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**EDITORS:**

WM. BOERICKE, M. D., AND W. A. DEWEY, M. D.

No. 234 Sutter Street, San Francisco, Cal

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**PUBLISHED MONTHLY.**

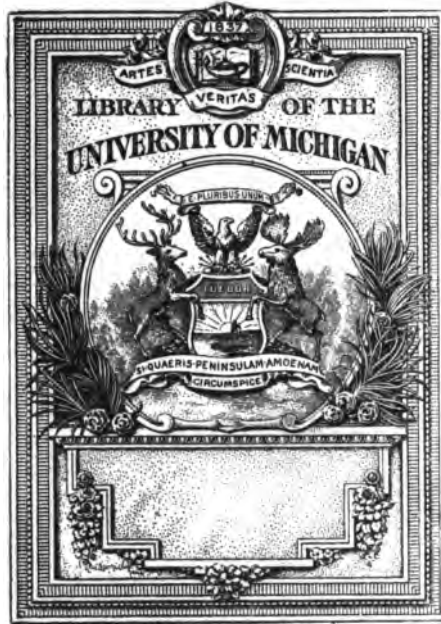
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**VOLUME VIII.**

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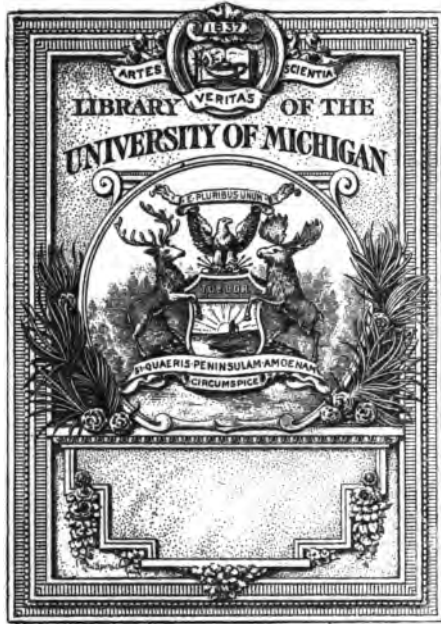
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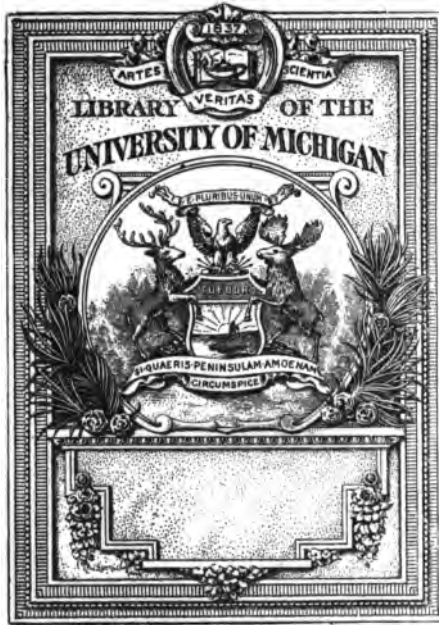
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cal college, in technical schools, or under private instruction, provided students can pass a satisfactory examination in these branches, they should be admitted to the second year of study, and starting from such a point of attainments, three years of careful instruction should thoroughly fit the student for his medical degree. If such a plan were uniformly adopted it would greatly improve and render more satisfactory the whole system of medical education throughout our country. It is, therefore, with great satisfaction that your Committee can report to the American Institute of Homœopathy their adoption of the following requirements:—

On and after the fall of 1892, in all colleges represented in the Intercollegiate Committee of the American Institute of Homœopathy, the term of study required for graduation shall be at least four years, which shall include attendance upon not less than three terms of lectures of six months each.

No person, unless he present a diploma or certificate of graduation from an accredited university, college, academy or high school, or a teacher's certificate which shall be proved by the Faculty as equivalent to the examination required, shall be admitted to the second year of the first course of lectures in any of the colleges in this Committee, without having passed a examination upon the following subjects:—

1. English composition, by writing a composition, an essay of not less than two pages which may be judged the writer's penmanship, spelling and writing.
2. Arithmetic as far as squares.
3. Geography, physical and political, contained in advanced school geography.
4. History, such an outline of the history of civilized nations, especially of the United States, in ordinary manuals of history.
5. Latin, sufficient to give a general comprehension of scientific terms.
6. Physics, such as the *Primer of Physics*.
7. Biology and Zoology, the briefer course of the *Primer of Biology*.

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8. Chemistry, as comprised in Miller's Elementary Chemistry.

9. Botany as found in an elementary manual.

It shall be understood that the first of these four year study shall have been devoted to the preliminary medical studies, as outlined by this Committee, and that, upon successfully passing the above examination, the student have fulfilled the requirements of the first year of medical study.

Your Committee, with the approval and support of the American Institute of Homœopathy, in their action regarding the most useful and systematic preparatory studies for the more advanced medical studies.

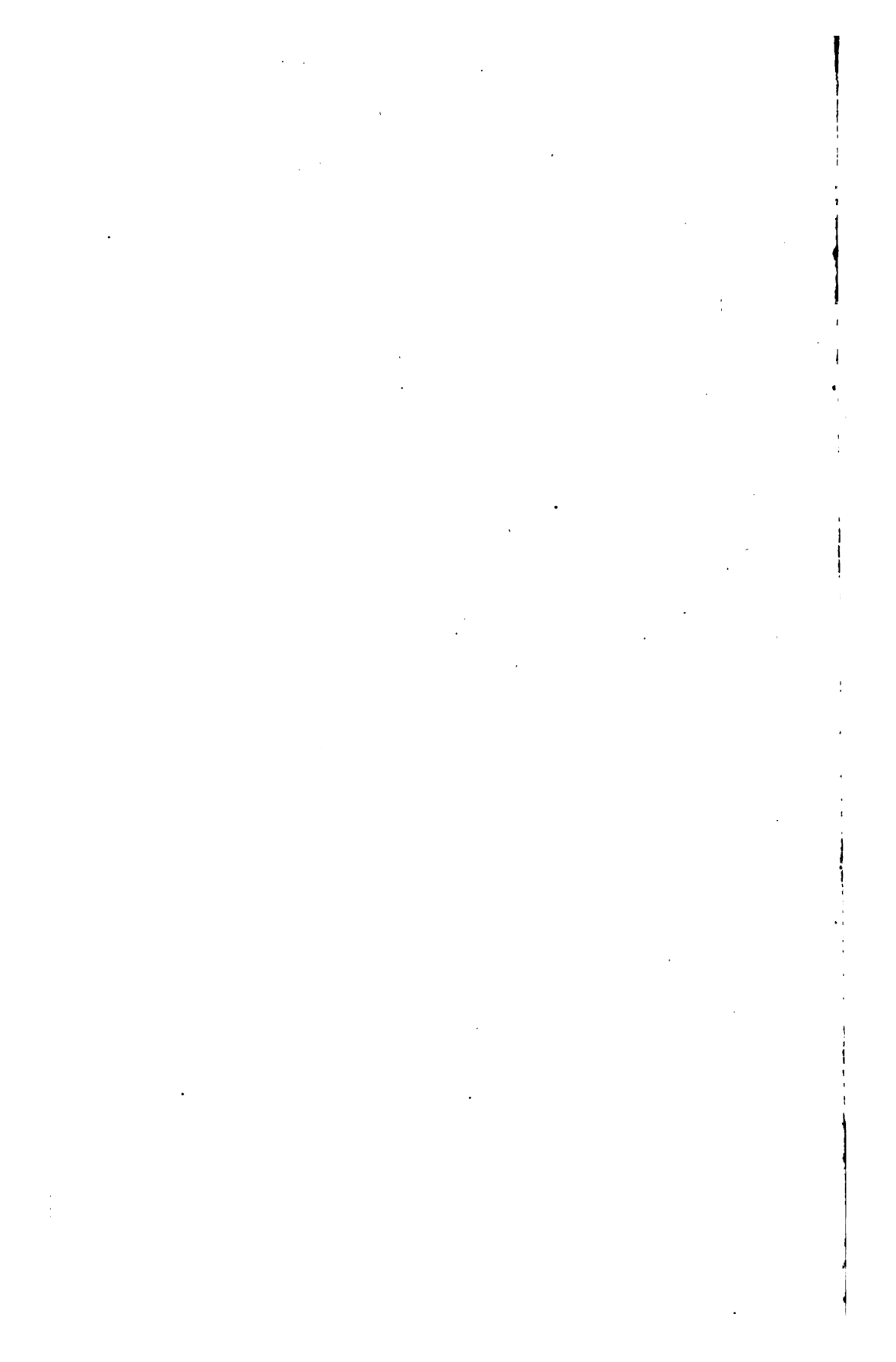
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January, 1890.

No. 1.

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Original Articles.

VARICOCELE.

BY JOSEPH RODES, M. D., SAN DIEGO, CAL.

[*Read before the Homœopathic Medical Society of the County of San Diego, Cal.*]

MR. PRESIDENT AND GENTLEMEN—I present the subject, “Varicocele,” and allow me to say, more correctly “Circoccele,” as the former means varicosis of the scrotum (inter-scrotal), a disease which is quite rare, as you know, while the latter defines a similar condition, but of the spermatic plexus of veins (intra-scrotal), because: First, it is quite common; again, these cases are either sent to the surgeon-specialist; who treats them by extreme measures at once, and often does more than is necessary; or they are totally neglected by the general practitioner, under whose treatment great good could result.

As you well know, the cause of circoccele is universally some mechanical interference to the return of the blood, and, undoubtedly, foremost is the force of gravity, because we find the frequency of the disease in direct ratio with the habits or occupations of our patients.

Then, to account for it almost universally affecting the left spermatic plexus, as you know it does, we have normally a greater length of the intra-scrotal portion of the veins on this

side, and this has considerable weight in my mind as a causative agent. In addition to this, although I think of less importance in the etiology, the left spermatic vein empties into the renal, and at right-angles to its axis. Again, the weight of the sigmoid flexure of the colon, almost constantly loaded with feces, which lies upon it. Poor supply of valves, etc., etc. It seems hardly worth while to go more deeply into the causes, as you, no doubt, are familiar with them. I might say that heredity seems to hold some influence, but statistics are very slim.

The earlier symptoms are: Vague dragging or heaviness on the affected side. Pain is often very slight, though sometimes very annoying, is referred to the scrotum, spermatic cord, or seems to run down the course of the anterior crural or obdurator nerves. Objectively, the testicle on that side hangs lower than normal, the scrotum looks fuller, and one can often see the outlines of greatly distended veins. To the touch they nearest resemble "earth-worms."

Now remains the more interesting and important part of our subject—the diagnosis and treatment. There are comparatively few scrotal diseases with which one could confound circocele. My personal method of looking over such a suspected case is as follows: Most likely the patient begins disclosing the usual subjective symptoms. I manipulate the scrotum, and the very "earth-worm" feel, if I find nothing else, causes me and would cause any of you to make a snap diagnosis. In two instances, I felt quite certain, I had cases of circocele complicated with hernia. In these cases I first tilted the patient back into a recumbent posture, and reduced the hernia, but with it also disappeared the "earth-worms." By placing my finger against the internal abdominal ring, then asking the patient to stand, my finger prevented the hernia from recurring, but did not the varicose vessels, which immediately filled again, due to the force of gravity, thereby clearly defining the two distinct troubles.

Just before entering into the subject of treatment, let us recall the fact that atrophy of the testicle is a common sequence of long existing circocele.

Now, if something has to be done, what treatment is to the best interest of both patient and doctor? At the outset,

let me say, and emphatically too, that I do not operate every case that comes into the office, for it is unnecessary. Many of the cases get well, as far as the patient is concerned, even though the vessels do not contract to their normal size, by the constant wearing of a snugly-fitting, one-sided or complete suspensary bandage, assisted by a change of occupation and in the habits of the patient, etc., systematic cold douching of the scrotum, to cause contraction of the dartos, which it does. This is an important adjuvant, as all these cases have a relaxed and debilitated condition of this sac, and I firmly believe more often a cause than effect. Electricity in the form of Faradism is used by quacks universally, and recommended by some authors, but I think without them having tried it. I have given it repeated trials without success, unless imaginary to the patient. First of all, the very action it is claimed to have, *id est*, to cause contraction of the dartos, it positively has not, as doubtless all of you know.

When operative interference is demanded there are two general procedures, namely, subcutaneous ligation, (the latest and best example of which is the operation advocated by Keyes), where we use the sense of touch to distinguish the anatomical relations; or, free incision into the scrotum, using our senses of sight and touch in isolating and ligating the veins. Looking superficially, it would seem that the latter operation was the preferable one, in this age of fearless and successful cutting into any part, but not so; it makes matters much more serious, and he who fears his sense of touch will fail him in distinguishing that which should from that which should not be tied, must not operate.

We should remember before we speak of individual methods of operating that the ligature of a few veins, in a favorable situation, easy of access, may seem like a very simple thing theoretically, but when one looks up and sees his own stern conscience watching his movements, and possibly imagines he sees remorse in the distance, it makes it harder. Including the excretory duct and spermatic artery in the ligatured mass, is equivalent to castration, and there is danger of death due to plebitis in any case, no matter what manner of operating, and it has occurred more than once.

It was the elder Delpech, who had obtained an enviable

position among the first surgeons of the world who operated upon both sides, and unfortunately included in the ligature the spermatic artery and excretory duct; atrophy of the testicle occurred; the mind of the patient brooded over the terrible mishap, and his brain crazed with sorrow and mortification, thirsted for revenge. He waylaid Delpuch, and rushing upon him as he left his carriage stabbed him to the heart.

For the benefit of those who have operated lately, and fear a similar prescription to that given our unfortunate predecessor, I shall give a few facts I have discovered by experimenting on a dog, which may make the least guilty feel more comfortable. I ligated by the open method the spermatic veins only on the right side, and at another tempo those on the left, including the spermatic artery. I observed after the inflammatory symptoms had subsided, both testicles had atrophied a little, the left a little more than the right. Within a few months, both seemed to gain what they had lost, and were about their normal size. One year afterwards I removed the scrotum and both testicles, ligating the chord mass as high up as possible before severing. On both sides the normally fine veins belonging properly to the vas deferens, had become decidedly dilated and tortuous; on the left side a collateral circulation had been established between the artery of the vas deferens, a little artery which is quite constant as you know, and the lower branches of the spermatic artery I had ligated. Had this unfortunate dog been blessed with a supernumerary testicle, I should have tied the vas deferens, but such was not the case, and the opportunity, or better, the material has not offered itself for my further experiment since. I learned by this experiment that it is unnecessary, as has been done in the past, to leave one vein when ligating, to keep up the circulation; and that even though the spermatic artery be ligated, there remains one or two sources of collateral circulation, and I surmise, in case the vas deferens was also included, nothing short of complete atrophy of the organ could result.

In viewing the methods of operating, we, for want of time, shall overlook the many old ways, most of them being ineffectual or dangerous.

My method for operating subcutaneously, is as follows: The pubes and scrotum are closely shaven, thoroughly scrubbed with tincture of *sapo-viridis*, or the soap itself, then washed off with spirits of turpentine, ether, and lastly with alcohol; the whole covered with a cloth rung out of corrosive sublimate 1:1000. Of course, it is understood, all instruments, hands, etc., are made clean, and, as an extra precaution, antiseptized. I manipulate the scrotum, finding the vas deferens, then the spermatic artery. If the latter be not too close to the former, compress it while the patient is lying; leaving the veins thoroughly empty themselves; by standing the patient up, I prove that it is the main artery of supply, by noticing the veins do not fill quickly as before. Now, when I am morally certain I have separated the vas deferens and spermatic artery, I compress the anterior and posterior walls of the scrotum, between the mass of veins on the outside, and the duct and artery on the inside. The next step in the operation has differed with me, at different times. At first I used those straight Keyes' varicocele needles; they were sold in pairs, so I thought I must use two; one was as much as I wanted to manage, and two were a little more than I could. The faults I find with these needles are, first you only *need* one, they are longer than necessary, difficult to push through the scrotum, as the open eye, which may be quite desirable in other respects, catches very firmly in the scrotal tissue, and makes it almost impossible to push through. Later on, Keyes himself discarded these, and used the "Reverdian Needle," which is constructed so that they eye can be closed. Not satisfied, he modified it, so that in the latest of all, when loaded with the ligature, closes with a spring automatically, the needle, further, is straight, and can be readily taken apart for cleaning. With this needle, I saw my colleague, Dr. Wm. B. Van Lennep, operate several times; once the slide bar that closes the eye, gave way while the needle was being pushed around the veins, giving a great deal of trouble to the operator and risk to the patient. But, luckily, in this case, the trouble was detected, and no harm done. I am disgusted with the *special* needles, and have gone back to first principles. I use a slightly curved, rather dull pointed, post-mortem or burlaps needle, and do not

think anything else compares with it. I cannot see why we should have the eye near the point, on the other hand it is undesirable, making it more difficult to carry around the veins, and, even the open eye can be dispensed with.

I make an incision about half an inch long, directly through both layers of the scrotum, this is humbly suggested, but worthy of note, as it is very desirable to have a larger opening than the needle makes, as one can work better, the knot sinks in deeper, and this is the only safe opening to close up by sutures afterwards. I now pass this plain needle, loaded with quite coarse, very strong Chinese twisted silk, or chromicised gut, preferably the silk. The only reason we had in using the gut was, it was capable of being absorbed. This, nature often fails in doing. In one instance I was even fortunate enough to obtain the loop and knot perfect, being discharged from the wound four weeks afterwards. Again the silk is more often encysted than the gut—the next best thing to absorption. In either case the ligature must be aseptic. To repeat, I pass this needle loaded with the ligature, from behind, forward and thence around the veins, hanging close to the scrotum. After again making sure the artery and duct are still free, I either tie behind or bring the needle through the first opening and tie in front. By this method I have a double thickness of ligature, which I tie separately. First, it ligates the veins at two separate points, and I have two chances against breakage. My experience teaches, and I guess I am not overly strong, one will break a ligature in operating for circocele that would not be broken under any other circumstance.

When using gut, and sometimes even with silk, when I am certain of my antiseptis, I close both anterior and posterior openings by fine sutures, and as they are clean cut, not punctured, they readily heal by first intention. Then the ordinary iodoform, or bi-chloride gauze dressing, held in place by a suspensory, or "T" bandage.

Either a general anæsthetic or cocaine, about four per cent. is used. When using the latter, experience teaches, we must not postpone our operation too long after its introduction, as œdema occurs rapidly, and our "land-marks" are soon lost.

After operating, I advise rest in bed for a few days, but some cases go out of the office and do not take to their beds at all. In a few cases we have slight suppuration around the loop for one or two weeks afterwards, the time depending upon whether gut or silk was used.

Occasionally, our patient comes back in a few months with a recurrence of his trouble. I think I know the cause of my failures, and perhaps some of you have discovered other causes, and will express yourselves on the subject. My want of success, and I think it is the most potent of all factors in cases of failure, was due to leaving one or more veins of the plexus outside of the ligature. You well know there is such a complete anastomosis that one little vein will supply nature with all the line of communication between the plexus and main spermatic vein that she can desire. My motto is, repeat the sub-cutaneous ligation "seventy times seven" before resorting to the more serious open method, to which I shall not refer to-night.

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### MATERIA MEDICA NOTES

BY P. K. GUILD, M. D., SANTA BARBARA, CAL.

That physiological provings of drugs, is, and must continue to be, the main source of knowledge of their nature and value for use in curing the sick, no doubt all will concede. And I, for one, have noted with great satisfaction and hopefulness the move which seems to be in the right direction, by such men as Conrad Wesselhoeft, Sutherland, Allen and others, with the purpose of eliminating from our *Materia Medica* a portion of its huge bulk, by separating the true and reliable from the false and imaginary, in the records as we now have them.

And if this work is now carried out, thoroughly, along the lines proposed, is it not likely also that a goodly number of alleged remedies will be found of too little value to be retained in the list at all? But whether such change results or not, it is to be hoped that the number of remedies that will have recorded under or against it of any particular



symptoms will be so reduced that one will not need to look through a list of over four hundred different drugs to find what is best adapted to the case in hand, as is now the case as regards some symptoms. In other words, let us hope that the recorded symptoms will be so sifted and reduced in number that none will be left that are not *characteristic* in the true sense, and so reliable for purposes of prescribing. Now in such a process of scanning and eliminating are we in danger of losing valuable symptoms from our present record? Until very lately I have not felt any apprehension upon this point, but the critical analysis and summary of *Cimicifuga Racemosa* by Drs. Porter and Pearsall, published in the August number of the *N. A. Journal of Homœopathy*, has given me some food for thought, and presented this question in a somewhat different light from what I have been inclined to look at it. The point is this, *Cimicifuga* is a remedy that I have used for a long time; nearly, if not quite thirty years, and I have used it quite often and for a variety of conditions, the chief of which have been ailments to females, and I find so little in this analysis—that is to say, the most *conspicuous* in those particulars, where I have found it curative, that I am led to ask is there not somewhere a mistake or at least an elipsis?

It is true we have some symptoms that point to action upon the female genital organs, and more may be elicited by other provings. But I have so long seen its undoubted effect in relieving pain at the menstrual period—pains in the back, associated with prolapsus uteri, and other uterine abnormalities that I was not prepared to see it touch so lightly upon these parts. Besides, I have long relied upon it as a *Parturient* without ever having been disappointed; and this, I should expect, would appear emphasized in its indications. I will cite one case illustrating its action in labor that recently came under my observation. Mrs. H., a healthy woman in her fifth labor (her last child being about seven years old), was taken at evening with a premature rupture of the membranes, and consequent escape of the waters. Pains came on, but in a lingering manner, though sufficiently to prevent any sleep during the night. But, having an experienced nurse at hand, no physician was called till about 8 A. M.,

next morning, when, or a little later, the os was found well dilated, the pains quite regular but accomplishing very little, and never wholly leaving the patient to rest. After watching matters for an hour or more, a dose of macrotin, the first trit. of Keith's preparation. About three grains was administered. Within one half hour or so from that time, the aspect of the case was changed. Instead of a constant worry from inefficient, never-ending pains, they became forcible, and with the help of a little ether, she rested between pains, and in little over an hour from the time of taking the drug, was safely delivered of a strong, healthy child. The placenta soon followed, and no other remedy was called for.

"One Swallow does not make a Summer," we know, but this is simply a representative case in my experience, and I doubt not the same is true of others. I know of nothing that can take the place of the *cimicifuga* in such cases with equal satisfaction. It has never failed me in similar circumstances. Another thing I have used it for with considerable success, is acute sciatica. It has also cured delirium tremens, certainly, in one case where both the condition and cure were marked and unmistakable. In this case I gave the tinct. in quite large doses,  $\frac{1}{4}$  to  $\frac{1}{2}$  dr. The patient was a strong laborer, and was decidedly shaky, seeing all sorts of imaginary images, talking incessantly, and unable to sleep. Cure resulted in a short time.

This remedy has also been found curative in cough in old people—possibly in young, too, but certainly in old. Some of these indications are not to be found in the analysis and summary of Drs. Porter and Pearsall and none of them are particularly conspicuous. They say in their comments that "the five female provers present under this caption (female sexual organs) very few symptoms, and an entire lack of congruity between the symptoms reported," and so on. But, all the same, I prescribe it with as much confidence in a class of cases such as I have in part indicated, as I do any other remedy for any condition whatever. Now this suggests another question, viz: the value or worthlessness of therapeutic provings. Perhaps it would be better to say therapeutic tests, for probably no one would take the bedside for first provings. But what is the value of what may be called

cure tests? I confess that I place these tests exceedingly high. I cannot tell how it is with others, but I never feel sure of my remedy, no matter what the "proving," until I have seen it cure, or give relief. I am sure there are multiplicity of symptoms recorded in our *Materia Medicas* that I could not trust while on the other hand, there are many remedies which I use with great satisfaction that I can scarcely tell how I came to use them just as I do, for it is often the case that although the symptoms for which these remedies are prescribed may be found under their respective names or heads, still they are not in any way conspicuous, while there may be a large number of other remedies having the same symptoms but which are not always found to be successful in the conditions when we would expect them to be. To illustrate the point, let us consider *Belladonna* in urinary troubles. We are apt to think of *Canth.*, *Cann. sat.*, *Apis*, *Berb.* and so on, in these troubles, but I have found *Belladonna* one of our most useful remedies in some cases, and have seen it give relief when other remedies which I thought were indicated had failed. In some forms of diuresis it is certainly exceedingly reliable and prompt in its effect; and sometimes in enuresis. One case of the last named trouble that came under my care, was promptly relieved after having had extended treatment of all sorts by very competent physicians. Now if we take *Farrington's Clinical Materia Medica* and turn to the therapeutic index, we will find thirty-two remedies under the head of *Urine*, and twenty-nine under the head of *Urinary Organs*, but *Belladonna* is not in either list. And under the head *Belladonna*, in the general index, we find seventy-four conditions named but no mention of *Urine* or *Urinary Organs*.

I do not allude to this for the purpose of criticising *Farrington*, and it might be said that this omission is itself a criticism upon the writer. But all these symptoms spoken of will be found in *Hering*, edited by *Farrington*, and other works\* and I allude to these facts to show that really important qualities of drugs may be left so much in the back ground as to be finally overlooked entirely by the most competent.

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\* Notably *Hull's Jahr*.

It is these therapeutic provings, or verifications, that give me confidence in a remedy. It was the same evidence that converted me to a belief in Homœopathy. I was bred in the old way, and should have never been convinced that there is a better had I not experimented with Homœopathic remedies. Probably the same is true of every old-school physician who has been led to embrace Homœopathy. Now, if this be so, why should not therapeutic provings, or verifications, hold a little more respectable and honored place than seems to be the case? Would it not be well, if it could be done, to gather up and bring together records of cases which have been marked and unmistakable, in a compact and systematic manner, to be used for reference? Such a compilation I believe would be second in value only, to original provings, even if such provings were as reliable as they can be made. I know it will be said that this will not do—that all these bedside provings and tests are unreliable, deceptive—that no one can tell whether the patient got well because of the remedy or in spite of it, or without regard to it. Yes, and this may be said of all cases, and is said by the “Christian Scientists,” so called, that when we give medicine, and the patient is relieved or cured, it is not the effect of the drug, but of the mental impression. But it will be difficult to make careful, practical, experienced men to believe that when they give a remedy and certain results uniformly follow, that there is not cause and effect, whether the original provings have developed the symptoms or condition cured or not. It is always possible that any and every proving has been imperfect, though in saying this I do not wish to be understood that provings properly made and guarded are to be discredited. But I do think there is a too dogmatic condemnation of bedside, or therapeutic tests, by some who assume to speak almost, if not quite, *ex cathedra*.

NOTE.—My allusion to *Belladonna* in urinary troubles was for the purpose of illustrating a point, but since writing the above, I have seen a statement by Dr. Hale, of Chicago, in a medical journal (“The New Remedies”) that in enuresis, atropine, in doses of one five-hundredth of a grain three times a day, cured twenty-nine of thirty-seven cases.

## RHEUMATISM AND ELECTRICITY

By MRS. H. TYLER WILCOX, M. D., LOS ANGELES, CAL.

Your earnest appeal to every Homœopath "to send even short notices" I could not resist, and wish to say I see no call for your self abnegation for short comings in the closing volume.

I have enjoyed your "Schuesslerism," while some have not, as you say, for I became a convert to this treatment and one of the first to use in St. Louis when first presented. I am pleased to see Dr. Worth refutes the slanders of "your college being adverse to women." I have one student with you and she expresses satisfaction that no distinction of sex has manifested itself to her mind. I expect to send other women there as students.

I would say something of rheumatism. I coincide with Dr. Perkins in his treatise of the origin of rheumatism, etc. I could, if time and space permitted, relate many cures by static electricity of this disease. Neuralgia is most wonderfully relieved by it too. Neither the galvanic nor faradic currents have any comparison in efficacy of cure to the static in the nerve centres of the body. Dr. Atkinson, of Chicago, in the perfection of this instrument, has been a greater blessing to mankind than the discoverer of any other remedy in the whole *Materia Medica*, I believe, opium not excepted.

Instance, case first: A gentleman is suffering with acute inflammatory rheumatism; three weeks upon crutches; and in a half hour is cured, and lays down his crutches, pain, swelling and inflammation subdued as by a lightning stroke. Another with arm and shoulder helpless and painful; one treatment relieves pain, and can put on coat that could not be done without help and excruciating pain; head aches from derangement of the great sympathetic nerve, from bad habits of diet, relieved as speedily. Accustomed to lay in bed two days with sick headache, said a lady to me, while in ten minutes she walks out free from all nausea and pain. I know of no remedy in *materia medica* that can do this in the short space of time it was done.

Some cases require longer time and many applications of the current, thus, a quick cure is the record I have had in

its use of all pain of whatever nature. To women it is an especial boon, and will remand to the *dead past* much of the harsh and useless treatment for dysmenorrhœa and kindred ailments that she has been too long the victim of.

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PERENNIAL ASTHMA.

By E. P. MITCHELL, M. D., LOS ANGELES, CAL.

[Read before the Los Angeles County Homœopathic Medical Society.]

The subject of my paper this evening is Perennial Asthma. This distressing disease is often met with, particularly in this section of the country, where many subject to it have come for relief. The old and still widely-accepted theory as to the causation of the symptoms of asthma is that the bronchioles contract and hinder the passage of air. Weber, a German author, teaches that the paroxysms are due to a paresis of the vaso motor nerves governing the vessels of the bronchial mucus membrane, which paresis results in a distension of the vessels and a consequent blocking of the caliber of the bronchial tubes. Nearly all authorities agree that asthma is a neurotic disease, reflex from some disorder of the stomach, sexual organs, nose, etc.

In 1872 Voltolini reported several cases of asthma cured by the removal of nasal polypi. This observation has since been verified in many hundred cases. Bosworth, a prominent throat specialist of New York, publishes a list of eighty cases of asthma treated by him; in all of these cases there were marked nasal disorders. By local treatment of the nose he cured fifty per cent, and improved forty per cent. During my practice here I have treated five cases of asthma.

CASE 1. Lady, aged 45, had asthma twenty years, two severe paroxysms daily, her nose was filled with polypi and the turbinated bodies were hypertrophied. I removed the polyps and reduced the hypertrophies; as soon as the intranasal pressure and irritation were relieved the severity of the attacks lessened and decreased in frequency, and the general health improved. I heard from the case recently to the effect that the asthma was almost entirely cured.

CASE 2. A man, aged 35, had asthma fifteen years; he had a few nasal polypi and the turbinated bodies were greatly hypertrophied. The removal of the polyps and reduction of the hypertrophical tissue benefited him very much, but he left the city before I was through with the treatment.

CASE 3. A man 45 years of age had asthma three years. He had a few nasal polypi and a deflected septum which was pressing against the opposite turbinated body. The removal of the polyps and sawing off of the septal projection cured the case.

CASE 4. A man 50 years of age had asthma thirty years. Polypi and septal spur; removed the polyps and sawed off the spur; the case is still under treatment, but much improved.

CASE 5. Boy 9 years old. Very great hypertrophy of the turbinated tissues. I removed some of this tissue and the patient improved very much. Case still under treatment.

In each of these cases the nasal origin of the asthma was clearly proven by the fact that during treatment any irritation of the nose which would cause the parts to swell to their former proportions and cause pressure on the septum or other parts of the nose, was surely followed by a severe paroxysm of asthma. This occurred repeatedly in each case. My treatment was purely local; the patients, before coming to me, having tried nearly every medicine and measure supposed to be beneficial in such cases.

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ONE-FIFTH of all deaths are due to consumption. Errors of diet produce those conditions of the system which facilitate the development of consumption. A diet of white bread, butter, tea and pickles, prepares the system for the easy invasion of consumption as well as other diseases.

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A TRIP through the South and West, a visit to the smoke of Chicago, the dirt of St. Louis, the alleys of Philadelphia shows that, be it ever so humble, there is no place like New York—*Truth*.

## Ophthalmology and Otology.

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

### LISTERINE.

It is not our purpose to advertise a proprietary nostrum, but to acknowledge the merits of remedial agents, from whatever source they may come. In listerine we have at once an effective means of cleansing surgical instruments, and one that will not tend to rust; a desideratum that will be fully appreciated by the oculist as a protection to his delicate instruments. As a cleanser of foul secretions from any of the mucous surfaces of the air passages; in otorrhœa, and for purulent catarrhal discharges from the pharynx, larynx or nares, it is without a rival. As a local application in purulent ophthalmia, ophthalmia neonatorum and traumatic lesions of the eye, in proper dilution, it will be found valuable alone, or as an adjuvant to argent. nit. Unlike iodoform, it does not call public attention to a diseased condition, but rather suggests the presence of an agreeable toilet article.

### CHRONIC PHARYNGITIS.

The question whether much of the loss of tissue in chronic atrophic pharyngeal troubles, could not by more conservative local treatment, be avoided, is one of serious importance to the conscientious practitioner. It is my belief that the public are largely at fault for these results, in their unreasonable demands for immediate relief from pathological changes that may have been months and even years in accruing. The physician's first duty to a patient suffering from chronic pharyngitis, is to impress him with the fact that the time required for the cure of his malady will bear a constant relation to the time occupied in its approach; and of the prodrome, you alone can be the judge, owing to the insidious character of its accession. The experienced aurist well knows how often chronic and sometimes incurable middle ear



troubles have been the result of a pharyngitis that has been so painless and insidious in its approach as to draw out vehement protests against his diagnosis, when he assures his patient that the primary trouble was in the throat; and when the fact is at last brought home to him, he demands that you *immediately* repair the ravages of years, by driving out with the knife or torch, the stealthy invader. Every practical laryngologist has experienced the difficulty of converting an hypertrophic pharynx into a normal one without inducing more or less atrophic waste in place of the redundant tissue, and, has this not very often resulted from too great haste under the importunity of his patient?

Our article is written for the sole purpose of emphasizing anew this maxim: It is no difficult matter to destroy in a moment that which our highest skill can never restore.

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#### A NEW YEAR'S GREETING.

Another cycle from the reel of time,  
 Drops in the ocean of the mighty past;  
 Another year is added to that host  
 Whose endless columns fade in distance vast.

Still hoping, trusting on, we live to freight  
 Each fleeting year with all our hearts hold good,  
 And though our life-work seems to drift away,  
 Upon the waves of the receding flood.

We know the harvest of our toil is sure,  
 Though other reapers garner what we've sown;  
 And ne'er from honored memory shall fade,  
 One deed that out of human love has grown.

H. C. F.

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THE men in whom the alcoholic appetite has been formed are really irresponsible beings. The infernal poison has destroyed their will-power and transformed them into slaves. The burden of the violation of law is not properly to be laid upon their shoulders because of this very irresponsibility which has been created by rum. They will drink so long as rum is to be obtained.—*Toledo Blade*.

## Colleges and Hospitals.

### COLLEGE ANNOUNCEMENT.

We desire to call attention to the excellent report of the Hahnemann Hospital College as shown in its "Annual Announcement," which has just appeared. Eighteen new students were matriculated during the past year. The graduating class numbered ten, which increases the alumni to the goodly number of fifty. The large dispensary clinics and the fact that dissecting material is so plentiful has decided many of the students to remain in town during the winter to attend the clinics or to dissect. The dissecting room is open throughout the year. This fact should be borne in mind by physicians of the Coast who desire to "brush up" their anatomy. They can do so at the College at a trifling expense. The incoming class promises to be a large one, as applications and letters of inquiry are constantly arriving.

### NEW LICENTIATES.

The following physicians have received certificates from the Board of Examiners of the California State Homœopathic Medical Society during the past six months:

DR. J. S. DAILY, Los Barras ..... Hom. Med. Coll. of Chicago, June 5, 1889.  
 DR. J. S. BALLARD, San Fran..... Hahn. Med. Coll. of Phila., June 5, 1889.  
 DR. S. P. LOWE, Oroville .... Hahn. Med. Coll. of Phila., July 2, 1889.  
 DR. W. H. DICKINSON, Woodland.. Hahn. Med. Coll. of Chicago, July 2, 1889.  
 DR. M. N. AVERY, Los Angeles..... University of Michigan, July 2, 1889.  
 DR. H. R. ARNDT, San Diego .West Hom. Med. Coll., Cleveland, Aug. 6, 1889.  
 DR. N. C. CLARK, San Bernardino. Hahn. Med. Coll. of Chicago, Aug. 6, 1889.  
 DR. J. B. ROBINSON, Santa Paula. . Hahn. Med. Coll. of Phila. Aug. 6, 1889.  
 DR. C. D. TUFFORD, Los Angeles.... Univ. of Vic. Coll., Canada, Aug. 6, 1889.  
 DR. JAS. RODES, San Diego. .... Hahn. Med. Coll. of Phila., Sept. 3, 1889.  
 DR. I. V. STAMBAUGH, Santa Barbara.. Hahn. Hos. Coll. of S. F., Sept. 3, 1889.  
 DR. C. V. C. SCOTT, Menlo, Park.. N. Y. Med. Coll. & Hos. for Wom., Oct. 1, 1889.  
 DR. E. W. CLARK, Los Angeles ... Hahn. Med. Coll. of Chicago, Oct. 1, 1889.  
 DR. E. B. DELE METYR, Oakland... Hom. Med. Coll. Cleveland, Oct. 1, 1889.  
 DR. D. A. SIMON, San Francisco.... Eclectic Med. Coll. of Pa., Nov. 4, 1889.  
 DR. R. HEIDRICK, San Francisco. Hahn. Hosp. Coll. of S. F., Nov. 4, 1889.  
 DR. MERRY DEWEY, San Francisco. Iowa State Univ., Iowa City, Nov. 4, 1889.  
 DR. F. C. FREEMAN, Redwood. .... Chicago Hom. Med. Coll., Nov. 4, 1889.  
 DR. J. A. MITCHELL, Delano..... Hahn. Hosp. Coll. of S. F., Nov. 4, 1889.  
 DR. W. E. ALUMBAUGH, Vacaville... Hahn. Hosp. Coll. of S. F., Nov. 4, 1889.  
 DR. S. A. FENTON, Oakland..... Hahn. Hosp. Coll. of S. F., Dec. 3, 1889.

A. C. PETERSON, M. D.,

Secretary Board of Examiners.

## Editorial Notes.

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With this number, the CALIFORNIA HOMŒOPATH enters upon its eighth year of usefulness, and we hope to make it *the organ par excellence* of Pacific Coast Homœopathy. With that end in view, we have made a few slight changes, as will be noticed. Through the kindness of our printer, we present a very much improved appearance, and, in order that a keener interest may be felt in our journalistic work, we have invited a few prominent physicians in different parts of the Coast to become collaborators of the journal. We hope to increase this list as occasion offers until we have a representative in each of the principal cities on this Coast. This, we trust, will tend to broaden the usefulness of the HOMŒOPATH and make its power felt more generally throughout the Coast.

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THERE is a great field of usefulness for the HOMŒOPATH on this Coast. We are somewhat isolated from the medical world, and so we have to form a little medical world of our own. We can do good work by watching the manœuvres of our allopathic brethren in their endeavors to "regulate" the practice of medicine. There is a bill constantly before the legislature in this State, intended to give them full control of all medical matters in the State, and, sometime when we are napping, the bill will be railroaded through. The Committee on Legislation of the State Society should take "eternal vigilance is the price of liberty" for a motto.

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OREGON and Washington homœopaths will, if they have not already, probably be called upon to defend similar measures, for, as homœopathy advances, allopathy declines and, in its dying struggles—for allopathy is dying out—it seeks to put legislative stumbling blocks in the pathway of progress. In combating such the HOMŒOPATH will be ever ready to take a prominent place.

OUR COLLEGE deserves the attention of every physician on this Coast; no longer an experiment but a firmly established, fully equipped institution, with a large and growing Alumni, it is now able to compete with any Homœopathic College in our land. It is the duty of every Pacific Coast homœopathic physician to send a student—if he has one—to this College. The new announcement is just out and should be carefully read.

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THE STATE SOCIETIES of California and Oregon are in a most flourishing condition. There is enough good material in Washington to make a Washington State Homœopathic Medical Society, and it would not sound bad either. It would add one more state organization to the twenty-nine already listed in the transactions of the American Institute.

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LOCAL SOCIETIES should be formed and kept up. We have already two in this State. The Los Angeles Homœopathic Medical Society with twenty-eight members, and the Alameda County Society with seventeen members. There should be a San Francisco County Society, fully incorporated, which should hold monthly meetings. We have in this city some fifty or sixty physicians, and a society of this kind could not fail to do good. Here could be discussed all such questions as are of vital importance to the cause as well as scientific papers. which, with discussions thereon, could not fail to instruct and awaken enthusiasm. By all means let us have a San Francisco County Homœopathic Medical Society.

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WE HAVE, as yet, failed to receive any public hospital concessions on this Coast, and yet Hospitals and Insane Asylums are being built and carried on at the expense of the public, and homœopathic patrons, and physicians too, are paying taxes which go to the support of allopathic institutions. A movement should be started to compel the authorities to give homœopathy equal rights in our charity hospitals. We shall in a future number lay this more clearly before the profession.

WE reprint from the *Medical Advance* an article entitled "Who are the 'Regulars?'" by S. E. Chapman, M. D., of Watsonville, and commend it to our readers. A hypothetical case of illness was submitted to twenty physicians of high medical repute, being for the most part professors in medical colleges. Ten of them were Homœopaths and ten were Allopaths. The ten Homœopaths, to a man, agreed in the prescription—*Lycopodium*—while the Allopaths not only did not agree in a single instance, but proved conclusively by their prescriptions that irregularity, especially in therapeutics, is one of their prominent characteristics. The following is a tolerably complete list of what was prescribed: Cinchona, gentian, hydrochloric acid, pepsin, bismuth, aloes, podophyllum, ipecac, nux vomica, hyoscyamus, colocynth, salicin, quinine, lactopeptine, cinnamon water, strychnine, rhubarb, citrate of potash and phosphate of potash. Not only these, but two physicians in high repute prescribed such nostrums as "Lady Webster's dinner pills," and "Harrison's peristaltic lozenges." Had opium, mercury, "Lady Winslow's soothing syrup," and "Lydia Pinkham's 'acid smile'" been prescribed, we should have had the whole range of allopathic therapeutics in a nutshell. This article is right to the point, and we shall do all in our power to give it prominence.

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THE EPIDEMIC of influenza which is prevalent at the present time all over Europe, has showed itself in a few cases in some of our Eastern cities. Once firmly established there, it will be only a question of time before it reaches the Pacific Coast. The main symptoms appear to be a sharp febrile movement, with aching of the body, accompanied by violent coryza, sneezing, profuse lachrymation, etc. The Homœopathic treatment will show its superiority in this, as in all affections, and undoubtedly if applied early, cut short the attacks. The allopaths are treating it by spraying the mucous membranes of the throat and nose with various solutions, an obviously faulty treatment, as the disease is not a local one, but one affecting the whole constitution, as is shown by the febrile symptoms and general malaise attendant upon it. The

Homœopathic remedies likely to be called for in the treatment of this affection will be: *Acon.*, *allium cepa*, *euphrasia*, *camphor*, *arsenic*, *mercurius*, *merc. cum. kali iod.*, *nitric acid*, and perhaps *sanguinaria nit.* These are the principal ones. However, we have a long list of remedies that may be called for by the concomitant symptoms.

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THIS may furnish a good opportunity to test the efficacy of epidemic remedies, for it is highly probable that the use of such will be found beneficial in an epidemic of this kind. The principal objection to the use of so-called epidemic remedies lies in the danger of getting into a routine, to illustrate: We were once acquainted with a former professor in a Homœopathic medical college who got it into his head that *Rhus* and *Bryonia* were the epidemic remedies at that time—in fact, as we learned later, they had been epidemic remedies with him for several years. Every case that presented itself to the Professor for treatment received either *Rhus.* or *Bry.* It mattered not whether the case was one of gonorrhœa, syphilis, phthisis, whooping cough or ankylosis, *Bry.* or *Rhus.* was always the prescription. We were present once when a patient applied for treatment, and the ingenuity displayed to elicit *Bry.* or *Rhus.* symptoms was quite astonishing. All the questions put to the patient were to this end, but we noticed that the answers made very little difference to the prescription. The intelligent use of epidemic remedies, however, cannot fail to be of great service to a physician.

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THE movement on foot, which is being carried out by Drs. Conrad Wesselhoeft, J. P. Sutherland, of Boston, and others, to critically analyze our provings is an important one. The *New England Medical Gazette* and the *North American Journal of Homœopathy* have recently contained exhaustive articles thereon, and the recent transactions of the Massachusetts Homœopathic Medical Society is largely devoted to the publication of some of these critical analyses. The method of these analyses appears highly satisfactory and enticing,

and we thought to have thereby a *materia medica* as near perfect as was possible, but, as pointed out by the interesting article of Dr. P. K. Guild in this number, there must be a screw loose somewhere when such a drug as *cimicifuga racemosa* has most of its female generative organ symptoms critically analyzed out of its pathogenesis. Dr. Guild's article is full of interest, and will be carefully read.

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## Personals.

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DR. R. HEIDRICH has removed to 703½ Hyde, corner of Post street.

VACAVILLE, CAL., is a promising field for a Homœopathic physician.

DR. R. B. WEST, of the class of '89, has located in Riverside, Cal., a fine field.

A NEW JOURNAL, *The College Argus*, has been started by the Cleveland Homœopathic College. It is to appear quarterly.

DR. JULIA F. BUTTON has returned to her old home and has opened an office at 626 Eighteenth street, Oakland. Hours 10 to 3.

DR. C. E. FISHER has returned to his native beath and will locate permanently in Dallas, Texas. Sorry to lose you, Doctor.

DR. BOERICKE is at present attending a course at the Polyclinic in New York. The Doctor will doubtless return full of medical lore.

THE Southern part of the State is well represented in this number. San Diego, Los Angeles and Santa Barbara, all furnish interesting and instructive articles.

THROUGH MRS. CHARLES ALEXANDER, \$500 was donated by the Mary Crocker trust to the building fund and free ward for sick and destitute children, of the Hahnemann Hospital of San Francisco.

A MUSICAL and Tea was given at Union Square Hall by Miss Carrie Eckel, on December 12, for the benefit of the building fund and free ward for sick and destitute children of the Hahemann Hospital. It was a decided success and reflects great credit upon its originator.

MR. JOSEPH WINTERBURN, our amiable printer, who, for the past seven years has looked smiling, even when we entered his establishment with fire in our eye, and concealed weapons about our clothes, searching for the man "who made that mistake," has forgiven us, and has presented the HOMŒOPATH with its newly engraved title. It is a great improvement, and our thanks are due to Mr. Winterburn for his thoughtfulness.

DR. C. B. CURRIER has recently been suffering from a severe attack of bronchitis, the result of overwork. We are happy to announce that he has so far recovered as to be able to attend to his large practice.

THE attention of our readers is called to the excellent review, by PROF. CURTIS, of a pamphlet upon nasal deformities. The Professor has had a large experience in this, as well as other branches of cosmetic surgery.

IT is the duty of every Homœopathic physician on the Pacific Coast to support the CALIFORNIA HOMŒOPATH, which is the only journal published west of the Rocky Mountains and is the organ of Homœopathy in this vast territory; it represents the interests of the cause, and should be liberally patronized. Send in your subscriptions early.

DR. R. H. CURTIS now occupies the entire chair of surgery in the Hahnemann Hospital College. DR. G. H. PALMER recently resigned his part of the chair, owing to press of outside work, which resignation the Board of Trustees reluctantly were compelled to accept. DR. CURTIS is one of our most popular college men, and is a fine teacher. He generously offered to share the Chair with Dr. C. E. FISHER, had the latter remained. We congratulate both the College and PROF. CURTIS.

DR. E. M. HALE—CACTACEÆ.—As a member of the Bureau of Materia Medica and Therapeutics, in the American Institute of Homœopathy, I have selected as the subject of my paper "The Pathogenetic and Therapeutic Properties of the *Cactaceæ*" The number of known *genera* in this *family* is eighteen, and of *species* about 800. I desire to include in my paper all medical information concerning any species. I urgently solicit physicians of any country to send me all observations relating to the toxic, and curative powers of any member of this important family before June 1, 1890.

Chicago, Ill., 65 22nd Street.

E. M. HALE, M. D.

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## Book Reviews.

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**The Cure of Crooked and Otherwise Deformed Noses.** By PROF. J. B. ROBERTS, Philadelphia, Pa.

I have carefully perused the little brochure by Prof. J. B. Roberts, of Philadelphia, which you sent to me for review. I found it very interesting, containing valuable suggestions as was to be expected from so eminent a surgeon. I was much pleased at the Catholic spirit displayed by the Doctor in his manly recognition of the work of Prof. S. B. Parsons, of St. Louis, whose little paper was published some years ago, I forget the date, in the St. Louis Periscope. This paper described some unique operations and gave some instructive suggestions which have materially aided me in my operations on the nose. The necessity of immediate surgical treatment



in cases of fracture of the nose is dwelt on by Dr. Roberts in his paper. The importance of this cannot be over estimated. The bones of the nose unite rapidly after fracture, so that if owing to the swelling, or disinclination of the patient to submit from fear of increased pain, even refusing to be anesthetised, the surgeon desists in his attempts at immediate reduction he will find after the swelling subsides any effort in that direction to be unavailing. The resulting deformity will require an operation to correct it, to which the patient must submit, or bear, with what grace he may, its mortifying presence; perhaps at the same time bearing no small amount of ill will toward the surgeon for his timidity or apparent neglect. Frequently local and reflex conditions follow traumatic injuries which induce the patient to submit to an operation from necessity when the motive is not sufficient from a cosmetic standpoint. One valuable point by Dr. Roberts I have never noticed before in any article on surgery, is that oblique incisions through the skin of the nose or face heal with less scarring than those made perpendicularly to the surface, as the margins can be brought into closer apposition.

Many methods have been devised for correction of deviations of the septum, fracture by forceps, pressure by clamps, sections round or stellate by ingeniously devised punches, etc., but I know of none that can be considered as universally applicable.

My experience in operations on the nose has been limited to seventeen cases in all, including those made on the septum alone. Most cases have some special features, taxing the ingenuity of the surgeon, for each individual one.

In my operations on the septum, with some exceptions, I have in a general way, followed the method of Dr. Roberts, as described by him several years ago.

My method will be hard to understand without the aid of a diagram, but I shall endeavor to describe it as clearly as possible. In the first place, in deflection of the septum, whether congenital or traumatic, there is a redundancy of tissue, a fact first noticed by Dr. Ingalls of Chicago, some of which must be removed. Dr. Ingalls, if I recollect rightly, dissected up the mucous membrane of the septum, then removed a wedge-shaped piece of cartilage uniting the edges. I confess I am not quite clear as to his method in this. I dissect up the lower part of the mucous membrane if I can, then remove a semi-lunar section from the lower part of the cartilage—when the cartilage is straightened, it is crowded downward, filling the gap thus made. I next make three incisions through the cartilage and mucous membrane of the septum from the convex side; the first a short distance—about  $\frac{1}{4}$  inch—behind the junction of the upper lateral cartilages and nearly in the same line, beginning at a point above, near the junction of the bony septum, cutting downward and slightly backward to near the columna; the second incision parallel with the union of the vomer and cartilage, but a little above, commencing near ethmoidal septum, ending forward near the columna, the intervening cartilage is now bisected, from point where first incision began above, ending where the second incision ended below. I have found that with care—a finger in the other nostril as a guide—that these sections can be made without perforating the membrane of the opposite side. The steel pins can now be inserted, allowing the points to enter the columna on

the opposite side and carried up over the convexity of the cartilage, and buried in the tissues beyond, as Dr. Roberts once aptly described it, "like pinning a flower on a coat." Two or three pins may be used this way. The center of the cartilage is its thinnest point, yet sometimes it is sufficiently resilient to resist the pins; a diagonal or transverse cut through the most convex part will overcome this. One sometimes resulting condition I have never seen comments upon, is a disposition of the ala on the side of the convexity to fall in toward the septum after the operation for straightening, which I judge must be from lack of development or atrophy from non-use.

No one can overestimate the value of such a brochure as that of Dr. Roberts, supported as it is by so much practical experience.

Some admirable papers in the same line have been contributed from time to time by such men as Bosworth, Robinson, and Vander Poel, of New York; Steele, of St. Louis; Ingalls, of Chicago; and I would especially refer to an article on the correction of pug noses, by Dr. J. O. Roe, of Rochester, New York, and the before mentioned paper by S. B. Parsons, of St. Louis.

