bath with a little mustard in it, and cover him with a sheet and two blankets. In very warm weather one blanket will be sufficient. Let the room be well ventilated, without any draught directly upon the patient. Hot orange leaf tea is decidedly the best drink for a yellow fever patient, not to be forced upon him as a medicine, but as a means of quenching thirst and at the same time of keeping up a gentle perspiration. If that is distasteful or re-

jected, cold water (not ice cold) may be allowed, half a goblet about every half hour.

Purgatives are not necessary unless the bowels are very constipated, and then only the mildest should be employed. An enema of warm soapsuds is useful, and it should be repeated every day during the sickness, unless diarrhœa is present, when it will not be necessary.

There should never be more than two or three persons in the sick room at a time. Talking should be positively prohibited, and no conversation should be addressed to the patient. Do not worry him too much by trying to keep the cover close around him. There is no danger of his taking cold, and you may greatly injure his nervous system. Keep the room shaded but not darkened, and let no "neighbors" in any nearer than the front door. Never wake him from sleep for anything.

For the first two or three days, in the febrile stage, he needs very little, and yet a little nourishment. Offer him a little teacup of good black tea with a cracker or a small slice of toasted bread crumbed into it, about three times a day. If he wants nothing, let him alone.

The above directions are of extreme importance in assisting the action of remedies.

Begin your treatment with *Aconite*, 3d. Put 10 drops into half a glass of water, stir it very thoroughly, and give two tablespoonfuls every half hour, until the patient is in a good perspiration, after which it need be given only every hour.

In mild cases the fever will go gradually down, and no other remedy will be needed for the febrile stage. If, however, after twelve hours, the fever is still high and the pains severe, prepare *Belladonna*, 3d, and *Bryonia*, 3d, 10 drops of each in separate half glasses of water, and alternate every half hour; one tablespoonful for an adult, two teaspoonfuls for a child.

This should be kept up until the fever has decidedly abated or is gone.

The vomiting which occurs in the first or febrile stage is not a serious symptom. Give 5 drops of *Ipecac*, 3d, in a tablespoonful of water after every vomiting, and it will soon cease. A weak mustard plaster kept on a little while over the whole abdomen, will be very serviceable.

Sleeplessness and restlessness at night is sometimes a troublesome symptom. Put 10 drops of *Coffea*, 30th, into one-third of a glass of water, and give two teaspoonfuls every five or ten minutes. If delirium is present, *Hyosciamus*, 3d, is better; use in the same way. A warm foot-bath and gentle friction of the back and limbs, with a little sedative water are here beneficial.

Sometimes the fever does not go down, and the case passes happily into the second stage, but the temperature keeps up, and brain symptoms occur, and meningitis is threatened. Then give *Gelsemium*, 3d, 10 drops to half a glass of water, and two teaspoonfuls every half hour; sponge the body occasionally with tepid water and cologne or bay rum, and keep the bowels open by enemas.

If convulsions occur, or are threatened, prepare *Cuprum Aceticum*, 3d, in the same way, and alternate with the *Gelseminum*, 3d, every fifteen minutes. Do not risk the motion of a general hot bath, but give a foot-bath and wrap the feet up in towels wrung out of hot water. If convulsions occur, you may check their violence with a moderate inhalation of *Chloroform*, the room being well ventilated.

Nine times in ten, however, the fever goes entirely off, and the patient thinks himself well, which, however, is far from being the case. You must now give him *Arsenicum*, 3d, and *Lachesis*, 6th, alternately every hour, prepared like the other remedies, and two teaspoonfuls at a dose. You must drop the tea and toast, and

give him milk and *Lime Water*, half and half, one tablespoonful every hour, between the medicines, or if that does not suit the stomach, as much good beef tea. If the stomach becomes very irritable, let all food alone, and give milk and beef tea alternately by injection every four or six hours, two tablespoonfuls or more of each at a time. If the patient is very weak, two teaspoonfuls of brandy may be added to each injection.

The symptoms likely to give trouble in the second stage are vomiting, exhaustion, hemorrhages, and suppression of urine. Each is so important, it must be mentioned separately. The *Arsenicum*, 3d, and *Lachesis*, 6th, have a tendency to prevent these occurrences, and the *Arsenicum*, particularly should be kept up all along.

VOMITING.—Milk and *Lime Water* sometimes checks it in the beginning, particularly in small children, but it can not be relied on long. If the matters vomited are *sour*, give a few grains of *Carbonate of Soda* in a little water after every vomiting. *Ipecac*, as before, may be still useful. But *Argentum Nitricum*, 3x, is the best remedy for the vomiting of yellow fever, especially when signs of black vomit appear. Give 10 drops in a tablespoonful of water every time the patient vomits. If that fails after a fair trial, give *Sulpho-Carbonate of Soda*, 5 grs., in a little water, after every vomiting. Iced champagne, mint and brandy julep, by teaspoonfuls, are sometimes very useful. An enema, carrying off the wind in the bowels, sometimes relieves the vomiting at once.

EXHAUSTION.—This makes the patient feel dreadfully nervous and restless, so that he thinks he is sinking and dying. It frequently results from over-purging, over-sweating, and a starvation diet. *Champagne* is the sovereign remedy for a quick relief—a tablespoonful every few minutes. Give also injections of beef

tea and brandy, until the stomach can bear the gradual introduction of food.

HEMORRHAGES.—Whenever any blood appears, from the stomach, or from the gums, or nose, or throat, or in the discharges, put 10 drops of *Crotalus*, 6, into half a glass of water, and alternate with the *Arsenicum*, leaving off the *Lachesis*. Rinse the mouth out frequently with *Tincture of Arnica* or *Extract of Witch Hazel*, $\frac{1}{4}$ of a teaspoonful to half a glass of water. *Plumb. Acet.*, 2x, *Gallic Acid*, 1x, *Terebinthina*, 2x, and *Ergotine*, 2x, are all good remedies for hemorrhages. *Plumb.*, 2x, and *Ergotine*, 2x, from the stomach and bowels; *Gallic Acid*, from the gums and mouth; *Gallic Acid* and *Terebinthina*, from the kidneys; and *Ergotine*, from the uterus. One of these remedies may then be given intercurrently between the regular medicines—a little powder of one or two grains at a dose, dissolved in a little water.

SUPPRESSION OF URINE.—This alarming symptom may last several days without being fatal; so do not despair. When the kidneys begin to flag in their action, give 10 or 15 drops of *Sweet Spirits of Nitre* in some water between the regular medicines, until the secretion seems restored. Encourage the patient to drink water. Rub the lower half of the spine freely with hot alcohol, and put a hot flaxseed poultice over the lower half of the abdomen.

If these measures fail, make strong watermelon-seed tea, and get the patient to drink as freely of it as possible. Be careful that it is really a suppression of urine, and not a *retention*, with inability to pass it. In retention, the bladder is full to the feeling, and pressure on it is disagreeable to the patient. An injection of ice water into the bowels will sometimes produce its expulsion. In refractory cases, it can be drawn off by the catheter, without difficulty or danger.

Suppression of urine, with brain symp-

oms, such as stupor and smothering delirium, is very dangerous. Here *Apis*, 2x, and *Opium*, 3x, alternated every half hour, to the exclusion of all other remedies, and in conjunction with the external applications above advised, may still rescue the patient from the jaws of death.

If the patient seems to get worse, and all the above means have failed, there is still hope in *Carbo. veg.*, 12x—10 drops in half a glass of water, and a tablespoonful every half hour, increasing the interval between doses as improvement occurs. At the same time rub the whole body with *sweet oil*, heated as hot as can be borne, and repeat this inunction about every six hours.

In the latter stages of yellow fever, intermissions and remissions sometimes occur from the admixture, no doubt, of malarial influences. Then *Quinine* is very valuable. If it can not be tolerated by the stomach, give it by injection, 5 grs. to 2 ounces of milk every four or six hours, until 20 grs. have been given; or, in very young children, by rubbing it into the skin with sweet oil or lard.

During convalescence, give *China*, 3x, 10 drops in water three times a day for a week.

Be exceedingly careful about the diet of your patient in the second stage and during the convalescence from yellow fever. No solid food should be allowed until all danger is passed, and a while after. He should take food in small quantities, and often. I give you a bill of fare: Beef tea and chicken tea, from which the fat has been carefully skimmed; rice gruel, milk, buttermilk, weak egg-nog, milk punch at night, oyster soup (carefully), oranges to suck, beef steak and mutton chops to chew and spit out; aleree, porteree, and finally soft-boiled eggs, etc.

A yellow fever patient should not be allowed to get out of bed for any purpose. He should be kept in a horizontal

position. He should not be moved from one bed to another. His clothing should not be changed unless it becomes offensive. It is then better to change it than to run the risk of sickening his stomach by its odor. Sponging with warm water, with soda and alcohol, brandy or bay rum in it, removes the odor, and is very refreshing. Do not let your convalescent read, or listen to long conversations, or sit up too soon. After severe cases, he is a perfect wreck, and needs the utmost care, perfect rest and quiet, gentle stimulation and nourishment cautiously introduced.

In fine, do not overheat and oversweat your patient; do not overfeed or underfeed him. Have no company in the room, no talking, no evidences of haste, or anxiety, or excitement about him or around him. Protect his sleep from all disturbances. Satisfy his natural cravings for water, air and light. Do not worry him with over-nursing, which is sometimes a terrible mistake. Make him *comfortable* in every respect. Let every nurse remember that if anything makes a sick man feel uncomfortable, it will soon make him worse.

There are many other remedies which might be required in different and intricate cases, but the above is a fair synopsis of the medication, diet and nursing of yellow fever patients, which, in the hands of the Homeopathic physicians of the South, have reduced the mortality of that dreadful disease from its old high averages to an average of about six per cent.

The Present Epidemic.

By M. M. Eaton, M. D., Cincinnati, Ohio.

I AM glad to see such success being made of THE SOUTHERN JOURNAL OF HOMEOPATHY, and feeling a deep interest in the sad experience which Jacksonville people are having just now with

the yellow fever, I thought I would make a suggestion which occurs to my mind, regarding the cause of this epidemic which has not been mentioned by any one, so far as I have noticed. Having lived in Jacksonville several winters I have observed some things which I will note, and suggest also my idea of the proper and only way to get rid of the fever in years to come. I do this without any other than good will to Jacksonville. I own no property there but have an earnest desire to see the city prosper, for I have spent a happy time there and hope to again. I have thought that these suggestions might be kindly received from me, living as I do in Ohio, and at the same time knowing how Jacksonville is situated.

My idea is that decaying vegetable matter is the cause of the epidemic. South of Bay street, all along the river for a mile and more, all the way from the post office to the Union depot, there is much *made land*, and it is not made of rocks and soil, but of slabs and logs covered over with a little soil. Most of the buildings along the river are supported on piles driven in the water, and then the filling around these buildings is made with slabs and refuse wood from the saw mills. This decaying wood in a hot climate, together with the accumulation of filth upon and all through these fills of wood and bark, it seems to me, causes the present epidemic, and the remedy lies in tearing all these fills away. This would entail great expense, I know, and I would suggest that the government do it and refill with stone, sand and dirt, or pay the parties owning these fills a sufficient amount to reimburse them for their destruction.

If this source of contagion is not removed we may look for the presence of yellow fever another year. Doubtless the saltiness of the St. John's river at Jacksonville has much delayed the de-

velopment of malignant diseases, and in fact has doubtless rendered the present epidemic less fatal than it would otherwise have been. South Bay street, and some other streets in the southern portion of the city, have a foundation of logs and slabs. These should all be torn up and burned with those now in use in the construction of the wharves and made ground bordering the St. John's river. The tide rises in the St. John's at Jacksonville about two feet, and affects the river slightly as far up as Palatka. This rise of the tide really causes a backward flow of the water in the river, and consequently the drainage must be very imperfect. Still the salt water coming in from the ocean does much to counteract the bad effects of the lack of current in the river.

It never freezes in Jacksonville more than to make a scum of ice on still water in a tub sitting out of doors, hence disease germs developed in the deep laid and decaying wood in the wharves and some of the streets, will not be destroyed in this way; therefore I can see no way to purify the atmosphere of Jacksonville but by the removal and burning up of the decaying vegetable matter above referred to.

I make these suggestions only as my own impressions. Jacksonville physicians may not agree with me. If not, all right. I had thought to send my views to the Surgeon General, but feared he might be too busy to read my letter. I would like to read the opinion of other physicians regarding the suggestions I have made.

Some Thoughts on Yellow Fever

By P. D. Beraud, M. D., Lafayette, La.

IN compliance with the JOURNAL'S request I will give you my yellow fever experience, which, however, is very limited. With the exception of a few spo-

radic cases, there has been none in Louisiana since I graduated, 1879.

I have been through two epidemics, the one of 1867, when I contracted said disease in this very town, and the famous epidemic of 1878 in New Orleans, where I was then as a medical student, visiting the Charity Hospital daily. During said epidemic, through the kindness of Dr. Dupaquier, deceased, it was my good fortune to observe many cases of said affection in his private practice. Towards the latter part of the epidemic charity compelled me to treat five cases residing in my immediate neighborhood, none of which being able to have a physician of their faith, notwithstanding my highly attenuated experience in the Hahnemannian doctrine then, preferred placing their life in my hands to accepting the only alternative left them—of being treated by an M. D. of the old school.

Seeing that nothing I said or did towards inducing them to apply to the Howard Association for a physician could make them even hesitate in their determination, I yielded to their earnest solicitation, and to my great happiness and still greater astonishment (being my first trial of Homeopathy), they all recovered in due time, although two of the cases were of the virulent type. All five patients were under twenty-one years of age.

Concerning the medication, I used the valuable information from our eminent Dr. Holcombe, in his publication "Yellow Fever and its Homeopathic Treatment," published in 1856. Added to this I would strongly advise to whom it may concern, reference to the "Special Report of the Homeopathic Yellow Fever Commission, ordered by the American Institute of Homeopathy for presentation to Congress," published in 1879.

To-day, besides the origin, development, and treatment of yellow fever, a

more important question should impress the mind of the progressive physician, of the South especially—the discovery of a prophylactic by Dr. Domingos Freire, of the medical faculty at Rio Janeiro. This is worthy of our most serious consideration, notwithstanding the adverse report of Drs. Paul Gibier, of Paris, and George M. Sternberg, U. S. A., to the contrary. In answer to their flimsy reports, I would refer the reader to “*Refutacion des recherches sur la Fievre Jeune facites par Mr. P. Jebier a la Havana, par le Dr. Domingos Friere de Rio Janeiro*,” published in 1888. The remarks of the latter would satisfy the most sceptic that both of his critics were unfortunate selections for the mission which they attempted to fulfil. In the same publication will be found a summary whereby the efficacy of the discovery is plainly demonstrated. The official statistics show that in the years 1885–6, when yellow fever was epidemic at Rio Janeiro, out of 6524 persons, among whom half were foreigners, who were inoculated according to the new theory, only eight died, whilst 1667 cases died which had not availed themselves of the prophylactic. This fact by itself is too conclusive to need further argument on the subject, especially when we consider that the illustrious Domingos Friere has the official support of the Brazilian government.

The system of isolation of sporadic cases and quarantine, as *practiced by the Louisiana Board of Health*, deserves great credit, and honors the distinguished sanitarian, Dr. Joseph Holt, who instituted it.

How to Treat Yellow Fever.

By Dr. J. H. Coers, Galveston, Tex.

THE JOURNAL'S favor of the 21st inst., in which I am requested to give my experience and treatment in yellow fever, is at hand. I hasten to comply with pleasure.

According to my experience, the yellow fever is of a highly bilious, malignant character, the cradle of which is principally the West Indies, and most southern countries. It appears somewhat different in different countries. I saw it in Mexico, starting with a furious fever, strong congestion to the head and brain, and almost immediately with the black vomit without any stage of incubation. In this country, Galveston, Tex., it does not appear so suddenly; it has generally a time of breathing from twelve hours to one or two days, but this is sometimes unnoticeable, though the patient feels drowsy and lazy, has no appetite, feels dizzy, etc.

In this stage I have very often, with a few doses of *Aconite* 3x, three to four drops in a half tumbler of water, every half to one hour one teaspoonfull, aborted the whole disease. But if the fever is not cut off here, it soon goes into the second stage of invasion, or into the real commencement of the malady. The patient feels perfectly broken down, becomes attacked with a remarkable nervous trembling—with a kind of chill; a severe back and headache accompany, and the eyes become red and injected with a dark red, bloated face. The pain is intolerable. Here a dirty coated tongue, a very dry skin and a high fever show themselves as signs of the full development of the disease. *Aconite* is still good in the above stated dose, but in this stage I do not rely upon *Aconite* alone, more than six or ten hours. Then I commence giving *Belladonna* 3x, three or four drops in half a tumbler of water, at first every half hour in alternation with the *Aconite*; after improvement not so often. This treatment with *Aconite* and *Belladonna* sometimes acted so charmingly that when I was called, for instance, in the evening to a patient in this stage, and he felt like he must surely die, by the time I came again the next morn-

ing, he felt so well that he would say: "Doctor, I do not think this is the yellow fever!" But here we should be careful, for sometimes after such a favorable change the disease turns into a bad relapse.

Generally in this second stage, when the fever is directly abated, I left the *Aconite* and gave *Belladonna* 3x and *Bryonia* 3x, three or four drops in a half tumbler of water, with hourly or two hourly alternations, which often reduced the fever to a radical cure. But not always did it go this favorable way, and the patient became nervous, sleepless and restless, with great pains in the bones. Here I give *Coffea*, 6 x, *Arsenicum alb.*, 6 x, or *Pulsatilla*, 6 x, according to circumstances, with good results. I never prescribed blood letting, blistering, etc., because I never needed it, but sometimes I ordered warm foot baths and rubbing the feet and legs with warm water, with some good effect.

But sometimes the fever will not go down in spite of all treatment, and then orange leaf tea, warm, is of great value. It sometimes brings the patient in a fine perspiration, which relieves him very much. For great thirst I allowed, besides the orange tea, small pieces of ice to be taken in the mouth, which refreshes the patient very nicely. In this stage I never allowed anything but soft, mild food, such as a little tea and toast in very small quantities. When the fever has subsided, a little beef tea, a teaspoonful every two or three hours, should be allowed; but ordinarily no solid food should be given at all for the first four or five days. When the fever has left, the convalescent wants solid food, but it should never be given to him. I know in one instance that a small piece of potato, which the patient had stolen from the table, killed him in a short time, and in another that a glass of beer which the patient drank killed him,

The third stage or collapse and exhaustion.—In my treatment it has hardly ever come to this miserable stage of exhaustion, but when it did I have found remedies in *Carbo Veget.*, 30 x, *Arsenicum*, 30 x, and *Veratrum Alb.*, 30 x. This stage is the most dangerous one in respect to treatment. Following it, the patient feels worn out and exhausted, sometimes not able to stand on his legs, or can not even get out of the bed for weakness. But nevertheless he feels hungry and wants something to eat. The ravage of hunger distresses him fearfully, and he thinks if he eats something it will make him stronger.

In 1867 I treated two young men of 17 and 20 years respectively. They run through all the stages of the disease nicely, but when it came to this stage of exhaustion they wanted something to eat, and wanted beer, wine, etc. I would not consent to this, and when I came again to visit them the next morning they turned their backs to me. Then the neighbors told them that a prominent Allopathic physician had allowed some sick ones in the neighborhood to eat and drink under about the same circumstances. So they discharged me, and called in the Allopath. But alas! both of them died before the night of the same day. I have experienced many such cases from such changes.

But, including all mishaps and senseless doings by patients themselves, nurses, etc., I have never lost more than five to seven per cent by death in any epidemic of yellow fever.

In the third stage pregnant women often abort in this disease; but by prudent Homeopathic treatment they generally get through nicely. In 1867, when the yellow fever was perfectly murderous here, I had seven such patients, but lost none of them; they all came through nicely, though one had passed her seventh month.

I think we have in *Aconite* a good prophylactic remedy. I have given this many times to persons, when they became suspicious and were tending to the advent of the disease, with almost universal success. A few drops of *Aconite*, 20x-30x, in about a half tumbler of water morning and night was sufficient. As we have had no yellow fever here since 1867, I have been interrupted in my trial of this agent as a prophylactic; but I think if we would find a prophylactic for this fearful malady, it would be about as good as a quarantine, and the people would brave with more courage this horrible plague.

Whenever black vomit set in, I found powerful remedies in *Arsenicum*, *Ipecac*, *Argentum Nitric*, in different potencies, according to necessity.

This is, in short, my experience and treatment in many epidemics of yellow fever.

How I Treat Yellow Fever.

By Walter Bailey, Jr., M. D., New Orleans.

YOURS of the 21st just received, asking me to outline my treatment of yellow fever. In compliance therewith would state that all through the epidemic of '78 I rarely found it necessary to go outside of five or six remedies: *Aconite* and *Gelsemium* tincture, *Arsenicum* 3x trit., *Argentum Nit.* 6x trit., *Ipecac* 3x dil. In most cases I found *Gelsemium* answer better than *Aconite*; it seemed to meet the head symptoms better, but if the tendency to congestion was very marked, I preferred the *Aconite*.

I saw no benefit at all in the use of *Belladonna*. I tried it high and low—still no benefit.

After the febrile stage I gave *Arsenicum* 3x, a two grain powder every two hours. If gastric symptoms presented, I alternated with *Ipecac*. If signs of black vomit—that is, if coffee grounds were vomited—I dropped *Arsenicum* and substi-

tuted *Argentum Nitricum*. These were the only remedies I ever, with few exceptions, had to resort to, unless it was *Bryonia* in alternation with the *Gelsemium* in the febrile stage.

At the onset of the fever the patient should be put to bed, a hot mustard foot bath given, with sponging of the entire body with tepid water and vinegar, two parts water, one vinegar. If the bowels have not moved in the last twelve hours, give a light purgative or enema. Do not cover the patient too much, a sheet and light blanket being all that is necessary. Let the patient have all the ice water he wants, but no food of any kind; a little starving here does more good than harm. After the febrile stage, which is usually from thirty-six to seventy-two hours, I allow soda cracker soaked in half water and milk, or chicken broth, with champagne and ice, for the next two days, and after that time am very careful in selecting the easiest digested food for at least a week. The foregoing treatment, I am confident, will cure nine out of ten cases one will meet with. If the case should show a typhoid tendency then *Rhus*, *Phosphoric Acid*, etc., would have to be used.

I can give you no hint as to remedy for suppression of urine. I tried all the drugs, allopathic and homeopathic, I ever heard of, with electricity, Faradic and Galvanic, and magnetic, with no result. I did not see or hear of a single case that recovered where suppression set in. A great many cases had retention, and almost all of them recovered. In fact, it seemed to be a favorable sign.

My Ideas and Treatment of Yellow Fever.

By John H. Henry, M. D., Montgomery, Ala.

YOURS of September 21 received, requesting me to give some notes on the Homeopathic treatment of yellow

fever as I saw it during the epidemic of 1853, at Montgomery, Ala., at Charleston, South Carolina, in 1854, and in Galveston, Texas. It was thirty-five years ago when the city of Montgomery was visited by her first epidemic of yellow fever, which continued every year up to 1855, and again in August 20, 1873. In 1873 quite a number of places were visited in our Southland. This epidemic, with the present at Jacksonville, Florida, is in no way equal in volume to that of 1853 and 1854 at Norfolk, Virginia, and Charleston, South Carolina.

In a short and hasty paper like that requested it can not be expected much can be said about the pathology of this disease, nor is it necessary, as we find so much written by our old school brothers like Dickson, Holt, Barton, Jones, Blair, Lewis, Faget, and by Holcombe, Falligant and Hardenstein. All of these authors, by scientific investigation, proved the specific character of yellow fever, and its difference from pernicious or malignant paludal fever which they have demonstrated without the possibility of a doubt. It would be presuming in me to attempt to add anything new or interesting as to the pathology of yellow fever.

I must be reckoned among that class of physicians who believe it to be a contagious disease, and always imported. I have no faith in its local origin. I contend it is one of the most contagious diseases the physician has to contend with, and when it lays its death grip on any place or community, nothing but dividing up into different camps can stay its deadly progress. Its greed is like the cotton worm; as long as there is a human green leaf flower to come in its way it will sicken and die.

We often hear the question asked, how did yellow fever get into Florida, and why does it progress in spite of the most rigid sanitary laws and precautions? Is it a disease caused from filth? I say not,

Is it a disease that is peculiarly adapted to low latitudes and swampy soil, which may produce contagious diseases of this type? No. But when yellow fever has once fastened on a town or city during the hot summer months of the year, no preventive, no hygienic measures can stay its progress. It goes to the highest points and cleanest parts of the city, unlike bilious fevers. It is a contagious disease; it is caused by the breath of the fever patient, like hog and chicken cholera.

Prof. Samuel H. Dickson asks the question: "Is the disease portable, communicable, contagious in any sense? If so, one or two hundred yards of interval, or fomites, or currents of air, makes no difference." "We can not trace small-pox always, nor measles, much less mumps and whooping cough, but the obscurity of the links of connection does not shake our belief in the dependence of every case on the meeting of some preceding case" spreading from the breath and exhalations of the body.

Why is it when we find a ward in a city first infected, as seen in three epidemics, it has periodical strides every ten or fifteen days leaving one or more blocks and extending rapidly, as the current of the wind changes, in every direction, spreading in all parts of the city from different centres, according to where a yellow fever patient was; and all night walkers in infected districts will contract the disease.

I have much faith in Dr. E. H. Barton's theory of the cause and prevention of yellow fever after it is introduced in a community. See his report of the sanitary commission of New Orleans of 1855. If his theory of disturbing old soil is correct, all the towns and cities of Alabama and the South are at present in a peculiarly favorable condition for the spread of this death dealing scourge, owing to the extensive upturning of the

earth the original soil, with all the organic matter in it, mixed with every species of decomposition, particularly with the filth of society, with personal excreta of all kinds, which is mixed with filthy organic matter.

I am compelled to class yellow fever as an imported, contagious disease, and not caused so much by malaria as our bilious and intermittent fevers. Malarial fever generally begins on the outskirts of a town or city, while yellow fever begins in the centre or more thickly settled parts, and is most fatal in parts where we hardly ever meet with bilious fever. Bilious fever never becomes epidemic nor attacks every occupant of the family and street, like yellow fever. It even attacks the acclimated native just as soon as the un-acclimated. The pathological differences between yellow fever and malarial is in the violence of the stomach attack and the nervous system and brain.

While impurity of the atmosphere with other surroundings caused from animal and vegetable decay, with the digging up of old soil, which some contend produces malaria, with a certain state of the atmosphere which gives it life and activity, are fatal to life, with all this present, true yellow fever can not originate without the contagious cause. The contagion is a specific scent, vapor or breath, having contact with an infected individual. It is wholly independent of the circumstances and conditions which cause bilious or malarial diseases, for I have seen parts of cities devastated by yellow fever that were never troubled with any form of malarial disease, which proves the spread of yellow fever does not depend on malaria, but on its own specific poison.

While I freely admit filth and upturning of the earth is productive of bad, vitiated air, which tends to help spread yellow fever and make it more violent, it can not and will not occur spontane-

ously in any locality in the United States. But when it reaches a place or city, just in proportion to the filth and the damp, moist and heated atmosphere, will it spread.

I hope I may not be misunderstood. I contend that yellow fever can never occur under any circumstances without it is brought to our country. But when introduced in a place it spreads as an epidemic, attacking those that live in a portion of the city free from malaria, where chills and bilious fevers are hardly ever known. If a body of a dead yellow fever case be dug up in a city during the month of August or September, after being buried ten or twenty-five years, it would be capable of spreading the fever in that locality, filth or no filth. The best authorities, like Prof. Joseph Jones and Dr. Harges, remark that persons who have inhaled the odor or infection of yellow fever, or the mephitic principle of any infectious disease (I say contagious disease), for any length of time, and flee to the mountains or non infected localities, the malady develops itself sooner, the period of incubation being shortened, and it occurs with greater malignity than if they had remained where they were infected. My experience in three epidemics of yellow fever furnishes many proofs of this fact. Dr. Simons, a non-contagionist, says he has known the lapse of twenty-five days between exposure and attack of yellow fever.

TREATMENT.

I believe in the unity of all diseases, and that they are self-limited and run their course in lines or organs pointing their location in the body. Yellow fever, having the mark of congestion, requires quick action in the first stage to overcome the symptoms of congestion. We begin the treatment in the first stage with hot mustard foot baths. And for thirty years, in all fevers of a dangerous type,

I resort to *Magnesia Sulph.* (or *Epsom Salts*) until the bowels are well open. In the cold stage, *Camphor Tincture*, 5 to 10 drops every five to ten minutes. If cramps in the lower limbs and vomiting occur, give *Cuprum* with *Veratum Alb.* If coldness and distressed, pale face, give *Gelsemium Tincture*, strong doses, 5 to 20 drops. If high fever, bright and sparkling eyes, red face, drooping eyelids, give *Aconite* and *Belladonna*. For high fever, with inclination to stupor, strong, quick pulse, and delirious, add *Bryonia* alternated with *Belladonna*. For the vomiting, *Ipecac* or *Tartar Emetic*. For black vomit, *Lachesis*, *Arsenicum*, *Carb Veg.*, *Phosphorus*, *Kreasote*, *Nitrate of Silver*; ice and charcoal poultices to the stomach. For hemorrhages, *Pond's Extract*, *Ergot*, *Arsenicum*, *Carbo Veg.*, *Rhus Tox.*

First stage. To repeat; for constipation and congestion, give *Epsom Salts*, after the hot mustard foot bath. Second. For the fever, *Gelsemium*, *Aconite*, *Belladonna*, *Bryonia*. For vomiting and cramp, *Cuprum* and *Veratrum Album*. Cold stage. *Camphor*, tincture. For delirium, *Stramonium*, *Belladonna*, *Bryonia*. For black vomit, *Lachesis*, *Phosphorus*, *Arsenicum*, *Crotalus*. For hemorrhages—in my case, when I had it in Charleston, S. C., *Pulsatilla* did much good—*Arsenicum*, *Carbo Veg.*, *Phosphorus*, the best of all remedies for black vomit. Try *Cuprum* if they fail. If they have relapse, *Cuprum* and *Arsenicum* are to be thought of. For great restlessness I give *Stramonium*, with the best result. For the sighing respiration and frequent eructations, *Cuprum* and *Phosphorus*, with ice and charcoal poultice for the stomach. When we find the heart is weak in its effort to propel the blood, *Strychnia* in 1-60 grain doses was given, assisted at times with champagne and brandy. This should never be used in the stage of fever.

Dr. Joseph Jones, I think, was the first to call the attention of the medical pro-

fession to the fact that the lesions of the heart are characteristic of this disease. He advises keeping the patient quiet, so that the heart may be restored to free and healthy action.

DIET.

No solid food. Milk and lime water, chicken broth, beef tea and gruel.

REST.

The patient must keep the head down on the pillow—never let it come up for anything; keep up an even temperature in the sick room; don't let the cold air strike the skin of the sick; change the patient's linen as soon as it is found to be wet and damp; change the bed and mattress every day or two. Let pure air be freely admitted in the sick chamber but look out for currents of air.

The Moral Treatment of Yellow Fever.

By W. H. Holcombe, M. D., New Orleans, La.

THE summer of 1888 has been signalized by a moderately severe epidemic of yellow fever at Jacksonville, Florida, and a very extensive epidemic of fear throughout the Southern States. The latter disease was much more contagious than the former, and more or less amenable to treatment. This mental malady visited every little town, village and railway station, and kept the people in a chill of trepidation for many weeks. This causeless and senseless terror originated many precipitate and unjust measures of self-defense. Under its influence public and private rights were disrespected, and the panic greatly intensified. In a few cases the refugee was driven from the door, the hungry left unfed and the sick unattended. There was exhibited on a small scale, here and there, that same base principle of terror which is manifested in a burning theatre, on a sinking ship or in a stampeded army, when brave men suddenly become cow-

ards, wise men fools, and merciful men brutes.

Truly, something ought to be done for the moral treatment of yellow fever, and the first step is to show people how false have been their conceptions of it, and how baseless their fears.

One would suppose from the widespread alarm and the prevalence of shot gun quarantines that it was the general experience and universal opinion of medical men—those best qualified to judge—that yellow fever was the most virulent and the most contagious disease in the world. On the contrary, physicians know very well, and the people ought to know it, that yellow fever, except under very peculiar circumstances, is a less fatal disease than typhoid fever or small-pox, or cerebro-spinal meningitis, or diphtheria, or severe scarlet fever, or typhoid pneumonia. The late celebrated Dr. Chopin once said to me: "We all know that eighty out of the one hundred yellow fever patients recover under any system, or with no medicine at all. The question is, how many can we save out of the remaining twenty?"

As to contagion, although there have been many and lengthy and bitter disputes on the question, pro and con, the great majority of physicians in every part of the world where yellow fever is known, have strenuously declared that it is not a contagious disease at all. The evidence this summer is in favor of non-contagion. Ten or twenty thousand people must have left Jacksonville, spreading themselves all over the southern country. The shot gun quarantinists expected them to carry yellow fever with them like a fire in a prairie. It is exceedingly doubtful whether a single case of yellow fever has so originated, and if it did, the spread from it was utterly insignificant. The mountain was in labor; a ridiculous mouse was brought forth.

I first came into contact with yellow

fever in the very severe epidemic of 1853, at Natchez, Miss. I was then a delicate young man, unacclimated, only one year from the middle States, but I attended to 150 cases, and passed through the ordeal without a sick day. Why did I escape? In the first place, because it was not a contagious disease, and I ran no risk from handling the sick and dissecting the dead. In the second place, because I had not the slightest fear of it, and my mind being agreeably excited by the study and treatment, did not give way to that mental depression which makes one an easy prey to any epidemic influence whatever.

SPENT ALMOST A LIFE.

Dr. LaRoche, of Philadelphia, spent almost a lifetime in the study of yellow fever, and in sifting the reports of medical men concerning all the epidemics which have occurred throughout our country and the tropics for the last hundred years or more. The result of his enormous labors was to bring him to the fixed opinion that yellow fever is a non-contagious disease, not communicable from one person to another nor transmissible through material objects, clothing, goods, etc., from place to place.

"One who has seen yellow fever in hospitals," says Dr. Loomis, one of the great lights of the profession, "needs no argument to prove that it is not directly contagious.

Professor Fenner, of New Orleans, investigated with great care and fidelity the first thirty or forty cases in the dreadful epidemic of 1853, and found that the disease broke out in different places, among persons who could have had no communication with each other. The same fact was verified in 1878. Dr. Fenner studied the origin and spread of the fever through twelve different years, and never found the least proof of personal communicability.

Dr. Benjamin Rush, a man of great

ability and of large experience in yellow fever, was at first a contagionist, but after more thorough study of all the phenomena, and elimination of all sources of error and fallacy, he changed his opinion.

Dr. Austin Flint, whose name is high authority wherever it is known, stands unequivocally for the non-contagiousness of yellow fever. "Persons," says he, "going from a district where it prevails into a district where it does not exist, and becoming attacked in the latter, do not communicate the disease. There is abundant evidence that this is the rule, and the apparent exceptions are so few, and of such a character, that it is most logical to explain them otherwise than by the supposition of contagion. In view of the overwhelming mass of negative facts, it is fair to conclude that the apparent exceptions are not real.

Dr. Daniel Drake visited every infected locality in the Southern States, and held personal interviews with all the leading physicians, and came to the conclusion that yellow fever was of local origin in many cities, towns and villages, and that the theory of contagion was an assumption—an easy and cheap hypothesis, very poorly supported by the facts.

In 1853, the yellow fever gained a foothold in Philadelphia, where it used to rage with great violence, and whose exemption from it for so many years is claimed as the effect of quarantine. Why did it not spread if it was contagious? Twenty-four cases were admitted into the Pennsylvania hospital, eighteen into the Blockley, seven into the city, and three into the St. Joseph's hospital. The yellow fever cases were intermixed with numerous other patients, some ill and others convalescing from disease; but not an individual, either among the patients, the nurses or the visitors, contracted the fever.

"The nurses at Bellevue Hospital, New York," says Dr. Miller, "become

so entirely free of all apprehension about the contagiousness of yellow fever that they often sleep on the same bed with the sick, and no ill results ever followed."

It is stated on the authority of Dr. Dowell, of New Orleans, that at the end of the Mexican war thousands of American soldiers returned home, passing through Vera Cruz, where yellow fever was prevailing, came up to New Orleans without being quarantined, brought some cases of fever with them, and remained two months in the city with all their baggage, etc., without communicating the disease to a single inhabitant.

Dr. Warren Stone, a name dear to the whole profession, said in a lecture at Bellevue Hospital College, New York: "I am perfectly convinced, beyond all doubt or hesitation, that yellow fever is not contagious. I know that it is not. If the disease were contagious once it would always be so, for it is the same disease in all places."

"Numerous cases have occurred," says Dr. Ashbel Smith, "of persons exposed in Houston and Galveston, who afterward sickened and died of black vomit on the farms and plantations. In no instance did these give rise to yellow fever. My own observation has fully satisfied me that in Texas yellow fever is in no degree communicable from one person to another, but that exposure in an infected district is essential to the development of the disease."

THE BARCELONA EPIDEMIC.

During a great epidemic at Barcelona, Dr. Cherrin regards the following circumstances as verified facts: Thousands of sheets, pillows, mattresses, and other articles used by the yellow fever patients were washed at the lazaretto. These articles were often soiled with the blood, black vomit or excrement of the patients. Frequently the carmen who carried these articles to the lazaretto took them from

the bodies still warm. The individuals who washed them ate, lay and slept on these contaminated mattresses, and handled them in every possible way. Nevertheless none of these people, so much exposed, took the disease—not a washerwoman, or a car man, or an upholsterer.