Yours sincerely,

R. H. CURTIS.

**Helmuth House Reports.** Third Series—September, 1888 to June 15, 1889—Illustrated.

This elegant brochure contains the report of the Helmuth House, a surgical home founded in New York City by Prof. William Tod. Helmuth. During the nine months reported there have been treated two hundred and sixty-two cases, with but eight deaths. The total number of surgical operations were one hundred and sixty-three, making the mortality three per cent. Can boasted Allopathic surgery make such a brilliant showing?

The report contains notices of the peculiar and interesting features of many of the cases treated and a most excellent chapter on the general treatment of wounds by W. T. Helmuth, Jr., M. D., in which attention is called to the danger of using chloroform in a room where illuminating gas is used. An interesting case of the removal of a large spindle called sarcoma of the spleen weighing nine and one-half pounds, from a child aged nineteen months is also reported being the third case ever reported. The report *in toto* is well worth perusal and demonstrates that Homœopathic surgery is as much in advance of Allopathic surgery as Homœopathic therapeutics are in advance of Allopathic therapeutics.

D.

**Publications of the Massachusetts Homœopathic Medical Society, 1889.**

An interesting volume containing the report of the doings of our Massachusetts brethren during 1888. Many valuable papers therein amply repay perusal, nearly all the bureaux are represented. The report of the committee on drug provings is very full and interesting reading. The article "Milk as an Article of Diet for Children," by Dr. Leslie, is a most excellent one. His quotation from the CALIFORNIA HOMŒOPATH that "natural phosphorous" was good in ten grain doses for constipation of infants might do for Massachusetts children, but California children do better under *natrum phos.*, which was probably intended by the Doctor. Our thanks to the publishers for the interesting volume.

**Fifth Annual Report of the Westborough Insane Asylum, Westborough, Mass.**

This report shows what Homœopathy can do in the treatment of the insane, and is worth perusal. Michigan, Minnesota, New York and Massachusetts all have Homœopathic insane asylums, and the new one proposed for this State should be placed in Homœopathic hands.

[NOTE.—Owing to lack of space, several publications are laid over until our next.]

**PAMPHLETS RECEIVED.**

**Announcement of the Minneapolis Homœopathic Hospital.** Ninth year 1889-90.

**Analyses of Foods for Infants and Invalids.** A. R. Leeds, Ph. D.

**Liquefied Oxygen Monoxide.** S. S. White & Co., New York.

**Therapeutic Uses of Oxygen and Oxygen Monoxide.**

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## Selections.

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### WHO ARE THE REGULARS?

By S. E. CHAPMAN, M. D., WATSONVILLE, CAL.

[Reprinted from the *Medical Advance* for December, 1889.]

**EDITOR ADVANCE:** The President of the American Institute, in his annual address in 1881, thus defines the term:

*"A Regular Physician—A graduate of a regularly chartered medical college. The term also applies to a person practicing the healing art in accordance with the laws of the country in which he resides."*

Webster defines the word "regular" as

*"Conformed to a rule; agreeable to an established rule, law or principle; to a prescribed mode, as a regular practice of law or medicine; governed by rule or rules; steady or uniform in course; not subject to unexplained or irrational variation; instituted or initiated according to established forms or discipline, as a regular physician."*

The old-school has for years arrogated unto itself the word "Regular," and I have been at considerable trouble, labor and expense to demonstrate the fact that such arrogation is the most absurdly ridiculous claim possible. In what are they regular? Certainly not in therapeutics, as this article will most clearly prove.

About two months since I sent to twenty physicians, ten of each school, a case. As far as possible teachers in their respective schools were chosen. I represented myself as a patient, and, after detailing the symptoms, subscribed the name of my father-in-law, Samuel Boyer. This is the case:

"DEAR DOCTOR: I am a great sufferer from indigestion, and apply to you for a prescription. My appetite is usually good, but a few mouthfuls cause a sense of fullness and repletion, as if I had really eaten a hearty meal. I cannot eat enough to keep me strong. There is more or less soreness in the region of the liver. Bowels usually constipated, with much flatulence of stomach and bowels. I don't know but my kidneys are badly affected, for I have soreness and aching in that region, and I pass a good deal of red sand in my urine. Naturally I am of a lively temperament, fond of society, but am now often low spirited. One thing about my case strikes me as being peculiar: I am always worse from 4 to 5 or from 8 to 9 o'clock P. M. This I have noticed for years, and it is not imagination. I am a married man; aged 42; fair complexion; weight, 135 pounds; height, 5 feet 6 inches; occupation, book-keeper.

"Please send prescription by return mail, and find within P. O. order for \$2.00. Very respectfully, SAMUEL BOYER. Box 26."

To the Homœopaths I was obliged to add in addition to the above the following in postscript:

"DOCTOR:—I am studying Homœopathy with a view to fitting myself for practice if my health permits. I am exceedingly anxious to know the name of the remedy indicated in my case. Will you be kind enough to tell me it? I shall be greatly disappointed if you do not comply with my request. What College would you recommend me to attend?"

The following are the names of the physicians to whom the above case was sent:

*Homœopathic.*

J. B. Bell, Boston.  
 J. C. Sanders, Cleveland.  
 J. T. Kent, Philadelphia.  
 W. J. Hawkes, Chicago.  
 J. W. Dowling, New York.  
 W. L. Reed, St. Louis.  
 A. McNeil, San Francisco.  
 Sam'l Lilienthal, San Francisco.  
 Wm. Boericke, San Francisco.  
 C. E. Walton, Cincinnati.

*Allopathic.*

H. I. Bowditch, Boston.  
 J. E. Darby, Cleveland.  
 R. Bartholow, Philadelphia.  
 Chas. T. Parks, Chicago.  
 Austin Flint, New York.  
 Isaac N. Love, St. Louis.  
 W. R. Cluness, Sacramento.  
 W. F. McNutt, San Francisco.  
 S. O. L. Potter, San Francisco.  
 J. T. Whitaker, Cincinnati.

To a suffering world I now submit the prescriptions which I received from these representative medical men; and I ask in the name of God and humanity, which is the REGULAR school? I will simply give the prescription of each, as

many of them wrote long, good letters, which would make too lengthy an article for publication.

## PRESCRIPTIONS.

- | HOMCEOPATHIC.  | ALLOPATHIC.                          |
|----------------|--------------------------------------|
| J. B. Bell:    | H. I. Bowditch:                      |
| R. Lycopodium. | R. Harrison's Peristaltic Lozenges.  |
|                | Sig. One or two at bedtime.          |
| J. C. Sanders: | J. E. Darby:                         |
| R. Lycopodium. | (1) R. Tr. Cinchona Co.              |
|                | Tr. Gentian Co.....āā ʒjss.          |
|                | Ac. Hydrochlor. dil.                 |
|                | Syrup simp..... āā ʒjv.              |
|                | M. Sig. Teaspoonful half an          |
|                | hour before each meal in             |
|                | wineglassful of sweetened            |
|                | water.                               |
|                | (2) R. Pepsin..... ʒij.              |
|                | Bismuth subnit..... ʒiij.            |
|                | M. ft. Chart. No. xxiv.              |
|                | Sig. Take one after each meal.       |
|                | In case a gentle laxative were       |
|                | needed, I could use one of the       |
|                | following:                           |
|                | (4) R. Pulv. Glycyrrh. Co..... ʒiij. |
|                | Sig. Take a teaspoonful at bed-      |
|                | time.                                |
|                | (4) R. Aloe socotrine..... ʒj.       |
|                | Podophyllin..... gr. x.              |
|                | Ipecacuanha pulv ... gr. x.          |
|                | Ext. Nux vom. .... gr. viij.         |
|                | Ext. Hyoscyami..... gr. xv.          |
|                | Ext. Colocynth. .... gr. xxx.        |
|                | M. ft. pilulæ. No. xxx.              |
|                | Sig. Take one pill at bedtime.       |
| J. T. Kent:    | Roberts Bartholow:                   |
| R. Lycopodium. | Refused to prescribe without per-    |
|                | sonal examination.                   |
| W. J. Hawkes:  | Chas. T. Parks:                      |
| R. Lycopodium. | R. Tr. Nux vom.                      |
|                | Ac. Muriatic. dil..... āā ʒij.       |
|                | Tr. Cinchona Co ..... ʒj.            |
|                | Syrup aurantii ..... ʒjss.           |
|                | M. Sig. Take a teaspoonful after     |
|                | meals.                               |
|                | R. Lady Webster's Dinner Pill.       |
|                | Sig. Take one pill at bedtime until  |
|                | bowels are regulated.                |

## HOMŒOPATHIC.

- J. W. Dowling:  
 R. Lycopodium.
- W. L. Reed;  
 R. Lycopodium.
- A. McNeil:  
 R. Lycopodium.

Samuel Lilienthal:  
 R. Lycopodium.

William Boericke:  
 R. Lycopodium.

C. E. Walton:  
 R. Lycopodium.

## ALLOPATHIC.

- Austin Flint:  
 R. Salicin ..... ʒj.  
 Sig. 10 gr. before meals.
- Isaac N. Love:  
 No answer.
- W. B. Clunness:  
 R. Quin. sulph..... ʒj.  
 Aloin..... gr. ij.  
 Ext. Hyoscyamus..... q. s.  
 M. ft. pill. No. xxx.  
 Sig. Four every night at bedtime.
- R. Lactopeptine ..... ʒiv.  
 Acid hydrochloric..... ʒj.  
 Syrup aurantii . . . . . ʒj.  
 Aqua cinnamon, ad..... ʒiv.  
 Sig. Shake and take a teaspoonful  
 before meals in water.
- W. F. McNutt:  
 R. Strychnia sulph..... gr. j.  
 Quinine sulph..... ʒj.  
 Pil. Rhei Co..... gr. xv.  
 Podophyllin..... gr. j.  
 M. ft. pill. No. xxx.  
 Sig. One after each meal.
- S. O. L. Potter:  
 R. Potassii cit. pulv..... ʒij.  
 Sig. A teaspoonful in a large glass  
 of water before meals for a  
 week.
- R. Sodii phos. pulv. .... ʒij.  
 Sig. A teaspoonful in a large glass  
 of water before meals for a  
 week.
- J. T. Whitaker:  
 R. Dilute hydrochl. ac..... ʒj.  
 Sig. 10 drops in water before meals.

I have treated each school with the utmost fairness, and if there be anything REGULAR in the above prescriptions, in which column do you find it? My friends, in the left-hand column is a prescription founded upon law, truth and science, and any Homœopath on earth, worthy of the name, would have sent the same prescription—Lycopodium. In the right hand column we have prescriptions no two of which are alike. Why this unanimity in one column and utter lack of it in the other?

## STATISTICS OF BREATHING.

In each respiration an adult inhales one pint of air.

A man respire sixteen to twenty times a minute, or twenty thousand times a day; a child twenty-five to thirty-five times a minute.

While standing, the adult respiration is twenty-two; while lying, thirteen.

The superficial surface of the lungs—*i. e.*, of their aveolar spaces—is two hundred square yards.

The amount of air inspired in twenty-four hours is ten thousand litres (about ten thousand quarts).

The amount of oxygen absorbed in twenty-four hours is five hundred litres (744 grammes), and the amount of carbonic acid expired in the same time, four hundred litres (911.5 grammes).

Two-thirds of the oxygen absorbed in twenty-four hours is absorbed during the night hours from 6 P. M. to 6 A. M.

Three-fifths of the total carbonic acid is thrown off in the day time.

The pulmonary surface gives off one hundred and fifty grammes of water daily in the state of vapour.

An adult must have at least three hundred and sixty litres of air an hour.

The heart sends through the lungs eight hundred litres of blood hourly, and twenty thousand litres, or five thousand gallons, daily. The duration of inspiration is five-twelfths, of expiration seven-twelfths, of the whole respiratory act; but during sleep inspiration occupies ten-twelfths of the respiratory period.

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**STERILIZING MILK.**—It is not necessary to invest in a sterilizing apparatus, as any housekeeper can arrange one equally efficient for herself. All that is necessary is to have some bottles capable of containing the milk to be used in a day; each large enough to contain what will be needed at one time. These bottles and their corks should be thoroughly cleansed by boiling in a strong solution of washing soda. The corks should be selected and of the best variety. When

the milk is brought to the house, it should be placed in these bottles, which should be arranged on a wire frame in a pot of water and boiled for fifteen minutes. They should then be corked securely and placed in the refrigerator with the ice *upon* them, not under them. In the country, they may be lowered into the well. Milk thus treated will not only keep sweet and fresh, but almost any impurity it may originally contain will be rendered innocuous. The flavor of boiled milk is unpleasant to many persons; but this may be remedied by the addition of a little coffee or cocoa. At any rate, one must not expect too much in this world; and for the sake of safety put up with the unpleasant taste, or learn to like it.

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## Clinical Items.

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*Scutellaria lat.* is well spoken of in evils arising from excessive cigarette smoking, weak heart action, etc.

*Rhus arom.* is a useful remedy in the cystitis and prostatitis of old men. If the bladder is weakened, its action is aided by ergot.

*Quèbracho* in doses of ten or fifteen drops is said to be unparalleled as a remedy for the relief of dyspepsia from almost any cause.

*Magnes. phosph.* is the remedy for tonsilitis; worse right side; throat is very red and puffy; patient is chilly, tired, head aches and flushed.

*Magnesia phosph.* is a grand remedy for wind colic of cattle, meteorism of cows, cramps and wind colic in horses and other animals. Give it in warm water.

*Cypripedium pub.* is a good remedy in the headaches of elderly people and in many of the bad conditions incident on the change of life. It is a good nervine for old people.



*Merrum phos. Urinary Symptoms.*—Frequent desire to urinate, with pain at the neck of the bladder and end of the penis; must urinate at once; not much annoyed at night or when lying, but worse the more he stands. These symptoms I have frequently confirmed.—*J. V. Allen.*

*Arnica* has been found useful in cardiac dropsy, accompanied by the inevitable and distressing dyspnoea. The lower extremities were enormously distended and œdematous and so sore that the touch of the finger caused severe pain; felt bruised and beaten.—*Dr. W. A. Wakeley.*

The bi-chloride of mercury, our well tried *Merc. Corr.* has finally been discovered by the Allopaths as a sovereign remedy for Dysentery. An Indian physician reports in the *London Lancet* several cases of dysentery cured by this remedy in small doses. Of course giving it out that it was his own wonderful discovery.

*Melilotus* promises to be of value in mental affections. Its symptoms show various delusions, such as that there is a devil in his stomach that contradicts all he says; also thinks that every one is looking at her; fears to talk loud as it would kill her, hence she talks in a whisper; the patient wants to run away and kill herself; is vicious.

PINEAPPLES IN THE TREATMENT OF CATARRHAL BRONCHITIS. Dr. Flascar recommends the juice of pineapples, (*bromelia ananas*, Lih.) as one of the best remedies to dissolve the mucus which obstructs the bronchial tubes. He has had remarkable success in cases of chronic bronchitis with insufficient expectoration and notable dyspnoea. He has never noticed any accidents following this treatment. The dose prescribed was from eight to ten tablespoonfuls during the first few days, after which the dose was diminished. The author recommends the preparation of the juice in the following manner: Cut the fruit in slices and place it in an earthen dish, which shall be closed after having covered the contents with sugar. This vase is covered with straw and placed in cold water, which is heated to the boiling point. It is then withdrawn, the juice allowed to cool, and poured into small bottles.—*Revue de Therapeutic.*

# THE CALIFORNIA HOMŒOPATH.

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## Original Articles.

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### TWO CHRONIC CASES.

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

Rev. P—, age about forty years. As far back as he can remember, he has been subject to certain attacks, which in his boyhood gave him excruciating pain. They then came on about every three weeks. As he has grown older they have increased in frequency, until they now (Jan. 31, '89) come on every other day. Has often been treated for the complaint, and during the last few years he has been treated for a long time by three homœopathic and three allopathic physicians; one doctor at a time having charge of his case, of course.

These are his signs and symptoms: An aching pain comes in the right hypochondrium, with sleepiness and restlessness. He becomes so drowsy that he feels he could sleep under any circumstances, except the presence of the pain, and this must be quite severe to keep him awake. After this goes on from one to three hours a swelling comes in the region of the gall bladder, which sometimes becomes quite large and sensitive. This is then felt to be the seat of the aching pain. Hot applications, doubling up, and one-half ounce of alcohol in water, help the pain and give him some relief.

This suffering lasts from a few to twenty hours. The stools at these times are of a muddy, clayish color; thirsty all the time, but aggravated by drinking cold water; he suffers continually from a deficiency of saliva, and seldom expectorates even with a chew of tobacco in his mouth. There is noticed a puffy, baggy condition below the eyes.

Nux. m. 6th was given four times a day for two or three weeks, and then gradually decreasing in frequency, until it was omitted for a week or two at a time. He had but one severe and two light attacks before latter part of September, since when I have not seen him. Was this a case of gall stones? If so they must have been readily manufactured in his economy. If not this, what do you call it?

This case could not have been of less than thirty years standing. It had been diagnosed as gall-stone colic and hepatic congestion. One of the homeopathic physicians had relied principally on bryonia and cheledonium; the allopaths had treated the case doubtless with cholagogues, and another old school M. D. had refused to treat the case at all, because of its long standing.

The next is a case of leucorrhœa of eight or nine years standing, in an unmarried lady of about twenty-eight years of age. During these years she has had frequent prescriptions for vaginal washes, which did no good. She now uses a little castile soap in cold water once per day.

This is the case: Being a teacher, she stands much on her feet. The flow is profuse only during the day; must wear a napkin; the color is a whitish yellow; causes an intense itching and burning of the external parts. Has cold sweaty feet; menstruation rather painful. She received calc. 30, the only effect of which was to give her painless menstruation. This was followed by calc. 200, first day four doses, then one dose a day. She improved only for the first two or three days. Then she received calc. 200 in water, four doses followed by placebo. Improvement was not perceptible. Now learned that she was troubled with heat of the palms of the hand at night; could not endure to have them under cover; if she went to sleep with them covered up, in her sleep she would throw off the covering. Calc. had been tried now for a month with but little amelioration.

Sulf. 30, four doses in one day, was all the medicine taken for another month, with most gratifying results. As she then removed from this locality, she took with her sulf. 200, to be taken only when necessary. Have since learned from her friends that she blessed the day when she tried the "little pills."

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### THE INFLUENZA.

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

Your timely editorial note in January number, referring to the epidemic influenza prevalent over Europe and in some of our Eastern cities, reminds me that in your list of remedies likely to prove indicated in its treatment, a remedy has been omitted which the writer has used successfully, viz.: eupatorium perfoliatum, vedict., *Boneset*, *Thoroughwort Speedwell*. During the epidemic of 1842-43, and again some years later, the domestic remedy became boneset, as it was called more lately; but earlier, thoroughwort, and in some neighborhoods, Speedwell. Having already had my interest in medical work excited,—numbers of cases during later years of the epidemic came to my notice in a lay sense, and can never forget the *moaning* complaints of a member of my own family, a clergyman, who was given *boneset tea*, a nauseous drink, laughed at because of his disgust for the *stuff*, and being a *whig* in our politics, was teased as to having "*Tyler's grip*" upon him, in punishment for his own—the patient's sins. Dr. Daniel Drake, in his *Diseases of the Mississippi Valley*, published a few years later, speaks of the herb (fire destroyed my copy), and alludes even so early as that time, 1st edition, to the name "boneset" having been given to the herb by the people because it gave such rapid and permanent relief to the "bone-breaking" pain, one of the chief characteristics of the malady. I well recollect, in my earlier readings, that some American writers spoke of it as a form of rheumatism (Dr. Wesselhoef of Boston is reported in dispatch to secular press as saying it is a form of rheumatism, with occasionally catarrhal symptoms), epidemic catarrh exanthematous scarlatinal rheuma-

tism. I can recollect the literature of separation caused by the fiery discussions in the medical journals of the day, and also remember, that in some number of the *Cincinnati Western Lancet*, 1836-1842, edited and published by Dr. Drake—he judiciously adjusted, by stating that in some localities, and some of the peculiar conditions of individuals so attacked—Some would have swelling of joints, *with* the influenza,—others only the bone, or muscle-pain, always associated with other symptoms common to all. More recently, then, we have *dengue* (scarlatinal rheumatism), *la grippe*, the more strictly catarrhal form, and without swelling of joints at all, but the *aching* pains were *near* the joints, in the *ends* of bones (cancellated structure) and about the points of muscular insertion near the joints. So also, Myalgia has been suggested as the condition producing the *prover's* symptoms. In 1862-63, the writer saw an epidemic influenza in the Willamette Valley, Oregon, in which *eupator. perfol.* was indicated in every case, at some stage. Was usually called to a case the third to fourth days. Then the eup. was pretty uniformly the remedy. If called earlier, acon. bryon., or sometimes bellad. or gels. In no case within my recollection was merc. called for at all. The earliest febrile symptoms had subsided when called late, and when called early, a single dose of some remedy as indicated—then *eup. perfol.*, for the *aching* pain seemed predominant.

Have recently gone over my "Hering's Condensed," Burt, Hempel and Arndt, all I have, save a half dozen Repertories, and compared symptoms of the epidemic Influenza, as described by Bull and Stokes, "Dunghlison's Practice," and Aitken's classical work, with provings noted by above authors and compilers, and was myself surprised by the close analogy.

In 1869-70, treated a dozen or more persons having symptoms so closely identical, that eup. perf. was prescribed for every case. Tertiary intermittence was a feature in all those cases. They were cured by a single prescription. The long continued debility did not follow in such cases, but in a few cases nat. mur. was prescribed—then *eupatorium* recommended; one dose daily during recovery, but earlier, a dose every hour in severe cases, until amendment. Have formerly used infusion, but latterly use 3rd and 6th x. Carroll Dun-

ham says: "I regard the severe bone pains and the absence of much sweat, as especially characteristic." Have written off special indications, but believing each physician to have at least so complete a library as my own, and desiring to be brief, omit. Hering says: "Pains in back, head, chest and limbs; the more general and severe, the better adapted." My only intention is to call attention to this valuable remedy, when indicated. *Eupator. purpureum*, has some similarity to this, and should not be mistaken for the other *eupatorium*.

The constipation in early stages, 3 to 5 days is followed, if not arrested by *early use* of this remedy, by a watery, greenish diarrhoea; urine is (in early stage) dark brown and scanty, later, is pale and profuse. *Bryonia* and *gelsemium* are remedies sometimes so closely allied, that choice may prove difficult. But we have our key-notes and characteristics.

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#### INFLUENZA (LA GRIPPE) OR DENGUE (DANDY FEVER) ?

By S. L.

In the *Semaine Medicale*, No. 50, 1889, the question is raised, whether the epidemic now raging all over Europe, and having crossed the Atlantic, now invades America, is the grippe or dengue fever. Professor De Brun, of Beyrouth, acknowledges that dengue formerly only existed in the torrid zone, but this time it rages with the same severity in the temperate zone. It is usually characterized by sudden beginning; the patient, in his perfect health, is attacked by a chill, intense frontal headache, sometimes localized deep in the orbita; very fetid breath, tongue coated white; complete loss of appetite; severe muscular and articular pains, especially in the lower extremities; precordial anxiety; temperature rises rapidly to over 100, even to 105; pulse 100-120, 130; urine normal, constipation; normal state of liver, spleen or lungs; sometimes a dry cough; mind clear. The fever lasts generally 48 hours, accompanied by profuse sweat of a peculiar odor. With the fall of the temperature, which may be brisk or gradual, an eruption appears, similar to

scarlatina, morbilli, or pustulæ, lasting one or two days, and subject to relapse after a remission of two to four days. It often attacks the face, but is not as constant a symptom as the other ones, and gradually disappears by a bran-like desquamation, and with it all the other symptoms disappear, though the convalescence may prolong itself to a couple of weeks, during which the patient still feels greatly prostrated, as though he had passed through a severe sickness. Epistaxis and metorrhagæ were observed. The Doctor treated lots of cases, and they all recovered, in fact, complications are hardly ever observed, though the rheumatic pains pass off without leaving any trace. Those who passed through an attack of this break-bone fever, acknowledge it as one of the most painful affections they ever passed through.

If dengue is a dandy, la grippe may be called a daisy, and mistakes about this epidemic, now affecting so many people, are excusable. The Germans call influenza the blitz-catarrh, the lightning catarrh. We meet here also the sudden appearance, the great prostration from the start, the initial chill or chilliness, off and on, and sometimes, but not so often, as in dengue, a high temperature. Whereas dengue is a rheumatic fever, influenza is a catarrhal fever, attacking the nasal mucous membrane with its explosive sneezes, the conjunctiva, pharynx, larynx, bronchi, and sometimes a most torturing cough. In other cases, and this happened especially in France, the influenza attacks more the gastro-intestinal mucous membrane, and the patients suffer from nausea, vomiting, diarrhœa, cramps, etc. Hence, many people consider such an epidemic of grippe as a forerunner to an epidemic of Asiatic cholera, just as others believed that dengue is a hint that yellow fever may be expected, and we may be thankful that these ominous prognostications hardly ever become true. Both diseases may throw their full force on the nervous system, and even simulate a typhoid state. In both we meet the intense frontal, supraorbital and orbital headache, (the muscles of the eyes suffer sometimes intensely in dengue) great restlessness, sleeplessness, vertigo, fainting when trying to sit up, and in some cases deliria and somnolence, which hardly ever reaches the state of coma. We may therefore speak of a respiratory, gastric or nervous grippe, emanating

from the same source, and chiefly attacking these organs, which have at that period less power of resistance.

In all my readings of dengue, I found heart troubles as a consequence of this epidemic rheumatic affection hardly mentioned, while influenza becomes more dangerous by its sequelæ, and we may meet an asthenic lobular pneumonia, more rarely a croupous lobar one. No wonder that from the start the French physicians recommend stimulation, and whisky, cognac, etc. has been one of their favorite prescriptions, as they consider them more apt to reduce the temperature than quinine or antipyrine, which acted well enough in robust individuals. Such dangerous sequelæ are especially to be feared in persons whose vitality is below par, as in aged people, or those suffering from chronic pulmonary troubles (bronchitis, emphysema, phthisis). It is a fact worth noticing that influenza and dengue are sometimes accompanied by an evanescent eruption, with bran-like disquamation, and the question is still unsettled, whether both originate from the same or from a different poison; or again, whether this eruption is a zymotic affection, throwing its full force either on the external or internal skin, or on both simultaneously. While the dengue eruption simulates more a scarlatinous efflorescence, that of influenza looks more like a measly eruption, thus again showing the same differential point, scarlatina and rheumatism, measles and broncho-pneumonic affections.

Everybody one meets now-a-days in the streets, has constant use of his handkerchief in order to remove the exuberant secretions from his nose and bronchi, and we can therefore rest assured that we have influenza among us, and not that break-bone fever, though I prefer the latter to the former as being less dangerous to the community at large, and still it is curious that the remedies suitable at the start of an attack are the same for both: rhus tox. and causticum, because the nervous prostration is the key-note to the treatment. A normal attack hardly needs any other medicine than a calm mind and patience; all passes off in a few days and then Richard is himself again. Just such epidemics teach us that every rule has its exceptions, for in epidemics, instead of individualizing the patient, we have to look for the epidemic remedy,



and as soon as we find it, we will have easy sailing, for it is, to speak in the language of fashionable medicine, the antidote to the bacillus. Keep cool and make hay while the influential bacillus is the ruler of the universe.

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### A CASE OF PUERPERAL FEVER.

By E. C. BUELL, M. D., LOS ANGELES, CALIFORNIA.

[*Read before the Los Angeles County Homœopathic Medical Society.*]

I present for your consideration this evening the history of a case of puerperal fever. I am informed, since selecting this topic, that fortunately this frightful complication of the lying-in state is rather uncommon in this locality. If this be true we cannot say at what season the conditions may not change, and even an epidemic of this appalling calamity call for our utmost skill and resource. In thirteen years' experience prior to coming to this Coast I had not met with a case of puerperal fever in my own practice, but the first case that came to me in this new field of labor developed a puerperal phlebitis that barely missed a fatal termination. You may well believe that I resolved to learn from my colleagues, at the earliest opportunity, their experience with this malady in this country. In the history of the case I now present to you there are two points which I believe well worthy of consideration and remembrance, viz: the action of the sulphocarbonate of sodium on the septic state, and the action of sabina in restoring the suppressed milk.

On the night of December 27, 1888, I was called to attend Mrs. F., primipara, aged 20 years. She was well advanced in the second stage of labor, vertex presenting, and progressed favorably to the delivery of a fine, female child. The first trouble arose in delivering the placenta, from an hour-glass contraction of the uterus, and before this was completed she had flooded until her face and lips were blanched. After emptying the uterus of all clots, and stimulating the patient somewhat, I left her quite comfortable, with the uterus well contracted. Her pulse, however, kept up to

about 100, and the second day showed a temperature of  $100^{\circ}$  and over. On this day, as well as on the fourth, she passed several large clots. On the fourth and fifth days her temperature ranged from  $103^{\circ}$  to  $104\frac{2}{3}^{\circ}$ , with pulse 120 and lochia greatly diminished. On the sixth day the lochia ceased entirely, the milk was suppressed, the temperature  $105\frac{2}{3}^{\circ}$ , and the pulse 140.

My prognosis at this time was unfavorable, and, at the request of the husband, Dr. Fellows was called in consultation. With the conditions existing as above stated, and the absence of peritonitis or tenderness of the uterine walls on deep pressure, we were agreed in the diagnosis of puerperal phlebitis. The treatment at this time was *rhus tox.* hourly, sulpho-carbolate of sodium, 5-gr. doses, every three hours, and irrigation of the uterus morning and evening with listerine and water at a temperature of  $110^{\circ}$  to  $115^{\circ}$ . The most scrupulous cleanliness of her person, her linen and the bed linen was observed from beginning to end.

From the sixth to the morning of the ninth day there was slight amelioration of all symptoms, a slight secretion of milk and an appearance of the lochia. On the afternoon of the ninth day I was hastily summoned, and found my patient in a profuse, cold perspiration; extremities icy cold; temperature  $106\frac{2}{3}^{\circ}$ , a rise of  $3^{\circ}$  since morning—pulse 140 and thready, tongue white and slimy, and patient complaining of the characteristic sweet taste and breath of septicæmia. (I wish here to remark that on the seventh day the sulpho-carbolate of sodium was discontinued, and *rhus tox.* alternated with *ars. iod.*) I immediately resumed the sulpho-carbolate in 15-gr. doses; also the hot listerine water, hot water bottles to the extremities, and the abdomen and pelvis wrapped in flannels wrung from boiling water. The breasts were empty and flaccid, and a mild delirium present. After eighteen hours continuous application of the above treatment, I had the satisfaction of seeing a slight re-appearance of the lochia and noting a fall of  $1\frac{3}{5}^{\circ}$  in temperature. On the suggestion of Dr. Fellows, *rhus radicans* was substituted at this time for *rhus tox.*, and I believe with good results. As already stated, the milk at this time was entirely suppressed, and right here, I believe, are to be credited the happiest results to the action of *sabina* in

restoring this secretion. With the temperature still ranging between  $103^{\circ}$  and  $104^{\circ}$ , after twenty-four hours entire cessation, the milk was fully restored. As the lochia returned and the septic symptoms passed away, a crop of pustules as large as medium-sized peas appeared upon the face and breast, but under the action of *ars. iod.* these disappeared, and the patient progressed steadily to recovery.

Now, to me, comes an interesting query: What caused this puerperal attack?

From under the kitchen floor of their home ran an open drain, all the slop and waste water escaping in this manner. Prior to her confinement she was constantly in and out of this kitchen and in the neighborhood of this drain. On the day of her confinement, and on the second day before this, she had a slight chill. Aside from this she was well, had been remarkably so during the entire period of gestation, and I was unable to learn of any constitutional dyscrasia. Was the cause of her fever in this open drain?

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## Ophthalmology and Otology..

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

### OPHTHALMIA NEONATORUM.

Cases of this disease are frequently brought to our large city eye clinics, and too frequently to the private office of the oculist, in which the slightest pressure on the swollen lids has sent the lens spinning through a hidden perforation of the disorganized cornea; or a careful examination revealed almost a complete leucoma of that organ, and all the mischief has, in a majority of instances been wrought under the care of the family physician, while he has quieted the parent's solicitude with repeated assurances that the eyes were "doing well," and the infant would "out-grow the trouble." The fact that many of these artists seem just about as likely to learn wisdom from experience as are the organs they have doomed to out-grow their blindness, leads

us to make the only possible use that can be conceived, of their ophthalmological skill, viz.: to hold it up as a wholesome warning to coming aspirants after this particular form of medical glory. Ophthalmia neonatorum has been applied to simple hyperaemia of the ocular conjunctiva, to all grades of catarrhal inflammation of the new form, keratomalacia, (softening of the cornea,) as well as purulent blennorrhoeas resulting in destructive changes.

**ETIOLOGY:** The most common cause of this malady is inoculation of the eyes with purulent vaginal secretions at the time of birth, neglecting to cleanse and disinfect them properly; or subsequent infection from vaginal or other sources through the carelessness and slovenliness of attendants. It has been demonstrated that gonorrhoeal virus is not essential to the production of a virulent new born blennorrhoeal ophthalmia; for it may result from acrid leucorrhoea. Exposure of the untried eyes to bright solar or artificial light, is a common cause of infantile ophthalmia, and too often lays the foundation for graver diseases of adult age. The disease is usually developed in from three days to a week after birth. Well sustained statistics go to show that a large percentage of the blind mendicants who solicit alms on our metropolitan streets, can trace their sightless orbs to this scourge of infancy. Yet the *prognosis* is favorable if the case is taken in time and subscribed to rational treatment.

**TREATMENT:** In nine cases out of ten that appeal to the oculist, the regular attendant has failed to inspect successfully either the lids or the cornea. In order to make a satisfactory examination, have the nurse hold the child and its hands firmly in her lap, then with a clean towel across your knees, make of them a vice into which the child's head may be firmly held; then having cleansed and trimmed the nail of the index finger of the right hand, its point is thrust between the closed lids, and the upper lid is pressed firmly up into the orbit, while with the gentle pressure of the thumb of the left hand upon the lower lid, the cornea is brought to view. The first effort at eversion will often result in the complete protrusion of the swollen conjunctiva of both eyes, and the cornea may seem still more securely locked from

view, but care and patience will usually reward your efforts. No one is justified in taking the responsibility of a case of this kind without a full knowledge of the condition of the cornea. The prophylactic management of these early ocular troubles is of prime importance, and has received in European hospitals assiduous and systematic attention, with the result of largely reducing the percentage of blindness and impairment of vision. Scrupulous cleanliness should be observed with regard to all cloths and sponges used round the eyes of the new-born infant, as they are a fruitful source of contamination and disease. If during gestation, the mother develops a foul or acrid leucorrhoea, the vagina should be frequently and thoroughly irrigated with some effective antiseptic solution for several days previous to delivery, and the child's eyes should be cleansed immediately after birth from all impurities with a solution of boracic acid x grains to the ounce or diluted listerine. If mucous accumulates rapidly under the lids, the cleansing should be kept up at intervals of three to six hours till the eyes are fully restored. If the lids become puffy, deep red and velvet in appearance, pouring out thick pus in abundance, after cleansing as above, one or two drops of a fresh and reliable solution of argent. nit. two to four grains to the ounce, should be instilled into the affected eye at intervals of from two to six hours till the discharge ceases, or becomes thin or watery; when it should be promptly discontinued. It is of the utmost importance that the solution be newly made, from the best drug, and be kept well corked and in a dark cool place. If the directions in regard to the removal of impurities are observed, it will seldom be necessary to employ any further local treatment than that here given.

In the milder forms of blennorrhoeal ophthalmia neonatorum a solution of five grains of the first and second trituration of argent. nit. to a dram of water will often be successful, and in simple hyperaemia, or slight catarrhal affections of the conjunctiva, cleanliness, with the properly selected homœopathic remedy will often produce a cure. While all cases are to be treated in accordance with the homœopathic law of selection, the following remedies have been found especially effective in this class of cases.

*Apis mel.*—Great puffiness of the lids involving the peri-orbital cellular tissue; also redness and swelling of the conjunctiva of both the globe and lids, with hot lachrymation. *Stinging* or shooting pains in the parts; symptoms worse in the evening. Relief from cold applications.

*Argent. nit.*—In 6th or 30th potency when indicated by the objective conditions mentioned above—intense redness and swelling with abundance of thick yellow pus.

*Euphrasia.*—Is often indicated later in the course of the disease. High grade of inflammation, with profuse acrid burning tears, mixed with quantities of mucus or muco-pus, the discharge not only excoriating the margin of the lids, but also the adjacent integument.

*Mercurius.*—Discharge is thin and erosive, pains worse at night. Especially adapted to cases of syphilitic origin.

*Rhus tox.*—The lids are greatly swollen and oedematous, the conjunctiva swollen and velvety, and the lids spasmodically closed. The discharge may be thick, yellow, purulent and copious, and is often watery, gushing out in torrents of hot tears on the slightest provocation. If in this hasty sketch of this formidable malady we shall succeed in impressing upon the profession the fallacy and culpability of trusting to the worthless placebos of "mothers' milk," or "sweet cream;" and convince any member of our worthy colleagues, that in these troubles there may be no outward sign of the difference between a harmless and a hopeless case, we shall not have written in vain. F.

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## Colleges and Hospitals.

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### VERY IMPORTANT.

That the forthcoming "Official Register" may be as complete and accurate as possible, the Secretary of the Board of Examiners of the California State Homœopathic Medical Society requests that all physicians holding certificates there-

from, or from the Board of the "California State Medical Society of Homœopathic Practitioners," who have changed their location within two years, or who contemplate changing within one year, will please report the same immediately, that the alteration may be made in the "Register" now undergoing supervision, and which "will be in press by the last week in February."

A. C. PETERSON, M. D., Sec'y,  
319 Geary street, San Francisco.

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#### LOS ANGELES.

The annual election of the Los Angeles County Homœopathic Medical Society was held January 14th, and the following officers elected: President, E. A. Clarke; Vice President, E. A. de Cailhol; Secretary, E. P. Mitchell; Treasurer, E. C. Manning.

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#### OREGON.

The Legislature is disposed to give all schools equal representation on the board. The allopaths saw this December 17, and did not press a test vote on the Power bill in the House. The homœopaths were out in full force in the House that afternoon, and they were determined to have equal representation on the Examining Board and separate examinations, or they would kill the bill, which had been made the special order for 2 P. M. President Higbee of the State Homœopathic Society was in the lobby. When the House met, Gilchrist presented the following petition, which was signed by twenty-nine physicians other than allopaths:

"We, your humble petitioners, citizens of the State aforesaid, being greatly interested in her prosperity and welfare, and especially the liberty of her people, would respectfully call your attention to the character of a measure now pending before your honorable bodies, known as House Bill No. 27, purporting to be an act to regulate the practice of medicine and surgery in this State, but which is virtually a blow at the liberties of the people, inasmuch as that in accord-

ance with its provisions the people would be placed at the mercy of one school of physicians only—namely, the so-called regulars, or allopaths—as the bill provides for a Board of Examiners of nine members to be selected from that school of medicine. True, it says two of the Board may be homoeopaths, but what could two homoeopaths do with seven allopaths? While the eclectic and physio-medical or botanic physicians and electro-therapeutic practitioners are entirely ignored. All are left to the mercy of this one school, the allopaths, which alone, of all the schools of medicine, by its acts acknowledges its inability to stand in the face of honest competition, but seeks by legislation to compel the people to employ its members by excluding all others, as by the terms of said bill any physician now practicing or hereafter beginning the practice of medicine in this State may be suspended for unprofessional conduct, and there is nothing considered so unprofessional by the so-called regular as for a physician of another school to take and treat one of his patients.”—*Visitor.*

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#### SAN DIEGO.

The regular monthly meeting of the Homoeopathic Medical Society of San Diego County, met at San Diego on December 17th. Mrs. A. J. Patterson read a paper on “Kali-phos.”

[Let us have it, Doctor, for publication.—Eds.]

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### Editorial Notes.

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#### WE DEMAND A SHOW.

Is there either reason or justice in the present management of the public hospitals in this city? Are they not rather a disgrace to the intelligence of our citizens and a reproach to the fairness of our legislators.

California, though so young in years, is proud of the advanced position she occupies among her sister States in



all matters pertaining to education and modern scientific thought, and yet she stands to-day almost alone in her refusal to acknowledge the manifest claims of the Homœopathic school of medicine, and to her shame be it said her public institutions are among the very few that refuse the medical aid to which a large proportion of her taxpayers have been accustomed, and that would force upon them and their wives and children the treatment in which they have no confidence.

In the Cook County Hospital, in Chicago, supported by public taxation, both the Homœopathic and Allopathic schools of medicine are recognized, and wards are allotted to both systems of therapeutics. The same impartiality is shown in the Albany (N. Y.) public hospital. In Washington the homœopaths have a separate hospital under their care, supported, as is the allopathic, by public taxation. The Homœopathic Hospital on Ward's Island, New York, is another instance among many that might be cited to show the enlightened and just position taken by the Legislatures of Eastern States.

We will say nothing here of the comparative merits of the two systems of medicine, nor call attention to the results obtained under the different modes of treatment given, but will confine the present article to a protest against the one-sided and partial regulations obtaining in San Francisco.

This city has a large number of reputable Homœopathic physicians equal in every respect to their allopathic competitors. These gentlemen certainly enjoy an extensive patronage, giving conclusive evidence that a very large proportion of the tax payers of San Francisco County are believers in and adherents to the Homœopathic system of medicine.

Why in the name of justice and fair dealing should these citizens be debarred from any representation in the City and County Hospital, maintained as it is from the public taxes, why should these men be compelled to support an institution controlled conclusively by physicians practicing a system of medicine in which they have no belief, forced to submit to therapeutic methods which they consider barbaric, and absolutely denied the attendance of a physician of their own choice?

Gentlemen of the California Legislature, is this just?

The City and County Hospital employs a Resident Physician at a salary of \$1500, two Visiting Physicians at \$1200 each, and two Visiting Surgeons at \$1200 each, *and all paid from the public treasury.*

In the Eastern Hospitals these officers with the exception of the Resident Physician are filled by doctors who give their services gratuitously, and that the work is as skillfully and faithfully done there no one will dare deny in the face of the disgraceful scandals that have made the San Francisco City and County Hospital a foul blot on our municipality, and that have turned what should be a welcome haven for the sick and afflicted into a dreaded lazaret ruled by irresponsible and ignorant tyrants.

There are in San Francisco many thoroughly educated and competent Homœopathic physicians who would freely give their services to the City and County Hospital.

This would result in a saving of at least \$5000 a year in salaries to say nothing of a marked decrease in the appropriation for drugs and medicines. That this can be successfully accomplished the records of the Eastern Hospitals are most satisfactory evidence, and that the justice of the demand has been long recognized by the law makers of the older states, is also shown by the fact that the Insane Asylums at Middletown New York, Westborough Massachusetts, Iona Michigan, and in several other localities have been placed under Homœopathic direction.

Gentlemen of the California Legislature, on behalf of the hundreds of Homœopathic physicians in this State; of the thousands of its citizens employing our system of cure, and the millions of their property taxed to support the public Hospitals; we demand justice at your hands. C. L. T.

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WE desire to call the attention of our readers to the letter among our correspondence which we have entitled "An Injustice." The Southern Pacific Railroad Co. has established in several locations throughout the State hospitals for the benefit of its employees, and in towns of any size employs physicians to care for them. In all cases, without exception,

these hospitals are under exclusive allopathic management, and the physicians employed are, without exception, allopathic. To our certain knowledge a large percentage of the employees of the S. P. R. R. Co. believe in and employ the homoeopathic treatment, and not only these, but the President of the company and many of those in high authority are staunch homoeopaths. It certainly seems to us to be an injustice to provide so well for their allopathic employees and to deny their homoeopathic employees equal privileges, at the same time deducting fifty cents a month from their salaries for the support of a system in which they, like many of their superiors, have no confidence. We cannot believe that the management of the S. P. R. R. Co. have ever had this brought to their notice before, else they would have a homoeopathic physician in every city of the Coast where they have more than one medical representative, and each of their hospitals would have a homoeopathic surgeon upon its staff. There is plenty of good material among the homoeopathic profession in any of the principal cities of this Coast from which to choose, and we sincerely hope, and have reason to believe, that this injustice will be remedied.

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ONE of the most pleasant experiences of the journalists' profession is the power to award honor to whom it is due, and to give the recognition to obscure genius that is deserved. Many really brilliant men go through life without having impressed the world with their learning, and thousands of the most original and remarkable observations of budding genius lie buried in oblivion. We therefore esteem it a most fortunate circumstance that we are the humble instrument whereby at least one gem of thought may be preserved for the enlightenment of a careless world.

In a certain city across the bay there resides a physician belonging, it is needless to say, to the "Regular" school of medicine. The gentleman in question has just passed safely through a severe attack of pneumonia, and soon after his reappearance upon the streets he remarked to an anxious friend that he was recklessly exposing himself to the wind and rain as he was very desirous of "catching cold," his

recent illness having left his blood overloaded with white corpuscles, and if he could induce a copious coryza and free expectoration, he could thereby discharge from his system the enormous surplus of Leucocytes with which he was burdened. For unalloyed originality of scientific learning, this idea takes the cake.

C. L. T.

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LA GRIPPE has started from its lair several species of the *genus medicus* which has been hibernating for some time. Firstly, we have the professional exaggerator, who is making his eighty-five visits a day; then there is the doctor whose telephone was shut off by the company, as patients were wearing it out, and it took extra help to do the switching; and lastly, the doctor who had five hundred patients in his office during office hours. The first of these, allowing fifteen minutes per visit, must have worked some twenty-one of twenty-two hours; the second had not paid his telephone bill, and the last one never heard of the fate of Ananias and Saphira.

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## Correspondence.

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PHILADELPHIA, January 6th, 1890.

DEAR HOMŒOPATH—I promised to keep you posted about things heard and seen in this part of the world, and so I will try and redeem that rash promise.

Since my arrival here, all that I heard centered around the epidemic influenza—the now fashionable grip—that has established itself so universally, attacking, without discrimination, old and young, rich and poor, and, like the rain of heaven, descending upon the just and the unjust. Of course you will experience before long how it feels to be in its clutches, for surely the climate of California, wonderful as it is, cannot in itself prove antidotal to the spread of this unwelcome visitor; my faith in the virtues of our climate finds its limit here.

The advent of the grip presents a very well defined set of symptoms and runs a very definite course. Usually it comes on quite suddenly, with great prostration. This is very pronounced. Almost at the same time sets in the inevitable bone-pains, muscular pains and little lightning-like pains throughout the joints, notably the smaller joints. This is the first stage, usually, and is associated with more or less fever, much restlessness, drowsiness and the greatest languor. With these general constitutional symptoms, the dis-

ease soon localizes itself in the throat and bronchial tubes, producing hoarseness; sore, aching throat; cough with much pain beneath sternum, and raw feeling throughout the tract. Cough is usually very painful, associated with headache and a tearing feeling. The patient is now in the midst of the grip, and feels about as miserable as he can; aching all over; must move his limbs, and get no relief; backache and bone pains; sore throat and aching chest; cough, and every time he does so, must hold his head and chest, they pain so; fever, at times delirious with all sorts of visions and dreams. This is about the second stage. Relief comes with the gradual disappearance of all pains, but also with the development of an acute cold in the head—coryza—characterized by a general congestion of eyes, nose, etc.; much sneezing, watery discharge, and uncomfortable feeling generally. The cold ends with a sneeze, and after a week's illness you are released from the grip. You feel grateful for your freedom, and once more enjoy your food and drink and daily exercise.

Throughout the East the attack has been a comparatively light one, although most uncomfortable, few cases of complications with bronchitis or pneumonia having been reported. Of course, judicious treatment has much to do with this favorable course. The treatment consists of rest in bed, stimulating food, and remedies. Rest in bed is essential, and the patient submits to it readily on account of the weakness and pains. The great sense of prostration needs some stimulation; hot milk, or, better still, milk punch, being the most easily assimilated nutriment.

*Remedies*—First stage: Gelsemium, Rhus. Second stage: Mercur., Ferr. phos. Third stage: Euphrasia. The best results have been obtained from the above, especially rhus., which covers a greater number of cases than any other remedy.

I have not had time to see many of our medical friends, but hope to do so.

New Year's day was the ninetieth anniversary of the birthday of Dr. C. Hering, and his son, the proprietor of the Globe Printing Office, invited the old friends of the Doctor's family to a re-union at the old home. Here a splendid and most life-like drawing of the Doctor was on exhibition, and once more we strolled throughout the once-familiar rooms, and brought back to memory the words and deeds of the grand old man of homœopathy. I had the pleasure to meet here old Dr. Raue, the author, and friend of Hering, almost the last of the galaxy of brilliant stars that made pure homœopathy so resplendent here in Philadelphia nearly a generation ago.

I understand Van Lennep, the brilliant young surgeon of Philadelphia, is engaged upon a work on minor surgery; and Ivins, the throat man, is writing a practical volume on his specialty. Several other authors will soon be announced.

Now I will go and hear a lecture on materia medica. So, farewell.

WM. BOERICKE.

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### PORTLAND NOTES.

**EDITORS HOMŒOPATH**—Homœopathy is strong here, and gaining ground steadily. It now numbers over twenty practitioners in this city and its suburbs, who treat from one-fourth to one-third of the population. The Portland Hospital, opened nearly two years since in a rented building, is now

erecting a new building, which, when completed, will cost \$125,000.00. Through the exertions of those interested in homœopathy, this hospital has opened its doors on equal terms to members of the two dominant schools, and each has its special staff of visiting physicians and surgeons. The homœopathic staff includes the names of several of our old physicians, who have helped to make our new system of medicine known and respected in this city, as well as the names of some of the more recent accessions to our ranks. With the completion of the new hospital and the increased facilities there provided for our accommodation, we expect to make a record that will add still further to the esteem in which our modern methods of practice are now held. All that homœopathy has ever asked is a fair chance to prove its claims of superiority as a method of healing disease. Given this chance, the proof is always forthcoming.

OSMON ROYAL, M. D.

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VISALIA, CAL., January 7th, 1890.

EDITORS CALIFORNIA HOMŒOPATH—I see by your editorial in the HOMŒOPATH for December (a copy of which I have only just received) that under pressure of your subscribers, many of whom object to unpractical or long articles, and also to philosophical dissertations, you think it best to yield to their suggestions. My papers heretofore kindly printed by you in the journal come under the latter head, and will not therefore hereafter be appropriate. While I yielded to the urgent request of my great-hearted friend, Dr. Boericke, to commence their publication in the journal, I saw clearly, and so stated, that the subject of the papers was such that they should be read connectedly, and hence were better adapted to pamphlet or book-form. Therefore, if the manuscript of the last number sent is not already set up, you will be kind enough to return it to me. If the work, when completed, is deemed of sufficient value, it will be published in proper form.

SAMUEL S. GUY, M. D.

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### AN INJUSTICE.

[NOTE.—We publish the following, although it was a private letter. It shows up another injustice, that's all.—EDITORS.]

EDITORS CALIFORNIA HOMŒOPATH—I would like to ask you if to your knowledge there is a homœopathic doctor among the medical corps of the Southern Pacific Railroad Co.? I do not know of one, but at the same time I am not posted as to their school. I am a believer and a lover of homœopathy, having used that method of treatment for 10 or 15 years, and it is nauseating to me to be compelled to take allopathic doses. Of course you are aware that the company have a hospital at Sacramento, and at each of the prominent cities through which their road runs a physician has been appointed to administer to acute troubles. Each employee has fifty cents per month deducted from his wages for "Hospital," and is entitled to free medical treatment. Now I should like to see one, at least, of the homœopaths appointed, and would ask, in confidence, if there is no way of bringing this about. I am an employee, but, owing to my subordinate position, can see no way clearly of recommending such an addition. Sacramento hos-

pital is allopathic from "roof to cellar," and it would probably not be congenial for those autocrats to have a homœopath among their number; but I believe if the subject was properly brought before Senator Stanford or C. F. Crocker, that a special appointment residing in San Francisco could be made. I should like to hear from you on this subject, and hope to get you interested enough to see if it can be done in some way. There are many believers in homœopathy in the railroad company, but I believe there has never been any step taken by them to consummate this object.