Similar exemptions have been observed in all of the epidemics which have prevailed in every part of the yellow fever zone. Volumes of evidence might be accumulated of this character. In the light of these facts how absurd and contemptible does the fumigation of mail matter appear! And how incredible is the folly and cowardice of those who are afraid to receive even these fumigated letters and papers! A thousand silly stories—mere coincidences—of the peddler and his pack, the bonnet and the bandbox, the straw in the crate, the blanket in the bundle, the scented pocket handkerchief, etc., conveying the poison from place to place, are promptly credited by the timid multitude, while the accumulated evidence of thousands of intelligent physicians throughout many countries and for a hundred years is discredited and scouted.

In Jamaica the best physicians are non-contagionists and admit yellow fever patients to the hospital wards along with all others, and declare that no one has ever contracted the disease from them. "In Barbadoes," says Dr. Ferguson, "our hospitals admit all the yellow fever cases from the navy, but not even inoculation has been able to produce the disease upon any member of the hospital corps, by whom I may truly say the sick are received with open arms; for the anti-social doctrines of ideal contagion are not preached among us here, to the prejudice of duty and humanity."

AN ANECDOTE WITH A MORAL.

I will relate an anecdote of Dr. Samuel Cartwright, of Natchez, Miss., which fur-

nishes an ideal type for the moral treatment of yellow fever:

It was away back in the thirties and yellow fever was prevailing in New Orleans, and the places above it were in a state of watchful fear. A young Northern teacher, trying to return home, started from Woodville, Miss., and arrived at Natchez about midnight in a high fever. Dr. Cartwright was immediately called in. Early in the morning he summoned the officers of the hotel and all the regular boarders into the parlor and made them a little speech. "This young lady," he said, "has yellow fever. It is not contagious. None of you will take it from her, and if you will follow my advice you will save this town from a panic, and a panic is the hotbed of an epidemic. Say nothing about this case. Ignore it absolutely. Let the ladies of the house help nurse her; take flowers and delicacies to her, and act altogether as if it was some everyday affair, unattended by danger. It will save her life, and perhaps in the long run many others." It was agreed to by all but one person, a woman, who proceeded to quarantine herself in the most remote room of the establishment. The young teacher got well, and no one was sick in the house but the self-quarantined woman, who took yellow fever, but happily recovered.

DISSIPATED THEIR FEARS.

By his great reputation and his strong magnetic power Dr. Cartwright dissipated the fears of those around him and prevented an epidemic. For this grand appreciation of successful application of a principle—the power of mind or thought over physical condition, a power just dawning upon the perception of the race—he deserves a nobler monument than any we have accorded to heroes and statesmen.

Now, let us reason seriously together. It is conceded that yellow fever is en-

demic in certain tropical countries; that it arises spontaneously, without the necessary intervention of contagion. It also breaks out spontaneously on tropical ships, even without communication with the land. Then it is of local origin somewhere and sometimes. Are not the southern coasts of the United States sufficiently similar in all respects to those of the West Indies, for instance, to warrant the supposition that yellow fever may be of local origin here also. It only seems to take a longer time for the causes to accumulate with sufficient intensity to explode and cause an epidemic.

Is there any other contagious disease limited to a certain area? Is not small-pox or scarlet fever precisely as contagious in Iceland as in Brazil? Was not the plague the same in London as in Egypt? Does the cholera lose its contagiousness by advancing upon lines of either latitude or longitude? Why should yellow fever be contagious in Jacksonville and not in Atlanta? Why was it contagious at Memphis in 1878 and not contagious at Nashville? Is there any other contagious disease which disappears with frost? In fine, is not the contagion of yellow fever a myth, created by fear and propagated by credulity? Does not our self interest also induce us to deny the local origin of yellow fever, just as the western farmer never acknowledges that the milk sickness could originate in his neighborhood? Is it also not a great deal easier and cheaper to neglect all local sanitation and personal hygiene, relying upon the shotgun to protect us from any suspicious individual who might threaten our peace of mind by his obnoxious presence?

DISEASES NOT ENTITIES.

Diseases are not objects or entities, like trees or stones. They are morbid states of the human body, and they vary in character and intensity according to the modifying influences which have been

impressed upon the system from without or from within. Has there been any great change in external conditions, or in the mental or moral constitution of man which can warrant us in believing that the yellow fever as described by La Roche, Rush, Drake, Dowell, Fenner, Flint, Ashbel Smith, Cartwright, Stone and a thousand others has disappeared from the earth, and a new, virulent, inconceivably contagious disease has taken its place?

I think I can lay my finger on the exact cause why the contagionists are having it all their own way at this time and have ignored the opinions and suppressed the evidence of the great majority of the medical profession. It is the rise and domination of the germ theory of disease, ostensibly based upon the revelations of the microscope. This useful instrument has now brought into view an endless menagerie of infinitesimal animalculae and an equally endless forest of minute vegetable parasites, which have been duly classified as causes of disease. They float in the air, swim in the water, and permeate the food we eat. We are beset by microbes, micrococci and bacteria on all sides. There is no escape from those invisible enemies except by flight, unless we can effect their chemical destruction. The profession, therefore, is in the most active and earnest pursuit of germicides, substances which will kill germs without previously killing the patient who takes them as medicine.

This theory, so simple, so plausible, accounting so well for all the phenomena, has captured alike the professional mind and the popular imagination. All parties have jumped to the conclusion that germs are the causes of yellow fever; that of course it is contagious, as the germs can be carried in trunks and packages, in woolen dresses, in naked hair or folded newspapers! Therefore, quarantine is the only way to keep off yellow

fever, and if that fails on the seaboard how easy it is to stamp it out with anti-septics! But, that failing also, the whole country is convulsed with fear, and every country town and cross roads springs its shot gun upon the miserable refugees, who are flying, like the wicked, "where no man pursueth."

THE PRODUCTS OF DISEASE.

Now germs, bacteria, microbes, micrococci, etc., are the products of disease—the last debris and organic results of morbid action. Whether they are ever the causes for the reproduction and propagation of disease is a separate question, and one requiring the most scientific experiments for its solution. They have been found to exist in many diseases, and perhaps exist in all. They will be contagious if the disease is contagious, but their existence is no proof of contagiousness. The tendency of this germ theory is to make all diseases contagious, to reduce the materia medica to germicides, and the practice of medicine to germ hunting and germ killing, to instigate fears and to multiply quarantines and precautions until every man's hand is raised against his fellow, and society is in chaos.

I protest against this folly. Germicides afford no protection against yellow fever, and have no efficacy whatever in the cure of the disease. A distinguished physician of New Orleans, infatuated with the germ theory, deliberately saturated his yellow fever patients in 1878 with anti-septics, but the mortality was so great that he abandoned the treatment in disgust. Many of the older and some of the younger members of the profession repudiate the extremes to which these anti-septic processes have been carried. I am glad to see that so distinguished a man as Prof. Goodell, of the University of Pennsylvania, has publicly arrayed himself against such theory and practice.

The blood, the secretions, and even the black vomit of yellow fever patients have been repeatedly inoculated into the systems of healthy men without producing any effect but a little temporary irritation. Until the contagionist produces his yellow fever germ, conveys it to some uninfected locality, and inoculates some person with it who contracts yellow fever from the operation (and these conditions are imperative for a truly scientific experiment), I shall decline to believe that yellow fever can be conveyed from one person to another by the bite of a mosquito or by a letter in a mail bag.

THE EFFECTS OF EMOTIONS.

Whoever has seriously studied the operation of mental states upon the body, and of the emotions upon the secretions, will understand that fear is the most powerful agent in the spread of diseases, and in giving them a malignant type. Medical literature is full of illustrations of the influence of apprehensions, fear, timidity, anxiety and despair in aggravating and propagating the plague, cholera, small-pox, diphtheria, typhus and yellow fever. One-half of those who die of these diseases have, in reality died of fear; and it is highly probable that most of the deaths charged to yellow fever outside of the strictly yellow fever localities in the South, have been caused by the bilious fever of the country, intensified by fear and the belief that yellow fever existed. Nothing but the evidence of accomplished experts ought to be accepted as proof that genuine yellow fever has existed anywhere this year outside of Florida, or that any refugee from that State has communicated the disease to a single human being. The evidence of newspaper correspondents, telegraph dispatches, excited and frightened travelers and inexperienced physicians is to be set aside in the solution of a problem like this. Preconceived opinions,

foregone conclusions, hasty and incorrect diagnoses and a morbid desire to make the worst of everything, can precipitate whole communities into excitement ridiculously out of proportion to the real danger existing.

The germ theory of yellow fever has intensified the public fear of the disease. If these terrible germs are not met and stamped out at the seaports, how can we save ourselves, says the public. They are living things, and they can come on the trains or even on the winds, and we cannot help breathing them and drinking them, and incorporating the invisible poison into our blood. There is no hope for us but in flight or in absolute isolation. This state of mind is calculated to convert a mild fever into a malignant fever, a non-contagious disease into a contagious disease—not by endowing it at once with any physical property of contagion, but by the transference of terrified thought from one mind to another, tending to produce similar conditions of body.

A CURIOUS FACT.

It is a curious fact that since the contagionist, with his germ theory, has come into power, the yellow fever has extended its ravages to two great classes of people who had always been supposed to be exempt from its attacks. The Creoles (white people of French or Spanish descent) have always believed that yellow fever was only an acclimating process, occurring but once in a life, and peculiar to strangers or new comers. They denied that people born in the South, of acclimated parents, could ever have yellow fever; and certainly for a hundred years, and through great epidemics, these Creoles were seldom or ever known to contract the disease. But the charm is broken; the Creole finds that he is eating, drinking or breathing invisible poison; he has become credulous and frightened, and in the last epidemic several hundred of them died of yellow fever.

In old times, and twenty years ago is now "old times," the Negroes were accredited with an almost total exemption from yellow fever. Who ever heard of a darkey having yellow fever? was the common remark. Now, even the darkey, overshadowed by the reflected epidemic of the white man, has "contagious germs" on the brain, and having been told also that among his "constitutional rights" is the right to have yellow fever like a white man, he is exhibiting everywhere a liability to take it that is truly astonishing.

If yellow fever is really now a contagious disease, what has given it its new nature? What change in external circumstances and conditions? What change in the constitution of man, and especially of Creoles and Negroes? Where can we detect any change except in opinions of men concerning it—the increased apprehensions, the rapid communication of news, and the tempest of excitement which is created by telegrams, newspaper reports, conflicting boards of health and self-constituted quarantines?

CAN FEAR PRODUCE CONTAGION?

Can a non-contagious disease become contagious by mental action? The power of fear to modify the currents of the blood and all the secretions, to whiten the hair, to paralyze the nervous system, and even to produce death, is well known. Its power to impress organic changes upon the child in the womb through the mother's sorrows is well established. When yellow fever is reported about and believed to be imminent and contagious, fear, combined with a vivid imagination of the horrors and woes of the pest, can precipitate sickness which will take on the form and color present to the thought; and yellow fever may spread rapidly from person to person, all through the medium of the mind. "Everything," said a great philosopher, "was at first a thought."

We see a non-contagious disease in the

very process of transformation into a contagious one in the case of pulmonary consumption. It was observed occasionally that one of the married partners who had nursed the other through that disease fell a victim after a while to the same malady. Doctors and people began to suggest contagion. The cases of one attack following the other were noticed more and more, and were reported in the medical journals. It was spoken of, thought of, brooded over. The confirmatory cases were all carefully noted; the failures to infect were all ignored, as they always are by people who are looking for contagion. The germ theory has given a great impetus to the idea of contagion. Dr. Loomis actually classifies tuberculosis among miasmatic contagious diseases. Fear will do the rest. In another generation, the occasional fact will be a common fact, and in still another a fixed fact; and the contagiousness of consumption will be enrolled among the concrete errors of the profession. Such has probably been the genesis of all contagious diseases in the remote past, and such will be the history of yellow fever, if the present current of false opinion is not in some way reversed.

AN IMPORTANT PROBLEM.

To avert yellow fever entirely, or at least to make it a light and manageable disease which shall produce no excitement is the problem before the profession and the people. It is a feasible thing, and I offer a few suggestions in that direction which may possibly have some weight as the opinions of a man who has lived in full practice for thirty-six years in the yellow fever zone, who has treated more than a thousand cases of yellow fever, and who has given long and earnest attention to the subject.

The first essential is to break the malignant hold which yellow fever has acquired upon the imagination of the people. This can only be done by instruction—by en-

lightenment. Here, indeed, knowledge is power. Yellow fever is least dreaded and least fatal where it is best known. It is astonishing what misconceptions almost everywhere prevail about yellow fever. Its contagiousness and its fatality have been enormously exaggerated. Something should be done by means of the press, pamphlets, tracts, etc., widely distributed, to remove false impressions and to give people a correct idea of the subject.

It should be impressed upon the public mind that there are no yellow fever germs, of almost indestructible vitality, floating about in the air seeking whom they may devour. It is a pure assumption, a silly speculation, unfounded in fact. The microbes, etc., are harmless organic products of the disease, which all perish and pass away with the convalescence of the individual, to be seen no more forever. The "contagious yellow fever germ" is the product of the medical imagination, and should be classed in a catalogue with ghosts and hobgoblins.

LOCAL SANITATION.

The necessity and value of local sanitation and personal hygiene should be constantly insisted upon. Boards of health should be amply provided with means to put cities, towns and villages into perfect sanitary condition, and keep them so. Spasmodic and intermittent work of this sort amounts to little; but persistent, intelligent and continuous efforts in the right direction, year after year, will insure permanent success and incontestible benefit. Let sanitation be a grand practical science. Let the best men be employed and well paid to carry it out and let it be an essential branch of public education. Measures will thus be inaugurated to prevent the combination of factors to produce yellow fever, and internal quarantines will never be required.

When the public has been initiated

into a wholesome and sanitive doubt of all the dreadful stories of contagion, it will be prepared to find the disease no such pest or pestilence as morbid apprehension and unnecessary credulity have proclaimed it to be. Familiarize the people with the statistics of the best physicians of both schools. The mortality under Homeopathic practice, for instance, is about six per cent. Teach them that dysentery, typhus, diphtheria, smallpox, scarlet fever, diseases with which they are familiar, and from which there are no wild stampedes, and against which no shot gun quarantines are established, have over and over again proved more fatal than yellow fever. In all the yellow fever zone ten times more people have had the fever and recovered than have died of it, and hundreds of thousands have lived in infected districts for many years and never had it at all.

Some of the medical faculty have yet to learn that the moral treatment of yellow fever is vastly more important than the administration of drugs. The presence of a cheerful, hopeful, bright-spirited physician is more curative than quinine, calomel or germicides. He needs an intelligent, quiet, reticent, good natured nurse to aid him in his work. What awful specimens of nurses have we had to put up with! What miserable, ignorant, talkative, doleful, agitating, despair-inspiring wretches, responsible for many a death! A school of trained nurses is an imperative necessity for the Southern country. With such nurses, and doctors who study mind as well as matter, and who trust nature more than art, our sick room would be bright and peaceful, cleanly and orderly in all its appointments, while fear would be dissipated, hope and courage inspired, and the safety of the patients already assured.

DON'T BOMBARD THE AIR.

It is a great mistake in an epidemic to

fire cannon, burn tar barrels, permeate the whole city with offensive stenches, hang out yellow flags, make constant reports of the progress of the disease, and keep the public in a state of vague agitation and expectancy of evil. All these things have done vastly more harm than good. The existence of disease should be ignored as much as possible. It should drop out from the papers and be strictly tabooed in families as a subject of conversation. The business and amusements of the world should go on just as quietly and pleasantly as ever. To make a terrible bugbear of yellow fever, and turn the attention of everybody to and keep it fixed upon it, is a sure way to invite it, to propagate it, and to intensify it. He who labors to dispel fear from the public mind and from the chambers of the sick is the true benefactor in an epidemic. The noisy, officious philanthropist who is perpetually discussing the situation, suggesting specifics and foreboding evil, is himself an infection requiring a germicide.

At the first intimation of an approaching epidemic an intelligent public should prepare itself to meet the possible emergency in a rational and dignified manner. The press, the pulpit and the medical profession have each their duties to perform, and they should be discharged boldly and unselfishly. The supreme object of all parties should be to quiet public apprehension, to dissipate fear, and to organize self respect, courage and humanity. The peripatetic liar who annually reports yellow fever where it does not exist, and where it does multiplies the number of cases by ten, should be detected and exposed, with name and address, to public scorn. And the officious health officers who order quarantine against distant communities on the evidence of the peripatetic liar, deserve the same fate. At such a moment especially the timely voice of the pulpit should be

heard throughout the land, reminding a Christian public that cowardice and inhumanity are worse than death, and that a man's first duties are not to himself and family, but to his neighbors and his country.

AN OBJECT OF SUSPICION.

Although the fact may be admitted that yellow fever is not transmitted from person to person, still there remains a suspicion in some minds that it can be conveyed by certain articles from place to place. As long as this doubt remains, quarantine in some form is justifiable. The tropical ship in summer time should always be an object of suspicion. Yellow fever has a strange affinity for ships. A ship may be a floating infected locality. A ship with yellow fever aboard anchors a mile or two off a healthy port. The sailors and passengers may come ashore and the disease does not break out; but let the landmen go aboard the ship, or enter the infected locality, and they contract the fever. Therefore, the rigid and scientific quarantine established at New Orleans against infected shipping should be maintained. Internal quarantines of towns and cities against each other are liable to great abuses, are always burdensome and oppressive, and nine times out of ten are entirely unnecessary. Until the question of the transmissibility of yellow fever by germides is definitely settled, and so far there is not much evidence one way or another, these quarantines must be endured; but their institution and management should be entrusted to wise, intelligent and capable hands, so that the justice and humanity demanded by the American people may be equally accorded to all parties.

THE JOURNAL has two more articles on the subject of yellow fever held over for another issue because received too late for this. Let others contribute their views and treatment to go with them.

My Experience with the Epidemic of 1878.

By C. E. Fisher, M. D., Austin, Texas.

THE epidemic of 1878 was the most wide-spread and destructive that ever visited the United States, the amount of territory covered by it being several times larger than that invaded by any single previous epidemic. Not only were the chief commercial centres of the Mississippi Valley made to feel the blight of the dread pestilence, but numerous country points, which had, through previous epidemics, served as summer resorts for refugees from the cities, were caused to know the sorrows and terrors of the plague.

Ascending the Mississippi it branched off to the right and left along the water courses tributary to that great stream, until it reached, among the points most remote from its fountain head—New Orleans—the battle-field city of Chattanooga well up in the Tennessee mountains. It was late in opening on this scene, and not until after it had been raging for about two months in the Mississippi Valley was it really found to exist there. But, as is the rule generally, the fact of its late appearance only served to increase its virulence, and great fatality attended its visit at this point.

I was at that time residing temporarily at Marietta, Georgia, on the line of the railroad from Chattanooga to Atlanta, and, naturally enough, became greatly interested in its nearness, as did the entire populace. Relief concerts and lawn parties were held to raise money for the afflicted town, and the liveliest attention was given all reports from the field of the disease. I had previously volunteered my services at New Orleans and at Memphis only to have them declined as I had never had the fever, and when the telegrams informed us that three of Chattanooga's medical force were dead, and

that two more were down with the disease I concluded that I might be accepted, and wrote my willingness to go if needed. I soon had a message to come on first train, and was in for it.

Not soon will I forget the appearance of Chattanooga as I entered its gates. Our train was side-tracked out a few miles on the Chicamaugua battle-field flats and an engine and a single coach were made to do the service of the road to the depot; as the entire list of passengers consisted of a physician from Atlanta, a member of the Howard Association, the conductor and myself, we were not crowded. A solitary watchman was doing service at the depot, and a dilapidated hack manned by an aged African Jehu waited to receive the passengers. Nearly all the stores and shops in the city were closed, and those that were doing business were attended as a rule by a single man and were open but a few hours daily. The blast furnaces and rolling mills were all shut down; but one hotel, the Reed House, was open for guests; even the drug stores were in good part but poorly attended. The streets were almost deserted, and the whole aspect was one of sorrow, desolation and terror.

At three o'clock in the afternoon, daily, the citizen's relief committee, the local board of health and the physicians would meet together and the report of all for the preceding twenty-four hours would be given in. A commissary department had been organized and was in full operation, the work of relief being attended to in a most systematic manner.

At this meeting it was decided to assign me to hospital duty and one of the ward school houses was brought into requisition, and was soon converted into a Homeopathic hospital. Another had already been assigned to the volunteer physicians, old school, from Atlanta, and was bearing the name of the Atlanta hospital.

As remarked, it was late in the season before the epidemic broke forth in Chattanooga and volunteer physicians were not needed but a short while before frost. From this fact our hospital was not afforded an extended opportunity to test the value of Homeopathy at the hands of an unskilled physician, but we had nearly every type of the disease to combat in the eighteen cases admitted. As shown by the report of the Yellow Fever Commission, published elsewhere, the disease raged with unusual fierceness in Chattanooga, whose sanitary condition was absolutely vile, the mortality under the old school treatment reaching the alarming rate of fifty-two per cent, while the general mortality under Homeopathic treatment was thirty-six per cent, both per centums being larger than at any other point at which the disease prevailed. Of the eighteen cases treated at our hospital, three died, and of these, two were in articulo mortis when brought in.

TREATMENT.

In nearly all cases seen in the incipency, *Aconitum*, 2x or 3x, was given for the chill and fever of the first stage, with occasional recourse to *Belladonna* in alternation therewith, when headache, flushed face, throbbing carotids and injected eyes were present. *Gelsemium* was given when the face was besotted, the patient's intellect somewhat beclouded early in the case, and the headache confined to the cerebellum. If perspiration was slow in appearing, *Bryonia*, 3x, was alternated with *Aconitum*, every half hour. In all cases where these two remedies were given in alternation the patient was given a warm foot bath, usually with a little mustard in it; he was well covered, and in two or three instances hot bottles were applied to his sides and thighs to assist in inducing free diaphoresis.

In one especially stubborn case, where there was intense dryness of the skin and suppression of the urine for nearly

thirty-six hours—I don't mean retention—*Jaborandi*, tincture, five drops, hourly, for a few doses, induced copious sweat and subsequently, *Apocynum Can.*, 1x, established a free flow of highly abuminous urine. This was the only case of suppression met with. We had three cases of black vomit, with one death. Neither of the others seemed very dangerously ill, at any time, however, and both recovered nicely, *Argentum Nitricum*, 3x, being the remedy given. Nausea and early vomiting were aborted by *Arsenicum* and *Ipecac* in several cases.

Just here it may be proper to say that reference is had in this resume to treatment of other cases than those in our hospital. I saw, all told, in the hospital, out cases, and in the practice of resident physicians, well toward a hundred cases, having individual charge, in all, of about one-third of that number. In one case of apparent, and, I believe, threatened suppression of urine, *Chimaphilla Umbellata*, in the tincture, promptly established the flow.

WAS IT EUCALYPTUS?

One thought in regard to the high Homeopathic mortality at Chattanooga. While it is undoubtedly true that the fever raged with unusual malignity there, it has occurred to me that possibly the fact that the local Homeopathic physicians, none of whom had ever before seen the disease, called *Eucalyptus* into requisition more frequently than *Aconite*, and *Belladonna*, and *Gelsemium*, in the early part of the epidemic, may have had something to do with this result. Yellow fever, evidently, does not depend on a malarial origin, nor is it fostered particularly by malarious conditions; consequently *Eucalyptus* is hardly its remedy. Nowhere in our literature do I find it mentioned in connection with the treatment of this disease. Just why it was used in Chattanooga I do not know, but the physicians there, and myself as well,

gave it quite often in our first experiences. Is it not possible that some of our cases would have done better on the old stand-bys, and thus the mortality have been kept down? I submit this thought for the benefit of others who may be called upon to treat the plague. *Aconite*, *Gelsemium*, *Belladonna* and *Bryonia* are better than *Eucalyptus*, *China*, *Eupatorium* and other malarial remedies.

Sulphuric Acid, 2x, seemed to allay nausea nicely in a number of instances. On several occasions slight qualmsiness manifested itself in my own person, and this remedy always relieved promptly. I escaped without having the disease, but shall hesitate before volunteering to go about it again.

A National Bureau of Health.

THE following is the text of a bill proposed by a conference of merchants and physicians recently held in New Orleans, looking to the creation by Congress of a National Health Bureau. It is given entire, with the memorial which follows, from the Times-Democrat, as bearing especial relation to the subject to which this number of THE JOURNAL is devoted.

The Conference on Health, composed of representatives of the various commercial bodies, met last night at the rooms of the Merchants and Manufacturer's Association, with chairman Simon Hershheim presiding, and Captain Edward Belknap secretary.

There were present from the Cotton Exchange W. C. Flower and J. M. Frankenbush; Produce Exchange, James T. Hayden and Udolpho Wolfe; Mechanics and Lumbermen's Exchange, R. B. Forman; Chamber of Commerce, D. L. Mitchel; Sugar Exchange, R. B. Scudder and J. W. Blackman, Jr.; Maritime Association, Breedlove Smith; Merchants and Manufacturers' Association, J. J.

Mellon, S. Hershman, W. J. Behan; Sanitary Association, W. G. Wheeler, Drs. Samuel Logan and J. B. Elliot, and by special invitation, Dr. C. P. Wilkins, president, and Dr. L. Salomon, secretary of the State Board of Health, and Congressman Theodore S. Wilkinson.

Mr. Forman, of the special committee on conference with the State Board of Health, read a report that embodied the bill that was read to the special committee on Wednesday evening last, and by that committee approved. Mr. Forman read the bill drafted by him after consultation with the officers of the Board of Health. The bill was read section by section, amended and then adopted as a whole. It is as follows:

A bill to create a Bureau of Health, and to prevent the introduction and extension of contagious and infectious diseases in the United States.

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled:

SECTION 1. That there shall be established in the Department of the Interior a bureau of health.

There shall be appointed by the President, by and with the advice and consent of the Senate, a Chief Commissioner of Health of the United States, who shall, under the direction of the Secretary of the Interior, organize and manage the bureau of health herein established, and may employ such assistants and clerks as may be necessary, with the approval of the Secretary of the Interior. The Secretary of the Interior shall provide suitable offices for the bureau of health. The Chief Commissioner of Health of the United States shall be paid an annual salary of five thousand dollars, and shall hold his office until he shall have attained the age of seventy years, unless sooner removed by the President.

Sec. 2. There shall be appointed by the President a health commission, to be

composed of twenty members, to be divided into six sections as follows: Five commissioners for the (1) yellow fever section and three commissioners for each of the following sections: (2) Cholera section, three; (3) typhoid fever section, three; (4) scarlet fever section, three; (5) smallpox section, three; (6) diphtheria section, three. The members of each section shall be experts in the disease to which his section is devoted. Each commissioner shall receive an annual salary of twelve hundred dollars, and may reside at his usual residence except when called into active duty under the provisions of this act.

These several sections shall be charged with directing the investigation by the Commissioner of Health into the cause, origin and mode of extension and measures to prevent the respective diseases to which they are named. Each section shall formulate methods and rules for the prevention of the respective diseases with which they are charged, to be submitted for the revision and approval of the whole health commission at its annual meeting hereinafter provided for.

Sec. 3. The entire health commission shall meet annually in Washington, D. C., in the month of April, on a day to be fixed by the Chief Commissioner of Health of the United States, and at its sessions he shall preside; and at said annual session the health commission shall adopt plans for the prevention of the introduction into the United States of contagious and epidemic diseases, and the prevention of their spread, and make rules and regulations for interstate quarantine, and for the non interference with interstate communication during a threatened epidemic, and preparations for the suppression of a threatened epidemic.

Sec. 4. Whenever an epidemic of (1) yellow fever, (2) cholera, (3) diphtheria, (4) typhoid fever, (5) scarlet fever, or (6) smallpox, is threatened, and the Governor

of any State shall call upon the Chief Commissioner of Health of the United States to that end, he shall immediately (with the assistance of the section of the health commission devoted to that particular disease, enforce and carry out the methods, rules and regulations adopted by the health commission for that disease, under the third section of this act, and as far as possible in co-operation with the local and State sanitary authorities, and to that end the section of the health commission so called into action shall have the disbursement of the federal appropriation for the prevention and suppression of contagious diseases, on the approval of the Secretary of the Interior.

Sec. 5. The bureau of health and the Chief Commissioner of Health, and section of the health commission called into active duty under the foregoing provisions, shall co-operate with and so far as it lawfully can may aid State and municipal boards of health, in the execution and enforcement of the rules and regulations of such boards, to prevent the introduction of contagious or infectious diseases into the United States from foreign countries, and into one State from another.

Sec. 6. It shall be the duty of the bureau of health to obtain information of the sanitary condition of foreign ports and places from which contagious and infectious diseases may be imported into the United States, and to this end the consular officers of the United States at such ports and places as shall be designated by the Chief Commissioner of Health shall make to him weekly reports of the sanitary condition of the ports or places at which they are respectively stationed, according to such forms as he may prescribe; and the bureau of health shall also obtain, through all sources accessible, weekly reports of the sanitary condition of ports and places within the United States, and shall make investigations into the nature,

cause, origin and means of prevention of contagious and epidemic diseases, as well as the causes and conditions of particular outbreaks of such diseases in the United States, and shall publish and transmit to the medical officers of the Marine Hospital Service, to collectors of customs and to State and municipal health officers and authorities, weekly abstracts of its sanitary reports; and to them and to the public, as far as possible, the results of its investigations into the causes and means of prevention of epidemic diseases; and it shall make to the Secretary of the Interior an annual report of its operations, with such recommendations as it may deem important for transmission to Congress.

Sec. 7. The bureau of health shall annually issue to the consular officers of the United States, and to the medical officers serving at any foreign port, and otherwise make publicly known, the rules and regulations made by the health commission for the prevention of the introduction of contagious and infectious diseases into the United States, and from one State into another. The consuls shall promulgate such rules in their respective ports and places, and shall promptly inform the chief commissioner of health of the United States when any vessel destined to a port of the United States has not obeyed such rules.

Sec. 8. The President is authorized, when requested by the section of the health commission called into active duty, or by the chief commissioner of health, to detail officers from the several departments of the government (or employ persons from civil life) for temporary duty to act under the direction of said Chief Commissioner of Health or section of the health commission on active duty, to carry out the provisions of this act and the rules adopted by the health commission; and such officers shall receive no additional compensation except for actual and necessary ex-

penses incurred in the performance of such duties.

Sec. 9. The members of the health commission, when attending the annual session, shall be paid their actual expenses, going and returning, and the members of the section called into active duty under section 3, shall be paid their actual expenses while engaged in such active duty.

SEC. 10. It shall be unlawful for any merchant ship or vessel from any foreign port where any contagious or infectious disease exists, or having on board any infectious disease, to enter any port of the United States, except in accordance with the rules adopted by the health commission, and the certificate of the United States consul at such port shall be prima facie evidence of the existence of such disease in the foreign port where he is stationed. Any such vessel which shall enter, or attempt to enter, a port of the United States in violation of this act shall forfeit to the United States a sum to be awarded in the discretion of the court not exceeding \$1000, which shall be a lien upon said vessel, to be recovered in any district court of the United States where said vessel may be found. In all such proceedings the United States District Attorney for such district shall appear on behalf of the United States, and all such proceedings shall be conducted in accordance with the laws and rules governing cases of seizure of vessels for violation of the revenue laws of the United States.

SEC. 11. It shall be unlawful for any person to obstruct commerce or intercourse between the States, or between the United States and foreign countries, except in accordance with the rules of the health commission, or to obstruct the action of the health commission when called into active duty in the performance of its duties, and any violation of this section shall be a misdemeanor, and on

conviction the person so offending shall be fined not exceeding \$1000 and imprisoned not exceeding six months, in the discretion of the court.

Sec. 12. To pay the first year's salaries and expenses of the bureau of health and health commission, the sum of seventy-five thousand dollars, or so much thereof as may be necessary, is hereby appropriated, to be disbursed under the direction of the secretary of the interior, on estimates to be made by the Chief Commissioner of Health, and to be approved by the Secretary of the Interior.

In case of an epidemic of a contagious or infectious disease, and a section of the health commission is called into active duty, the sum of five hundred thousand dollars, or so much thereof as may be necessary, is hereby appropriated, to be drawn and expended under the direction of the Secretary of the Interior, to enable such section of the health commission called into active duty to suppress the disease and prevent its spread, and to enforce the rules of the health commission, provided for and adopted under section 3.

Sec. 13. The following acts are repealed: (1) An act to prevent the introduction of contagious or infectious diseases into the United States. Approved April 29, 1878 (chapter 66, page 37, volume 20). (2) An act to prevent the introduction of infectious or contagious diseases into the United States, and to establish a National Board of Health. Approved March 3, 1879 (chapter 202, volume 20, page 484). (3) An act to prevent the introduction of contagious and infectious diseases into the United States. Approved June 2, 1879 (chapter 11, volume 21, page 5).

The following memorial was also adopted:

To the Congress of the United States.

"In view of the fact that at various periods during the last twenty years yel-

low fever, cholera, and other infectious and contagious diseases have been brought into several portions of the United States, causing great destruction to life and property, which could have been prevented if every State had an efficient Board of Health; and in view of the fact that some of the States have no quarantine laws or sanitary regulations, thereby making almost inoperative the quarantine laws of other States, and when danger is apprehended of the approach of disease, causing a shot gun quarantine, which is barbaric in its usage and inhuman in its treatment;

"In view of the fact of the widespread calamity that has befallen our sister State of Florida, much of the evils of which might have been prevented by an efficient sanitary organization;

"And in view of the further fact that a single health officer, on inaccurate information, which he subsequently admitted to be erroneous, declared quarantine against a sister State which had not had a single case of infectious fever during the entire season

"The Commercial Exchange of New Orleans respectfully petitions you to exercise the power delegated to you to regulate commerce with foreign nations and among the several States, in the following direction:

"That measures be taken for diplomatic negotiations looking to the adoption of an international sanitary code; and that you will pass a bill to create a national health commission, a draft of which we venture respectfully to submit to your consideration. A measure of this character will concentrate Federal resources and power when and where most needed, without infringing on the powers and functions of State authority. You have established and liberally maintained a bureau of animal industry, to protect the lives and health of cattle. Certainly the lives and health of human beings are more precious.

The magnitude, solidarity and complex relations of modern commerce and intercourse between the States of our Federal Union makes Federal action in this direction imperative."

Congressman Wilkinson, being called upon to address the meeting, stated that it would be almost an impossibility to pass any important bill during the present session of Congress.

On motion of Mr. Smith, 1000 copies of the bill and memorial were ordered for distribution now and at the beginning of the next session of Congress.

Mr. Scudder requested that congressmen Wilkinson and Logan be asked to introduce this bill and give it their support.

Mr. Wilkinson said that he would do all that laid in his power to have the bill passed.

On motion of General Behan, the subcommittee of seven which had assisted in the preparation of the bill, are continued for the purpose of looking after the bill.

Dr. Wilkinson asked that a copy of the bill be forwarded to the Board of Health, with a request that they concur therein, which the secretary was ordered to do.

Dr. Salomon announced that a meeting of the American Public Health Association will be held in Milwaukee on the 15th of November next, and the secretary was instructed to furnish to Dr. Salomon a number of copies of the bill, to be taken to the health meeting by him.

Treatment of the Epidemic in Savannah.

By L. A. Falligant, M. D., Savannah, Ga.

FROM Dr. Falligant's most excellent pamphlet review of the epidemic which visited Savannah in 1876, a second edition of which, with addenda, has just been issued from the press, we are able, by his permission, to give in full his

views on nursing, medical treatment and prognosis of the disease. But for the labor incident to the publication of his second edition, Dr. Falligant would have favored THE JOURNAL with an original article written especially for its readers. As it is, we are enabled by his kindness to give his views exactly as written for his own valuable pamphlet, thus securing his very best thought on the subject.

NURSING REGULATIONS.

As soon as the person is taken with the fever, whether it is hot and the skin dry, or whether it is attended with chilly shudderings, he should go immediately to bed and stay there until his recovery. At once order a hot mustard foot-bath, first disrobing, with the exception of one shirt or gown, and covering with a sheet (and blanket if he is chilly). In some forms of the fever a hot foot-bath every four or five hours until the fever cools is sufficient. In cases of intense high fever, especially with a hot, dry skin, the bath may be used every two or three hours, and in convulsions continuously until the convulsions cease. After the first stage of the fever the bath is rarely of use, and has a tendency to weaken the patient.

If the thirst is intense, a little pounded ice put frequently on the tongue gives much relief. No drink is more generally acceptable at this stage than the common bottled lemon soda water of the saloons.

If the stomach is irritable a mustard plaster over the pit is often of benefit; and when constipation and flatulence co-exist, an enema of warm water, emptying the lower bowels, will frequently relieve the distress.

Warm drinks generally promote sweating in the febrile stage, and help to eliminate the poison through the skin.

When, in the second and third stages, the patient complains of intense, burning thirst, with pain in the stomach, pounded

ice with a little brandy on it, administered in teaspoonful doses every few minutes, often gives magical results. If to this, or in alternation with it, a little sulphuric acid diluted in water (10 drops to a tumbler full, so as to taste a little acid), is also given, not infrequently the white watery or dark vomits, and often the genuine *vomito* itself, will be checked and the patient saved. I have seen many cases of the coffee-grounds vomit recover by these means.

Whatever desire the patient may have to be purged, it should never be done with the pregnant female, as it will most assuredly bring on abortion.