Yours very truly,

C. H. C.

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## Personals.

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DR. W. E. ALUMBAUGH has located at Vacaville.

DR. ALICE BADGER has opened an office at 120 Tenth street.

DR. H. TYLER WILCOX, of Los Angeles, has established a sanitarium at South Pasadena.

DR. C. E. FISHER is our latest arrival. The Doctor will locate permanently with us.

DR. C. M. SEBLEY, of Petaluma, comes to town occasionally; he reports business thriving in that city.

DR. R. H. CURTIS has removed his office from 931 Post street to 634 Sutter street, near Mason. Hours: 1 to 3 and 6 to 8 P. M.

DR. WILLIAM BOERICKE has recently been a sufferer from *la grippe* in Philadelphia, and writes an interesting letter describing that disease. The Doctor will return some time this month.

THE attention of our readers is called to the excellent editorial, "We demand a show." It is to the point, and every physician in the county should endeavor to have it brought to the notice of his influential patrons.

WE extract the following from the Alameda paper: "We notice with pleasure that Dr. C. L. TISDALE has become a fellow-worker in the field of journalism. The doctor has been appointed co-editor of the CALIFORNIA HOMŒOPATH, the organ of the homœopathists on this Coast. We congratulate the HOMŒOPATH on having secured the services of a writer of Dr. TISDALE'S recognized ability, and cordially welcome our friend to the editorial ranks."

## Book Reviews.

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**Diseases of the Nose and Throat.** By F. H. BOSWORTH, A. M., M. D.  
Vol. I.—Diseases of the Nose and Naso-pharynx. New York: William  
Wood & Co. 1889.

This excellent work belongs to the series "Specialties in the Practice of Medicine," now being issued by the well-known publishers, Wm. Wood & Co., of New York. If this series is continued through the whole domain of specialties, it will form one of the most valuable additions to the library of the physician that can be thought of. This book is the first one of the series, and we cannot conceive of a book more complete and perfect in every way. Mackenzie's works in Wood's Library were good works, but this is far more recent and complete. Amply illustrated, good print, and a handsome volume. The diseases of the nasal passages occupy 500 pages, diseases of the naso-pharynx, 116, and the external surgery of the nose, the remaining 35 pages. A most interesting chapter is that entitled "Taking Cold." There are 182 illustrations in the work, and are of a high order. It is an entirely new treatise, and we cannot too highly commend it to our readers, as it is sure to be the work of the present decade in this specialty. Messrs. Wood & Co. deserve the thanks and support of the profession in thus placing the "Specialties of Medicine" within the reach of the general practitioner.

**Homœopathic Veterinary Doctor.** By G. H. HAMMERTON, V.S. Chicago:  
Gross & Delbridge.

This book pleases us more than any work on the subject that we have ever seen. It starts in with the horse, and, after an interesting historical account of this animal, continues with the various diseases to which it is subject. The ox, dog, hog, cat, poultry and house birds are each treated of in turn. It is a very useful book for the farmer or stable-man. Well printed, finely illustrated and handsomely bound; giving the homœopathic treatment in all its detail. Many a farmer or stable-man has had horses sick with pneumonia, and had them cured with homœopathic remedies, yet they continue to give condition powders, brimstone, and all sorts of unheard of remedies, for the common affections of horse-life, not realizing that homœopathy offers for these affections the same prompt and beneficial results that it does in pneumonia. This book should be in every livery stable on this Coast, and physicians cannot make a better investment than to buy it, for no one can tell how soon one will be called upon to treat a sick pet dog, cat or canary bird.

**Personal Observations of Leprosy in Mexico and the Sandwich Islands.** By PRINCE A. MORROW, M. D. 1889.

A reprint from the *New York Medical Journal*, and a very interesting and instructive article.



**The Physicians' Pocket Visiting-List and Ledger.** E. K. Foster, publisher, Los Angeles.

The physician always welcomes any labor-saving apparatus pertaining to book-keeping, and this little book is a step in a good direction. It is so arranged that the statement of an account can be seen at a glance. It is self-posting, for when the charge is entered, it is posted. A compact, neat book, not bulky for the pocket and cheap; hence we can recommend it.

**Dr. A. Wilford Hall's Hygienic Treatment for the Cure of Disease without Medicine.** Price, for a limited number, \$2.00.

The above pamphlet has come to our notice. It contains many good suggestions. His method of treatment is endorsed by a long list of lawyers, clergymen and doctors, and is undoubtedly of great value in the treatment of many affections, and constitutes a potent adjuvant in their treatment. We believe the pamphlet can be obtained from the pharmacy.

**Congestion of the Lungs and Its Dangers.** By THOS. NICHOL, M. D., LL. D., D. C. L. Being No. 6 of the Montreal tracts on Homœopathy. Price, 10 cents.

This is a most excellent article and a valuable addition to this tract series.

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## Selections.

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### OATMEAL.

The best way to cook oatmeal is to put four tablespoonfuls of finest quality, with one quart of cold water, into a double boiler; add a teaspoonful of salt, and stir for a moment to mix. Stand it over a brisk fire and boil without stirring for two hours, or until the meal has consumed the water and the mass has a thick, jelly-like appearance; push it to the back part of the range, where it will steam over night. In the morning bring the water in the under boiler to a boil; then turn the oatmeal carefully into a large, deep dish. Do not stir or scrape with a spoon. If properly cooked, it will turn out like boiled rice, each grain swollen four times its normal size, and no two sticking together. Serve warm with sugar and whipped cream, or with plain, thick, sweet cream.—*Medical Era.*

## THE SIGHTSEER'S HEADACHE.

Of the lighter penalties which pleasure entails, none probably is more widely known and felt or more persistently endured than the sightseer's headache. It is nature's tax levied on the frequenters of museums, picture galleries and exhibitions, varying somewhat perhaps in different cases in its precise causation, but associated always in a manner significant of its origin with the habits of the observant loiterer. The circumstances in which it arises afford the most reliable clew to its true character. Among these, temperature, atmosphere, and strain both of body and mind, though commonly combined, play their several parts in varying degrees of activity. The influence of a warm and close atmosphere as a cause of headache is too well known to require more than a passing notice. The torpid congestion of tissue which it intends to induce, and from which the brain is not exempted, is familiar to most of us as a morbid process too often illustrated in our painful experience. It contributes its proportion, doubtless, toward that total of malaise which affects the visitor to a crowded picture-gallery or assembly room, and culminates in the localized ache which renders the slightest mental effort a weariness. The very general prevalence of this variety of headache, however, and its independence in many instances of any vitiation of atmosphere, teach us to look for its explanation in other causes. The effort of mind implied in long continued observation, even though this does not involve the strain of study, has probably an appreciable, though a secondary, influence. Fatigue certainly has an important share in its production; but it is with most persons rather fatigue of muscle than of brain. The maintenance of the upright posture during several hours of languid locomotion, the varied and frequent movements of the head, commonly in an upward direction, and the similar and equal restlessness of eyes whose focus of vision shifts at every turn as a new object presents itself, form a combined series of forces more powerful in this respect than the sunlight and frequent changes of mental interest and attention by which they are accompanied. The muscular strain implied in these move-

ments is necessarily very considerable. It affects more or less every member of the body, but the distant localization of the resulting ache has probably much to do with the unusual activity of the cervical extensor and rotator muscles and of the muscles which move the eyeball. Whatever the minor influences at work, therefore, there can be little doubt that mere fatigue is primarily accountable for this most general form of headache, and that rest and nourishment are most reliable antidotes. The utility of stimulants for this purpose is necessarily temporary and deceptive. One improvement on existing arrangements ought to be of real assistance to the suffering sightseer if more generally introduced by responsible authorities. The comparative scarcity of seats in many places of amusement has often been noticed. It would be much to the public advantage if this want were supplied. For the attendants at exhibition stalls a chair for occasional use is an absolute necessity.—*Medical Classics.*

[The remedy for the sight seerer's headache is undoubtedly *arnica*, which corresponds perfectly with its etiology and symptoms—Eds.]

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TEMPERANCE AND TOTAL ABSTINENCE.—There is a great deal of time and temper and type wasted over a perfectly useless discussion—the superiority of teetotalism over temperance. Half a loaf is better than no bread, and while our teetotal friends are sighing over the refusal of some of the best men of all creeds and parties to go all lengths with them in their great and noble efforts to abate the national vice, we hail every effort of any man to increase his own sobriety and the nation's. An honest coachman who reduces his beer to proportions which leaves his head and his joints clear, and induces others to do so, is to us a valuable soldier in the army of reformers. A man who abandons “nips” and public-houses, however respectably conducted, and restricts his alcohol to meal times, shows a wonderful advance on the man who perseveres in such injurious modes of drinking. We confess to thinking the “well-conducted public-house” somewhat of an ideal conception. There are degrees of respectability in public-houses, and yet, with the growth of

temperance there is a keener competition, which sometimes vulgarizes seriously even the better class of houses. The great thing for all to remember is that "nipping" and public house drinking are mischievous, and contrary to all common sense and physiological teaching.—*London Lancet*.

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APPLES.—In Holbrook's new book, *Eating for Strength*, we find the following quoted from Joel Benton: "Curiously enough, the apple has a very pertinent relation to the brain, stimulating its life and its activity which it does by its immense endowment of phosphorus, in which element it is said to be richer than anything else in the vegetable kingdom. But phosphorus is not only brain-supporting; it is *light-bringing*, and thus contributes to knowledge. The apple follows the belt of civilization, the zone of intellect, or else is followed by it."

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#### WHAT THE PROFESSORS SAY.

[From the *Medical Era*.]

Professor CONRAD WESSELHOEFT, of Boston, says: Opium is homoeopathic to the following cases: (1) Abdominal typhoid, sleep with happy dreams, burning heat and red face, or unconsciousness with happy delirium, obstinate constipation from torpor, or liquid involuntary black stools; (2) colic with distension of bowels, tenderness and bruised sensation, throbbing pain and protracted constipation; (3) asthenic pneumonia with slow congestive period, or becoming stationary at any stage, especially in the aged possessing feeble resistance to disease; moaning, rattling, short breath. But even opium will not cure if patient is already *in articulo mortis* from heart paralysis. Dose, from a drop of the tincture to the second decimal.

Professor ALLEN, of New York. Kali muriaticum is the only drug I know of that produces true gangrene of the mouth with all its terrible consequences. Since it came into use at the Five-points House of Industry, where many cases of this terrible disease are presented, nearly every case has been cured, while previously the mortality was large.

Kali iod. in large doses often checks syphilis for a time, but does not cure it.

Quinia sulph. suppresses marsh miasmatic diseases for a time, but it does not cure them.

Salicylate of soda in large doses often has a similar effect in rheumatism, but it does not cure it.

Colechicum in its action in gout is another example of this method of treatment. But it is all very unsatisfactory. The cause of the trouble is not removed, and it sooner or later crops out again. It is a permanent cure that we are after, not a temporary suppression.

Professor WOODWARD, of Chicago, says: The muriate of iron 3x has become a standard remedy with me in the treatment of girls with arrested menstruation, and of boys with tendency to seminal emissions or copious urination at the age of puberty.

At times of severe uterine hemorrhage you need not think your only reliance is to be found in ergo and hot-water douches. Ipecac and nitric acid, when indicated, have been found equal to the emergency.

Lilium tig. is one of our best remedies for mental disturbances in women troubled with uterine affections.

In acute nephritis following scarlet fever, when there are tube casts and general anasarca, merc. corr. should be given early, before degenerative changes have gone too far. Don't wait until you find albumin in the urine; the frequent call to urinate, the scalding urine, etc., are all premonitory symptoms of a disease which will soon become incurable if not arrested.

Professor GOODMAN, of St. Louis, says: Gelsemium is generally the remedy for the beginning of remittent fever. Keep the patient perfectly quiet during the paroxysm. If called the first time while fever is on, give gelsemium and then select your indicated remedy. Sponge the patient daily with slightly-acidulated hot water; do this under the covering of the bed.

Professor CRANK, of Cincinnati, says: To sterilize milk I boil it and add boiling water in the proportion necessary according to the age of the child; then place the whole in a

patent screw-top fruit-jar which has been thoroughly cleansed. I have my sterilized milk hermetically sealed. It will keep from thirty to sixty days.

Ovulation and menstruation are separate, and not dependent one upon the other. There are more ovules lost in the abdominal cavity than find their way into the uterine cavity.

Professor VAUGHN, of Ann Arbor, says: Ten people die from partial retention of the urine to one who suffers from complete retention.

The majority of people with Bright's disease have no pain over the kidneys.

Diabetic urine frequently gives off the odor of acetone.

Professor BIGGAR, of Cleveland, says: Beware of a pain, boring like a gimlet; it is a sure sign of some malignancy.

I have good success with atropine 200x, given three times a day, in enuresis.

In typhlitis, hepar sulph. 3x is one of the best of remedies.

Belladonna and gelsemium are the two leading remedies in sphincter troubles; belladonna for the rectum, and gelsemium for the bladder.

Where there is a sensitive condition of the female genitals, as vaginismus and vaginitis, swab the parts with nitrate of silver, 20 grains to an ounce. It takes away soreness and pain.

If you dilate the mouth of the womb a little before giving ergot, it will increase its effect four-fold.

There are four favorable conditions for the cure of uterine fibroids: (1) Uniformity of texture; (2) sub-mucous, with pedicle; (3) hemorrhage; (4) when the uterus is long.

With few exceptions a sarcomatous tumor will recur unless removed when innocent.

When you find breast troubles, never forget to examine the uterus.

Professor PHILLIPS, of Cleveland, says: Skill in bandaging the eye consists in getting it snug enough to prevent motion, without creating pressure.

Never syringe a suppurating trouble of the ear with pure water; add a little salt.

In blepharitis marginalis of children, where the pupil is dilated, there is generally error of refraction.

I sometimes use common alum, in granular lids, where sulphate of copper is too strong. Use it just short of producing irritation.

If there is an abrasion or ulceration of cornea, no astringent application should come in contact with it.

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## Clinical Items.

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*Tabacum*.—Impotence, with weakness of knees.

*Hypericum*.—Leucorrhœa of little girls; milky-white, corroding.

*Kali mur*.—Mucous membrane red and tumid. Ulceration, especially syphilitic.

*Eupator. perf.* has done well in many cases of *la grippe*. For further particulars, see the excellent article by Dr. J. L. Coombs.

*Ferr. phos. 12*, and *Natr. mur. 6x* are the Schussler remedies for the prevailing epidemic, and they have acted well in several cases.

*Sanicula*.—Eczema, itching, parts crack and bloody, burning, smarting, with deep, ragged, angry-looking cracks. The eruption spreads by means of new pimples. Also, hepar, calc. sulph.

*Iodine*.—In pneumonia, high fever, restlessness and thirst like aconite, but unlike it, useful after tissue change has begun. Iodine is especially indicated where the hepatization spreads extensively and rapidly, and where it begins at the apex, extending downward. It seems particularly adapted to the scrofulous or the insane.—*Moffat*.

*Balsam of Peru.*—Profuse, thick discharges from nose, whether chronic or otherwise; ozæna with ulceration; bronchorrhœa, cough, mucus and purulent expectoration; phthisis mucosa; debility; also rhagades of nipples and fingers.

*Natrum mur.*—Chlorosis and malarial conditions. Constipation. Loss of smell—posterior nares dry, also red, hot, swollen and sore. Scabs in nose, worse on left side. Dryness, alternates with discharges.—*F. F. Casseday, M. D.*

*Phagedenic Chancroid.*—After nit. argenti., nitric acid, accompanied by moist, dry, and oleaginous dressings, in a person æt. 58, in robust health, but of sedentary habits, and a moderate drinker, had been used with the best judgment that a practice of more than thirty-five years could suggest; and but two slight errors by patient during first three weeks, constitutional treatment given according to presenting indications, no real curative results promised, until two portions of the diseased surface assumed the *punched* appearance. I applied freely, the pure deliquesced chromic acid, dressed first with bismuth sub. nit., and boracic acid *aa* in powder, covered by absorbent cotton moistened by liquid vaseline and bandage; subsequent dressings were washings of hot water and tinct. calendula, syringing only, (these washings had been previously used,) when after thirty-six hours and only two dressings, a natural condition set in and tendency to healing has been constant until recovery. No tendency toward inguinal glandular enlargement has been seen at any time. Simultaneously with the local use of the chromic acid, I administered per os kali bichromicum 12x, thrice daily for three days, when noticing a tendency to bleed from healing surface recurring, stopped all medicine for two days, normal conditions returned, and k. bi. was given once in 24 hours for three days more, when case was complete. Sulph. ars. lachesis, merc. v. and s. hah., had been given, so well as merc. corros., in different attenuations for six weeks before curative tendency was satisfactorily established by above change; and no case was ever more carefully watched and studied for indications for treatment.—*J. L. Coombs, M. D., Grass Valley, Cal.*



*Sanguinaria* is recommended by Dr. S. Jones for almost any cough, even long standing, *with hectic flush*; dryness of throat with tickling cough. Use for two or three weeks.

*Senega* has *bursting* pain in forehead; also a bursting, distending pain in back over the kidneys. Such a condition accompanying a violent cough, as if the back would split with each paroxysm of coughing, was cured by one dose of *senega*.—*Dr. St. Clair Smith*.

*Ammon. benzoicum*.—One of the remedies I think of in albuminuria; eyelids swollen, face bloated, head heavy and stupid; sensation of soreness in region of right kidney on leaning that part against a chair-back or cushion; urine scanty and looks smoky.—*Dr. Guernsey*.

*Natrum mur.*—In an old gonorrhœa or gleet with one last, persistent drop, this remedy is the sovereign remedy, especially with cutting pain after urinating, and when the case has been treated with nitrate of silver.—*Prof. T. F. Allen*.

*Cedron*.—In treating marsh malaria, don't forget *cedron*. You will have a periodic chill, fever and sweat, and an important symptom to be remembered is the *persistent frontal pain* along the course of the supra-orbital nerve; it is generally on the right side.—*Allen*.

*Arsenic. iod.*—Coryza with profuse nasal discharge, acrid lachrymation, and burning irritation of the larynx. Ozoena, especially in strumous subjects and those subject to taking cold; enlarged tonsils and thickened nasal membrane, thick yellow discharge—Prostration.—*Smith*.

*Silicea* in hypertrophic Rhinitis—Anaemic constitution, with imperfect assimilation. Purulent secretions. Thin, corrosive or curdy discharges. Chronic dryness, often from an arrested food-sweat. Ulcers in nose, or excoriated membrane covered with crusts. Nose cold and itchy. Catarrhal symptoms usually worse in the morning and voice is husky with a sensation of roughness. Sensation of hair on tip of tongue.

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Original Articles.

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CALENDULA IN SURGERY.

By E. T. BALCH, M. D., SOUTH BEND, WASH.

In these days of antiseptic craze it is gratifying to be able to record the results obtained by means of calendula in all classes of surgery, as being superior to all other agents so lauded to the world for a brief time, and then to give place to the next, and so on *ad infinitum*; hence I send you the annexed cases—not selected by any means—to exemplify the all-sufficiency of the homœopathic remedy, which never changes.

FIRST CASE.

April 20, 1889—Annie A——, æt. 9, blonde, whilst playing fell on some broken glass, severing the left deep Palmar arch. Of course the hæmorrhage was alarming, but by means of cording and styptics it was for a short time checked, only to break forth again on the least relaxation of the cincture. This condition of things had existed for four weeks, when friends, becoming alarmed for the life of the child, concluded to seek surgical aid.

March 20th—On being summoned, found the little patient weak, blanched, the left hand swollen and purple from con-

striction at the wrist. I saw at a glance that operative measures were imperative; so, administering an anæsthetic, proceeded to search for the Palmar arch, but found the tissues so engorged that it was impossible to secure that vessel; so ligated both radial and ulnar arteries in lower third. Approximated two incisions by means of intuscepted sutures, and applied a compress of absorbent cotton dry, secured by a light roller; used gut sutures. For wound in palm, ordered calendula douches 1-20 five times a day, and calendula internally.

March 25th, discontinued calendula externally to hand, and treated dry, same as wrist; calendula internally as before.

March 30th—On removing dressing from wrist, no tenderness; healing by first intention had taken place; only a scar on each side of wrist to show the line of incision remains.

During the whole time the patient had no other remedy than calendula. Of course, Bush's bovine and grape juice with liberal diet. What I wish to emphasize is the wondrous power that calendula has to prevent suppuration.

#### SECOND CASE.

February 4th—A. Gunnison, æt. 20, brunette, temperate habits. His right hand and wrist were caught in planer of saw-mill. Under an anæsthetic, amputated forearm, upper third, antero-post-flap; and arteries ligated with gut ligatures. Checked oozing by means of hot water. After thoroughly drying, inserted a decalcified bone drainage-tube, and approximated the flaps by means of gut intuscepted sutures. Applied a dry compress of absorbent cotton secured by a few turns of a recurrent roller. Prescribed calendula 6x three times a day.

February 8th—Removed dressing and cleansed with calendula. No fever; very little tenderness.

February 12th—Allowed patient to take exercise. Stump looks well; drainage-tube absorbed; not a particle of discharge or odor.

February 20th—Discharged case with an excellent stump for an artificial limb.

## CHROMIC ACID.

BY J. D. CHAFFEE, M. D., GARDEN GROVE, CAL.

Two or three articles have come under my notice of late concerning chromic acid as a cauterant and the dangers attending its use; first in the *Homœopathic Recorder* of September, 1889, and again in the January number of the *American Homœopathist*; and as they do not accord with my experience I thought it might not be amiss to relate a little of the same. I have used it with excellent results in erosion of the os uteri from laceration; and also in cervicitis, removing the erosion and leucorrhœa with but few applications. Have used it in scrofuloderma, curing up the sore at once. In a case of lupus vulgaris of six years' standing, where an old-school physician had failed with the use of iodine and other remedies, I commenced treatment by applying the acid quite strong, causing the sore to inflame; after which applied thuja cerate until irritation was removed; then repeated the application both with the acid and cerate until the sore was entirely healed. I also used it successfully in a fibroid tumor; said tumor was on the face of a boy eight years of age, over the zygomatic minor muscle, just under the tegument. Wishing, if possible, to remove without the use of knife and prevent scar, I commenced applying the acid often until sore, then healed as in other cases with thuja cerate, repeating applications until, at the end of several weeks, it came out a dead mass; after which it healed over with scarcely a trace of scar. Have also used it successfully in removing corns and warts. When applied to a mucous membrane, I commence carefully with a ten-per-cent. solution, then gradually working up to a saturated mixture, always using the best freshly-made crystal, avoiding anything half dissolved or of a dark color; also careful to dilute with water instead of glycerine on account of its explosive tendencies; always applying to the disease part with glass rod. To eliminate chromic acid from my list of remedies would be to cripple my effective work as a practitioner.

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PEDICULI PUBIS may be killed by a single application of ether to the parts.—*Era*.

THOUGHTS ON MEDICAL LEGISLATION AS SUGGESTED BY THE RECENT DECISION OF THE SUPREME COURT OF ALABAMA.

BY DR. H. M. PAINE, ALBANY, N. Y.

The discussion of the subject of medical licensure has recently received a new impetus by the outrageous conduct of "our friends the enemy" in Alabama.

It appears that the allopathic school has had complete control, for a number of years, of the examination and licensing of all physicians who desired to practice medicine in that State. Nearly all the old-school physicians in the State, more than seventeen hundred in number, have complied with the requirements of the law, fifteen however, refused to submit to an examination, among them, two were homœopathic physicians, both graduates of homœopathic medical colleges, the trial of one of these, Dr. G. G. Lyon, being set down for the twenty-first of January.

An old-school physician, a Dr. Brooks was at first convicted by the Circuit Court, but on appeal to the Supreme Court was acquitted.

Dr. Brooks having been acquitted, in all probability the indictment against Dr. Lyon will be quashed, and, neither he nor Dr. Meyers, will, for the present at least, be hampered by the officious interference of illiberal allopathic physicians.

Notwithstanding this temporary suspension of allopathic antagonism, the cases of these two reputable homœopathic physicians, graduates of homœopathic medical colleges, indorsed by the American Institute of Homœopathy, are invested with more than ordinary interest to the homœopathic medical profession throughout the whole country.

Their courageous resistance to all allopathic oppression should receive our hearty approval, and their trials and hardships, endured in behalf of a common cause, should awaken on our part responsive sympathy, and, if need be, the bestowal of contributions sufficient to defray the expense incurred thereby.

In this instance these two young physicians are not by any means the only sufferers from allopathic intolerance and

high-handed illiberality, wrought ostensibly under cover of justice, and in behalf of public interests.

The welfare of every homœopathic physician in the whole country is jeopardized by this Alabama experience. Their failure will render more difficult attempts on our part in other States at checking allopathic aggression; and their success will assist in establishing a precedent in support of the proposition, recognized since the foundation of this government, that each school and system in medicine as in religion, shall have entire freedom in the exercise of the *civil* functions having relevancy to the management and maintainance of its own educational affairs.

For these reasons it is desirable to notice in connection with these cases two of the more important points.

One is, the fact that Dr. Brooks escaped on a mere technicality, viz., that the civil and penal codes were not "co-extensive" in their "provisions," a conflicting condition which was inadvertently introduced during a recent revision of the code, and one which unquestionably will be speedily amended.

The other important point to be noted is, that the *right of the State to control medical practice by county and State authority is most emphatically affirmed.*

Dr. Cochran, State health officer, as reported in the *Birmingham Age-Herald*, of December 28th, 1889, states:

"The decision of the Supreme Court sustained the law all the way through, but construed away the penalty of its violation. It says, in effect, that Dr. Brooks has no right to practice medicine in Alabama *on a mere diploma*, and *without a certificate from the regularly constituted examining board*; that he is in violation of law, but that there is no penalty attached to such violation; in short, that the law is all right, but there is no way to enforce it."

Judge Stone in his decision, as reported in the *Montgomery Advertiser*, of December 17th, 1889, expresses his opinion, in the following forcible utterances:

"That the State, under its *police power*, clearly possesses the power to prohibit any person from practicing medicine without a license, or other test for ascertaining the qualifications and fitness of the applicant. That this power is sup-

ported by the same principle as that which justifies 'quarantine, compulsory vaccination, sanitary sewerage, and many forms of public nuisance.' It is a mere agency for protecting the public against the dangers of charlatanism or quackery in medicine; and that this power is lawfully lodged in the medical boards of the State, and it is no objection that the law goes into effect upon the contingency of medical county boards organized in the counties. Local option laws are made operative upon precisely the same principle."

The judge held substantially, that while the civil code required compliance with a *single* provision, viz., a *license* from a county board, the penal code did not hold a physician liable if he had complied with either one of *four* provisions, viz., a license; a diploma; a certificate of qualifications; or, being a regular graduate of a medical college in Alabama, his diploma being legally recorded. Dr. Brooks having obtained a diploma from a regular medical college in Georgia, and his diploma having been recorded by the judge of probate of Russell County, he "had violated no law of the State which subjected him to a criminal prosecution," hence "the judgment of the Circuit Court" was "reversed and the defendant discharged."

The position of the leaders of the allopathic school, having been greatly strengthened as to the most important provision of the law, viz., *the right to establish State medical licensure*, under its *police regulations*, the adjustment of a penalty, more or less severe, will surely and quickly follow.

The homœopathic medical profession of this country, are by this the most recent decision bearing on this subject, brought *face to face with the fact*, that the allopathic school is vigorously prosecuting the work of establishing *State medical licensure*, State by State in this country, and that the decisions of the highest State courts sustain the principle underlying such action.

The vital question therefore for homœopathic physicians everywhere to determine, and decide with as little delay as possible, has relevancy as to whether the allopathic school shall *monopolize* the exercise of this civil privilege, as is now being done in Alabama, and a few other States, to the serious detriment of our school; or whether, in this readjustment of

medical affairs, precisely the same civil rights and privileges of medical licensure shall be extended to the representatives of the homœopathic school as are given to those of the allopathic.

We have not a moment to lose in dallying with questions as to whether this particular form of State supervision is wise, needed, or expedient. It is surely coming. It has been already established in several States. Its propriety and suitableness has already been sustained by decisions of the highest State courts.

Hence, the only alternative for our school is that of entering upon the work of procuring the passage of laws providing for State boards of examiners for *each* of the incorporated schools of medicine, and this work should be immediately inaugurated by the committees on medical legislation of each State homœopathic medical society.\*

Let the leaders of the homœopathic school in each State at once actively enter upon the work of securing provisions of law by which the examination and licensing of homœopathic students shall be *wholly conducted under homœopathic auspices*.

The American Institute in 1887, 1888 and 1889, adopted resolutions indorsing such action in strong and forcible utterances, and similar sentiments have been repeatedly adopted by large numbers of State and local homœopathic medical societies.

If, in any State, an effective organization cannot be maintained, on account of fewness of numbers of homœopathic practitioners, residing at widely separated localities, effort can and ought at once to be made, for securing homœopathic representation in existing allopathic boards, the homœopathic representatives thereof *to have the same powers and privileges in the board over homœopathic applicants as the allopathic representatives have over allopathic applicants*.

An amendment providing for homœopathic membership in the allopathic board was carried through the legislatures of Delaware and Florida last winter. As a result, notices

\*[We have this already in California and intend to keep it.—Evs.]



of meetings for examining homœopathic applicants for license are now published in these States.\*

Let other States following in their lead, take the matter immediately in hand and push it to an early completion.

The reason why the homœopathic physicians of Alabama are now put to severe straits is simply because they have allowed the allopathic leaders to obtain complete legal control of the *civil right of licensure*. The people will extend this legal privilege to both schools alike, if asked to do so. The people most assuredly will extend to the different schools and divisions of the medical profession, equal civil privileges upon the same principle as they now confer upon each of the different religious organizations the right to license and ordain applicants for religious orders. In order to acquire the right to exercise this privilege, the homœopathic physicians of that State must apply for it, and make application with such force and persistence as to secure it.

All praise should be given to Drs. Lyon, Meyers and Henry for the noble stand they have taken. If they are in need of funds for securing requisite counsel, homœopathic physicians in other States will unquestionably contribute pecuniary aid.

Circulars and arguments bearing on all the points relating to this important subject, prepared by the Committee on medical legislation of the New York State Homœopathic Medical Society, will be freely furnished by the chairman, Dr. H. M. Paine of Albany.

Dr. Paine will be glad to obtain the names and addresses of the members of the committees on medical legislation of

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\*NOTE.—*Notice to Physicians.*

JACKSONVILLE, FLORIDA, November 29th, 1889. }  
 OFFICE OF THE BOARD OF HOMŒOPATHIC MEDICAL EXAMINERS IN AND FOR }  
 THE STATE OF FLORIDA. }

In accordance with an Act, entitled "An Act to Regulate the Practice of Medicine, etc., approved May 31st, 1889, notice is hereby given that said board will meet in Jacksonville, December 30th, at 10 A. M., and will remain in session two days, adjourning at 10 P. M., December 31st, for the examination of physicians desiring certificates, who hold diplomas recognized by the American Institute of Homœopathy."

(Signed.)

H. B. STOUT, M. D., President,

T. J. WILLIAMSON, M. D.,

C. W. JOHNSON, M. D., Secretary.

all State and local homœopathic medical societies, in order that each may be supplied with copies of circulars stating at length the reasons for entering upon this work with alacrity and zeal. In case bills are introduced into any of the State legislatures by the allopathic school, providing for the appointment of a *single* board it is very desirable that he should be informed thereof, and that one or more copies of the proposed bills should be immediately mailed to him.

In a letter dated January 1st, 1890, Dr. J. H. Henry, of Montgomery, Alabama, urges the immediate inauguration of measures for collecting a medical legislation fund of \$10,000 to be used in antagonizing the formation of *the gigantic monopoly* of medical licensure which the allopathic school is endeavoring to establish in this country. He generously offers to be one of one hundred to subscribe one hundred dollars; or one of two hundred to subscribe fifty dollars; or one of four hundred to subscribe twenty-five dollars, to make up the proposed amount.

Dr. Henry, in giving reasons for providing such a fund, issues the following urgent appeal and timely warning.

“Such a fund will enable us to successfully antagonize the form of allopathic *medical censorship* whenever and wherever in any State and Territory, its influence and power is attempted to be made effective. Unless we do this, allopathic antagonism, *by securing legal control of the right to license homœopathic students*, will surely destroy our beloved system; and, as a distinct school, the homœopathic will be doomed to the low and uninfluential status that it now holds in all European countries where the allopathic school holds full legal supremacy. The time for windy speech-making and high sounding resolutions is past. These will prove of little value in this actual contest involving the *life or death* of the homœopathic school of medicine; for, if we fail in this final struggle for the *right to license our own graduates*, our students will refuse to study medicine under homœopathic auspices and will shun our medical colleges. We cannot expect our students to attempt to enter upon practice under the legal disabilities now existing in such States as Alabama, North Carolina and Minnesota.”

I will add, that such a fund can be made immediately

serviceable. The money, as rapidly as collections are paid in, can be wisely and economically applied, partly for procuring suitable counsel, when needed, and mainly in the printing and distribution of suitable articles for publication in the press throughout the country, in order to call public attention to the subject, and to awaken public sentiment in support of our bills. Subscriptions forwarded to Dr. Paine will be promptly acknowledged.

The Committee on legislation of the New York State Society has obtained subscriptions, during the past year, of upwards of five hundred dollars to a medical legislation fund, in aid of the work in that State. It is exceedingly important that similar activity and zeal be promptly manifested by the profession throughout the whole country.

Since writing the foregoing I have noticed Dr. Lyon's statements in several homœopathic journals, to the effect that the recent decision of the Supreme Court, has, temporarily at least, opened the door to the admission of homœopathic practitioners, a license from an allopathic county board being now unnecessary.

The temporary removal of this barrier may lead to larger accessions of homœopathic physicians, and it is to be hoped that it will; at the same time, the situation has its drawbacks, and always will so long as the allopathic school is the *only* one recognized by law.

The government will unquestionably recognize the homœopathic physicians in Alabama, as in all other States, as soon as they effect a legal organization. When this has been perfected a homœopathic licensing board can be secured, under which thralldom from allopathic surveillance will be effectually removed. Until this legal status is established all unlicensed physicians must abide the disabilities growing out of illegal practice.

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In the German army a powder consisting of three parts of salicylic acid, ten parts of starch, and eighty-seven parts of pulverized soapstone is used for sifting into the shoes and stockings of foot soldiers, to prevent chafing and to heal sore spots on the feet.

## DISEASES OF THE MOTOR PORTION OF THE SPINAL CORD, AND THEIR TREATMENT.

By S. L.

Lateral spinal sclerosis, primary or secondary; acute and chronic poliomyelitis; amyotrophic lateral sclerosis; multiple spinal sclerosis.

Whether unilateral or bilateral, atrophy only develops itself after paralysis has taken place, in most cases the tendon reflexes are exaggerated, contractures of muscles demonstrate the spastic character of these diseases; excepting poliomyelites, electric contractility is not markedly affected, and leaving multiple sclerosis as a non-systemic disease out, we find in the other the sensory functions nearly normal.

For spastic paralysis, may be mentioned in general: Bell., lathyrus, manganum, phosphorus, plumbum, secale, ustilago.

For poliomyelitis, a paresis more than paralysis, with its consequent atrophy: Acon., arn., ars., bell., caust., gels., hyosc., merc., nux v., phos., physost., plumb., rhus, sec., sulph.

For multiple spinal sclerosis: Arg. nitr., baryt., caust., bell., gels., ign, nux vom., oxal. ac., phos., physost., plumb., rhus, sil., tarant. hisp.

For spasmus agitans, tremor of extremities: Baryt., bufo. gels., hyosc., merc., plumb., phos., physost., rhus, sec., tabac. (nicotine), tarant., zinc. brom.

For progressive muscular atrophy: Arg. nitr., ars., caust., cupr., plumb., sulph.

For paralytic weakness with stiffness: Ammon. mur., caust., con., lathyrus, lyc., natr. mur. (tendons, hamstrings shortened), oleander, rhod., rhus, sil.

*Aconite*—Numb, tingling sensation in arms and hands, as though the poles of a galvanic battery were held in hand; often accompanied by coldness; painful sensitiveness of the body to contract; trembling of lower extremities.

*Agaricus*—Senile tremors; crosswise affections; violent pains in paralyzed parts; formication in upper and lower limbs, as if gone to sleep.

*Alumina*—Pain in spine as if a hot iron had been thrust into the part; rheumatic and traumatic paralysis.

*Anacardium*—Paralysis of single parts; bulbar palsy; after apoplexy.

*Angustura*—Tetanic spasms with paralytic conditions.

*Argentum nitr.*—Paraplegia from exhaustion; tendon reflexes diminished.

*Arsenicum alb.*—Affects lower limbs first, extending gradually up to arms; spasmodic twitchings; numbness and fornication; myelitis diffusa; progressive muscular atrophy.

*Baryta*—Genuine or precocious senility (even in infants); mental and bodily paralysis.

*Belladonna*—Fresh cases yet in their congestive state.

*Bryonia*—Traumatic myelitis, with much pain at seat of injury.

*Bufo*—Paralysis agitans; idiotic expression; rapid twitchings of whole body.

*Calcarea*—Paralysis from exhausting sweats; loss of semen, from getting often wet; coldness and dampness of extremities.

*Caulophyllum*—Paraplegia from uterine displacements or subinvolution, with partial loss of sensation and emaciation of affected parts.

*Causticum*—Catarrhal and rheumatic conditions; suppressed chronic eruptions; gradually setting in palsy; hemiplegia, especially of flexor muscles; pains in paralyzed parts increase when lameness decreases.

*China*—Paralysis from loss of fluids, after arsenical poisoning; numbness of parts on which he lies.

*Cocculus*—Hysterical palsy; paralytic weakness of cervical muscles; flatulency most troublesome at night, and preventing sleep; quaint desires; spasmodic constriction through whole length of spine, especially on motion.

*Colchicum*—Lameness after suddenly checked foot-sweat, from getting wet all over; paralysis of all muscles of voluntary motion.

*Conium*—Paraplegia after concussion of spine; cicuta, after diphtheria; calc. gels., ascending paralysis; senile palsy of women.

*Cuprum*—(Cupr. ars.) Amyotrophic lateral spinal sclerosis in first stages; ascending from periphery to center; motory palsy with atrophy and contractures or choreic automatic motions.

*Dulcamara*—Paralysis from damp, cold, exposure, or from suppressed eruptions; the paralyzed arms feel icy cold; every motion causes horrid pains in spine and extremities.

*Gelsemium*—Weakness from exhaustion and temporary relief from stimulants; loss of voluntary motion; no loss of sensation. Poliomyelitis.

*Graphites*—Affections of medulla oblongata; dead numbness and coldness ascending from fingers upwards; great faintishness.

*Ignatia*—Hysterical paraplegia from mental and bodily exhaustion.

*Kali iod.*—Paralysis syphilitica.

*Kali phos.*—Exhausted nerve power; paresis (during rest) from moderate exertion.

*Latyris*—Paresis of lower extremities with trembling gait and emaciation; tendons reflexes exaggerated; hyperæsthesia, (secale, ustilago.)

*Ledum*—Ascending paralysis from the feet upward; bad effects from recent or chronic injuries, especially from punctured wounds.

*Lycopodium*—Paralysis from abdominal stasis and atony; mental, nervous and bodily paresis.

*Manganum*—Paresis begins in lower extremities, he staggers and inclines to run forward when he tries to walk.

*Mercurius*—Jerking in paralyzed parts, violent pains (on motion) at night in bed; paralysis often commences in upper extremities and runs down.

*Natrum mur.*—Paralysis of flexors (plumbum of extensors); over-sensitiveness of spine to touch, and still relief by lying on something hard.

*Nux vom.*—Multiple sclerosis, bulbar paralysis; paresis of arms, with shocks as if the blood would start from the vessels; cincture feeling; sudden loss of power in the legs in the morning, with stiffness and tension; mercurial tremors.

*Oleander*—Vertigo a long time before palsy appears; trembling of knees and hands; painful stiffness of paralyzed limbs.

*Opium*—Paralysis of fundus vesicæ; palsy of intestines, not of rectum; cannot bear the fresh air, and catches cold easily; muscular relaxation with shuffling gait; want of vital re-action; body cold; stupor.

*Phosphorus*—Ducheune-Aren's pseudo-hypertrophic paralysis; in repose, painless twitching of muscles; progressive spinal paralysis with contraction of paralyzed muscles; scoliosis and tuberculosis.

*Phosphoric acid*—Cerebro-spinal exhaustion from overwork.

*Physostigma*—Progressive muscular atrophy; feeling of weakness from occiput to legs; easily worn out from slightest exertion.

*Picric acid*—Wasting palsy; limbs too weak to support the body.

*Plumbum*—Multiple cerebro-spinal sclerosis; progressive muscular atrophy, paralysis of extensors; tremors followed by palsy, with normal sensibility, and when parts are moved they are very painful; hands and feet cold; no sweat.

*Rhus tox.*—Poliomyelites; the great anti-paralyticum; puffiness of the joints with paralytic weakness.

*Secale*—Destroys the activity of the cord; painful contractions with tetanic manifestations (strychnine); increase of tendon reflexes; rapid emaciation.

*Silicea*—Paralysis from defective nutrition of the nervous system, with hyperesthesia; gliomatosis; glandular indurations (often before or after calcarea).

*Sulphur*—Arsenical tremors; congestion of lumbar spine, followed by retention of urine and paraplegia.

*Tarantula hisp.*—Complete loss of muscular power, with formication; great cardiac distress.

*Veratrum alb.*—Painful paralytic weakness in upper and lower extremities; hands and feet icy cold and livid; excessive prostration after debilitating diseases.

*Zincum*—All paretic symptoms < from stimulants (gels. >)

It is curious that the old-school relies so much on the salts of barium, on ergotine plus hyoscine, on zincum phos., nitrate of silver, strychnine, or the muriate of iron, in the treatment of organic spinal affection—remedies which all of us use with confidence according to the totality of the symptoms. General hygienic measures, in order to increase the physical vigor, are of the utmost importance. Cod-liver oil, the malt preparations, ought not to be neglected. Fresh air and cheerful surroundings will often do more than mere medicinal treatment. Scientific massage may be substituted

for active physical exercise, when the patient is unable to walk with ease; and last, but not least, electricity, galvanic, faradic or static. Erb's text-book on electrical treatment ought to be in the hand of every physician. Electricity is a two-edged sword, and he who does not understand it ought to let it alone; and he who understands it fully, let him be sure to have a good working battery, for it cannot be denied that many batteries are made more for sale than for work. A cheap battery is dear at any price.

A great deal of abuse is just now made in our midst with Weir Mitchell's well-known rest cure, and an otherwise good method thus spoiled. Its application is justified where mental and bodily exhaustion needs rest—may it be caused by weakening diseases, or by poisons, or by waste of life-power. A poor paralytic has already more rest than is good for him; though it may have a temporary good effect on him, we can hardly expect a lasting cure therefrom.

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## DUAL CONSCIOUSNESS.

By GEORGE H. MARTIN, M. D., SAN FRANCISCO.

[*Read before the Homœopathic Club at San Francisco, California.*]

I wish to call your attention to-night to a condition of mind which has but recently been recognized, and to a class of cases which are becoming more and more frequent, and from their frequency are becoming of great interest. They are of interest not only from a medical point of view, but also from their medico-legal aspect.

Every little while we take up our daily paper and read of a case of mysterious disappearance. A man leaves his home in the morning, feeling perfectly well, for his place of business. Everything goes on as usual during the day until the hour that he usually arrives home, when he does not put in an appearance. The hours pass and still he does not come. Inquiries are made, when it is found that he has not been to his work that day. An alarm is sounded, and a search is made, but he cannot be found. Days go by, and yet nothing is heard of the missing one; until, finally, all hope is



given up; he has dropped as completely out of sight as if the earth had opened and swallowed him.

The number of persons that disappear in this way each year is rapidly increasing, and how to account for them is the difficulty. Occasionally one comes back, after a length of time, and tells us his story. I will give you an example of a case of this kind:

Mr. W——, a wealthy manufacturer of Chicago, left his office one Saturday forenoon for the bank, to draw some money with which to pay his men. He arrived at the bank, drew \$2,500, and started to return to his office, and nothing more was heard of him. His wife and friends instituted a search, aided by the police, but of no avail. No excuse could be given for his disappearance; his domestic relations were of the happiest, and being the sole member of the firm which he controlled, no crime could be attributed in that respect. Three months later Mr. W. found himself in a public square, in a strange city. He rubbed his eyes and looked about him, as if he had just awakened from a sound sleep. Seeing a policeman, with a uniform on which he did not recognize, he asked him what city he was in. The officer, eyeing him sharply, said "New Orleans." Mr. W. remembered that Mr. A., an intimate friend of his, lived in that city; remembering his address, he inquired the way to his place of business, where he found him. Mr. A., upon seeing him exclaimed in surprise, "Where have you been? We all thought you were dead." Mr. W. said, "I do not know. The last I remember, I left my office for the bank; but whether I ever reached there, or where I went, I can't tell." When told that he had been missing for three months, he was much surprised. The next day he, in company with Mr. A., started for Chicago, where they arrived in due time. His story was, of course, doubted, and it was decided to trace his course, if possible, from Chicago to New Orleans. This was made possible from the fact that in his trunk and valise—which, by the way, he had bought after he left home, with a complete outfit of clothing—were found hotel bills of fare, railroad tickets, baggage checks, etc., which showed that he had been to St. Louis, Kansas City, Charleston (S. C.), Jacksonville (Fla.) and New Orleans. He and Mr. A. started

on this tract, and went to all the different hotels at which he had stopped. At some of them he was remembered; at others, not; but his name was found in the registers of all of them. At Kansas City he stopped for some time, and the clerk of the hotel remembered him well, as he had made himself very agreeable while there; his conduct was that of a perfect gentleman at all times; he paid his bills promptly, and did not forget to fee the porters. At Charleston and Jacksonville, he was remembered, and his conduct at those places was most exemplary. To Mr. W. this was all a blank, and not a single incident could he recall of that three months. He was feeling perfectly well the day that he lost consciousness, and was well the day he recovered. He had several hundred dollars in his pockets, and was neatly dressed as usual. This gentleman, shortly after this, had an epileptic convulsion, and in time became a confirmed epileptic.

We all know how frequently an epileptic will stop in the midst of a conversation, get up, walk about, sit down, and take up the thread of conversation where he left off, and, upon being questioned in regard to his action, will say that he knew nothing of it. We usually term such a condition *petit mal*, or the slighter form of epilepsy, and it is generally followed in a longer or shorter time by a well-defined epileptic sequela. It is not impossible that this man was suffering from *petit mal* during the time of his aberration.

Dr. William A. Hammond cites the following: A young lady about 20, came to his office for treatment. She said that she felt strangely, thought that she was someone else, and could not remember any of her past life. Thinking it a strange case, he told her he would call at her home, which he did the next day. He found that she was working in a store, and her employer said she had been there but a short time. She did her work well, and was always punctual. The doctor followed this case for sometime, when all at once, he lost sight of her, for several months, when she finally came back again; he asked her where she had been, and she said she did not know. She went to her old employer and got her position back again, and things went on as before

for awhile, when she disappeared again, and no trace of her could be found. Some months after the doctor was summoned to another part of the city, to see a young lady who was suffering from epilepsy. What was his surprise, when he arrived at the house, to see his missing patient before him and how much more surprised was he, when she did not appear to recognize him, and disclaimed all knowledge of ever having seen him before. The mother of the young lady was present, and the doctor looked to her for an explanation of the case. She said, that in the past year, her daughter had mysteriously disappeared from home twice, and no trace of her could be found; and when she returned could give no account of herself. The mother, fearing some mental trouble was the cause of the disappearance, had sent for a physician. The doctor then gave his testimony in the case, and everything was made plain.

These two cases represent one class of this remarkable phenomena of dual consciousness, of which epilepsy seemed to be the cause, now for another class. The following is one of eighteen cases collated by Dr. Chas. St. Dana, of New York, of double consciousness.

A young farmer, 23 years of age, of not very great intelligence, was struck on the head with a hammer. He was unconscious for several hours, but finally recovered. He continued to work, and seemed as well as ever, though there was considerable depression of the skull. Four years later, he moved to another town, purchased a farm, and married. His mind seemed normal until after he had been on the farm for four years, when he showed evidence of insanity, and finally became actually maniacal. A physician saw him, and found the depression in the skull, at the junction of the sagittal and coronal sutures. He trephined, and removed a portion of the depressed bone, and the patient immediately recovered consciousness; however, he seemed impressed with the idea, that he had just recovered from the blow on his head. Everything since that time was a blank. He did not know his wife, or that he had one. His neighbors were strangers to him, and everything he had done, had to be explained to him. He had to learn the roads in the neighbor-

hood. He talked intelligently, and candidly. Before the operation, he had been boisterous and turbulent in disposition. After it, his manner was quiet. In this case trauma was the cause of the amnesia.

The following, I take from one of our daily papers, and illustrates another cause of this same condition.

Mr. L—was a popular young rancher in Kern County in '78. He was 23 years of age, and well to do. He married a young lady to whom he was strongly attached. The young couple lived very happily together for sometime, when death suddenly claimed the young wife for its own. The grief of the husband was such, that he could not remain in his now desolate home; so he sold everything and went to the home of his parents. Unable to shake off his trouble, he finally sank into a state of melancholia, from which it was feared that he would never recover. By judicious care, he was partially restored. He bought a ranch in Chico, settled there, and in less than a year after the death of his wife, he married a lady of that place. While his friends were surprised at this, they strangely put it down as an evidence of restored reason. All went well for a time, when suddenly his mind gave way, and he was taken to the Asylum at Stockton. He remained there two years, when it was declared that he had recovered. His wife, with a little one that had been born to her, after her husband had been taken away, went to see him. What was her horror, when she looked into his face, and saw the evidence of restored reason, and yet no sign of recognition of herself. After awhile, the physician and friends made him understand the situation, and he went back to live with his wife upon their evidence.

These four cases are enough to illustrate this phenomena, so I will not cite more.

There are two very important points at issue, in considering these cases. First, how are we to recognize them; and, second, if a person should commit a crime, murder, arson or burglary, while in this state of abnormal consciousness, should he be held responsible. I realize very well, the delicate ground upon which I am treading, in considering this question; but it is a question which any of us, as phy-

sicians, may be brought to face at any time, and have to answer, so it is well that we should consider it.

Now how are we to recognize these cases. Except in cases due to some traumatic cause, epilepsy or insanity are at the bottom of the trouble, and yet when a person is in an aberrant state of mind, from any of these causes, his actions are the same as if he were in a normal state, and for the time being, there is no way that we can tell the abnormal from the normal condition. It is only by going carefully into the history of the individual; and watching his future course, that we can determine the condition. There are a class of cases of dual consciousness, in which the individual passes frequently from the normal to the abnormal state and "vice versa," and remain but a short time in each, and when in one condition can not remember anything about the other, but can remember what occurred in the former like condition. One knowing such a case could easily tell the normal from the abnormal state, but a stranger could not tell one from the other. It is this class of cases which commit crimes, and then forget all about it.

Dr. Dana collates a case of this class. A Scotch gentleman, a lawyer by profession, suffered from hypochondriasis, and religious melancholia. Dr. Skae, who relates the case, says: He appeared to have a double consciousness, a two fold existence; one half of which he spent in the rational and intelligent discharge of his duties, and the other in a state of helpless hypochondriasis, amounting almost to complete aberration. He remembered nothing of what he did in the aberrant state of mind, and when in that state, remembered nothing of his good days. He was one day well, the next day sick. Dr. Skae states that Abercrombie related to him the history of a similar case.

I have been thinking of late that the White Chapel murderer may belong to one of the latter class of cases, of dual consciousness, and I will give you my reasons for so thinking. In the first place it hardly seems possible that a sane man could commit nine most brutal murders in rapid succession, two in one night, in a thickly populated portion of a large city, without being discovered. Second, a person suffering from any ordinary form of insanity could not well

commit so many murders at stated intervals, without becoming violently maniacal, before he got half through and thus revealing himself. An insane person may cunningly plan a horrible crime, using the utmost caution, against being caught, even waiting months or years before executing his plan. He may kill one or more persons; but it is all done up at once, for the moment he carries out his intentions, he breaks down completely, and becomes a raving maniac. But the man who is in an abnormal state of mind to-night, commits a crime, and is himself to-morrow, has no qualms of conscience, and no need of his avoiding his fellow men; so he goes about his business as usual, reads of the horrible atrocity in the papers, with no more than the usual feeling of horror that any of us would have, upon hearing such a crime.

Now comes the question, should a man be held responsible for his acts during this abnormal state. Any man who commits murder when he is sane should of course be punished according to law; and if he is insane or the plea of dual consciousness be put forth, when he commits the crime, he should be put in such a place that will prevent him from repeating the act; for the rest of his natural life. A man once having committed murder while insane, is never safe, and should be taken care of. If this were the law, men would not be able to avoid the consequences of their crimes as they do now. The plea of dual consciousness, as an excuse for a crime, would have to be sustained by a large amount of collateral evidence, requiring a careful investigation of the life and habits of the individual, and close watching of his future actions.

There are many cases on record, of persons living two separate and distinct lives; and knowing such to be a fact, we will have to consider carefully any such case if it is brought to our notice. The book *Dr. Jekyll and Mr. Hyde* is founded upon this class of cases, and while it is not wholly a myth, yet is terribly overdrawn.

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CONSTANT lying on the back subsequently to labor should be avoided, as tending to uterine prolapse.—*Era*.

## CASES CURED BY THE TISSUE REMEDIES.

[*Monatsblätter for January and February, 1890. Translated by W. A. D.*]

I. Case of a young girl whose menses had not appeared for several months, and who began to have chest difficulties as a consequence thereof. Kali phos. 30: dose night and morning. The menses soon re-appeared, and in four weeks she had no more chest pains.

II. Chronic enlargement of tonsils in a young girl, where physicians had advised their removal, was cured completely by natrum mur. 30.

III. A woman aged 44, who had suffered for years from epilepsy, had, on the 11th of February, 1886, two violent attacks. She received on the 12th six powders of kali mur. 12, to take a dose night and morning. She wrote later that since taking the remedy she had had no more attacks. [We do not think this can be classed as a cure, as the time of her writing was not given.—TRANSLATOR.]

IV. On the 6th of March, 1886, a man was brought to me blinded with a gray cataract. The right eye, through an unsuccessful operation and its subsequent inflammation, entirely contracted. The left eye was blind. Without much hope, however, I could not refuse him a trial, since he had been recommended to come to me. I prepared him fifteen powders of kali sulph., to be dissolved in water, and every second day a spoonful to be taken four times. On the 20th I received a letter from his wife, where she said: "Day before yesterday, while walking, I leading my husband, who was carrying his hand organ, he suddenly said, 'You do not need to lead me any more; I can see again!' As I would not believe it, he tore himself loose from me and walked on ahead for half an hour without stumbling, and on another day he saw the trees and, further on, the church steeple of the town to which we were wending our way."

V. A boy, aged 14, who formerly had straight eyes, suddenly began to squint with both eyes outwards. This was completely cured in six weeks by the administration of mag-

nesia phos., and his formally half-closed eyes could be widely opened.

VI. A girl 23 years old, who had suffered since her seventeenth year from epilepsy, received, after having two violent attacks, on the 11th of June, 1885, six powders of kali phos. 30. On the 11th of April, 1887, she wrote: "Since the 15th of June, 1885, I have not had an attack."

VII. A girl aged 28, who always had scanty menses, which during the past year had completely ceased, and caused head and eye troubles, received, May 12th, 1887, kali phos., six powders. After using it six days the menses reappeared with violent headache and lasted seven days, and her other troubles gradually disappeared.

VIII. A lady aged 44 suffered for two years with head and face ache of the right side, and received, on January 23d, 1888, six powders of magnesia phos. She writes, on the 12th of June of the same year, that she has fully recovered from her pains.

IX. A. G.— had a love affair, and, in order to kill herself, took poison, which left her with paralyzed hands and feet. I gave her six powders of calcarea phos., and four weeks later she wrote me that she could go around the room by taking hold of the furniture. She received six more powders, which completed her recovery.

X. K. B.—, 14 years old, had a growth upon the chest, which continually suppurated and could not be made to heal. He came to me on the 28th day of November, 1888, and received calcarea sulph. 3rd, which he took six days, and then six powders of silicea, which he took for twelve days. January 22d, 1889, he was completely restored to health.

XI. A boy of 13 had suffered since the age of 6 from trembling of the limbs, and was gradually passing into a state of epilepsy. He received, on the 8th of October, 1888, kali chlor. six powders. Since the 10th of December he has had no return of it.



## Ophthalmology and Otology.

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

### REPAIRING CORNEAS.

Dimmer, of Vienna, has been experimenting on the corneas of rabbits with a view of restoring vision in cases of total opacity; and claims to have succeeded by making a small opening in the opaque cornea with a trephine, and inserting a transparent shell of celluloidine. Having as he believes, succeeded in rabbits, he has extended his experiments to the genus homo, and though after 11 weeks the result seems unchanged, high authorities on such matters believe that ultimately the shell, will be cast off, and the eye return to its original condition, and perhaps be even "Dimmer" than before the operation. F.

### Relation of the Size of the Cornea to Glaucoma.

Priestly Smith instituted interesting and very extensive investigations as to the relation of the size of the cornea to primary glaucoma. As a result of his researches, he claims that while the cornea is fully developed at the age of five or even earlier, not adding one-tenth of a millimetre to its diameter subsequent to that age, the lens is not full grown till much later, often adding two millimetres to its diameter after the cornea has ceased to grow. Of one thousand normal eyes not one cornea was found so small as ten millimetres in diameter, while a much smaller glaucomatous group revealed nine which fell below that measurement. His researches disprove an old belief that the cornea is smaller in the hypermetropic than in the myopic eye, and shows that the size of the cornea has no effect upon the refraction, which claim was further proven by a comparison of ninety highly hypermetropic with the same number of highly myopic eyes. Comparing a small glaucoma group with the same life period of a larger healthy group, it was found, that the small cornea formed twenty-six per cent. of

the glaucoma group, and only four per cent. of the healthy. Having proved a definite relation between the small cornea and primary glaucoma, he claims that the explanation of this relation is found in an undue proximity of the lens to the surrounding structures. It is hoped that these investigations will be continued, and that through them we may receive light upon the hitherto very obscure pathology of this common and destructive disease. F.

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## Colleges and Hospitals.

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### HAHNEMANN HOSPITAL TRUSTEES.

The following gentlemen have recently been appointed as trustees of Hahnemann Hospital of this city: J. R. Jarboe, William Jarvis, P. R. Lilienthal, Louis Sloss, F. S. Chadbourne, and Sidney Cushing. The finances of this institution are in a most excellent condition, and we hope soon to see a suitable building erected for it.

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### Southern Homœopathic Association.—Bureaux for 1890.

Materia Medica: Chairman, H. C. Morrow, M. D., Sherman; Practice: Chairman, G. W. Sherbino, M. D., Abilene; Surgery: Chairman, Joseph Jones, M. D., San Antonio; Obstetrics: Chairman, A. T. Hall, M. D., Waco; Pædology: Chairman, J. W. Dickey, M. D., Weatherford; Gynecology: Chairman, M. Ellen Kellar, M. D., Fort Worth; Ophthalmology: Chairman, G. St. Clair Hussey, M. D., Brenham; Institutes: Chairman, T. G. Edwards, M. D., Blanco; Legislation: Chairman, G. G. Clifford, M. D., San Antonio.

*To the Chairman of the Bureaux:* Kindly urge each member of your Bureaux to prepare a good paper for our meeting. Ask each member to report the subject of his paper within a specified time. Chairman, report to the Secretary by March 20th.

*To Members:* Each of you are interested in the welfare of our Association, and therefore it behooves you to exert yourself in preparing good practical papers; to see that every Homœopath in the State belongs to the society.

G. G. CLIFFORD, *Secretary.*

J. R. POLLOCK *President.*

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## Editorial Notes.

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### THANKS, JUDGE LEVY.

Judge Walter Levy, of the Superior Court, deserves the esteem of every homœopathic physician in California for having had the honesty and courage to appoint a homœopath as a State Commissioner of Insanity. In our article in the February HOMŒOPATH we called attention to the fact that every medical position of honor or emolument throughout the entire State has been placed in the hands of the allopaths, and that persistently and most unjustly our school has been discriminated against; and although a very large proportion of the intelligent and wealthy taxpayers of California are believers in and adherents to the homœopathic system of medicine, we have until now utterly failed to obtain the recognition we deserve. We are pleased to have our request so promptly answered, and wish to extend to Judge Levy our sincere thanks, and to assure him that we shall not soon forget the man who has been first among public officials to treat the homœopaths of California in a square and honorable manner. It is true Judge Levy has done only what the homœopaths of California have a right to demand from all who have the appointment of medical officials under their control, for we insist that in common justice the large homœopathic sentiment in every intelligent community should receive public recognition, and that no institution in the State, supported by general taxation, should be without a fair proportion of homœopathic physicians on its staff. We are confident that this appointment by Judge Levy is but the forerunner of others to follow, and that very soon our

county and municipal hospitals, insane asylums and other public institutions will be presided over and controlled by reputable and educated physicians of both schools of medicine, and that the people whose money is used in their support may be able to choose the system of therapeutics that shall be applied to their relief.

C. L. T.

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## Correspondence.

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EDITORS CALIFORNIA HOMOEOPATH—As La Grippe has been a leading topic of conversation both in Europe and America for a period of several months, and as many theories have been advanced respecting its pathology and treatment, together with much practical experience in the use of a large list of remedies, it might not be amiss for me to give my personal experience.

During my late sojourn in Europe the malady prevailed to a very alarming extent. In some localities the death rate was increased four fold. People who suffered from serious chronic affections of the lungs, stomach, or kidneys were very liable to succumb to its baneful influence.

Quinine was almost the only dependence among the old school physicians. The more violent the attack the larger and more frequently repeated were the doses prescribed.

On my return from Hamburg to Bremen, Germany, on the 28th of December last, I had a most violent attack. It began with a violent chill, bone pains, headache, backache, a feeling of soreness all over the body, and a persistent dry hacking cough. No attack could be more pronounced. On my arrival at the hotel I ordered a hot fire in my room and then took two doses of aconite 3x diluted in water; half an hour apart. In one hour after taking the first dose a profuse perspiration followed which lasted for a period of three hours. All of the symptoms of the malady ceased as soon as the perspiration was well established. I took no other medicine, as no catarrhal or other symptoms followed, and I have been perfectly well ever since.

Yours truly, E. J. FRASER, M. D.

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FOR "BLACK EYE," there is nothing to compare, says the *N. Y. Med. Times*, with the tincture of a strong infusion of capsicum annum mixed with an equal bulk of mucilage of gum arabic, and with the addition of a few drops of glycerin. This should be painted all over the bruised surface with a camel's hair pencil and allowed to dry on, a second or third coating being applied as soon as the first is dry. If done as soon as the injury is inflicted, this treatment will invariably prevent the blackening of the bruised tissue. The same remedy has no equal in rheumatic sore or stiff neck.

## Personals.

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DR. F. F. DeDERKY has removed from San Francisco to his old home in Mobile, Ala.

DR. E. J. FRASER has recently returned from Europe, and has resumed practice at his old office, No. 112 Kearny street.

*Medical Topics* is the name of a new journal published quarterly by W. A. CHATTERTON, in Chicago. It is to fill a long-felt want.

LA GRIPPE has petered out, and the busy doctor is now trying to collect his bills, but from all accounts is meeting with poor success.

DR. J. G. NELLIS has located in Garberville, Humboldt County. We believe that the doctor is the pioneer homœopathist of that region.

DR. J. A. CALLEN, formerly of Cloverdale, recently paid us a call. The Doctor is now located at Oakland, where he reports business as thriving.

DR. R. H. CURTIS recently performed laparotomy at the Hahnemann Hospital. The Doctor has been doing considerable of this line of work of late.

DR. C. J. HOLMGREN, of the class of '89, has opened an office at No. 2096 Market street. This is in the vicinity of the college, and ought to be a good location.

The *Medical Era* and the *Medical Counsellor* have consolidated. Brothers GATCHELL and McLACHAN will make a fine team, and their combined efforts will mark the dawn of a new and bright "Era." Our congratulations.

DR. C. L. CLEVELAND, the Professor of Materia Medica in the Cleveland Homœopathic College, recently died after a short illness. The Doctor was the author of the well-known work entitled, "Salient Materia Medica." His death was a great loss to the college as well as to the profession at large.

DR. JAMES E. LILIENTHAL has recently been appointed Commissioner of Insanity for the district of San Francisco. This is the first appointment of a homœopathic physician to an official State position in California, and Judge LEVY, who made the appointment, is one of the few who are in favor of equal rights in medicine as well as in law. We hope that this will pave the way to other and more important homœopathic appointments, such as a position on the health boards, City and County Hospital visiting staff, etc.

WE are pained to record the death of Dr. G. W. BARNES, of San Diego. The Doctor was the first homœopathic physician in San Diego. He removed

from Cleveland, Ohio, several years ago, on account of ill health, where he occupied a professorship in the homœopathic college. He was a prominent man in San Diego, holding several important positions, among others the presidency of the San Diego Academy of Sciences, of which he was the founder. His loss will be regretted, and his genial countenance missed by a host of friends.

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## Book Reviews.

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**Practical Electricity in Medicine and Surgery.** By G. W. OVERALL, M. D. For sale by J. H. Vail & Company, 31 Astor place, New York. Price, \$1.00.

This little work gives a short and concise summary of the practical uses of electricity, and demonstrates its usefulness in certain diseases, such as the cure of stricture by electrolysis. The first chapter is devoted to the general considerations of currents and cells, or electro-physics; the second to electro-physiology; the third to electro-therapy, and the fourth to electro-surgery. It is amply illustrated, and contains the reports of about eighty-five cases treated by electricity. It is a neat and cheap book, within the reach of all, and the general practitioner can learn all about electricity without having to wade through a larger and more complex work.

**Transactions of the Homœopathic Medical Society of the State of New York, 1889.**

Taking all in all, the transactions of 1889 must be considered an improvement on former volumes, and a more thorough belief in Hahnemann's law gains ground among the younger members of the profession. Still, old Adam is not dead, and we would ask Drs. Gorham and Laird whether they ever saw morphine remove the pathological state which caused the formation of biliary and renal calculi, for here the homœopathic treatment by Thayer's cinchona, by the lime salts, by our antibilious remedies comes in, while the momentary relief by morphine is outweighed by a tendency of reproduction of the spasm. The old story of palliation versus a cure.

The bureau of materia medica has done noble work, and we trust the work will be kept up. It necessitates the study of a drug, a comparison with other drugs, and the more such individualization takes place, the more benefit will accrue to the student, who will become fascinated with such work.

Ophthalmology and otology are favorites with our physicians, and Norton's article on Senega, and Linnal's on kali mur., are worthy of more than a passing notice. One stretches the eye, the other the rectum, which only shows that we are not laymen, but physicians who understand the limit of the law, even as Hahnemann taught us in the Organon.

In relation to legislation, let us remain aggressive, and do not believe in the fair words of the wolf in sheep's clothing. Let the regulators (!) mind their own business; the homœopathic branch is perfectly able to paddle its own canoe and to take care of the dear public.

S. L.

## PAMPHLETS RECEIVED.

**Conception.** By E. A. DE CAHOL, M. D., Los Angeles. A reprint from the *Southern Clinic*.

**Enucleation of Tuberculous Glands.** By THOMAS W. KAY, M. D., Scranton, Pa.

**Erythroxyton Coca; its Value as a Medicament.** By MARC LAFFONT, M.D.

**Adolescence.** By JAMES I. FELLOWS, New York.

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 Clinical Items.
 

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A KEY-NOTE to bromium is flaxen hair in children.

*Pulsatilla* has frontal headache, with feeling as of eyes would start out of head—also much aching in facial bones.

DUCHENE gives kali phos. in solution (dram to the oz.) in teaspoonful or dessertspoonful doses to allay the thirst of diabetes.

*Anthracinum.*—Succession of boils. This medicine corresponds to this condition when there are no other symptoms to guide.—*Dr. Clarke.*

*Ferrum phos.*—In vicarious menstruation, when the patient just begins to expectorate blood. The hæmoptysis will stop and the menses appear.—*Professor Foster.*

JATROPHA URENS is the most poisonous plant known to man. Even the touch of it will stop the circulation of the blood, and cause numbness and swelling.—*Current.*

*Natrum carb.*—All troubles of the external nose, which may attain a morbid size; may have pimples on it, etc.; puffiness of nose; bad smell of nasal secretion.—*Guernsey.*

*Staphisagria*.—In cases of throat affection, such as enlarged tonsils, if the patient complains of *stitches flying to the ear* (especially the left) *on swallowing*, *staphisagria* is the remedy.—*Dr. Clarke*.

*Euphrasia* solution is almost a panacea in the local treatment of muco-purulent ophthalmia, when there is much mucus of a tenacious, stringy character; matter floats over the eye; external canthi are excoriated and red.

*Ferrum mur.* 3x has become a standard remedy with me in the treatment of girls with arrested menstruation, and of boys with tendency to seminal emissions or copious urination at the age of puberty.—*Professor Woodward*.

*Oxalic acid* has long been a favorite remedy with me in cardiac troubles occurring in highly "nervous" patients. In these cases, it must not be mistaken for baryta carb. which also has an aggravation from thinking of it.—*S. A. J.*

DR. ZUCKERKANDL, Professor of Anatomy at Vienna, and one of the ablest Anatomists of the present time, has recently demonstrated that it is almost impossible to wound the internal carotid artery in the operation of excision of the tonsils, or in opening a retro-pharyngeal abscess. Dr. Zuckerkandl is noted for his original investigations in Anatomy—a science thought to be almost perfect—especially those upon the Anatomy of the perinæum.

*Calendula* is of great use in the local treatment of ulcerating and eczematous surfaces. *A great disposition to take cold, especially in damp weather* is a valuable keynote for it; for its internal use in amal and other troubles. Deafness when worse in damp surroundings and when eczematous conditions are present. Moist catarrhal manifestations of vascular deafness.—*R. T. Cooper*.

*Chrysophanic Acid* is a useful remedy in some forms of blepharitis ciliaris, externally one to 1000 vaseline or lanolin. Its symptoms point to optical hyperaesthesia, a condition



for which we have but a limited number of remedies. Most applicable to those cases of retinal asthenopia which are caused by undue irritations of the ciliary system from straining the eye, either by an intense or insufficient illumination.—*E. W. Beebe, M. D.*

*Kali mur.* is the only drug I know of that produces true gangrene of the mouth with all its terrible consequences. Since it came into use at the Five Points House of Industry, where many cases of this terrible disease are presented, nearly every case has been cured, while previously the mortality was large.—*Professor T. F. Allen.*

DR. EUSTACE SMITH says that the usual cause of constipation in children is due to improper or inappropriate feeding. That any food which over taxes the child's digestion and thus burdens the alimentary canal with undigested residue, will excite a mild catarrh of the intestinal mucous membrane. The fecal rendered slimy by this secretion, affords no sufficient resistance to the contractions of the muscular coat, so that this slips ineffectually over the fecal masses.

*Calcarea.*—Dry cough during the night, with free expectoration in the morning; it is associated with sticking pains through the chest from before backward, not in the side as *kali*—Again, the *calcar.* patient is very apt to have hæmorrhage after an attack of coughing. He perspires easily, has sluggish digestion and a marked indication is the excessive dyspnœa from slight exertion, which is out of all proportion to the local condition of the lung.—*Allen.*

*Dioscorea.*—The chief land-mark is the peculiar pain embracing the umbilicus, the size of a silver dollar, and from this point the pains radiate in all directions; headaches, neuralgia, renal colic, cystitis, pains in testicles and spermatic cord, dysmenorrhœa, after-pains, angina pectoris, cough, etc., with pain in region of umbilicus, yield kindly to this drug. There is no remedy equal to this in sinking at the pit of the stomach—gone feeling in stomach, also with pyrosis.

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Original Articles.

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ELECTRICAL TREATMENT OF FIBROID TUMOR  
OF THE UTERUS.

BY HELEN T. MYERS, M. D., SAN DIEGO.

[*Read before the Homœopathic Medical Society of the County of San Diego, Cal.*]

MR. PRESIDENT, LADIES AND GENTLEMEN:—I submit for your attention and discussion this evening an experience in the treatment of a fibroid tumor of the uterus, with high intensities of electricity, according to the method of G. Apostoli, M. D., of Paris.

This treatment having been followed by a most unlooked-for, but happy result, which has, to my knowledge, never been made public, I deem it of sufficient general interest to warrant presentation.

This case made the subject of fibroid tumor an especial study with me for consecutive months, and I will introduce it by a brief resumé of myo-fibromata in general.

“Fibroid tumor of the uterus,” says T. Gaillard Thomas, “is one of the most frequent pathological conditions to which this organ is subject.” Mr. Clintock writes, “without question the most frequent organic disease of the uterus, if we except inflammation and its effects, is fibroid tumor.” Bayle estimated that of women dying beyond thirty-five years of

age, twenty per cent. were thus affected. Klob, in speaking of their frequency, says: "At the climacteric period it is such that undoubtedly forty per cent. of the uteri of females who die after the fiftieth year contain fibroid tumors."

However well established their frequency, their cause is another matter. Sir Charles Clark wrote in 1814: "Nothing is known respecting the cause of this disease;" and Thomas, commenting upon this statement, in 1874, sorrowfully adds, "sixty years of research have thrown no light upon its etiology."

Thomas teaches that the condition preceding and producing fibroid growth is a localized hypertrophy of the parenchyma, and that the neoplasm consists of the hypertrophied elements of the uterus, "to which organ it is strictly homologous." Recent pathological investigators, however, declare that connective tissue preponderates in their construction; but Thomas maintains that there is always a certain degree of muscular hypertrophy concerned in their development, and that in some cases it exceeds the amount of connective tissue in their make-up.

The benignity of these growths is now generally conceded, although no less than half a dozen eminent gynæcologists, including such names as Atlee and Simpson, Virchow and Klob, believe that malignant degeneration does, in rare instances, occur, including carcinomatous, as well as sarcomatous. Thomas writes, in his consideration of this claim, "It is a fact worthy of note that the negress, in whom fibroid tumors are so common as to be regarded by some as almost universally met with, after the thirtieth year carcinomatous affections of the uterus are very rarely seen."

These growths are divided by Klob into simple and compound, according to their structure; the simple consisting of a single tumor, the compound of several grouped in one mass by loose connective tissue.

Clinically, there are three varieties, according to location. If imbedded in the uterine wall they are known as interstitial; if without, under the peritoneum, as subserous; if within the uterine cavity, under the mucous membrane, as submucous.

Symptomatically, they are again classified by Apostoli into hemorrhagic and non-hemorrhagic.

In size and shape these neoplasms vary from the outline of a marble to an irregular compound mass weighing fifty pounds, which obliterated in its development nearly every sign of the original organ.

The symptoms are "menorrhagia; metrorrhagia; irritability of bladder and rectum; pain throughout pelvis; uterine tenesmus; profuse leucorrhœa; dysmenorrhœa; signs of pressure on crural nerves and vessels; and watery discharge from the uterus."

Diagnosis, in most cases, after a certain size has been attained, is not as difficult as it might at first appear; and if we consider closely the points in differentiation from the conditions they are likely to be confounded with, the matter of their presence is quite easily settled.

The first of these, according to Thomas' classification, is "pregnancy, in which amenorrhœa and the usual signs of utero-gestation are found, with a softer, more symmetrical tumor, more uniformly in the median line, than a fibroid presents."

2. "Cellulitis, in which the tumor appears suddenly, with fever, and fixes the uterus. It is very sensitive and generally immovable. A fibroid tumor is in every respect quite the opposite of this."

3. Hematocele, which is in most respects like the above, with more violent symptoms, a tumor at first semi-fluid, and accompanied by tympanites, and constitutional disturbance.

4. Flexions, which may be detected by the probe, conjoined manipulations, etc.

5. Fecal impaction, in which the tumor may be indented by pressure, and is accompanied by intestinal pain and disturbance.

6. But, between the subserous, uterine fibroid, and the solid ovarian tumor, we encounter the *greatest* difficulty in diagnosis. The ovarian tumor is unaccompanied by menorrhagia; it can be pushed from side to side without affecting position of uterus, as ascertained by vaginal touch; and it is less affected by movement of uterus with sound. But when a solid ovarian is firmly attached to uterus differentiation is out of the question.

However, I was not driven to my books for points on dif-



ferentiation by the case in question. The patient had herself made the discovery that some solid substance was presenting at the external os uteri before she sent for me; and my first look disclosed the os dilated to the size of a silver five cent piece, with the glistening white fibres of a fibroid beyond, revealing at a glance what it was, and that it had already, in part, at least, escaped its capsule. Very little exploration revealed a tumor the size of a foetal head at six to seven months, and the first question was not what we had, but how to get rid of it.

The history of the case is, premature delivery thirteen years before from a very unusual and distressing pregnancy, whose most prominent feature was a peculiar lameness, which sent the patient hopping about on one foot in a most characteristic manner, for weeks before confinement. Delivery was followed by puerperal fever, and a puerperal mania, which clung to the patient for years. That this head trouble was reflex, and due to what was diagnosed as sub-involution, was the opinion of the many physicians who examined the case. (I feel bound to state, however, that the physicians of the Utica Asylum for the Insane, to whom the patient finally appealed, diagnosed distinct cerebral meningitis.) But there was uterine trouble enough, no doubt, and for a number of years before the discovery of the tumor, retroflexion, distinctly discernable, per rectum, had been considered the chief cause.

For several months preceding my acquaintance with the case, the patient had been subject to severe and prolonged attacks of hemorrhage, as well as a good deal of watery discharge; but her age being forty-five, all had been attributed to the menopause.

My theory is this: That the tumor existed as an interstitial, at the time of the pregnancy, and that the infringement upon the crural nerve which transpired between it and the foetus, caused the lameness; and that to its presence was attributed the mental depression and other unusual symptoms attending the gestation.

After delivery there was, of course, a degree of repress-ion, corresponding to the uterine involution, while the sub-involution and retroflexion subsequently diagnosed were due

to its presence in the walls of the fundus, to which its pedicle was later found to be attached.

"An interstitial fibroid," to again quote Thomas, "excites uterine contractions, which in time usually extrude it." In this fact, *uterine contractions*, we find the cause of the premature delivery, as well as later the presence of the neoplasm in the uterine cavity, with hemorrhage, hydrorrhea, and all the distinctive features of a sub-mucous fibroid.

The patient was an intelligent lady, who, having had all her life access to a medical library, soon knew as much about her case as any of us. Removal, by all means, was studied and discussed; but the uterine wall hugged the neoplasm so snugly that any effort to determine the location or area of the attachment was deemed imprudent. Whether or not it had passed beyond the indications for Thomas' *spoonlaw* could only be guessed at. All other means seemed so hazardous that a course of palliative treatment was agreed upon, and as Prof. Hilderbrandt's success with ergot appeared to hold most promise, that was adopted. Not subcutaneously, however, as the patient bore it well by mouth, and preferred to take it in that manner.

Through the two-fold capacity of ergot (first, as a contractor of uterine tissue, and second, of arterial), we hoped with it to deal a double-edged blow, diminishing nutrition, both by a narrowing of the area of attachment, and by a reduction of the blood supply; thus arresting its growth, if not causing regression by fatty degeneration, until the menopause, with its law of atrophy, should come to the rescue.

We expected, also, that the action of the drug upon both uterus and blood vessels would decrease the hemorrhage, and through diminished vascularity, the watery discharge as well. But our hopes were doomed to disappointment. Both gained ground upon the treatment, and it soon became too apparent that other means must be resorted to, or the patient left to die of exhaustion and exsanguinity. About this time (the fall of '87) there appeared in the *Medical Record* of New York city an original paper by G. Apostoli of Paris, setting forth very definitely and clearly his method of the "Treatment of Fibroid Tumors of the Uterus by Electricity," with an appendix of the most remarkable statistics, covering

the preceding five years. This plan of treatment, and the ends sought to be attained thereby, were so different from that of ordinary electrolysis, as practiced by Cutter and others, that taken with the statistics, it commanded the confidence of the patient, and she herself decided that our next effort should be with the battery.

The intense current employed by Apostoli, varying from 50 to 150, and even 250, milliampires, and hitherto considered intolerable, is borne by rendering the cutaneous pole innocuous, or nearly so. This is accomplished by Apostoli, by using a large abdominal electrode of wetted clay; but Dr. Franklin H. Martin of Chicago, who had been experimenting with and writing upon the method, had devised an abdominal electrode which fills all the conditions of the clay, and is much more convenient, which we procured. It consists of a large concave disk of soft metal, over which an animal membrane is loosely stretched, and securely fastened at the run, the interspace being filled with warm water or salt and water.

The active pole, whether positive or negative, is always intra-uterine, or else enters by puncture with steel trocars, through the vaginal wall when necessary, into the substance of the tumor itself.

The first end sought in the hemorrhagic variety is always galvanic cauterization, for the arrest of the hemorrhage. This is identical in its effects with chemical cauterization, or that of the actual cautery. With the negative pole, says Martin, we secure a cauterization similar to that produced by an alkali; with the positive, that resembling an acid.

This he explains by saying, "if we plunge into any electrode the two poles of a battery, decomposing the fluid by the passage of the current through it, we shall see the acid radicals gather about and attack the positive pole, while a similar effect is witnessed with the alkaline radicals at the negative pole. And it is just this effect we get at the positive or negative pole of our battery, when, in the form of a metal electrode, it is brought in contact with the mucous membrane of the womb."

Dr. Martin has also constructed various sizes of peculiar internal electrodes (platinum wire wound upon flexible cop-

per, copper core), whose active surfaces are exactly defined, and can be so graduated, by a rubber insulating muff, that the operator cannot fail to know to a fraction the surface cauterized at a *seance*, or when the entire uterine canal has been covered. This sectional work, he claims, not only secures a more perfect uniformity of effect, but fails to produce the slightest pain upon the most sensitive.

Although cauterization with either pole is unquestioned, Apostoli says, "the arrest of hemorrhage must always be sought with the positive pole. It is a marked hæmostatic, while the negative pole always induces local congestion."

But in the given case, although hemorrhage was our worst foe, the uterine canal, as before stated, was so completely filled up by the tumor that no attempt at cauterization was possible, and we made our effort with only the atrophic and electrolytic effects in view.

"Atrophic effect," says Dr. Martin, "is the name I will take the liberty of giving to a peculiar influence that is often noticed after the use of electricity on fibroid growths, which I am unable to account for in any other way than as an effect upon the trophic nerves, upon which these tumors must depend for their nutrition. There are examples of rapid total disappearance of fibroids of considerable size after one or two applications of strong currents; and examples of others have continued to gradually atrophy for months after one application, but which have not entirely disappeared. This peculiar effect cannot be attributed to electrolysis, because electrolysis ceases to effect a diminution in size, as soon as the *ions* set free by the process are absorbed; which would not be likely to require more time than a very few hours. The local effect of the poles cannot account for the fact, because it has been observed where the poles had never come in contact with any part of the growth. It is well known, however, that peculiar irritations of motor, or other nerve trunks, or their branches, which are supposed to contain inherently, or in close association, trophic influence, will oftentimes cause progressive or rapid atrophy of the tissues under their control. I believe that electricity, powerfully concentrated, as it is in this treatment, in passing through these tissues has oftentimes some such destructive effect on



these trophic nerves, or nerves which carry trophic influence, and thereby cut off the powers of nutrition in the tissues."

With the electrolytic action of the current all are more or less familiar, and little need be said. It depends upon the well-known property possessed by a current of electricity, upon being passed through a compound body, of resolving it into its constituent elements. "These freed elements," says Martin, "rush into new compounds which act as foreign bodies, and as such they are promptly removed by the nearest absorbents. 2. They make combinations with elements already leaving the tissues through minute vascular, or absorbent canals. 3. In the form of gas they pour into the atmosphere beneath and surrounding the electrodes. 4. They attack the electrodes and are disposed of in the form of deposit on their surfaces."

Upon these two actions, then, including the cataphoric (or direct transference of the fluid particles toward the negative pole), we relied for reduction in the size of our tumors, and upon this regression we based our hopes of the arrest of the hemorrhage. No galvano-puncture was necessary, in order to secure direct contact with the neoplasm, since the intra-uterine electrode could be applied directly to the growth through the dilated os.

The patient was soon able to bear from fifty to seventy milliampires, and a sensible regression of the growth followed, evidenced by a ready admission of the tip of the finger between it and the uterine wall. But the most pronounced and unexpected result of the treatment was the ever-increasing dilatation of the os uteri, and finally, within a few weeks—six, I think—the gradual expulsion of the entire neoplasm from the uterine cavity.

No restraining influence, however, was manifested upon the hemorrhage, which recurred every ten to fourteen days, or the hydrorrhœa, which had by this time become excessive, saturating a dozen or more large napkins every twenty-four hours. The combined drain taxed the patient's resources to the utmost, but she bore it well, usually getting up for a few days between the hemorrhagic attacks.

The tumor thus exposed presented a mottled appearance, deep red muscular tissue alternating in patches  $\frac{1}{4}$  of an inch

in diameter, with white fibrous patches of about the same size.

Its accessibility now presented the most inviting field for experiment and observation ; and the patient, in her dread and fear of an operation, would, I think, have preferred our efforts at electrical extirpation, had not the most profuse and prolonged attack of hemorrhage, which seriously threatened life, and from which she emerged greatly exsanguinated, forced upon us the necessity of resorting to surgical aid for the removal of the growth at once.

With this end in view, the patient, in the care of her husband, went to Buffalo, N. Y., and placed herself in the hands of Mathew D. Mann, of national fame and large experience in this branch of surgery. He gave her great encouragement, assuring her that the operation would be comparatively simple and entirely safe. Being ill at the time, I did not accompany them, and hence cannot give as definite an account of the operation as I could wish. I only know that a large hæmastatic clamp was applied to the pedicle, which was then severed by shears, from the tumor at its point of attachment. The pedicle was about two inches in length, and three-fourths of an inch in diameter. It looked as white as a piece of tallow, although containing blood vessels of no inconsiderable size. The tumor was four inches in diameter by three in thickness, being much the shape of a turnip, and weighed nearly one pound.

The anæsthetic and operation were apparently well sustained, but within twelve hours after the patient was put to bed, she was seized with severe rigors, which continued from one to two hours, being followed by the most profuse and prolonged perspiration, and pyæmia was fairly ushered in.

Believing that aconite would be my prescription during the chill, she insisted upon its administration every five minutes until perspiration ensued, but being in allopathic hands, obediently took in connection therewith large doses of quinine. Later much dependence was placed upon anti-febrine.

Day after day the temperature rose, until a maximum of 106° was attained. The liver was the organ selected for the

secondary deposit and pyæmic abscess, and within a week she presented the most completely jaundiced appearance possible to conceive. For a fortnight she hung between life and death, but at the end of that time began to show some encouraging symptoms; and eight weeks from the day of the operation she was able to be removed to her home, four hours by rail. Several months elapsed before she recovered her usual strength, but the following summer saw her in better health than she had experienced for years.

The point I wish to make is the expulsion of the tumor from the uterine cavity. This was, doubtless effected by the muscular contraction of the uterine wall under the application of the electrical current.

That this effect was not an isolated or exceptional one we had immediate proof. When Dr. Mann made his first examination of our patient he expressed much gratification at the relation of the growth to the surrounding parts, and also voiced a wish that another case he had on hand awaiting operation was in the same condition. According to his statement, the tumor of this patient was presenting at the slightly dilated os, exactly as that of ours had been when we resorted to electricity.

Upon learning our experience, he decided to defer that operation, borrowed our abdominal electrode and put the patient at once upon electrical treatment. Before our patient was out of the city he reported the tumor of his own case as low in the vaginal canal, as was that of our patient at the time of its removal.

Whether the operation was followed by like disastrous results I never learned, but suspected it would be, as the doctor declared that "septicæmia was dogging his footsteps at every turn."

Having small faith in spontaneous pyæmia, I had my own opinion in regard to the cause of the trouble, ascribing it, in spite of charity, to infected hands or instruments.

And it is upon this point that I would like especially to hear a full discussion, since the fate of so large a number of operative cases hinge upon it.

## SCLEROSIS OF THE POSTERIOR COLUMNS, PROGRESSIVE LOCOMOTOR ATAXIA.

By S. L.

Symptoms: Absence of patellar tendon reflex; lancinating pains; paresis of bladder; paralysis of ocular muscles; myosis; rigidity of pupils; optic atrophy; sensory disturbances; analgesia, delayed conduction of pain; swaying and tottering when eyes are closed (Romberg); feeling of exhaustion; ataxia; sexual weakness; joint affection; gastric crises. Electricians have great faith in static electricity, alternating it off and on with the actual cautery to the spine. Ergot, nitrate of silver, atropine are recommended or given, but too often the disease steadily progresses to its fatal issue.

Boeninghausen—and there is, after Hahnemann, no more trustworthy authority in our school—speaks highly of *Alumina* in this disease; and Carroll Dunham prefers the pure metal, the Aluminium. Romberg—symptom: Inability to walk, except with the eyes fixed on the feet in open daylight, so that he can watch their movements, was known to this keen observer, though perhaps he did not know its pathological importance. He says the Alumina patient is of a quiet and resigned disposition—no wonder in this progressive disease he learns resignation. He has a sensation as if he would fall forwards, which he greatly fears, not from dizziness, for his mind is clear, but from the consciousness of the unsteadiness of his lower extremities; to which, with our present knowledge, we add the absence of the knee-jerk and other spinal reflexes; numbness of the heel on stepping upon the foot; great and tremulous lassitude of the body, especially after walking.

*Argentum nitr.*—Paralysis from exhausted nerve-force; lassitude of lower limbs; he does not know whereon he steps; paresis of bladder; he passes urine unconsciously and uninterruptedly; tendon reflexes diminished or absent; idiopathic atrophy of optic nerves; gastric crises with violent belching, which relieves; want of sexual desire; time passes slowly; aggravation from sweets; emaciation.

*Belladonna* (atropine). First stage tabes dorsalis—Loss of co-ordination in the muscles of upper and lower extremi-

ties; he raises the feet slowly and puts them down with force; cannot tell when the hands hold an object; when walking, he raises the legs as if he had to pass an obstacle.

*Duboisin*—Almost impossible to stand alone with eyes shut; sensation as if legs were unable to hold up body; staggering from one side to another when walking, but can go straight forward by watching his steps; tired feeling in limbs; paralysis of accommodation.

*Conium*—Bad effects from suppressed sexual desire, or from excessive indulgence; trembling; unpainful lameness; powerless sensation extending all over body; reeling when standing, and dragging his legs after him; papular eruptions; itching and burning.

*Gelsemium*—Fresh cases; strabismus; ptosis; sexual weakness; irritability of seminal vesicles; genitals cold and relaxed; paralysis of bladder with dribbling of urine; weakness in back and limbs, with sleepiness; loss of power in upper and lower extremities; staggering gait; numbness and lack of sensibility in extremities.

*Graphites*—*Tabes dorsalis*, especially in women, with great weakness in legs and back; weakness and heaviness in extremities, they fall asleep; jerking of muscles, numbness or torpor of genital organs; herpetic constitution.

*Helleborus*—Muscles do not act properly if the will is not strongly fixed upon their action; unsteady, feet weak, knees tottering; numbness of arms, with pricking and coldness.

*Kali brom.*—Inability to stand or walk; handwriting shaky and indistinct; limbs shake and bend under him.

*Natrum mur.*—Constipation; involuntary urination when walking; pruritus genitalium; jerking sensation in back and nape, extending toward head; backache, with general weariness, < lying down; paralytic condition of lower extremities.

*Nux vom.*—Paralysis of bladder with dribbling of urine, constipation from irregular spasmodic action of intestines; constriction and stiffness in back; spinal irritation with loss of power in extremities; unsteadiness of gait with dread of falling, sensation impaired, legs cold and livid.

*Phosphor.*—Ataxia and adynamia; weakness of mind and body, especially in the morning, as if he had not slept enough; numbness of whole body; with pricking sensations and anxious oppression; muscular asthenopia; scoliosis, tuberculosis.

*Physostigma*—On walking feeling of unsteadiness, he must keep his eyes on his feet so that he can see where his feet are; muscular tremors and lightning-like pains in extremities, followed by diminished reflexes and paralysis; blurred vision; languor and flatulency; tetanic symptoms during first stage.

*Plumbum*—Advanced stages of tabes, or rather of disseminated sclerosis: sclerosis from hypertrophy of connective types (silicea), especially in the root-zone; in the optic and third nerve; paroxysmal, lancinating, neuralgic pains, < at night; total loss of co-ordination; fornication; anesthesia and paralysis with atrophy in limbs, with fatty degeneration; pains > by pressure, < from least touch. Though praised for locomotor ataxia, the symptoms correspond more to other spinal troubles.

*Rhus tox.*—Rheumatic palsy; loss of power of co-ordination in lower extremities, staggers, steps higher than usual; soreness in every muscle with jerking, tearing pains in them; walking difficult, slow and shuffling.

*Secale*—Anxiety, sadness, depression; gentle creeping sensation in back, as if soft air was blowing through it; painful jerking of limbs at night; lassitude, heaviness and trembling of limbs; shuffling gait; fulgurating pains, absence of knee-jerk; ataxy; aversion to heat and to being covered.

*Stramonium*—Vertigo when walking in the dark, can only walk in the light; totters as if giddy; strabismus; muscles will not obey the will; limbs feel as if gone to sleep. Early stages.

*Zincum*—Cerebro-spinal exhaustion; great weakness of all the limbs, especially in lumbar region and bends of knees; burning along the spine; pains in last dorsal vertebræ; impotence.

## IS THE MEDICAL MILLENIUM AT HAND?

By C. W. BREYFOGLE, M. D.

Those members of our profession who have read Edward Bellamy's "Looking Backward" may be in that hopeful frame of mind which leads them to look upon the bright side of passing events, making them willing to assist in the good work of exchanging the sword for the olive branch of peace and bringing a cessation of the warring elements of professional life. To such, a few words by way of encouragement: For many decades Homœopathy and Allopathy have been at deadly strife, with acknowledged good in both and perfection in neither. Eclecticisim has in a measure joined us, as an ally against the mightier enemy, for war purposes only and not as a friend. To all outside the actual participants in the contest, the struggle has been misunderstood and ordinarily inexplicable, to many really amusing. This because it is in such antagonism to that enlightened spirit of investigation, and even, in many instances, too ready adoption of new theories which characterizes this nineteenth century. The refusal to even fairly investigate the principles of Homœopathy, and the high position of autocratic authority which Allopathy exhibited in its open and fierce denunciation, compelled the adoption of a distinctive name and position, instead of all truth being merged into the one noble title of physician. We have lived and thrived, and the truth has been established. Thus much for the facts of history. At this last of the century, what of the results and the future outlook?

After a quarter of a century spent in professional life, during which time I have borne my full share in the struggle (as my California friends can testify), I have been spending the winter in New York City in attendance at the Polyclinic—a post-graduate school—in special study, and these questions have been presented to me in a light so very different to that of a few years ago that I feel it to be a duty to give you my impressions. Let me say here that there is a very great need of a post-graduate school of our own. There are two here of the old school, each treating an average of 20,000 cases yearly, and presenting a clinical material of

incalculable value to the general practitioner or to one who desires to acquire special knowledge. I do not expect to find any better in the schools of Europe, whither I sail this month. Our men are compelled to attend these schools for lack of any of our own. Still, if present indications are sufficient for a prognosis, a solution—and a happy one—may come in the establishment of a chair of homœopathic therapeutics in these same institutions at no very distant day. Already, upon the library tables in both these colleges, are found the best journals of our school, and they are read, too. Professors and physicians in attendance are uniformly courteous to us, treating us always as they do those of their own profession, taking occasion to assert their condemnation of the old regime of intolerance and ostracism, and mentioning homœopathy courteously in their lectures when mentioning it at all. A few days since a professor was lecturing upon croup. He said, "Gentlemen, I do not believe that the law of *similia similibus curantur* is adopted to all cases, but I believe in learning from every possible source how "to cure my patient" (general applause from the seventy in attendance) "and as I have used long and successfully a prescription given me by a friend who practices homœopathy, I want to commend it to you," and he told us of aconite and spongia. How long since he would have been called to a strict account for such heresy, not for *using* aconite and spongia, but for giving the authority for the prescription instead of stealing it and proclaiming it as original.

At the last meeting of the New York State Medical Society (old school), held at Albany, February 3-6, a resolution was unanimously passed that the Society recommend that the medical schools throughout the State add the study of Homœopathy to their respective courses. In an endeavor to prevent Messrs. Boericke and Tafel from practicing pharmacy without having obtained a license from the Board of Pharmacy, in accordance with the State law, the representative of the Board dismissed the case, and the comments of the New York *World* upon it were: "It is an evidence of a liberal and tolerant spirit on the part of the Board of Pharmacy, and of harmony between the two



schools of medicine in future." And now I ask, does not this indicate that a very different feeling obtains and that the long warfare is drawing to a close, so far as its bitterness and want of charity are concerned. The question is, how will we meet it? I cannot agree with those who say this is only trickery. Let us assume every man to be honest until he has been proven dishonest. If they desire to teach Homœopathy, let us recommend the very best men we have—men of education, physicians in the truest sense of the word, whom we can rely upon to do justice to them and to us. I have had more than one student in the Polyclinic ask me what of our works upon therapeutics he should buy to obtain a knowledge of our principles, and among them old practitioners, too. The time has passed for Allopathy to deny our success or to refuse recognition of the influence we have had upon their practice and the many valuable remedies our materia medica has furnished them. The time has passed for us to assert that their school has done nothing for the advancement of medical science. If any man in the community should be manly in a large sense, it is he who has attained to the dignity of the medical profession—a profession sacred in its character and responsibility, eschewing everything small, sordid or unmanly, and ready to throw the mantle of charity over all men's deeds because so fully conscious of his own fallibility. In this spirit, then, as men, as earnest seekers after any and all helps for suffering humanity, willing and anxious to do our whole duty to our patients, let us meet our long time opponents, to give them of our knowledge and receive what they may give of theirs, meeting hereafter as brethren with the one common aim of *the saving of human life*.

Good speed the medical millenium!

New York, March 1, 1890.

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*Passiflora* seems to be especially adapted to derangements of the nervous system, as neuralgia, tetanus, chorea, insomnia. For the nervous, restless, excited or wakeful condition found in so many affections, it has a wonderfully soothing effect—many of its symptoms are similar to cactus.

## DIARRHŒA.

BY DR. GEO. WIGG, EAST PORTLAND, OREGON.

*Graphites*—Pappy half digested brown stools of a most atrocious odor.

*Iris, Ver*—Stools tinged with bile in a continuous stream; green, undigested, mushy, pappy, bloody mucous, straining; burning in anus and rectum after stool; black with fever; hot sweat; white tongue.

*Jalap*—Stools very dark, very offensive, and of gruelly consistence; much griping and some tenesmus.

*Sulph.*—Diarrhœa caused by drinking beer; use 82,000.

*Oxalic Acid*—Frequent ineffectual urging to stool, preceded by a sick distressed feeling from the naval downwards; worse when thinking of it, and from drinking coffee; sugar aggravates pain in stomach, and wine causes headache.

*Sulph.*—Diarrhœa in the morning, with red line around the anus.

*Oleander*—Evacuations of scanty, thin, watery stools, with burning in the anus before and after stool.

*Allium cepa*—Diarrhœa after midnight or toward morning; offensive flatus; fissures in anus. If you do not believe it, try it.

## Ophthalmology and Otology.

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

### CONJUNCTIVITIES.

The ocular conjunctiva is a loose vascular membrane beginning at the free margin of the lids. From its junction with the integument, it is reflected over the inner surface of the lid to the fornix, where it is reflected upon the eyeball, forming the superior and inferior palpebral or retrotarsal folds. It passes forward over the globe, slightly crossing the mar-

gin of the cornea (limbus). It is also continuous with the mucus lining of the meibomian glands, canaliculi, lachrymal sac and nasal duct, entering through the lachrymal ducts into the lachrymal gland. Its framework of loose connective tissue is covered by a cellular epithelium which presents papillæ and fine follicular and conglomerate glands. The bulbar portion is thin and loosely attached to the globe, and has few papillæ, and no glands. Its blood vessels, chiefly derived from the palpebral and lachrymal arteries, form a thick network communicating indirectly at the corneal margin, through the episcleral vessels, with the ciliary system beneath. Lymphatics are numerous, surrounding, in a close network, the margin of the cornea. The nerves are derived from the fifth pair, entering at the inner and outer angles of the eye. They form a thick plexus of medullated fibres spreading out under the epithelium and ending in free club-shaped expansions.

A glimpse at the anatomy of the conjunctiva' shows its strong predisposition to vascular engorgements. Rich in vessels, with no muscular support to their attenuated walls, we can readily understand how suddenly, and from the slightest irritation, this delicate membrane is subject to alarming congestions and consequent inflammations. Much ambiguity has attended the efforts of the profession thus far to classify the different forms of conjunctivitis, and elaboration has only added to the confusion. Our Nosology will be vastly simplified when we come to the point of allowing diseases to name themselves. The frequent and varied blending of the different types of conjunctivitis renders any dogmatic and exclusive classification impossible.

**CATARRHAL CONJUNCTIVITIS.**—This most common form of eye trouble may present any degree of change, from the merest catarrhal hyperæmia to destructive inflammation.

*Symptoms*—Feeling as of grit in the eye. Smarting, itching or burning, and, in severe cases, especially those of traumatic origin, neuralgia affecting the course of the fifth pair of cranial nerves. There may or may not be photophobia. The vessels become large and tortuous; there is lachrymation more or less profuse and hot, sometimes watery,

later becoming mucous, or muco-purulent. And often sympathetic nasal catarrh. The conjunctiva will present a red and velvety appearance, swollen and cedematous, frequently showing ecchymosed patches, the integument of the lid often becoming puffy, red or purple from venous engorgement, and the lids will be found agglutinated in the morning.

*Etiology.*—Hereditary predisposition is strikingly present in these cases; and the inclination may also be found in anæmia, or a strumous taint of the subject, in some error of refraction, or straining the eyes from over use. Among the exciting causes may be named exposure to cold or dampness, mechanical injuries, the effects of escharotics, such as lime acids, etc., the presence of a foreign body in the eye, contagion from unclean hands, filthy towels, or similar agencies, and bad hygienic surrounding.

*Diagnosis.*—No trouble will be experienced in the diagnosis. The only diseases with which it is likely to be confounded are iritis or keratitis; but the severe pain and marked photophobia of those maladies will be absent, and the normal luster of the cornea and iris will be maintained.

*Prognosis.*—This is favorable, with proper treatment, from the beginning.

*Treatment.*—Study well the symptoms, the character of the secretions, times of aggravation, then prescribe homœopathically, and little trouble will be experienced in the cure. No disease in the whole catalogue of eye troubles is so often overtreated as the one under discussion, and especially is this true in relation to the topical treatment. Eyes differ greatly in their susceptibility to local agents, hence, it is much better to do nothing than to risk the possibility of awaking a needless inflammation by the use of heroic measures. If confident of your diagnosis, and sure that there are no corneal complications, mild astringent collyria will be found important adjuvants to the internal remedies. The following formulæ will be found of value.

No. 1. Rx.	Hydrast in mur.....	Gr. 5 iij
	Zinci sulph.....	Gr. j
	Rose water.....	ʒ ii
	Distilled water.....	ʒ 25 for ʒi

M. Sig: a drop or two in the affected eye every four to six hours.

## Colleges and Hospitals.

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The President of the American Institute of Homœopathy, Dr. Alfred I. Sawyer, has issued a circular announcing the next annual meeting to be held on June 16th, at the Fountain-Spring House, Waukesha, Wisconsin. Quite a number of papers to be read at the meeting are already announced, and others are in preparation. We notice the following, which are sure to be valuable contributions: "Albuminuria," by J. N. Eckel, M. D.; "Obstetric Medication," by Geo. B. Peck, M. D.; "The Physiology of the Epiglottis," by H. F. Ivins, M. D.; "Notes Upon Kali Phosph," by Wm. H. Leonard, M. D.; "The Artificial Philosophy," by E. H. Pratt, M. D.; "The Treatment of Melancholia, Dietetical and Therapeutical, together with Observations on the Benefits of Rest and Bathing in the Restoration of those Afflicted with Mental Depression," by Selden H. Talcott, M. D.; "The Use of Homœopathic Remedies in Glaucoma," by H. H. Crippen, M. D.; "Sudden Death in the Puerperal State," by L. L. Danforth, M. D.; "Nephritis in Infants," by J. M. Schley, M. D.; "Experience with Kali Phos.," by Sarah N. Smith, M. D.; "Provings and Remarks upon Kali Phos.," by Edward Cranch, M. D.; "The Treatment of Hemiplegia," by J. Martine Kershaw, M. D.; "The Differential Diagnosis between the Phosphates," by S. Lilienthal, M. D. At the coming session, definite and final action must be had preparatory to the International Homœopathic Congress, which should be of vital interest to all physicians of our school, more especially to those who are members of the American Institute of Homœopathy, whether of longer or shorter membership.