No visitors should be allowed to the sick. Conversation should be avoided, as it makes the patient nervous; when unavoidable it should be cheering, and no mention should be made of the sickness or death of others. The sick bed of a yellow fever case is no place for a prayer meeting. Gloomy forebodings exercise a most baneful influence.

No draughts should be allowed to blow on the sick, but the fresh air should always be allowed to ventilate the room. Immediately after the first profuse sweatings subside I have often directed a change of garments and bedding, with good results. The intense fever smell arising from the sweat is thereby taken from the sick room.

On no account allow the patient to get out of bed—not even to use a chamber. A violation of this rule will often induce vomiting and collapse.

When the condition of the stomach permits, a light beef broth may be given every two or three hours. Bodily frictions with oil are of service when this organ still remains irritable.

When clammy and cold sweating supervene, and great exhaustion is apparent, sponging the body with alcohol and warm water, or brandy and water, is of great service. In intense debility it is

best to use the liquor without dilution.

Ice water may be given frequently, in small quantities, to relieve the burning thirst.

Warm bricks, or bottles of hot water to the feet, are of great value in cold conditions.

Baths or spongings of cold water are very dangerous, as they check the cutaneous eliminations and induce internal congestions.

I am convinced that when one is attacked with the cerebral type, with wild delirium, and intense burning fever, the case may be benefitted by being put bodily into a bath tub full of warm water and kept there, even for hours at a time, until the delirium subsides—the water being kept steadily at a temperature above that of the body. Such a condition is desperate, and warrants so heroic a bath.

The nurse should not take charge of the treatment of the case beyond what I have indicated.

MEDICAL TREATMENT.

The importance of correct treatment in the beginning of the attack can not be over estimated, as what is accomplished in the first twelve to twenty-four hours often determines the life or death of the patient. The greater fatality attending hospital cases is due not only to the "aggregation of cases and intensification of the poison," but to the fact that few cases are brought to the hospital until they have reached the second or third stages of the disease. It may be safely stated that the death ratio will be three times as great in hospital as in private practice under similar treatment.

If the case is seen in its early stages, when the fever is high and the pulse bounding, whether the skin is dry or moist, or whether chilly shudderings or intense heat exists, put five or six drops of tincture *Aconite* in one tumbler full of water (about six ounces), and five or

six drops of tincture *Belladonna* in a second tumbler full of water, and give these solutions alternately every half hour, in dessert or tablespoonful doses, until the first febrile onset subsides. In those cases where little or no secondary symptoms follow such subsidence, little more medicine will be needed beyond some *Nux Vomica* and *Cinchona* tinctures, prepared similarly, and given for a few days to tone up the stomach.

If the temperature remains high after the first twenty-four hours, and intense headache continues, with an irritable stomach coming on, *Nux Vomica* and *Arsenic*, or *Belladonna* and *Arsenic*, are the remedies—*Nux* alternately with the *Arsenic* when the gastric disturbance predominates, and *Belladonna* alternately with the *Arsenic* when the cephalalgia is most intense. The constant wakefulness at times present in this stage is often wonderfully subdued by a few swallows of well made coffee.

My own experience accords with that of Belot, who says, "that if there are chills in the early stages of the fever, and on its decline good remissions occur, *Quinine* is useful; but if there are no chills in the early stages, and the fever continues, with hot and dry skin, no propitious moment can be found for its use."

In August and the early part of September I used *Quinine* with good results in cases of the above character where marked remissions of the fever followed its primary onset; but later in the season, particularly in the October and November cases, the disease assumed the more marked typhoidal symptoms, and I rarely found *Quinine* of any use. On the contrary, I am sure it promoted cerebral and nephritic congestions.

During the entire early rise and remission of the fever the hot mustard foot baths should be employed, as directed in the chapter on nursing; but they are of

little service beyond this stage, and positively injurious at later periods because of their debilitating influence.

When vomiting in the primary stage is prolonged and troublesome, it may often be speedily checked with small doses of *Ipecac.* Put three or four drops of the tincture to four ounces of water, and give a teaspoonful of this solution every fifteen to thirty minutes until relief is afforded. Pounded and cracked ice is also of service; and a mustard plaster on the stomach has a good effect.

Whenever, after the first twenty-four hours, the temperature remains high and the pulse gets harder, accompanied with nausea at the stomach, and occasional vomiting of whitish watery fluids, the remedies for anticipating and warding off the vomito should be at once adopted. These are *Sulphuric Acid* and *Arsenic* alternately every hour or half hour, as the exigencies of the case may suggest. I have rarely found them to fail me when commenced in good season, and they should be continued with as long as continuing life gives a chance of recovery. I put five to ten drops of the acid in one tumbler, and about ten drops of tincture *Arsenic* in a second tumbler of water, and give desert spoonfuls at a dose. The irritable stomach will often reject doses larger than a teaspoonful. Between these doses I give pounded ice with a little brandy poured on it. The results are often wonderful; and the recovery of many cases where the coffee-grounds vomit had existed for days, and the patient's body lay cold, with glazed eyes, as in the death struggle, forbids the abandonment of hope whilst the lamp of life still is burning.

The detail record of the cases cited in the "Report on the Epidemic of 1876" contains numerous further suggestions concerning the treatment of this disease, and to these records I may refer those who desire to review more studiously the

measures employed in many varying conditions.

PROGNOSIS.

When the disease attacks the brain especially, as in the typhus-cerebral type, wild delirium supervenes. When it attacks more directly the abdominal viscera, the brain remains clear. These distinctions are of great value in directing the treatment.

The pulse increasing in an adult to 140 or over is of serious import (see case 2), even in the first stages of the fever; and when remaining rapid after the decline of the temperature indicates great exhaustion. When in the second stage it lowers and becomes soft and compressible, whilst the general phenomena of the disease gradually subside, the prognosis is favorable; but when it becomes harder and thumping to the touch, or threadlike, feeble and irregular, the case is taking on graver conditions. When the symptoms continue in all their violence from the beginning, not yielding to any measures for relief, death will occur in about forty-eight to seventy-two hours.

Inextinguishable thirst is a bad sign.

Dyspnoea, or panting respiration, from the intensity of the fever in its earlier stages, is not usually of serious import; but continuing after the subsidence of the febrile onset, or appearing in the second or third stages, especially is associated with pinched nose, intense thirst and oppression and burning in the pit of the stomach, and sighing and moaning, points to a speedily fatal result, particularly if accompanied by throbbing of the celiac trunk.

The vomiting of the contents of the stomach in the early stages of the fever is unimportant, often relieving the feeling of oppression in the epigastrium—but when persistent after the first twelve hours, and becoming clear and watery, or of a darker hue, and containing particles like bees wings or the washings or

skin of parched coffee, points directly to the "coffee grounds" vomito, and is of alarming nature.

Profuse sweatings during the febrile stage and early remissions are of good omen; but extending into the second or third stages are colliquative in character and indicate great weakness.

Hemorrhages of red blood, whether nasal, buccal, cystic, or uterine, in the onset of the disease, have no graver meaning than to indicate a hemorrhagic tendency; but are intensely alarming when coming on after the primary access subsides, and especially if they exhibit a dark or blackish hue, and form black incrustations on the gums, lips, etc.

Purple lips in the beginning of an attack presage fatality.

Dryness of the skin, and a red, parched, glazed tongue often denotes a more continued or typhoidal type of the disease.

Hiccough from flatulence, in the beginning of an attack, is unimportant; but appearing in the second stage and continuing in the third stage, indicates approaching dissolution.

Dark looking bilious dejections, particularly in the early period of the fever, are not alarming; but they may degenerate into hemorrhagic discharges looking black and often giving warning of approaching vomito.

Retention of urine is not alarming; *suppression* is fatal.

Albuminuria is frequently met with; but it is so often seen in Dengue and other fevers that it can not be considered characteristic of yellow fever.

Sudden storms, alarm, fright, gloomy conversations, the hearing of the illness and death of others, and similar mal-influences, always act banefully. Epidemics become more fatal in ratio to the number of cases as the fall season appears—September and October being the worst months in this respect.

"When *Cephalagia* is violent and con-

tinues during the second stage, without remission of the other symptoms, the case will be grave. When it disappears suddenly, but the stomach is painful and the coeliac throbbing can be observed, the remission is deceptive."

SUMMARY.

Number of cases of yellow fever treated by me, between 900 and 1,000.

Number of deaths in cases to which I was called before fatal symptoms (black vomit and suppression of urine) had set in..... 17

Number of deaths in cases to which I was called after fatal symptoms had set in 15

Number of black vomit cases recovered 45

Of the thirty-two deaths, eight were cases of relapse, and twenty-four were original first attack.

Of the seventeen cases seen by me before fatal symptoms had set in, five were "death struck" from the inception of the disease.

I treated over one hundred cases of the hæmorrhagic type without a single death.

What the Figures Say.

IN the fall of 1878, immediately after the terrible epidemic of that year, a yellow fever commission was appointed by Dr. Conrad Wesselhoeft, of Boston, president of the American Institute of Homeopathy, to gather all the information obtainable bearing upon the results of the Homeopathic treatment of the disease as compared with the results of old school treatment, for the information and benefit of the profession and people.

The commission was composed of W. H. Holcomb, M. D., New Orleans, F. H. Orme, M. D., Atlanta, L. A. Falligant, M. D., Savannah, J. P. Dake, M. D., Nashville, L. D. Morse, M. D., Memphis, T. J. Harper, M. D., Vicksburg, W. J. Murrell, M. D., Mobile, E. H. Price, M. D., Chattanooga, W. L. Breyfogle, Louisville, T. S. Verdi, M. D., Washington, and B. W. James, M. D., Philadelphia. It would be difficult to find eleven more honorable and capable gentlemen in any school of medicine than those constitut-

ing this commission, and there can be no doubt as to the thoroughness and honesty of their investigations nor as to the correctness of their conclusions.

From a report they made to the Institute and Congress the chief facts and statistical evidence favorable to Homeopathy are culled and herewith presented. Had we the space we would take pleasure in reproducing the entire report. This, however, is impossible, and we are compelled to satisfy ourselves with the figures.

AND HERE IS WHAT THEY SAY.

It was long thought that "figures cannot lie." Some philosophers now go to the other extreme, and assert that "anything can be proved by figuring." The truth, as it generally does, lies in the middle ground. The numerical method has been abused and overrated; but applied in a careful and scientific manner, its results are sometimes exceedingly valuable. Statistics may not yet be an exact science but only a science of probabilities—and yet we have so little exactitude in this world, that when a system of practice has *very strong probabilities* in its favor, we begin instinctively to suspect that it is a good one.

Figures increase in argumentative value as they increase in numbers. A few statistics are worth positively nothing; a great accumulation of facts, skillfully analyzed and compared, may lead us to definite results, to purer principles, and to natural laws. The great institution of life insurance is based on this fact. It is impossible to predict the longevity of this or that man; but of a thousand men now thirty years of age, we know that a certain number will be alive in ten years, a certain diminishing number in twenty years, and so forth. This fact has only been discovered by the accumulation and study of a vast number of observations of human longevity.

THE LAW OF STATISTICS

Is thus formulated by an able writer:

"The influence of minor causes of disturbance diminishes as the area of investigation increases, until, if the basis be sufficiently extended, one is justified in disregarding them altogether."

Now apply this to medicine. We can learn nothing from the experience of any one man, at one place, and in one epidemic, because "minor causes of disturbance" are innumerable. A physician may treat two hundred cases in an orphan asylum with only one death, and then lose ten cases out of twenty in private practice—and vice versa. The comparison of

the practice of any two physicians amounts to nothing. One man may lose five out of his first ten cases and be a far better physician than one who loses only one case in the first fifty. Such minor disturbances as the difference in the class of patients, the age, the race, the surroundings, the nursing, the locality, the severity of the attack, the variations in constitutions, etc., etc., make it impossible to come to any conclusion from comparing small numbers of cases—either of physicians of the same or of different schools. But when the "area of investigation increases"—when we get the reports of ten or twenty physicians, with a large number of cases, drawn from different localities, and made at different times or in different epidemics, and compared with correspondingly large figures of as many or more physicians of another school, then we have a "basis sufficiently extended" for us to disregard all the "minor disturbances" which make the differences between any two physicians, and we arrive at a point where we may strike some just average with every degree of probability.

* * * * *

SOME HOMEOPATHIC FIGURES.

On analyzing the reports handed us, we ascertained the following facts:

We have 1,945 cases of yellow fever treated Homeopathically in the city of New Orleans, with a loss of 110 patients, a mortality of $5\frac{1}{10}$ per cent.

We have 1,969 cases of yellow fever treated in cities and towns outside of New Orleans, with a loss of 151 patients, a mortality of $7\frac{1}{10}$ per cent.

This makes a total of 3,914 cases of yellow fever treated Homeopathically, during the epidemic of 1878, with a loss of 261 patients, a mortality of $6\frac{1}{10}$ per cent.

We have, moreover, reports of 555 cases treated Homeopathically in the great epidemic of 1853, with a loss of 33 patients, a mortality of 6 per cent.

Also, reports of 2,100 cases treated during the several minor and much milder epidemics which occurred between 1853 and 1878, with a loss of 66 patients, a mortality of $3\frac{1}{10}$ per cent.

Making a grand total of 6,569 cases treated by Homeopathic physicians, with a loss of 360 patients, a mortality of $5\frac{1}{10}$ per cent.

AMONG THE NEGROES.

The number of cases reported as occurring in 1878, among negroes, including mulattoes, was

exactly 900, with a loss of 27 patients, a mortality of 3 per cent.

Some physicians did not distinguish between their patients as to race or color. The number distinctly reported as white was 2,299, of whom 194 died, a mortality of $8\frac{4}{10}$ per cent. This includes the returns from points like Memphis and Chattanooga, where the fever was very malignant and the mortality very great. In four of the New Orleans reports, 1,076 patients are described as being white, of whom 66 died, a mortality of $6\frac{1}{10}$ per cent.

The number of cases distinctly reported as colored in the city of New Orleans, was 107, of whom 3 died, a mortality of a little less than 3 per cent.

The total number of cases reported as being under 15 years of age, is 1,089, of whom 48 died, a mortality of $4\frac{4}{10}$ per cent.

BLACK VOMIT RECOVERIES.

The total number of recoveries after black vomit was 125. This dreaded symptom, formerly considered so fatal, has been growing less and less so since the epidemic of 1853, and a great many recoveries have been recorded during the late visitation by gentlemen of both schools. Children seemed to have it more frequently in proportion to numbers, and to recover from it more readily than adults.

EXCEEDINGLY RELIABLE DATA.

Among the returns are nine papers to which is attached especial value. These gave not only cases and deaths, but the name, age and address of every patient attended, so that with these documents in our hands, we can verify every statement, and challenge comparison with any number of the Allopathic School who can furnish us with similar accurate data.

These returns exhibit an attendance upon 2,010 cases of yellow fever, with a loss of 129 patients, a mortality of $6\frac{4}{10}$ per cent. There were 64 recoveries after black vomit. The number of children under 15 years of age amounted to 828, of whom only 40 died, a mortality of $4\frac{8}{10}$ per cent.

In 1,630 cases, with 90 deaths, the sad calamity of two deaths in the same family is reported but six times under Homeopathic practice, a fact contrasting most favorably with the repeated instances of plural losses under the old system.

ALLOPATHIC STATISTICS.

When we come to compare these records with the results of Allopathic treatment, we are met at once with serious difficulties. We have the

reports of twenty-four physicians, hailing from nine different yellow fever localities, embracing nearly four thousand patients, many of them accurately fortified with the name, residence, age, race and color of the victims, and bearing internal evidence of truthfulness and reliability.

Now, comparisons in medicine, to be equitable and instructive, should be made between masses of similar data. We want the reports of twenty-four Allopathic physicians, from nine different localities, embracing four thousand patients, and made with similar accuracy and truthfulness of detail. These we cannot get. The Allopathic School, ignoring the wise remark of Sir Henry Holland, "through medical statistics lies the most secure path into the philosophy of medicine," has been singularly neglectful of this method of discovering the truth. There has never been any concerted movement in this direction on their part. They have kept no accurate record of their cases.

AT MEMPHIS.

Take Memphis, for example. The number of deaths by yellow fever recorded by the board is 2,707—and by the same authority the number of cases is stated at about 6,000. Dr. Brown, however, Secretary of the Board, gives the number at 9,000, and Dr. Mitchell, of the Congressional Commission, swells it to 14,000. On Dr. Brown's estimate, the mortality at Memphis, by yellow fever, was thirty per cent of the cases; on Dr. Mitchell's estimate, the mortality was nineteen and three-tenths per cent. Now, the total Homeopathic mortality was only six and seven-tenths per cent.

AT CHATTANOOGA.

From Chattanooga, a much smaller field, the statistics are very satisfactory, because very accurate. How malignant the fever was at that point may be inferred from the fact that the mortality among negroes exceeded 10 per cent. and that of the white population rose to forty-five and six-tenths per cent. The Allopaths treated 158 white people, with a loss of 81, a mortality of fifty-one and two-tenths per cent., while the Homeopaths treated 96 white people with a loss of 35, a mortality of thirty-six and four-tenths per cent.

A small hospital opened at Chattanooga for Homeopathic patients received 18 sufferers of the very poor and helpless class, of whom three died, a mortality of sixteen and one-tenth per cent. A similar institution for the same class of patients at Louisville, Ky., under charge of

Dr. E. O. Brown, received 89 yellow fever cases, and lost 30 of them, a mortality of thirty-two and one-tenth per cent., a showing considered by Dr. Brown as very favorable from the allopathic standpoint.

AT VICKSBURG.

Vicksburg contains between 13,000 and 15,000 inhabitants, a great many of whom fled from the city on the outbreak of the epidemic. The Board of Health has published the names of 920 victims of the disease. It is impossible to obtain the number of cases, but to bring the mortality down as low as ten per cent., there must have been 9,200 cases; as many people probably as remained in the city. The loss was certainly over ten, probably twenty per cent. The Homeopathic mortality was five and six-tenths per cent., and in no city of the South did the Homeopathic success make so profound an impression upon the community.

This Homeopathic mortality at Vicksburg appears to be at variance with the statement made above, that the fever was more malignant and less manageable in the cities outside of New Orleans than in that city—but when we come to deduct the cases of negroes, of whom the number was usually large (636 against 107 for New Orleans), we find the mortality among the whites was eleven and eight-tenths, and the general law is confirmed.

AT NEW ORLEANS.

Is it possible that one-half of all the cases, and one-third of all the deaths in the yellow fever zone of this country occurred in the city of New Orleans. The Board of Health has recorded 4,056 deaths by yellow fever, but the mortality was a good deal more, for it is notorious that hundreds of deaths by yellow fever were reported as malarial hemorrhagic fever, pernicious fever, congestive fever, cerebro-spinal meningitis, etc., etc. The entire number of cases reported by the faculty, after repeated urgings and public solicitations, amounts to 23,540. This would make a general mortality of seventeen and two-tenths per cent.

Let us see how the Homeopathic reports from New Orleans compare with these allopathic approximations. There were 1,945 cases of yellow fever treated Homeopathically, by the physicians who reported to this Commission, with 110 deaths, a mortality of five and six-tenths per cent. Or if we take only the reports of

those physicians who gave us full data, name, age, address, etc., of every patient, we have 863 cases, with 50 deaths, a mortality of five and five-tenths per cent.

STATISTICS WITH CHILDREN.

There is another fact of great importance in showing the superiority of the Homeopathic treatment. Of the 4,056 fatal cases of yellow fever reported to the Board of Health, 2,344 of them (more than one-half), were children of fifteen years and under. This is a most appalling fact, and one which was never noticed in any previous epidemic. Think of it! fifty-seven per cent. of the victims were children!

Now, what is the Homeopathic record on this point? We have reported the cases of 1,089 children of fifteen years and under, with 48 deaths, a mortality of four and four-tenths per cent. The same physicians who report 1,089 children, with 48 deaths, make a total summing up of 3,199 cases and 221 deaths. One-half at least of the deaths under Allopathic treatment were children. These Homeopathic doctors ought to have lost 110 children at that rate—but their loss was only 48; or to confine the question to the Homeopathic physicians who had reported the names, age, address, etc., of every patient, these gentlemen attended 828 children, with 40 deaths. The same physicians had, however, a total of 129 deaths, and they ought to have lost 65 children instead of 40, if their average loss had been the same as the loss of Allopathic schools.

WHAT SHALL THE HARVEST BE?

To the unbiased mind the testimony offered by the foregoing comparison of results is overwhelmingly in favor of Homeopathic treatment in the contest with yellow fever. The reports are ample and cover a sufficient number of cases to satisfy any reasonable statistician, and they tell a tale of superiority of the Hahnemannian treatment of the saffron plague which should secure for it a general adoption by the medical profession of all schools where our territory is invaded by "the devil's malady." Prejudice, no matter how thoroughly implanted in the hearts of the Allopathic school of physicians, should, for humanity's sake, be made to melt away before the figures presented by the Commission of 1878, and a fair, conscientious and intelligent investigation into the methods of Homeopathy should be accorded her. These given and her votaries will abide the verdict.

Specimen

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COLLABORATORS.

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EYE AND EAR DEPARTMENT.

J. M. FOSTER, M. D., New Orleans; JAMES A. CAMPBELL, M. D., St. Louis.

The Southern Journal of Homeopathy.

NEW SERIES,
NUMBER 11.

Austin, Texas, November, 1888.

OLD SERIES,
NUMBER 63.

Editorial.

Southern Association Meeting.

A LARGE share of space is given this month to the proceedings and papers of the recent meeting of the Southern Homeopathic Medical Association held at Louisville on the tenth, eleventh and twelfth of last month. It is a pleasure to the JOURNAL to be able to give its readers a synopsis of the meeting, which, as will be seen from a careful perusal of the proceedings, was one of the most satisfactory and successful the Association has yet held.

The attendance was larger by half than that of our previous best meeting but one, and the general interest attending the sessions was greater than that manifest at any former meeting, we think. The number of papers was not as large as it should have been, but those read were, in the main, thoroughly representative in their various departments, and the discussions were spirited, practical, and more general than at any former meeting.

The presence of a number of the ablest men of several of the northern cities was

especially appreciated by members of the Southern Association, and their active participation in the discussions and general work of the sessions was one of the pleasantest features of the occasion.

Taking the Fifth Annual altogether it was decidedly a successful meeting, and whatever danger menaced the Association in the apathy of some of its members and the opposition of others was thwarted by the character of the late session. The next meeting will be held in November, 1889, at Memphis.

In Good Company.

THE position this journal has all along taken, and at present occupies, in the matter of a medical law for Texas, is one in which it is upheld by some of the strongest men of our school in other States and by the organized Homeopathic profession of the South, and it therefore finds itself in most excellent company. This is not to be wondered at for it does seem most reasonable that the organized medical faculties of the colleges and hospitals should be better qualified to examine applicants for license to practice medicine and surgery

than examining boards from the ranks of the great army of country practitioners. The former are regularly engaged in this work while the latter, busy as they are with the ordinary cares of life, are not in training for this duty, and, furthermore, are far more liable to be influenced by local prejudices and favoritisms than are college professors, whose fields of practice are in no wise likely to be encroached upon by the new practitioner.

The profession of medicine is an exceedingly sensitive and jealous one, and no matter how honorable in all other affairs of life, it is a well-known and undeniable fact that local doctors are often disqualified to sit in judgment on their fellows, by virtue of a jealousy which seems almost to be a component part of the profession, and we seriously doubt the wisdom of any law which gives to the general practitioner any control whatsoever of his fellow physician.

From a recent private letter from Dr. Orme, of Atlanta, late President of the American Institute of Homeopathy, we derive much comfort in the fact that its sentiment is exactly in line with what this journal has so frequently expressed on this subject, and as it puts the question strongly we take the liberty of quoting therefrom for the benefit of our readers who will recognize in Dr. Orme a very clear minded and conservative man. His views are expressed as follows:

"I am glad to see you fighting the examining boards. We have nothing fair or good to expect from them. It is only through them that they can hope to ob-

tain a grip upon us, and I have no doubt you will succeed in defeating them in this, as you have done in their past undertakings.

"The Institute has converted its committee on medical legislation into a more stable affair, the members holding for 1, 2, 3, 4 and 5 years—one new one being appointed each year. This is a better arrangement, and I trust good work may be done. Whatever may be best for Illinois and some other States, where Homeopathy is strong, I am satisfied that the position taken by the Southern Association of *opposition to boards* is correct for the Southern States. They are not necessary; they are often inefficient; they are at times corrupt; they are intimidating to all who are not of the school that dominates them; they are organized at the behest of one school for the purpose of *control*, rather than for the purification of the profession—and there is at least some question of their being in accordance with the fundamental principles of our free institutions.

"With all that may be said against the faculties of the colleges passing upon their own work, I am convinced that our best hope at last is in a dependence upon the examinations by the faculties and we must try to see to it that the colleges are brought to and kept at a better standard."

Since it is not unlikely that our allopathic fellows will busy themselves this winter in undertaking to obtain control of the affairs of this State, it will be well for the votaries and friends of Homeopathy throughout Texas to look well to the legislators elect and explain before the legislature meets exactly what the positions of the two schools are toward each other and how we stand on the question of legislation.

A fair and reasonable law will not be objected to, but selfish, prejudicial, unjust legislation will be fought to the death.

THE JOURNAL believes its position on this subject is about as nearly correct as is possible to be, and it hopes the united voice of its school will be raised against the iniquitous and imbecile institution known as the Examining Board.

The High and the Low.

FROM time to time THE JOURNAL has invited the views of its readers on the potency question, not with the desire to bring about a controversy on this much vexed question, but in order to get the views and, above all, the experience of practitioners who follow one or the other method in practice. It is believed we have been eminently successful in calling forth the views of very competent men on both sides of the question, and also in presenting our readers with some rifle shot testimony on the part of the high attenuationists; and we are convinced that, carried on in the spirit of candor and good will which has thus far characterized the discussion, naught but good can result from its continuance, particularly if our correspondents will support their views with illustrative cases, which, after all, are the reliable witnesses in the issue.

Enough has been written on this subject already to convince THE JOURNAL that its caption must be changed and that instead of the High *or* the Low, it is proper to express it affirmatively, the

High *and* the Low, and with this alteration only we desire to see the kindly discussion continued in future issues of THE JOURNAL. It is an open question and almost a vital one to Homeopathy, and while our march is steadily onward and upward, yet, if the very best methods of exemplifying the truth of the law of similars are known to us all, our strides would be far greater even than they at present are. Let us learn it all.

Materia Medica.

Read before the Southern Association.

Comparative Study of Materia Medica.

By A. L. Monroe, M. D., Louisville, Ky.

AT THE risk of saying much that is familiar, but with the hope of somewhat improving the methods of Materia Medica study in those who have given the subject less thought than myself, I with due modesty offer the following suggestions:

Few physicians find pleasure in the dry, abstract study of this branch, the most of us depending upon the stimulus of immediate necessity in the study of a difficult prescription for advancement in this respect. Those who accustom themselves to the comparative plan of pursuing this study, however, soon learn to give much time to it at odd moments, deriving an ever increasing pleasure in its constantly unfolding beauties. Our faint minds only perceive things by comparisons, and it is necessary to emphasize drug similarities and drug differences by contrasts.

In such study the main point that you gain is in accustoming yourself to the use of mental philosophy in preference to

memory, an humbler mental quality. I believe few of you would take issue with me if I should say that the philosopher will always excel the memorizer in difficult or complicated prescribing. The relation of cause to effect and of effect to cause is nowhere more essential. Thus and thus only the true relation of pathology and symptomatology—that of parent and child—is appreciated and taken advantage of.

As aids to such study, the following ideas may be valuable to the thoughtful scientist:

Aphorism No. 1.—Symptoms that many remedies have are comparatively valueless, those that only a few have are valuable, and those found in the pathogenesis of but one or two or more are essentially characteristic.

Aphorism No. 2.—Like tissues are affected almost alike by a given drug; instance the characteristic effect of Rhus upon the arms is almost the same as upon the legs, *i. e.*, aching and tearing pains in muscular and fibrous tissue, better from motion, the only difference occurring to me being the numbness of the left arm, accompanying hypertrophy, from every exertion.

Aphorism No. 3.—That after the heart, stomach, intestines, liver and pancreas are excluded the body is perfectly symmetrical, with the small exception of the left lung, hence, most drugs that seem to have a lateral selective action exert their primary effects upon one or more of these organs—as all know that most left-sided remedies are either heart or stomach remedies, as Nux, Spigelia and Aconite, and many liver remedies are right-sided.

Aphorism No. 4.—That every remedy has its center or centers of attack, generally easily ascertainable, and that symptoms in other parts of the body are ex-

plainable through nervous connection.

Aphorism No. 5.—That distant symptoms are sympathetic symptoms, and found in tissues freely supplied with sympathetic nerve fibres.

Aphorism No. 6.—That blood is life, that circulation is nutrition, equally essential to oxidation and digestion, hence, that the study of the effect of a drug upon the circulation, if carried out exhaustively, draws for us a consecutive and complete picture of the drug's pathogenesis and symptomatology; for its effect upon the nervous system determines its effect upon the circulation, its effect upon the circulation determines that upon the nutrition, its effect upon nutrition determines that upon the system as a whole or integrally, primary or secondarily, acute or chronic, consecutive and collateral. As we begin at one end for our therapeutics and at the other for our pathology, and as we must travel the same road both ways, suppose we, to impress this idea upon our minds, recall—what we already know—that inflammation and its results never did appear without previous congestion, and such congestion in turn never did appear without antecedent nerve action of morbid character, and that nerve harmony, or better, nerve equipoise, was never disturbed without previous cause, be such cause miasmatic, toxic, thermal, or what not.

Aphorism No. 7.—That remedies that produce *thirst* are indicated where the fluids are drawn upon by, a—hemorrhage, as *China*; b—saline laxatives, as *Natrum Mur.*; c—diuretics; d—diaphoretics, or when the mucous membranes of the mouth, throat or stomach, one or all, are very dry, as in *Arsenic* and *Bryonia*, or where there is intense fever heat, as under *arsenicum* or *aconite*.

Aphorism No. 8.—That where there is

mental anxiety there is generally rapid tissue combustion, as under *arsenicum* and *aconite*.

Aphorism No. 9.—That stupor is generally found prominently, 1st, in remedies that cause passive central congestion, as *Gels.*, *Opium*, *Bell*; or those that effect the kidneys, as *apis*.

Aphorism No. 10.—That delirium is generally found, 1st, in remedies that cause active central congestion, as *Bell.*, *Hyosc.*, *Stram.*; or 2d, those that exert a toxic effect upon the blood, as *lachesis*, *arsenic*, *hydrocyanic acid*.

And so I could continue in this strain indefinitely, telling you all the time things that you already know, and still perhaps connecting fag ends of thought until I wearied you.

Apropos of all this, I cannot help thinking that the *Materia Medica* of the future will differ from those now in vogue as follows:

That its author will choose the polychrest with the largest symptomatology, the most varied action upon the human organism as his standard of comparison, as his unit of measurement so to speak.

Such a book should occupy its first half in the most accurate, painstaking and exhaustive study of the king polychrest selected, the more minute the better the model.

Its second half should then be devoted to a comparison of each drug to the king polychrest, the unit of measurement, the drugs to be treated in the order of their importance, the comparative study aiming, in each case, to point out in the most striking ways the similarities to the king polychrest, and the difference from the king polychrest, thus to be done: 1st. In a tabular arrangement appealing to the eye, and, 2d, in a rational treatise explaining in the clearest and most logical language the differences

from and similarities to the standard of comparison as shown in the tables, setting forth as fully as consistent with a proper regard for space and time the cause of such differences and similarities, when seeming and when real, and their effects as shown in either.

Read before the Southern Association.

Single Remedy vs. Alternation.

By A. E. Meadows, M. D., Blocton, Ala.

IN presenting this subject to this honorable body, I can but feel that it has been discussed by older and more learned men than I, but I hope to be instrumental in offering a few facts that may be of benefit to the younger members of the Association, for the relief of the suffering and the spreading of Homeopathy.

By way of introduction let me say that I am of a State where we have but few of our persuasion and am deprived of any intercourse with those of our school. All I learn is from practice and hard study; still I have the honor that very few of our school enjoy,—that of an Allopathic associate and of being a mining company's physician.

When I finished my course I had been instructed as far as possible, to use a single remedy, but was taught that *Bryonia* and *Rhus* would do well in Typhoid, *Calcarea* and *Arsenicum* in Summer Complaint, *Aconite* and *Phosphorus*, *Bryonia* and *Phosphorus* in Pneumonia and so on. At times I found it so. However, the point I wish to make is, the study of *Materia Medica* for the advancement or pure Homeopathy, and to do away with the habit of alternating remedies; to rely upon the law of cure in our greatest trials.

The reasons I present for preferring single remedies are: 1st. If we fail in our

prescription we know what medicines failed us, and if we are successful we have gained a step that we will never forget. On the other hand, if we are successful in alternation, it is impossible to say whether one or both remedies did the work, and we are no wiser than at first.

2nd. I claim it leads to the indiscriminate use of medicines by physicians growing careless in their selections, and instead of learning the *Materia Medica*, they grow less acquainted and finally lose confidence in the law of cure.

Such has been my situation to a certain extent; but, having been so thoroughly taught to rely on the law of similars, and knowing too that our greatest physicians have been men who used the single remedy and put their trust in Homeopathy pure, *I have resolved to cling closer to the teachings of Hahnemann.* The truth of the business is we, no doubt, are ignorant and have not studied our *Materia Medica* as we should. For illustration I present a few cases :

A child, aged twenty months, has diarrhoea beginning at 5 a. m.; stools yellow, profuse and painless; lasts all day though worse early morning and late afternoon. I gave *Sulphur* and *Podophyllum* alternately day after day, without relief; then *Bryonia* and *Podophyllum*, without any apparent effect. On examination of my *Materia Medica* I found *Petroleum* the indicated medicine, I gave it and in twenty-four hours the patient was relieved.

Mrs. F., age thirty-four, seven months pregnant, diarrhoea during the day, with much rumbling, yellow watery stools. Gave *Sulphur* and *Podophyllum* for four days without effect, then gave *Petroleum* one day with complete success, which she afterwards kept on hand in case of necessity.

S. L., age seventeen years, typhoid fever for two weeks under allopathic treatment, came into my hands; was restless, delirious and continually muttering; tongue dry and thickly coated with red edges; pulse 140 to 160, temp. 102 3-10ths to 103. Gave *Arsenicum* and *Bryonia*. Twelve hours afterwards I returned and found her worse, apparently dying, and could not keep her quiet. Had two nurses to keep patient on bed; raving, muttering delirium; pulse imperceptible. When quiet at all, would lay with mouth open, eyes turned up. Gave *Muriatic Acid* 2 x., with the satisfaction of quieting and restoring her in a few days.

Had a similar case of my own in which after alternating for days and almost seeing death at the door, I gave *Muriatic Acid* 1 x., and relieved her speedily.

Erysipelas.—Jim S., (colored,) had a swollen nose, with clear blisters on it, inflammation extending to the left side of the face; high fever and dry red tongue. Gave *Rhus* 200 with prompt relief. Also two other cases, of children, erysipelas on the leg, vesicles all over the inflammation, which *Rhus* 200 relieved.

Mr. H., age forty-four years, occupation a miner, suffered from rheumatism, was stiff on rising in the morning; would get stiff while resting or cooling off in the mines; was compelled to keep at work or moving around. All caused from working in water. Gave *Rhus* 3 x. for several days without effect. Then *Rhus* 1 x., without effect. His wife would assist him to turn over in bed; could only lay a short time on one side, till he was compelled to turn on the other. This I thought a good case for *Rhus*, but it failed me. Then he tried specifics without any benefit, and finally returned to me. I had *Rhus* 200 which I had never used, but thought that I would en-

courage him, rather to get rid of him, I gave *Rhus* 200 every two hours. He went to work the second day and in one week was entirely well, and has not suffered any since; over twelve months have passed.

I have many "stiff backs" from working in damp places and in a stooping posture, lifting, etc., to treat, and find *Rhus* 200 almost a specific.

For whooping-cough I find *Corall-sub.* a great remedy; especially where the cough is suffocating and the child seems to lose breath in paroxysms.

We all give *Pulsatilla* in menstrual headaches without alternating anything else, and I have had better results from the 1000 potencies than the lower ones. I find *Aconite* 1000 acts more speedily than the 1 x. or 3 x., and will "sweat off" a fever in a very short time. The 1 x. and 3 x. have disappointed me so much that I had lost all confidence in *Aconite* in fever.

It has been my experience in trying to adopt the single remedy that it is a difficult matter to overcome the habit of alternating; so much so that after I have decided on a remedy, I will often let a doubtful one slip in. Then I am at a loss to know what I have done; whether I have injured or benefited my patient.

We seldom think of alternating when we go outside of our polychrest remedies, as for instance in prescribing *Aethusa*, *Nitric Acid*, *Cicuta*, *Crocus*, *Euphrasia*, *Ant. tart.*, etc.

Our most scientific and successful physicians are so confident in their treatment that they rely on single remedies. Why not we? Why get in the habit of mixing our medicines?

Alternation leads to cruder and cruder medicines till a physician gets so crude it is impossible to say whether he is Electic or Allopathic, surely not Homeopathic.

And had it not been driven into some of our craniums while at college, and by the delightful results by an occasional prescription, some of us would now be trying to bury Homeopathy with the things of the past.

If we will be more careful and select our remedies according to the law laid down by Hahnemann, we will have no cause to regret the step taken to acquire a knowledge of Homeopathy, and our labors will be as those of our standard bearers, CROWNED WITH SUCCESS; and we will be able to fight the Allopathic foe with statistics that will cause them to turn from their crude dosing and investigate the principles of our great theory.

In conclusion let us "shoulder our winchesters" and hunt the frontiers with a courage and precision that will be more effective than if armed with the finest hammerless breech-loaders, and the advance of Homeopathy will be many times greater than it ever has been.

Practice.

FOR THE JOURNAL.

They Need no Physician.

By X. Y. Z., M. D.

THIS may be said to be the prevailing idea in the minds of those who, for reasons of health, seek change of residence in mild winter climates.

We may call it a fallacy, yet it is one eminently hard to disprove by reason of its many friends. It has one in the thin-skinned professional man who, like the "dog in the manger," refuses to admit that his professional brother, under more favorable circumstances, may accomplish that in which the aforesaid thin-skinned has failed. It has another in the family physician and friend, who is not only

the guardian of the health but also of the pockets of his clients, duly sending in his bill for examinations and counsel, yet, when virtually surrendering the case and advising his patient to seek a milder climate, he does not stint in warning his client against the rapacity of the physicians in such localities. Loud in his praises of the salutary effects of climate, he yet inculcates distrust of medical assistance. There is a third, who may be called the enthusiastic practitioner, who uses general terms to express qualified conditions. Speaking of the advantage of residence in certain localities he says of patients, "they need no physician." He only means they need comparatively little medication.

The result of this teaching is seen in the multitude of patients who settle in winter resorts, trusting in the virtues of the specific medicines furnished by the aforesaid friendly physicians, who "know their constitutions," yet violating every law of hygiene and dietetics; they make no improvement and they take no local medical advice, so when the end comes, as too often it does, friends are to be consoled with the threadbare consolation that they were too far gone for the *climate* to benefit them.

As a case in point, we read a short time ago that Prof. Dudley, lecturing on climatology, quotes a certain well-known physician as saying "that of one hundred cases of phthisis taken, hit or miss, from Philadelphia and sent to Southwestern Texas, fifty per cent. will get well, and the professor endorses this statement solely on the ground that upon inquiry as to medical treatment the physician declares that "they do not need any doctor."

Under these circumstances might we not ask to what end is medical treatment in, say Philadelphia, if in West

Texas none is needed? If climate is all and medical attention *nil*, what is there to hinder the assumption that the medical treatment of phthisis is at best empiric?

Does not the truth lie in the mean: A suitable climate does affect phthical patients favorably; in less favored localities medical knowledge and due attention to hygiene and diet maintains life and retards the progress of the disease. Is it too much to ask that such patients be allowed to benefit by the climate together with all possible good that may come from medical knowledge, not alone the knowledge that is obtained in books and schools, but also the knowledge which comes from experience with local factors? If climate *alone* will save fifty per cent., might we not reasonably hope that medical knowledge, general and local, together *with* climate, might save an additional twenty-five per cent.?

By suitable climate we mean the least daily thermometric change, the least possibility of extreme low temperature, a low average humidity, the least velocity of wind, a good dry, porous soil with not too great altitude and the greatest number of days of sunshine; and on this subject a great deal of data may be gathered from Gen. Greeley's article in the November number of Scribner's Magazine, entitled, "Where shall we Spend our Winter?"

Such a climate is acknowledged a large factor in the desired sum of restoration to health, but there are other factors equally as necessary which cannot be carried in the patient's trunk nor contained in a vial or two of specific medicine prescribed by the family physician. Some of these factors may be found in the following propositions:

That the chills of phthisis can be stopped in any stage of the disease.

That to successfully treat phthisis, the

stomach, skin and lymphatics require equally as much attention as do the lungs.

That the beneficial results of residence in a suitable climate is due as much to the continuous application of dry warm air to the skin as to its inhalation by the lungs.

Surgery.

Read before the Southern Association.

Anæsthetics.

By Howard Crutcher, M. D., Louisville.

THE subject of Anæsthetics is one of vast importance to the physician and every fact throwing light upon the subject should be welcomed by the entire profession. I shall speak first of *Chloroform* and *Ether*, and lastly of a mixture of *Chloroform* and *Ether*, or, as it has been called, *Tait's Mixture*.

Few will dispute the danger arising from the use of *Chloroform*, although some eminent men continue to use it in spite of the overwhelming verdict of the profession against it. I have witnessed the treacherous effect of the drug on several occasions, and each time the greatest possible precautions were taken to prevent disaster. Dr. Helmuth (*System of Surgery*) condemns *Chloroform* in language at once powerful and convincing, and his conclusions concerning it will be endorsed by a great majority of the thoughtful observers everywhere. There seems to be no way of anticipating its evil effects, and it may at best be written down as *treacherous*.

These observations and conclusions relate to general practice. There is a place, which Prof. Grosvenor of Chicago, pronounces "an eminently safe one," in

which *Chloroform* may be used with great benefit and with entire safety, and that place is the lying-in room. In a personal letter, received a few days since, Dr. Grosvenor says: "I have used *Chloroform* eighty times in the lying-in room this year—in nearly half of my cases. I am using it more and more every year and never had any severe hemorrhages from it. It relaxes opposing muscles and saves the sufferer a vast deal of nerve-force to aid in her recovery."

These words, coming from a physician who has the largest obstetrical practice in America, must carry a great weight with them. I recall what I once heard their author say, that he had never heard of an unhappy result arising from the use of *Chloroform* in the lying-in room, in all the history of the profession.

We all know just how slow and how clumsy, yet withal how safe *Ether* is, and there are few of us who, if called upon to make a final choice between the sweet *Chloroform* and the disgusting *Ether*, would not readily select the latter. Statistics prove that *Ether* is ten times as safe as *Chloroform*, and in giving an anæsthetic safety must always take precedence of everything else. No matter how disgusting *Ether* is, no matter how much nausea and vomiting it produces, we are bound by every sense of right and reason to employ it when we know that it is ten times as safe as *Chloroform*; and even were it only ten times as safe, our duty would be quite as plain as it is at present.

Ether, however, will bear close watching, and I can state from personal experience that it will surprise those who place too much confidence in it. It is more irritating to the air passages than *Chloroform*, a fact which should be remembered when it becomes necessary to give an anæsthetic to a person with an asth-

matic history. Indeed, this drug cannot be used indiscriminately, and there are many cases where Chloroform should unhesitatingly be given the preference over it. In this connection it may be well to relate a case, occurring in my own practice, more than a year ago. The patient collapsed and was saved only by the most strenuous and persistent efforts; later an examination proved the existence of albuminuria, whereas the trouble had never been suspected until the incident mentioned, which led me to suspect disease of the kindeys.

It was, perhaps, a desire to produce a combination "as quick as Chloroform" and "as safe as Ether" which first led some man to mix the drugs for anæsthetic purposes. The sequel has proved the idea to have been a happy one; they have been combined in various preparations, but the one which is backed by the most commanding influence is composed of one part of Chloroform and two parts of Ether: If any one remembers to have used the name prior to 1885, I shall no longer claim the distinction of christening it *Tait's Mixture*, in honor of the renowned Englishman whose great name works as the pride of the medical profession the world over. Mr. Tait has used the mixture for years and he favors it unhesitatingly. It possesses the combined virtues of Chloroform and Ether, being quite as speedy as the former and seemingly as safe as the latter. Indeed, it can be used with comparative safety, where either of the components, singly, would be dangerous in the extreme. Dr. Pratt, of Chicago, has used the mixture extensively for three years, and has had no bad results from it. I recently took it myself, and from experience can pronounce it delightful to take. I felt no nausea whatever, no disgusting after-effects and Chloroform itself could hardly

have been more speedy in action.

The results obtained by the practitioners who used *Tait's Mixture* will warrant its extended trial by the profession; surely, we should prove well a mixture vouched for by the foremost operators of the time, and one offering a welcome escape from the nauseating and exhausting after-effects of Ether.

In conclusion, I must say a few words concerning the accidents which sometimes occur from the use of anæsthetics. The giving of an anæsthetic is, under any and all circumstances, serious work, and history teaches us that some must die from it. Probably the ablest men in the world will continue to the end of time to lose patients from anæsthetic influences, and deplorable as such occurrences must always be, it lies not with humanity to pass judgment upon the unfortunate practitioner. The sacrifice of a human life to ignorance or to carelessness should meet the severest penalties; but when the well directed efforts of the physician engaged in a struggle to save or to prolong life, miscarry or end in death, criticism should end and charity begin. If a physician hear of the death of another's patient under Chloroform or Ether, or any other anæsthetic, he should not indulge in sly winks and nods calculated to lessen the confidence of the laity in the general character of the great profession of which he is a member; rather should he throw light into dark places by boldly and truthfully asserting what he knows to be a fact: that such accidents, and accidents they are, are liable to occur to anybody and at any and all times.

THE JOURNAL desires to double its subscription list in 1889. To this end we urge that each subscriber try to secure another name.

Gynaecology.

FOR THE JOURNAL.

Laceration of the Cervix Uteri.

By *Wm. D. Foster, M. D., Kansas City, Missouri.*

MRS. V. M., 307 East Fourteenth street; born in 1847, being now 41 years old, in Pennsylvania; married in 1871, aged 24 years; first motherhood at 25, and was thereafter regular; no pain; menses lasting from four to five days; general health good; now married seventeen years; has had five children, and one miscarriage at the second month, in 1882. This was the last pregnancy, six years since. Her last labor, in 1880, was natural, lasting four or five hours.

Has not been well since birth of third child, in 1872. Began to suffer afterwards from pain in back over liver and spleen, also over stomach; much indigestion; leucorrhœa profuse. This labor lasted nine or ten hours, the child having a very large head, and born naturally. Flowed very profusely; got up badly, and continued weak for a long period. At time of miscarriage flowed freely, and was very much weakened thereby.

I first saw patient on May 3, 1888, at my office. At that time Mrs. F. was very sallow; dyspeptic pain over liver and under both scapulæ; backache, nervous, much headache, sleeps badly, leucorrhœa profuse, stringy; menses every three weeks.

Examination revealed bilateral laceration; worse on right side; very extensive erosion and eversion of both lips. This woman was treated every week with Tr. Iodine Comp., tampons of medicated wool, hot douches.

Operation: September 26, 1888, 10:30 a. m., assisted by Drs. C. C. and L. J.

Olmsted, and Dr. Mark Edgerton. Extensive denudation required; three wire sutures on each side. During the operation the hemorrhage was moderately free. The wires were removed on the eighth day—the union found to be perfect.

October 12: I examined this woman, and found that I had got such good union as to close the os entirely. The slight adhesions over the site of the uterine canal were so slight as to be easily broke down with probe. The union is so smooth that it is difficult to see where the lines of incision are.

Medical Institutes.

Read before the Southern Association.

The Homeopathy of the Future.

By *J. D. Buck, M. D., Cincinnati, O.*

EVERY intelligent student of history is aware that civilization runs in cycles. This fact is not only revealed in the history of the human race as a whole, but is equally true in the progress of a nation, or in the development of a State. One department of industry, one mode of thought, or one kind of knowledge is first in the ascendent and then another, till the wave of progress completes the cycle and returns to the place of beginning. In the good old Puritan days religion was paramount in this country, and all things else were subservient to religious forms and usages. Then all secular things were viewed through a Puritan lens, now all religious matters are more or less secularized. This idea is here put forth merely as a matter of fact. There was also a time when philosophical speculation was in the ascendent, but this wave receded and

was replaced by an era of scientific discovery and material prosperity.

In the midst of all these advancing and receding waves which come and go in the tide of progress, there is still an under-tow like music of the deep sea. Not only is there a tide in the affairs of men, but there is a theme to the music, in relation to which the winds and waves, the ebb and flow, are but variations in the rythm and harmony.

It may fairly be asked, What is the theme that underlies all modern civilization? What is the key-note of our present progress?

The present age of scientific discovery dates from the introduction of the inductive method into all subsequent thought by Sir Francis Bacon. There followed thence an age of inquiry and of exact experiment in which theory was made subservient to fact, and from whence proceeded the reign of law. No department of knowledge has remained unaffected by this reign of law. The result of progress along these lines is a refining process, a steady advance from a grosser to finer forms; from crude beginnings to complex unfoldings. Take the evolution of the steam engine from its first crude appearance to the present complex form; the discoveries in the art of printing, or in the application of electricity to mechanics, and in every case the advance has been from the crude to finer forces of nature. We need not enter the realm of so-called transcendental physics where the "radiant matter" of Prof. Crookes and the "dynamospheric force" of Mr. Keely are revealed as the crest-waves of discovery in the finer realms of nature. If we want a solid illustration and a really knock-down argument, the manufacture of steel and the great Krupp guns will answer our requirements.

In our present civilization, sometimes called Christian, there seems to be a lingering necessity to throw about chunks of iron weighing anywhere from one to five thousand pounds. By very nice calculations these chunks of cold iron may be thrown through the sides of steel-clad vessels or into beleagured cities within a range of say seven or eight miles. Passing by the question of the moral force of such a persuasion on the benighted heathen who happen to get within the range of these knock-down arguments, let us look for a moment at the principle involved from a purely scientific standpoint.

In one of our daily papers for the month of September, A. D. 1888, I find the report of the address of the President of the British Association for the Advancement of Science for the present year. This, therefore, may be considered not only the latest authority, but it is strictly orthodox. The learned president, Sir F. Bromwell, after showing the change that has occurred in recent years in the material used for buildings and for the construction of ocean vessels and the like, wherein brick, stone and wood have been largely replaced by iron and steel, comes to consider the change in the quality of iron, and particularly the manufacture of steel. He learnedly discusses the armaments and the implements of war, the use of projectiles in relation to strength of materials, the resistance to be overcome and the momentum to be acquired, and declares that the whole question turns on the manufacture of steel, and particularly on the proportion of carbon used. Heretofore the admixture of iron and carbon was made empirically, and the result was largely accidental. "Now," to quote the language of this learned gentleman, "what makes the dif-

ference between the trustworthy and untrustworthy steel?" "Something," he continues, "which, till our better sense comes to our aid, we are inclined to look upon as ridiculously insignificant—a next to nothing." He goes on to show that the exact proportion of carbon which yields the best results and which can be uniformly relied on, is one of the greatest discoveries of the age, and this proportion he declares to be "less than the tenth of one per cent." It is this proportion, accurately ascertained, which he says is so important, yet which is apparently so insignificant that it seems "next to nothing." Now it may interest the orthodox followers of Esculapius to know that if this proportion of carbon so necessary for steel armaments and for the bore of the largest cannon were exactly the tenth of one per cent. instead of less, it would represent the third decimal dilution which the followers of Hahnemann administer to their patients. It might be suggested that if this dose of carbon determines the entire value of steel, and if a larger dose be admitted it ruins the constitution of the biggest cannons, and if, as the learned president says, it be necessary that "better sense come to our aid" in order that we may appreciate this fact, though it "seems ridiculously small," the conclusion is obvious. The tissues of the human body are quite as sensitive, to say the least, as a Krupp gun or a hundred tons of iron, though there may be intellects as impervious to facts and arguments as the steel-clad sides of a man-of-war, and Sir Bromwell declares that the penetrability of the iron-clad depends on the third decimal of carbon. I am almost persuaded to recommend this dose of carbon to the followers of Esculapius. But all jokes aside, my principle object in the foregoing references is to show the drift of

modern progress and the theme that underlies all our present science. This theme is in one word, *dynamics*, and the drift of all our present progress is from the gross to the refined, from the crude guess to the exact knowledge, and it shows that what the ignorant regard as insignificant and next to nothing, "better sense" regards as all-important and often all-sufficient. I have appealed to but a single illustration to show the drift of modern scientific investigation, yet thousands of such illustrations exist on every hand.

Now to show the drift of the old school of medicine, which in the reduction of its doses, in its tendency to discard mixtures of drugs and in its advocacy of the proving of remedies on the healthy in order to ascertain their value in disease, has been for many years drifting in the direction of Homeopathy, I will quote the remark made very recently by one of the old school physicians of Cincinnati, a man who has no superior in the state of Ohio. He declares that the day is not far distant when the old school of medicine will be treating disease entirely without drugs, and that this "consummation so devoutly to be wished" only waits the more general diffusion and better comprehension of a knowledge of physiology. Put into plain English, this is a confession that old school physicians would not give drugs now if they only knew enough of physiology to refrain from so doing. I hope, for the sake of our old school brethren, that their patrons will not take it into their heads to anticipate physiological discovery.

Now I have not the least hesitancy in admitting that so far as drugs are concerned Homeopathic medicine, like the requisite per cent. of carbon in steel, is next to nothing, though here, as there,

none the less important. But our old school brother goes even farther, and fails to stop in his future progress short of downright medical nihilism. The drift of the age is toward Homeopathy, not only in medicine, but in collateral science; for Homeopathy is predicated upon natural laws, uses exact methods, and stands for dynamics, or the finer forces in nature and in life.

HER FUTURE.

What then will be the Homeopathy of the future? First: It remains for the future to generally appreciate the fact that the law which Homeopathy first applied to the art of medicine and which has enabled it to resist successfully every form of attack known to ignorance, prejudice and self-interest is by no means confined to medicine, but is a universal law in the manifestation of all life. When correctly apprehended this same law will be found to be the most universal in its operation of any known to man.

It is this law that determines the circulation of the blood, the movements of the heart, the vitality of the cell, and makes possible the process of thought. It is the law of attraction and repulsion, which vitalizes every germ and which crystalizes every snow-flake. Is it then strange that the action of drugs on the human organism should come under this basic and universal law? Can it in any way alter or abrogate this law that ignorance denies its existence or that even its advocates have failed to realize its full scope and bearings?

Nature leads forth her infinite forms and diverse manifestations upon one divine plan. She is never at cross-purposes with herself, and the more deeply man penetrates into her secret ways the better he comprehends the subtlety of

her processes, the better able is he to administer to her altars and anticipate her ways. Homeopathy to-day stands squarely on the line of the progress of the age, and is based upon the recognition and application of one of the simplest, broadest, deepest and most universal of all the known laws of nature, the law of duality, of cause and effect, of attraction and repulsion, of action and reaction; and it was long ago discovered that nature in working out her purposes under the law dealt in dynamics, in finer forces, and regarded quality as more potent than quantity. The Homeopathy of the future, then, will be an advance on that of the past and the present, but it will be in no sense a change of base. It may even abandon medicine altogether. Who knows! But it will not disregard law or deny principles which have already achieved so much and which promise infinitely more in the future on the same lines. Homeopathy is wrought out on the theme of the age and is marching to the music of the future, and while every follower of Hahnemann helps to swell the anthem even the Krupp guns may be heard swelling the chorus, the very tone and cadence of their vibrations being dependent upon the third decimal dilution of Carbon, the penetrating power of their arguments being rendered thereby as irresistible as the voice from their mighty throats is overpowering.

It is a principle everywhere manifest in nature that great results flow from apparently insignificant causes. What could be apparently more insignificant than the twitching of a muscle of a frog's leg under the stimulus of electricity? Yet read in Prof. Draper's "Civil Policy of America" the pages devoted to barely naming the great discoveries in science which had their rise from the simple experiment of Galvani. He is indeed a

full student of nature and a foolish observer of the signs of the times who fails entirely to discern the theme that underlies the music to which the whole civilized world is marching. It is to-day a solemn array of science against superstition, of law against caprice, of order against confusion, and through all this antagonism of the newer and better against the old and effete there is an uplifting and refining process of nature, of life and of thought; so that apparently insignificant and the subtlest forces are recognized as superior to mere brute force or crude masses of matter. This is just where Homeopathy has stood for nearly a century, but it has not stood with folded hands waiting for the altars of superstition to be broken and for the advancing age to come abreast of her; she has gone onward in obedience to that imperious command which is the genius of the age, as it was the nemesis of the Wandering Jew, and which rings forever through the countless ages, "Move on! move on!"

Homeopathy has endowed hospitals, largely by private subscription, while the old school institutions have fattened and grown insolent and contemptuous at the public crib. It has established colleges, dispensaries for the poor, asylums for orphans and foundlings. Its national medical association is the oldest in the United States; the curriculum of its colleges is second to none. Homeopathy has demonstrated its power to be, in the face of ridicule, ignorance and misrepresentation that would have long ago sent a weaker cause to the limbo of cranks and superstition. Homeopathy has demonstrated its right to be, by its beneficent influence on the old drugging and slugging methods in medical practice which are no longer possible, for people are everywhere too intelligent to submit

to them; and it has further demonstrated its title by its wide-spread charities to the poor, who are always and everywhere the greatest sufferers from the oppression of ignorance, superstition and class privileges.

Students are everywhere admitted to Homeopathic colleges on their merit, without regard as to where that merit has been attained, but it may interest the intelligent, even the laity, to know that there is not one of the old school colleges among the hundreds in this broad, "Christian" land that will admit a Homeopathic student, no matter how high his qualifications may be, and give him the least credit for anything he possessed if it is known that he derived his knowledge from a Homeopathic college or under a Homeopathic practitioner of medicine; and yet our students learn their anatomy, physiology, chemistry, surgery, and many other branches, from the very same text-books. We do not complain of this, for it has resulted in good to the Homeopathic schools and colleges, but it need hardly be commented upon. This code of ethics of the old school is derived from the preceding ages of barbarism and persecution, though many of its adherents have the inconsistency of professing Christianity, the key note of which is altruism.

I trust that I have shown, even in the brief space allotted to me, that Homeopathy has a future; that in its principles, its practice and in its code of ethics based on simple justice and fair dealing, it is fully up to the spirit of the age, while in all these respects the old school is lagging in the rear, unjust, sneering, contemptuous, ridiculing and misrepresenting us, while continually appropriating our remedies, methods, and so far as they can our principles. To forecast the future under these circumstances is but

to read intelligently the past and to wisely discern the signs of the times, and in the full light of these Homeopathy is not ashamed. When, not many years ago, one of the wisest of old school physicians expressed his belief that medicine had killed more persons than war, pestilence and famine combined, he but emphasized the belief of many others less forcibly expressed. In Menzel's German Literature, Helmont's theory is quoted with approval, viz: "That the real seat of disease is the stomach disordered by doctoring." If the coming doctor in the old school is to treat disease without drugs he will have to come up to the plane of Homeopathy before passing it, and by that time Homeopathy will have gained another century of conquest in the realm of the finer forces of nature through the more complete unfolding of the laws which have marked now such a century of progress. Nature's laws are unchangeable, and man has but to read and to understand in order to work with her in unfolding the Divine beneficence.

The Homeopathy of the future will be what no man will dare to ridicule and treat with sneers and contempt, for he can no longer count on the ignorance and credulity of his patrons whom Homeopathy has already liberalized and enlightened.

FOR THE JOURNAL.

"High or Low."

By B. C. Dickson, M. D., Los Angeles, Cal.

I HAVE just received the September number of THE SOUTHERN JOURNAL and have read it with great pleasure. Especially was I gratified with the article of W. E. Hathaway, M. D., on "High or Low." My experience has taught me that the Doctor is right and the sooner we (the whole fraternity) look the matter squarely over and sever our connection

with a superstitious fancy of "Hahnemann," the better it will be for scientific medicine.

The following case I will report to you, using your own judgment as to what shall be done with it.

In December, '87 Mr. W—, thirty-two years of age, came to me for advice in regard to an operation for Hydrocele. History of the case as follows: Two years before was injured in moving a large piece of furniture; six months [later the Hydrocele made its appearance, increasing very slowly for one and half years, when it was tapped; in a week the water accumulated again, with a complication of swelling of the right testicle. I found the testicle about double its normal size and the left becoming affected. The patient desired the right testicle removed. I advised against it and began appropriate treatment. This consisted of Iodine Ointment locally, and internally *Arnica* 3 x, *Dulcamara* 2 x, *Iodine* 6 x, *Hepar Sulphur*. The disease constantly progressing I resorted to electricity. Friday evening I introduced two needles, one from above and the other below, until they were about one-half inch apart using a very strong charge of electricity; in twelve hours the swelling had been reduced one-half. I repeated the operation next evening and in forty-eight hours the scrotum and testicles were reduced to their natural size, with the exception of the sac bagging, from its having been so distended.

It is now four weeks since the operation and the patient has been attending to business and has suffered no inconvenience. I am watching the case closely for any symptoms of a return of the swelling.

To me the results of this treatment were a surprise. I, of course, expected some benefit, yet I was not prepared for so seemingly a radical cure.

THE JOURNAL.

"High or Low."

M. A. A. Wolff, M. D., Gainesville, Tex.

RHUS TOX. 200TH to 1000TH.

CUI BONO? It concerns everybody who, calling himself a follower of Hahnemann, intends to reach perfection in his profession.

Cui bono? It benefits everybody who acknowledges that an accumulation of facts is an uncontrovertible proof, and therefore, not stubbornly relying upon his own wisdom in particular, rejects the recommendation of the greatest and most reliable authorities, accusing them of groping in what he considers minor matters, while they are of just as much magnitude as the only rule he considers enough to make its expounder shine with imperishable lustre, and therefore highly increase this lustre. To compare those who deal in high potencies with faith-healers, christian scientists and spiritualists, is a poor proof of the digestion of Homeopathic principles in one who calls himself a Homeopathist. Certainly, physicians may be found who deal in c. m'.s, and administer the medicine without individualizing the case, being of the stamp of a certain allopathic physician who once confided to the writer his opinion that all schools were equally good, for he did not believe in any medicine. A physician of that kind, calling himself Homeopathic, may prescribe just what comes to hand, reasoning that such a dose at least does not do any harm. That he shall be unsuccessful is not to be wondered at. But the same can be said of the one who only deals in tinctures to 6ths, and if his patients die as flies it is his fault and not the fault of the medicine which was not prescribed according to the law "similia similibus."

This law is our beacon, and if in a case we are sure of the simillimum, it makes

no difference in the ultimate result whether we prescribe it Low or High; but I contend that the higher, as a rule, work faster than the low dynamizations.

To state that no portion of medicine can be proved to exist, for instance in the millionth dilution, is wrong. It cannot be proved by observations which science at present enables us to make by the medium of our senses and the scientific adjuvants, microscope, etc. But neither can it be disproved, while common sense teaches us of proof to the contrary. Common sense teaches us that if we mix a particle of a medicine with a fluid which fully absorbs it, this particle is divided in as many particles as there are drops in the vial, and this repeats itself as often as we repeat the dilution. It can never completely disappear; a molecule will always remain divisible in smaller molecules. Whether this molecule, unapprehensible by our senses of observation, has an effect to be observed by diseased sensitive nerves, membranes, etc., or, in other words, whether it is able to alleviate suffering, can only be proven by an accumulation of facts; but if so, it will be found that this, happy result takes place only when the prescription is a simillimum.

Now another instance of a prescription, high, single, and one dose only. If anybody finds in it "a strong element of improbability in the reference" it cannot be helped. It was "improbable" to my mind when I proposed to myself to make the prescription; but the moment I saw it work well I gave up the "improbability" dodge and counted it in with the great number of preceding facts; for a fact always remains a fact, and if anybody thinks it an imagination in the patient and not an uncontrovertible proof of medical effect, in spite of the surrounding circumstances, he might as well call

the receiver of a blow on his head an imaginative crank, because he cried out: "Oh, that hit!"

But still; cui bono? It is beneficial to state such facts for the disbelievers too, disbelievers, because the imagination "it is impossible" detains them from doing their duty and trying. The "try" does not kill the patient; it takes an immensely short time to see the effect or no effect, and if the last, go back to your low prescription and continue it until a more thorough study of the case has enabled you to find the simillimum; for the no-effect proves that you were at fault. It is beneficial to give these reports, for the hardest stone will at last receive an impression from the unceasing drip, drip, and the most stubborn disbeliever cannot help himself from being at last impressed by the common clamor. He will get a case where his low prescriptions disappoint him and will then have a "try" and the most sceptic Saulus will become a Paulus.

On August 6, I passed the store of Mr. H. W. About three or four years ago I had prescribed for him on account of some petit trouble. But now he stopped me to complain of pains in the small of the back, pains in his joint, unpleasant sensations in his fingers, etc. I told him to see me in my office. Examination showed that he had a double inguinal hernia, which he had had for a number of years, since war times, but for which he never had done anything, as it did not inconvenience him in any respect. He felt well in every particle but the rheumatic trouble. He had been in Hot Springs for a season, but had received no benefit from it, and if I could do anything for him, he wanted me to go ahead. Now I thought here is an opportunity to try Schusslerism. This is one of the particular cases for the like of which

the claims of biochemical treatment have been so much extolled. On August 6, 9 and 13, I prescribed, and while he became somewhat better, the progress was very slow. On September 8, he came to the office, complained much and gave such a graphic picture of his case that the mereest tyro would have to call out *Rhus tox.* I dropped some (10-12) globules No. 15, 200 dilution on his tongue and promised to bring him more medicine by and by. About three or four hours latter I passed his store, when he stopped me and said he felt better. I pretended to have forgotten the more medicine, but promised it latter. Several hours latter when passing his place I again pretended to have forgotten the medicine, but as he felt still better and wanted to have the medicine by all means I pulled a vial with globules medicated (?) with pure alcohol and gave him them in the evening, but with strict order not to use them except he got worse. Next day, Sunday, towards evening I met him in the street, when he said, "this last medicine did it. I had a little pain again in my back and I took a few of the pills." On the following Tuesday, he had only taken medicine (!) once since we met the previous Sunday, and to date he is yet all right. To avoid misunderstanding let me state the inguinal hernias are unchanged. I did not prescribe for them but only mentioned it as a trouble which did not trouble him. It was only the rheumatic trouble I went for and *Rhus tox* 200, one dose, killed it. It was administered September 8. To-day it is October 24. Have I waited sufficient time before reporting?

Illustrated cases, clear-cut in their symptomatology, are always acceptable.

FOR THE JOURNAL.

The Dynamic Philosophy.

By S. W. Cohen, M. D., Waco, Texas.

THE interesting (for all things are interesting to me that have a bearing upon Homœopathy) and *perhaps* logical article—from a materialistic standpoint—contributed to the September number of the SOUTHERN JOURNAL, by Dr. W. E. Hathaway, merits a sober reply, as all frivolity has been eschewed, and only earnest (if though puerile) argument, has been utilized. In another article I shall endeavor to analyze the doctor's fallacies, but only for the sake of that true Homœopathy which I am sure the doctor reveres as highly in *his* way as I do in *mine*.

The object of my present communication is, to refer Dr. Hathaway and such of the Homœopathic fraternity, whose preconceived notions, or bias have expunged the word Excelsior from their vocabularies, to a letter I received from Dr. B. Fincke, about ten months ago, while I was diligently investigating the efficacy of the higher potencies,—applying to every source for information, with a true scientific spirit, untrammled by previously educated prejudice. At the outset of my investigations I stood firmly fixed, as I thought, just about where Dr. Hathaway stands to-day. To-day, I must if honest, take issue with my former hide-bound conclusions. I publish Dr. Fincke's letter to set many minds to thinking anew and not merely to startle the egotistical views of any. While some may perhaps scoff at the learned scientist's letter, it may be an appreciable revelation to others, and their own testimony in time will endorse poor Hamlets words, that—"There are more things in Heaven and Earth, Horatio than are dreamt of in your philosophy."

But to the doctor's letter :

BROOKLYN, January 25, 1888.

Dr. S. W. Cohen, Waco, Texas:

DEAR DOCTOR—Your favor of the 20th inst., has been duly received.

Neural Analysis was started first by Dr. Gurtan Saeger, in Stuttgart, who used a chronoscope for testing the efficacy of Homœopathic remedies as high as the 4000 per centesimal potency, and the result of his investigation was that this 4000 per cent. of Natrum mur, showed the highest percentage of nerve-irritation. The instrument of precision which he uses is Hipp's chronoscope, a kind of clock with a hand and a dial, showing a circular division of 100 parts of which every part denotes 500 seconds or two milliseconds. This clock is set going by the introduction of an electric current into the machinery. The operator does so by the pressure of the finger upon a key. In the same instant when he sees the hand on the dial move he closes the circuit again by removing the pressure of the finger and reads off the milliseconds which the hand has described in that moment of time. This time, therefore, gives the time which has passed from the eye looking to the finger removing the pressure, and is called the *nerve-time*. The astronomers who use the Chronoscope to correct personal errors of observation call it the *personal equation*.

The operator now takes a number of such observations (10) to ascertain his nervous susceptibility. After that he inhales for twenty-five minutes the alcohol with which the potencies have been prepared and so observations are taken. Then, likewise the fluid potency is inhaled for twenty-five minutes, and 100 observations are taken. The difference between the nerve-time of the sound condition plus alcoholic-inhalation, and the inhalation of the potency gives the percentage of the nerve irritation of the

organism, which the given potency is capable to produce. From the observations of Saeger it appears that the higher potencies have a more energetic action than the lower potencies. He published his work in German: *Die Neural-Analyse insbesondere in ihrer Anwendung auf die hom. Verduennung mit sieben Tafeln*, Leipzig. Ernst Guenther's Verlag, 1881. There has been an extract from this in the *Hahnemannian Monthly* about 1882 or so, I think, by J. H. Biegler in Philadelphia. Saeger at that time went as far as 2000 decimal with *Natr. mur.*

I was so much pleased with his corroboration of our physiological researches in proving and healing that I offered a scale of *Natr. mur.* of my own preparation up to c. m., to test and find out how far the chronoscope analysis would go. He accepted my offer and found the limit between 4000 and 5000 centes. This most gratifying result stimulated me to take up my old labors in that field of 20 and more years before. The means of my investigation was the electric current without the machinery of the chronoscope. I succeeded in building a galvanometer of 4050 feet No. 34 wire, which would show very small electric currents, and two rolls of copper were attached to it which, when taken into each hand would move the astatic needle hanging in the double coil of insulated wire, according to the condition the subject was in. The first experiment was in 1862 when I tested *Ignatia 3 m.* upon my servant who had a deflection of 22°, after the medicine had hardly melted 30°, and shortly after 45°, after a while falling off to 15°. I, now, in 1882 reconstructed the instrument and added more wire, so that it now consisted of two coils of 4500 feet insulated copper wire 34; the upper coil with 6000, the lower with 5700 windings. An astatic needle of 6 Milward 1½ inches

long was hung on a silk fibre in the interstices of the double coil and a copper-plate ¼ inch square was attached to the ingoing, and a time-plate of same size to the outgoing end of the wires. The other two ends of the coils were soldered together. The needle was so arranged that it took a normal position of the upper south pole of the needle upon 60° northeast, the instrument being placed in the meridian and furnished with a circular dial with the O due north.

The capacity of this instrument is shown by pressing the two poles, copper and zinc, with an intervening rag wet with water, together, when the needle standing at 60° northeast flies westward in an amplitude of 27°.

Now the analysis on this, the electromagnetic method, consists in that the operator, after being sure of the full capacity of the instrument, places his thumbs well wet with water, the right one upon the zinc, the left one upon the copper-pole, fastened upon a horizontal board. Instantly the needle moves to a certain degree westward, and indicates by the amplitude of the deflection the nervous force at that moment. After taking a few observations, showing similar degrees, the operator takes the medicine in a few pellets on the tongue, and within three minutes the application of the wet thumbs upon the poles will give a deflection which will vary from the deflections more or less, and indicates the action of the medicine upon the organism. There is no potency ever so high, which has not been able to show by the degree of deflection of the needle, the difference from the original normal deflection. How far into this method exceeds the chronoscope in fineness, is shown by the fact that millionth potencies are shown by it to act in a few minutes, whilst the chronoscope requiring much

more labor does not exceed in reaction of a 4000 per cent. potency.

This, I think, is a general outline of Mental Analysis, and will, I hope, give you an idea of the the two methods.

Yours faithfully, B. FINCKE.

Societies.

Fifth Annual Meeting of the Southern Association.

THE Fifth Annual Meeting of the Southern Homeopathic Medical Association convened in Louisville, Ky., at noon on Wednesday, October 10, 1888, and remained in session for three days, with the following physicians in attendance:

Geo. M. Ockford, Lexington, Ky.; L. C. Grosvenor, Chicago, Ill.; L. A. Falligant, Savannah, Ga.; W. F. Green, Little Rock, Ark.; E. H. Pratt, Chicago, Ill.; C. E. Fisher, Austin, Tex.; J. C. Bridges, Ozark, Ark.; W. W. Tydemann, Knoxville, Tenn.; A. E. Meadow, Blocton, Ala.; J. H. Henry, Montgomery, Ala.; O. C. Rees, Owenton, Ky.; J. C. Bryant, Shelbyville, Ky.; C. W. Taylor, Louisville, Ky.; J. D. Buck, Cincinnati, O.; R. W. Pearce, Louisville, Ky.; C. E. Walton, Hamilton, O.; A. L. Monroe, Louisville, Ky.; Howard Crutcher, Louisville, Ky.; T. E. Reed, Middletown, O.; W. B. Morgan, St. Louis, Mo.; S. T. Purcell, Glasgow, Ky.; L. Limerick, Louisville, Ky.; Helen M. Cady, Louisville, Ky.; Sarah J. Milsop, Bowling Green, Ky.; John Loomis, Jefferson, Ind.; T. R. Welch, Nicholasville, Ky.; Ellen A. Moore, Bowling Green, Ky.; S. H. Secoy, Jeffersonville, Ind.; C. G. McDermott, Cincinnati, O.; J. C. Meredith, Frankfort, Ky.; Rufus Conrad, Louisville, Ky.

There were several other physicians in attendance during the sessions, whose names are not now recalled.

The Association was called to order by the President, Dr. Geo. M. Ockford, of Lexington, and the Divine Blessing was invoked by Rev. E. L. Powell, pastor of the First Christian Church. Dr. Howard Crutcher was elected Secretary pro tem. in the absence of Dr. Fellows, of New Orleans.

President Ockford then delivered his annual address, which was listened to with marked attention, and at the close he was accorded a hearty outburst of applause.