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### OREGON.

THE Homœopathic Medical Society of the State of Oregon has elected the following officers for 1890: George Wigg, M. D., President; B. E. Miller, M. D., First Vice-President; E. C. Brown, M. D., Second Vice-President; S. L. King, M. D., Recording Secretary; Emma J. Welty, M. D.,

Corresponding Secretary; O. Royal, M. D., Treasurer; Board of Censors—Drs. C. E. Geiger, B. E. Miller, Emma J. Welty, A. S. Nichols, L. Henderson.

BUREAUX FOR 1890—1. Sanitary Science, L. Henderson, S. A. Brown. 2. Surgery, S. L. Nichols, C. E. Geiger. 3. Pædology, E. J. Welty, H. B. Drake. 4. Obstetrics, K. L. Miller, Z. B. Nichols. 5. Ophthalmology, E. C. Brown, C. R. Rollins. 6. Clinical Medicine, W. Geiger, C. B. Charlton. 7. Climatology, S. L. King, S. R. Jessup. 8. Meteorology, A. Pohl. *To the Members of the Bureaux:*—I would urge each one of you to be active and prepare a concise, practical paper for the next annual meeting. Remember, life's day is short. Thy work will soon be done.

Voluntary papers on medical subjects from any Homœopathist will be gladly received and duly presented before the next annual meeting; which will be held in Portland, on the second Tuesday in May, 1890.

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#### THE INSTITUTE SESSION OF 1890.

EDITOR CALIFORNIA HOMŒOPATH—As already announced by circular to the members of the American Institute of Homœopathy, the next annual session of this body will be held at the "Fountain Spring House" Waukesha, Wisconsin, commencing at 7:30 P. M., on Monday, June 16th, and closing on Friday, June 20th, 1890.

Waukesha—"The Saratoga of the West" famous for its "Bethesda," "Silurian," "Fountain," "Clysmic and other mineral springs, is a town of 6000 inhabitants, situated about 100 miles north of Chicago; and 20 miles west of Milwaukee, and directly on important lines of railroad. The hotel in which the session will be held, is an immense stone and brick structure capable of accommodating 800 guests, and furnished with all modern conveniences. It is situated in a beautiful park of 155 acres, laid out with drives, shaded walks, flower gardens, etc., while the town itself presents numerous attractions to visitors in search of either health or pleasure.

The local Committee of Arrangements is making provision for the comfort and enjoyment of those who may attend the

session, such as to render the occasion one of the most memorable in the Institute's history. Under the new rule the bureaus will present a far greater variety of subjects for discussion than heretofore, and the papers will embrace more of the observation and experience of their writers. Important subjects of professional interest will be introduced and acted upon, and interesting reports will be presented by several committees.

Any paper, after being presented at the session, may be published in the journals at the discretion of its writer. With a view to such outside publication, writers are especially requested to have their papers prepared *in duplicate*.

Officers of homœopathic societies and institutions are urged to make prompt reports (on blanks which will shortly be sent to them) to the Bureau of Organization, Registration and Statistics. All hospitals and dispensaries so reporting, will receive a pamphlet copy of the entire statistical report of the Institute.

It is desirable that the Institute should receive this year, another large accession to its membership, particularly from the West and Northwest, in order to secure a more equal apportionment of membership as between the East and the West, and to augment the influence of our school in shaping legislation and defending the equal rights of homœopathists in public institutions, appointments, etc. It has been suggested that each state and local society should provide for a complete canvass of its membership in order to secure for itself a larger representation in the membership of the National Society. The initiation fee is \$2.00. Annual dues \$5.00, entitling the member to the annual volume of transactions. Blank applications for membership can be obtained from the undersigned.

The annual circular, giving full details of the session—the programme, railroad fares, hotel rates, etc., will be issued in May. Any physician failing to receive a copy by May 25th can obtain it on application to

PEMBERTON DUDLEY,  
General Secretary, Southwest corner 15th and Master streets,  
Philadelphia.

## Editorial Notes.

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### AN ALLOPATHIC KICKER.

Dr. R. G. Eccles has broken loose again. This time in a long-winded communication to the *Druggists' Circular*, in which, as usual, the Homœopaths of the country are scorched and withered by the burning sarcasm of his mighty pen. An article by Dr. Samuel Swan in the March number of the *Homœopathic Physician* is the cause of the trouble, and several columns of the *Druggists' Circular* are filled with the frothing and fuming of Dr. Eccles' misdirected genius, in which personal abuse supplies the place of argument, and adolescent yawp does duty as a manly statement of facts. Our crowded pages will not permit of an extended reference to the article in question, and indeed, if its value to medical literature is considered, three lines should effectually dispose of Dr. Eccles' pretensions as a writer. In his attempt to ridicule Homœopathy, Dr. Eccles has ignorantly elevated Dr. Swan to a position among physicians of that school which will certainly be a surprise to his contemporaries. "He (Swan) is a leading light and high moral reformer of homœopathy, whose following is so strong that he is looked upon as a lion among the worshipers at the Hahnemannian shrine." When Dr. Eccles says this he states what every homœopathic physician who has ever heard of Swan knows to be absolutely false. He is in no sense even a fair representative of the teachings of our school, and commands less respect than almost any other man who might be cited. Personally we have no fight with Dr. Swan nor the peculiar opinions held by him, but we know, and every well-informed homœopathic physician is aware, that his following is not strong, and that when this man Eccles makes such a statement he either ignorantly or willfully says what is untrue, and that his arguments deduced from such premises are as false as they are ridiculous. Through all the four dreary columns to which Eccles has had the nerve to attach his signature, there is not one single argument against the homœopathic law, nor one statement worthy of serious considera-



tion. We would offer, as a bit of gratuitous advice, which we fear Eccles will never be in a position to accept, that the next time he feels called upon to rush into print he should acquire at least some little knowledge of the subject he intends to write upon.

C. L. TEDALE, M. D.

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## Personals.

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DR. E. W. WEIRICH has located at 718 Valencia street, Hillenbrand Hotel. Hours. 12 to 1 and 7 to 8 P. M.

DR. SPRANGER, the leading physician of Detroit, is on a visit to this city and may ultimately settle on this coast.

DR. W. E. ALTHEAUGH, of Vacaville, is doing well in that beautiful town. He has coralled the cream of the business.

DR. A. J. PATTERSON, of San Diego, has been appointed a member of the medical staff of the Good Samaritan Hospital of that city.

THE *Journal of Homœopathics*, published by H. HITCHCOCK, M. D., New York is to be enlarged with volume two. Subscription \$5.00 in advance. It is the representative pure Hahnemannian journal and ought to receive encouragement. Send on your subscription.

DR. S. M. S. GUY, of Visalia, was on a visit to this city. The doctor is well and was doing splendid work for our cause in his part of the country. The doctor will be remembered as the author of a series of interesting and philosophical articles in last volume of the CALIFORNIA HOMŒOPATH. They were discontinued because in the disconnected form of monthly installments much of their interest was lost. We understand that they will probably be published in book form at some future time, the only form suitable to the dignity of the doctor's productions.

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*Psorinum* is the remedy when there is lack of vital energy, want of reaction, and great prostration, both of mind and body. Distress in breathing, cardiac weakness and skin eruptions are guiding symptoms.

*Arsenic* I find very useful for inflammation in the lining membrane of the womb.—*Prof. Streeter.*

## Book Reviews.

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**Proceedings of the 25th Annual Session of the Homœopathic Medical Society of the State of Ohio; held at Cincinnati, May 14th, 1889, Cleveland, 1889.**

Some very excellent work is evidently being done by our Ohio brethren, judging from the published proceedings that appear annually. The present volume compares very favorably with the preceding ones. The Bureau of Sanitary Science reports fully on subjects of general interest, such as the necessity for pure drinking water, with adulteration, sewerage disposal, etc. The Bureau of Paedology and Clinical Medicine and Nervous Diseases deserve special mention for excellent papers, extracts from which will appear in the pages of the Homœopath.

**Practical Electricity in Medicine and Surgery.** By G. A. LIEBIG, Jr., Ph. D., and G. H. ROHE, M. D. F. A. Davis, Philadelphia, 1890.

Works on electricity in medicine are multiplying very rapidly, but this latest contribution to this department of literature seems admirably adapted to serve as a text-book to the student and guide to the general practitioner. It is profusely illustrated with numerous cuts, but only those of Part I being new, however. The subject of electro-static machines, of batteries etc., is treated at length, and particular attention seems to be paid to the practical parts of medical electricity; and it is free from unnecessary technicalities and too much theory, a common objection to similar publications. We can commend the volume as an intelligible account of the science of electricity, and a trustworthy guide to its applications in the practice of medicine and surgery.

**Spinal Concussion**, surgically considered as a cause of spinal injury, and neurologically restricted to a certain symptom group, for which is suggested the designation Erichsen's Disease, as one form of the traumatic remorses. By S. V. CLEVINGER, M. D., with thirty wood-engravings. Philadelphia and London: F. A. Davis, 1889.

**Anomalies of the Ocular Muscles.** Third paper. By Dr. GEO. T. STEVENS, New York. Reprinted from the archives of ophthalmology, No. 4, 1889.

**Sanitary Entombment; the ideal disposition of the dead.** By REV. CHAS. R. TREAT. Reprinted from the *Sanitarian*, December 1889.

**Modern Methods of Local Treatment in Skin Diseases.** New York, Johnson & Johnson.

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THE Thirty-first Annual Commencement exercises of the Homœopathic Medical College of Missouri was held on March 13, 1890.

## Selections.

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### THE DANGERS OF HYPNOTISM.

In spite of the many astonishing results that have been obtained through hypnotic treatment, we nevertheless must beware of anticipating more than it really can be expected to achieve. It is perhaps natural that the idea of rest should act soothingly upon the nerves, but still we must not imagine that the illusion that we hear well will cure deafness, or the illusion that we possess excellent eyesight will remove the blindness of a cataract. A correct view of the nature of ideas will guard us from erroneous expectations of this kind, and physicians therefore will have to limit the application of psychical means (and especially of hypnotism and suggestion) to such physiological conditions as can directly, or at least indirectly, be reached and influenced by psychical methods. Psychical cures, accordingly, must be restricted in the main to nervous diseases.

We consider it as our duty on this occasion to caution against the abuse of hypnotism that is frequently practiced by half-scientific people and sometimes even by prominent physicians. Hypnotism, as a means of cure, should be employed as little as possible, and in such cases only where natural sleep cannot be produced; and even then it must be employed with discretion.

Dr. Luys reports several cases in which patients hopelessly ill have been restored to health by the application of hypnotism. He speaks, for example, of a man who had been debilitated by insomnia. His digestion was impaired, his walk tottering, the nervous system prostrated, and his entire constitution was undermined. He had been given up by several physicians. Dr. Luys treated him several times in vain, but finally with success. The patient improved perceptibly, and soon was perfectly cured. To cure nervous diseases that are caused by insomnia, in fact, seems to me the main purpose to which hypnosis can profitably be applied.

There are also reported cases of inveterate vices and evil

habits, (for instance dipsomania,) that are said to have been completely cured by means of hypnotic suggestion. And the applicability of hypnosis in certain desperate cases, when all other expedients have failed, may under exceptional conditions likewise be justified.

The rotating mirror invented by Dr. Luys seems to be the best and least injurious means of producing artificial sleep. It is an instrument with two wings not unlike the automatic fly-fan, only much smaller and studded with small glittering pieces of glass. The wings are fixed upon a pin, which when wound up sets them into a rapid revolving motion. The patient being comfortably seated in an arm-chair, is requested to stare at the mirror. The giddily rapid, monotonous rotation by and by tires the eyes and produces a feeling of fatigue, so that the patient is soon very likely to fall asleep.

It is more than doubtful whether the anæsthesia of the cataleptic condition should be employed in operations. Narcotics have hitherto proved by far more reliable and less injurious.

It does not seem advisable to employ the cataleptic state in cases of childbirth, as Dr. Luys and other French physicians have done. To be prepared for the occasion, it is necessary that many weeks previous to her confinement, the woman be hypnotized daily. If this were not done, the hypnosis would most likely not succeed at the critical moment. But this exemption from the throes of a few painful hours are bought at an exorbitant price! We have to consider that henceforth throughout the whole life the woman will remain predisposed to hypnotic states. And still worse; a fatal germ of the same predisposition is most probably implanted in the infant born.

A predisposition to hypnotism, at all events, must be regarded as one of the most dangerous kinds of disease. It is an extremely serious misfortune. A predisposition to hypnosis is a diseased, abnormal state of the nerves. Individuals who either by nature or through artificial methods possess a predisposition of this kind, are but to a limited degree their own masters. Not only the hypnotizer himself has an absolute control over them, but every stranger, by

skillful manipulation, may influence their soul-life, and can render them serviceable to his private ends.

It is maintained by some hypnotizers that encroachments of this sort can be prevented, by imparting to the subject the suggestion, that he should not submit to be hypnotized by any one but his own hypnotizer or physician. But, as a matter of fact, every suggestion can be counteracted or modified by another suggestion. An imposter might easily introduce himself as the physician's deputy, and there are a hundred other means at his disposal. Once having been admitted into the confidence of the subject, he will quickly usurp the entire control over his or her soul.

We certainly should regard it as a national calamity if the majority of a people had acquired a predisposition to hypnotism. The independence of individuals would be destroyed, for that trait consists in the capacity to resist obnoxious suggestions. It is generally admitted by all psychologists that hypnotism affords an easy means for criminals safely to commit their crimes through unconscious middle-men as instruments of the deed. The danger of hypnotism is increased by the possibility of "timing" the execution of a post-hypnotic suggestion. Forel says upon the subject:

"The enormous importance of suggestion at appointed time or 'a echeance' is manifest. We are able for a definite period of time to predetermine the thoughts and resolutions of hypnotized subjects when the hypnotizer himself is no longer present; in addition one can give to the suggestion the appearance of a free decision of the will. One is further able to suggest to the hypnotized subject the belief that the impulse did not come from the hypnotizer. Nay, with highly suggestible people we are even able successfully to suggest the total amnesia of the hypnotization: 'You have never been hypnotized,' we may say, 'if you are asked, swear before God that in all your life you have never once been hypnotized; I myself have never hypnotized you.'

"I am perfectly aware that in this consists perhaps the most appalling danger of hypnotism in the administration of criminal justice."

The dangers to which hypnotic subjects are exposed in

the respect that they may become instruments of crime in the hands of unscrupulous criminals, great though they may be, are trifles compared to the dangers arising from their own auto-suggestions. Hypnotic subjects cease to be able to control their own ideas. Hallucinations may come to them at any moment, and lead them to crimes or to follies of all kinds.

Dr. Luys, who, if he is partial, is rather prejudiced in favor of hypnotism, says:

“Hypnotized subjects, by the very fact that they are under the influence of a quite special mental state, or even subjects that are neuropathic by nature, are apt to present this strange phenomenon, that through the automatic action of the cells of their brains they will produce truly autogenetic suggestions, just as insane persons are seen to create fixed and spontaneous ideas. At one time they will tell you that they have met with some extraordinary experience, have received some strange proposals, are acquainted with persons of high social standing; or else they will accuse some acquaintance of their circle of having spread abroad slander, of robbing, or of seeking to wrong them. Still, all these denunciations are made with a mien of absolute sincerity, and if one did not know such subjects from their peculiar psychological point of view, one might really be tempted to lend faith to their statements. It is precisely mental habits of this kind that frequently cause the society of hypnotic subjects to prove so irksome and well-nigh unendurable in the wards of public hospitals.

“This likewise constitutes a point of contact of hypnotism with insanity, because these cases of suggestions very frequently are produced either by sensorial illusions or by persistent hallucinations, and from this point of view hypnotic subjects present the exact state of mind of persons laboring under the hallucination of persecution.”

The dangers arising from auto-suggestion and self-hypnotization are confirmed almost by every one who is familiar with the subject. Professor Lombroso,\* of Turin, reports among many other instances the following case:

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\*See Frederik Björnström, *Hypnotism*, Humboldt Library, No. 113, p. 123.

“An artillery officer who was hypnotized at a public seance afterwards became almost insane. From time to time he had attacks of spontaneous hypnotism at the sight of any shining object. He would follow a carriage lamp in the street as though spell-bound. One evening, if his fellow-officer had not saved him, he would have been crushed to death by going directly towards an approaching carriage. A violent hysterical crisis followed this, and the man had to take to his bed.”

The whole purpose of a liberal education consists in the freedom, independence and self-reliance of the individual. Accordingly we can observe that in countries where men and women are raised with a love of liberty and independence there are comparatively few symptoms of hypnotism. In countries where children are brought up to become mere instruments in the hands of priests, the inclination to hypnosis is comparatively strong. Let us not increase the natural tendency of weak characters to allow themselves to be guided blindly; and therefore let us be careful to avoid the dangers of hypnotism.

The growing generation should learn neither to shut out new ideas nor indiscriminately to accept them, but to receive them with critique and to arrange them in proper order in the storehouse of general knowledge. This is necessary above all in a republic in which every citizen is called upon to take part in the government of the state, in the election of the authorities, and in the framing of the laws.—*P. C. in The Open Court.*

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NOTES FROM PROF. J. C. WOOD'S LECTURES  
AT ANN ARBOR.

There are more diseases in women arising from sexual irregularities than from any other one cause. Undoubtedly there are some diseases which are cured by puberty, but not so many as we are led to believe.

Cancer of the uterus never, or seldom, appears in women who have not borne children or gone through an abortion.

Pregnancy is about the only cure for a case of acute or chronic ovaritis.

Amenorrhœa is not a disease, but a symptom.

The stomach is probably more frequently affected, in a reflex way, than any other organ in the body.

A persistent or recurrent pain in the top of the head, or in the occiput, is said to be pathognomonic of uterine disease.

If irritation of the spinal cord be due to Amenœia, the patient will be relieved by a recumbent position; if due to congestion of the spine, it will be increased by assuming this position.

A vicarious, smarting, corrosive leucorrhœa indicates that the uterus is in the last stages of inflammation.

A peculiar discharge, resembling meat washings, accompanying uterine hemorrhages, is indicative of sarcoma.

Physiologically and pathologically the pelvic viscera are a unit; let one function of the generative organ become involved, and all others participate.

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## Clinical Items.

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**CALCAREA FLUORICA IN INDURATIONS.**—Chas. D. had been under allopathic treatment for two weeks for typhlitis, and when called I found him very much reduced, suffering extreme pain. Palpation discovered a tumor extending from the cecum to the inferior border of the liver, hard from induration and very sensitive. I found him lying upon the right side with the leg flexed upon the abdomen to relax the abdominal muscles. This position mitigated the severity of the pain. The indicated remedies were given for the acute symptoms, among which *Rhus tox* was the most important, but the absorption of the induration threatened to be a stumbling block to recovery, and an old allopathic physician declared that an abscess would result; but under *Calcarea Fluor. 3x*, a small powder dry upon tongue every two hours, the induration was rapidly absorbed, and a speedy recovery of an almost hopeless case was the result.—*G. P. Hale, M. D., Memphis, Mich.*



**THE GERM THEORY.**—Patient, scientific investigation has done much toward the elucidation of the germ theory of late, and as fact after fact is established concerning the behavior of disease-germs, the subject retreats from the domain of theory and rests upon the foundation of absolute certainty. That we are surrounded by micro-organisms of disease of some kind at all times, and so rarely succumb to their influence, is explained by the fact that the human body contains, in either its own fluids or cells, substances which may destroy or throw off the invading germs. And again, as disease-germs are not themselves injurious, but produce their evil effects through chemical poisons generated in their growth, they must have favorable soil for their development, else these poisons cannot be formed, and the germ is harmless. The fact that concentrated solutions of these poisons will render the germs themselves inert has led to attempts at their isolation with a view of obtaining substances by which inoculation would confer protection against infectious diseases without producing ill effects themselves. This has been done for anthrax, one of the most virulent, and at the same time best established germ disease, by Mr. Hankins, who isolated an albumose from anthrax cultures, which conferred protection against anthrax. This is one of the most important and far-reaching discoveries of the age, and it opens a field which it would be Utopian to consider.—*Memphis Journal of Medical Sciences.*

*Carbolic acid* has smoky urine (also terebinthina) useful in post scarlatinal nephritis.

*Lac can.* shares the honors with *phytolacca* in mastitis. Both breasts are acted upon by the remedy; there is much soreness, fullness and pain, general aggravation of symptoms in evening.

*Euphrasia* is almost a panacea in the local treatment of muco-purulent ophthalmia, when there is much tenacious, stringy mucous, matter floats over the eye, external canthi red and excoriated.

*Lilium* is one of our best remedies for mental disturbances in women troubled with uterine affections.

THE  
CALIFORNIA HOMŒOPATH.

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Original Articles.

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DOSIMETRIC THERAPY.

BY DR. P. BRETT MORGAN, SAN RAFAEL.

Dosimetric medication will be found one of the interesting features of the times in which we live. To the homœopathist it will seem like a go-between, a sort of compromise between the old and new schools of medicine—Allopathy and Homœopathy. And yet Dosimetry is not what is usually known as eclecticism.

Like every effort at reform in therapeutics, it charges home with unqualified distinctness the well-known defects of allopathy. One of its advocates, Dr. F. A. Bellinge, is reported to have recently read a paper on Dosimetry before the San Francisco Medical Society, in which he uses great plainness of speech. He thrusts at them the language of Maligne: "In medicine there is a complete absence of scientific doctrines." "All is empiricism." Presently, in the words of Fonssagrives, he adds: "The medical mind is gangrened with skepticism, and this gangrene generally senile, corrupts all ideas, and, like a poisonous plant, stifles faith, which is the vital principal of the arts and sciences." He charges again, that the old system, after all that has been said of progress, is still unprogressive, is 'floundering in a rut,' is

'routinism,' and yet is 'characterized by contradiction and variability; is 'incongruous, unreliable,' 'nauseous' and 'toxic,' 'crude and illogical,' while 'the massive doses,' if elimination takes place imperfectly, may cause accumulations in the blood and irreparable disaster.' 'With the maxima dose, we are always kept back by fear of poisoning!'"

But what is Dosimetry? and what does it offer better than Allopathy? This is the reply: Adolph Burggraeve, a professor in the University of Ghent, Belgium, in about 1867, "instituted a series of experiments in his service at the Civil Hospital of Ghent, to test the usefulness of medicaments in fractional doses, and communicated to the Royal Academy of Belgium the successful results of his experiments." This was the origin of what is now known as Dosimetry: the administration of drugs in fractional doses according to methods set forth by Dr. Adolph Burggraeve. To the disciple of Hahnemann the question will most certainly suggest itself: Where did this distinguished savant first get his idea of the use of so-called fractional doses, which he so heroically put to the test, and has now so generously proffered to the medical world? In the perusal of Dosimetric literature he will soon learn that this Belgian professor is measurably conversant with the writings of Samuel Hahnemann. Of this fact he will be further assured when he sees a list of dosimetric remedies and finds them strikingly like those found in the list of the great German physician.

It will also soon be noticed that this Belgian reformer, like Hahnemann, has proposed a *Materia Medica pura*. In this attempt he has proceeded to make a chemical analysis of the drugs he would employ, so as to obtain and use only that portion of a given drug which he wishes. This is illustrated by reference to opium, a drug having a half a dozen different properties or alkaloids—narceine, morphine, codeine, thebaine, papaverine and narcotine. The first three are pronounced soporifics, while the last three are said to produce convulsions. To obtain, therefore, with some measure of exactness, the active principle he desires, the properties of which he takes for granted that (as an Allopathist) he knows, he insists upon a chemical analysis. In

this way he assumes he can employ what he wishes without subjecting his patients to the hazard of the drug influences contra-indicated. In the *Dosimetric Review*, of March last, it is said: "The year 1889 developed one great fact which has a tremendous significance when viewed in its relation to the rapid advance of Dosimetry to the brilliant future which awaits it. We refer to the consensus of opinion in the French Academy of Medicine, concerning the immense advantages of using alkaloids in medicine in preference to the plants from which they are derived. \* \* \* \* Alkaloid medication is, in fact, the order of the day."

In this way it is proposed to produce a *materia medica pura*. But in point of fact, Dosimetric practitioners, true to the Allopathic instinct, combine and mix their preparations in a way that would satisfy the most extreme polypharmacy.

But, proceeding further in our investigations, we find aconitine, veratrine, digitaline, etc., used severally, for I think I may say, very nearly the same group of symptoms—*tout ensemble*—for which a Homœopathist would employ aconite, veratrum or digitalis. Their fractional doses are repeated in quick succession, as every Homœopath knows they must be, to secure the desired dynamic effect in the treatment of acute diseases.

Theoretically, Pathology is placed where it belongs, and Symptomatology is given the place and dignity it merits, exactly after the Hahnemannian idea. Dr. Burggraeve says: "The jugulation (abortion) of acute diseases is the catechism or the new medicine." He relates a case: Malignant measles were epidemic. A child of six years complained of headache, a catarrhal cough, and exhibited a temperature of 104° F. He employed veratrine. Gave one granule, containing one-half a milligramme, and ordered the dose repeated every fifteen minutes. The next morning the fever had abated.

There is also noticeable a certitude, unlike the hypothetical spirit that pervades Allopathy, but with which the Homœopathic fraternity is entirely familiar. One wonders by what means this new school of doctors came to have so much exact knowledge about remedies. We are informed this knowledge is the result of bed-side observations in a hospital. But, with no invidious spirit, to the patrons and

followers of Hahnemann, they seem very like the splendid achievements of Homœopathy, with the *similia* and provings silently ignored. I should, however, be glad to know that this is only a conjecture.

1. But, with our utmost desire for just dealing, we are forced to the conclusion that this was originally an allopathic attempt to utilize Hahnemann's labors with Hahnemann left out.

2. It is well known that there are large numbers who have the conviction that the minimum dose is somehow safer and more efficient than the toxic drugging of the archaic school; and, with no knowledge of the law of similars, but by a blind following of Dr. Burggraave, will probably secure to many such immunity to drug influence (poisoning) and a way of dealing with disease vastly superior to the methods of the dominant school.

3. We conclude that, notwithstanding the travesty of Homœopathy, the dosimetric theory exhibits so much of Homœopathy that the world will be the richer for its existence, while its honest practitioners, following it to its logical and legitimate sources, will surely find the Hahnemannian fountains.

4. I must also confess to a half-formed inchoate conviction that, before Homœopathy has completed its work of blessing humanity, it must realize the necessity of such a radical revision of its materia medica as will rule out large stores of accumulated rubbish and possibly settle for all time the vexatious question about potencies. This done, and I conclude the bugaboo of Homœopathy will be unknown and unheard of, and the advocates of dosimetry, and all others biased in favor of reform in medicine, will speedily find in Homœopathy, the clean, beautiful and incomparably efficient system which in the depths of their honest souls they long to find.

5. I conclude also that irrespective of all else, we have in the increasing literature of dosimetry another proof of the tremendous drift in favor of the minimum dose. Homœopathy has made its magnificent demonstrations. The world knows it. And now, true to the law of demand and supply, the new therapy must meet this world-wide demand. Let thinkers think over these matters.

## MATERIA MEDICA STUDIES.

## I.

The study of Homœopathic Materia Medica is to the homœopathist the most important of all his studies. According to the accuracy of his knowledge of this branch will he be a successful prescriber and healer of the sick. By means of his knowledge of Materia Medica he is enabled to adjoin to the *science* of homœopathy a practical *art*; he brings into the world of pain and sickness, the operation of the eternal law for their relief and cure. For, remember, that the *doctrine* of Homœopathy considered as a series of principles on the relation of drugs to disease is absolutely true and infallible; that the *art* of application of this doctrine—the art of Homœopathic practice therefore, is not infallible, is not perfect. Mark the difference between the *underlying principles of Homœopathy*, that is, what is perennially true in it—the *substance* of Homœopathy and its *outward form* or the *art* of Homœopathic practice. The law, the principles, the substance—these are absolutely true, as true to-day as they were at the beginning of time. They always existed, because they are expressions of certain relations of living forces, but they were not discovered to mankind until a favoring environment produced a Hahnemann for that purpose. It is ever so. The circulation of the blood, the laws of electricity, of chemistry, etc., though ever present and operative were not discovered until the suitable opportunity came. But there is a time for these eternal principles when they are *born* into this world, that is, into the consciousness and understandings of men. This *birth*, this formulation of an eternally true principle into human thought and language, and the attempt to bring its operation down into practical life, to adopt its workings to human nature and human needs—this materialization—this attempt, in short, of creating an *Art of Homœopathy* expressing in some degree the eternally true principle within, is in the very nature of things, and necessarily, a thing of growth, of slow growth, of limitation, of imperfection. Do not misunderstand me, and at the risk of wearying you with repetition, let me repeat that I claim absolute truth and universal sway to the principles of

Homœopathy—to the law of similars, simply because they are a necessary expression of the laws of life—laws for restoring diseased life—but to the *art* that seeks to embody this ideal into working array here below, that embodies and makes it available to human needs, I cannot ascribe to this the same absolute sway, *because* this outer form partakes of imperfection and limitation in the very nature of things.

So, then, you can readily explain the chief source of our failures in practice. These must, indeed, occur, because our art is yet young; our knowledge of drug action is yet but limited, our tools imperfect. But our failures will grow fewer and fewer, our recourse to palliatives more seldom as we advance in the study of our *Materia Medica*. This, then, is the chief study for the Homœopathic physician *as a Homœopathist*.

*Materia Medica* is the study of the nature and properties of drugs, and especially their property of influencing the functions of the body. And what is a drug? It is *any* substance capable of changing the functions and tissues of the body, and hence, of being used as a medicine.

Homœopathy has very much extended the idea of drugs, and has invaded all the kingdoms of Nature to bring tribute to it.

Now, of course, in order to employ a drug in disease rationally, something must be known of its physiological action. No matter whether we want to use it homœopathically or antipathically, to use it intelligently and not blindly, it is essential to know something of its effects upon the healthy body. Now, the knowledge of the physiological action of drugs is something that had no existence before Hahnemann. If I were asked what constituted Hahnemann's greatest claim to immortality—for among the immortal he will ever be ranked—I should answer, *not* his promulgation of the law of cure—for that had been recognized, dimly indeed, from the earliest times—*not* even his discovery of dynamisation, marvelous as that is; *but his introduction of drug provings*. His development of the doctrine that drugs must be proven upon the healthy human body in order to ascertain their effects that would guide us to their selection in disease, was of most momentous importance.

Having perceived the necessity for ascertaining the effects of drugs on the healthy subject, Hahnemann, with wonderful assiduity, set about instituting provings upon himself and others. The results we now have, and they constitute the main part of our *Materia Medica*. To Hahnemann chiefly and his band of disciples are we indebted for the bulk of this immense work. Later, Constantine Hering, a transplanted Hahnemann, with *his* co-laborers in Philadelphia, added with Hahnemannic accuracy, a large number of valuable drugs. Besides these two chief sources, many minor contributors from all parts of the world have added their mite of observation. The *Materia Medica* that we study then, is the result of the labors of many different men, very unequal in value and reliability. Remember, first of all, that it is *not* a revelation. You cannot appeal to it as the infallible, faultless, absolute standard, as a few enthusiasts would have us to believe. But it *is* a remarkably exact statement of accurate and painstaking observations of drug effects, and as such scientifically useful as a basis of our art. We accept every recorded symptom as a fact, unless repeated failure in practice shows its spuriousness. The result at the bedside is the ultimate test. If a symptom, recorded in the provings, is repeatedly verified in practice, that symptom is forever to be incorporated into the *Materia Medica*, no matter how or by whom observed. It is a fact—forever so. No theories of drug action—no pathological or physiological notions can ever upset it. These, if true, will illustrate it and strengthen our appreciation of its worth, but cannot deny it, simply because it *is* a fact, explain it as we may. And a drug, whose action upon the human body has been ascertained by provings, whose symptoms have been verified and the symptoms themselves expressed in the vernacular language of the people, such a drug constitutes a picture of drug action *true for all time*; it is a useful and indispensable acquisition to the sum of human knowledge, a seed yielding fruit a hundredfold. You see the vast superiority of such a characterization of drug action in the common language of the people over all mere theories, ingenious though they be, for theories are according to the state of the science of the day—what is accepted to-day will be thrown overboard to-morrow.



Hahnemann called his *Materia Medica* pure, not because he deemed it without error, but because it was free from this sort of thing, from theories, fiction, hypothesis — pure, because it embodies pure observations expressed in simple and plain language. Thus, it can never grow obsolete. It is ever fresh and true. It is of great importance that we do not pollute it. The temptation to do so is great. The old school is full of plausible theories of drug action, based largely upon experiments on animals. Interesting and useful these may be, but they must not form part of our *Materia Medica*; we cannot afford to incorporate speculation upon the *modus operandi* of remedies into our record of the pure effects of drugs. This is the reason we must refuse much of the modern so-called physiological action—it would simply lead us astray. Our *Materia Medica* must be a record of observed facts alone, and we will then build for all time.

If we examine a good proving, you will find that every deviation from the normal state of the prover is recorded, even such as are apparently unimportant; and they ought to be recorded in the order of their development. Only in this way can we arrive at a true picture of drug pathogenesis. Both objective and subjective symptoms are included. Theoretically, only such symptoms as were actually observed on the healthy, by provings, should be incorporated, and these alone are found in Allen's *Encyclopædia and Hand-book* and the *British Cyclopædia of Drug Pathogenesis* in process of publication.

However, in the evolution of our *Materia Medica*, another source of symptoms was utilized, namely, the patient under treatment. It was frequently noticed after the administration of a homœopathic remedy that not only did the symptoms disappear, for which the drug was given, but other symptoms, troublesome ones, possibly of long standing, also disappeared soon after taking the medicine. Such symptoms are known in our *Materia Medica* as *clinical* or *curative* symptoms. Notice that the aristocracy of birth characterizing *pathogenetic* symptoms is lacking here—their origin is more plebeian—the sick body, but many of them have been found very valuable and the *Materia Medica* has been enriched by them. But we must accept them cautiously, and verification

in practice alone entitles these curative symptoms to the same rank that is accorded the pathogenetic symptoms. Very likely all these curative symptoms could be produced by provings, if these could be rendered more thorough and long continued, but so far they have not been so observed. A record of these clinical symptoms can be found in "Hering's Guiding Symptoms," seven volumes of which are already published.

You will hear a great deal said about *characteristics or key-notes*. Such a symptom embodies a condition observed frequently in the provings of any remedy and is characteristic of its genius. You know that all drugs produce certain general disturbances, loss of appetite, malaise, etc. You can readily see that such qualities are not characteristic of any one drug. Besides these general disturbances, we find that each drug acts upon the body in a manner peculiar to itself and distinct from all others, and any symptom that shows this peculiar action markedly, is characteristic of that drug. They have often been verified in practice, and they almost invariably determine the choice of a remedy when present. But beware of prescribing solely on the presence of a characteristic. They are most important in rank but the totality must form the basis for your prescription. Many of the recorded symptoms, and especially these characteristics, we may not be able to explain physiologically. They have been aptly compared to personal peculiarities which conduce to the recognition of any one—it may but be a trick of the voice or of gait—still it marks the individual, so each drug possesses some peculiarities, be it a marked aggravation or amelioration of symptoms at different times or places or peculiar method of acting generally.

One's first glance at the Homœopathic Materia Medica is very discouraging. A mass of symptoms, many very trifling, many common to all remedies, greet one at every turn, and the hope of systematizing this chaotic mass, seems almost futile. Yet it is not so. There are certain principles and divisions running through it which will simplify its study very much, and prove to you that our Materia Medica needs to be studied like any other natural science, for such it is. We will elucidate this point in our next study.

EX-CATHEDRA.

## INSOMNIA—SLEEPLESSNESS AND ITS TREATMENT.

By S. L.

Insomnia may be either a primary cerebral affection or secondary to severe general, especially febrile, diseases, or dependent on painful organic troubles. To the first class belong senile (from cerebral changes in conformity to the old age), psychical (mental and emotional) and toxic (alcohol, tobacco, tea, coffee) insomnia. If it can be shown that during sleep the arteries of the pia are in a state of contraction, the membranes and the substance of the brain anæmic, we know then for many cases the immediate mechanical cause of sleeplessness, as in hyperæmia in connection with pressure and pain in head insomnia is always present. But we must also consider the qualitative composition of the blood inside of the skull, which in many cases nearly alone may be blamable.

One of my favorite authors, Blandford, in his work on Insanity, says: If we consider the cases of ordinary sleeplessness, we see that they are sometimes mental, sometimes bodily. Mental anxiety and worry may increase the cerebral activity and blood flow and banish sleep, but in a healthy person this will only last for a certain time. Fatigue will exhaust the brain cells of their force; they will cease to be stimulated and sleep will ensue. But in insanity the instability and tendency to discharge are such that fatigue does not bring healthy sleep; the activity of the brain centers, or some of them, continues in an abnormal and irregular way, and a large blood flow is directed to them. Again, deficiency of nerve force is the outcome of various physical conditions, and may be brought to light by the various events of life, which may exhaust the nervous power by its own depressing influence or because physical strength quickly fails, owing to some bodily condition or infirmity, or anæmia, various chronic and wasting diseases, climaxia, lactation, dyspepsia, unhealthy work and lack of hygiene.

Wakefulness, says Hammond ("Insanity," p. 151), is frequently either the obvious cause of mental alienation or the first sign that the mind is beginning to waver from its normal standards. During wakefulness the brain is constantly in action,

and some portion of it used up and new material to take its place can only be formed during sleep. Insomnia may come on gradually, but once established, becomes difficult to treat. Stimulants and narcotics often fail, or rather they often become a source of irritability, felt by the sufferer, and this change of character is soon noticed by his surroundings. From the inception of the insomnia, says Corning ("Brain Exhaustion," p. 177), there is a well-marked deterioration in mental power, which may eventually, and in a large number of instances does, actually end in complete brain exhaustion and insanity. It is in aberrations of sleep that we often find the first indications of aberrations of mind. Even if sleep be obtained in some cases, it is disturbed by nightmare and frightful dreams, and the patient accordingly rises feverish, unrefreshed and entirely unfit for mental and physical exertion. Mental labor becomes not only difficult, but also irksome; memory begins to fail, especially in regard to recent occurrences; judgment becomes weak and vascillating, and he complains of a morbid apprehension of impending evil, for which there is no cause, and the nature of which the patient can hardly define. In all this fear leads to a kind of mental introspection and there is none more frequently complained of, than impotence. Others have heat and fullness in the head, a sensation as if a tight band encircled it, a dragging or clawing pain on vertex. Vertigo is always more or less complained of (Hammond, "Diseases of Nervous System").

If perchance a patient complaining of such a complex of symptoms should ask the advice of a young physician, medical treatment will immediately revolve on the brain of the disciple of Aesculapius, prescriptions given and—failure follows. Prevention is here the necessary first prescription; we must regulate the irregularities of life which caused this abnormal state, and very often that is all what is necessary. Nutrition must be taken care of, regulation of meals insisted on; constipation must be removed, not by drastics and purgatives, but by adding fruit, as an orange before breakfast, to the meals and the habit fostered to have the bowels daily moved at a certain period of the day. Rest does not mean illness, but change from the usual humdrum life, kept up for

years, so that it is as a second nature. Fresh air in the country, gradually increasing walks, morning and evening; a light meal, or crackers and milk, before the hours of sleep, so that the blood may flow downwards to aid digestion and make the brain enæmic, by the habit of insomnia or poor sleep, can be broken and mental and physical health re-established without a grain of drugs entering into the treatment of such patients.

What our students need most to learn in their curriculum of two or three years' studies, is common sense to aid nature in restoring the equilibrium in disordered functions. Let them study "Hilton's Rest and Pain," "Fothergill's Manual of Dietetics," "Mitchell's Nervous Diseases," or "Crudd's Neurasthenia," and it will be of more benefit in their practical life, than to know how to treat Morwan's or Hodgkin's disease, affections which may not come before them twice in their life. Do not neglect medicinal therapeutics, but let it go hand in hand with common sense and hygienic and moral treatment. My young brethren, before you retire to your couch, pray fervently; lead us not in the temptation to give narcotics to the sleepless sufferer, for in the totality of the symptoms of the patient you will surely find the balm to cure, and not only to palliate.

In the third edition of my Homœopathic Therapeutics, just issued by the Hahnemann publishing house, I tried to give clear cut indications for many remedies so that we may always be able also to aid in removing the cause of the sleeplessness, but allow me to bring into your memory the valuable contributions on "Remedies Causing Disturbed Sleep" as found in the transaction of the American Institute of Homœopathy of the year 1887, and do not forget to read the discussions which followed the report of this Bureau. It is a pity that we have not in pamphlet form that valuable essay of Prof. Seldon N. Talcott, the superintendent of the Middletown Asylum, on "Sleep Without Narcotics," for he has practically demonstrated with his patients, that the law of similars suffices to overcome even the most obstinate cases of insomnia. You will find it in full in the New York State transactions of 1883, page 159.

## A CASE OF ECZEMA.

BY W. E. ALUMBAUGH, M. D., VACAVILLE, CAL.

W. P., aged 23, light hair, sallow complexion, general health good. Began like a ringworm over left eye. Spread across forehead and up to edge of hair, over right side of face and neck. The skin became much thickened and a transparent sticky exudation was constantly oozing from the surface. There was some itching, but no pain, except slight stinging when wet by washing or sweating. When I first saw the case it was of three months standing. Patient had tried Allopathic treatment. Various external applications and blood purifiers without benefit. I gave graphites 3x every six hours for four days. No improvement. Gave Graphites 30 four days. Still no better. Gave Sepia 30 for a week. Disease continued to spread. Also tried Rhus and Sulphur without benefit. At this time I received a copy of Boericke & Dewey's book on the tissue remedies. After consulting it, gave Kali mur. 6x three times a day, for three days. Saw marked improvement. Gave Sac. lac. In two days patient came back worse than ever. Continued Kali mur. in six days the cure was complete.

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Ophthalmology and Otology.

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

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## MORE OCULISTS.

REMEDIES FOR BLINDNESS.—It is distressing to learn that out of the 7,000 persons blind from their birth in this country, who owe their loss of sight to inflammation of the eyes, at least two-thirds of them might now have been in the enjoyment of their sight but for the ignorance or neglect of their earliest guardians. It seems that the remedies for the infantile inflammation which causes blindness are both many and simple. Thus it cannot be too widely made known that the eyes of a newly-born child, if inflamed, should be washed with pure warm water, and that then a single drop of a 2 per cent. solution of nitrate of silver should be instilled into each with a drop tube. In Germany midwives are enjoined to adopt the above remedial

treatment, under oath, and since that has been done the decrease in the number of blind children has been most appreciable.—*London Figaro*.

The above clipping from a well known London paper, while it aims at a great evil, shows also the masculine dogmatism and sturdy self-complacency with which the secular press is addicted to deal with such delicate organs as the human eye. We are impressed, if not awed, by this picture of the phlegmatic German midwife, going forth, armed with an awful oath in one hand, and a bucket of exactly two per cent solution of argent. nit. in the other, ready and *authorized* to baptize with her stygian lotion, every teutonic infant that dares to show the red of its eye. Our author thinks the two great defects in the "early guardians" of infancy, to be avoided, are, "ignorance and neglect." To the reasoning, it will be questioned whether authority based upon the above instructions would not prove more fatal to german infancy than even ignorance, and whether neglect might not be preferable to such indiscriminate activity.

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## Colleges and Hospitals.

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### PACIFIC HOMŒOPATHIC DISPENSARY.

The annual meeting of the Pacific Homœopathic Dispensary Association was held April 14th, 1890, at the rooms of the Dispensary, 943 Howard street.

The association was incorporated in 1876, and was the first corporate attempt to provide "medical aid of competent homœopathic physicians for the indigent sick," as well as being the first movement toward the establishment of a homœopathic hospital in San Francisco. The large number of annual and life members of the association present shows that much interest is taken in the work carried on by this Dispensary. The reports of the Secretary and Treasurer indicate that an energetic and unflagging spirit animates the workers for the success of this undertaking—that is, for the establishment of a hospital, and especially of a children's hospital, where worn and weary little sufferers may be re-

stored to health and vigor by the benign methods of homœopathy. To all who desire to see such a home of health and help opening its benevolent doors to the invalid children of the poor, an earnest appeal is made to work with us, with sincerity of purpose and without prejudice, for the speedy accomplishment of that most beautiful and appealing charity: a children's hospital. Annual membership, \$2.50; life membership, \$25. Bequests and donations of any amount gladly received. It was announced at the meeting that one of the life members of the association would, on the day of the next annual meeting, duplicate every dollar that had been added to the funds of the association during the year from every source except patients' medicine fees, up to a certain specified limit. This is an incentive to work vigorously. The staff of attending physicians comprises the following names: Drs. Laura A. Ballard, C. V. C. Scott, A. F. N. Moore, W. A. Dewey, Edwin S. Breyfogle, J. Stow Ballard, E. N. Lowry, Grant Selfridge (oculist). Consulting physicians: Drs. Eckel, Albertson and Curtis. Officers: Mrs. John McKee, President; Mrs. E. C. Gibbs, First Vice President; Mrs. John Wright, Second Vice President; Miss Henrietta Taylor, Treasurer; Mrs. Dorville Libby, Secretary. Auditors: Mrs. John Taylor, Mrs. Christian Reis, and Mrs. W. T. Reid.

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#### MISSOURI INSTITUTE OF HOMŒOPATHY.

The Fourteenth Annual Session of the Missouri Institute of Homœopathy was held in the Lindell Hotel, Saint Louis, Missouri, Tuesday, Wednesday and Thursday, April 22-3-4, 1890. The following were the officers for 1890: President, Moses T. Runnels, M. D., Kansas City; Vice-President, L. E. Whitney, M. D., Carthage; General Secretary, C. J. Luyties, M. D., St. Louis; Provincial Secretary, A. C. Jones, M. D., Holden; Treasurer, H. W. Westover, M. D., St. Joseph. Board of Censors: T. Griswold Comstock, M. D., St. Louis; Wm. D. Foster, M. D., Kansas City; S. B. Parsons, M. D., St. Louis. A large number of interesting papers was read and the meeting was a gratifying success.



### CALIFORNIA STATE HOMŒOPATHIC SOCIETY.

The Fourteenth Annual Meeting of the California State Homœopathic Medical Society will convene at the Hahnemann Hospital College building, San Francisco, Wednesday, May 14, 1890, at 10 o'clock A. M.

A stenographer will report the proceedings of the Society, which proceedings will be published in full.

All members are cordially invited to present papers to the Society, and to take an active part in its proceedings.

H. L. BRADLEY, M. D., President.

A. C. PETERSON, M. D., Secretary.

### AN APPEAL TO HOMŒOPATHIC PHYSICIANS.

The Homœopathic physicians of California are urged to interest themselves to promote the practical usefulness of the Society, and to lend a helping hand to raise it to a position of influence and power in this State.

By unanimity of action and oneness of purpose, we can compel respect and attention to our demands for a proper recognition and representation among those physicians who are selected to act in the public capacity of conservators of the health of the people.

The injustice of practically disfranchising the great body of Homœopathic taxpayers has been perpetual year after year in the State of California, while other communities have recognized and have corrected the wrong—a wrong and injustice that still afflicts this State.

A reform of this abuse of power, upheld by the arrogance and intolerance of the ancient school of medicine, can be wrought out only by a united sentiment born of honest convictions, a patient and untiring perseverance and a hearty enthusiasm in upholding the educational, scientific and social organizations under the standard of "Similia Similibus Curantur."

A. C. PETERSON, M. D.

Secretary Cal. State Hom. Med. Society.

**HAHNEMANN HOSPITAL BUILDING FUND.**

An orchestral and choral concert took place April 17th for the benefit of the Hospital building fund and free ward for sick and destitute children, which was a most successful entertainment.

A full orchestra rendered the music, and among the soloists were Mrs. Martin Schultz, Miss Irene E. Mulliken, Miss Lillie A. Kroft, Mr. W. J. Keeley and Mr. J. F. Fleming.

We learn with pleasure that the fund was largely increased from the proceeds of the entertainment.

Our ladies are working hard for the success of this institution and the profession of this city should give them every aid in their power.

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**Editorial Notes.**

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THE Homœopathic physicians of the Pacific States should take a deep interest in every measure looking toward the advancement of our cause among the people of this Coast, and do everything in their power to create a more general sentiment in favor of our system of therapeutics. While professing an abiding faith in the principles of our school and a pure love for Homœopathy, how few of us give any practical evidence of our convictions. Self-interest alone, if no higher motives govern us, should certainly induce an active co-operation in every institution, public or private, devoted to the education of the people in a more thorough knowledge of the grand and perfect truths of Homœopathy. Every man, however limited his field of action or however obscure may be his labor in the medical vineyard, wields an influence not bounded by the horizon of his little world, and if he will but direct his energies in the proper channel, great and permanent good can be accomplished for any cause he may have the courage to champion.

Brother physicians of the Pacific Coast! The foregoing lines have been written as an introduction to an earnest ap-

peal for your manly and fraternal support of two public institutions both of which can be made, with your assistance, of incalculable benefit to the Homœopathic cause. We refer to the Hahnemann Hospital College and THE CALIFORNIA HOMŒOPATH. No man connected with either of these has ever made a dollar in the months and years devoted to their advancement, and even the most prejudiced enemy of our cause dare not insinuate that the labor of the men identified with either the College or this journal has been other than one of unrecompensed devotion, except in so far as the knowledge of honest work conscientiously performed has been their reward.

Do not misunderstand us. We are not beggars, thank God! but we ask you in all honesty and sincerity if it is not your duty and if it would not advance your own material interests to give us every assistance in your power.

The Hahnemann College is doing a grand work for Homœopathy on this Coast, and she needs and has a right to demand the earnest co-operation of every physician of the same faith. Do not send your students to Eastern Colleges, but use your influence to keep them here, where they belong; advocate the honest claims of the Hahnemann Hospital College, and in every possible manner lend your assistance to the men who are devoting their time and energies to her advancement, and so you will be repaying some small portion of the debt you owe to Homœopathy.

In writing of THE CALIFORNIA HOMŒOPATH the task becomes more difficult. That delicate modesty which is the distinguishing mark of journalists in every land, makes it almost impossible to word the appeal which we feel should be made on our own behalf. We know that our merits are great, and are equally certain that our reward has been most lamentably small. Your moral support, brethren, is very comforting, but can't you emphasize it, and make it more binding by forwarding two dollars for one year's subscription to the CALIFORNIA HOMŒOPATH, published monthly at No. 234 Sutter street, San Francisco.

C. L. TEDALE, M. D.

Do NOT forget that the Homœopathic State Medical Society will meet in San Francisco on Wednesday, May 14th, 1890. Every homœopathic physician in California should arrange his business so as to be present at this annual gathering of the faithful; and not only be there, but determine to take an active interest in the proceedings, as it is only by the earnest co-operation of the entire profession that the meeting can be made a complete success. There will be a large number of interesting and instructive papers read, and, with the subsequent discussion which will be provoked, much valuable information can be gained by every active practitioner. Do not say you cannot spare the time, or that your business will suffer by your absence, but leave your patients alone for a few days, come to the meeting, and accept our assurances, gentlemen, that it will be much better in the long run for them as well as you.

C. L. TISDALE, M. D.

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## Correspondence.

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NEW YORK, March 15, 1890.