THE PRESIDENT'S ADDRESS.

In reviewing the field of medical history for the past year there is much to be thankful for, and also much to regret.

First, we may congratulate ourselves upon the steady advancement of the banner of Homeopathy. From all parts of the country cheering reports reach us, exhibiting increasing popularity and a more general appreciation of the system of medicine founded by Hahnemann. We should also feel grateful that we have been spared an invasion of Asiatic cholera, so surely predicted by the pessimists who would belittle the efforts of sanitarians to check its advance. The application of hygienic rules and preventive medicine in staying the progress of that Eastern scourge has produced results that enable the sanitarians to take courage and renew their faith in the efficacy of sanitary science. But while we may rejoice at the exemption from widespread epidemics, we must contemplate with sorrowful hearts the desolation of fair portions of the South by yellow fever. It is the old, old story. In the mad rush for wealth the plain dictations of sanitation have been neglected, and

the inevitable harvest of death has been realized. It is the same history of soil pollution, inadequate drainage and augmented population that have preceded outbreaks of yellow fever in all the cities and towns of the South. Only by the application of sound sanitary rules has its progress been stayed, and in the results of this disease, as well as in the plague and the loathsome diseases of the Old World, enough has been accomplished to prove the efficacy and economy of sanitary science. The diminished death rates that have resulted from sanitary administration in American and European cities are among the grandest achievements of medical science.

The increase of leprosy in the Mississippi valley and its occasional outbreaks in cities throughout the country should cause us to investigate the foul disorder. While its contagious character is a mooted question, yet its increase from an almost inappreciable beginning has been its constant history. Lazarettos and leper colonies were necessary only after the lapse of years. Early attention to the disorder might enable the sanitarian to strike at the root of the evil, and by circumventing the initial cases with efficient regulations be enabled to prevent its growth and extension. The fact that all these epidemic diseases fix themselves primarily upon the haunts of ignorance, filth and vice, and from thence mount higher and higher until whole communities may be contaminated, teaches us the necessity and imperative demand for sanitary administration, and this to be of service must be in accord with hygienic laws. We constantly see misfitting and wasteful work done in the name of sanitary science which wholly fails in its intended purpose and only serves to encourage those who decry the merits of sanitation. Water-works with-

out adequate drainage are among the evils of the day. The foul excreta of water-closets is drained into cesspools so constructed as to add to the evils of dampness and an excrement sodden soil, and endanger health. The increase in kidney disease is a subject worthy of investigation. It is a question how far the popular agitation of Bright's disease and kindred affections is responsible for this result. We know that the continued use of diuretics hastens fatty degeneration and atrophy of the kidneys, and the wide-spread use of patent nostrums taken for the purpose of "acting on the kidneys" may have an important bearing in solving the question of the alarming increase of this class of affections. The prevention of the every-day diseases is of more importance to the average practitioner than the staying of epidemics, but both are within the province of the sanitarian.

The growth of the absinthe habit among the intellectual classes, the increase in the number of victims of opium and cocaine habits, are serious questions and worthy the attention of physicians. By the avoidance of the careless use of anodynes and narcotics much of the evil could be averted, for it is an undeniable fact that the careless prescriptions of physicians are in many instances responsible for the mental and physical wrecks due to these pernicious habits.

Popular education upon sanitation and hygiene must be pushed forward until the knowledge becomes general that healthfulness can be maintained by a compliance with sanitary laws. Every one should understand that personal interest as well as public good are benefited by these means, and when this is done we will have no difficulty in carrying out sanitation to its fullest extent, and as a result, decreased death rates,

increased happiness and better health will crown our efforts. Our school of medicine has revolutionized the medical world, it has disinfected old physic of its nauseous and heroic doses, and in like manner our duty points to the front rank in the army of sanitarians in its war against disease and premature death. The prevention of disease is in keeping with the age in which we live, and the knowledge and practice of sanitary science is a requirement which forces itself upon every true physician.

In the history of medical knowledge progress marks its every step. The growth of special studies, the extension of research and the hidden facts that are being brought to light by patient and unremitting labor have so enlarged our stock of knowledge that human life is too short to grasp it in all its details. Our colleges are alive to the requirements of the increase in knowledge, and are now demanding more deliberate and careful preliminary training in those who would become physicians. The Homeopathic school has made advances in surgery, and we now have in our ranks surgeons who are the peers of any school. Twenty years ago many of our colleges did not even teach the details of minor surgery. In those days we were frequently reminded of the fact that very few Homeopaths were surgeons. We are glad to note the change, for in surgical therapeutics we have remedies that have oftentimes done work that the surgeon's knife would have been called to do without their aid. Now we have hospitals and clinical advantages that enable the student of Homeopathy to pursue a course of study that will fit him to occupy the front rank among the surgeons of the country. The practice of surgery has also changed. Many of the old cumbersome appliances have been

replaced by lighter and less tortuous methods. The use of antiseptics and the intelligent application of hospital and personal hygiene have relegated to the past many of the horrors of hospital practice. Operations about the brain, liver, stomach and other important organs of the body are becoming more numerous and less fatal in result. The remedies prescribed by Hahnemann in surgical diseases have found verifications of their power in the hands of hundreds of our colleagues, and thus in the march of surgical progress we have had laurels added to the Homeopathic therapeutics.

But it is in the field of therapeutics that the effect of Homeopathy is seen. The lancet has disappeared from general practice. The old polypharmacy prescriptions and the heroic and debilitating methods of old-time practice are rapidly becoming replaced by more simple and more effective remedies. The more advanced of the old school are even now advocating and using what might be termed a crude Homeopathy. Their prescriptions of Ipecac for vomiting, Podophyllum for diarrhoea and so on through a long list must exert a curative action through the law of Similia. The literature of the old school teems with reports of cases treated with single drugs and with doses so small as to verge upon those employed by Homeopaths. The old school may ridicule the small dose of Homeopathy, but the followers of Ringer, Phillips and other of their leading men are adopting that despised and so-called insignificant dose, and are pushing aside one of the worst stumbling blocks to medical prejudice and understanding.

All this shows a growing appreciation of Homeopathic truths, and augurs well for its future. It means that the capstone of Homeopathy which the would-be

overseers of medical knowledge rejected and threw aside as useless will become the keystone of the medical arch. This result has been forced upon unwilling minds by the intelligence of the people, who could not fail to recognize the beauties of the Homeopathic system, and who were not blinded by the cobwebs of prejudice and superstition. If Homeopathy has not grown rapidly in some sections of our country it is because it is misrepresented by our opponents and misunderstood by the people. Both should have their minds disabused. Let them understand that Homeopathic physicians are not cranks wedded to a single theory, but that they are doctors of medicine in the true sense of the word.

No school of medicine is born to natural rights that give it a monopoly of medical knowledge. The whole domain of medical science belongs as much to our school as to any. In the study of the various branches of medicine, surgery and sanitary science, as well as the collateral subjects, we differ from no educated or scientific physician. We only diverge in the method of prescribing drugs for the relief and cure of the disease, and in this it is a duty and a pleasure to put in practice the principles we profess and which give us a distinctive name in the profession. The practice of old-style physic begets unbelief in drug action, but the practice of Homeopathy, by every day's experience, confirms us in the belief that *Similia Similibus Curantur* is nature's law of remedial action. The faith of the Homeopathist grows stronger as he witnesses the prompt and efficient action of his remedies. Homeopathy is essentially a curative method of treatment, curing disease without entailing other worse conditions. In the face of fatal disorganizations, curative action of remedies can not be expected, but many a life has

been prolonged and a fatal issue postponed by the palliative and revitalizing effect of Homeopathic medication. And in the palliative treatment of painful affections there is nothing in our code of ethics or our obligation to principle to prevent our departure from the strict line of Homeopathic procedure. But in such a course let us act openly, honestly and fearlessly, knowing that as physicians we possess the right to treat our patients as our judgment dictates. Always bear in mind the vital fact that our duty to the public requires us to be true physicians, and that we employ every resource in relieving or curing our patients. Still, this right should not be construed into a license, and the physician who habitually resorts to hypodermic medication and the methods of the old school can not consistently claim to be a Homeopathist.

Medical legislation is constantly advocated, and every session of the Legislature finds an army of advocates, each with some scheme to raise the standard of the medical profession and protect the public from ignorant pretenders. We do not believe that either the public or the profession desire the enactment of laws for these purposes. They are obnoxious to most people, and foreign to that principle of fair play that characterizes the American people. It is undoubtedly desirable that ignorance and impudence should be prevented from imposing upon the people, and the aid of the State can legally be enlisted in such a cause. What is needed is legal regulation that will enable the public to distinguish physicians from pretenders. Thirty years ago the English law-makers recognized this fact. The British medical registration law of 1858 stated that 'it is expedient that persons requiring medical aid should be enabled to distinguish qualified from unqualified practitioners;' that is the idea

I would incorporate in the legal code of our several States. Stop the display of false signs, and allow no one to assume the title of Dr. or M. D. unless the wearer of the title has obtained it from a legally constituted college or society. The assumption of the title of doctor by a pretender to medical and surgical skill may deceive the citizen, and it is the duty of the State to stop such a deception. If Sam Sly or Peter Funk want to practice medicine without possessing a medical degree, let the people understand their true status. Then if the citizen prefers to employ the quack, or if he knowingly prefers the pretender, it is useless for the State to interfere. It was always to me manifestly unfair to punish a man more severely for pretending to be a lawyer than for assuming to be a doctor, and yet the pretending lawyer is liable to punishment for criminal contempt by any court of record. This wholesome provision prevents men from assuming the title of attorney-at-law without being licensed by a competent court. Now, place the medical profession under the same restrictions, and we would have all the legislation necessary, and a condition that would do more to protect the public than any examining board or other cumbersome legal machinery.

The movements put on foot by the physicians of the old school, seeking to remove the tariff on surgical instruments, should be seconded by this Association and every individual physician. The tariff duties increase the cost of such instruments, and serve as a constant inducement for the manufacturers to flood the market with worthless goods. The instruments of the surgeon, like drugs, are so intimately connected with the welfare of the people that every con-

sideration demands that no obstructive or cost-increasing tariffs be imposed to prevent the employment of the best that the world affords.

The faith cure excitement, which at one time threatened to shipwreck (?) medical practice, has itself run upon the rocks of popular condemnation and is fast dying out. It was but a feeble attempt to revive the exploded methods of early heathen practitioners, substituting the grand cloak of Christianity for the discarded garb of the heathen philosophers. These irregular methods of healing have such a brief existence that no harm can result, and the question of their utility is scarcely worth a thought. They have nothing in common with our system of medicine. The truth of our law of cure has made Homeopathy a fixed fact. It has been tried in the crucible of clinical experience and survived every means concocted by an unscrupulous enemy to stay its progress. Its course is onward and upward, mounting aloft as the bright and leading star in the firmament of medical knowledge and practice.

Applications for membership were received from Drs. J. C. Bryant, Shelbyville, Ky.; O. C. Rees, Owentown; C. W. Taylor, Louisville; J. F. Edgar, Lexington, Ky.; J. C. Daily, Fort Smith, Ark.; H. C. Landis, Memphis; L. Limerick, Louisville; Helen M. Cady, Louisville; Sarah J. Milsop, Bowling Green; S. T. Purcell, Glasgow, Ky.; John Loomis, Jeffersonville, Ind.; T. R. Welch, Nicholasville, Ky.; S. H. Secoy, Jeffersonville, Ind.; Ellen A. Moore, Bowling Green, Ky., and E. H. Pratt, Chicago. The applications were referred to a board of censors consisting of Drs. Fisher, Tydemann, and Henry, and the Association adjourned for dinner.

AFTERNOON SESSION.

The afternoon session partook largely of the character of an "experience meeting," and off-hand reports were called for by the President, from the various fields of practice represented in the meeting.

Profs. Grosvenor and Pratt gave the Association a review of the situation in Chicago, claiming for their city the largest number of Homeopathic physicians of any single city in the world, and the wealthiest clientele. They stated that an investigation of the tax-rolls of Cook county gave evidence that full two thirds of the taxable values of that county were owned by patrons of the new school. Their colleges and hospitals were reported to be in a most flourishing condition, while the various other institutions in the city, as societies, journals, pharmacies, etc., were spoken of as enjoying a prosperity highly complimentary to so young a system of medicine.

Prof. Buck gave a review of the situation in Cincinnati. He regretted that he could not present as flattering a report as that given from Chicago, but he did not hesitate to say that the growth of Homeopathy in Cincinnati was steadier surer and healthier now than ever before. Pulte College was reported as prosperous, and the outlook was considered more encouraging than at any time in the past.

Prof. Morgan, of St. Louis, said that his city had never been very boastful about the condition of Homeopathy there, because they were naturally more modest in St. Louis than in Chicago, and because they didn't have so much to boast of. He said, however, that they were now getting in position to do more crowing, because the situation to-day is a greatly improved one over former years and the outlook is much more flattering

than ever before. St. Louis, he said, is very proud of her new college, which is one of the most compact and perfect college buildings in this country, and the faculty, as at present composed, is, for the first time in the history of their work, pulling together in the most perfect harmony for the good of the college and Homeopathy in the Southwest. Their college property is valued at \$20,000; the faculty delivered 475 lectures last session, and there were treated at the college dispensary for the year 3,350 patients.

In hospitals they were well supplied. The Good Samaritan, but a short distance from the college, with a capacity of 150 beds, was organized in 1857, and its buildings are now valued at \$41,000; and the Children's Hospital, organized in 1879, with a capacity of 75 beds, is valued at \$25,000.

Prof. Morgan said the hospital advantages attending the St. Louis College had never been fully appreciated by the profession, and he was glad to be able to thus bring them before the Southern Association.

Dr. Fisher reported upon the condition of affairs in Texas. He said the Allopathic legislationists, like Banquo's ghost, would not stay down when floored, but were up and at it again for the coming winter with a desire to obtain legislative control of the affairs of medicine in that State. He thought, however, that with the light before them the legislators would be apt to deal fairly in the matter, and he hadn't much fear that the ultra views of extremists would meet with favor.

The growth of Homeopathy in his State was slow but certain. A number of new practitioners had recently come into the State; all were doing well, so far as known. Texas offered a large num-

ber of good openings for energetic men, and those already in the State would welcome most warmly the coming of others.

Dr. Fisher said he had had a hard time keeping *THE SOUTHERN JOURNAL OF HOMEOPATHY* afloat during the past five years, but he was glad to announce that she was in clear water now, and that her life was no longer in the balance.

Dr. Monroe reported upon the situation in Louisville. He thought there could be no doubt of the satisfactory growth of Homeopathy in his city. There had recently been a number of additions to the ranks of her practitioners, generally competent men, and he knew that in spite of the great domination of the old school and the natural conservatism of her people Louisville was most kindly disposed toward our system, and its practice was growing in best circles.

[It was apparent to the visiting members that a good sized dose of conciliation and harmony among the profession of Louisville would be a good thing for Homeopathy in that city.—ED. JOURNAL.]

Dr. Green told of the situation in Arkansas, explaining the workings of their medical law. He said it was in no wise unfair to Homeopaths, and so far as he was informed our physicians command the respect of the communities in which they practice, and are, as a rule, enjoying good patronage. Arkansas affords numerous locations where Homeopathic physicians can, with energy and perseverance, build up good practice, and he would be pleased to see the work in that State more thoroughly developed.

Dr. Cady, who formerly lived in Arkansas, confirmed Dr. Green's report, and favored, as he had done, an immigration of Homeopaths into that State.

Drs. Henry and Meadows spoke for Alabama. They were hampered by an

unjust medical law which gave exclusive management of the medical affairs of their State into the hands of the old school. The Eclectics are strong in numbers in Alabama, and efforts are being made to overcome the obnoxious feature of the present law. Dr. Henry was especially outspoken in saying that there is plenty of room in his State for qualified Homeopaths possessed of energy and stick-to-it-ive-ness, and in view of the present rapid development of the material industries of Alabama and the consequent infusion of new life and new ideas, he thought the time propitious in which to start anew for Homeopathic prosperity.

HOMEOPATHIC RECRUITS WANTED.

This testimonial meeting developed the fact that the delegates were, to a man, of the opinion that the South needed more practitioners of Homeopathy in her territory, and the question of ways and means of recruiting our forces engaged the attention of the Association for a time.

Prof. Buck thought it the duty of every Homeopath in the South to encourage or induce young men of Southern parentage and relationship to study Homeopathy. He thought a southern born young man much more able to do good missionary work for our school among the people with whom his entire life had been spent and whose every interest was in common with his, than would be a Northern man of equal ability and attainment. The reasons for this were obvious, and were he a resident of the South he would make every possible effort to induce young men of that section to study our system of practice, thus sowing seed which would be certain to bring forth abundant fruit.

Dr. Monroe quite agreed with Prof.

Buck as did also Dr. Green and others. They thought that a native born Southern man naturally enough had less opposition, doubt and prejudices to overcome in building up a practice than is experienced by young physicians who are strangers to the habits, customs and sentiments of the Southern people.

Dr. Falligant thought more depended on the man than on the section from which he comes, and, while it was reasonable to assume that, here as elsewhere, our own sons and our neighbors' sons stood a better chance than did stranger young men, yet he was of the opinion that there was room and a welcome in the South for Homeopathic physicians of mental and moral worth, no matter what their section.

Dr. Eaton, of Cincinnati, had been impressed, by numerous trips South, with the needs of Homeopathy in the direction under discussion, and he thought as did Prof. Buck and Prof. Grosvenor, that if the Southern Association was of value for no other purpose, it had much merit in its missionary work. Many Homeopathic towns of the North and West could spare the South one or more physicians each, and if the proper efforts were made he thought the number of Homeopathic practitioners in the South could be doubled in a year or two.

Dr. Fisher hoped that Profs. Pratt, Morgan, Buck, Walton and Grosvenor, delegates present from the colleges, would call the attention of their senior classes to the needs of Southern Homeopathy and induce a portion of each graduating class to locate in our territory. That more Homeopaths are needed and are welcome in the South is beyond question. He had been instrumental in inducing five young men to study for the profession within seven years, and four of them are engaged in practice to-day

in Texas. His colleague, Dr. Jones, of San Antonio, unavoidably absent, had done equally as well, and thus eight or ten Homeopathic practitioners had been added to the ranks in Texas through this means. If each of the seventy now in Texas would induce one student a year to study our system, it would not be long until our force would be so augmented as to secure to us great favor at the hands of the people.

The entire afternoon was taken up with the discussion, and the session was considered one of the most profitable of the Association.

The applications of the physicians applying for membership in the morning were all reported favorably by the censors and they were duly elected to membership in the Association.

EVENING SESSION.

One of the most important sessions of the Association was the public meeting of Wednesday evening. Although the weather was exceedingly disagreeable and threatening there was an audience of above four hundred of Louisville's best and most intellectual citizens gathered to hear the addresses of Profs. Buck and Pratt and Dr. Fisher. The session was held at the spacious hall of the Medical Club in the very center of the city, and had the weather been propitious the number present would have crowded the hall to its utmost capacity. As it was the audience was one of the largest ever gathered at the public sessions of the Association, at once a compliment to that body and to the local physicians who arranged the programme.

Dr. Fisher's address, which was first in order, dealt with the founding and history of the Homeopathic school. He reviewed Hahnemann's life briefly, outlining his career as an old school physi-

cian, chemist and author, told of his discovery of similia and of the first years of its struggle, and carried his audience down the century to the present time, showing them the strength and power of the new system of practice throughout the world to-day. His remarks were listened to with close attention, and were greeted with hearty applause. The JOURNAL will produce the address entire in another issue.

Prof. J. D. Buck, of Cincinnati, followed in a half hour on *The Future of Homeopathy*, his address appearing in full in this issue. Prof. Buck is a most delightful speaker, and the impression created upon the large audience through the medium of his address most at once profound and favorable. He was listened to with intense interest; occasional outbursts of applause alone interrupting him from the start to the finish.

Prof. E. H. Pratt, of Chicago, followed in an extemporaneous effort of half an hour, in which he dealt strong shoulder strokes in defense of the system and methods of Homeopathy, and made some comparisons between her gentleness and the harshness of Allopathy, which were not to the credit of ancient physic. His remarks were interwoven with gentle but forcible side shots at the folly of the Christian science of to-day, which fairly withered the frail garment of this pretension. While not contending that it was all fraud or pretense, he characterized the extravagant claims of the votaries of faith-curism as an outrage upon the intelligence of the age. Prof. Pratt caught the audience and his earnest, eloquent and persuasive address made scores of friends for Homeopathy.

The Louisville physicians were delighted with the public meeting and they are the ones most interested. After the tiresome, tedious, prosy effort of the last

public meeting in New Orleans it was thought that such a session at future meetings should be dispensed with, and at the last New Orleans meeting it was omitted. But the Louisville public session was eminently satisfactory to the Homeopathic professional people of Louisville, and it has been shown that, properly conducted, a session of this kind is a good missionary movement.

SECOND DAY'S SESSION.

The second day's work began at 10 o'clock a. m., in Elk's hall, with the President, Geo. M. Ockford, M. D., in the chair.

Under call of reports of committees, Dr. Fisher presented a series of preambles and resolutions from the Legislative committee. The report received the unanimous endorsement of the Association, and the discussion which developed while the matter was under consideration indicated with a positiveness which meant business that the Southern Association is opposed to Examining Boards. Drs. Henry, Monroe, Meadows, Green, Crutcher, Pratt, Cady, Ockford, Falligant, Fisher and others participated in the discussion. The following is the committee's report:

"WHEREAS, The Southern Homeopathic Medical Association views with dissatisfaction the wide-spread effort of the old school of medicine to secure monopolistic control of the affairs of medicine in the Southern States to the exclusion of the rights and privileges of other systems of practice naturally inherent in American institutions; and,

"WHEREAS, It recognizes in the persistent efforts of the dominant school in some of the Southern States to secure legislative creation of medical examining boards composed exclusively, or in great part, of practitioners of one school, a re-

tardation of the growth of all opposing systems of practice, thereby depriving us of our just rights, securing for themselves the monopoly of medicine and depriving our people of the privilege of choosing for themselves which system of medical practice they will employ; and,

WHEREAS, The members of this Association, by observation and experience, are brought to believe that the evidence given by the possession of a diploma from a legally chartered medical college or university is more certain to reflect the qualification of the possessor thereof than is the certificate of any examining board, appointed or likely to be appointed, from the ranks of the ordinary practitioner; it is, therefore,

Resolved, That this Association protests against all efforts in the direction outlined, and earnestly recommends upon our legislators the enactment of such laws only as will be fair alike to all schools of medical practice; it is further

Resolved, That as a remedy against bogus diplomas it be required that applicants for license to practice medicine or surgery in any or all of its departments, on locating in a community, shall record a diploma with the proper recording officer of the county, and shall accompany it by an oath to the effect that he is the legal possessor of said diploma and that he obtained it by actual attendance upon the institution granting the same; and be it further

Resolved, That should the Legislature of any Southern State determine over our protest to establish an examining board, we appeal to that sense of fairness and justice inherent in the Southern people to give equal representation to all schools upon such boards."

THE BUREAU OF MATERIA MEDICA was called and two most excellent papers were presented, both of which appear in

this issue of THE JOURNAL. Dr. Monroe's paper was the subject of much favorable comment. Prof. Buck pronounced it one of the most practical and sensible papers he had ever listened to and thought a *Materia Medica* built upon the plan outlined by the author would be indeed a valuable book. The members of the association roundly applauded Prof. Buck's high compliment to their fellow member. Dr. Meadows' paper on "Single Remedy vs. Alternation" brought out its point so clearly that there was no mistaking his meaning. The discussion it elicited was perhaps the most practical of the meeting, a great many members participating and giving their experience in all kinds of cases with the higher, medium and lower dilutions. While many confessed to the habit of alternating remedies, yet it was developed beyond doubt that there was a positive advance toward the use of the single drug. Dr. Meadows and Dr. Buck were especially firm in their convictions that there is a mine of wealth in the "upper" attenuations when carefully selected, and in this opinion they were upheld by perhaps the larger number of members present.

The Bureau of Practice was next called and Dr. Fisher read a paper by Dr. W. H. Holcombe, of New Orleans, on "The Moral Treatment of Yellow Fever." This paper was published in the Yellow Fever number of THE JOURNAL. It elicited a great deal of discussion.

Dr. Falligant, of Savannah, who has had most extensive experience through several epidemics of Yellow Fever, and as a Yellow Fever expert, did not agree with the extreme views of the author of the paper, in regard to the influence of fear as a direct causative factor, although he admitted the full force of the argument

of Dr. Holcombe concerning the effect of wide-spread fear on the community at large. He cited the case of a colored nurse whom he treated during the epidemic of 1878. She had been nursing a man who died during the night, and she remained with the body until morning. Her superstition was aroused—colored people are always superstitious about dead bodies—and the heroic nurse was greatly weakened by the strain. The next day she was stricken down. The only way fear cuts any figure is by thus weakening the human form and making it subject to the attack of disease. During the epidemic of 1876, Dr. Falligant treated more than 900 cases of yellow fever, and had but thirty-three deaths. While a member of the government board he investigated the germ theory. In that research he discovered some interesting facts. Within fifty yards of the depot in one city was the yellow fever hospital. The whole air was permeated with the disease, and almost every household had been visited by death. One family had been spared, and the man stated that every evening at sunset his family went into the house and retired, not exposing themselves in the slightest. They walked around during the day as much as they pleased. Any one who enters an infected district by night will take the fever, but in the daytime the danger is not great.

Dr. Falligant gave a number of interesting illustrations, and strongly took the position that local causes are what create the disease. It is intensely infectious, but not contagious. He had often driven through districts where it was raging, and has had to place his handkerchief over his face and breathe through it, so as not to become sick at the stomach from the effects of the poisonous air. Dr. Falligant made a lengthy

speech and was attentively listened to.

Dr. Henry was quite upset by Dr. Holcombe's paper and could not agree with it all. He considers Yellow Fever infectious and contagious and believes in the very severest of quarantine restrictions. The views of Dr. Holcombe were calculated, if generally practiced, to make the South a perfect hot-bed for the disease.

Dr. Fisher, Dr. Buck, and Dr. Eaton thought Dr. Holcombe right in the main. He had only treated of the disease from the standpoint of its moral management, and these gentlemen were convinced that fear killed its thousands in every epidemic. If Dr. Holcombe's paper did no more than to set people to thinking in the proper directions it would work inestimable good to the citizens of the plague stricken districts.

The personal views and experiences of a number of the visiting physicians were developed in the discussion of Dr. Holcombe's paper and the hour was one of the most earnest and interesting of the meeting.

Upon adjourning for dinner an invitation to take an excursion for the afternoon to the famous Blue Grass regions of Kentucky, kindly tendered through the courtesy of Col. Bennett H. Young, President of the Louisville Southern railroad, was accepted. A special train consisting of an engine and two elegant coaches, officered by managers of the road, carried the physicians present and about twenty invited guests about thirty-five miles in the interior. But for the fact that a heavy rain fell throughout the entire afternoon, the excursion would have been an especially enjoyable affair, and, as it was, even, the party enjoyed the social amenities of the occasion most heartily, the Association tendering to Col. Young a special vote of thanks for his kindness in placing a train at their dis-

posal, and to the officers of the road for chaperoning the party. Also to the ladies, who graced the occasion with their charming company.

EVENING SESSION.

Prof. L. C. Grosvenor, of Chicago, entertained the Association and the public in an hour's address at the hall of the Musical Club, upon "The Hygiene of the Nursery," on the evening of the second day's session. The weather was most unpropitious; a cold, drizzly rain had been falling all day, and continued throughout the evening and night, deterring hundreds from attending who would otherwise have been present. Even under the adverse circumstances a good sized audience greeted Prof. Grosvenor, and were most delightfully entertained by his inimitable address on the care of the infant man. There was so much of practical value to the practitioner in the lecture, for such it really was, that a synopsis of it would but be butchery. It alone was worth the entire expense and trouble of a trip to Louisville.

THIRD DAY.

Upon calling the Association to order on Friday morning, President Ockford announced the following telegram from Dr. H. R. Stout, of Jacksonville, Fla.:

JACKSONVILLE, Oct. 11.—George M. Ockford, President Southern Homeopathic Association: I regret that pressing duties for the past two months have prevented my report and attendance. From the midst of the pestilence Dr. Johnson and myself send greeting, with the assurance that the banner of Homeopathy is faithfully upheld.

H. R. STOUT.

Its reading was followed with vigorous applause, and the Secretary was in-

structed to extend the congratulations of the Association to Drs. Stout and Johnson upon their recovery from the yellow plague.

Dr. Fisher introduced the following resolution bearing on quarantine, which was briefly discussed and adopted unanimously:

We view with profound concern the unequal and inharmonious operations of the different State Boards of Health in the matter of quarantine, a condition not calculated to secure the best results in the protection of public health or in the proper regulation of the commerce of the South; and,

WHEREAS, Believing that the most efficient quarantine against the introduction into our country of diseases from foreign parts can be accomplished by oneness of action—a unity that can hardly be accomplished through the operation of separate boards operated by each of the different States of the Union—this Association, representing a portion of the country now suffering death and disaster from a disease which is generally considered an exotic, earnestly recommends the creation by Congress of a National Board of Health, composed of physicians and scientists representing the various schools of medical practice, whose permanent duty shall be the conservation and protection of public health.

The Bureau of Practice was called, and was opened by Dr. J. H. Henry, of Montgomery, Alabama, who presented a paper on the "Unity of Disease and Drug Action." The paper was a long one, and quite original in its ideas. It was discussed by Dr. Falligant and others, and referred to the publication committee. Other papers under this head were read by title and similarly referred.

The Bureau of Surgery presented a paper by Dr. W. E. Green of Little Rock.

on abdominal surgery with illustrative cases, which was one of the very best of the meeting and highly creditable to its author, and a paper on Anæsthetics by Dr. Crutcher, which is given in full in **THE JOURNAL**. Dr. Green's paper was in good part made up of cases which have been presented in this journal during the year, but they were so systematically arranged and so complete as to make them exceedingly interesting and valuable.

Both of these papers called forth extended discussion, participated in by nearly all the members present.

Other surgical papers were deferred for lack of time. Prof. Grosvenor, upon invitation, gave the Association a practical talk on the use of anæsthetics and of forceps in the lying-in chamber. This was another feature of the meeting, which, of itself, was well worth the time and expense of the occasion. **THE JOURNAL** intends inviting Prof. Grosvenor to commit his remarks on Anæsthetics to paper for its pages as it considers them well worthy of publication.

After the transaction of considerable miscellaneous business of the Association, Dr. Monroe introduced the following resolutions which were unanimously adopted.

"The Southern Homeopathic Medical Association views with satisfaction and approval the introduction into Congress, by Senator Call, of Florida, of a bill appropriating \$100,000 for the purpose of investigating the causes, methods of introduction into the United States, general management and treatment of yellow fever, and we most earnestly recommend that our Senators and Representatives join in securing the passage of said measure.

"We also view with pleasure the fact that Senator Call's bill provides for the

creation of a board composed of physicians of the different medical schools, a feature eminently proper and likely to develop the relative merits of the different medical systems in the treatment of this disease, a consummation devoutly wished for by homeopathy. In view of these facts, it behooves us to keep in mind that this association is the proper body to present the name of a representative of the organized homeopaths of the South to serve on the said commission, and I therefore take pleasure in presenting for your consideration the following:

"WHEREAS, Dr. C. E. Fisher, of Austin, Texas, passed through the epidemic of 1878 as a volunteer, at Chattanooga, Tenn., using his unusual faculties for observation to the greatest possible advantage; and

"WHEREAS, His youth, vigor, energy and absorbing interest in this subject increase his peculiar fitness for the work required; and

"WHEREAS, As Dr. Fisher is editor of the **SOUTHERN JOURNAL OF HOMEOPATHY** the organ of Southern Homeopathy, it seems to us that it is eminently proper that he be one of the representatives upon this commission.

"Resolved, That this Association in convention assembled, hereby recommends that the legal representatives so empowered appoint Dr. C. E. Fisher, of Austin, Texas, as one of the member of the Yellow Fever Commission at present under contemplation by congress, should such commission be created."

[The Editor of **THE JOURNAL** will not attempt to express to Dr. Monroe and the Association his heartfelt appreciation of the high honor paid him by the adoption of the resolutions above reported. His pen is utterly inadequate to the occasion.]

A letter was presented from Drs. J. P.,

W. M., and W. C. Dake, resigning membership in the Association because of the criticism of President Ockford and THE SOUTHERN JOURNAL OF HOMEOPATHY upon their course in declining to welcome the Association to Nashville. The regrets of several members were expressed at the hastiness and unwisdom of their action, and the resignations were accepted with general reluctance.

[Right here the Editor of THE JOURNAL desires to disclaim any personal feeling in this unfortunate matter.

He entertains the profoundest respect for Dr. Dake, sr., whose past efforts for Homeopathy he fully appreciates, and he would not pluck one laurel from the wreath which crowns his honored brow. But, believing it to be not only his prerogative but his duty as a journalist to criticize the conduct of individuals when such conduct has a bearing upon the public interests of Homeopathy, and feeling that the course pursued by Drs. Dake toward the Southern Homeopathic Medical Association threatened the very existence of that body, he did not hesitate to hew to the line, let the chips fall where they might. If his language seemed unnecessarily sharp, he sincerely regrets it. But with the spirit of THE JOURNAL'S treatment of the question its editor is still in most hearty accord. It is a spirit of devotion to cause rather than to individuals; to principles rather than to men. While we respect and revere Dr. Dake, sr., we unhesitatingly say that we think he erred, and in a cause very dear to the earnest workers for Homeopathic advancement in the South. With this, THE JOURNAL dismisses the unpleasant subject.]

The election of officers for the ensuing year resulted as follows :

President—Dr. W. E. Green, Little Rock, Ark.

First Vice - President—Dr. Walter Bailey, jr., New Orleans, La.

Second Vice - President—Dr. J. H. Henry, Montgomery, Ala.

Recording Secretary—Dr. Howard Crutcher, Louisville.

Treasurer—Dr. Chas. W. Taylor, Louisville.

The following were appointed Chairmen of the Bureaux :

Legislative Committee—Dr. H. Z. Landis, Memphis, Tenn.

Materia Medica—A. Meadow, Blocton, Ala.

Practice of Medicine—Chas. W. Taylor, Louisville, Ky.

Surgery—H. G. Bayless, Knoxville, Tenn.

Gynæcology—S. G. Milsop, Bowling Green, Ky.

Sanitary Science—Chas. R. Mayer, New Orleans.

Ophthalmology—J. H. Foster, New Orleans.

Medical Literature—O. C. Rees, Owenton, Ky.

Registration and Statistics—E. A. Guilbert, Jackson Miss.

Memphis was selected as the place of next meeting, and the time was changed to the first Tuesday in November, it being thought that that date would suit a larger number of physicians than the month of October. The Association then adjourned. Further news from the meeting will be found under the heading of Association Notes.

Southern Association Notes.

THE presence of Drs. Sarah J. Milsop, Ellen A. Moore and Helen M. Cady, was a new departure for the Southern Association. These ladies were the first, in the order named, of their sex, to join the Association, and they were warmly welcomed to membership by the sterner sex. Dr. Milsop was appointed to the head of the Bureau of Gynæcology for the coming year.

Dr. A. L. Monroe and wife tendered the visitors a reception at their home after the public meeting of Wednesday. Their spacious mansion was brilliantly lighted, and Mrs. Monroe and a coterie of charming assistants graced the reception in a most delightful and hospitable manner. For an hour or two the professional dignity and learned bearing of the members of the Association were laid aside, and social converse held full sway. The occasion was one of much pleasure, and it will long be remembered in the hearts of the guests.

Dr. and Mrs. R. W. Pearce, of Louisville, placed a large party of visiting physicians under the obligations of hospitality through a royal dining at their elegant home.

Dr. Crutcher made an efficient and hard-working secretary.

Dr. C. W. Taylor is a capital worker, and as a member of the local committee of arrangements contributed largely to the success of the meeting.

Several of the new members are from the younger men of the profession. They promise regular attendance and a hearty assistance in the future.

Memphis won the next meeting though Knoxville wanted it. Never mind Father Tydemann, we will go your way another time.

General regret was expressed at the withdrawal of the Nashville trio.

Dr. Eaton, of Cincinnati, participated in the discussion and took much interest in the meeting. He has a warm spot in his heart for the Homeopathy of the South.

THE JOURNAL regrets the unintentional omission of mention in its report of the proceedings of Dr. E. M. Hale's paper on "The Relation of Diseases of the Heart to Diseases of other Organs." It was a strong paper and was discussed by several of the members. Our report was made up mostly from memory—hence the omission in proper place.

President Ockford made an excellent presiding officer, and to him in good part is due the success of the meetings.

With Drs. Monroe, Ockford, Taylor and Crutcher working like beavers for a successful meeting, how could it fail? Failure is impossible with such men earnestly at work.

Pot Pourri and Personal.

Drs. Norton and Deady, of New York, will present the profession with The Journal of Ophthalmology, Otology and Laryngology from the

publishing house of A. L. Chatterton & Co., in January. This is a venture in a right direction. Homeopathy has special value in the management of the eye, ear and throat, and a quarterly periodical on these specialties will be acceptable to a large share of the profession.

It will doubtless be ably edited, and in every way a successful journal. We welcome it most warmly.

The corner-stone of the New York Homeopathic Medical College, and of the Flower Free Surgical Hospital was laid on Saturday, October 20. Speeches were made by Judge Rufus B. Cowing, who presided, by Mayor Hewitt, and by Honorable Roswell P. Flower, for whom the hospital takes its name, and who has contributed a magnificent sum toward its construction.

Mr. Flower felicitously expressed the remark that the spot upon which the vast audience was then standing would become the Homeopathic center of the world.

It is a great boon to Homeopathy that such liberal and high minded men should be its patrons and friends.

The September number of the Physicians' and Surgeons' Investigator, of Buffalo, announces the editorial retirement of Dr. F. Park Lewis, a circumstance which, in common with his numerous editorial friends, we very much regret to learn. May success, however, attend his successors on the tripod, Drs. Lewis, Jr., and Bull.

Dr. H. A. Mumaw, of Orrville, Ohio, has some college scholarships for sale cheap to worthy students not overburdened with cash.

Dr. and Mrs. F. P. Green, of San Francisco, are the happy parents of a bouncing boy baby, the first in the family. Congratulations of friends are in order, and ours are heartily extended.

Dr. C. Lowry, of Ohio, has located in Austin. Welcome, doctor. There is room for all.

Dr. W. F. Parker has located at Newburn, Tennessee.

There is wanted at this office one or more copies each of the July, 1885, number of The Southern Homeopathic Pellet, and of the December number of THE SOUTHERN JOURNAL OF HOMEOPATHY for the same year. Also the November, 1886, number of the latter journal. Any subscriber or friend having a copy of either or all of the above numbers will confer a favor by communicating with this office.

Late again; too bad! too bad! A change of printing offices is the cause. They will be prompt hereafter.

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RUMFORD CHEMICAL WORKS, Providence, R. I.

December, 1888.

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of
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Austin, Texas.

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EYE AND EAR DEPARTMENT.

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The Southern Journal of Homeopathy.

NEW SERIES.
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OLD SERIES.
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Editorial.

The Southern Journal—Farewell!

WITH the present issue THE SOUTHERN JOURNAL OF HOMEOPATHY becomes a thing of the past, and the existence of this journal under the name it has so honorably borne for the past five years, and as the distinctive organ of Homeopathy in the South ceases, because of the intention of its founder, editor and publisher to remove at an early date to the Pacific coast.

It is not without profound regret that this announcement is made. The relations which have bound the editor of THE JOURNAL to the profession and people of the South have been so intimate and so confidential that no ordinary expressions will properly portray the feeling of sorrow he experiences in their severance. For fourteen years he has been an adopted citizen of the South. His medical eye-teeth were cut in Texas and here he learned the first lessons of solid professional life. He found his helpmeet in the South and three bright and lovely children have been born to him under the southern sun. His entire professional

career is so intimately associated with the Homeopathy of the South that he feels that a removal from this territory is the abandonment of all that is near and dear to him outside of family. And yet it is necessary that the severance shall occur, and its announcement can not be longer delayed. Westward the Star of Empire marks its way, and by the mighty power of its march a myriad of lesser satellites are drawn, ourself among the number, and California, the lovely Land of the West, with her majestic mountains, her grand old ocean, her giant forests, her fruits, her flowers, her unsurpassable climate, has made us captive and at her shrine we worship and before her throne we bow. To paraphrase the ancient Roman, we go not because we love Texas less, but California more. Great as is the hospitality of the people of the South, it is not greater than that of the people of the mighty West, and sunny though be the southern skies they are not brighter than the heavens beyond the sierras. We are won by the prosperity, the energy, the progressive spirit and movement of the western people, and by the salubrity and vigor of the western climate, and cannot but feel

that in casting our lot on the Pacific slope we will find a field for usefulness, the equal at least of that to which we are saying "Farewell!"

It is not without especial regret that it is found necessary to remove **THE JOURNAL** from the Southern field. The South needs a journal, and the loss will be keenly felt in many quarters and by many practitioners. But a journal cannot edit and publish itself, and we have thus far been unable to induce our brethren to take the helm and continue its publication on Southern soil. Until within a few days it had been our hope to find a successor, but that hope has been abandoned and with the removal of its editor **THE JOURNAL** removes also.

It is our present intention to spend the winter and spring months at the hospitals of the North and East prior to removal to the Pacific, and it is not altogether unlikely that an interim of three months will occur before the issue of the first number of **THE JOURNAL** from its new location. The word "California" will take the place of the word "Southern," an increase in the number of pages will be made, various improvements will be instituted, and we hope to be able to present the profession of the United States with a practical and welcome journal, the full equal of the best of the Homeopathic journals of this country. An increase in the subscription price to three dollars a year will be made necessary by the character of improvements in contemplation, but we sincerely hope that this advance in price may not be the cause of the

dropping from our subscription list of a single name. Especially do we hope for a continuation of the patronage of Southern Homeopaths in whose interests we have labored so faithfully and so long. We want them to feel **THE JOURNAL** is still theirs; that in its removal it shall not forget the support of its Southern friends during the struggle of its early life, but that through the years to come, as in the years which are gone, it shall count them among its friends to be remembered and to be loved for the relationships which have existed between them and its editor. From our Western home we shall look back with satisfaction and joy upon the prosperity and advance of the Homeopathy of the South, and though our lot is to be cast with another people, and our interests are to assume a different phase we shall never, no never, forget our Southern friends and Southern interests, both of which are truly dear to our heart.

No! We will not say "Farewell" to the Homeopaths of the South. Though removed by great distance we shall be with you in spirit, shall rejoice when you rejoice and mourn when you mourn. **THE JOURNAL** goes from you but it shall not forget you. It bids you a hearty God-speed in all your undertakings, individually and collectively, and fondly hopes that peace, prosperity and happiness in full measure may be unto you; that Homeopathy may be made to grow as a green bay tree throughout the entire length and breadth of fair Southland; that public institutions, hospitals and colleges may be established on

Southern soil, and that the barren land may be made to yield an abundant harvest of Homeopathic fruit to your enjoyment and profit and the honor and glory of the name of our immortal founder.

And with this benediction **THE SOUTHERN JOURNAL OF HOMEOPATHY** bids you adieu and passes into history.

A Year of Great Progress.

THE year of our Lord, 1888, now about drawing to a close, has been one of great accomplishments for Homeopathy, and will go down in history as one of the most prosperous the new school has ever enjoyed. In almost every portion of the civilized globe where we have gained a substantial foothold our march has been forward with almost gigantic strides, until at no time in her history has the Hahnemannian system of medicine occupied such vantage ground as is her's at the present moment.

Look at the situation in the land of Johnny Bull. A year ago our position was at best but a feeble one, and less was known of Homeopathy by the masses than in any English speaking country possessed of the ordinary facilities for obtaining information about the common affairs of the day. There a wonderful happening has occurred in a magnitudinous discussion of the "Odium Medicum" by the public press of H'Old H'England, a discussion so general that hardly a paper on the Isle has not taken a hand therein while many of the leading journals have devoted many columns to its consideration. This newspaper

airing of the differences between the schools brought to the attention of the people in a most happy and substantial manner the merits of Homeopathy, and so skillfully was our side of the controversy conducted that the verdict was rendered in our favor without hesitation. Nothing could have happened to us in conservative England more calculated to acquaint the people with the merits of similia and with the unwarranted and intolerant opposition of the old school toward the new, than this extensive controversy in the English press, and the benefit which is certain to accrue is incalculable.

Besides this general advance there has been a number of new institutions established on the Island, among which is the Convalescent's Home near London and the new hospital in Liverpool, both substantial plants with a future of great usefulness before them.

In Australia an extensive addition to the Melborne hospital has been built, and a generous gift toward the completion of the main building insures further progress during the incoming year.

In India, our dispensary at Calcutta shows an increasing usefulness. A larger number of patients having been treated during 1888 than in any previous year, and a larger interest has been shown by the people of that city than previously. Of course the effect of the great revolution in public sentiment in England has been reflected upon the colonies, and progress is observed in all the Queen's kingdom.

In the United States we are on the move, from the Atlantic to the Pacific. In New York the corner-stone has been laid for the Flower Free Hospital, and the New Homeopathic College building, which are to be among the most substantial structures belonging to us, very monuments to our progress and our wealth. In St. Paul grand hospital work is well under way, and in Detroit a magnificent building is just completed and opened for the reception of the worthy poor, who may have the benefit of the humane treatment of our system. In Oakland, California,, "The Fabiola," a large and handsome structure speaks of the liberality and philanthropy of the people of that city and of their love for the medical system we practice. In San Francisco a grand effort is now being made to give that metropolis a hospital worthy of her college and her profession, and from the character of efforts being put forth, the movement will be successful beyond a doubt. In the matter of colleges we have made some progress. Our friends in Minnesota have secured state recognition, and are engrafted upon the University of their state, while a new college has been started at Kansas City, the growing metropolis of the young west.

In the way of societies we are also on the up-grade. The American Institute never held a better meeting than that of last June at Niagara Falls. The New York State meeting of this summer was a perfect revival, reported to be the most successful meeting of the decade. The Missouri State meeting of

last spring was more largely attended than any previous meeting of that body, and its papers would have been a credit to any association. The Southern Association meeting at Louisville last October was the best that body has ever held, and it reflected a more earnest condition of the profession than has been noticed for two or three years past. Numerous State societies not mentioned have taken new energy and the forward movement is noticeable all along the line.

The texture of the blanket is not endangered by overstretching when the year just closing is pronounced a most satisfactory one for Homeopathy in every particular. We are on the move, and the advance guard of our school is most certainly and effectively encroaching upon the enemy's territory throughout the length and breadth of the world, and our great army of intelligent, honest and honorable practitioners are storming her every citadel, bombarding her breastworks, and winning substantial victories for similia, the motto of humane and rational medicine.

Decidedly Refreshing.

THE JOURNAL feels that it owes its readers no apology for reproducing from the Galveston News the lengthy article of Dr. R. P. Talley, of Belton, a very well-known old school physician of Texas, on Medical Legislation, which appears in this issue. The subject is one of interest to every Homeopath in this state and in many other southern states as well, at this particular time, because

of a probable effort on the part of a close corporation faction of the dominant sect to secure the enactment the coming winter of examining board laws. In Texas such a movement is already asserting itself and it is hardly to be questioned that the contest of four years ago will have to be repeated, much to the discredit of the profession and the disgust of many well-thinking people. Therefore the article of Dr. Talley will be especially interesting at this particular time.

To us this article is decidedly refreshing. As a rule old school physicians regularly in the associations, who have written on the subject of Medical legislation for Texas have been of that wing which desires selfish and absolute control of the affairs of medicine in this state. Not caring so much for public health as for personal and school aggrandizement they have written in favor of the enactment of the most proscriptive and ironclad laws with which to ply the "regular" lash on the offending backs of their "irregular" fellows, as they choose to offensively term all physicians who differ with them in manners and methods of treatment and conduct.

Not so with this article, Had it been written by a straight-laced Homeopath it could hardly be more nearly correct as to the principles involved, nor more emphatic in its denunciation of the methods of a few narrow, contracted, bigoted, hide-bound harpies, who, like the dog in the manger, cannot eat the hay of progress and prosperity and who do not want the

ox to enjoy what they in the narrowness of their souls cannot. It deals fairly and intelligently with the duties of legislators towards the people, and takes a broad and proper view of the relation of legislation in Texas to the suffragans, in matters medical, and in its earnest appeal for the education of the masses in hygiene and sanitation places its author on a higher plane than that occupied by the legislation-loving money-getter of the profession.

Dr. Talley utters a truth which will be recognized by every fair minded doctor in Texas, no matter what the school, as a truth, when he says the people must see, feel and understand the importance of a law before they will enforce it, and that it is not bills talked up by the family physician or forced through by learned doctors in the legislature that we first need. The people are not crying out against their doctors. They want the right and privilege of calling upon an Allopath, a Homeopath, an Eclectic, a Fathcurist, or whatnot, as they choose, and what the people want they are entitled to and will have; and the sooner the legislative cranks of the old school of Texas realize this fact the more will it be to their credit.

THE JOURNAL is glad to see so sensible and equitable an address as that delivered by Dr. Talley published in the Galveston News, and it sincerely congratulates the old school of this State upon the fact that among its members it possesses men who are catholic in spirit, and who take a modern and progressive

view of the question of medical legislation and are not afraid to speak these views to the profession and to the public. If more of its members were equally candid, oppressive legislative effort would find no favor and disgraceful doctor's quarrels before legislative bodies would soon be things of the past.

Materia Medica.

FOR THE JOURNAL.

Chionanthus Virginica.

By H. C. Morrow, M. D., Sherman, Texas.

THE following proving was made by John Z. Lawshe, M. D., and published in the North American Journal of Homeopathy, May, 1883. I know nothing of Dr. Lawshe personally, but I cannot believe a veteran editor of Prof. Samuel Lilienthal's ability and reputation would admit a doubtful or spurious proving to the pages of one of the best Homeopathic journals ever published. If the symptoms are genuine no one can fail to note that it is a valuable remedy for Homeopathic physicians in the South. It has been used empirically for years for jaundice, and for the speedy cure of that condition it has justly won a high reputation. I hope all who read this proving will make a note of these symptoms, and verify or disprove them in their practice. It is a remedy that demands further proving and verification. I have also added to these symptoms from "Hering's Guiding Symptoms," "Allen's Cyclopædia," and my own clinical observations.

Clinical symptoms marked thus, ||
Verifications marked thus, |

CHIONANTHUS VIRGINICA.

Fringe Tree—Oleaceæ.

1. *Mind and disposition.* — | Fee's "played out" generally.

|| No desire to do anything; wants to be let alone.

|| Hypochondrical, inclined to look on the dark side.

2. *Head—Inner.*—Very severe headache, chiefly in forehead and just over the eyes, especially the left.

Feels sore and bruised all over and through the head (after severe symptoms had subsided).

Heavy, dull feeling in forehead.

Sore constricting feeling in the temples, with throbbing of the temporal arteries.

Head feels sore and bruised; bruised feeling seems to go way into the brain.

Every time he moves, coughs or laughs, head seems as if it would split open and fly in every direction.

Drawing and pressing at root of nose with headache.

Woke up many times with pains in head, abdomen and back.

Headache worse by motion, coughing, laughing or walking; worse after sleep; better by lying down, keeping quiet and pressure.

3. *Head—Outer.*—Forehead very hot and dry.

Forehead seems like a hot coal of fire to prover's hand, during fever.

Forehead becomes hotter from pressure of hand, although it ameliorates headache.

Head feels very sore and bruised all over.

Perspiration on head during fever, while asleep.

Bold perspiration standing in beads on forehead, after vomiting and during stool.

4. *Eyes*.—| Eyeballs exceedingly painful; feel sore and bruised.

From outer to inner cauthus, a reddish-yellow streak about $\frac{1}{4}$ inch wide in whites of eyes.

Blood vessels of sclerotic very much enlarged and distinctly visible.

| Whites of eyes have a yellowish cast all over.

|| Whites of eyes greenish-yellow.

5. *Nose*.—Drawing or pressing at root of nose during headache.

Pressing or squeezing sensation in bridge of nose.

6. *Face*.—|| Face has a yellowish appearance.

|| Skin of face as yellow as a mulattos.

Perspiration on face during fever, while asleep.

7. *Tongue*.—Heavily coated, of a dirty greenish-yellow color.

| Very heavily coated in the center with a thick yellowish fur.

Tip of tongue slightly red.

On each side of tip, several little places that look as if the blood were about to ooze from them.

Tongue feels drawn and shriveled up in center.

| Tongue very dry though usual quantity of saliva.

8. *Mouth*.—Roof of mouth feels very dry, though usual quantity of saliva.

9. *Appetite and Taste*.—| Complete loss of appetite.

| Tried to eat, but food nauseated.

Eating and drinking, retired empty, weak feeling in stomach to some extent.

Eruptions, nausea and vomiting.

"Never before felt so sick at my stomach."

| Bitter eructatus.

|| Eructations, tasting as if food were fermenting in stomach.

|| Eructations so bitter and sour that I

had to hold my mouth open to permit their escape.

|| Hot, bitter, sour eruptions, setting teeth on edge.

Great nausea and retching with desire for stool.

Very violent attack of nausea and a great deal of retching before he could vomit.

Vomiting of very dark-green, ropy and exceedingly bitter bile with a single gush.

Eruptions, nausea and vomiting.

Sensation of a *double action* in stomach, while vomiting, one trying to force something up, and the other sucked it back.

Vomiting followed by cold sweat, standing in beads on the forehead, and by extreme weakness.

10. *Stomach*.—Sensation of contractions in the stomach, as if some living thing was moving in it.

Stomach feels weak and empty, somewhat relieved by eating.

| Sensation in stomach as if food were fermenting.

3. P. M. Sensation like spasms or palpitation of the heart in the stomach.

11. *Abdomen and Hypochondria*.—Cutting and twisting pains all through the abdomen, somewhat relieved by lying on it.

Cutting and griping pains in and about umbilical region.

Dull, sore, aching feeling in umbilical and iliac regions.

Severe griping in umbilical and iliac regions, relieved by emission of flatus.

Passage of offensive flatus during the day, but more after retiring at night.

12. *Abdomen and Hypochondria*.—Uneasiness in right hypochondrium, extending to left iliac region.

Uneasy sensation in region of sigmoid flexure, as if caused by flatulence.

Uneasy sensations in region of spleen and liver.

Gripping and cutting pains in abdomen about and below umbilicus during stool.

Heavy all gone sort of feeling low down in hypogastrium.

Pains in abdomen after 5 p. m., and all night.

Sensation like a string tied in a slip-knot around intestines in umbilical region; and every once in a while it was *suddenly* drawn tight, and then *gradually* loosened.

Abdominal pains somewhat relieved by lying on stomach and abdomen.

||| Nausea and vomiting of pregnancy.

||| Uneasy sore feeling in region of right hypochondrium.

||| Hypertrophy of liver.

||| Obstruction of liver in malarious districts.

||| Enormous liver, constipation, stools clay colored, skin very yellow, urine very dark, almost black.

||| Soreness in region of liver, quick, weak pulse, stools undigested and showing entire absence of bile, urine almost black.

||| Chronic cases of jaundice.

||| Jaundice recurring every summer.

||| Bilious colic.

||| Gallstone colic.

Stool.—||| Constipation, stools clay colored.

||| Stools undigested and showing an absence of bile.

Diarrhœa.

First part of stool watery, but last more solid in appearance, 10:30 a. m.

Stool copious watery dark brown, 8:50 p. m.

Stools *terribly* offensive like *carriion*.

Stool copious, watery, dark brown, with pieces of undigested food in it.

Stool thin, watery, blackish-brown and very offensive.

Stool flakey, thin, watery; flakey portion dark yellow; fluid portion *dark*

green, with *light* green foam or froth on top, streaked with a white mucus looking substance.

Emission of flatus during stool.

Hot scalding sensation in' anus during stool, which continued fifteen or twenty minutes after stool.

Took quite a while to pass the stool and then there was only a small quantity passed.

Evacuation at bedtime of black tarry looking feces.

Desire for stool passed off after vomiting.

Cold perspiration broke out on forehead and back of hands during stool.

14. *Urine*.—Orange yellow color; reddish.

||| Urine almost black, thick, syrupy.

15. *Heart and Pulse*.—Pulse markedly smaller and weaker.

||| Quick, weak pulse.

Radial pulse 114—fever.

Carotid and temporal arteries pulsate hard and rapidly.

16. *Neck and Back*.—Sore, weak, bruised feeling all over small of back.

Sore and weak in sacral and lumbar region, could scarcely walk.

Small of back exceedingly weak, and feels when touched as though the skin was all off.

Pain from seventh to tenth dorsal vertebra, on waking.

17. *Limbs—Upper*.—Cold perspiration on back of hands during stool.

Rheumatic pain in articulations of left thumb.

18. *Limbs, lower*.—Rheumatic pain in left ankle and tarsal bones.

||| Sore, aching, tired feeling in lower limbs.

19. *Position*.—Worse, motion and walking; better, sitting or lying down.

Abdominal symptoms better lying on abdomen.

Every step seemed to jar the whole body.

20. *Nerves and Sensations.*—Feels "played out" generally.

Exceedingly nervous, cannot lie still.

Feels very tired and sore.

Involuntary jerking in various parts of the body.

Feels very sick and weak all over on waking at 8 a. m.

Felt so weak he had to sit down before he could dress.

Weak feeling, worse standing or walking about, better sitting or lying down.

So nervous he can scarcely keep still, and can scarcely write down his symptoms. 9 a. m.

20. *Sleep.*—Could not go to sleep before midnight.

Nervous and restless after going to bed, woke up many times before daylight.

Woke many times with pains in head, abdomen and back.

Feels very badly and sick all over on waking in the morning.

||| Sleepy during the day, could hardly keep awake.

Perspiration on head and face during sleep.

22. *Chill, Fever, Sweat.*—Chill at 12 noon.

Chilly sensations darting through body from front to back, causing a sort of shivering or involuntary jerking.

Aching in back or limbs before and during fever.

Head feels like a ball of fire to prover's hand; cheeks very hot and dry.

Wants to be covered during chill and fever; becomes chilly if clothing is removed during fever.

No thirst during chill or fever.

Slept during the fever; profuse perspiration on head and face while asleep during fever.

Throbbing of temporal and carotid arteries during fever.

Headache and backache during fever; eyeballs very sore.

23. *Tissues.*—||| Great emaciation.

24. *Skin.*—| Yellow all over body.

||| Jaundice of years standing recurring annually.

||| Jaundice caused by drinking too much cider. Cured in three days.

26. *Stages and States.*—So-called bilious temperaments.

Whole number of symptoms 137.

26. *Relationship.*—Compare in hepatic condition, jaundice, etc., Bry. Carduus mar. Chel., Chin., Merc., Nux., Phos., Pod.

Bilious vomiting and retching, Bry., Chin., Eup. perf., Ip., Iris., Nux., Pod., Verat.

Stools frothy green, Elat., Grat., Kali b., Mag. c., Iris., Merc. v., Sulph., Aloe., Bry. and Pod.

Weakness, bruised and sore feelings, Arn., Bapt., Bry., Cic., Eup. perf., Gels., Nat-m., Nux., Rhus.

Headache, Bell., Bry., Calc., Caps., Chin., Gels., Nat-m., Nux., Puls.

Bryonia is the closest analogue with Nux v., a strong second.

Practice.

For the JOURNAL, by S. L.:

Scarlatina Typhoides.

By Dr. Mangacet.

THE study of the co-existence of several morbid states presents considerable practical interest, as it usually modifies the clinical picture of each, thus renders the diagnosis uncertain, pronosis is more grave and therapeutical measures are complicated.

Two diseases, purely local—can they co-exist in the same person? The importance of such a combination varies according to locality, extent, the part of the affected organs in their anatomical and physiological relation. When a local affection is added to a general disease, the reciprocal influence of one on the other is more constant and generally more important. Or two general affections may develop at one and the same time, as (1) both morbid states are chronic (syphilis and scrofula, and tuberculous and diabetis, diabetes and paladium and oxy-luria, etc.) or (2) a general acute disease attacks a person suffering from a chronic affection. Army surgeons are very apt to observe this among their soldiers. (3) Can two acute diseases develop simultaneously in the same person? Certainly, but rarely, for it seems that the economy, totally engrossed by the agent of one disease, is unable to cope with the specific agent of the other one. Still there are numerous examples of such associations, as especially found with typhoid fever and pneumonia, or with typhoid fever and scarlatina; and especially the former is prone to associate itself to other diseases. Colin witnessed a case where a patient had typhoid fever, to which was added a severe attack of cholera, and they found the lesions of both diseases, just such as typhoid explains the abnormalities detected during the course of other diseases. Dumarchino has shown in relation to pneumonia and typhoid, (1). Pneumonia takes on a typhoid aspect because the patient is overworked, or already sick, and then the nature of the former does not change, it remains a plain pneumonia, having no relation to dothienenteritis. The same we observe in a typhoid scarlatina of an adynamic type. (2). Pneumonia setting in about the third week of a

typhoid fever or during convalescence and at the autopsy one detects a lobar pneumonia with all the anatomical and bacteriological characters of a true pneumonia. Scarlatina may also appear during typhoid fever and both run their course together. (3). It is still doubtful whether a lobar pneumonia can develop itself from a typhoid bacillus, although Lepine, of Lyons, believes it possible. In relation to scarlatina we know that its virus attacks the blind follicles and Peyer's glands as well as the tonsils, the palate and the skin, for thus most writers explain the intestinal lesions found in scarlatina. (4). Malignant scarlatina corresponds to infectious pneumonia. Clinically and anatomically it is clear that scarlatina and dothienenteritis may attack simultaneously the same patient; but will bacteriology teach us whether there is a specific co-existence? Many English authorities report cases that scarlatina preceded or followed typhoid fever, or existed simultaneously with it. Jenner reports a case where, by a distinguished physician, a patient was sent to the hospital as suffering from scarlatina with intense angina, diarrhoea and epistaxis; after a few days the scarlatinous eruption disappeared and was replaced by lenticular spots. In seven cases of Betz the scarlatinous eruptions appeared once during the first week, twice in the second, three times in the third and once in the fourth week. Constant mentions the autopsy of a child succumbing to scarlatina where the Peyer's glands were found ulcerated and beginning to cicatrise, Glaser, of Hamburg, reports the case of a man who showed on the third day of his illness the symptoms of typhoid fever, roseola and tumefaction of the spleen. Next morning he complained of sore throat; temperature 104; exanthema on chest and

abdomen spreading to the extremities and showing all the signs of scarlatina. Four days later the usual desquamation set in, and the typhoid exanthema reappeared. Nephritis, left-sided pleurisy, anasarca, anuria and death. Autopsy: spleen enlarged, double nephritis, mesenteric ganglia, characteristic intestinal lesions. Very often, says Barthé & Billet, the anatomical lesions do not always correspond to the symptoms, for patients, suffering from scarlatina, and where changes in Peyer's and mesenteric glands and in the spleen were found, showed not a symptom of typhoid during life, whilst the symptoms of the latter were incomplete and light. Harley acknowledges an affinity between these two diseases, and the influence of a common cause may modify the character of the two diseases. Boland, of Poitou, observed an epidemic of scarlatina where some complained of prostration, meteorism and diarrhoea; the tongue and the gums were covered with fuligo, and they died before the eruption could disappear. Mauquat reports a case in full, where at first scarlatina prevails, but the eruption looks pale and less diffused, whilst he complains of dyspnoea, precordial anguish; unequal, irregular, sighing breathing and deliria; defervescence on the seventh day, then the temperature rises again, oscillates for six days between 102 and 104° and then becomes nearly normal, showing then the curve of a mild typhoid fever.

May we not ask whether it is not in many cases only an unusual eruption all over the body similar to scarlatina which precedes the typhoid fever or which may appear during its course, and which several authors consider merely a pseudo-exanthema, simulating scarlatina with its sore throat and similar symptoms? Bosnier puts such an exception down as

erythema exfoliatum and Ferriol calls it erythema desquamatum scarlatiniforme. Mauquat, on the contrary, believes in a genuine typhoid scarlatina, where the rash is from the start not as bright as usual, but its course is normal and followed by desquamation; the swelling of the spleen, the tympanitis, the diarrhoea and the temperature curve signify the double existence of a scarlatina and of a dothienenteritis, though the influence of the latter is often hardly observed, as the former keeps pre-eminent to the end; or as some say, the scarlatina aborts the typhoid, though in some cases the sickness is longer than is usual in a normal state. The question may still be held in abeyance, and more observations are necessary for the final solution.

Scarlet fever is a very frequent affection in children between their second and tenth year, while typhoid fever is more than rare during the years of infancy. Whether the combination of a typhoid fever, the dothienenteritis of the French, with scarlatina can be proven, is yet undecided; the German writers do not mention it, for the swelling of the spleen is also found in normal scarlatina, though not at the same rate as in typhoid. A typhoid scarlatina all acknowledge, as every disease might during its course, takes on those dangerous symptoms of blood poisoning, but this is not a combination of two diseases; still Mauquat cites cases enough to show its possibility, and some of our physicians might perhaps produce cases which would elucidate this point. The whole question can only be decided by the bacteriologist.

But what benefit will it be to the patient in relation to treatment? To us the totality of the symptoms which always includes the peculiar characteristic hints, the keynotes of the case, is the sine qua non, and here we find many a remedy

suitable to either condition. Just here looms up grandly the principle of Hahnemann, that we must not prescribe according to the name of the disease; that we deal with patients and their symptoms.

Here we cannot help mentioning a remedy too much neglected in scarlatina, though by many used in typhoid, the glacial *Acetis acid*; for we find here the dry, hot skin, the violent delirium during the first stage of either disease, and many a time sponging with vinegar and water brought great relief to the little sufferer; and the consecutive prostration is well known. Everybody uses the poison of the honey bee in suitable cases of either disease, just so with *Arnica* or *Arsenicum*; but I might be allowed here to mention a key note of the latter remedy, which I miss in most text-books, and which shows the irregularity of the course of the disease, namely: temperature and pulse accelerated in the morning and falling in the evening. The besotted look of *Baptisia*, even at the very beginning, the excited *Belladonna*, the irritable *Bryonia*, the cerebral intoxication of *Gelsemium*, the dreaming henbane, our glorious snake poisons, our deeply penetrating *Lycopodium*, the suffering acids, our life-giving *Phosphorus*, *Rhus* and *Cocculus*, *Capsicum* and *Zincum*, what a wealth is here before us to choose from after careful study and selection. We are all too hasty in prescribing, and to benefit our patients it is far better to be slow in our haste, and when we think to have found the indicated remedy, stick to it tenaciously. Oh! how many a cure has been spoiled by that constant changing of drugs, and he who is guiltless of such practice may be considered blessed.

It was a pleasure to compare *Mauquat* with Hahnemann's *Organon*, now a century old. How far ahead of his contem-

poraries this great physician was, the evolutions daily taking place in our midst clearly demonstrate, and justice will yet be done by all physicians to the application of the law, resurrected from oblivion by the father of Homeopathy, which, by restoring the equilibrium in the disturbed forces, must bring back health to the sufferer. S. L.

FOR THE JOURNAL.

What is the Diagnosis.

By H. B. Stiles, M. D., Abilene, Texas.

WHILE writing I will relate certain symptoms which appeared in a recent case of mine and ask your readers for a diagnosis.

Patient, girl 22 years old. Blonde. First symptoms those of impure blood—scratches suppurating—pimples forming. Patient very irritable—actually savage, this symptom continuing and increasing throughout case. Three white leprous looking patches in palm of right hand, size of dime.

Moist eczema behind ears—toward last spreading much, and on left side becoming erysipelatous. Sore on upper lip, disappearing about middle of attack. Bowels and bladder correct, except day or two (typhoid?) sensitiveness in caecal region.

Apthous patches in mouth and nose (high up), relieved by two doses *Lac can*.

Bloody, foetid discharge from left nostril—nearly constant. Later apthae reappeared in mouth, roof, sides, everywhere except toward fauces, where I could see none. Becoming detached, the membrane would hang like a dirty yellow curtain from roof of mouth. Tongue dry, brown, cracked, as from *Rhus tox*. Lips, teeth, gums covered with sores. When apthae returned, *Lac can* failed to relieve.

Fever 102°, 103°. But was relieved with Sulphur several days before the worst of the above symptoms appeared. After that no appreciable fever, but case grew constantly worse. Parotid, submaxillary and cervical glands began to swell, rose very high on both sides and front.

Rhus tox. Swelling began to subside. At this time I think membrane must have formed in larynx, for at midnight, when patient's mother gave her a dose of medicine in water she choked severely on a spoonful, and with the second spoonful strangled, never to recover, dying immediately.

During the last five days, no fever was to be detected, and as the membrane was nowhere less than in pharynx and larynx most of the time, diphtheria seems to be ruled out. One physician suggested "catarrhal fever," and another doctor, "active scrofula."

What say you?

During treatment she received Mercurius, Lac canium, Hepar sulph, Sulphur and Rhus tox.

FOR THE JOURNAL.

Sulphuric Acid in Yellow Fever.

By Daniel Waldron, M. D., Kissimmee, Florida.

Dear Doctor Fisher:

NOTICE in a late issue your appeal to the fraternity for matter for your yellow fever number, which number will be equalled in its value only by the eagerness with which its subscribers will look for it.

Trusting you will pardon the temerity of one who has never stood in the presence of the foul plague, I venture to deal a hand, though it may have no trump card in it, on the treatment of it. If I expose a lamentable want of com-

mon sense on my part why just think it's like him and pass the hand.

It being generally accepted as a fact that yellow fever is essentially a germ disease, and again that the intestinal tract is the primary seat of attack and lodgement of the germ, where it not only proceeds to do its peculiar work but also to propagate itself ad infinitum for further mischief, then why not as a preliminary give the germ itself a fight and to the finish if possible. Make the alimentary canal and accessories thereto an untenable home for him. This can be done by libations of acidulated drinks that will not counteract the necessary medical treatment. I would suggest, from much experience in malarial fevers, another germ trouble, Sulphuric Acid as the best base for such drinks, the drinks to be scarcely tastable.

It seems to me that our authors on the "scourge" do not bear down on the germ enough. The similia of *Sulphuric Acid* does not militate against the remedies suggested unless *Aconite* is an exception. Anyhow, I've found the use or non use of it in malarial fevers made a vast deal of difference sometimes in the promptness of cure. I am free to say, however, that if I were to see some cases of yellow fever I might change my mind, and I only throw out this as a suggestion.

Apis for Calculus.

THE following letter explains itself:

DALLAS, TEXAS, Oct. 9, 1888.

Dr. C. E. Fisher, Austin, Texas:

DEAR SIR:—Enclosed please find postal notes for two dollars for the medicine sent me few days ago. Many thanks for your kindness. I must say that your medicine has done its work well, and I

believe that I am now entirely relieved from that dreadful curse. A stone passed from me about three and one-fourth inches long and as large around as an ordinary lead pencil.

I would be glad if you would send me the prescription so that I can have it filled. I think it best for me to continue taking the medicine for a while, for fear there might be some small particles remaining.

I am business manager of the "Southern Mercury" a paper of over 30,000 circulation in Texas.

If you will send me prescription for medicine and copy for an "ad." I will run it for a time in our paper complimentary. I think suffering humanity should know there is a remedy for this terrible disease besides the knife.

Hoping to hear from you soon, and again thanking you, I am yours truly,

P. S. BROWDER.

We trust we will be pardoned for publishing the foregoing letter. It is not done to glorify the individual physician, but to tell what *Apis mellifica* in the 6th decimal trituration, a powder every three hours, is capable of in some cases. The patient—a perfect stranger to us—wrote for a prescription for "gravel" and painful urination, and the remedy mentioned was sent with the result reported. It is certainly worthy of a trial in all similar cases.

FOR THE JOURNAL.

It was Meningitis Purpurica.

By Geo. Wigg, M. D., East Portland, Or.

IN REPLY to "Diagnosis Wanted" in the August JOURNAL, I think it a clear case of Cerebro Spinal Meningitis Purpuric, and would advise Dr. Southworth that, should he ever have another

case presenting similar symptoms to those he saw at his 4 a. m. visit on the 27th, to give *Tarantula Cubensis* 6x, every hour for four hours, then every three hours.

[Read before Kentucky State Medical Society.]

Paralysis.

By R. Conrad, M. D., Louisville, Ky.

THIS disease is characterized by a sudden or gradual loss of sensibility or motion, or both. It may be local, confined to one side of the face, or involve one member, or a part thereof. I knew a man who underwent repeated cupping and leechings in the left temple, for neuralgia, and the depletion developed a case of facial paralysis. The features gradually recovered their wonted expression. I have also in mind a case that came recently under my care. (Mrs. M. P.) who was being treated for Sudamina with a wash of *Plumbum Acet*, and was fast losing the use of her arms from the action of the lead upon the peripheries of the nerves. She recovered from both.

The disease sometimes develops in the form of Hemiplegia, involving the entire right or left side.

There are other forms—such as Paralysis Infantile, and Diphtheritic Paralysis and Paralysis Agitans, but these will not be considered in this paper. I shall confine myself to the consideration of Hemiplegia, several cases of which I have treated successfully.

I wish to note the conditions favoring the malady, the direct occasions of its development, and the treatment resulting in its cure.

While this disease in its worst forms often results from cerebral hemorrhages, or effusions of serum beneath the arachnoid membrane, the conditions leading to

it in the cases to follow, seem to have been nervous exhaustion,—or anæmia of the brain,—the brain becoming diseased from want of nourishment, the heart being too weak to force a sufficient supply of blood; or, from valvular disease of the left side of the heart, the blood became diverted and congested in the lungs. The effect on sensibility, motion and consciousness is almost the same as that caused by effusion, though not usually so suddenly fatal.

CASE I.

Jane Coleman, about 27 years old, tall and slender, weight about 120 pounds, enjoyed, originally, fair health. January 24, 1883, she developed a case of hemiplegia of the right side. I was called the next day; could not learn the precursory symptoms, her speech being scarcely intelligible. She could not hear with the right ear, nor use the right arm or leg. I gave her Causticum and Rhus Tox and kept her on these medicines till the 31st, at which time she had a severe cough with pain in the chest. I gave her Aconite and Bryonia.

February 1, she had perceptibly improved in all respects. The pain had moved down into the abdomen. In view of the whole case, I gave her Belladonna and Nux Vom.

February 3.—Speech fully restored, could hear and use limbs very well. The pain had moved down into the pelvis with bearing down. I again gave Bell. and Nux, and told them to send me word if she did not get on well. I did not return. Her recovery was speedy. In about two weeks from the "stroke," she was going about the city as usual.

CASE II.