EDITORS CALIFORNIA HOMŒOPATH:—At the last meeting of the American Institute of Homœopathy, held in June, 1889, the following resolution was adopted:

“That in making up the list of existing journals illustrating homœopathy, by the Bureau of Organization, Registration and Statistics, and the Committee on Medical Literature, all such shall be embraced as avow the principle of similars as the denominating principle for the selection of drugs in the cure of the sick, and which also support the organizations of homœopathy as a distinctive body in the medical profession; that no journal thus listed shall be stricken off without formal notice through the General Secretary to the Institute, of the reason for any proposed omission from the list, and then, not without due notice and opportunity for defense on the part of the journal under consideration, final action on the case being deferred until the succeeding annual meeting. But the name of any journal may be dropped from the list after failure to signify its assent to the preceding conditions of its listing, and, if assenting, after subsequent failure to make report to the Institute for three consecutive years.”

Will you kindly send me your assent to the above conditions at your earliest convenience, and oblige,

Yours fraternally,

THOS. FRANKLIN SMITH,  
Chairman Bureau Org., Reg., and Stat.

## Homœopathic Medical Society of San Diego.

March 25th, 1890.

*Hon. Walter H. Levy, Judge of the Superior Court of San Francisco:*—Instructed by the Society, I beg to acknowledge in appropriate terms our sincere thanks for the consideration our school has received at your hands, in appointing our worthy colleague, James E. Lillenthal, M. D., to an official State position as Commissioner of Insanity for the District of San Francisco.

We doubt not that the spirit of true justice displayed towards us by you will ever live in our memory from end to end of our glorious United States and that the example of fairness displayed may be followed by others placed in similar position of the highest trust.

Ever yours truly and fraternally,

THOS. DOCKING, M. D., Secretary.

**EDITORS CALIFORNIA HOMŒOPATH**—At our last regular meeting I drew attention to the notice in your journal of the above appointment, when I received the unanimous instructions to thank Judge Levy by letter and through the public prints, I have done so in similar terms to the above; and now thank you for the opportunity afforded by your columns.

Yours very truly and fraternally,

T. DOCKING, M. D., Secretary.

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LOS ANGELES, March 24th.

**EDITOR CALIFORNIA HOMŒOPATH**—At a meeting of the Los Angeles Homœopathic Medical Society, held March 11th, Dr. J. C. Kirkpatrick was elected President, in place of Dr. Clarke, resigned. Dr. de Cailhol reported an interesting case of internal hemorrhage. A committee was appointed to formulate plans for the establishment of a dispensary, which is undoubtedly needed here. All the hospitals and dispensaries in the city being under the control of the old school.

Yours, E. P. MITCHELL.

Will try and send a paper next month.

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**San Diego Homœopathic Medical Society.**

**EDITORS CALIFORNIA HOMŒOPATH:**—The regular monthly meeting of the Homœopathic Medical Society was held in the office of Drs. Morgan & Polhemas. In the absence of President B. F. Mertzman, M. D., Vice President Dr. T. Docking occupied the chair; when after confirmation of the minutes of the previous meeting, certain representations were made by W. P. Polhemas, M. D., declining to fill the duties of Secretary and Treasurer, which were considered valid, consequently his resignation was accepted. A proposition was then made which was seconded and duly carried, that as Dr. T. Docking had from the inception of the Society performed the aforesaid onerous duties with such entire satisfaction, that he be forthwith elected as Permanent Secretary and Treasurer, which was unanimously agreed to.

Dr. Docking read two extracts from the CALIFORNIA HOMŒOPATH, showing that Dr. J. E. Lillenthal had been recently appointed Commissioner of

Insanity of the district of San Francisco by Judge W. Levy, when the Secretary was instructed to write Judge W. Levy, in the name of the Society, for his honesty and courage displayed towards Homœopathy, etc. Dr. Docking also mentioned the fact that Dr. S. Worcester was an author on insanity, and he thought it would be very opportune to take the sense of the Society as to proposing the doctor as a consulting physician on insanity in the "Good Samaritan Hospital." He was proposed, seconded and passed unanimously as above mentioned, which has since been confirmed by President D. Cleveland of the "Good Samaritan Hospital," and subsequently on the 2d of April, Dr. Docking was unanimously elected chairman of the medical staff of the "Good Samaritan Hospital" and Dr. J. Rodesa Secretary of the same.

A paper was read by S. E. Bailey, M. D., on "Hygiene in Typhoid Fever," throwing much light on this important subject. The lady was highly complimented for her very practical essay.

Every one left much gratified with the proceedings of the evening.

Yours very truly and fraternally,

T. DOCKING, Secretary.

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## Personals.

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DR. W. W. RUSSELL has located in Marysville, Cal.

DR. WM. BOERICKE has gone to Philadelphia for a protracted stay East.

DR. C. W. BREYFOGLE, of San Jose, left New York for a European tour of pleasure and study.

DR. C. S. SARGENT, the able surgeon of Stockton, has promised regular contributions to the pages of our journal on surgical subjects. Our readers will appreciate this.

DR. R. W. MONTGOMERY will please accept our thanks for the kind invitation to attend the forty-second annual commencement of the Hahnemann Medical College of Philadelphia.

DR. P. B. MORGAN has located at San Rafael, the beautiful suburb of San Francisco. There are many homœopathic families in that place, who will be glad to welcome so able a representative of our cause.

DR. C. E. FISHER has bought back his *Southern Journal of Homœopathy*, and will continue its publication from San Antonio, Texas; Engelbach & Co., publishers. We are sorry not to have been able to keep the Doctor on the Coast.

THE Dean of the Hahnemann Hospital College of San Francisco informs us that a good number of new matriculates have presented themselves, and the new year will open with a fine class. Lectures begin this month. Send for a catalogue.

THE HOMŒOPATH acknowledges a very pleasant call from MRS. H. TYLER WILCOX, M. D., a well-known homœopathic physician of Los Angeles. The Doctor is doing exceedingly well, and is paying special attention to the use of static electricity.

SAN RAMON, Contra Costa County, is a good opening for a physician who wishes a country practice. It is in the center of a fine farming district, with no doctor nearer than nine miles. Many of the influential residents are desirous that a good homœopath should settle there.

THERE has been some talk of the American Institute of Homœopathy coming to California for the meeting of 1891. What is the opinion of the Pacific Coast Physicians as to its practicability? The I. A. H. men are going to have their association out here, but that they have no use for the Institute—so one of their number informs us.

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## Book Reviews.

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**The Twelve Tissue Remedies.** By Drs. BOERICKE & DEWEY, Philadelphia: Hahnemann Publishing House.

The second edition of this popular work more than merits all the complimentary notices printed when the book was first given to the public. It is concisely written, perfectly arranged and clearly printed on good paper; being in every respect a most valuable addition to a long neglected branch of medical literature.

The appearance of Messrs. Boericke & Dewey's book has given a great impetus to the study of the Tissue Remedies and scores of physicians who had no previous knowledge of their intrinsic merits have been led to a more thorough investigation of twelve very valuable medicines. The authors have reason to congratulate themselves on the reception their work has met with and every incentive to issue a third edition when sufficient new material has been obtained to warrant such an undertaking. C. L. TISDALE, M. D.

**Diseases of the Eye.** By HENRY D. NOYES, A. M., M. D. Illustrated by six chromo-lithographic plates, five plates in black and 236 wood engravings. New York: William Wood & Co., 1890.

This is a beautiful volume of 740 pages, divided into twenty-two chapters, and in exhaustive completeness even towers above Schmitt-Rimpler's great work, that appeared in 1889. It presents so many points of superla-

tive excellence that it is difficult to select any portion for special praise, and this fact to our mind is the highest eulogy that could be bestowed upon its talented author. Dr. Noyes has added much to American literature of ophthalmology, and especially has he enriched our surgical fame by his original genius in that department. He has long been one of the foremost of American authors in his chosen field of work and research, and largely quoted by the highest foreign authorities. His book is abreast of the times, and will be eagerly sought for by the eye specialists of both continents, as the repository of the many original and practical hints from his pen that have enriched almost every work of modern ophthalmology. His simple method of advancing the recti muscles we have in numerous cases found practically superior to all others. One peculiar feature of the work is the introduction from Zehnder, of a representation of the position of the false images in the diplopia following the various forms of oculo-motor paralysis, pp. 140 and 141, followed on page 142 by a double cut, showing clearly the origin of the affected nerves. The book abounds throughout in painstaking statistics, which are helpful in the important matter of prognosis, and closes with one whole chapter, the 22d, on this too much neglected subject. Dr. Noyes, in his noble book, has not only honored himself, but has laid the medical profession, alike of Europe and America, under obligation to his brilliant genius, and we fear it will be many days before we shall have the pleasure of again reviewing a text-book which so fully appeals, in every particular, to our professional approbation. The fact that the book is issued by William Wood & Co. is sufficient guarantee of the beauty and finish of its workmanship.

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## Clinical Items.

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*Nux moschata*—Is the remedy for women of a changeable disposition, whose menstruation has generally been irregular, blood very dark, thick with bearing down, nausea, drawing in legs, urine burning; skin cool, dry, cannot bear open air; stomach weak.—*Hering*.

*Cepa*—For frequent urging to urinate, the urine passes by starts, or only in drops, is bright red and burning. For children when they scream, particularly when you press on region of the bladder; after a cold or exposure of abdomen to cold air or draught.

*Cocculus*—Tired from the least exertion, even from talking; after loss of sleep. Talking tires the throat that it pains. *Apis*, *verat. calc.*



*Sambucus*—Fatigue, every quick motion causes an almost suffocating shortness of breath, with much perspiration.

*Arnica oil*—Is an admirable remedy to promote the growth of the hair. A small quantity well rubbed into the scalp three or four times a week can be tried with expectations of benefit.—*Clinical Record*.

*Rosæ damascenæ*—Hardness of hearing, with ringing or singing in ears; catarrh of Eustachian tube.

*Dolichos*—Soreness and tenderness of gums, even in teething children; cough on lying down at night, pain as from a splinter in tonsils.

*Erigeron*—Is the most valuable remedy for tympanites. Internally and locally in enemas.

*Dioscorea 12 and 30*—Has proved very serviceable in mitigating the pain of suppurating whitlow.

*Hippozania 12*—Permanently cured a child suffering from extensive eczema—no other drug was given. It also proved of great service in a case of inveterate rupia.—*Dr. Morrison*.

*Asclepias*—Myalgic pains of chest, simulating pleurisy.—*Ranunculus*.

*Strychnia arsen. 3x*—Is a rejuvenating tonic of great value for convalescences from exhausting diseases.—*Holcombe*.

*Aconite*—In the twelfth potency is the best treatment for nose-bleeding of children, followed by arnica, if necessary.—*Bayes*.

*Agaricus*—Affords marked benefit in the delirium of typhoid. Twitching of eyelids calls for it also.

## Selections.

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### CURRENT PROGRESS IN OLD-SCHOOL THERAPEUTICS.

PROF. WM. E. LEONARD, M. D., MINNEAPOLIS, MINN.

"The highest and only duty of the physician is to make sick people well, which is called healing."—Organon.

Viewed in the light of this axiom, most "old-school" current literature is very profitless reading. This is a "glittering generality," but one borne out by any careful reader, even of so learned and supposedly valuable a journal as the *Therapeutic Gazette* (Philadelphia). Many brilliant experiments are chronicled, many facts in physiological materia medica elicited, but very rarely anything of permanent value in applied therapeutics.

**THE THERAPEUTICS OF TYPHOID FEVER.**—Dr. G. L. Peabody (in *Medical Analectic and Epitome*, G. P. Putnam & Sons, January, 1890,) talks plainly upon this topic. Here are some of his striking sentences: "The results in the treatment of typhoid fever continue to be so bad in general in this country as to constitute a chronic opprobrium to the art of medicine here. (Candid admission!) \* \* \* After making every allowance for local differences, it must be admitted that our death-rate in this disease is far higher than it should be. \* \* The expectant plan seems in a general way to make us quite content with our bad results, and to lead us to expect the patient to die if he becomes gravely ill." Then follows a general outline of this plan, which he calls "symptomatic" and pronounces very "irrational." He is quite correct in this conclusion, for his expectant method consists in meeting each patent set of symptoms by the rule of *contraria, secundum artem*. His own treatment, in the New York and Bellevue hospitals, is not much better, for of twenty-seven patients he lost five, all between the ages of 17 and 35, or nearly 20 per cent. He uses the latest antipyretics, resorcin and beta-naphthol, with the cold pack, so persisted in, as to keep the temperature always below 102°. The only redeem-

ing feature in this routine is this: "It is never desirable in this disease to give these drugs in the large doses which were in vogue when we first began to use them. Moreover, it is well to bear in mind that they are rapidly eliminated from the body, and that to be of continuing effect they must be given in small and frequent doses to supplement the effects of the cold pack."

It is passing strange that intelligent physicians will direct their entire energy to combating one condition alone—*i. e.*, the fever—while all other witnesses to nature's distress go altogether unheeded. The poisons that produce analogous symptoms in the healthy are the only ones that will specifically palliate and finally cure the sick individual presenting those symptoms. Until our brethren come to acknowledge this fact and act accordingly, old-school medicine will continue to supplement war in preventing an undue increase of the world's population, and keep on tallying 20 per cent and upward of a death-rate in typhoid fever.

**SULFANOL**—(*New England Medical Journal*, Dec, 1889).—A lad of 11 years received seventy-five grains within an hour or two after suffering a fracture of the tibia, and slept about four days thereafter without waking, and without any evil effects. A beautiful exhibition of its power to control reflex muscular spasms, but the doctor does not commend such doses. To our minds, arnica or hypericum would have been more appropriate and accomplished the relief from pain with far less violence to a nervous choreic constitution than this cannon-ball prescription, for the end may not have come when the doctor reported his case; and the drug was well tolerated by this patient, the precedent of such a dose is not a good one.

**BISULPHIDE OF CARBON** (provings of, in *Lancet*, December 7, 1889).—A man of 32, a total abstainer from alcohol or tobacco, and non-syphilitic, from inhaling the fumes of that drug in an india-rubber factory had the following symptoms: At first (in common with the other workmen), headache, giddiness and drowsiness; dry tongue, and the constant taste of the bisulphide; after nine months at this occupation, the

headache returned, accompanied by delirium and delusions of sight, and frequent attacks of giddiness; so-called "rheumatic" pains in knees and ankles; yellow skin of face and hands, and attacks of unconsciousness coming on suddenly while in bed. Several weeks later: legs weak, lower halves of legs numb; sexual desire abolished; he can neither walk nor stand without support, but on being well supported on each side he can, with great effort, drag the toe of one foot about three inches in front of the other foot; on reclining, distinct drop foot on both sides; dorsal flexion of the ankle impossible; feeble adduction of legs; no wasting, no knee-jerk, nor plantar or cremasteric reflexes, no ankle clonus; almost complete loss of sensation as regards touch, pain and temperature below the middle of the leg. Upon squeezing the calf, some pain, described as shooting upwards and downwards. The functions of the bladder and rectum were normal, and the upper extremities did not suffer. The faradic contractility of the muscles of the leg was somewhat impaired, but not the galvanic. No vaso-motor or trophic disturbance was present. Taste and smell normal, but weakened vision. His recovery (under rubbing and quinine) was rapid, but he suffered a slight relapse from renewed exposure to the fumes six months later.

This case and those of Dr. Geo. W. Jacoby (*N. Y. J.*, August, 1889,) only confirm the effects recorded in Allen's *Encyclopædia*. Now who will give us some cures of nervous troubles based upon these homœopathic indications?

**VERATRUM VIRIDE IN EXOPHTALMIC GOITRE.**—(*Therapeutic Gazette*, December, 1889). Dr. W. D. Hutchins prescribed this drug for the following case: A woman, 35, tall, thin, mother of three children, anæmic, heart much dilated, without rhythm, and with a wallowing movement; eyeballs very protuberant, goitre very prominent, mind deranged; a sufferer for twelve years. His dose was three drops of the tincture of ver. v. each night and morning. This dose went hard at first, causing such weakness as to put her in bed, but it was increased to twelve drops twice daily, which was continued for twelve months then dropped to one dose daily for a few following months. In that time the goitre gradually

disappeared, the eye-balls receded to their normal position, her mind returned to its equilibrium, and her weight increased sixty-seven pounds.

As this all happened in 1879 and '80, the supposition is that this remarkable cure was permanent. It is a striking example of the physiological action of *veratrum*, and even without more details of symptomatology, is a valuable addition to its pathogenesis.

REMEDIES FOR ASTHMA.—Dr. N. S. Davis, Jr., (*Journal of A. M. A.*, May, 1889,) groups all remedial agents in this disease as follows, according to their action upon the nervous mechanism involved:

(1) Those affecting the source of irritation and thus preventing an attack, as change of climate, sprays of cocaine, etc.; (2) those that benumb the nerve center or reflector of irritation, as morphine, chloral, chloroform, bromides, etc.; and (3) those that act upon the focus of irritation.

This classification is ingenious, but may be resolved into (the first two) *palliative* and (the third) *homœopathic*. The third class includes *grindelia robusta*, *senecio aurens*, *lobelia*, *tobacco* and *quebracho*, which from more or less complete provings are known to be homœopathic to asthma. These Dr. Davis finds it difficult to classify because of our imperfect knowledge of their physiological action. "Nitro-glycerine, when given in doses of sufficient size, is apt to provoke congestive headache"! *Atropia*, *stramonium* and *hyoscyamus* relieve by causing relaxation of the bronchioles in part by numbing their involuntary muscular fibres, and in part by lessening the sensibility of their terminal nerve fibres. Valerian applies to cases of mental idiocyncrasy (hysteria). After various explanations of the action of remedies we know to be homœopathic, the author candidly says of arsenic "we do not know how it acts." How much simpler would all this appear if he would only account for it all upon the law of similia! Such explanation is never satisfactory to the material mind of the old-school practitioner, for he must be able to have some more or less plausible theory as to how a remedy acts, else he cannot conscientiously use it. I presume this striving after the unknowable, by experiments upon

living and dead animals, in the chemical laboratory, everywhere but upon the living, intelligent healthy man, will go on indefinitely, or until better comprehension is had of vital processes as something above and beyond the appreciation of our every-day senses, *i. e.*, the dynamic theory of Hahnemann. By this only can, as yet, the vast majority of the manifestations of disease be accounted for. Yet the law of similia makes it possible to cure them all, without explanation.

**THE THERAPEUTIC VALUE OF MUSIC.**—In a learned editorial in the *Medical Age* (September 15, 1889), in which ancient and modern testimony is adduced, it is concluded that the cases in which music seems most suited therapeutically, are those of mental depression and unsoundness, hysteria, and hypochondria, when a subtle sedative effect is desired, such as alone can be produced by soft subdued harmony and melody. Melancholia, monomania, and depressed forms of hypochondria, however, would be more benefited by harmonious stimulation, such as is found in strathspeys, reels and boleros. Again, there are many cases that would be most benefited by a combination of the two—music of transitional nature, wherein there are abrupt changes from the major to the minor key, and *vice versa*; or where the time breaks suddenly from *adagio* to *allegretto*, returning again.

If these views are correct, why should homoeopaths be ashamed to make use of the evident aggravation and amelioration from music in some cases as indicating symptoms in disease. Some of the most marked of these conditions are:

**Digitalis.**—“Fearful apprehensiveness, of a sad character, with great depression, extremely aggravated by music.”—(Allen, vol. iv., p. 95.)

**Intolerance of music:** ambr., cham., sabad., especially instrumental, natr. carb., nux v., phos., sepia.

**Aversion to music,** sabina, besides extreme sensitiveness under acon., cast., merc., natr. s., viola od.

**Palladium,** the right-sided ovarian pain and soreness is aggravated by music.

## Therapeutics of Epistaxis.

*Crocus*.—Especially if the blood is thick and dark; useful not only for the acute attack, in which case I should give it every fifteen minutes, but also as a constitutional remedy, to prevent future attacks.

*Carbo veg.*—Indicated in old people, who are more or less prostrated, whose blood is too thin, etc. I have known it to stop hæmorrhages, even when plugging failed.

*Bell.*—When the face is flushed and full, throbbing pulse, bright red blood.

*Frigeron.*—I have known to cure many cases when the epistaxis was thin and from both nostrils.

*Hamamelis.*—Particularly in hæmorrhoidal patients when hæmorrhages are thin and venous.

*Ars.* is especially good when hæmorrhage has lasted a long time, patient becomes prostrated, restless, great paleness, characteristic thirst, even life threatened.

*China.*—Especially good for repeated hæmorrhages, which produce anaemia particularly when the blood is bright and clear, and the patient is miasmatic or over-dosed—quinine subject.

Besides the administration of the indicated remedy, in severe cases, one or more of the following methods may be employed:

Nasal douche—a solution containing equal parts of tannin and alum, is of great value, not recognized by many.

Plugging the nostrils, or by elevating the hands above the head.—*Prof. Helmuth.*

## Delirium Tremens.

Dr. Hamann, of Reading, Pa., reports a method of calming the fury of an attack of delirium tremens, which he has tried with great success. He clasps the right side of the patient's neck with four fingers and with the ball of the thumb makes sudden and momentary pressure on the upper rings of the trachea. The patient becomes senseless for several minutes, and when he awakes, is quite rational. The pressure must only be for an instant, as it could easily have a fatal result.

**STROPHANTHUS IN UTERINE HÆMORRHAGE  
AND OTHER DISEASES.**

BY E. M. HALE, M. D.

In strophanthus we have one more drug that can be added to the small number that in any degree control the discharge of the blood from the uterus. In properly selected cases it has a decided influence to stop and control uterine hæmorrhage. The cases are such as have been debilitated from long-continued and profuse menstruation, or from loss of blood at other than menstrual periods, where the uterus is heavily congested, a condition common to these patients. In these it acts well. In the treatment of these cases it is essentially important that they be made to lie down or be put to bed to rest, for the best results are not attainable when the woman is allowed to be about.

I think strophanthus acts through its influence on the general circulation, which is similar to that of a heart stimulant or tonic. Through this action on the feeble circulation, found in these cases, blood stasis and local congestions are removed. It is best administered in the form of a tincture or of powdered seed. Of the tincture (strength 1 to 20) 5 to 6 drops can be given every six hours. Of the powder,  $\frac{1}{4}$  to  $\frac{1}{2}$  grain, at the same intervals, though I have given as much as one grain with satisfactory results. Tablets of 2 gtt. each are very useful. The tincture is a useful drug in childhood, but should not be prescribed until after the fifth year. Its administration very rarely causes dyspeptic symptoms. Larger doses than three drops four or five times a day should be avoided on account of the possibility of its producing a sudden and unexpected paralyzing effect on the muscles of the heart, as has been found by pharmacological experiments, (1 to 5 drops of the ix dil. is safe under five years.)

The predominating effect of strophanthus is increased secretion of urine, and, as a consequence thereof, a decrease of dropsical effusions. This result is produced, principally, by an increased arterial tension, as shown in diseases of the mitral valves, without, however, having the same prompt compensating effect as is obtained by the use of digitalis.



In diseases in which there exist an increased, or even a normal arterial tension, the diuretic effect of strophanthus is not produced.

Strophanthus often relieves dyspnoea very promptly. This seems to be due to some influence of the drug on the nerve centers. This action has especially been noticed in cases of chronic nephritis, but also in other affections, such as bronchial asthma, and angina pectoris. This effect is probably dependent on the increased blood pressure produced by the drug.

Though the action of strophanthus and digitalis in many respects is identical, each of these drugs possesses individual therapeutical properties. In cases in which rapid compensation of the diseased heart in valvular affections, and prompt increase of arterial tension with marked slowness of the pulse, and increase of the urinary secretion is desired, digitalis is, undoubtedly, the drug to be first employed, and if it fails to have the expected effect, we will hardly have better success with strophanthus. But when, by the use of digitalis, for instance, the valvular affections has been compensated, and we then desire, after exhausting the effect of digitalis, to increase diuresis by further acting on the heart, and stimulating blood pressure, especially when dyspnoea forms a prominent symptom of the disease, then we are often enabled to obtain very satisfactory results by the use of strophanthus.

In such cases, however, it is advisable to combine the two drugs, as recommended by Hochhaus and Fraenkel.

The long continued administration of strophanthus never produced any culmulative effect, nor did its action become less powerful by the patients becoming accustomed to the drug.

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Since the above was written, I have used strophanthus in a notable case of menorrhagia, with the best results. Mrs. W. H. S., aged forty-eight; had Basedow's disease. Heart's action violent and rapid; pulse 130; no valvular lesion; turgescence and swelling of the thyroid gland—but no protrusion of eyeballs. Disposition excitable and irascible. Each menstrual period the flow was very profuse, with aggravation of all the symptoms. After using lycopus, digitalis, and other remedies, with no permanent good results, she was given strophanthus tincture (Burrough's) 5 drops three times a day, beginning two weeks before the menstrual period. The next menses was normal in quantity (rather less than normal, she said), and all the symptoms were improved. The remedy was continued through the next month, with great improvement in all the symptoms, and she is more comfortable than for years.

THE  
CALIFORNIA HOMŒOPATH.

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Original Articles.

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MATERIA MEDICA STUDIES.

II.

In examining a number of provings of a given drug, we ought to note the order of development of the symptoms, for very differently acting remedies may show quite a likeness of their symptoms at certain points, which may disappear entirely when we can trace their evolution. Examine, therefore, the original records of all provings whenever available. This important point is taken into consideration in the preparation of the "Cyclopædia of Drug Pathogenesis," now in process of publication by Drs. Hughes and Dake.

Again, we will notice another point, which will require less effort, as it frequently is a very prominent feature of drug physiognomy. This is the fact that certain functions and organs are more markedly affected by certain drugs. Thus aconite influences in a paramount degree the circulation; aloes, the large intestine; phosphorus, the periosteum; pulsatilla, the mucous membrane throughout the body; rhus., the fibrous tissue; quinine, the internal ear. This has been aptly called the *elective affinity* of drugs, by which some specific seat in the animal economy is especially chosen. It is useful in our study of drugs to notice it, as the memory is

aided by such prominent features of drug action, although, for the accurate homœopathic use of a drug, such knowledge alone is inadequate. Some years ago, Dr. Sharp, of England, tried to make this a basis for drug selection, and his method was known as Organopathy. But it has but a limited application, and cannot take the place of the totality of symptoms necessary for accurate homœopathic prescribing.

An extension of the idea of elective affinity of drug action may be exhibited in other ways. For instance, in the *sensations* drugs produce. These may be very characteristic, and form valuable guiding indications for therapeutic purposes. Remember the *stinging* pains of apis and theridion; the *burning* pains of arsenic and carbo; the cold, *icy needle* sensation of argaricus; the *constricting* sensations of cactus; the *plug* sensations of anacardium, etc.

The *character* of these sensations deserves special observation; we are enabled hereby to draw conclusions as to the seat of the disease and nature of the pathological process. For instance, drawing and tearing pains occur in the muscles—cutting in abdomen—boring in bones, burning in mucous membranes and skin. You see therefore how a correct knowledge of the *kind* of pain will give a clue to the tissue involved. Again, drawing and tearing pains are occasioned by rheumatism, so that when we learn that rhus has drawing, tearing pains, we infer correctly that it acts upon the muscular tissue and will certainly be useful in some forms of rheumatism. So we know that states of passive congestion or beginning decomposition produce *burning* pains. We look for their seat in the skin and mucous membranes, and when we learn that ars. and carb. have such burning pains in their pathogeneses, we rightly infer their use in these pathological conditions. While there is a certain rational satisfaction in such analysis and deduction, our prescriptions must not be based thereon, but only on the actual presence of similar morbid symptoms in the drug provings.

You will find much importance attached to the conditions under which the remedy increases or decreases its action—the effect of cold, heat, the seasons, in doors and out of doors, morning and evening, day and night. These modifying conditions are called the *modalities*; for instance, arsenic

pains are pre-eminently worse after midnight, and are better from warmth; *rhus.*, by continuous motion, *caust.* shows its symptoms especially severe in the extreme cold of winter, while *gels.* prefers the soft, debilitating Spring weather; *sulphur* abhors water—all its symptoms are worse by washing, and *pulsat.* though chilly, prefers the fresh open air. These modalities are very important, and are excellent guides for the selection of a remedy. There is always a good physiological reason for these modalities, but the state of our knowledge at present does not always—indeed but very rarely—show us the connection.

Again, we see this same elective affinity of drugs manifested in still other directions. So *pulsatill.* chooses with commendable taste, the pliant, yielding, sweet-dispositioned blonde young lady, while *nux* prefers to work its intensest in the high-liver, brain-worker, and sedentary student. Others prefer to spend their favors upon the female sex—of course not exclusively, such as *caulophyl*, *lilium*, *helonias*, etc., and a host of others. Some again seem to show more characteristic action in males. Again, some drugs select preferably certain stages of life. I need only mention *calcar.* and *chamon.* and you will associate with them types of children. *Laches* and *sulph. ac.* correspond in many of their symptoms to women at the change of life, and *secale* comes as a solace to the thin, scrawny, cachectic old woman.

Again, it is interesting to watch this elective affinity of drugs still further. See how eagerly *baptis.* seeks the typhoid fever blood, while *acon.* has but little effect on the disorganized blood globule. *Thuja*, the warty excrescence; *mercur.* the syphilitic poisoned constitution; *arsenic* and *hydrast* the cancerous degeneration, while *cinchona* prefers the malarious *effluvia*.

Some remedies act preferably on the right side, like sanguin—others on the left, like lach.

We know that certain mental states are always associated with certain bodily organs and their functions. Fear strikes the heart—remember what anxious fear and apprehension accompany some affections of the heart. And our remedies are true to the connection. Just remember the fear of aconite and its action upon the heart. So with those acting

on the liver for instance with its corresponding state of anger, envy and gloom.

A most interesting part of the study of drugs is their relation to each other. But little is known of it, yet upon its development will depend largely the establishment of *Materia Medica* as a science. It is to Herring alone that we are indebted for this department.

There is the *family* relationship of drugs similar in origin or chemical properties—and again a relationship independent of similarity of origin, but still a correspondence of symptoms. It is quite natural that drugs of similar origin should possess similar symptoms; they differ from each other mainly in the *modalities*.

Certain drugs follow each other well. There is no *family* relationship, that is, they are of very different origin, but they touch each other in certain groups of symptoms. It is like a marriage relation, and a very intimate and useful one it is. Thus bryonia is frequently followed advantageously by alumina. They complete each other and we call them *complementary* drugs. The same is true of bellad. and calcaria, of nux and sulphur, pulsatilla and lycopod. This harmony of action gives us families of drugs, wholly different in origin, but acting similarly and completing each other. Such relationship has been clinically verified with sulphur, calcar and lycopod., and with hepar, mercur., bellad. and lachesis, etc. It is well to associate such groups together, both in our study and prescriptions. It is very interesting that substances of widely different origin, such as minerals, vegetables and animal products, should show marked similarity of symptoms; is it not because they are but three different embodiments of the same forces differing only in degree of vitality, not necessarily in kind? Indeed, it seems to me, that a comparative study of the drugs from the three kingdoms of nature would show complementary series of drugs—similar in quality of action yet differing in affecting functions and organs more and less vital according as the drug is taken from the mineral, vegetable or animal kingdom.

Then there is the *antidotal* relation. Similarly acting drugs, but different in origin, may antidote certain actions

in each other, and hence, are useful in cases of medicinal aggravations. Similarity guides to your selection of an antidote. Thus in cases of rhus poison, you select as antidotes, remedies producing a similar action on the skin: thus *arsenicum*, *china* or *syringium* have been clinically verified and are theoretically indicated. Once in a while aggravations may occur from a homoeopathic prescription: if at all persistent, a remedy with a similar set of symptoms, and hence homoeopathic and antidotal, may be given: thus coffee would antidote *cinamonilla*, or hepatic myriarthritic symptoms of mercury. Then there is another remarkable relation between certain drugs, the so-called inimical relation. You know there are certain individuals who may be the best people in the world, but whose presence alone turns you the wrong way. Something like this inimical influence you will find existing between certain drugs, and our best prescribers have learned to heed it, and not follow these drugs with each other, for they may stir up all sorts of unpleasant symptoms in your patient and delay his recovery very much. Such inimical relation is known to exist between chemical substances, and Homoeopathy has shown that it exists between certain drugs. It may be that they are too similar, too much the same. However that may be, it is a fact that zinc and iron, and zinc and zinc, etc., show such inimical action in many cases.

In this method of studying the symptomatology of our drugs, provided the pathogeneses are accurate observations of actual drug effects, we proceed in a scientific manner, and learn to know the individuality—the genius if such separate drug, and to relegate it to its proper place among all the other healing agents of the *Materia Medica*.

Dr. CASPER.

### CURE BY TISSUE REMEDIES

By Dr. F.

A little girl had suffered all winter from ear-ache, ear-ache, it was so bad she was almost insensible: shooting pains constantly subjective noises: snapping with ear on legitation. She was then having an acute neuralgia and

attracted my wife's attention by her crying as she went along the street. I told her I thought I could help her, and gave her fer. phos., to be taken every half hour till bed-time; then, if she should not sleep, every hour till she slept, and every two hours the next day; she to report next evening. Next evening she reported she had no more acute pains, but a dull ache in the ear; more in mastoid region. She had slept well, and her mother had said she thought the medicine good for her nerves. Continued fer. phos. for another twenty-four hours, then changed to kali chlor. (or mur.), both on account of ear symptoms and of appearance of tongue. Three days later, child reports herself entirely well; no soreness of any sort about ear; tongue clean. Gave her calcarea phos. on account of more apparent tendency to anemia, and am waiting to see how permanent results will be.

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## Ophthalmology and Otology.

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

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WHEN we remember the number of ophthalmological specialists on this Coast, it does not strike as us an evidence of great enthusiasm, that but two papers on that subject were presented at the State Medical Society of our school, and none on otology or laryngology. A portion of the deficiency in that bureau may have been due to the departure of Dr. Green, its chairman, to the south. We missed Dr. Simpson's usual timely and practical paper on that occasion. Dr. Peterson favored the Society with "Scraps" of every day practical wisdom, and many of his suggestions we know from years of observation will well repay remembering. The relation of eye diseases to remote diseases of the organism was the text of Dr. French's paper, and the subject cannot fail to be of interest to every growing physician. It is plainly the duty of our oculists to write upon themes of interest and importance to the general profession; leaving the consideration of the deeper intricacies of their specialties, to the

journals treating exclusively upon those subjects, and to societies organized for their special consideration. We had depended upon the contributions to the State Society for the supply of our department for this issue, but the papers were retained for publication in the Society proceedings, and were thus placed beyond the editorial grasp. In the past three weeks there has been an epidemic of follicular tonsilitis and pharyngitis, of a peculiarly asthenic type, in which the local manifestations were trivial, but the attendant constitutional disturbances, severe and protracted. The usual aural reflexes in these cases have been largely neurotic, and less frequently catarrhal, and was the case in the early winter sequelae of "La Grippe" arsen. China-arsen., nat. and kalimur., and mag phos. have been found frequently indicated. The general verdict seems to be, that while the acute manifestation of la grippe was frequently sudden and severe, it has been in the near and remote sequelae of that all pervading visitor, that we have found most convincing proof of the gravity of its nature.

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Prof. Norton's "Don'ts."

Avoid the use of strong solutions of nitrate of silver in the early inflammatory stages of purulent conjunctivitis.

Avoid the use of nitrate of silver when the discharge is thin or moderate in quantity.

*Avoid the use of nitrate of silver when there is the slightest tendency to the formation of a membrane.*

You can use it, in purulent conjunctivitis, when there is a thick and profuse purulent discharge, washing it off immediately.

If, after the use of the nitrate or without it, a membrane begins to form, dilute acetic acid, ten drops in half a tumblerful of water, teaspoonful every half-hour or so, is one of the best remedies. *Wash the eye frequently, every fifteen minutes if necessary.* Then complete the cure with Hepar and Calcareo hypophos.



## Colleges and Hospitals.

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### STATE SOCIETY MEETING.

The Fourteenth Annual Meeting of the California State Homœopathic Medical Society convened at the Hahnemann Hospital College, San Francisco, May 14th, 1890, 10 A. M. There were twenty-five members present, and a number of visitors.

The President, Dr. H. L. Bradley, called the meeting to order at 10:30 A. M. After the minutes of the previous meeting were read and corrected, the Board of Censors reported favorably upon the names, Drs. F. C. Freeman, T. S. Janes, H. Tyler, Wilcox, W. E. Alumbaugh, P. G. Denninger, L. Pratt and C. J. Holmgren, and they were elected members.

The Treasurer reported \$521.75 on hand, and the Secretary of the Board of Examiners, that during the past year licenses were granted, and also a cash balance on hand of \$150.35.

Before commencing his address the President said that he had a few remarks to make concerning a resolution which was passed three years ago, requesting one of the members of this society to withdraw his membership. He hoped that the society would pass a motion to the effect that such a resolution be expunged from its records. After remarks had been made by many members of the Society such a motion was made and carried unanimously, and the stain which had been upon the reputation of Dr. Selfridge for three years, was most heartily removed.

After some matters of business were attended to, the President delivered his annual address.

### SECOND SESSION, WEDNESDAY, MAY 1ST.

The meeting was called to order at 2:15 P. M., the President in the chair.

Dr. McNeil read a paper, "Poison Oak Poisoning" in his own case.

Dr. Ledyard reported some cases from practice.

Dr. G. H. Martin presented a paper on the "Cure of Amyotrophies" by Electricity, in which he reported a case of

paralysis, with atrophy of muscles treated successfully by this agent.

Dr. Pease also reported some cases, which brought up quite a discussion as to the value of diagnosis as it is usually made in many cases.

Dr. Worth presented a paper on "Malaria in the Lying in Room." The discussion on this paper was carried on at some length, as this factor seemed to be an important one in the lying in chamber, and the necessity of recognizing it in its early stages was important. Drs. Selfridge, Simpson, Davis and J. T. Martin, all spoke at length upon this subject.

Dr. Selfridge read a very interesting paper on "Placenta Previa," reporting a case which he had attended some time ago. As soon as called, he made haste to deliver, and notwithstanding the fact that a large amount of blood was lost, the woman made a rapid recovery.

Dr. Davis' paper on "Treatment of Abortions," brought forth remarks from many present.

#### THIRD SESSION, MAY 14TH.

The meeting called to order at 8:15 p. m., by the President. The discussion of the treatment of abortions was carried on until 8:30, when the election of officers for the ensuing year took place, which had been made the special order of business for that hour. The following was the result: President, Dr. H. C. French; 1st Vice President, Dr. J. T. Martin; 2d Vice President, Dr. Alice Burritt; Secretary, Dr. Geo. H. Martin; Treasurer, Dr. W. A. Dewey. Board of Censors, Drs. S. Lilienthal, Laura A. Ballard, A. McNeil, J. M. Selfridge and C. W. Bronson. Board of Directors, Drs. J. T. Martin, G. H. Palmer, Sidney Worth, John Townsend and L. H. Bradley. Board of Examiners, Drs. Bradley, Breyfogle, Ballard, G. H. Martin, Peterson, Worth and Davis, and Drs. Jenks and C. L. Tisdale, alternates.

The stenographic report of this meeting, with all of the papers read, are to be published, and publishing committee, consisting of Drs. Dewey, G. H. Martin and C. L. Tisdale, was appointed by the President.

## FOURTH SESSION, THURSDAY, MAY 15TH.

The President called the meeting to order at 10:15 A. M.

Dr. Alice Burritt, of Oakland, presented a paper on "Neurasthenia" in which she brought out the importance of recognizing these cases, and carefully treating them. They are becoming very common, and we must try in every way possible to prevent the serious consequences which will surely take place if they are neglected.

Dr. French thought the climatic influences of this coast had much to do in making our women neurasthenics.

Dr. Thompson reported a case of glandular abscesses in different parts of the body, in which he had tried many remedies, with but little success, for some time; but finally they commenced to go away until finally only one remained. Hepar and silica did the most for the case.

Dr. French's paper on "Eye Symptoms as Signs of Related Disease," was instructive, as it pointed out the fact that many serious troubles of the nervous system, were caused by defective vision, and the eyes should be carefully examined in all nervous affections.

Dr. Townsend reported a case of "Necrosis of the Petrous Portion of the Temporal Bone" of a child ten years of age, which lived for some months with this serious condition; but finally died of exhaustion.

Dr. Peterson gave some interesting cases, showing the various methods of treating eye disease.

## FIFTH SESSION, MAY 15TH.

The meeting convened at 2:15 P. M.; President in the chair.

Dr. J. T. Martin gave an interesting account of a case of necrosis of the tibia, in which the bone was entirely denuded of its periostum for four inches, but finally fully recovered.

Dr. Thompson next read a paper on "Cephaloma." A discussion ensued as to the use of the aspirator or the bistoury in the treatment of these cases, if they were to be operated, in which the majority thought a free opening should be made.

Dr. Martin read an interesting paper on "Some Results of the Abuse of Quinine."

Dr. J. T. Martin also read a paper, written by Dr. Pease, upon "Verifications and Clinical Symptoms."

A paper presented by Dr. S. Lilienthal, "Thou art so Near and yet so Far," was read.

Dr. Selfridge presented a paper on a few experiences with antipyrine.

A paper by Dr. M. T. Grove, on the "Indicated Remedy," was presented.

Dr. French here read his paper by title, "New Remedies," and also one called "The Closed Door of Bigotry," which would be published in the report of the proceedings.

After disposing of some unfinished business the retiring President made a few remarks, and Dr. French the incoming President was conducted to the chair. A vote of thanks was tendered to the retiring President, and then the incoming Secretary, Dr. Geo. H. Martin, was conducted to the chair. After a few remarks the Society adjourned, and ended one of the most interesting meetings of its history. Two days was not too long for its session, and the time was fully occupied to the last moment.

GEO. H. MARTIN, M. D., Secretary.

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#### OREGON STATE HOMŒOPATHIC MEDICAL SOCIETY.

The fourteenth annual meeting of the Homœopathic Medical Society of the State, Oregon, was held in Portland, May 13th, 14th and 15th. The session throughout was interesting, and encouraging to the workers. Five new members were added to the Society's roll, namely: H. F. Stevens, M. D.; H. G. Anderson, M. D.; Orpha D. Baldwin, M. D.; Henry Jefferds, M. D.; C. A. McCrum, M. D.; all of whom we welcome as worthy and successful workers.

The officers elected for the ensuing year were as follows: President, Geo. Wigg, M. D., re-elected for the third time; 1st Vice President, B. E. Miller, M. D., re-elected; 2d Vice President, S. A. Brown, M. D.; Recording Secretary, H. B. Drake, M. D.; Treasurer, C. L. Nichols, M. D.; Corresponding Secretary, Osmon Royal, M. D. Board of Censors, Drs. A. S. Nichols, C. E. Geiger, C. A. McCrum, H. F. Stevens,

Henry Jefferds, all of Portland. Executive Committee, Drs. A. S. Nichol, B. E. Miller and H. B. Drake, all of Portland. Legislative Committee, Dr. Henderson, of Salem, and Drs. S. A. Brown and C. E. Geiger, of Portland.

On Wednesday evening, May 14th, the Society tendered an informal reception by Dr. Osmon Royal at his residence, at which the members and their wives were present. The evening was spent in discussion of matters pertaining to homœopathy, in partaking of refreshments for the inner man, and in social intercourse. This was the first time that such a large number of our physicians and their wives have met socially. The occasion was a marked feature of the state meeting, and one heartily enjoyed by all.

The Society has this year to mourn the death of two of homœopathy's most devoted workers; Dr. A. D. Risdon, of Salem, who died suddenly from heart disease, and Dr. Pohl, of Portland, whose death was equally sudden, being the result of a fall, from a rapidly moving train, in the night time—both snatched from labor to well earned reward.

The Oregon State Homœopathic Medical Society was never in a more flourishing condition than at present. Next year's session will be held in Portland, at the magnificent new Hotel Portland.

REGALIS.

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#### BOARD OF EXAMINERS.

The following physicians were elected to constitute the Board of Examiners by the California State Homœopathic Medical Society, at its fourteenth annual meeting, held in San Francisco, May 14th and 15th: Drs. G. E. Davis, S. Worth, G. H. Martin, E. S. Breyfogle, J. Stow Ballard, H. L. Bradley and A. C. Peterson. The Board met on Tuesday evening, May 20th, and organized, electing Dr. G. E. Davis, President and A. C. Peterson, Secretary. The regular meetings of the Board will be held on the first Tuesday of each month. Applicants for licenses will please forward their applications to the Secretary.

A. C. PETERSON, M. D., Secretary,  
319 Geary St., San Francisco.

## COLLEGE NOTES.

Two students from Chicago, appreciating the advantages of our summer climate for mental work, have just entered the senior class.

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DR. G. H. MARTIN has returned from Yankeeland, and has now a clinic for nervous diseases solely. It is amazing to see the number of people attending with nerve derangement of some kind. One case in particular—which is of interest, perhaps, for its rarity—is that of a little boy suffering from pseudo-hypertrophic paralysis. Locomotor ataxia seems to be very common, judging from the number present. The students have a splendid chance here for clinical study, which the College aims to make very complete.

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In Dr. Davis' clinic (gynæcology) the students have a fine opportunity for studying uterine diseases in all their forms. Here we find cases of sub-involution complicated with lacerations, erosions by the dozen and mal-positions of all kinds; all of which cases the students are permitted to examine and study. Two operations before the students last week were performed by Dr. Davis; one of lacerated perinæum and cervix, and one of cureting the womb for uterine fungosities, the good effects of which would make converts even of "the indicated remedy" man.

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DR. MINNIE C. T. LOVE has now a clinic, at which she will exemplify, before the students, Apostoli's electric treatment of uterine tumors. The Doctor is an enthusiast, and will make, no doubt, an agreeable impression on the students.

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## NEW LICENCIATES.

Licenses granted by Board of Examiners of California State Homœopathic Medical Society, from May 6th to May 20th. W. W. Russell, Marysville; Maria B. Averill, San Diego; Elmer W. Weirich, San Francisco; F. X. Spranger, Santa Cruz; Grant Selfridge, San Francisco; J. E. Deweese, San Francisco; M. M. Cronemiller, Sacramento; D. J. Bennett, San Francisco; E. T. Balch, Santa Barbara; F. Keller, Oakland. A. C. PETERSON, M. D., Secretary

## FROM NEW YORK.

The following resolution was passed by the New York Homœopathic Society at a recent meeting.

“WHEREAS, Dr. Egbert Guernsey has used abusive terms for some six years past as to his colleagues who are members of this Society, and as to all other homœopathic practitioners, and in recent interviews has admitted and renewed his vilification of his associates;

“*Resolved*, That Dr. Guernsey should, in the opinion of his associates, resign his membership in this society, and discontinue his affiliation with homœopaths and homœopathic institutions.”

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 Editorial Notes.
 

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THE CALIFORNIA HOMŒOPATH is run in the interest of no man or no set of men. Its editors have no friends to reward or no enemies to punish. It assumes the unusual position of saying just what it pleases, provided, of course, that its remarks shall always be guided by reason and tempered with justice. We are working only for the advancement of Homœopathy on the Pacific Coast, and with the earnest assistance of our brethren who are willing to pull with us, we have an abiding faith that the time is near at hand when our cause shall be most gloriously triumphant.

JOIN the procession, gentlemen, and add your mite to the grand accumulation of homœopathic testimony. No matter who you are or in what obscure corner of the medical vineyard you may be laboring, you have seen something the recital of which will be of value to your fellow workmen. A peculiar experience, a trying case, a simple operation, if it has interested you, will certainly be useful to others. Because you have not the learning of an Allen, the language of genial Sam Jones, or the brilliancy of the only Helmuth, do not fear that your offering will be unacceptable. Send us what you can, and if our present space is not sufficient, nothing will give us greater pleasure than the necessity of enlarging it.

If the San Francisco City and County Hospital had been under homœopathic direction, the recent disgraceful exposure of drug frauds would certainly have been avoided. As no such enormous quantity of expensive medicines would have been needed, the opportunity for the alleged thefts could not have occurred. In looking over the bills rendered the Hospital, no one can fail to be struck with the idea that if all the drugs paid for by the City have been used, the unfortunate patients are in big luck if any of them are still alive. The indiscriminate and reckless administration of these powerful drugs by the callow apprentices, who too often are permitted to deal them out, is a disgrace to this beautiful city, which, while she so justly prides herself on her commercial, social and climatic superiority, is so woefully behind the enlightened medical advancement of her Eastern sisters.

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THE fourteenth annual meeting of the Homœopathic State Medical Society has just been held in San Francisco. In many respects it was an enjoyable gathering, and considerable solid benefit was derived by those who were fortunate enough to have been present. However, many important improvements can be made in these yearly meetings, which will contribute largely to their success, and make the Homœopathic State Society of increased value to the noble cause it was originally intended it should represent. First, we need a more hearty and general co-operation by the physicians throughout the entire State. In past years the success of the meetings has depended to largely upon the men living about the bay, and comparatively few physicians have been in attendance from interior or distant counties. This is wrong. Every member in California should endeavor to be present. It only occurs once a year, and a very little exertion would enable every physician to attend the meetings. If one-half the interest was shown in the State Society that is exhibited in the various county societies throughout California, our annual meetings would have a regular attendance of 250 earnest, enthusiastic homœopathic doctors. Our presence, however, is not all that is necessary, but the preparation of a short, pithy article to be read before the Society, is certainly the duty of every active member.



Long-winded papers, unless of absorbing interest, are always tedious, but a few clear cut, practical paragraphs can be presented by almost anyone. Again, do not consume the valuable time of the Society by indulging in silly or personal discussions. The one is an insult to the intelligence of our brethren, the other an evidence of vulgarity unbecoming a man and a physician. Confine our remarks to the subject under consideration, and let them at least bear some indication of thoughtfulness and respect for the opinions of others. There is no reason why the Homœopathic State Society of California should not compare favorably with similar organizations in the older States, and if every physician professing an interest in the advancement of homœopathy would enroll his name among its members, and take the interest in its success that the importance of the organization honestly deserves, the year 1891 would see a State Society in California worthy the grand cause we have professed to love so dearly.

C. L. TISDALE, M. D.

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DR. CURTIS is still on his much-needed vacation. At last account he was in San Antonio, Texas.

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## Correspondence.

### Schriftleitung der Allgemeinen Homœopathischen Zeitung.

9TH APRIL, 1890.

DEAR CONFRERE:—The Homœopathische Centralverein Deutschlands, the oldest European homœopathic society, will meet this year in Dresden, on the 9th and 10th of August. The 9th we will visit together Meissen, and the house where Hahnemann was born, and the 10th, after the scientific session, we will dine with our friends at the Belvedere in Dresden. Dr. Kafka, Sr., from Prag, will be chairman. We would be very happy if some of our American friends, if then in Europe, would join us, and therefore I ask you to print a notice of our session in your paper. As a member of the local committee, I beg to send me word if one wishes to join us, and especially if he wishes that rooms may be secured for him.

With kindest regards, most truly yours,

DR. ALEXANDER VILLERS,

Dresden-A., Saxony Christianstr.

## CENSUS OF HALLUCINATIONS.

EDITORS CALIFORNIA HOMŒOPATH—May I ask for the publicity of your pages to aid me in procuring co-operation in a scientific investigation for which I am responsible? I refer to the Census of Hallucinations, which was begun several years ago by the "Society for Psychological Research," and of which the International Congress of Experimental Psychology at Paris, last summer, assumed the future responsibility, naming a committee in each country to carry on the work. The object of the inquiry is twofold: 1st, to get a mass of facts about hallucinations which may serve as a basis for a scientific study of these phenomena; and 2d, to ascertain approximately the proportion of persons who have had such experiences. Until the average frequency of hallucinations in the community is known, it can never be decided whether the so-called "veridical" hallucinations (visions or other "warnings" of the death, etc., of people at a distance) which are so frequently reported, are accidental coincidences, or something more. Some 8,000 or more persons in England, France and the United States have already returned answers to the question which heads the census sheets, and which runs as follows: "Have you ever, when completely awake, had a vivid impression of seeing or being touched by a living being or inanimate object, or of hearing a voice; which impression, so far as you could discover, was not due to any external physical cause?" The "Congress" hopes that at its next meeting, in England in 1892, as many as 50,000 answers may have been collected. It is obvious that for the purely statistical inquiry, the answer "No" is as important as the answer "Yes." I have been appointed to superintend the census in America, and I most earnestly bespeak the co-operation of any among your readers who may be actively interested in the subject. It is clear that very many volunteer canvassers will be needed to secure success. Each census blank contains instructions to the collector, and places for twenty-five names; and special blanks for the "Yes" cases are furnished in addition. I shall be most happy to supply these blanks to any one who will be good enough to make application for them to

Yours truly,

PROFESSOR WM. JAMES,  
Harvard University, Cambridge, Mass.

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## Personals.

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DR. GEORGE H. MARTIN has returned from the East, where he has been spending his vacation, and has resumed practice.

DR. P. G. DENNINGER has located at San Jose. The doctor is a specialist in the eye, ear and throat, and San Jose is a good field for that specialty.

DR. GEORGE W. BARNES was cremated at the Los Angeles crematory. The doctor was a firm advocate of cremation as a means of disposal of the dead.

A VERY good class presented itself at the College at its opening on the first of May, and several new students have appeared since.

THAT excellent publication, the *Scientific American Supplement* for May 17th, 1890, publishes Professor Helmuth's address on homœopathy.

WE had recently the pleasure of a short call from DR. J. N. HUMMER, of San Jose. The doctor is one of the pioneers of homœopathy in that city.

A NEW college magazine has appeared, hailing from Pulte Medical College, and called *The Pulte Quarterly*. The first number is a remarkably bright and newsy one.

DR. C. C. SHERMAN, the prominent Riverside homœopathist, was in town a few days ago. He reports homœopathy as flourishing in the land where the orange-tree blooms.

DR. W. W. RUSSELL, of Marysville, was present at the meeting of the State Society. The doctor has a good location, and is doing well up there in the northern citrus belt.

*The Ann Arbor Alumnus*, which is published quarterly, is the name of a neat little journal devoted to the interests of the alumni and students of the homœopathic department of the University of Michigan.

BALTIMORE is to have a homœopathic medical college, to be called the Southern Homœopathic Medical College. Drs. PRICK, CONDON and DRANN are among the prominent physicians connected with it.

DR. MINNIE C. F. LOVE has returned to the city and has opened an office at No. 629 Sutter street, where she will devote herself exclusively to gynecology and rectal diseases. Attention is called to her card in this journal.

THE Publication Committee of the State Society has under way the proceedings of the present year, which are to be printed in full. We shall expect a very handsome volume and a most useful one, as the proceedings were of unusual interest this year.

WE have to acknowledge a very pleasant call from Dr. R. N. FLAGG, of Yonkers, New York. The doctor was on his annual vacation, resting up from an extra hard winter's work. He appeared much pleased with California, liking it almost as well as Yonkers.

MR. THUROW, the able janitor of the College, met with a serious accident on the day of the meeting of the Society. While jumping from a car he fell and broke his thigh bone. Of course there was no lack of good medical attention, there being about forty physicians and surgeons in the building at the time. Dr. J. J. Miller, the well-known surgeon of San Jose, replaced and dressed the fracture and the patient is doing very well.

*The Southern Journal of Homœopathy*, after a term of hibernation, has again appeared, and this time to stay, as it has its old editor, DR. C. E. FISHER, at the helm, and is published by the enterprising pharmacists of New Orleans—Messrs. ENGELBACH & Co.

By the way, we are happy to announce that the whereabouts of DR. C. E. FISHER are now definitely known. The doctor has gone back to his old love, and has located in San Antonio, Texas. We hoped to have him as one of us at one time, but the fates willed otherwise. We shall hear more of Texas now that the *Southern Journal of Homœopathy* has been resuscitated.

MESSRS. REDINGTON & Co., the well-known wholesale druggists of this city, after having been engaged in the largest manufacturing business of the Coast, recently sold that important branch of their business to Messrs. Parke, Davis & Co., of Detroit, Michigan. We cannot but regret that so prominent a home industry has been, so to speak, stifled, but we understand that, while the field was a lucrative one, and under the able management of Professor E. W. RUNYON constantly increasing, Messrs. Redington & Co. consider this branch too restricted and prefer to devote themselves to a strictly jobbing business. The sale occurred during the month of April.

TO MEMBERS OF THE AMERICAN INSTITUTE OF HOMŒOPATHY.—For the annual meeting of the American Institute of Homœopathy, to convene at Waukesha, Wis., June 16th to 21st inclusive, 1890, the Wisconsin Central lines will make a rate of one and one-third fare for the round trip. Attention is called to the fact that the Wisconsin Central is the short line between Chicago and Waukesha, operating four trains daily and making the run on its fast trains in two hours and forty-five minutes. Information in regard to rates, tickets and other matters pertaining to transportation, or copies of "Glimpses of Summer Life," may be obtained from the representatives of the Wisconsin Central, or upon application to LOUIS ECKSTEIN, assistant general passenger and ticket agent, Milwaukee, Wis.

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## Book Reviews.

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**Homœopathic Therapeutics.** Third, rewritten and enlarged edition. By SAMUEL LILIENTHAL, M. D. Philadelphia: The Hahnemann Publishing House, 1890.

It is with genuine pleasure that we call the attention of our readers to the appearance of Dr. Lilienthal's great book. It is a marvel of industry, of accurate observation at the bedside of over fifty years by the venerable author himself, and a record of all that is valuable and truly authentic in homœopathic literature concerning our distinctive therapeutics. This edition of the work is not to be compared to any previous edition; it is an entirely new book, encyclopædic in character, complete and absolutely relia-

ble. No homœopathic physician or student can get along without it, if he cares to have within his reach the best, clearest and most thorough work on therapeutics. The book contains more than 1150 pages, but so happy has been the selection of paper by the publisher that the volume is not at all bulky, but is a model of size and perfectly adapted to the constant use which the character of the work demands. We congratulate the author upon the appearance of this magnificent contribution to homœopathic literature.

**Modern Science and Modern Thought.** With a supplemental chapter on Gladstone's "Dawn of Creation" and "Proem to Genesis, and on Drummond's "Natural Law in the Spiritual World." By S. LAING. Illustrated. New York: The Humboldt Publishing Co.

We are not surprised to learn of the success of this book in England, where a sixth edition was demanded within a month from the date of first publication, for a more readable book we have not seen in a long time. The principal results of modern science, and the revolutions they have effected in modern thought, are concisely presented. Here are displayed the results of recent inquiries into the composition and constitution of the earth and of the universe, into the nature and laws of matter, the development of organized and animated existences, the history of man, the myths of all races and the religions of all people; discussions of the nature of force, motion, electricity, light and heat. The display is brilliant and instructive. The work is in two numbers—117 and 118—of "The Humboldt Library of Science."

**Utilitarianism.** By JOHN STUART MILL. Humboldt Library, No. 121. Price, 15 cents. New York: The Humboldt Publishing Co.

There could be no better evidence of the good work being done by the publishers of "The Humboldt Library" than the present volume. They publish "Utilitarianism" at the modest price of fifteen cents, whereas the imported edition costs \$1.75. And yet this fifteen cent edition is fully the equal of the London edition in type, paper and presswork. As to the merits of the book, it is enough to state that John Stuart Mill is the author.

**The International Medical Annual and Practitioner's Index for 1890.** New York: E. B. Treat & Co.

This work, of which we gave notice some time ago, is one of the best that ever emanated from this well-known publishing house. It gives, in a word almost, the complete medical progress of the past year, and as an index of reference it is invaluable to the practitioner who wishes to keep abreast of the times. The articles on the new remedies which have recently appeared, and their number is considerable, is well worth the price of the book. An excellent contribution on baths and their therapeutic uses, and the subject of electro-therapeutics thoroughly treated, form important features. The *Annual* should increase in popularity, and its sale should be such as to encourage the publishers to continue their good work from year to year, giving us in a concise form all the medical progress of the preceding year. This is the eighth year of its appearance, and these eight volumes in themselves constitute a small medical library, and a most useful one.

**A Handbook of Diseases of the Skin and their Homoeopathic Treatment.** By JOHN R. KIPPAX, M. D. Fourth edition, revised and enlarged. Chicago: Gross & Delbridge, publishers.

The first editions of this work are too well known to add much to what has already been said of them. Of course the work has been modernized to meet the requirements of the present time, the continued advance in dermatology having made this step necessary. Otherwise it is much like the preceding editions, save that the typographical work is much better done. It is up to the present time the only text-book that we have on diseases of the skin that is worth anything.

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## Clinical Items.

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**FOOD FOR GASTRO-ENTERITIS OF CHILDREN.**—In the *Lyon Medicale* a writer advises the following food for gastro-enteritis of infants:—Wheat, one tablespoonful; oatmeal, one-half tablespoonful; barley, one-half tablespoonful; water, one quart. This is to be concentrated by boiling to one pint; strain and sweeten. The result is a mucilage readily taken by children. In gastro-enteritis the patient should be given small quantities of this mucilage at frequent intervals, and no other food administered until the stools assume their normal color.

**IMPORTANCE OF EXAMINING THE EARS IN COUGHS.**—Dr. Alfred C. Palmer, in a paper before the Medical Society of North Carolina, calls attention to the frequency of aural inflammation and irritation, as an unrecognized cause of troublesome coughs. Since, anatomically, we are able to trace a direct connection between the tympanum and larynx, first through Jacobson's nerve to the petrous ganglion of the glosso-pharyngeal, then through this and its connecting fibres, where they exist, into the pneumogastric and its branch, the superior laryngeal, to the whole of the mucous membrane of the superior part of the larynx, it is reasonable to suppose that should irritating influences exist in the tympanum, there must necessarily be some manifestation at the other end of the connection. This influence might not be evident, were it not true that the superior laryngeal ter-

minates in so sensitive a membrane, made so by its own presence; hence many of the troublesome hacking coughs which we are so prone to attribute to reflex stomach troubles (dyspeptic coughs), sub acute laryngitis, bad colds and the like, are directly due to a disturbance of one kind or another in the ears, and that where these cases come under our observation, we will often reach a satisfactory diagnosis and treatment by making a thorough examination of these organs. The doctor reports several cases in illustration.—*North Carolina Medical Journal, November, 1889.*

CASE FROM THE VIENNA CLINICS.—We had an interesting case in Nothnagel's wards last week. An old woman who had had a scirrhous of the breast removed ten years before, was perfectly well until several months ago. Since then she has gradually grown weaker, has noticed that she could not walk in the dark or with closed eyes, and that her legs were becoming numb and too feeble to carry her weight. In her legs sensation is perfect, the patellar reflex almost absent, muscular sense good; but voluntary motion markedly feeble. In her arms the reflexes are increased, motor power somewhat diminished, and muscular sense almost gone, so that when she closes her eyes motions with the arms are markedly ataxic. The eye reflexes are all present; there is slight facial paresis on the left side. She has excruciating pains in the spinal column. There is considerable cachexia, and on her back we found a number of hard nodules, which examination showed to be metastatic carcinomata. In the left axilla there is a bunch of hard infiltrated glands, and even in her lower limbs a few nodules exist. No known nervous disease will explain the symptoms of the case, so metastatic carcinomatous nodules in the spinal cord become a probable diagnosis. There are but very few such cases on record, and the excruciating pains in the column were present in all.

ARNICA IN SCIATICA.—A patient, aged sixty-four, consulted Dr. W. A. Wakely during a severe attack of sciatica, to which he had been subject. He had the usual severe pain extending from hip to knee and occasionally shooting to foot, but in addition the limb felt bruised and beaten, and he

was unable to bear even the pressure of clothing on it. "Felt just as it had once when kicked by a horse." *Arnica* 3x was prescribed, and two days later his sciatica (of six weeks' standing) was entirely gone, as was also the attending soreness.—*North American Journal of Homœopathy*.

**CALCAREA FLUORICA IN INDURATIONS.**—Chas. D. had been under allopathic treatment for two weeks for typhlitis, and when called I found him very much reduced, suffering extreme pain. Palpation discovered a tumor extending from the cecum to the inferior border of the liver, hard from induration and very sensitive. I found him lying upon the right side with the leg flexed upon the abdomen to relax the abdominal muscles. This position mitigated the severity of the pain. The indicated remedies were given for the acute symptoms, among which *Rhus tox* was the most important, but the absorption of the induration threatened to be a stumbling block to recovery, and an old allopathic physician declared that an abscess would result; but under *Calcarea Fluor.* 3x, a small powder dry upon tongue every two hours, the induration was rapidly absorbed, and a speedy recovery of an almost hopeless case was the result.—*G. P. Hale, M. D., Memphis, Michigan*.

*Aurum brom.* has been found of real use in the treatment of epilepsy, also in typical migraine and chorea.

*Glonoine* is the remedy for sea-sickness, especially when there is giddiness, warm sickening sensation in chest and stomach and faint feeling.

DR. SCHUSSLER says: *Natrum sulph* not *ferrum phos.*, is the biochemic remedy for influenza, which is caused by an excess of water in the cellular fluids. He claims that his theory has not suffered at all from the reported failures of *ferrum phos.* in this disease, because it is not biochemically indicated.

*Camphor brom* has no equal in the treatment of cholera infantum, cholera morbus, infantile convulsions, hysteria and menstrual headache. First trituration.—*Hale*.



**Remedies in Styringomyelia and Other Nervous Diseases.**

Dr. Samuel Lilienthal, in the February *North American Journal of Homœopathy*, in a translation of an article on "Syringomyelia," by Charcot, remarks upon the dearth of old-school therapeutics for the disease, and suggests a study of the following drugs:

*Arnica* is our chief absorbent. We read in its pathogenesis much of faulty nutrition; fibrillary twitchings; intermittent bearing in almost every part, especially in limbs; mostly rising from below upwards; tendency to degeneration of tissues; pain in last cervical vertebra on bending, with tension; twitching pains from left shoulder to middle finger; arm weary, as if bruised, weakness of the cervical muscles; they do not support the head; ends of fingers cold; heaviness in limbs; exudations in brain and spine.

*Argentum Nitricum*.—Paralysis from spinal affections, with great exhaustion and restlessness; mental depression, without desire to do anything; paralytic drawing pains in arms, which feel heavy; numbness of finger tips; debility and weakness of lower limbs, with sick feeling, dread of work, drowsiness, chilliness and sickly appearance; emaciation, with paralytic weakness; incipient paralysis.

*Æsculus Hippocastanum*.—Lameness and weariness in neck; aching between shoulder blades; spine feels weak; backache in cervical, lumbar and sacral regions, and from motion; aching and sensation in left acromion process, with shooting down the arms; arms and hands numb, as if paralyzed; cracking of the skin of the hands; formication.

*Arsenicum Album*.—Progressive muscular atrophy; violent neuralgic tearing pains in upper and lower extremities; formication along spine, paralytic feeling in upper limbs; hands and lower forearm hard; vessels filled with blood on tips of fingers; ulcers and scabs under nails; nails discolored; heaviness of limbs, exhaustion from slightest exertion; emaciation, skin of legs cold and flaccid.

*Calcarea Ostrearum*.—Spinal paralysis; rheumatic pains in upper cervical vertebra, with stiffness of neck; scoliosis; muscular atrophy, with painful aching of muscles of shoul-

ders and arms, and weariness, as if paralyzed; painful nodules on fingers; boils and rhagades on hands and fingers; marasmus, with glandular swellings of scrofulous subjects; leucophlegmasia.

*Cuprum.*—Motor paralysis, with atrophy and contractions, ascending from periphery to center; spinal irritation, with violent paroxysmal pain and extreme sensitiveness of whole spine.

*Graphites.*—Numbness and dead coldness of the fingers and arms; smarting, cutting as from an ulcer in lower cervical vertebra; emaciation without visible cause; paralyzed sensation in upper and lower extremities; chronic eczema; finger and toe-nails rough and discolored.

*Lathyrus.*—Motor paresis, with tremulous, tottering gait, with great emaciation; tendon reflexes exaggerated; neither pain nor atrophy.

*Nux Vomica.*—Multiple sclerosis; spinal irritation, with loss of power in extremities; formication along spine; parts cold, numb, emaciated; paresis of arms, with violent jerks as if the blood would start out of the veins.

*Oxalic Acid.*—Sclerosis of posterior column, pains shooting down from cord to lower extremities; jerking pains, confined to small spots; extremities livid and cold; nails dark and fingers contracted; patechiæ; reflexes increased.

*Phosphorus.*—Progressive spinal paralysis, with partial contraction of the affected muscles; formication and tearing in limbs; anæsthesia; spinal irritation, with burning pains between the shoulders; scoliosis from caries of the vertebra; nails hard and dry; weakness and heaviness of the head and feet, finally paralysis; ulcers that will not heal about the nails.

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*Lycopus* is a fine remedy in pericarditis, the respiration, fever, cough, pain and palpitation soon being relieved.

*Carbo anim.* Swelling of glands, which are painful. Papules and vesicles.

**GRAPHITES IN CONSTIPATION.**—Graphites is too much neglected, and it shows itself especially useful for women, who are so apt to neglect the calls of nature and suffer in consequence thereof, often for years, from neurasthesia, female weakness, hæmorrhoids, and it does for women what sulphur does for men. We meet here Grauvogl's carbo-nitrogenous constitution. Copious masses of mucus often accompany each defecation, which Kafka considers the key-note for graphites. Scanty menses, often delaying; even a soft stool passes with difficulty; a diminished vitality everywhere, and graphites becomes our sheet anchor, showing itself sometimes by distended abdomen and flatulency. Gastro-intestinal affections alternate with acne and erythema of the face, herpetic lesions or scrofulous hypochondriasis or hysteric melancholia, sleeplessness or disturbed sleep, occipital headache with tension and stiffness of nape, or violent semi-lateral headaches, are all symptoms found under graphites; but at the same time we must not neglect dietetic and hygienic measures.—*Dr. H. H. Goullon.*

**REMEDIES FOR ELEPHANTIASIS.**—Belladonna is indicated at the commencement of the affection to combat lymphangitis, after or conjointly with mercury. After subsidence of this stage phosphorus, silica, sepia and graphites are useful. Dr. Burkhard places special confidence in silica, while Maylaender recommends kali chlor. internally and externally. For elephantiasis nostras Dr. Burkhard has used carduus and hamamelis with satisfactory results, and has seen enormous legs reduced to their natural size.—*Revue Hom. Belge*, October, 1889.

**NUPHAR LUTEA.**—Dr. H. D. Champlin thus summarizes, in a letter to the *March Homœopathic Recorder*, a few points concerning nuphar lutea: Loss of strength; excessive moral sensibility; diarrhœa, yellow, without colic in the morning; evening, diarrhœa; there is much flatulence; chronic diarrhœa, stools, watery, painless, quite copious, yellowish color, *very offensive*; frequent, as many as twelve in a day; a feeling of physical exhaustion is constant; urine deposits a copious red sand; skin, psoriasis.

**LYCOPUS VIRGINICUS AS A HEART REMEDY.**—Dr. Stanley Wilde, in the *British Homœopathic World* for March, says: I have had some satisfactory experience with *lycopus virginicus*. In one of the worst cases I have ever seen of pericarditis, complicated with bronchitis, where the respirations reached as high as 84 per minute, *lycopus tincture*, in one-drop doses, was the only medicine that gave any relief, the usual remedies having been previously tried. The respirations, the fever and the cough were all markedly diminished in the course of twelve hours after commencing the *lycopus*, and the patient made a perfect recovery.

Another case was that of a young woman, who, since an attack of acute rheumatism two years previously, suffered much from palpitation and darting pains in the cardiac region. There was a systolic bruit at the apex. *Spigelia*, which usually helps these symptoms, failed in this instance, but *lycopus O* soon produced an amelioration, and, after taking it for a month, there was a complete cessation of pain and palpitation.

**AURUM FOR LOSS OF HAIR.**—Dr. Burkhard recommends *aurum* for loss of hair following the abuse of mercury.—*Revue Hom. Belge*, October, 1889.

*Aletris* one of the best tonics known in all cases of debility connected with the diseases of the generative organs, all uterine weaknesses, habitual miscarriage, impotence, sterility, pale and scanty menses.—*Hale*.

*Causticum* is a good remedy for tinnitus aurium. Sounds re-echo unpleasantly in the ears. A voice of ordinary tone sounds loud. May be concomitant with catarrh of the throat involving the eustachian tube.

*Guaiacum* contraction of tendons, drawing the limbs out of shape, worse from motion, gouty, nodosities in the joints.

*Rhus* has the sensation when the patient walks and especially when he goes up stairs, as if at every step or rising the brain were loose and struck against the skull, hence worse from motion.—*Dunham*.

## Selections.

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### SKOOKUM CHUCK—THE NEW ANTI-PSORIC.

Dr. William D. Gentry, author of the Concordance Repertory, has introduced a new anti-psoric, which bids fair to rival all heretofore known to the profession. This new remedy is the salt obtained by evaporating the water of Medical Lake, which is situated in the new State of Washington, near the line of the Northern Pacific Railway, sixteen miles from Spokane Falls. The lake is about forty feet deep, one mile long and one-third of a mile wide, surrounded by hills, the north side of which is covered by handsome pine woods. The water is of a deep amber, almost red in the sunlight. The following is an analysis of the salt, which is obtained by the evaporation of the water, the proportion being in grains per United States gallon of 231 cubic inches:

Sodic chloride .....	16.370
Potassic chloride.....	9.241
Sodic carbonate.....	63.543
Magnesian carbonate.....	.233
Ferrous carbonate.....	.526
Calcic carbonate.....	.186
Aluminic oxide.....	.165
Sodic silicate.....	10.638
Organic matter.....	.551
Total.....	101.463
Lithic carbonate.....	} Each a trace.
Potassic sulphate.....	
Sodic bi-borate.....	

The lake has no outlet, but is fed by two enormous springs. It contains no living things with the exception of axoloti, a kind of salamander, such as are found in the lakes of the Mexican Cordilleras.

The medical and curative properties of this remarkable lake was known to the Indians of the Northwest as far back as they have any legends or tribal history, and it was held in such reverence by them that the country around this lake was called "Sahala Lyeo Illihe," or "Sacred Grounds," and no matter how hostile the tribes were to each other, no Indian journey-

ing to or from the "Skookum Limechen Chuck," or "strong medicine water," were ever molested.

When the Indians were considering the transfer of their lands to the Government many years ago, it is recorded as a matter of history that old Quetahguin, father of the present Chief Moses, and "Old Joseph," father of the Chief Joseph lately a prisoner of war, with the broken remnants of his band, after weeks of deliberation and consideration with the "Sahala Lye" or Great Spirit, though their medicine men, or prophets, firmly said: "We have talked with the Great Spirit, and we have slept with his words in our ears. The Great Spirit is our Father and the earth is our Mother. We have a good home and it was made for us by the Great Spirit; it is a part of us, it is our mother. In Wallowa Lake are an abundance of fish created especially for our tribe. None other of his red children have such fish. In the Skookum Chuck we have a remedy for all ailments. We only have to bathe in and drink its waters and we are made well. If we sign the treaty we will forever offend the Great Spirit; we will sign away our mother and she will cry. Her tears will dry up these lakes and we will be hungry and sick. We will go to the Skookum Chuck only to find that its waters have disappeared."

The story is told of a Frenchman passing the lake many years ago, before the properties of the water became known to the whites, with a drove of sheep afflicted with a skin disease called "the scab." As soon as the sheep saw the water they ran to it, but would not drink. They stood in the water for some time, and in a few days they were well of the "scab."

The Frenchman was suffering with rheumatism. He concluded to try the water of the lake for his disease. He was speedily cured. The whites were soon attracted to this lake by the stories of the marvelous cures reported by the Indians, and by seeing Indians return in health and vigor from the lake, who had been taken there on litters, appearing at the point of death. It is estimated that over thirty thousand people have visited this lake since "Joseph's" band were driven from that section of country.

The attention of Dr. Gentry was called to the healing properties of the waters of the lake two years ago. He at once

procured some of the salt and potentized it, making the first and third decimal. He took about two grains of the first every two hours one day, and next morning he found himself suffering with a profuse coryza, with constant sneezing, as in hay fever. This continued until the remedy was antidoted. His appetite was greatly increased; there were some rheumatic pains in limbs and heaviness about the sacrum; the catarrhal effects were so severe he could not continue the remedy. Used as a snuff, the first attenuation will produce severe sneezing immediately in every case.

The doctor reports a number of cases of nasal catarrh cured by using the third trituration as a snuff, and is confident that the remedy will prove curative in hay fever. With the first decimal attenuation and two-grain powder mixed in a half glass of water, and a teaspoonful of this mixture given every two or three hours, cured two cases of eczema, one case of chronic, oft-appearing urticaria, and one case of palmeritis, of many years' standing. This latter case was that of a gentleman who was so greatly and grievously affected that he could do no work on account of his hands being so raw and sore and they looked so badly and caused so much notice, and, remarked the patient, was forced to wear gloves all the time. In addition to giving the remedy internally, soap was made from the salts, and was given, and patient was directed to wash his hands twice daily with the suds. His hands were entirely well in three weeks.

Dr. W. E. Reed, of Chicago, reports a case of chronic otitis media, of seven years' standing, where there was a profuse, acrid, cadaverously-smelling discharge. Arsenicum was indicated, but failed to cure; the auricle and parts below the ear had been raw and swollen for a long time on account of the discharge. The remedy was given internally and used locally. In a few weeks the ear was well. Dr. Reed is now using the remedy in another case of eczema, with beneficial results, and with flattering prospects of a speedy cure.

Dr. E. H. Peck, of Cleveland, O., writes to Dr. Gentry as follows: "A few weeks since you kindly sent me some 'Skookum Chuck' salts, and very soon after a good test came in. I gave the remedy with astonishing results. The case briefly stated as follows: Eczema of about nine years' con-

stant existence, due to vaccination. Two or three others were vaccinated with the same virus, and all broke out. Two died and two were left with eczema, which has continued to this time. My patient had the worst hands I ever saw; and that is saying much. Sars. 2c. petrolium cm. psorinum 42m. done wonders; but when after many months of treatment there was an aggravation, they did not work so promptly. This remedy, however, has almost cured the case in two weeks. It did more in that time than any other remedy did in three or four times as long."

"Skookum Chuck" salts has been proven to have a strong affinity for the skin and mucous membrane in producing a rough and grating appearance, and in some cases eczema of the skin and a catarrh or coryza in the mucous membrane. It is anti-psoric, and physicians can use it with confidence in all diseases where psora is suspected as the cause.

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#### PROVING OF ANTIPYRIN.

Dr. Cordelia Williams, of New York, sends the following list of symptoms occurring in a patient, unmarried, blonde, age 28. She had been feeling bad all day. Headache over left ear, on top of head and though left eye. Dissolved ten grains of antipyrin in half a gill of water and took it. Sat down and happened to draw a celluloid instrument across the upper teeth near the gums. Suddenly a most peculiar feeling, like the sensation caused by trying to eat during the attack of mumps, followed the course of the instrument across the gums, shot down each tooth, then went to lower gum and lip, thence under the tongue, down the throat, over the roof of the mouth, and down the glands on the outside of throat. Sneezed violently, felt flashes of heat, alternating with chills, and broke out in a perspiration. There was a terrific pain in upper part of stomach, going upward. Head, face and neck became terribly suffused, the nose purple and swollen, the upper lip swollen and stiff. She thought she was paralyzed and dying. The ear itched, tingled *and bled*. Tingling and itching all over the body; finally white spots appeared in the red patches, be-



came very numerous and became confluent. They appeared first on abdomen and hips, chest and throat; then on arms and thighs; not severely below knees, and lastly on fingers and toes. The anguish abated as the urticaria developed. Eyes became suffused, and red spots appeared before them. Felt drowsy but could not sleep. Felt as though she were leaving her body, with all sorts of confused ideas; weak and nervous. The urticaria disappeared in two hours, and two hours afterwards the hands still tingled, and they tingled next morning, with pain in the right arm extending from below the elbow to second and third fingers. There was a slight watery leucorrhœa.

The head was not cured but the pain was rendered some what easier.

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#### ALLIUM CEPA IN CILIARY NEURALGIA.

Dr. Liebold first recommended this drug, in five-drop doses of the tincture, for ciliary neuralgia occurring after cataract extraction. I have used it in this class of cases with most satisfactory results, and have extended its use to other forms of ciliary neuralgia. In a recent case of iridochoroiditis of the right eye, relief was obtained only from allium. The inflammation began in the iris with the usual symptoms of contracted pupils, discoloration of iris, ciliary injection, and considerable pain, worse at night. Under atropine, the pupil was kept dilated from the beginning, but the inflammation progressed until the chemosis became excessive, the eyeball very sensitive to touch, the aqueous and vitreous humors so clouded that the fundus could not be seen; the vision was lost, and the pain in the eye, extending to the whole head, worse on the right side and aggravated at night, became so severe that he was almost beyond control. His nerves were completely shattered from pain and loss of sleep, and I feared that the eye was lost. Allium cepa, in five-drop doses, was at last given, with most rapid relief from pain. It also seemed to exercise a favorable influence upon the inflammation, so that under this drug and rhus tox., the patient made a rapid recovery, with complete restoration of vision.—*Dr. George S. Norton.*

THE  
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Original Articles.

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RECTAL FISTULA.

BY CHAS. L. TISDALE, M. D., ALAMEDA, CAL.

Of all the many diseases to which the human rectum is liable, fistula is the most serious and, as far as my experience goes, the most difficult to treat successfully.

Although you are all perfectly familiar with the causes of fistula, and the various forms in which it appears, it may not be inappropriate to briefly review them at this time.

There are three forms of fistulae recognized by surgeons: the external blind, internal blind, and complete fistula.

The first is where an abscess forms outside the rectum, and burrows through the tissue toward the rectal wall, but never penetrates entirely into the rectum.

The second is where an acute inflammation of the mucous membrane resulting in ulceration eats through the muscular wall of the rectum until a sinus is formed, which, however, does not reach the integument.

The complete fistula is, as its name implies, a sinus clear through from the surface on the outside to the rectum within, making a complete channel communicating with the intestine at one end, and the skin at the other. The most frequent form found is the internal blind, in which the canal

communicates with the intestine, but has not yet extended to the surface of the body.

Just within the sphincters is the most common site of the opening, as there the natural constriction of the rectum permits the lodgment of foreign material, which soon sets up an inflammation that may result in a fistulous opening: this canal allows the entrance of fæcal matter and other substances, which, if permitted to remain, will eventually force an opening entirely through, resulting in the complete form of the disease. This gives rise to the most unpleasant and embarrassing consequences to the sufferer.

The frequent passage of gas and foul matter through the canal renders him constantly miserable, while the irritation of the parts bathed in the secretions which exist in every fistula, and the discomforts experienced in walking and sitting make life anything but a pleasure.

Of course the most interesting question is that of treatment. Like almost every other medical or surgical subject, the plans proposed for relief are numerous, and many of them radically dissimilar. Cutting the fistula through with a knife; introducing a rubber ligature, and permitting it to force its own way out; and injecting some drug that will destroy the pyogenic membrane, and allow the canal to close by healthy granulation, are all methods which have the approval of many eminent surgeons. The great desideratum is to entirely destroy this pyogenic membranè, for so long as one particle remains, just so long will pus be formed, and the sinus refuse to heal.

The injection method of cure for a time had a large number of advocates, but I think the high percentage of miserable failures has discouraged those who formerly were loud in its praise. I have used the injection frequently, and in some cases with marked success, and certainly, where we can succeed in this way it has many advantages in operating on nervous persons, who have a holy horror of anything which savors of cutting. The injection has served me best in the external blind variety of fistula, although I have had some success in the complete form of the disease. The manner of procedure is as follows: Thoroughly irritate the canal with a probe, in order to break up the lining mem-

brane as much as possible. Then inject through a canula a solution of carbolic acid full strength, holding one finger over the internal opening of the sinus in the complete form, to prevent the introduction of the acid into the rectum. The next day I inject 20 to 30 minims of Sanders' eucalypti, in the same manner. This needs to be repeated three or four times, at intervals of a few days.

As I have remarked, in many cases this treatment is successful, but in the great majority of cases only a partial cure will follow, and some other more thorough plan will have to be resorted to.

The operation with the knife is doubtless perfectly familiar to every one present, and by a large proportion of surgeons is considered the only radical means of curing this distressing malady. I only wish to say a word by way of caution to those who have had but little experience in cutting out fistulæ. While it is absolutely necessary to remove all the diseased tissue, you must be careful not to cut away too much that is healthy, as the resulting cicatrix may so constrict the rectum, and particularly the anal portion, that serious inconvenience will ensue. Another calamity that may befall you is that the wound will not heal readily and non-union will give an imperfect sphincter, than which nothing can be more disgustingly embarrassing. With proper precaution, however, the operation with the knife is a safe and usually successful means of cure. But of all the different plans proposed for the relief of fistula my choice lies in favor of the ligature. Of course, I qualify this statement by saying that in many of the cases that come under my observation it is impossible to successfully apply the ligature, and I am, therefore, compelled to use the knife, or depend upon the injection method; but where the application of the ligature is not too difficult, or for some reason thought inadvisable, I would give it the preference in the majority of operations for fistula. My manner of procedure is as follows: Thread a long, malleable probe with a strong, new, rubber ligature, and pass it up through the sinus into the rectum, turn the probe and pass it out at the anus; then remove the probe, and slip a good sized lead shot upon both ends of the ligature; put the rubber upon the stretch as

much as possible, and with a pair of pinchers close the bullet upon the ligature up against the external orifice of the fistulous canal. It is often well to slip a good sized washer between the bullet and the integument, as the small size of the bullet sometimes permits it to penetrate the sinus, causing much unnecessary distress, and allowing the ligature to become slightly slack.

The tension of the rubber is so great that in from four to eight days it will have cut completely through, from within outward, and not only will the fistula have been cut through, but the length of time required for the operation will allow the wound to heal behind the ligature, so that by the time the sinus has been cut out, healthy granulation has become established, and another week generally completes the cure. This method does not possess the uncertainty of the injection, neither can the danger attending the use of the knife be urged against it. In short, of all the different methods suggested for the cure of fistulæ, I believe the rubber ligature should be placed in the front rank.

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### NOTES ON RECTAL SURGERY.

BY M. C. F. LOVE, M.D., SAN FRANCISCO.

Among the many things of interest and profit which I saw during my sojourn in Gotham, my clinics with Dr. Chas. B. Kelsey were, I think, the most instructive.

He is quite an enthusiast over the clamp and cautery operation for hemorrhoids, both external and internal, and judging from what I saw then, and have since experienced, I do not wonder at his enthusiasm. He uses a modification of Smith's clamp, called the Kelsey clamp, which is lighter and simpler; the latest pattern is without serrated edges, and can be taken completely apart, making it thoroughly aseptic. Of course the clamp is not applicable to every case, but for the external variety and large internal, which are within the grasp of the sphincter, its advantages are very great over the ligature. The result is the same with both methods—cure—but the comfort of the patient is something

different. I was deeply impressed with one operation in particular. Case: A young man who had been suffering from constant loss of blood at stool for several months, was really incapacitated for work through loss of blood. Examination revealed one large tumor partly external. Cocaine 4 per cent. sol. was injected into the integument near the tumor, the tumor grasped with a vulsella, drawn down, and a slight incision made in the integument to limit the application of the clamp. The clamp was applied, the tumor cut off, and the thermo-cautery applied till all bleeding ceased. One delicate feature of the operation is in letting up on the pressure just enough to see if the bleeding vessels are well seared without letting it slip out of the clamp beyond control. If no bleeding follows the slight opening of the clamp, it is removed.

The patient complained of no pain during the operation, and reported every other day, for ten days, when he was discharged practically well. He had defecated every day without pain, or loss of blood. The pain in the back was gone, and the man ready to resume his work. There were other cases who were given an anesthetic, all reported no pain after the operation, and daily evacuations without pain. It is usual to give a small dose of compound licorice powder every other night to insure a soft stool, to avoid injuring the healing surface. Compare with this result the ligature which entails upon the patient, if the tumors be within the grasp of the sphincter, or integument involved days and nights of agony, or morphine with the cathartic at the end and more agony. To many people it is not a simple thing to keep the towels bound up for six or eight days. We cannot compare the clamp operation with the injection method, because the latter is only used in the small internal variety, and the favorable result more a matter of good luck than certainty.

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COTON IN DIARRHŒA.—Dr. Terry's indications for cotoin in diarrhœa are painless stools, followed by tenesmus, the stools being bilious in character. He has cured with it in the third trituration, when croton tiglium failed in this trouble.—*North American Journal of Homœopathy*, February.



trophies from other causes have been legion. Yet, amidst it all, the physician has calmly performed his mission of toil and mercy, and homœopathy has brought forth golden blocks for the temple of the Art of Healing.

For fourteen years this Society has annually congregated, and the results of these gatherings are manifest in all parts of Oregon. Already there are thousands of persons living in Oregon who can testify to the superiority of homœopathy over every other known system of medicine. This fact ought to stimulate us to still greater effort in behalf of those grand truths which it teaches. I repeat—"those grand truths." For when Samuel Hahnemann, in the year 1796, announced to the world the law of *similie*, he proclaimed a truth high as heaven, deep as hell, and lasting as eternity; and because of this truth he was hated by physician and apothecary alike, and in some kingdoms his practice was interdicted by law, and the law went so far as to forbid him dispensing his own remedies.

How much better it would have been for humanity at large had the old-school doctors assisted Hahnemann in his search for proof of the law he taught! Hahnemann threw down the gauntlet when he said: "Either prove or disprove the truth of what I say. If true, acknowledge it; if false, publish it to the world." But, instead of doing so, they heaped upon that head which was the peer of them all, calumny; and, not content with that, they drove him from the land of his birth, causing him to become a stranger in a strange land. No doubt he thought, as he turned his back upon his native land, Was ever grief like unto mine? But knowing the truth of what he taught, and seeing, away in the far distant gloom, faint rays of that sun which would arise and throw its illuminating power into the most secret recess of allopathic ignorance and deceit, he, like a well-inflated balloon in a calm atmosphere, moved smoothly through it all, landing at last triumphant, and to-day he, though dead, lives as "Hahnemann the Conqueror." His enemies might down him, stone him, yea! have slain him, his blood would only have given nourishment to his convictions, and the truth he had already proclaimed would have still grown and reflected back upon their guilty conscience—the law,



"*similia similibus curantur*," which even now haunts and troubles them.

In the year 1834 homœopathy was represented by an old-school doctor as being nothing but a frightful abortion, with a big body, goat hoofs, crooked arms and long fingers, foxes' eyes, donkeys' ears and a hydrocephalic head, and, like every other work of deceit and darkness, must of itself fall to the ground.

And 'twas thus they shouted and they spouted;  
Then they spouted and they shouted;  
But the people jeered and blouted  
At their damned infernal lies.

Had it been in the power of the allopaths to have done so, they would have burned Hahnemann and his adherents at the stake. Even to-day, are they not plotting the destruction of the name Homœopathy—and no stone will they leave unturned that will help them in their work of persecution. But homœopathy is powerful, and, being founded upon truth, cannot be destroyed.

In an article published in the *Medical World* of January, 1890, Vol. VIII, page 24, the editor, in speaking of the homœopathic law of cure, says: "A prudent man will not fasten himself to any so-called law of cure, because no such law exists." Great God! what an expression. "No law." A world of men, women and children bowing beneath the curse of disease, and an army of noble-minded physicians toiling incessantly to find the best ways and means by which disease may be cured, life prolonged and sorrowful hearts made happy, and "no law." Go! stand at the base of yon snow-capped mountain—watch those little streamlets creeping from their white bed, see them form into brooks, then watch the brooks as they form into creeks, the creeks into rivers, and the rivers into the grand old ocean—there forming a highway for the commerce of the whole world, and "no law." Again, watch the sun as it rises on a bright July morning, gilding the rosy-fingered morn with its crimson; or the moon, as it climbs from behind yon hill, veiled in the silvery mist of night; or if you please, you may watch the great bear as he swings in his circle around the polar star, and "no law." Then go and stand by the bed of those suffering from disease and tell me, if there is "no law", why in

typhoid fever one tongue is dry and brown with a red streak in the middle, and another red, dry, cracked and stiff; or why one is white and another yellow? Why is it in scarlet fever, one's tongue is of a deep, red color, covered all over with white blisters, and another's white with red edges? If there is "no law," how comes it that in rheumatism, one's pains are aggravated by cold, and better by warmth, and another's is made worse by heat, and cease altogether by the application of cold, or why is one's pains aggravated by motion, and another's by rest?

Ladies and gentlemen, there is a law, and you know it; and this law of cure is as universal as the universe. How a physician, ignorant of this law, must grope around the sick form of his patient, as gropeth the blind, and know not at what they stumble. Remember, that ignorance of how to apply this law in disease, does not destroy it. See you powerful engine, that by a well-known law can be made to attain a speed of one hundred miles per hour; yet ignorance of the law of evaporation and condensation, on the part of the engineer, may cause its boiler to explode, and scatter death and destruction all around it, but the bursting of the boiler would not destroy the law that should have governed it. So with the homœopathic law of cure, it will do for the sick what no other known law can accomplish; yet for lack of knowledge in its application, death may result.

In the Monday issue of *The Oregonian*, January 20th, is an article from the pen of Dr. Van Dike, of Grant's Pass, Oregon, in which he states that "there is no allopathic doctors, allopathic teachers, and never has been; we simply call ourselves regular practitioners." But the Doctor does not inform us in what he or his school is regular, nor upon what grounds they have arrogated unto themselves such a ridiculous claim. Further on he informs us "that the falsely-called allopaths, have made all the great improvements and discoveries in medicine, surgery and the allied sciences, and McDowell, Sims, Biglow, Sager, Gross and the other illustrious men in medicine and surgery belonged to the so-called allopathic school. Show me such an array of names in any other school, and I will show you a few white blackbirds." We know the above named gentlemen to be men of eminence

among their professional brethren, and we know further, that Samuel Hahnemann, the founder of the homœopathic school of medicine, was the peer of them all; and it was Hahnemann, and such men as Hufeland, Guernsey, Lippe, Bœnninghausen, Wesselhœft and a host of others, not members of the allopathic school, that done, and are still doing more to bring order out of medical chaos than any other men in this, or any other age. These men brought the truths of homœopathy to bear with such force against the citadel of the old-school of medicine, as to cause its ponderous machine to move forward, and to-day, one can hear the grating of its bearings, as friction takes off the rust and dust of ages.

The influence of homœopathic teachings and practice on the allopathic school of medicine has been such as to constrain them to relinquish those barbarous methods which were in vogue before the days of Hahnemann. Had homœopathy accomplished nothing more than this, and could it claim no more favorable results in the treatment of the sick than the allopaths, even then it still ranks pre-eminent in medicine.

At the fifteenth session of the State Legislature, an act was passed regulating the practice of medicine and surgery in this State. This act gave the Governor power to appoint three persons from the most competent physicians living in Oregon. The Governor, for some reason known only to himself, appointed three allopathic physicians, and in so doing, had given to the State a one-legged Medical Board of Examiners with power to issue certificates to any person or persons, who, in their judgment are qualified to practice medicine and surgery. Now we would like to know by what means this one-legged Board is going to test the qualifications of homœopathic physicians, seeing the Board itself is as ignorant of the law of the homœopathic art of healing as a sturgeon is of the ten commandments; for homœopathy is not taught in their colleges, neither will they allow their students to investigate it. Hence, I say that the three gentlemen composing the Medical Examining Board of the State of Oregon, being ignorant of the *whole* science and art of medicine, are not qualified to judge of the ability of those

doctors who have graduated from homœopathic colleges, to practice as homœopathic physicians. And further, seeing that the allopaths are opposed to homœopathy, and hold it up to the world as nothing but a humbug, how can they conscientiously recommend a homœopath to the people of this or any other State.

And again, let us suppose that the Governor had seen fit to appoint three homœopaths as medical examiners, how could they, not believing in the allopathic system of practice, recommend the students of their colleges as qualified to practice medicine? Suppose that at the next meeting of the Legislature, an act to regulate the practice of preaching in the State of Oregon should be passed, and the act give to the Governor power to appoint three clergymen from among the clergy living in this state—and suppose the Governor appointed three priests, members of the Roman Catholic Church, who should constitute a board of preacher examiners, with power to grant or withhold a license, just as they saw fit—do you think the clergymen of other denominations would for one moment tolerate, or submit to such a law? Verily, no. They would demand that each church regulate its own household.

We say, give us an Examining Board composed of nine members, three from each of the leading schools of medicine; and if you will not do that, then we demand, in the name of freedom and righteousness, separate Examining and Licensing Boards for each of the legally-organized medical schools of this State.

Need we remind our opponents that the Persian, in his day, had the richest, most vast empire in the world? He boasted that his laws were unalterable, and his wisdom so great that his opinions were never changed. A small but sturdy people arose on his borders—the Greek—subtle, supple and great students of nature. With tents that covered the land, and sails that whitened the sea, the Persians came on to destroy their foe. The result was Salamis and Marathon. In due time the Greek arose in his turn, over-ran the empire of his enemy without sheathing his sword, trampled the unalterable laws in the dust, and divided out all his provinces among the followers of his camp.

You must remember that it is no longer Samuel Hahnemann fleeing before the wrath of his enemies. Homœopathy turned its face to the face of its adversary long ago, and being urged on, will fight till she conquers. Like the everlasting Gospel, its power and influence is acknowledged in every corner of the world. Never in its history has homœopathy stood so high as it stands to-day; never before did the rich and influential give of their substance for the spread of its cause as they are giving now. It is here a college, there a hospital, and on this street an ambulance, and on that a free dispensary, with a large staff of physicians at work by day and by night. Time would fail me to tell how it is spreading all over the world. In America we have nine thousand five hundred practitioners, fifty-seven hospitals, several State-supported lunatic asylums, one hundred and ten societies, twenty-six periodicals, as well as a number of annual publications containing reports of transactions.

The British province of Canada contains a large number of homœopathic practitioners, whilst in Mexico, Germany, Austria, Hungary, Switzerland, France, South America, Australia, England, China, New Zealand, Hindustan, and other places, the growth of homœopathy in the past few years has been marvelous. Gradually, at first unrecognized, surrounded by all manner of weeds, it has now grown into an oak of God, and suffering mankind are now healed under its beneficent shade.

And now, my dear fellows, I hope that after the business here has been transacted, we will each return to our several posts of duty determined to discharge faithfully the duty we owe to ourselves and to our patrons. Let us strive to do all in our power to cultivate a more fraternal feeling with our professional brethren everywhere, and, should our lives be spared, may we return to our next annual meeting laden with the garnered experience of another year, to give as a free contribution to the cause of homœopathy.

Hoping that our deliberations may be harmonious, and your intercourse with each other while here fraternal, I will now thank you all for the courtesies you have manifested towards me during the two years I have presided over this Society, and I shall ever remember those years as ones of

pleasure, and pride myself in the fact that, as President of the Homœopathic Medical Society of the State of Oregon, I presided over a society whose profession is inferior to none, and whose art the noblest that ever taxes the intellect of man.

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## Ophthalmology and Otology.

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

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### SKIASCOPY.

(Greek *Εκίαις*, "a shadow," and *Εκοπεύω*, I "spy," or "examine"); also called Retinoscopy, Keratotomy, Pupiloscropy, and The Shadow Test; is a method of testing the ocular refraction that has at last, out of a wilderness of synonyms, come by consent of the best authorities to be named "Skiascopy." The system was discovered by Cuignet, a Frenchman of Lille, in 1873, and an account of it published the same year in the *Receuil d. Ophthalmologie*, under the title of "Keratotomy." Though not well received from its author, about five years later it was more successfully brought to the attention of the profession in the Paris clinics by Dr. Megin, a pupil of Cuignet. It has found favor in England and America, but received the cold shoulder of the leading German ophthalmologists. Any method of examination that will aid in clearing up the problem of ocular refraction, by removing in any measure the oculist's dependence upon the uncertain testimony of the patient, as in children, and adults laboring under active accommodative spasms, must prove a priceless boon. And this desideratum we shall doubtless find when we are fully acquainted with all the possibilities of this system. The *modus operandi* is as follows: the patient is placed in a dark room with a light a little behind and to one side, or above his head. You then seat yourself at a distance of from thirty-six to forty-eight inches in front of the patient, and direct him to fix his eyes upon your forehead, at a point just over the mirror. Either a plane or concave mirror can be used. With the *concave*, the shadow

moves *against* the mirror, (in a direction opposite to the movement of the mirror,) in emmetropia, hypermetropia, and low degrees of myopia; and *with* the mirror, in myopia of more than 1 D. With the plane mirror the movements are reversed. The patient's eye being in the shade, you now direct the light from your concave mirror into the eye to be examined, and slowly rotate it from side to side, when a more or less distinctly outlined shadow will be seen to cross the illuminated pupillary space; while the mirror is still moving change its distance from the examined eye till the outline of the shadow becomes clearly defined. In myopia of over .75 D., the movement of the shadow will be *with* the mirror. To determine the degree of *hypermetropia*, *plus* glasses are held by the patient before the eye under examination, until the shadow is slightly reversed (moves with the mirror); and from the lens giving this result 1 D. is *subtracted*, because the shadow will not occur till a myopia of that degree is artificially produced; and the resulting glass will be the right one. In *myopia*, *minus* glasses are used in the same way, only 1 D. is *added* to the weakest glass that slightly reverses the shadow (causes it to move against the mirror.) The glass thus obtained is the correct one. *Astigmatism* may be determined by placing a plus 1 D. lens before the eye, when if it exists, the shadow will move *with* the mirror in one meridian, and *against* it in another. *Mydriatics*, though frequently of great advantage in severe spasm of the accommodation, are much less frequently required in skiascopic measurements than by the older methods. F.

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## Colleges and Hospitals.

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### WASHINGTON STATE HOMŒOPATHIC SOCIETY.

The second annual meeting of the State Homœopathic Society of Washington was held last evening in Odd Fellows' hall, Tacoma. The first annual meeting was held in Seattle. In the absence of President Dr. C. G. Higbee,

the meeting was called to order by the Vice President, Dr. O. G. Root, of Seattle.

In opening the meeting, Vice President Root congratulated the members on the growth and harmonious working of the society, which now comprises thirty-five members, and making its influence for the good of the profession felt throughout the State. Previous to the formal business of the meeting the following papers of interest to the members were read: "Atrophy of the Optic Nerve," by Dr. C. M. Selfridge, of Port Townsend. "Nasal Obstructions," by Dr. Kellogg, of Tacoma. "Diphtheria," by Dr. H. Ross, of Tacoma. "Whooping Cough," by Dr. Southworth, of Tacoma. A very interesting paper was received from Dr. Higbee on "Surgical Emergencies," as well as one from Dr. Selfridge, of Oakland, Cal., on "Placenta Prævia," both of which were read by the Secretary.

The following officers were elected to serve during the coming year: President, Dr. H. B. Bagley, of Seattle; First Vice-President, Dr. E. D. Olmstead; Second Vice-President, Dr. W. W. Misner; Secretary, Dr. F. W. Southworth; Treasurer, Dr. F. A. Churchill. Board of Censors: Drs. T. M. Yound and C. A. Walsh, of Seattle; Drs. C. Munson and J. A. Oberg, of Tacoma; and Dr. Gerlach, of Spokane. The following new members were elected: Dr. F. B. Kellogg, of Tacoma; Dr. C. A. Walsh, of Seattle; Dr. T. F. Thompson, of Snohomish; Dr. J. M. Lawrence, of Sehome.

The late State medical law was discussed informally at some length, but no formal action was taken in reference to it, as it seemed to be the sentiment of the society to await the appointment of the medical board by the Governor. The matter was referred to the legislative committee with power to act if any emergency should arise.

The following members were present, the Spokane Falls contingent being unable to attend: Tacoma—F. R. Hill, C. Munson, F. W. Southworth, W. W. Misner, J. A. Oberg, N. P. Chamberlain and H. Ross; Seattle—H. B. Bagley, A. T. Sherman, Sarah H. Kendall, F. A. Churchill, T. M. Young, E. W. Young, E. G. Johnson, O. G. Root; Port Townsend—C. M. Selfridge. The meeting adjourned to meet in Spokane Falls on the second Tuesday in May next.



## Editorial Notes.

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### WHO ARE THE REGULARS?

Dr. S. E. Chapman, a well-known homœopathic physician of Watsonville, California, published some time ago an article under the head of "Who are the Regulars?" which has stirred up the bile of the *Occidental Medical Times*.

Dr. Chapman's article gave the result of his efforts to obtain from ten homœopathic physicians, and the same number of allopaths, a prescription for a case of indigestion, the symptoms of which were fully described by him to the twenty physicians consulted. Every one of the homœopaths advised the use of lycopodium, while the prescriptions of the allopaths ranged all the way from Harrison's peristaltic lozenges to the most complex combination known to the druggist's art. As a result of the wonderful unanimity of the homœopathic prescriptions and the ingenious irregularity of those sent by the old-school, Dr. Chapman very justly claimed that if either school of medicine had a right to the title of Regular, it was the homœopathic, and that the much-despised term Irregular was better fitted to the shot-gun methods practiced by the allopathic fraternity.