Elvira Miller, widow, aged 59 years. About five feet four inches high, weighed over 200 pounds; had an affection of

lower third of legs, wherein skin was black and muscles compact and hard. She was easily frightened, at which time her heart and chest would congest, respiration becoming very difficult. She would sometimes fall into a syncope and remain so for hours. Describing the matter herself, she said: "On being frightened, circulation would seem to stop, a sense of coldness would seize my head and face, and I would fall into a state of unconsciousness, and remain so for hours." Her family seemed subject to apoplexy, wherein the tendency of the blood would be from the head to the chest, as evidenced by the coldness of the head and face, and the difficulty of respiration. Three of her sisters passed away suddenly—the last of the three since the occurrence I am about to relate. August 10, 1883, a sister of her's died suddenly of heart disease, (according to the verdict). This greatly affected her mind. Her nervous and vascular systems became more than usually deranged. She feared a similar fate for herself,—had sensations of numbness, of suffocation, and was very sensitive to cold air.

August 18.—Eight days after the death of her sister, I was called to see her. She complained of Leucorrhœa, numbness, and sensitiveness to cold. I gave Calc. c. and Nux v.

August 23.—She complained principally of suffocation. Considering her state of mind as well, I gave Ignatia and Pulsatilla. Late that afternoon, she developed a case of Hemiplegia of the left side. I then gave Belladonna and Ignatia.

August 25.—I gave Causticum and Ignatia.

August 26.—I gave Gelsemium and Nux.

August 27.—I gave Cocculus and Rhus Tox.

August 28.—This is the fifth day since the stroke of paralysis. She can walk with assistance, but can not use her arm. Gave Bell. and Rhus.

September 1.—With other symptoms, complained of pain in the cervical vertebræ. Gave Gelsemium and Nux v.

September 4.—Causticum and Rhus Tox.

September 5.—Between this and the 11th, for constipation and tenesmus of bladder, varied treatment with Bell., Nux and Plumbum.

September 11.—Gave Cocculus and Rhus Tox.

September 15.—She is walking well, attends to household affairs, but is unable to use her left hand. Gave Arsen. and Rhus.

September 21.—Her improvement has been steady. She goes up and down stairs, can lift hand to head, but cannot use the fingers. Has tenesmus of bladder. Gave Bell. and Plumb.

September 28.—Gave Bell. and Rhus.

October 3.—Gave Cocculus and Rhus Tox. After this I prescribed no more. Her general health was fair. She had recovered her usual powers, except as to the use of her fingers. She still lives, has tried various things, but the use of the hand has never been completely restored.

CASE III.

Rev. Thornton A. Smith, aged sixty-two years. In his younger days had been a cook. He was a mulatto, inclining to the Albino type, about five feet eight inches high, enjoyed good health, had well developed muscles, and weighed 180 pounds. He quit cooking and joined the ministry and was stationed in Illinois where he had to ride in all sorts of weather over the prairies several miles to his appointments. He developed a case of inflammatory rheumatism and

returned to his home in Louisville and was confined more or less nine months. This sickness evidently weakened the muscular power of his heart. On his recovery he returned to the ministry and spent years in preaching at different places in the South, where the climate was more congenial. For years he had been troubled with indigestion; on eating anything very greasy he would belch up the grease afterward. He had no cough, but would often have to clear the throat on account of a tickling, but would never raise anything except a little water or mucus. He would sometimes complain of a pain in the region of the heart.

In June, 1883, he had a stroke of apoplexy, or what might be termed a congestion of the lungs, and fell on the pavement in the prone state; he soon recovered. It was a case of anæmia of the brain. The heart seemed too weak to force blood to the brain. For a time after this attack he could not sit erect without fainting, so he was compelled to keep a prone or reclining position. Through the advice and care of his physician he recovered sufficiently to go to Queensville, Ind., in August. On his return he had to make a hasty walk to reach Mt. Vernon in time. There he drank ice water and became very weak. When he reached home the face on the right side was partially paralyzed, and he could scarcely carry his cane in the right hand. He called on his physician and got a prescription, but the paralysis gradually developed, until the whole right side became paralyzed. With the loss of motion the sense of feeling became more acute. His physician, determining to locate elsewhere, caused the patient to look for another doctor. He concluded to try me.

On the 24th of October, about two months after the stroke, I found him un-

able to raise his arm or use his leg. If assisted to walk he could only drag the foot along. I gave *Ars.* and *Rhus.*

October 31.—For obstipation I gave *Nux V.* and *Opium.* During most of November I kept him on *Arsenicum,* *Belladonna* and *Nux V.*

November 29.—He could partially use both arm and leg, but suffered pain over the eyes, with free lachrymation, and pain in the knee and calf of the leg. I continued *Ars.* and *Rhus,* but alternated with them *Pulsatilla.* He continued to improve in the use of both limbs, so that in December he could walk alone some distance.

December 12.—Gave him *Causticum* and *Rhus.*

December 17.—For certain urinary troubles alternated *Staphysagria* with the *Rhus Tox.*

December 21.—For certain symptoms (not recorded), gave *Ignatia* and *Pulsatilla.*

January 8, '84.—Oppression of the chest, much saliva, hiccough, borbor-ygmi and anorexia. Gave *Ars., Bell.* and *Nux.*

January 27.—Gave *Bell.* and *Rhus.* He steadily improved, could dress and undress himself, and walk many squares. Visits only occasional.

February 4 to 7.—He had seven pulmonary hemorrhages. In the excitement they called the nearest physician. He and another doctor attended him till the hemorrhages stopped. There is a circumstance connected with these hemorrhages deserving note: The patient had shown no symptoms of Tuberculosis or Phthisis by coughing, or sputa. And on discussing this point with his attendant during the active hemorrhages, the conclusion was reached that in consequence of the weakened heart, or valvular trouble of its left side, and the consequent

congestion of the lungs, a lesion had been made in some of the arterioles, causing an inflammation which suppurred, and this finally ruptured, causing the hemorrhage. This was the cause, or we have here a case of Phthisis Sicca.

The breath had been very offensive before this rupture, but subsequently became pure and agreeable. This circumstance seems to support the theory that a lesion had been produced in the arterioles by the congestions, with the results aforesaid. Yet the *Carbo. Veg.* subsequently given may have helped to purify the breath.

February 14.—He again came fully under my care, his confidence having become established by the improvement of his paralysis. I then gave *Aconite* and *Cinchona,* and continued *Cinchona* until the 22d, when he complained of pain in the scorbiculous with flatus. I gave *Arsenicum* and *Carbo. Veg.*

February 24.—For affection of the tongue and gums, gave *Bell.* and *Merc. Sol.*

February 28.—For throat symptoms, gave *Apis Mel.* and *Merc. Sol.*

March 2.—Urine scanty, frequent, and burns. Gave *Cantharis* and *Nux.*

From this time on he steadily improved in all respects. I prescribed occasionally for given symptoms. He could dress and undress, and walk with comfort many squares, bidding fair for as complete a restoration as one of his age and general condition could expect.

Some time in May, feeling too warm he removed a heavy coat for a lighter one, and stood about in his yard and front door and developed a case of pneumonia, which carried him away in a few days.

CASE IV.

Mrs. Mary Morgan, aged about 40 years, married, verging her menopause.

She is about five feet four inches high, weighed about one hundred and twenty pounds, large head, with broad, high, prominent forehead. About seven years previous to her paralysis she was severely beaten one night by burglars in the house of Mr. Moss Terry. Since then she has been more or less hysterical. On the day of her paralytic stroke March 25, 1887, in the morning, she had a dull, slow headache, and a gloominess, as she expressed it, came over her eyes. This passed away. About 2 p. m. she felt a pain in the right side, shoulder and neck, with a drawing from the nucha to the apex of the head. She slept these feelings off sitting in a chair, but awoke about 6 o'clock p. m. with a jerk, feeling numb all over but mostly in the right side. She went to bed and about 8 p. m. had a sensation of something moving from the lower end of spine up the back. It passed up over the head and down the face, pulling the head forward, causing the neck to crack. The right arm and leg became stiff, and the right ear deaf. I found her in this condition at 11 p. m., three hours after the stroke. I gave her Belladonna and Rhus Tox. Between midnight and day a reverse action of the sensation occurred and her head went back with a crack audible to those in the room. With this she regained the use of her limbs. I continued these remedies two days longer.

March 27.—She was up but had severe pain in the sacrum and could not stand erect.

March 28.—Improving. For sacral and pelvic pains gave Belladonna, Platina and Thuja.

March 30.—Found her cheerful. She said she felt well. She has had no similar experience,

In order to a more easy comprehension of the conditions and direct causes

of the development of the preceding cases, I make the following resume:

CASE I.

The conditions favoring the development of this case were more nervous than vascular. She led a life de joie, not blessed with affluence, and being somewhat hysterical, some occasion of unusual relaxation and enervation of the system no doubt occasioned it.

CASE II.

The conditions favoring this case were valvular, with resulting cerebral anaemia. These were aggravated by bereavement and fear directly causing the paralysis.

CASE III.

The condition favoring this case was evidently cerebral anaemia resulting from a weak heart, or mitral deficiency; the immediate cause of the stroke being over-exertion, aggravated by drinking ice water while hot.

CASE IV.

This case seems to owe its origin to hysteria, and assumed the tetanic form as is evidenced by the emprosthotonic action of the head and the rigidity of the arm and leg, and the passing off of the attack, or stroke, by an opisthotonic reaction. The immediate occasion of the stroke was the sufferings during the day with their effects upon the mind.

In conclusion, I believe that certain remedies would prove prophylactic to these results if the condition were known in time and accordingly treated.

A Note on Theridion.

IN CASES of scrofulosis, where the best chosen medicines do nothing, I always interpolate a dose of Theridion, which must act for eight days, and I have seen the most surprising results from it,

rticularly in caries and necrosis. For *thisis Florida* Theridion is indispensable, and effects an entire cure if given the beginning of the disease.

In cases of rachitis, caries, and necrosis, I depend chiefly on Theridion, which, though it does not seem to affect the external scrofulous symptoms, apparently goes to the root of the evil and effectually destroys the cause of the disease.

DR. BARUCH.

Missionary.

OF THE JOURNAL.

The South as a Field for Homeopaths.

A WOMAN'S VIEW OF IT.

By Sarah J. Milsop, M. D., Bowling Green, Kentucky.

AT THE recent meeting of the Southern Association a sort of "experience meeting" was held, at which several of the prominent physicians gave statistics going to show the advancement of Homeopathy in their respective cities or States.

The subject was then freely discussed as to whether the South was a good field for Homeopathic physicians, and one of the visiting doctors asked if it were a good field for women, adding that in the State of Ohio there were about one hundred women physicians, all in successful practice.

Having with us so many distinguished physicians I didn't feel like occupying valuable time in airing my views on the subject. Then, too, with me—however hard it may be to believe of one of my sex—the pen is mightier than the tongue, so I improve this opportunity to give through the columns of *THE JOURNAL* my experience and observation to the effect

that the South is a good field for Homeopathic physicians of both sexes.

I came to this small city over a year ago—a Northerner, a Homeopathist, and a woman—where a woman doctor was almost unheard of until my advent. In fact, so great a curiosity was I that persons would turn to look after me in the street, and I have often heard the exclamation: "There goes the woman doctor!" The Southern people are nothing if they are not sincere. Many of my patients have told me that they had expected a second edition of Dr. Mary Walker, and I thought they seemed a good deal disappointed on finding I was but an ordinary mortal like themselves.

I came into an Allopathic stronghold, where I fancied that all the doctors combined—and there are a good many of them—were not so rejoiced to see me as was the one undertaker.

I arrived about the middle of the month. In a week I had cards in both local papers and had thrown my "shingle" to the breeze. At the end of the month I had taken in several dollars; my practice has gradually increased since, until I have now my full share. Patients are coming to me from the adjoining towns, and have even come from other States.

I find that women doctors are not only welcomed, but they are in demand. I have been strongly urged to locate in other towns in the State, and to go further South. Ladies from Mississippi and Tennessee have told me that women doctors were greatly needed in those States; many women having to go away from home for Gynæcological treatment.

There is one woman physician in a city of Tennessee who has been there eight years, and in that time has built up a fine practice. She keeps two horses and has all the business she can attend to. She did not gain this practice at once but

had much of the Southern prejudice to overcome. Now, another woman, locating in that city, would find no difficulty in getting into practice.

As to the southern people being "clanish," as one of the southern members said of them, it is even so; and one of their own "kin" would secure all this influence to aid him in his profession; but this clanishness and kinship does not prevent them from giving a cordial welcome to those coming from the north, as many of *THE JOURNAL*'s readers can testify.

Anyone coming to the South who is in earnest in his work, and well prepared to practice his profession, need have no fears as to his reception and success; for the southern people are not only noted for their kindness and hospitality, but they are glad to have wide-awake, energetic people come among them to engage in any honorable calling. Of course, it is desirable in choosing a location in any place to have a friend, or acquaintance, who can vouch for and introduce the new doctor. I may have been unusually fortunate in that respect.

Then, as to being obliged to cater to the demand for strong doses, as some of the doctors claimed to be the case, I think most of us find it to be as our editor said, that the people are getting tired of the heroic dosing to which they so long have been accustomed, and are only too glad to exchange it for our milder remedies. I am sent for often, and especially for children, because it is known that "the lady doctor don't give strong medicine."

Two families coming up from the south to pass the summer would not engage board in this town until it was ascertained that there was a Homeopathic doctor in the place. I believe southern people take more kindly to new ideas

when fully convinced of their merits than do the more conservative northern people.

The scale of prices runs much higher farther south, but the greater warmth of the summers might prove an objection to those "brought up"—not "raised"—in a northern climate.

The successful treatment of yellow fever by Homeopathic physicians, now conceded by even their irregular brethren, has given Homeopathy a reputation in the South which nothing else could have given it in the same length of time; for no other disease has the terror for southern people that this fever has.

Now is a good time for those Homeopaths in search of a location to make their way south, and the school of Hahnemann should make rapid strides south of Mason and Dixon's line in the next decade. That it may do so is the earnest wish of the writer.

Medical Institutes.

FOR *THE JOURNAL*.

A "High's" Reply to a "Locu."

By *S. W. Cohen, M. D., Waco, Texas.*

IN the September number of *THE JOURNAL*, a contributor, who though a "brother in the faith" exercises his prerogative to differ with me as to the methods of administering to the sick, makes a remark almost identical with one made to me but a few days ago by an allopathic acquaintance, viz.: "We shall continue to be fully persuaded each in his own mind," thus cutting off as it were, all attempts at controversy. I shall, in as brief a manner as is consistent with the importance of the subject under consideration, from *my* standpoint reply to the doctor's restrictions,

in order, as outlined; but desire first to submit the following propositions, to some of which, no doubt, some high or low potency M. D.'s will take exception.

1. That the *drug* covering the totality of symptoms is the *similimum*.

2. That the drug as known by name, without reference to its strength, is the *similimum*.

3. That the higher potencies of a drug act more speedily and effectually than the crude drug or the lower potencies of the same.

4. That the *similimum* presented in a low potency is more efficient if used judiciously than a high potency of some drug, which, though it may have an affinity for the disease, does not cover the totality of symptoms.

5. That an error in prescribing is worse than making no prescription, as it (the former) complicates the case.

6. That Sac. Lac. is our best friend until we are sure of our *similimum*.

Having thus declared my principles of practice, so that I may not be misinterpreted, I will pay my respects to the doctor's article. He asserts that "no pathological changes can be brought about by the 30th or higher potencies." Men of riper years than the doctor, men of longer experience, and whose life-time has been spent in proving remedies on themselves and in having them proved, and scores, aye hundreds of willing hearts place their testimonies against his rash assertion. They say to us that symptoms, the photographs of altered states of the normal condition, have been proofs conclusive that pathological changes must have taken place though no post-mortem was demanded to verify their conclusions. These changes we are aware are very evanescent and the tissues return to their normal condition just as soon as the drug-pro-

duced symptoms pass off. Have we not drugs too that produce no symptoms in the crude except if taken in excessive quantities, and then only such as would simulate an overdose of meat or cabbage, i. e., signs of gastritis, gastralgia, etc? Upon what provings then does he base his prescriptions? Upon such as the sixth of *Silicia* or *Lycopodium*, and other medium potencies of drugs, inert in the crude? Does his allopathic brother believe that such potencies produce symptoms—those subjective and objective signs of an altered (pathological) condition? The argument he utilizes in differentiating between "minimum doses" and higher potencies, is the same old "chestnut," worn thin and "frazzled" at the edges by the old school during the frequent comparison of their "regular" and his "minimum" doses.

"Science," says the doctor, "takes no cognizance of high potencies." "Science," says the "regular," takes no cognizance of the doctor's "minimum doses." Science, I maintain, recognizes and bids us recognize even our highest potencies by the beneficial results of their intervention in diseased conditions. Our deductions are but the rational offspring of these results, multiplied time and again.

I am, comparatively speaking, but too recent a convert to the single remedy in a high potency, to boast of my successes, but if the doctor will mail to me, and others I will name, full symptoms of a case of intermittent fever, that "bete noir" of a large majority of so-called Homeopaths and who insist that in such a case our (infallible) law fails, we will search for his *similimum*, and any Hahnemannian will furnish the potency called for by him—for it shall be his privilege to seek his own source for the remedy. Can the doctor offer to do more or better with the tincture or lower

potencies? The doctor asserts that "no medicine exists in the higher potencies;" "that it cannot be weighed, tasted or smelled;" that all physiological changes the patient may manifest, might have been manifested had nothing been administered."

Again he says, "Nor is there any material difference in the estimate scientific men" (all Allopaths, I ween, and some Homeopaths) "ought to put upon clinical reports coming from such sources," and then places some of the foremost men of our school on a par with "faith healers, Christian scientists" and spiritual pathetizers, and summarizes the whole by designating it "arrant nonsense." "Apparent clinical proofs of the value of high potencies as curative agents," dogmatizes he, "are thus inexorably ruled out of court." Another good (?) Allopathic point, even as to "minimum doses." The doctor is halting, blindly halting, just where I was rooted one and a half years ago. I was very rich then—in what I didn't know but thought I knew. My experiments since—not isolated and superficial, but continued and profound—have led me to unlooked for and unsought for convictions.

What are "apparent clinical proofs?" Have not my higher potencies cured similar cases time and again? What evidence has the doctor that the tincture or lower potency has ever performed a cure? His only proof (?) is recovery of the patient. Has he other proof? Can he consistently ask more of me than he can offer? Let him prove that in any of his cases the patient would not have recovered without the drug, and possibly have convalesced much more rapidly. This is the clinical test. Where now is his shattered platform? Would he admit that a drug cured in the third potency if he could not "see, smell or taste" it?

Why is it he often cures symptoms which he has yet to learn are but the finer shades of the drug's action developed only from the proving of some potency, (higher or lower, as the case may be), and incorporated into our *Materia Medica* and innocently verified by himself. If cures with *Eupatorium* cc., *Arsenicum* 8m, *Baptisia* 45m, etc., etc., are but "a delusion, a malady," we thank our bountiful mother nature for having thus afflicted (?) us, and hope that we may "never recover," so long as under this cross we bear our patients do. And right here I desire to place myself under a little obligation to the doctor for information on certain points:

1. If an hundred bits of steel be laid side by side, the first be touched by a magnet, the second by the first, the third by the second, and so on in order, how much magnetic power has been taken from the first and bestowed upon the last? What potency has the last acquired, and can one "smell, taste or see it"?

2. Why is it that the more numerous the fine wire insulated coils superimposed upon one another in a battery, the current becomes less in quantity, though more intense in quality, and that every new coil but dynamizes the remedy.

3. How is a sensitive person passing fifty or an hundred yards to the windward of the Poison Oak, without any intimation of its neighborhood, poisoned by the Rhus? It isn't smelled, tasted, seen, nor can it be weighed.

4. What potency of the Sensitive Plant does my wife inhale when its odor, diluted, if you will, by millions of volumes of air, produces a sick headache as a most prominent proving? Can you find it with the microscope or spectroscope? No; but the needle of the neuroscope will demonstrate its action upon

the nervous system. The doctor may reply "the odor assails the olfactory sense." Yes, because the olfactories are very sensitive to even the faintest odors, and we are cognizant of the results, just as we are of dynamized remedies, by their results upon other portions of the nervous system.

5. How is it that the contagion of cholera, scarlatina, small-pox, etc., becomes what we see it?

6. What potency of hare does the hound scent on the point of projecting rock, which the light, furry foot of "Brer Rabbit" has but touched, hours before, as he leapt over it?

7. What potency and of what does one individual receive when hypnotized by another, or the little fluttering bird when "charmed" by a snake?

8th and last. Enlighten us as to the "how" of nutrition.

I only ask for a solution of facts. There have been many latent truths in nature which were combatted as fiercely as men with preconceived notions and pet theories could combat, but the truth finally conquered. There are many latent truths to-day nestling in the bosom of that nature upon which even opinion can have no effect. Let us together sit for a moment at the feet of the inspired master who gave us that grand universal law of Similia, and profit by the words that fall from his lips:

"Neither the spirit-like power concealed in drugs, and shown by their ability of altering the health of man, nor their power of curing diseases, can be comprehended by a mere effort of reason; it is only manifestations of their effects upon the state of health, that this power of drugs is experienced and distinctly observed (§ 20 Organon).

Neither through the microscope nor by any other scientific plan are we able to

learn aught of sick-making causes, or the true nature of disease, nor can any effort of reasoning give us the faintest light upon the nature of noxious causes, or *drugs as causes* of sickness, only as evidenced by symptoms. One might as well place the drug as the disease under the microscope. The result is the same. The symptoms of a disease, or produced by drugs, is all we know of either. What more can we know? And whether we cure with the crude or the dynamized drug, all we recognize is the symptoms. By symptoms we recognize disease, and by the same signs we know the therapeutic value of drugs. What else is there to know? Does it not seem preposterous to appeal to a science to demonstrate cure when that science has failed to demonstrate what that is which is to be cured. Now is it not still more preposterous for the doctor (or anyone) to believe a science that has demonstrated nothing, and refuse to examine a science that he knows nothing of? A failure or two—a dozen failures with the higher potencies in his hands, is no more a criterion than the same number of failures of his "minimum dose" in the hands of an Allopath, or even some Homeopaths.

Who have been the leaders in our school? Who have given us our *Materia Medica*, the alpha and omega of our Homeopathy? The Herings, and Lippes and Dunhams and Guernseys. Who lead to-day? But let us make no invidious distinction. I once had the veriest contempt for Hahnemannism. I honestly believed they looked up a combination of symptoms under a given drug, built a case around them, and, with the similia appended C. M. or D. M., M. published their cases to startle us with their wonderful erudition. The mention of high potency cures, acted upon me as would a sanguinary colored ensign upon a

maddened bull, plus a fifty grain dose of Ipecac upon a full stomach. I felt that these "high (?) potency fellows" were using the lower potencies and perhaps poly-pharmaceutical mixtures, and by their pretences, were dragging Homeopathy, down, down, down—or to quote the doctor, "prone to wreck the fair fame of the only scientific system of therapeutics extant." The doctor could not possibly frame so poor opinion of them as I did at a certain period. But we often believe or disbelieve without rational proof; not because we desire to or not, but because we have no power over our belief—neither to create it by will, nor to dispose of it by preference. Many of our low potency practitioners are gentlemen of a high order of intelligence and judgment, as are many of our most learned ministers, who differ so radically, even when their predications are based upon a subject, which in my opinion is but sentimental vagary or idle speculation, and which would be "inexorably ruled out of (any) court as utterly inadmissible evidence." We all understand how men reason, and though highly intellectual in one direction, must as Beecher says, have their minds "unfolded" in another. Once they grasp an idea or a fact that has long eluded them, they too become enthusiasts. But not such whose minds have been just unfolded to a truth, but only those who have diligently and observingly experimented, may say "I know," and they, and only they can furnish the arguments and demonstrations that convince. The doctor's illustration of the C. M. practitioner is an unfortunate one, for I could call his counterpart by name if I would, who not many moons ago, during a certain season, had the same misfortune with low potencies as the C. M. physician did with the higher, while my high potencies

during the same season did not interfere with the recovery of patients afflicted similarly, and I lost not a single case. I must admit though my friend was a young practitioner, and I prefer to criticize his knowledge of our *Materia Medica*, rather than his potencies. Now I challenge the doctor, and those of his mind, to put the higher potencies to the proof. Not in the manner his denominated "minimum doses were tested by certain Allopathic physicians in the hospitals of France, for then our "high potencies" will share the same fate as his "minimum doses;" but as Hering did when he, on account of his medical profundity was selected above all others by a committee of German physicians of the "regular denomination, to investigate that arrant nonsense" Homeopathy. He began his investigations with a deep rooted antipathy toward the rising school, and with the firm determination to overthrow it by argument based upon practical proof. Too well, and too late did his confreres discover the result. Hering's thorough research, has added but another luminous page to the history of Homeopathy. Nor did this great teacher here cease his now self-imposed studies, but his diligent examination, his strict methods of inquiry and his determination to wrest the profoundest secrets from the hidden recesses of nature, led him finally to promulgate the methods so gratuitously named "arrant nonsense, and which by many a one's dictum would be" inexorably ruled out of court.

But to return to a portion of the doctor's article: He defiantly offers to martyrize his own good body for "unlimited experiments" with the 30th and higher potencies. I fear the doctor has but a very crude and indefinite idea of the general methods pursued in the provings, and the results obtained. Before my ini-

tiation into the secrets of the inner temple or sanctum sanctorum of Homeopathy, and before my eyes were permitted to behold the precious jewels there hidden from the gaze of the many who have made no attempt to follow in progressive footsteps of the masters named above, I too, had erratic views as to how drugs were proved, and many there were, and are, whose ideas were like my own. What I learned by inquiry, and what may somewhat disfigure the doctor's proposition to sacrifice himself is this :

1. It would be an accident if we stumbled upon any one thing—drug or what-not—that *one* single individual was sensitive to.

2. Only such as are sensitive to impression, are good provers.

3. A forced proving (like a forced similitum) is worthless.

4. We cannot put any faith in the test upon one person, or of one drug.

5. One may try to prove potencies at one time and succeed ; at another time he may fail.

6. One may take twenty-five provers and out of these, twenty may not prove sensitive to perhaps the 6th potency, though a single one may give you a good proving of the thirtieth or two hundredth, and even become transiently ill therefrom. Now to a proposition from our wing of the house : Let the doctor give common salt to say thirty of his friends. Two or three will return to him after a week's exhibition of this condiment, according to established rules, with some symptoms. Now if all will steadfastly stick to their purpose two or three weeks probably a dozen will get fine Natrum provings. The 30th or even 200th will produce similar results. Only one drawback to such an arrangement might present itself—could the doctor trust his biased observation. Will the doctor,—

and this freely interpreted means, any doctor—dare he, use nothing but high potencies (from a reliable source) and keep accurate account of his cases? If he fears to present them in acute cases he may inaugurate a trial from which he need not shrink, i. e., try them only in chronic cases, all tests to be limited to first prescriptions, and not to any cases spoiled by previous medication. In time he will be able to right his spoiled cases and have the courage to await the never-failing action of his potencies in acute cases of the severest type. No Homeopath worthy of the name can afford to ignore this with a Pooh, Pooh ! If you have your own success at heart, if you desire the welfare of your patients, if you love progress and the truth in Homeopathy as you do in other affairs pertaining to this life, do not be too cowardly, mulish or lazy to arrive at some settlement of the question by the means suggested. No lazy Homeopath will ever comprehend the beauties of our beloved science. It may require hours to find your similitum, but you will reap a rich reward of intensest satisfaction in the end. Study your materia medica closely, search closely and systematically for your similitum, and, when found, exhibit it in a high potency—feel your way from the 200th up. Do this without prejudice for one year and report the results. My word for it, by that time we will number you as one of us, and you will not demur to give reasons for the faith that is in you.

The first issue of THE JOURNAL from its new home and under its new name will bear date, most likely, of May, 1889. It will take its editor about four months to review in Surgery and Gynæcology at the hospitals of the East and get located on the Pacific Slope.

Materia Medica: 2.

For THE JOURNAL.

Ferrum Phosphorica.

By A. L. Monroe, M. D., Louisville, Ky.

TALK NO. 9.

ALL WHO have written upon Iron Phosphate seem to fix its most prominent place as a therapeutic agent in the first stage of inflammation, occupying a place between Aconite and Gelsemium perhaps, lacking almost entirely the erethism of the former except in acute mania, as well as presenting a less prominent picture of prostration, sluggish venous circulation and muscular relaxation than Gelsemium.

Though "sui generis" in its action in the initial stage of inflammation it seems to more nearly approach Belladonna in this particular than any other drug occurring to me, lacking, however, the intense vascular excitement of the latter. The flushed face of Ferrum seems more to arise from the relaxation of subcutaneous and cutaneous capillaries than from the dilating power of untoward blood pressure, acting as a *vis a tergo*.

If, as Schussler says, the action of the drug in the treatment of congestion is due to the power to strengthen the circular muscles of the blood vessels when in an atonic state, it should suit those congestions found in tissues the most delicate and yielding in character and loosest in structure, hence those in which the vessels obtain the least contiguous support. The clinical fact that it is especially servicable in congestions of the brain and intestines, giving in the one case vertigo, flushed face, tinnitus aurium or even mania and in the other lenteria or constipation from muscular atony (as in Plumbum) seems to amply justify such a

theory. While the therapeutic use of iron in congestions and intestinal troubles seems to illustrate its tonic action upon the unstriated muscular fibres, it is even better indicated when such weakness is associated with general muscular debility, including even the cardiac weakness of chronic or sub-acute disease, giving us a pulse not from defective nerve inhibition as under Arsenicum and the Acids, but from real weakness of the cardiac muscle.

It once puzzled me to understand how, when Ferrum, and its preparations, was our leading agent in anæmia and chlorosis and the various diseases engrafted upon these two blood states, its principal indication was found in a flushed face which would seem to indicate a general hyperæmia; but study and thought soon led me to understand that the flushed face in such cases was or should be due to relaxation of the capillaries of the sub-cutaneous or connective tissue emphasized by the transparency of the thin and feebly nourished skin. In this connection I will digress enough to say that the red blood shining through the yellow skin may give the greenish tinge to the chlorotic girl, a commingling of red and yellow always producing green.

In further proof of my theory as to the pathology of the Ferrum blush, it is right in a line with the thought that the drug's congestions effect the loose tissues, and in still further proof I am reminded that the Ferrum blush alternates with extreme pallor and is not constant and regular as found under Aconite, Belladonna, Sulphur, Gelsemium, Veratrum Viride, et al., and is associated with the nervous erethism of anæmia pending exciting cause, as sudden erection, change of position or an emotion.

If my experience with the drug is valuable, it seems counterindicated in

very acute diseases with very acute symptoms, the prostration characteristic of it seeming to be less profound and less acute than under *Gelsemium*, *Veratrum Vir.*, or *Baptisia*, hence more chronic and more persistent with less tendency to resolution. It is certainly rarely useless in any chronic case—seeming to be the Sulphur of Schussler's *Materia Medica*. It seems to alternate with all remedies, yet alone would cure but few chronic cases, though perhaps benefitting all that betray loss of muscular and vascular tonicity, and this I believe would include all such.

About five years ago I reported a cure of a case of suppressed phthisis by *Ferrum Phus.*, in which an abscess involved the whole lower lobe of the right lung, and the patient seemed to be within a few days of his end, with extreme hectic, clammy sweats, immensely swollen feet and legs, suffocating when lying down, and the expectoration of quantities of pus. The cure was an accidental one, and I cannot to-day explain it, though I have often thought since that the drug seemed to facilitate the maturing of an abscess better than *Hepar Sulphur*.

Legislative.

From the Galveston News.

Medical Legislation.

By R. P. Talley, M. D., Belton, Texas.

THE following sensible and valuable address was delivered at the December meeting of the Austin District Medical Society, and was published in the Galveston Daily News, from which we get it. It is decidedly refreshing in these days of senseless medical effort at State legislation, and will be appreciated

by our Texas Homeopaths at least.—ED. JOURNAL.

MEDICAL LEGISLATION.

The most concise and comprehensive definition of "State Medicine" that I have seen is that given by Professor S. E. Chaille, M. D., of New Orleans. He says: "State Medicine is the application by the State of medical knowledge to the common weal, and embraces every subject for the comprehension of such medical knowledge, and for the execution of which the legislative and executive authority of the government are indispensable." This he subdivides into: 1. "Public institutions for the sick and infirm; 2. Medical Education; 3. Medical Jurisprudence; and, 4. Preventive Medicine, or Public Hygiene." He further says: No one of the four branches of State medicine involves the public welfare to so enormous an extent as public hygiene, which I will especially discuss now. Dr. Parks, of England, has well explained "that the science of hygiene aims at rendering growth more perfect, decay less rapid, life more vigorous and death more remote."

The consideration of this subject is of recent birth in this country. A kind of forced delivery by the forceps of bitter and painful experience. The discovery of an "elixir vitae" or a "panacea" for all pains has long since been given up by all men of common sense. Scientific men correctly and justly insist that we should look to preventive medicine as the source from which we can get a great deal more benefit than from what is known as curative medicine. Viewed from the point of public health, or from the one of dollars and cents, the importance of public hygiene can hardly be overestimated.

So high an authority as Professor H. I. Bowditch, of Boston, estimates that,

taking the lowest estimate inside of reasonable probabilities, 200,000 people die annually in the United States from avoidable diseases. He, or some one else from whom I have read, estimates that by the loss of this number of people the United States loses, directly and indirectly, \$200,000,000 annually. Dr. J. H. Kellogg estimates the cost of preventable diseases to the State of Michigan at \$10,000,000 annually, or about \$6 per capita. Assuming the same ratio for Texas, the cost to our State would be about \$15,000,000 per annum, or assuming it for the entire country, it would amount to not less than \$560,000,000 annually. These figures are

ENORMOUS AND APPALLING,

yet they represent the price paid, or rather the amount lost, annually from preventable diseases. Add to this the loss of life, and to that the loss of health and the mental and physical suffering of the survivors, and you have, not a picture but a sad reality, fearful and horrible to contemplate. All this may be attributed mainly to the ignorance of the masses in regard to the laws of health.

That the death rate may be reduced by proper attention to sanitary laws has been proven by experience in this and foreign countries. The death rate in London 200 years ago was eighty per 1000; now it is less than twenty. In twelve English towns, by the introduction of sanitary improvements, the average reduction in typhoid diseases alone was $47\frac{2}{3}$ per cent.

You may say these are dry statistics, but do they not teach us instructive and valuable lessons? Lessons which we should profit by as doctors and as humane members of society? The great and living question then is, what shall be done to alleviate and, if possible, eradicate this serious trouble? Some

think we should have stringent laws to regulate the practice of medicine, so that only those considered competent by a board or commission (who are perhaps not high standards themselves), shall be allowed to practice medicine.

This plan has been advocated by my friend Dr. Daniel and some others of the profession for several years. So great, indeed, is their interest in the matter that they insist that each physician who is so honored as to be the family physician of a member of the legislature shall use his influence with that particular member for the passage of their pet law, which is to remedy all existing evils.

To say nothing of the "family physician" trying to thus abuse his trust, I may say that such a plan is entirely premature, as a majority of the profession in Texas have not yet agreed upon a law that would be wholly satisfactory to themselves, without regard to what the suffragans might think about it after they had agreed upon it.

It is my firm conviction that if we had the best compulsory law on the subject that could be conceived by the wisest men it would be a dead letter. We can only judge the future by the past. It has been proven beyond dispute that no law can successfully precede its public sanction, and public sanction is governed by public education. The people must see, feel and understand the importance of a law before they will enforce it.

THE FAILURES OF LAWS

enacted in the past intended to regulate the practice of medicine and the practical failure of local option laws prove this. We have seen how such laws tend to bring all statute laws into contempt and disrepute. For the same reason the national board of health is to-day almost powerless. Even as important a person-

age as a member of congress has spoken of it as a "doctor's machine which the public does not need, and therefore should not be taxed to support."

It will be well enough to get a bill through the legislature after a majority of the doctors of Texas have agreed upon one. But I insist that it is not bills talked up by the "family physician" or forced through by learned doctors in the legislature that we first want. Our people should be first instructed and educated so that they would have some respect for the law when enacted. The intention of my professional brethren is good enough. So was the intention of the bell punch, the local option and many other laws, as good abstractly and by intention as they could be. It is worse than folly, it is suicidal, to try to force any law down the throats of the people for which they are wholly unprepared. It will gag if it does not vomit them. For one class or "pathy" of doctors to assert that they are the only doctors worthy of patronage, and that Texas needs stringent laws to regulate the practice of medicine as they practice it, is apt to strike the laity as a professional bid for government interference with vested rights. The people must have what appears to them to be a reason for such laws before they will help to enforce them. Aside from this, whenever the regular profession attempts to pass a bill through the legislature to regulate the practice of medicine, they may accept the active, earnest, zealous opposition of every kind and class of doctors who would be affected by this regulation. The number to be affected by any sensible regulating law is much larger than you might at first suppose.

To educate the masses, inform the doctors and gather in a reliable way such information as may ultimately lead to

the extermination and extinction of preventable diseases, no better plan suggests itself to my mind than to establish a state board of health, and subordinate to it, but as a very important part of it, county and municipal boards of health. It would be tedious and perhaps unprofitable for me to endeavor to give the details of such a law in this address. Let it suffice to say that, in a general way, it should be the duty of these subordinate boards to report to the state board every death and the cause of it which may occur in their jurisdictions, and under such penalties as would secure prompt obedience; they should be required to report every case of contagious disease as soon as it is brought to their notice. From these reports

THE STATE BOARD

should collate, average and publish such statistics as it might think would be of service to the people and the profession. These publications should be made as frequently as the board might deem advisable. In addition to this the state board should have charge of all quarantine matters. I would not have either or any of these boards composed exclusively of doctors of medicine. First, because if this were done it would probably arouse prejudice against the board; and, secondly and chiefly, because laymen have in other countries proved active, earnest and effective workers in the cause of sanitation. Besides, I am not one of those who think that all the wisdom on this subject is confined to the medical profession. A state board of health, aided and assisted by county and municipal boards, commends itself to our favorable consideration and the favorable consideration of the people for very numerous reasons. I need only indicate a few of them. As the duty of these boards of health would

be to gather vital statistics and furnish such suggestions as might be necessary as to the best plan to avoid preventable diseases, it could not be construed to be in the interest of any particular school or "pathy" of medicine, and hence would not arouse opposition from any class of doctors.

So far as I am advised, all kinds and classes of physicians are agreed that certain causes produce certain diseases, and that when these causes are removed the disease abates. It is as to the manner of treatment after a disease has caught a patient that doctors disagree. Scientific men, physicians and sanitarians, the world over, are agreed, or very nearly so, as to preventive treatment. For instance, pure fresh air, cleanliness of person, temperance in all things, wholesome diet and a reasonable amount of exercise are recognized by all as important factors to good health. This being the case, all classes of physicians could heartily and conscientiously lend their co-operation to such a measure as this.

As the aims and objects of this board of health would be to furnish information of incalculable value to the people, individually and collectively, it should, and doubtless would, receive their hearty support. If they do not see the importance of it now, it would not be long before they recognized it fully. As a means of educating the masses on the subject of Sanitation I know of nothing better than this.

Being a matter of public importance the newspapers would discuss and, no doubt, heartily approve it; then, instead of the family physician electioneering in the families of legislators, as has been so often urged by my friend Dr. Daniel, and others, he might with more consistency and honor undertake the higher

and nobler task of teaching each family he visits somewhat of the laws of health—how to prevent disease and to prolong life, etc. "The influence of the family physician" in the families of legislators has been spoken of as very great. When we consider how very small a percentage of our people are legislators or legislators' families, and consequently what a small number of

THE DOCTORS OF OUR STATE

can be legislative "family physicians" we can readily see how much greater would be the influence of every class school and "pathy" of doctors, both regular and irregular, when exerted with one united effort directly upon the sovereigns themselves.

Another feature that would commend a State board of health to the people at this particular age, is its relative cheapness. For the first few years it need not cost more than \$20,000 to \$25,000—an amount not much in excess of what the State is now paying for a State health officer and quarantine. Of course, as the duties of the board were enlarged and its importance better known and appreciated it would take larger appropriations, but if this board is properly managed the appropriations for it are never likely to be so large that the people of the State will not be paid fifty to one hundred fold for the investment.

The advantages to be derived from properly managed and systematized State and subordinate boards of health to the medical profession and to the people are so very numerous that I am at a loss which to mention and which to omit. Let any gentleman present but give it a moment's thought, and dozens of things will suggest themselves. In a former part of this address I have given some statistics showing the annual loss in life

l property to this country from pre-
ntable diseases. A State board of
alth could materially aid in reducing
s great loss. In England and in
ales, by the enforcement of the sani-
y laws they have within the last few
ars reduced the death rate from 22 to
per 1000. More than this, the sani-
y condition of their large commercial
ties has been so greatly improved that
ey no longer fear an invasion from
olera, although they are in constant
mmunication with India, where it
ways prevails, and although but a few
ars ago it prevailed in France and Italy.
et they never quarantined against it,
nd the disease has not had a foothold in
y of their cities for many years past.
hey claim, and justly claim, that their
leanliness and proper attention to the
aws of sanitation gives them immunity
rom this dread and destructive disease.
otwithstanding the population is much
ore crowded, and the climate not any
ore favorable in England than the
United States, yet the death rate is less
here than it is here. May we not there-
ore reasonably hope that by the proper
pplication of the means within our
power we may largely reduce the death
rate in this country?

Besides this, statistics gathered and dis-
seminated by this State board of health
would be of great value to the profes-
sional as well as to the layman.

In addition to this the good work that
this board might do in stamping out in-
fectious diseases like small-pox, scarlet
fever, diphtheria, etc., to say nothing of

CHOLERA AND YELLOW FEVER,

would more than pay the State for all
that it would cost. As I have said be-
fore, I will not undertake to more than
hint at some of the advantages to be de-
rived from State hygiene. I leave to

your practical experience and sound
judgment to suggest others.

It may be contended that this is at best
but an experiment, and consequently it
may not succeed. If the question of
public hygiene or State medicine ever
was an experiment, it has long since been
settled, and settled in favor of the pub-
lic. Nearly every government in
Europe has some system of public sanita-
tion. In some countries good, in some
others not so good, but just in propor-
tion as their sanitary laws are good and
have been enforced, just in that ratio
have they derived benefit from them.

Dr. Burt of Fort Worth, in an ad-
dress to the Northwest Texas Medical
Society, said "that of the 3000 or more
physicians in Texas more than half are
not entitled to be recognized as such."

A few years since I undertook to report
the physicians of Bell county to the State
Medical Association, and I found more
than half of them could not be called
"regularly" constituted M. D.s. I do
not intend to insinuate that it is right
that all these irregulars should be al-
lowed to practice. "'Tis so, and pity
'tis, 'tis so." But these so-called irre-
gularly constituted physicians are not all
men full of premeditated meanness and
worthlessness. There are some in the
State who are not only clever physicians,
but are also honest and influential in pol-
itics as any regular M. D. These fellows,
who have no diploma under which to
stick their professional heads when at-
tacked from the outside, would go to work
vigorously under the impulse of the law
of self-preservation and wield an influence
that has never yet, in my judgment, been
properly estimated. An article in

THE MEDICAL WORLD,

of January last, says: "We hear a great
deal in these times of quacks and unqual-

ified practitioners. These complaints seldom come from the men who are above successful competition by close and continued application. Such men have little to fear from quacks. They do not argue their superiority, but demonstrate it. But in our opinion the man who has studied and been coached just enough to squeeze through and get a diploma, and ends his studies there, is the most dangerous kind of quack. He is constantly clamoring for legislative protection, because he knows he needs it. He is so inferior to many who are practising without authority that they are really his successful competitors. Honor and justice forbid a physician of any school of medicine from infringing on the rights and privileges of another who is legally accredited, and whose character is not impeached by public opinion, or civil or medical authority, whether he be of one faith or another. So far as I am advised, all laws heretofore passed by the legislature of Texas to regulate the practice of medicine have been so constructed as to tend more or less to protect what is called the regular M. D.s. But, as has been truly said, "Public opinion has long ago ceased to have respect for separate systems of medical practice, and holds that there is difference between physicians but such as results from their professional talents and medical acquirements," and that "the public, from the services they receive, are the proper judges of their individual merits." It would surely be better for all concerned if the "regular" physicians of Texas would be more liberal and charitable, and not try by dogmatical legislation to force out of existence those for whom they feel no friendly professional fellowship.

In what way, I ask, can we enforce a law when the people from any cause fail to see and acknowledge its merits? My

suggestion in this matter is to teach the masses by the best practical plan how their lives may be prolonged and made more comfortable and useful; that

THEIR HEALTH IS THEIR PROPERTY as well as their purse, and much more valuable; to teach them how healthy morals depend upon healthy minds, and healthy minds upon healthy bodies. This once accomplished to any reasonable extent, and the "constitutional democratic majority" will demand of our law makers laws protecting them from quackery, outside as well as inside, of our medical faith; protecting them in their rights to health as well as in their other property. Calculate if you will, the amount of money, brain force and valuable time that has time and again been spent in this State to prosecute some fellow for the theft of a mustang not worth \$25.

While in our country we have practically no national board of health, yet almost every State in the union (there not being more than half a dozen exceptions) has a State board of health. And in every State it has proven alike valuable and successful. Not to worry you with too many details, I will only speak of the State board of health of Michigan. It was organized in 1873. "At that time there was hardly an active local board of health in the State"; very few local health officers were appointed, while for the year 1887-8 over 1300 local health officers were appointed in the State, and many of them physicians who devoted considerable time to the work." The masses have been largely educated, and it is estimated that the amount actually saved to the State by the board of health is largely in excess of what it cost. Similiar favorable reports come from Tennessee and other States. Why should Texas be behind her sister States in this laudable and important work? In public educa-

tion and in almost everything else tending to the general advancement of her citizens she has already taken the lead. Why should she longer neglect one of the most important features of all, the public health of her citizens? The State and national government have joined hands in endeavoring to prevent, stamp out and totally eradicate contagious and preventable diseases in sheep, horses, cattle, poultry, etc. Of how much greater value is the life of a citizen? Yet we have no law in this State which protects, or even pretends to protect, its citizens from numerous fatal diseases, which might as reasonably well be prevented.

Physicians of Texas, we have a grave and responsible duty in this matter. To us in a large measure the people and the legislators in this State.

MUST LOOK FOR INFORMATION

and instruction upon this important subject. Let us not refuse or deal it out grudgingly, but with free hands and open hearts willingly respond to all reasonable demands that may be made upon us. As the eminent Dr. Albert L. Gihon has said: "We should be taught that the science of medicine has a wider outlook than the sick room, and that the office of the physician was something else than to be the tinker of broken bones and the mender of human mechanism, that human stupidity, human ignorance, human arrogance had needlessly marred." I would not if I could, and could not if I would, detract from the honor which is justly due the surgeon who performs a delicate and difficult operation, nor from a physician who treats successfully a serious and dangerous case of sickness. But the field of preventive medicine is just as wide and nonorable as that of curative medicine. Let us devote proper at-

tention to both. Let us feel and know that it is quite as much our duty to prevent as it is to cure or palliate disease.

"That which makes us have no need,
For physic, that's physic indeed."

But in the language of another poet we can say:

"Physic
Though thousands hate because of the cost,
Yet thousands it helpeth, that else would be lost."

Then let us endeavor to do our full measure of duty to ourselves and our country in this as well as all other matters. If we honestly and sincerely endeavor to do this I trust that when our labors are done on this earth our rewards will be sweeter than that prophesied by a country preacher who, in his prayer, said: "We thank thee, heavenly father, that when our trials are over here below, and we pass over the river of death and stand in the sweet fields of Eden, there will be no troubles, no tears, no sorrows there; and, we thank thee, O Lord, there will be no doctors there."

Societies.

FOR THE JOURNAL.

American Institute, Forty-second Annual Session.

Editor Southern Journal of Homeopathy:

THE forty-second annual session of the American Institute of Homeopathy will be held at Hotel Lafayette, Lake Minnetonka, a few miles from the "Twin-Cities" St. Paul and Minneapolis, Minnesota, beginning Monday evening, June 24, and continuing until Friday night, June 28, 1889. Details of the arrangements will, from time to time, be furnished to the Homeopathic journals for publication. The proper com-

mittees are actively engaged in securing such arrangements as will assure the success of the convention and the enjoyment and advantage of those who attend it. The local committees of arrangements and other resident physicians of Minnesota are planning to secure the attendance of as large a number of lady friends of the Institute members as possible.

The object of this notice is to direct the attention of the Institute, and especially of bureau members and committeemen to the fact that one-half of the year allowed for preparation has already expired. While some of the bureaus and committees have fully matured their plans, and many of their members have their work well under way, the preparatory labors of others are not yet begun. Thus far the secretary has received reports of progress from bureaus and committees in effect as follows:

The Bureau of *Materia Medica* reports that some of the members have held conference meetings and are engaged in preparing materials illustrating the pathogenesis of Iodine and its Salts. Others have promised important literary contributions to the same subject.

The Bureau of Gynæcology is preparing four papers on Urethritis and Cystitis (in the female) and has selected a member to open the discussion on each paper. The chairman requests a general discussion, based on professional experience and says, "Everything justifies the hope of a full and good report."

The Bureau of Psychological Medicine will report on "Agents for the Creation and Development of Will-power," and expects to present at least nine papers on various subdivisions of this topic. Some of these papers are now in preparation.

The Bureau of Obstetrics is engaged upon the general subject of Puerperal

Complications. Several members of the bureau are already at work upon their assigned subdivisions.

The Directors of Provings have adopted, as their work for the year, Critical Analyses of the Provings presented at the last session; and for this purpose a set of rules has been elaborated under which the members of the committee will determine the value of such provings, each member applying the rules according to his own convenience.

Certain other bureaus are also engaged in the preparation of their essays, though formal reports of progress have not yet been received, and the same is true of some of the more important committees. Still other committees, it is known, have not yet completed the preliminary portion of their annual labors. As information is received it will be sent to *THE JOURNAL* for publication.

The Secretary may be pardoned for suggesting that papers be compiled early and copies made and submitted for examination to those likely to participate in the discussion thereon, thus adding to the interest and profit of the sectional meetings. These copies could then be sent to such journals as their authors might select, thus securing their wider publicity, yet without interfering with the prompt publication of the Transactions.

Respectfully,

PEMBERTON DUDLEY,

General Secretary.

S. W. Cor. Fifteenth and Master Sts.,
Philadelphia, Pa.

Detroit's New Hospital.

A GRAND EVENT FOR HOMEOPATHY.

THE opening of the new Homeopathic Grace Hospital, occurred December 6. From 3 o'clock in the afternoon until 6 in the evening carriages rolled to the door, bearing their loads of fashion and elegance, and moving away to

make room for others. It was estimated by Dr. Walsh, the medical director, and Mr. Charles Marzer, the clerk, that 5000 persons had visited the hospital up to 6 o'clock. The reception partook largely of a social nature, ladies meeting with their friends at every turn and making the tour of the house in companies. Every room was open during the afternoon excepting the director's parlor, where Mr. McMillan had called a meeting to elect a board of trustees. This was open until 4 o'clock, giving early comers a chance to see the fine oil paintings, three in number, which decorate the walls, and the basket of red and yellow roses with a handle composed of lilies of the valley, which occupied the center table.

The house has six stories, including the basement and the mansard roof. The building is of brick with stone foundation and sub-story. The entire woodwork is of oak with hardwood floors oil finished. It is lighted by both gas and electricity. The basement is devoted to a dispensary for out-door patients with reception rooms and the room for electric light. There is also a padded room for delirium tremens patients, with a room for bath and cot for violent cases.

On the first floor are the handsome general offices and the director's parlor, and the ladies' committee room, also the first and second wards. These are arranged with every detail in perfect working order, the unwritten clinical register hanging at the foot of each bed and the patient's name-card at the head. There are ten of these wards, two of them for children. Just outside of each ward is the spirit lamp for heating water and the square of oil-cloth to keep hot the poultice prepared by the nurse. Above each cot is a chain pulley by which the sick person can lift and support himself while the nurses make up the cot. The small table next to each bed is to hold the nourishing drinks, books, flowers or fruit provided for the hospital's sick.

On the second floor there are four wards and the private rooms for the sick, furnished by ladies at their own expense.

The third floor is also divided into sick rooms each furnished by some lady friend interested in the grand work of caring for the sick.

The fourth floor contains the neat, pretty rooms occupied by the nurses. There are twelve trained nurses under the charge of Miss E. Hibbard, principal, from Montreal. The uniform of the nurses is pink with white aprons and caps. The junior nurses, probationers and undergradu-

ates will wear a blue uniform. Some of the nurses yesterday wore their graduating medals bearing the motto, "I was sick and ye visited me." These were from the Toronto General Hospital. An operating room with amphitheater for students occupies a space on the third floor.

The floors are lettered A, B, C, and D. An electric bell in the office acts as burglar alarm when the back door of the hospital is opened. This is never used except for receiving stores. It is watched by the clerk. The ambulance bell had not been answered up to 7 o'clock last evening. Everything was in readiness after that hour for patients' calls.

The Medical Board is as follows:

Doctors—Olin, Bailey, Eblin, Miller, M. J. Spranger, Hicks, Gaylord, Polglase, McLaren, Edwin Lodge, Albert Lodge.

Surgery—Drs. Lesure, Walsh, Obetz, Morley. Gynecology—Drs. Walsh and Lesure.

Obstretories—Drs. Miller, Olin, Gaylord, and E. A. Lodge.

Ophthalmology—Drs. Sterling, Wilson.

Consulting Physician—Dr. F. X. Spranger.

Dispensary staff—Drs. Wilson, Purdy, Griffiu, Kimberling, Gustin.

Medical Director—Dr. Chas. A. Walsh.

Dr. S. H. Knight, late of Helmuth House, New York, is house surgeon and Dr. E. M. Hatch is his assistant.

A touching feature connected with the new hospital is its name—that of the lovely and beloved daughter of Mr. James McMillan. There were few present yesterday who did not recall Mrs. W. F. Jarvis, or Grace McMillan, as she was familiarly known to her friends, who died after a year of wedded life.

Among the handsomely furnished rooms were some that attracted attention by their simplicity of color. One was in white and gold, with white fur rugs on the floor and white furniture, while a yellow vase held a cluster of gold chrysanthemums and was tied with yellow ribbon. On a triangular table at the side of a pretty bed was a three-sided dish holding a pyramid of oranges. On the walls were etchings and engraving. In many of the rooms exquisite little books of devotion were laid with copies of the Scripture reading for the unknown occupant. Reclining chairs, sofas and rockers seemed to invite rest and repose.

During the afternoon a handsome basket for an infant's wardrobe was received as a donation to the children's ward from Mme Hude-Vier. The ambulance, horse and harness were the gift

of the late Mrs. W. F. Jarvis (Grace McMillan) and Mrs. W. C. McMillan.

The land for the building was given ten years ago by Mrs. Amos Chaffee and has passed through several tax restorations since, but has at last fulfilled its mission. The estimated value of the land is \$25,000. The cost of the building and furniture is \$15,000. The endowment fund is \$100,000. Of this amount \$112,500 was subscribed by Mr. James McMillan and \$112,500 by Mr. H. H. Newberry.

Too Good to be Lost.

A RECENT issue of the San Antonio Express contained the following editorial which in our judgment is altogether too good to be lost; hence we reproduce it for our readers. It is good for indigestion :

A DISTINCT WAR CLOUD.

The Express has never considered Senator Call a more than ordinarily bloodthirsty man. Its knowledge of him extends only to his public life, but in that he has been eminently peaceful, one might even say Quakerish. His bearing upon the floor has been characterized by a desire to propitiate everybody, from the pages up to the speaker. He has been decidedly the most pacific of the southern "brigadiers," has made only an occasional reference to the war, has never pulled off his coat to break a desk with a brother senator, has never informed a political opponent that he was a horsethief and a liar, and, altogether has oomported himself in an entirely equable and praiseworthy manner.

It is with some surprise, then, that the provisions of his yellow fever bill are read. It authorizes the president to appoint a commission of seven physicians, who shall visit Florida and collate all facts bearing upon the Jacksonville epidemic, the origin of the fever, its spread, the sanitary condition of the city, etc. That is good.

It also provides that the commission shall report to the surgeon general of the marine hospital service, whose duty it shall be to publish all the information obtained. That is better.

But in the center of the first paragraph is an insidious proviso which will prove the serpent in the legislative garden of Eden :

"The commission shall consist of seven physicians of seven different schools of medicine."

"How is that for war? Any one even casually

acquainted with the healing art and its professors will have no trouble' in picturing the first session of that commission. A forty-acre lot will be too small for it. The idea of expecting an allopath, a homeopath, an eclectic, a specialist, a mesmerizer, an Indian doctor and a faith cure man to quietly discuss a medical question when they could get bricks, chairs or piano legs to enforce their arguments, is rather funny.

"A few years ago the Medical Association of San Antonio gave an annual banquet from which, as a matter of course, reporters were carefully excluded. People who stood on the sidewalks below the hall heard wild sounds of anguish and saw projected upon the opposite wall fantastic shadows of men, each of whom was engaged in pounding the others. When the lights were dead, the flowers shed and all but the janitor departed, eager visitors found under the table, amid a wreck of jellies and a crush of oyster plates, one solitary bootheel and three tufts of hair, sole reminders of a night of revelry and of song.

"If Senator Call's bill becomes a law, as seems probable, he will be an accessory before the fact to murder. And if the people of Florida think that Yellow Jack is a killer, they should wait until the seven doctors get together before giving final judgment."

The Yellow Fever Germ.

THE newspapers tell us that Professor H. J. Detmoo, of the Ohio State University, has concluded the task of photographing the germs causing yellow fever that have been sent him by Dr. James E. Reeves, of Chattanooga, Tenn. The professor says that this is the first time yellow fever germs have been found in tissue, scientists heretofore searching for them in vain. They have been found in zoogloea masses in capillary blood vessels, which appear distended and ruptured, and at these ruptures the zoogloea masses are dense and large. Bacilli present themselves in four forms. The first in a plain, dark round mass, the second in an oval with a dark point at each extremity, the third an oblong disk with dark points as in the second, and the fourth, two dark points united by a film and strikingly resembling a dumbbell. Dr. Steinberg, of John Hopkins University, for a number of years has made an exhaustive search for yellow fever germs, but without success, in tissues. During the last epidemic he made several post mortem examinations at Decatur, Ala. The liver and kidney tissue of two persons at least were sent by him to

Dr. Reeves for the purpose of mounting for microscopical purposes. Professor Detmoo has several negatives, each of which is good. Some show bacteria singly, others in masses, with the capillaries distended with them.

If the newspaper accounts are correct, a great discovery has been made, but a greater one will result when it has been found that cultivation of the germs and prophylaxis from their use is proven. Then indeed will the Southern people have cause to rejoice and be glad.

The Kalevala.

By Prof. Crawford.

THE great epic of Finland which critics like Max Muller and Prof. Sayce declare to be second only to the Illiad of Homer, is now for the first time accessible to English readers. The leading dailies of the great cities are just now devoting whole columns to this translation, which they rank as the literary event of the day. This epic of twenty-three thousand lines is admitted to be more than three thousand years old. It has during all this time been preserved by oral tradition, and transmitted by word of mouth from father to son, generation after generation, as a sacred inheritance. Little more than half a century ago it was reduced to writing by two physicians, Dr. Topelius and Dr. Leurot, and now Prof. Crawford, of Pulte College, another physician, is the first to produce an English version, and able critics unite in declaring the work to be remarkably well done. The Kalevala is the poem from which Longfellow drew the framework and meter of the Hiawatha. It is a matter of pride to every Homeopathic physician, and should excite the spirit of emulation, that in the midst of a busy practice and arduous college work Prof. Crawford should have found time for such a gigantic undertaking. For more than two years every leisure hour has been devoted to this task, and therefore his success has been well earned. The work is published in two beautiful volumes, by John B. Alden & Co., of New York.

Death of a Veteran.

DIED—At Owenton, Ky., on Sunday, December 9, 1888, aged 65, Dr. W. T. Rees.

Dr. Rees has been a practitioner of medicine in Kentucky for over forty years, and the last ten a Homeopathist. Always enjoying an extensive practice, he possessed in an unusual degree the love and esteem of his neighbors. A thorough gentleman of

the old school and a Christian, he was in character the ideal family physician, kindly and sympathetic. I am sure the profession will join with me most heartily in an expression of sympathy for his bereaved widow and children, one of the latter of whom, our esteemed colleague Dr. Owen C. Rees, was the faithful attendant at his bedside.

A. L. MONROE.

Louisville, Ky., Dec. 19, 1888.

Texas Association Bureaux.

THE following are the Bureaux appointed at the last meeting of the Texas Homeopathic Association for the ensuing year:

MATERIA MEDICA.—Drs. Marks, Morrow, E. E. Davis and Achenbach.

PRACTICE.—Drs. Sherbino, Cohen, Hines and Clifford.

SURGERY.—Drs. Barnett, Bragg, Blake and J. R. McKenzie.

OBSTETRICS.—Drs. A. T. Hall, Barrett, Bayless and Higgins.

PÆDOLOGY.—Drs. Fisher, Dickey, Metz and Kirk.

GYNÆCOLOGY.—Drs. Jones, Thatcher, Pollock and Morrow.

OPHTHALMOLOGY.—Drs. A. P. Davis, Leach and W. Y. McKenzie.

CLIMATOLOGY.—Drs. Evarts, Lillard, Stiles and Hussey.

INSTITUTES OF MEDICINE.—Drs. Edwards, Wolf and Houghton.

American Institute of Homeopathy.

THE list of officers and committee for 1889, is as follows:

President—Selden H. Talcott, M. D., Middletown, N. Y.

Vice-President—Theo. Y. Kinne, M. D., Paterson, N. J.

Treasurer—E. M. Kellogg, M. D., New York, N. Y.

General Secretary—Pemberton Dudley, M. D., Philadelphia, Pa.

Provisional Secretary—T. M. Strong, M. D., Ward's Island, N. Y.

Board of Censors—R. B. Rush, M. D., chairman, Salem, Ohio; T. F. Smith, M. D., New York, N. Y.; W. H. Dickinson, M. D., Des Moines, Ia.; Millie J. Chapman, M. D., Pittsburg, Pa.; C. G. Higbee, M. D., St. Paul, Minn.

Necrologist—Henry D. Paine, M. D., New York, N. Y.

COMMITTEES.

Executive and Publication—S. H. Talcott, M. D., Middletown, N. Y.; Theo. Y. Kinne, M. D., Paterson, N. J.; Pemberton Dudley, M. D., Philadelphia, Pa.; T. M. Strong, M. D. Ward's Island, N. Y.; E. M. Kellogg, M. D., New York, N. Y.

Legislation—A. I. Sawyer, M. D., chairman, Monroe, Mich. (1 year); I. T. Talbot, M. D., Boston, Mass. (2 yrs.); F. H. Orme, M. D., Atlanta, Ga. (4 yrs.); H. M. Paine, M. D., Albany, N. Y. (3 yrs.); J. P. Dake, M. D., Nashville, Tenn. (5 yrs.)

Medical Literature—J. C. Burgher, M. D., chairman, Pittsburgh, Pa.; R. Ludlam, M. D., Chicago, Ill.; S. Lillenthal, M. D., San Francisco, Cal.; H. M. Smith, M. D., New York, N. Y.; C. H. Hoffmann, M. D., Pittsburgh, Pa.

Organization, Registration and Statistics—T. F. Smith, M. D., chairman, New York, N. Y.; I. T. Talbot, M. D., Boston, Mass.; W. F. Leonard, M. D., Minneapolis, Minn.; H. M. Smith, M. D., New York, N. Y.; Millie J. Chapman, M. D., Pittsburgh, Pa.; C. E. Eisher, M. D., Austin, Texas.

Foreign Correspondence—T. M. Strong, M. D., chairman, Ward's Island, N. Y.; Prosper Bender, M. D., Boston, Mass.; E. F. Stroke, M. D., Milwaukee, Wis.; J. K. Warren, M. D., Worcester, Mass.; W. Y. Cowl, M. D., New York, N. Y.

Intercollegiate—I. T. Talbot, M. D., chairman, Boston, Mass.

This committee consists of two delegates from each college represented in the institute, and appoints its own chairman.

Diseases of Women.

A NEW and attractive work on the Diseases of Women by A. J. Skeene, M. D., is the outcome and represents the experience of a long and active professional life, the greater part of which has been spent in the treatment of diseases of this class. It is especially adapted to meet the wants of the general practitioner, by enabling him to recognize this class of diseases as he meets them in every-day practice and to treat them successfully.

The arrangement of subjects is such that they are discussed in their natural order, and thus are more easily comprehended and remembered by the student.

Method of operation has been given to the surgical treatment of the diseases of women and

many of the operations so simplified as to bring them within the capabilities of the general surgeon; due regard has also been paid to the medical management of this class of diseases.

Although the subjects which are discussed in the various text-books on gynecology have been treated of by the author, it has been a prominent feature in his plan to consider also those which are but incidentally, or not at all, mentioned in the text-books hitherto published, and yet which are constantly presenting themselves to the practitioner for diagnosis and treatment. As illustrative of this principle, which has been kept constantly in mind in the preparation of this work, a few of these subjects may be mentioned as follows:

I. Diseases of the Bladder and Urethra. II. Displacements of the Uterus and their treatment. III. The Abuse of Pessaries. IV. Electrolysis. V. Gynecology as related to Insanity. VI. Illustrative Cases. VII. Illustrations.

Appleton & Co., are the publishers.

Pot Pourri and Personal.

A new Homeopath has located in San Antonio but we have not learned his name.

Dr. A. P. Davis has resumed the practice of his specialty, the Eye and Ear, in Dallas.

Dr. H. F. Fisher, brother of "ye editor," is attending the New York Ophthalmic Hospital College.

Dr. Joseph Jones, of San Antonio, is physician to the Home for Destitute Children at San Antonio.

Dr. G. W. Sherbino has removed from Dallas to his former home, Abilene, his first love proving the strongest.

Every Homeopathic doctor in the land should have a copy of Cowperthwaite on Diseases of Women. It is an excellent book.

Quiet, unassuming, regular as a clock and always welcome, *The Clinique* is a journal of no small merit. It is entering its eleventh year, and occupies a field peculiarly its own in Homeopathic journalism.

If Bre'r Kraft, of the American Homeopathist, will keep his eyes and ears open and his mouth shut (at this journal, we mean), he will learn eventually some things he did not know when he wrote quite lengthily about our criticism of the action of certain physicians toward the Southern Association. Don't go off too quickly next time.

While *THE JOURNAL* removes from the South, it shall always take a lively interest in the affairs of Homeopathy in this section. It hopes to see a great revolution in her favor in public sentiment within the next few years.

Howard Crutcher, M. D., has removed from Louisville to Memphis, and has an office with Dr. Lippincott.

THE JOURNAL has a number of most excellent books on its table for review. It will give them attention at the earliest moment.

Waco is the Homeopathic centre of Texas. There are five Homeopaths in that thriving burg—more in proportion to population than in any city in the State.

The Medical Advance for the current month contains a very snappy report of the Southern Association's late meeting, from the pen of Prof. C. E. Walton, of Cincinnati.

Our good friend Dr. Beraud, of Lafayette, La., has built an elegant new residence and moved into it. We congratulate the doctor on his prosperity, of which he is in every way worthy.

Will some good friend who don't bind his journals kindly send us a number bearing date of July, 1885, and another of November, 1886. We will gladly properly remunerate for the same.

The California Journal of Homeopathy will be our new title, and Los Angeles will be the city of our publication office, unless a change in favor of San Francisco should occur at a late moment.

Why is the American Institute of Homeopathy like General Grant? Because it is cursed by having a few ill-advising friends who bring it somewhat into disrepute through their superabundant zeal and villainous judgment.

Dr. Runnells, the able and energetic Secretary of the Missouri Institute, has issued a valuable preliminary circular containing a list of the officers of the Institute since its inception. As a secretary Dr. Runnells has few equals and no superior, and if the Missouri Association don't prosper it won't be his fault.

Austin has a new Homeopath in the person of Dr. Charles Lowry, late of Washington C. H., Ohio. He is associated with Dr. Bragg, and the new firm, Drs. Bragg and Lowry, succeed to the practice of the editor of *THE JOURNAL* when he retires from the field, January 1.

Homeopaths of Texas! Your State Society meets at Fort Worth the first Tuesday and Wednesday in May. Are you getting in readiness for your annual gathering? Dr. Hines, of Corsicana, is president this year, and Dr. Clifford, of San Antonio, is secretary. There is work ahead and every Homeopath in the State should be in harness and ready for it.

The old school legislationists of Texas are hard at work again. The poor devils want to regulate something but they don't know just what nor how, and are holding meetings now and then to see if they can find out just what they do want. One thing they want most certainly, a good "codwolloping," and they'll get it too, if they monkey with the legislative buzz saw too much.

The Editor of *THE SOUTHERN JOURNAL* will spend the month of January, after the 10th, at Chicago and may be addressed care of Gross & Delbridge, that city. February and March will be spent in New York city. His address there will be corner of Twenty-third street and Third avenue.

Every patron of *THE JOURNAL* is urgently requested to continue on its lists. We propose improvements, upon removal to the Pacific coast, which we will guarantee to please our advertisers and subscribers, and which will be certain to cause this journal to take a higher plane than it has ever before occupied.

"Know Thyself: a Study of Man," is the title of a new book soon to be published by Robert Clarke & Co., Cincinnati, of which Prof. J. D. Buck, Dean of Pulte College, is the author. Prof. Buck is one of the foremost thinkers of the day, and his internal review of the nature, character, life-work and future of man cannot but make a pleasing and valuable book. We look forward with pleasure to its production.

A work on "American Climates," in relation to the treatment of diseases, by Dr. Bushrod W. James, Philadelphia, Pa., is in progress. The Doctor will speak from personal experience and observation of many of the localities mentioned, and will doubtless give us a good book.

We dislike very much to leave our friends of the South, but the health of self and family seem to demand a change of climate. The long heated term of Texas has been very trying on us as our duties and labors have increased. For this reason alone is the change made.

The Medical Advance removes its publication office to Ann Arbor with the incoming of the New Year, Dr. Allen taking entire charge of its interests again. The advance is one of the best journals of the country, even though it at times deals in wild visions of high "fallingness."

The Chicago Homeopathic Medical College announces a special course of lectures and clinics by Prof. E. H. Pratt, on Orifical Surgery, during the month of January, to which all practitioners are especially invited. All the lectures and clinics can be attended that month for a fee of ten dollars. A large class should be the result of this splendid opportunity for advancement.

That sterling journal, the North American Journal of Homeopathy, already a grand success, gives promise of valuable improvements for the coming year and of several changes in its editorial corps. The names of T. F. Allen, J. F. O'Conner and E. L. Moffat, all strong men in Homeopathy, are added. If these men and the able Editor Dillow, aided by a portion of the present corps who are retained, don't make The North American a most successful periodical then medical journalism in New York city is a failure indeed. But they will succeed, for their journal is already a grand success. It is one of our foremost periodicals and a welcome visitor at this office.

We are glad to see the Medical Visitor's smiling face so regularly. It was whispered that it was to suspend soon and we were much grieved thereat. Its January number is at hand and it shows itself indeed a lively corpse. Long may the Visitor visit.

This journal has praised the profession of the Northwest not a little in times gone by, but it will take it all back now, since they have failed to accord their sprightly journal, the Minnesota Medical Monthly, a living support. It was one of our brightest and most welcome exchanges, and should by all means have been continued. We hope it will soon and permanently be revived.

Were it not through fear of being misunderstood, in the light of recent criticism of the action of Dr. Dake toward the Southern Association, this journal would reproduce with comment a most excellent editorial appearing in the November number of the North American Journal of Homeopathy reviewing the course of the American Institute in replacing a justly disfranchised Eastern journal on its list of Homeopathic periodicals. That editorial reflects our

sentiments on this subject exactly. The Institute did right in disowning the New York Medical Times in 1887, and its course in reclaiming that journal in 1888 was an error; and the circumstances attending the action of last June were, to say the least, and to put it mildly, of a character most questionable. The North American Journal and The Medical Counselor have treated of this subject exhaustively and most delicately, and have very properly arrived at the conclusion that a great mistake was made at the last meeting—a mistake which could hardly have occurred had the proper course have been pursued. Whatever the merits of the question may be, a great wrong has evidently been done the Institute by itself.

"Responsibilities of Railway Corporations in cases of Accident" is the title of a pamphlet reprint from Daniels' Texas Medical Journal, the same being an article from the pen of Dr. R. M. Swearingen—the best State health officer Texas ever had—read before a late meeting of the Travis County Medical Society, to the sentiment and application of which this journal gives hearty endorsement. Dr. Swearingen favors the enactment of a law compelling railway companies to remunerate reasonably for medical attention, nursing, care, etc., of indigent persons suffering accident from their trains. Not infrequently some poor fellow is injured who hasn't a cent in the world and he must be cared for as though he were any other human being. Dr. S. properly holds that the railway company inflicting the injury should bear the expenses arising therefrom, rather than individual physicians or even the city or county in which the injury occurred—and in this he is correct. If a private individual runs over a person, or if he injures property he must pay therefor, and why not a corporation? Dr. Swearingen's paper is to the point, and THE JOURNAL hopes in justice to all concerned in these cases that the Twenty-first legislature will enact a law covering the premises.

It is a pleasure to THE JOURNAL to welcome to Texas such staunch Homeopaths and experienced physicians as Dr. Charles Lowry, lately located in Austin. Dr. Lowry is recently from Ohio, but was formerly from Hackensack, New Jersey, and has been engaged in the practice of Homeopathy for above twenty-five years. He is an accomplished physician and a cultivated gentleman, and the profession of this State will find in him a colleague worthy in every way of their fraternal consideration.

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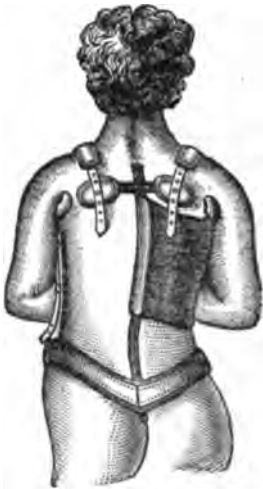
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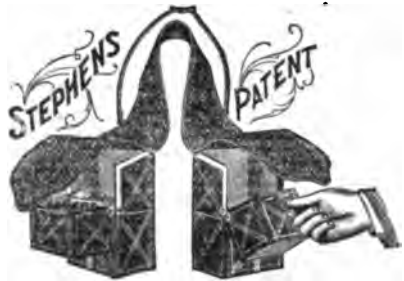
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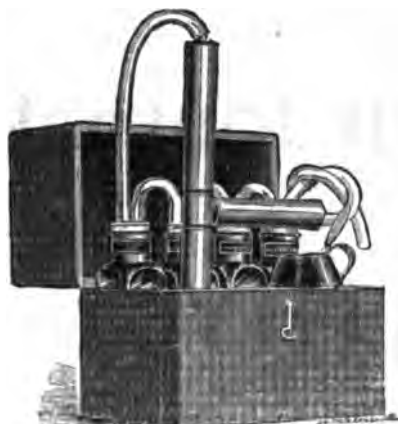
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