The clear-cut reasoning of Dr. Chapman and the wide publicity given to his convincing article have aroused the ire of the *Occidental Times*, and eight pages of the June number of that most valuable journal are devoted to an attempted demolition of Dr. Chapman's argument. Letters are published from seven of the ten allopaths consulted, in which desperate attempts are made to defend their position and cast ridicule upon their homœopathic rivals. There is not one single argument in any of the letters printed, and several of them descend to the most insulting personalities to conceal their paucity of common sense. Pre-eminent among this class of letters is that of Dr. W. F. McNutt, of San Francisco, a well-known disciple of the drastic school of medicine. Dr. McNutt's reply is a shining example of how inexcusably silly and vulgar a man may become when driven beyond his depth by the honest reasoning of an opponent.

It would be more creditable in Dr. McNutt to keep out of print, if his ability as a writer can find no higher plane upon which to exhibit itself, and much kinder in his friends of the *Occidental Times* if they would take other means to give publicity to the doctor's much-vaunted pre-eminence among medical men.

We will not burden our columns with extracts from the letters published in the *Times*, but the amount of space wasted by the writers in howling over the "supposititious" nature of the symptoms described by Dr. Chapman is really amusing in the face of the earnestness which they originally displayed in prescribing for the case when presented to them.

Dr. I. N. Love, of St. Louis, a man evidently endowed with marvelous intuition, seems to have "smelled a rat," and with an exquisite sense of honor, rare in this degenerate age, threw into the waste-basket the post-office order for \$2.00 sent him by Dr. Chapman, and consequently the opinion of this illustrious savant has been lost to a suffering world.

No such scruples seem to have actuated Dr. Bowditch, for, although professedly ignorant of the diseased condition he was requested to relieve, the \$2.00 had too many charms for this shrewd Yankee, and he forwarded a prescription which he "knew could do no harm"—a merit, by the way, not possessed by many of those sent by his fellow-physicians.

Dr. Cluness deprecates the wisdom of being drawn into any dispute with the homœopaths. He says: "We should never be impolitic enough to provoke a controversy." The exquisite candor of the good doctor is very refreshing when contrasted with the fierce ravings of many of his fellows, whose pens seem to be dipped in gall whenever they are compelled to write the hated name homœopath. Experience has probably taught Dr. Cluness that the less publicity given to any discussion of the relative merits of these two systems of medicine, the better it will be for that school of which he is so distinguished an exponent.

Dr. Samuel O. L. Potter has developed a most uncomfortable heat in his discussion of this matter, but whether it is from the exertion of writing his own redundant name, the unreality of Dr. Chapman's "case," or the "indefensible" and

ridiculous prescription advised by his colleague Dr. Darby; is not clear upon a cursory perusal of his long-winded communication. He seems anxious, however, to "put the gloves on" with anyone, whatever may be the regularity of his medical faith.

The burden of all these letters, however, is the wicked deception practiced by Dr. Chapman in presenting a case having no actual foundation in fact, and thus leading these wise men to expose the fallacy of their so-called science. We fail to see how the existence or non-existence of Dr. Chapman's case can cut any figure in the proposition under consideration. Symptoms were described by him which together form an exact picture of a certain pathological condition frequently met with by every physician in active practice, and the fact that the case for which relief was asked and *paid for* was only a "supposititious" one had nothing to do with the genuineness of the prescriptions given. The fact is that our allopathic friends, nettled by the result of Dr. Chapman's scheme, have been driven into a corner from which there is no honorable method of extrication. Under cover of the dust raised by their frantic kicking against Dr. Chapman, they hope to escape the consequences of their own lamentable bigotry.

C. L. TISDALE, M. D.

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#### HOMŒOPATHIC POLYCLINIC.

No one who has not visited No. 220 Montgomery avenue in this city can begin to appreciate the value of the charity organized there by Dr. D. Albert Hiller, one of the oldest and best known homœopathic physicians on the Pacific Coast. Recognizing the necessity of some practical means of reaching the great mass of suffering humanity which makes up a large proportion of San Francisco's population, Dr. Hiller determined to devote a part of the wealth with which he has been blessed in establishing a dispensary, where all forms of acute and chronic diseases can be successfully and gratuitously treated in accordance with the homœopathic law. With this end in view he procured the spacious building No. 220 Montgomery avenue, and has fitted it up,

at a large expense, with all the appliances necessary for the perfect realization of his generous purpose. The location is an admirable one, being in the center of one of the most populous districts in the city, surrounded by thousands of the poor and needy. The crowds who have eagerly sought advice and treatment since the dispensary has been opened are the most convincing proofs of the absolute necessity of such an institution. The great value to homœopathy of Dr. Hiller's noble charity is incalculable. Thousands who have had no previous knowledge of its manifold merits will there receive a practical demonstration of its actual superiority, and be taught in the most convincing manner the excellence of its therapeutic methods. Dr. Hiller certainly deserves the hearty co-operation of every homœopathic physician in California, for the work he is doing is entirely gratuitous. While he is perfectly willing to bear all the expenses of the undertaking, and wants no financial assistance from anyone, he asks, and has a right to receive, the moral support of every man and woman having the welfare of homœopathy at heart.

C. L. TISDALE, M. D.

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## Correspondence.

SAN FRANCISCO HOMŒOPATHIC POLYCLINIC. }  
 SAN FRANCISCO, Cal., June 17th, 1890. }

EDITORS CALIFORNIA HOMŒOPATH—Owing to the general success of this institution, since its formal opening on April 21st, 1890, Dr. D. A. Hiller, the Superintendent, has been compelled, in response to repeated requests, to establish an evening hour, during which the laboring classes and others unable to attend during the day, may be treated. To that end, the Polyclinic will be open on week days, on and after date, between the hours of 7 and 8 P. M.

Respectfully,

HOMŒOPATHIC POLYCLINIC,  
 Per BLUME, Secretary.

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PHILADELPHIA, June 14th, 1890.

EDITORS CALIFORNIA HOMŒOPATH—I have recently come across a unique German book just published by a veteran practitioner, Doctor S. Zoppi of Schwanden, Switzerland, entitled "The Healing Art"—the results of sixty years of practice. The first part gives the author's views on disease, its

nature and some physiological and pathological theories at variance with commonly received ideas—the second, a resumé of his practical experience. From this I have culled what had the merit either of novelty or what seemed so to me, thinking it may interest the readers of the Homœopath, and can be accepted suggestively like the Clinical Items, which has always been a distinctive feature of THE HOMŒOPATH.

WM. BOERICKE.

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## Personals.

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DR. T. M. STRONG, late chief of staff of Ward's Island Homœopathic Hospital, has located at Macon, Georgia.

DR. P. W. POULSON has removed his office from 523 Kearny street to 526 Kearny street, just across the street. Hours, 2 to 4 P. M.

DR. A. WHEELER, late of New York, is one of our latest comers. The doctor has opened an office at No. 1209 Sutter street. Telephone 2432.

THE Allopaths recently tried to get the entire medical control of South Dakota, but, owing to the united efforts of the Homœopaths and Eclectics, they failed.

WE are happy to learn that DR. C. B. CURRIER has entirely recovered from his recent illness, and has gone East to spend a few months of rest and recuperation.

DRS. BOERICKE and DEWEY have removed their office and residence to No. 824 Sutter street, between Jones and Leavenworth. Hours 2 to 4 and 7 to 8 P. M. Telephone 2307.

DRS. G. E. DAVIS and C. L. TISDALE have just returned from their vacation up amongst the trout of Shasta County. We did not get any trout, but we shall expect to hear some fish stories.

DR. H. L. WATERS, the only homœopathic physician of The Dalles, Oregon, died recently. The Dalles is a large and growing town, and should not be long without a homœopathic physician.

DR. WILLIAM BOERICKE sails sometime this month for Europe. The doctor is to spend a few months studying up specialties in Vienna and Paris. His only regret is that we are not with him.

DR. E. B. BALLARD has left for a trip through Oregon and Washington, where he will call on many of the physicians. Give him a welcome, and, while about it, just hand him two dollars for a subscription to THE CALIFORNIA HOMŒOPATH.

We are pleased to learn that Dr. A. P. WILLIAMSON, formerly chief of staff of Ward's Island Homœopathic Hospital and late first assistant physician at the Middletown, New York, Homœopathic Asylum, has accepted the Superintendentship of the New Homœopathic Insane Asylum at Fergus Falls, Minneapolis. The right man in the right place.

THE bill providing for three separate Boards of State Medical Examiners in New York after September 1st, 1891, to be appointed by the regents of the university—one Board to represent the Medical Society of the State of New York, one to represent the Homœopathic Medical Society of the State of New York; and one to represent the Eclectic Medical Society of the State of New York—has been signed by Governor Hill, and is now the law of the State.

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## Book Reviews.

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**The Homœopathic Treatment of Alcoholism.** By DR. GALLAVERDIN.  
Translated from the French by I. D. FOULON, M. D. Philadelphia:  
The Hahnemann Publishing House, 1890.

Our readers will be glad to know that the very interesting and suggestive work of Dr. Gallaverdin, our excellent French confrere, on alcoholism and its homœopathic treatment, has been translated into model English by Prof. I. D. Foulon of St. Louis. Dr. Gallaverdin's work is the outcome of much practical experience. He knows whereof he speaks, and his phenomenal success in treating different forms of inebriety, hereditary and acquired, fully entitle him to be heard. The evil of intemperance and its baneful consequences are so common that a treatise like this will be welcomed alike by physicians and laymen, as it points out the method for a rational treatment of this disease, based upon law and great experience. We find incidentally in the present volume one of the most interesting explanations of the philosophy of the infinitesimal doses of Homœopathy that we have ever read. The book is an addition to every library, and a practical manual as well. We bespeak for it a large sale as its merits warrant. It is published in the chaste and fine style characteristic of the Hahnemann Publishing House.

**Electricity in the Diseases of Women, with Special Reference to the Application of Strong Currents.** By G. BERTON MASSEY, M. D.  
Second edition, revised and enlarged. Philadelphia and London: F. A. Davis, Publisher, 1890. 230 pages, 12 mo.

The second edition of this little book comes to us neatly bound in cloth and in good, clear type. The cuts are not many, but are excellent and clearly explained. The work is devoted mainly to the subject in hand, one short chapter only being devoted to the description of apparatus needed for scientific work. Special mention is made of the incandescent electric light current, and instructions given for its use. The appendix is devoted to the graphic representation of Ohm's Law, direction for amalgamating zincs,

making battery fluid, etc. The chapters devoted to experiments, demonstrating the polar action of the galvanic current on organized tissues, are exceedingly clear and instructive, and cases of cure cited showing the undoubted interpolar action of the galvanic current are very convincing. The faradic current, which seems almost to be falling into oblivion in gynecological work, is given merited attention and its therapeutic indications sharply defined. The Franklinic or static spark, also the combined galvanic and faradic currents, are pointed out to be of great though limited use. Apostolis' methods are well outlined and thoroughly endorsed by the author. Evidently Dr. Massey is one of the many enthusiasts who have followed in the footsteps of the master, observing rigidly the rules laid down by him and meeting thereby with unqualified success. The book is invaluable to the physician who is on the threshold of electro-gynecology, and also to the general practitioner who has not time for electrical work, but who ought in justice to his patients know what conditions can be best controlled by electrical interference. L.

**The Electric Light, and the Storing of Electrical Energy.** By GERALD MOLLOY, D. D., D. Sc. Numerous illustrations. Price 15 cents. New York: The Humboldt Publishing Company.

This number of "The Humboldt Library of Science" contains much information on a subject of supreme importance to the present generation. Dull, indeed, must be the reader who would fail to be instructed by the abundance of facts and wealth of illustrations here presented.

**Upon the Origin of Alpine and Italian Lakes; and upon Glacial Erosion.** A series of papers by Sir A. C. RAMSAY, F. R. S., President of the Geological Society; JOHN BALL, M. R. I. A., F. L. S., &c.; Sir ROBERT MURCHISON, F. R. S., D. C. L., President of the Royal Geographical Society; Prof. B. STUER, of Berne; Prof. A. FAYRE, of Geneva; EDWARD WHYMPER. With an introduction, and notes upon the Origin and History of the Great Lakes of North America, by Prof. J. W. SPENCER, State Geologist of Georgia. New York: The Humboldt Publishing Co.

The rapid progress of the science of geology at the present day justifies the reproduction in "The Humboldt Library" of this series of papers contributed at various times by the distinguished writers whose names are given above. No one desirous of being well informed can afford to neglect this important study of geology, which many scientists claim disproves the Mosaic cosmogony. The present work is in two parts—a double number and a single number. Price for both, 45 cents.

**Therapeutic Applications of Peroxide of Hydrogen and Glycozone.** By CHARLES MARCHAND.

This is a most excellent little monograph, and any one wishing it can have it by sending their address with the request to No. 10 W. Fourth street, New York, mentioning THE CALIFORNIA HOMŒOPATH. The information it contains about hydrogen peroxide is well worth this trouble.

**A Treatise on Orthopedic Surgery.** By EDW. H. BRADFORD, M. D., and ROBERT W. LORETT, M. D. New York: William Wood & Co.

This is the most complete work on orthopedic surgery that we have yet seen. It does not treat simply of club-foot, Potts' disease and bow legs, but goes over the whole field of joint diseases and deformities of all kinds, and is an invaluable work of reference for the general practitioner as well as a necessity for the surgeon. It is amply illustrated, and the typographical work is well done, and with the name of William Wood & Co. on the back it is an ornament to any library.

**The Modern Theory of Heat, and The Sun as a Storehouse of Energy.** By GERALD MOLLOY, D. D., D. Sc. Price 15 cents. New York: The Humboldt Publishing Co.

This work is equally as interesting as the preceding one by the same author, and is gotten up in the same style.

**Health, Happiness and Longevity.** By L. P. MCCARTY. San Francisco: Carson & Co.

A very readable little work, and from which any one, doctor or laymen, can glean a lot of practical points on how to keep healthy, or, rather, how not to be sick. The hygienic observations are terse, and for a small work it contains a deal of good horse sense.

**How to Preserve Health.** By LOUIS BARKAN. American News Company.

Another concise and useful book, a manual of Hygiene similar to the former, and may be read with almost equal interest and profit.

#### PAMPHLETS RECEIVED.

**Stricture of the Rectum: Intestinal Observation.** By CHARLES B. KELSEY, M. D., New York.

**Apparent Cancerous Transformation of Syphiloma of the Tongue.** By G. F. LYDSON, M. D., Chicago.

**A Communication from Jack the Ripper.**

**The Brooklyn Health Exhibition.**

**The Value and Significance of the Red Line along the gums as a Diagnostic Sign of Phthisis Pulmonalis.** By EDW. R. SNADER, M. D., Philadelphia.

An able and interesting article.

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**INDICATIONS FOR TABACUM IN MENIERE'S DISEASE.**—Labyrinthine vertigo, with feeling as if sea-sick.—Dr. Terry, in the *North American Journal of Homœopathy*, February.



## Clinical Items.

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[Extracted from the recent volume of Dr. Zoppi, Switzerland—Sixty Years Experience in the Healing Art.]

*Coryza* with dull headache: *Sabadilla*.

*Chronic catarrh* with loss of smell, headache and mattery secretion: *Pulsat. anacard., nat. mm.*

*Hydrocephalus*: *Mercur. cor., bell., nux, acon.*

*Neuralgia*: *Zinc-sulph.*, full blooded individuals, also very sensitive persons inclined to spasms. *Thuja, nit. a c.,* wandering pains. *Rhus*, with cramps in calves. *Phosph.*, with pains in chest-walls.

*Hypochondriasis*: *Aurum mur., sepia.*

*Hysteria*: *Viola odor.*, when patient is constantly crying.

*Suppression of urine*: *Kali bich.* and oat-meal tea.

*Urinary and chest affections*: *Prunus.*

*Prostatic complaints*: *Dulcam.*

*Pain in testicle and spermatic cord*: *Berberis.*

*Strangury after abortion*: *Lycopod.*

*Gonorrhœa in women*: *Magnes. sulph.*

*Leucorrhœa in women*: *Magnes. sulph.*

*Gleet*: *Sepia* and *tinctura sulphuris.*

*Orchitis*: *Plumb. acet., aurum.*

*Orchitis, stony hardness of testicle*: *Spongis.*

*Hydrocele*: *Rhododendron.*

*Pneumonia*: *Nux, acon., merc. cor.,* in alternation, every quarter hour. For acute stitching pains he adds *acon.* and *sulph.*

*Hæmorrhage of lungs*: *Tobacc., sulph. a c., secale.*

*Meningitis spinalis*: *Dulcam.*

*Diarrhœa, early in morning*: *Rhus.*

*Diarrhœa, chronic:* Cocculus, nat. sulph.

*Diarrhœa, chronic, in children:* Phosph.

*Diarrhœa after eating:* Brom.

*Diarrhœa with burning in rectum after stool:* K. carb. Routine treatment: Mercur sol., next day mercur cor., then oleum crotonis.

*Diarrhœa, very offensive:* Kreosot.

*Diarrhœa of children:* Argent. nit.

*Croup:* Bell., merc. cor., alternately every quarter hour; sometimes also ipecac. sulph. and sulph. aural. arsenic.

*Diphtheria:* A cure follows within 6 days: Bell., nux, merc. cor., every quarter hour day and night; also (nux & hepar) and (nux & ars.) if called late and membrane formed.

*Tonsilitis:* Ammon. mur.

*Cough with stitches in chest and profuse watery expectoration, chronic without fever:* Ant. sulph. aur. *Squilla*, only during day: Euphras., during night: hyoscy; in children, ver bascum, nit. ac.

*Old coughs:* Nicotin, arnica.

*Old coughs with irritable larynx, spasmodic, worse evenings and nights:* Psorin.

*Cough with hectic and hæmorrh:* Acalypha.

*Whooping cough:* Puls., sep., merc. cor.

*Hoarseness:* Drosera, merc. sol.

*Phthisis pulmon.:* Kali hyd., psoria, stannum, sulph. cannabis. Psorin and sulph. to be given alternately every 2 hours. But the chief curative remedies are: *Kali hydr.* and *CANNABIS*, 1 x of each; 4 times daily, to be continued several months.

*Diabetes, mel and insip:* Alumen.

*Catarrh of bladder:* Plumb. acet., obstinate cases with mucus discharge.

*Wetting of bed:* Argent. nit., china, plantago. To further urinary secretion: squilla.

*Paralysis of bladder:* Arsenic, phosphor, ergotin.

*Stone in bladder:* Uva ursi as an infusion, sarsaparilla.

*Involuntary urination:* China, nux, mercur.

*Retention:* Herba lycopod. decoction., arn., secale.

*Retention with obstinate constipation:* Cannabis; painful: Staphisag., ferr. acet., conium.

*Vomiting:* Iod, certain remedy.

*Menstrual colic:* Ammon. carb.

*Hæmorrhage from womb:* Ratanhia.

*Cancer of womb:* Kreosot.

*Senega* has made some fine cures in vesical catarrh. Frequent urging to make water, scalding in urethra before and after urination; urine loaded with mucous threads.

*Uva ursi.* Painful dysuria, with frequent but difficult discharge of a thick, soapy urine of a strong, pungent odor.

*Epigæa repens* (trailing arbutus) has been found beneficial in gravel, vesical catarrh, and enlargement of the prostate.

*Pæonia* is the remedy, with ratanhia, for many cases of fissura ani. May be used locally and internally.

*Spongia.* Rheumatic endocarditis; attacks of severe oppression, and pain in the region of the heart; all the symptoms aggravated by lying with the head low; inability to lie down at all.

*Graphites.* Ozoena, takes cold easily. Eruption around arms and genitals; discharge from the nose much more fetid during menses. (Study also calc. nit. a c., silic. aurum.)

*Coccus cacti.* Cough worse when waking; clear, barking, vomiting, and expectoration of a great quantity of thick, viscous, and albuminous mucus.



**GELSEMIUM, JABORANDI, PHYSOSTIGMA AND ESERINE, IN SPASM OF THE ACCOMMODATION.**—Dr. George S. Norton, in the *North American Journal of Homœopathy* for February, relates the following case: A young lady, about twenty-five years of age, had myopia, 1.25 D. in right eye, 1 D. left eye, with frequent severe headache on one side or the other upon any use of the eyes. Under gelsemium the headaches were relieved, and the myopia diminished to 0.75 D. right eye, 0.25 D. in left eye. Similar results have been obtained in other cases. Dr. A. C. Peterson, in the *O. O. and L. Journal*, first suggested its use. Jaborandi is, I believe, more often indicated in spasm of the accommodation than gelsemium. In the former we have, with the spasm of the ciliary muscle, a twitching of the lids, but not the headache, which is usually present when gelsemium is called for. Physostigma and eserine are very similar in their action to jaborandi, and it is often impossible to differentiate them.

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**AURUM MURIATICUM IN SUPERFICIAL ULCERATION OF THE CORNEA.**—Case of old, obstinate superficial ulceration of the cornea, with moderate photophobia, redness and lachrymation. The patient had a cough, and the general circulation was poor; would not react to various remedies. Patient made a rapid recovery under *aurum muriaticum* 3. Have frequently observed favorable results from this drug in chronic ulcerations of and limited infiltrations into the cornea. The local symptoms are not especially characteristic. The bone pains may be present, especially with the scrofulous or syphilitic dyscrasia. Mental depression always suggests the drug.—Dr. George S. Norton, in the *North American Journal of Homœopathy*, February.

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**CHAMOMILLA IN HEPATIC COLIC.**—Dr. Terry has frequently used chamomilla with success in hepatic colic. The French physicians use it greatly in rheumatism when the neuralgic element predominates.—*North American Journal of Homœopathy*, February.

**GELSEMIUM IN HEADACHE, WITH IRREGULAR ACTION OF THE OCULAR MUSCLES.**—Eyes tire upon reading or using in near vision; often with pains in and around eyes. Accompanying the asthenopic symptoms, there will usually be more or less dull headache over eyes, to vertex and in occiput, worse upon the right side. These symptoms have been verified in a large number of cases. Onosmodium is very similar in its action to gelsemium, except that the former is more often required when the symptoms are more pronounced in and around the left eye, and in the left side of the occiput, and frequently accompanied with vertigo.—Dr. George S. Norton, *North American Journal of Homœopathy*, February.

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**ZINCUM IN DIPHTHERIA.**—Dr. Woodward says: “In diphtheritis where there seemed no hope I have found zinc to work like magic. It is indicated when the disease, starting in the pharynx, goes down into the larynx, with much infiltration of glands, great pallor, with very feeble and irregular pulse, hands and feet cold, and still more definitely indicated if in addition there is delirium or coma, with severe prostration.”—*Medical Era*, March.

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**INDICATIONS FOR TABACUM IN SEA-SICKNESS.**—Heat along the spine, from the nape of the neck down, cold perspiration, then vomiting.—Dr. Terry, *North American Journal of Homœopathy*, February.

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**STIBIUM ARSENIOSUM.**—This remedy acts only upon the left side of the chest, upon the heart and left lung, in pericarditis, in left-sided pleurisy; in recent and old exudations; in desperate cases of left-sided pneumonia. Even in the stage of asphyxia it acts quickly and surely, but upon the right side of the chest it is without efficacy.—*Haarer*.

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***Drosera*.** Cough, titillating, as soon as the head touches the pillow at night.

## Selections.

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### NOSODES.

BY EDWARD BAYARD, M. D., NEW YORK.

The law of Homœopathy that "like cures like" has been invoked to give authority to the practice of administering the product of disease to cure the same disease. These remedies have been termed nosodes. There is nothing singular in fact in this new word, since all the diseases flesh is heir to may enter into each psuedo-specific.

Drugs have no curative or healing properties in themselves, and no direct curative action, whether administered in homœopathic or allopathic doses. The contrary of this proposition cannot be maintained without establishing that not one but all drugs have directly opposite action in large and small doses; that arsenic, lachesis, belladonna, nux vomica and other potent drugs which, in appreciable quantities, are poisons, cease to be such, or in effect have a reverse action when used in high potencies or dilutions; and as corollary to this proposition it follows that between the maximum and minimum doses, between the poisonous and beneficial action of drugs, there must be some neutral point where they cease to have either effect, or, at least, where the effect passes from the deleterious to the beneficial; that drugs have positive and negative poles, and act upon the body accordingly. Any attempt to establish these propositions, either in theory or practice, results in their refutation and rejection. On the contrary, the whole homœopathic materia medica, the whole of the symptomatology, is founded upon the inexorable law that the drug in every stage, from the crude to the millionth potency or dilution, possesses the same indistructible and unvarying and unchangeable qualities and action.

Samuel Hahnemann, the profound thinker and earnest searcher after truth, the discoverer of the universal law of Homœopathy, has declared that "like cures like," not the same; and in that distinction, well taken, he is sustained by the reason of the thing. Some practitioners of Homœopa-

thy have supposed that they approached nearer the similitude when they adopted the isopathic treatment, giving the virus of small-pox to cure small-pox, the virus of syphilis, etc. Yet Hahnemann has declared that it is not the same that cures. He says: "The homœopathic system of medicine never pretended to cure a disease by the *same*, the *identical* agent, by which the disease was produced. This has been inculcated on the intelligent opponents often enough, but, as it seems, in vain. No! it only cures by means of our agent, never exactly corresponding to, never identical with the cause of the disease, but by means of a medicine that possesses the peculiar power of being able to produce only a *similar* morbid state, and this is the mode most in conformity with nature. Cannot these persons feel the difference betwixt 'identical' (the same) and similar?"\*

The attempts to obtain from the body specifics for the diseases of the body is liable to two grave objections:

First—It proceeds upon the erroneous assumption that cure is wrought by identicals, not by similars—*similia, similibus curantur*. The system always has a tendency to react against the morbid cause which disturbs it. The nosode, the same, leads this reaction into the vortex of the disease. When we consider the law of cure is by stimulating reaction through the vital force, it will appear that the temporary reaction which is aroused by the identical must sooner or later be lost in the greater force already exerted by the disease; their actions being identical, they must unite and the greater absorb the less; whereas the similar raises a parallel reaction which never becomes identical with or merged in the action of the disease, but, passing beyond it, ends in the equalization of the vital force, wherein the reaction equals the action, which is the state of perfect repose and perfect health. The tendency is to react against the disease; if these forces directly opposed to the disease are overwhelmed, they cannot unaided react against the disease. It is only by calling in aid the correlated, yet unaffected, powers of resistance that you effect an alliance capable of successful reaction. To this end you administer a similar. The

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\* Nota bene to Hahnemann's *Materia Medica Pura*, Vol. II.

nearer the relations of the similar to the disease, the closer and more united will be the powers of reaction, the more speedy the cure. This power of reaction depends not upon the strength of the dose, but upon the exactitude of the prescription. The larger the dose, the more deleterious its direct action. The smallest dose compatible with the stimulus to reaction is the best. The higher the potency, the more speedy the reaction. It is in vain, then, to seek to extract from a diseased part a pure and homogenous remedy which will cure the same disease in others.

Second—Even could it be done theoretically, practically the nosode would contain the seeds of hereditary evils which had no visible exponent in the diseases expressed; and while antidoting one disease you might inoculate with the virus of many others. To avoid this danger, the cow-pox was substituted for the small-pox. There are fewer hereditary diseases among animals, and of these, few are common to humanity. By the use of these nosodes, Homœopathy would justly incur the reproach of "monstrous polypharmacy," which Sir John Forbes hurled at the allopathic school, of which he was one of the heads.

It is true that the nosode does make a new impression, and arouses a temporary reaction; but it is soon overdone by the more powerful action of the disease. From its nature it cannot complete a cure; it cannot destroy what it has created. The gain is illusory, and the danger of transplanting the seeds of hidden hereditary evils should be a sufficient deterrent for every true physician.

In his inaugural address delivered before the Health Congress at Brighton, England, Dr. W. B. Richardson said, speaking of hereditary diseases:

"I am satisfied that quinsy, diphtheria, scarlet fever, and even what is called brain fever and typhoid, are often of hereditary character. I have known a family in which four members have suffered from diphtheria, a parent having had the same affection, and probably a grandparent. I have known a family of which five members have at various periods suffered from typhoid, a parent and grandparent having been subject to the same disease. I have known a family in which quinsy has been the marked characteristic for four



generations. These persons have been sufferers from the disease named without any obvious contraction of the disease and without having any comparisons in their sufferings. They were, in fact, predisposed to produce the poisons of the diseases in their own bodies, as the cobra is to produce the poisonous secretion, which, in this case, is a part of its natural organization.—*Proceedings I. H. A.*

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INDICATIONS FOR PULSATILLA AND KALI BICHROMICUM IN GONORRHEAL RHEUMATISM.—Dr. Schatt says: "Pulsatilla for gonorrhœal rheumatism aggravated by warmth, ameliorated by cold and pressure; must move about, no relief from motion; pains erratic. Kali bichromicum, wandering rheumatic pains; pains in small spots, the size of a ten-cent piece; always better from warmth."—*Medical Era*, March.

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VERBASCUM THAPSUS IN HÆMORRHOIDS.—Dr. Samuel A. Jones gives the following indications for verbasicum hæmorrhoids: Inflamed and very painful piles; scanty evacuation of fæces in small, hard bits, like sheep's dung, with pressing; frequent or copious urination. This is also a pain in the belly that extends deep down, causing a contraction of the sphincter and a transient call to stool.—*Homœopathic Recorder*, March.

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GELSEMIUM AND IGNATIA IN AFFECTIONS OF CIGAR-MAKERS.—Dr. Terry, who has been practicing for twelve years in Cuba, says that impotence, palpitation, and dyspepsia, with pyrosis are frequently observed. The best remedies are gelsemium for the neurotic symptoms and ignatia for the gastric ones.—*North American Journal of Homœopathy*, January.

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A POSSIBLE REMEDY IN ANGINA PECTORIS.—Immediately after being stung by a scorpion, the individual has an intensely acute pain in the heart. The poison ought, therefore, if potentized, to be a valuable remedy in angina pectoris.—*North American Journal of Homœopathy*, February.

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MATERIA MEDICA STUDIES.

III.

*Aconitum napel us*—MONKSHOOD.—Its root resembles in shape a turnip; hence *napel us* from *napus*, a turnip.

It is to the genius of Hahnemann that we are indebted for the introduction as a remedy of this powerful poisonous plant. Stoerk, a Vienna physician, called attention to it, experimented with it, and used it largely, but it was Hahnemann alone who proved it thoroughly, and thereby unlocked its hidden powers of curing.

Aconite is a poison to every animal, and we are in possession of numerous experiments on animals, records of cases of poisoning, besides the classical provings of Hahnemann and those of the Vienna School; so we have every opportunity to arrive at a full and accurate estimate of the sphere of action of this precious healing agent.

The most complete resume of the action of aconite, containing 2250 symptoms, together with a digest of its therapeutical uses, is found in Dudgeon's article on aconite in the *Pathogenetic Materia Medica*. Suppose, then, that you had studied these provings and records of poisonings, you would be struck with certain general symptoms indicating the peculiar *manner* and *method* which aconite assumes in

order to manifest its action upon the healthy human body; for every drug has an individuality of its own. This individuality is shown by the symptoms it produces, and also by the *manner* in which the symptoms are produced. This manner, or peculiar method of a drug's action, is very important; it gives us a clew to the character of the drug—its genius—better than many symptoms. Thus, acids show their effects in the animal economy; by seriously influencing nutrition, they slowly and insiduously produce states of debility of greater or less extent. Hence, according to the law of cure recognized by homœopathy, they become valuable remedies in diseases that undermine the constitution, that produced similar states of bodily and mental weakness. Very different does aconite manifest its effects upon the body. Suddenly and violently it enters the arena. No tissues changed, no organs greatly disarranged, no secretions altered, yet the whole organism is *suddenly* subjected to a *violent* nerve and circulatory storm, that drives the blood through the system at a terrific rate, raises its temperature, producing mental anxiety and fear that destruction is certainly at hand. Now, a drug whose character it is to thus violently and suddenly create such a havoc in the economy, naturally will do its worst, will show off to best advantage, in a young plethoric individual whose blood is pure and free from taint of every kind. The run-down individual with poisoned blood or watery blood does not respond so readily to the *acon.* infection. Other drugs will show partiality to such, but our *acon.* chooses preferably the healthy blood of children and young people, or wherever there is tonicity of fibre—not the weak, relaxed state of acids. The sanguine temperament and robust constitution therefore offer the most favorable field for *acon.* Such a condition of blood corresponds to the purity of air and hardness of soil that give to *acon.* its support, for *acon.* grows upon the mountain sides free from the poisonous and marshy effluvias of lower levels.

As a generality of its action we know then that all *acon.* symptoms are characterized by suddenness of development and violence. It is the remedy for acute diseases therefore, and only exceptionally useful in chronic affections. Its

effects are soon exhausted. Acids, wine and coffee modify, or even destroy, its action. Even the mild acids of berries, etc., modify it. Its action seems increased, on the other hand—that is, the aconite symptoms are worse—in the evening and at night. During the night, the pains it produces are agonizing and insupportable. Its symptoms, as a rule, are better in the open air. Among the very first effects of aconite we notice that on certain parts especially, or over the whole body, a peculiar *numbness with tingling* is produced. The nerves of sensation are more or less benumbed, hence these symptoms of tingling and pricking. Later on, complete anæsthesia will set in. Aconite paralyzes both sensory and motor nerves, but the sensory are affected first and from the periphery inwards. Motion is impaired later. This numbness and tingling is a valuable guiding symptom wherever found. Thus the neuralgias are characterized by it, although verbascum and platina have the same condition, these lacking however the characteristic mental symptoms which individualize aconite.

Again, we notice a set of disturbances remarkably like the symptoms of inflammatory fever. It gives a perfect picture, from the preliminary chilliness, through intense rigor to heat and final profuse hot perspiration.

Let us now examine the kind of fever aconite is capable of producing. There is chilliness on the slightest movement. The aconite chill begins below, in the feet, and comes up. This chill is followed by heat. This heat generally begins in the head and goes down. The cheeks are very red. Hot, dry skin; quickened respiration; thirst; full, hard, bounding pulse, of a quality indicating resistance to a free circulation, *tense*. The fever reaches its highest point between evening and midnight. While intensely hot, still the patient does not like to be uncovered. We have, then, as evidences of the aconite fever, the chill, followed by heat; full, hard, bounding pulse, of a quality indicating resistance to a free circulation, *tense*; quickened respiration; thirst; hot, dry skin, *and, above all*, restlessness, anxiety, fear, mental forebodings of evil or of approaching death. This mental restlessness shows itself in physical unrest and tossing about. Then remember that aconite symptoms come on *suddenly* and

*violently*. Now, a similar set of symptoms is often met with in the beginning of many acute diseases; may be excited by mental emotions, fear, anger etc.; very frequently by exposure to dry, cold winds; by sudden checking of sweat, or suppression of some other secretion; in a word, by anything capable of violently disturbing the circulation and producing a sthenic fever—a pure inflammatory fever. Aconite given here will lessen the vascular excitement, moisten the skin and reduce the temperature, as shown by the thermometer. Aconite, then, is the homœopathist's great antipyretic; it is what the lancet was in the hands of the old-school a few years ago—the great remedy for simple fever—simply because it has the power of setting up the phenomena of simple fever, which it probably does through its action of the nervous system of the circulation; curing by regulating the apparatus provided for heat-regulation. But here comes the important limitation. It is *not* homœopathic to every kind of fever. Why? Because its symptoms portray only simple inflammatory fever. It is worse than useless to give it in typhoid or hectic or even in the fever that is symptomatic of most acute local inflammations; and why? Because aconite acts only upon the healthy blood corpuscles only so long as they are imprisoned and the tissues are yet intact. For another thing will strike the student of its symptomatology, and that is the absence of any alteration in the *kind* of function of any organ or tissue. In other words, aconite does not change the condition of the blood, like baptis, mur. ac., etc., though it effects intensely the circulation, producing an arterial storm. It has no localized diseased condition, if we except its action upon the joints; that is, no organ is changed in its function by aconite—no new action is set up under its influence.

Nowhere in its symptomatology will you find indications for conditions of *asthenia*, of impoverishment or disorganized blood—therefore it is never the remedy in typhoid, because here a mobile poison is at work—it is not the remedy in hectic or puerperal fever, because the septic condition of the blood in these diseases contra-indicate it. The very method of the aconite disease is characterized by general circulatory disturbance, by suddenness and violence, acuteness of de-

velopment, conditions just opposite to those found in the fevers depending on some septicemic cause. It is the plethoric, healthy individual, that is taken suddenly and violently after exposure, or from some mental cause; fright for instance and shows symptoms like those produced by aconite. The weak, careworn, exhausted individual, like the acetic ac. patient, is never taken suddenly, is rarely a case for aconite. Remember, then, a septicæmic condition of the blood contra-indicates aconite.

Again it is not a remedy useful in intermittent fever, and why? Because here again we have a poison in the system manifesting itself periodically, and disorganizing the blood. Aconite has nothing in common with such a state of affairs—it causes no periodicity, hence it is irrelevant to intermittents.

It develops very few symptoms of localized disease, and so it will do very little when local deposits have taken place. The symptoms point to the *beginning* of inflammation—when the general circulation is aroused—an arterial storm. The terrible anxiety, the restlessness, the full, hard bounding pulse, the great thirst, these are the symptoms “of pure inflammatory fever,” these are the symptoms of aconite, these it will surely cure. If after 24 hours this general ebullition is abated and instead the trouble has *localized* itself, say in lungs or bowels or elsewhere, aconite *ceases* to be remedy, and we must look further for the similar remedy. It *ceases* to be remedy, because the symptoms that lead to its selection have abated. Therefore do not continue it, or what is worse, *alternate* it with any other remedy. If you bear in mind these clearly cut indications of aconite, you will not fall into the reprehensible practice of giving it simply, *because* you find fever present or inflammation somewhere, or of thoughtless alternating. If you give aconite thus inappropriated, it does real mischief, exhausting the nervous power of the patient and adding to his prostration.

You will always examine your case and see *if* the fever be only an inflammatory one, a true synocha, or if it be symptomatic of some localized inflammation, or a hectic or malaria, etc. Upon the diagnosis then will depend the correctness of choice of aconite as the remedy.

## WHAT IS A TONIC ?

BY DR. P. JOUSSET (*J' Art Medical, Juin, 1890*). TRANSLATED BY S. L.

A patient was treated by an old-school physician, for anæmia, and received, in order to tone up her system, a mixture containing arsenious acid, quinine and ferrum redactum. As it did her no good, she entered the hospital St. Jaques, and was cured by pulsatilla and sulfur. Jousset then remarks in his lecture that there is no pharmaceutical substance having the faculty to increase directly the power of nutrition, and that the success claimed for these so-called tonics only happens when one of them is indicated by the corresponding morbid state. Tonic-treatment belongs to the domain of hygiene, comprising alimentation, exercise and hydrotherapy.

*Ferrum.*—The old-school places iron under the class of tonic and reconstructing drugs. To them it is a modifier of the blood, increasing the hæmatics by transferring the white blood globules in spleen, in the medulary substance of the bones, and in the lymphatics; it renders combustion more active, augments the production of urea, elevates temperature and causes a more rapid respiration and circulation, and finally increases the weight of the body. All of which may be considered hypotheses without proof. Hirtz says that none of these pretended actions correspond to the physiological effects of iron, and it is a fatal mistake to believe that, because iron is a constituent of the body, it could never be injurious. Hahnemann, on the contrary, discovered by his provings of iron that it causes a weakness of the whole body, or of certain parts, resembling paralysis; violent pains in the extremities, vomiting of food in daytimé or at night, pulmonary phthisis accompanied by hæmoptoe, deficient vital heat, suppression of menstruation, impotence, sterility, jaundice, etc. The injurious effects of ferruginous waters has been demonstrated by Nothnagel and Rossbach. Hahnemann's *Materia Medica pura* comprises the symptoms which show as an effect of iron in the healthy, proves the anaemic action of iron, paleness of face and of the lips, bad color of the skin, roaring in the ears, retardation, diminution or suppression of menses for many months, dyspnœa

from the least exercise, palpitations, feeble pulse, tendency to fainting, great weakness and continual lassitude only relieved by lying down; constant sleeplessness, especially toward morning, are the symptoms produced by long use of small doses of ferrum aceticum or ferruginous waters long continued and thus giving a pathological picture similar to chlorosis, to which we must add the symptoms of congestion and of hemorrhages produced by it. According to a plain law of pharmacodynamics all drugs present opposite effects according to the dose given, whether large or small. Iron produces symptoms of anaemia when given for a long time in small doses; but it causes symptoms of plethora when administered in large and frequently repeated doses, as: sudden redness and turgescence of the face, habitual heaviness of the head, headache and dizziness, epistaxis, increased menstruation, haemoptoe with frequent cough, symptoms of pulmonary congestion. Let us study when is iron corresponding to chlorosis, and Claude Bernard acknowledges that iron removes chlorosis not by its chemical action, but by its direct action on vitality, and horticulturists know that when they pour slightly ferruginous water over fading plants that they give new life to the plants which thus recover their natural odor. Only the law of similarity need to be invoked to explain the action of iron in chlorosis; for there are many cases where its use would be injurious; thus in haemorrhagic chlorosis, arsenic will cure chlorosis while with different symptoms again pulsatilla and sulphur may be indicated. Jousset prefers low triturations of ferrum metallicum to its salts, though some writers claim that in the stomach it is changed to the muriate of iron.

*Arsenicum.*—The pharmacodynamic history of arsenic is full of contradictions and errors, as authors do not study enough their materia medica and forget the opposing effects of small or large doses. We ask the old school, do they consider arsenic a tonic or an hypostheniscent? Does it cause fever or does it diminish the temperature? Does it increase or diminish the number of blood-globules in the blood? Is it a remedy for saving up life-power? It is well known that small doses taken for a long time, especially in



susceptible persons, produces a febrile movement characterized by elevation of temperature and frequent pulse, which may take on a remittent, intermittent, irregular or regular type, with increase of urination, salivation and thirst. With the same doses arsenic also produces cutaneous eruptions. In toxic doses it produces a fall of temperature, diminution of arterial pressure, collapse, with tendency to fainting; it destroys the globules; the hæmoglobine is dissolved and liquifying in the plasma gives rise to echymoses and hæmorrhages. Thus we understand why some consider it a tonic and others a weakening drug, some a drug which causes fever and others one which lowers temperature.

Again, to us Hahnemann's law of simplicity is the only clue to its application, hence, as among other indications; a grand remedy in metorrhagia, diarrhœa and intermittent fevers. When the menses, during a chlorotic state, become a veritable menorrhagia, arsenic will cure the whole case, for we know that when given in large doses to animals it breaks up the globules and is followed by echymoses and hæmorrhages, leading to a decided anæmic state. These physiological effects of arsenic explain why he prefers here the lower attenuations according to the formula: when a drug produces in small or large doses different effects, we must choose in treating a disease that dose which caused in the healthy prover an analogous effect in order to remove the same symptoms in the patient. Arsenic produces and cures diarrhœa in its lower triturations, but it causes constipation only in rare cases to which the higher potencies only correspond. Arsenic causes in a healthy prover a rise or a fall of temperature, an acceleration or a slowing of the pulse, and Hahnemann showed, by many experiments, that arsenic causes a fever, with chill, heat and sweat, with excessive thirst and constant, anxious restlessness, which may be quotidian, tertian or quartan. While allopathic writers fail to give the why and wherefore of such cases, we stand by the law of similitude and thus know when arsenicum will cure such fevers, and when it must fail because other remedies, as quinine, sodium chloride, nux vomica, etc., correspond more to the case. Will bacteriology explain this difference and give us the specific indications?

*Cinchona*.—By too many it is considered the sum total in the treatment of intermittent fever and with others it is the tonic par excellence. To us it is a precious legacy, for by its study Hahnemann rediscovered the law of Similia and its rightful application. He proved that it causes a febrile state analogous to an intermittent and hence it must be able to cure it. The chill of *Cinchona* is most accompanied with trembling and chattering of teeth, no thirst, nausea and vomiting. Heat may alternate with the chill, then becomes intense with redness of the face, swelling of the veins and itching of skin; sweat is general and excessive. Hahnemann cured with it some pernicious attacks, hippocratic face, pointed noses, eyes awakening dim, during sleep one of the eyes is half closed, the other open.

Is *Cinchona* an antiseptic? *Chininum sulf.* is said to kill all microbes; hence the old school employed it in Septicæmia, but soon found out, that even in large doses it does not lower the temperature. In all infectious diseases it was their stand-bye: purulent Diathesis, typhoid, smallpox, pneumonia, acute articular rheumatism and it failed always, except where the morbid proofs took on the intermittent type. Clinical experience shows that our only reliance can be put on the law of similarity and not on mere hypothetical guess work. On the skin provings and the abuse of quinine shows that it causes redness and burning heat of the skin, sometimes vesicles and bulbs filled with water. Erysipelas and Eczema correspond to such eruptions. Jaccoud and Gubler are in the dark in their belief that the cerebral symptoms of Erysipelas arise from a cerebral anæmia, while we know that *Cinchona* is a principal remedy in Erysipelas, even when severe, though without cerebral symptoms and the clinic gives here the preference to large doses as soon as the fever becomes intermittent. Small doses do sometimes good service in acute eczema. On the heart, quinine shows opposite effects. In large doses it excites muscular fibres, increases the contracting force of the heart, the arterial pressure and becomes a diuretic, while in small doses the arterial pressure is diminished, the heart is paralyzed and the patient dies in syncope. Quinine is here analogous to digitalis and other cardiac poisons, whose indications still

need elucidation. Nor can Cinchona and quinine be considered a direct tonic in the old school, for they cause nausea, weaken digestion and tissue exchange; according to Nothnagel it rather weakens, than strengthens life power. In intermittent fever and erysipelas, large doses are required, while small doses suffice in eczema, deafness, rheumatism and gout. In intermittent the one dose should be given a long time before another attack sets in; in all other diseases fractional doses are required, perhaps a dose every two hours.

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#### ADJUVANTS: THEIR PLACE IN MEDICAL PRACTICE.

By DOROTHEA LUMMIS, M. D., LOS ANGELES, CAL.

[Read before the Los Angeles County Medical Society.]

In these few words that I have found to say regarding the use and place of Adjuvants, I wish to be understood as occupying a middle ground between the accepted meanings of the word: Adjuvants as "medicines introduced into a prescription to aid the operation of the principal ingredient or basis" I leave altogether to the polypharmacist to defend, or to use as his conscience may allow; nor yet do I desire to include anything that assists in the removal or prevention of disease, but rather instead all active action and influence outside the administration of drugs.

Human nature is pretty much the same all the world over, within certain limitations, and therefore my own experience, as far as it goes may not be unlike that of others. In my undergraduate days and during my first year or two of practice I had an abnormal respect for drugs *per se* and took but little thought for other and minor accessories, beyond a few patent hygienic necessities. A professor of *Materia Medica* is employed to state the positive side of his case and if he is worthy of his position and dignity he will impart to his students a firm belief in the efficacy of drug action pure and simple, and though the student may learn from his lectures in *Physiology* and *Pathology*, how awful and mysterious are the ways of Nature, he nevertheless usually begins practice

with the idea that the right drug will remove everything but original sin, and if he happens to possess a sanguine disposition he may even try conclusions with that.

If he is thoughtful as well as eager, he soon discovers that things do not always happen as his books have led him to believe they will. Again and again in spite of redoubled efforts he has failed of expected results. He knows that he is as well endowed, as honest, as painstaking as his conferees, but his failures hang heavy on his heart; they wound his pride and self respect even if they do not affect his reputation or his purse. Then follows a season, more or less prolonged, when he indulges in a wholesale disbelief in the power of drugs, and during this period he cultivates assiduously the use of adjuvants of all kinds. By and by experience and the slow accretion of settled knowledge give him a surer confidence and he is able to put drug and adjuvant in their proper place. If he is wise he will claim the more important place for neither the one nor the other, but allow them a sliding scale of effects and a fair share of the profits. There is danger in extremes. The conscientious physician can neither sit in his office and send a sick man only a bottle of little pills, I care not how appropriately medicated, nor trust wholly to some healthful adjuvant without the faithful administration of the drug. Surely the faith in the medicine is more often shown, than the dependence upon adjuvants fairly tested. Those children of scientific darkness, the mind-curists, are wiser than we who are believed to be the children of light, for to their faith and dogma they add works in the shape of certain very admirable dietetic and sanitary regulations.

The work done by an irritable adjuvant reminds me of the often told story, first told by Dr. Holmes, of the tug-boat and the ocean steamer. The steamer, all sails set and gliding in serenity and pride from the harbor, admired by all, and the dirty little tug on the far side, way below, doing all the work.

The physician of the soul may properly content himself with prayers and pious exhortations, but the physician of the body has a more active mission. It has nowhere been better formulated than in the second section of the *Organon*:

“The highest aim of healing is the speedy, gentle and permanent restitution of health or alleviation and obliteration of disease in its entire extent, in the shortest, most reliable and softest manner, according to clearly intelligible reasons.” This is the law of the prophets, and in the face of a demand like it can one afford to neglect the least thing that may aid in its perfect fulfillment?

If there were no other reasons for their employment, adjuvants may stand defended on the ground of their mental and moral effects alone. If the modern malady, the mind cure, has taught us anything, it is an increased respect for mental action upon the mysteries of disease; and we have all witnessed and admired the moral effect in the sick room of a great name, a grand manner and an oracular speech. Diseases have their own vitality, which must be given course and channel of expenditure, and often most safely in the line of a diverting adjuvant.

Late in professional life there comes perhaps a genial season, an Indian summer of reputation and income, when the physician may do anything at all or nothing at all—his patients will remain loyal to him as he deserves they should. But until then he must not only do all that in him lies, but he must be seen to be doing it! He is not permitted, by training or conscience, the easy alternatives of his precedent, hardened brethren of the regular school, who in puzzling cases make the punishment fit the crime by mating a formula to a name or inducing a temporary quietus with the “bare bodkin” of the hypodermic needle.

To him who trusts devoutly in the *materia medica* but has cause to doubt his infallibility of selection; to him who would fain trust the *vis Medicatrix Naturae* alone, but finds himself in a world given over to patent medicines; and to him who would fain keep the golden mean, the proper use of its adjuvant, commends itself. As no one denies their use, to bring a host of reasons in their defense, seems like a work of pure supererogation, except that even casual observation will show how often the simplest and safest are ignored. If their employment only suffice to soothe an hour of pain, the gain is positive as well as negative, the metaphysicians and philosophers have no logical difficulty in

proving that the only real happiness is simply absence of pain—all the rest is a delusion more or less lasting.

So much for the place of the adjuvant. The choice of this or that in this or that certain case, will be governed by circumstances, the exigencies of the case and the personal prejudices of the physician.

As a help to the young physician and as a nucleus to which experience might more easily attach itself, there might well be established in every college of standing a chair of so called "practical ethics, under whose teaching should be included all that so far has been found useful in the field appropriate to adjuvants. It is unfair and unjust to leave the young physician to find out these minor details for himself, and to discover their helps and consolations by a mortifying apprenticeship, and his college should not despise to give him a good plain basis of every day expedients, for in spite of profound knowledge of text books and facility in classical nomenclature, yet little doth it profit a man if he gain the whole world if he lose his knowledge of how to make a poultice, and holy Geo. Herbert himself, would admit that; to mix a poultice and do it well, makes it and the action fine!

Simply for the purpose of inviting discussion, it might be well to mention a trio of pathological states which offer a fair field and no favor to the use of adjuvants and yet in the modern treatment of which other means than drug action alone are usually applied; viz: Typhoid fevers, Diphtheria and Phthisis.

Concerning Typhoid fevers, I wish to quote from a recent report of Dr. P. L. Peabody of Bellevue Hospital. He says:

"Our patients are recruited largely from the poorly fed, badly nourished, and intemperate classes, and they usually come under treatment late in the disease. Many of these patients do not bear the cold full-bath well. The depression which it causes seems to be too profound, and the reaction from it very slow. The *cold-pack* may be administered whenever the temperature rises above  $102^{\circ}$ , no matter how frequently it may need be applied. Few even of this unpromising material do not bear this procedure well, and

only occasionally is one encountered in whom the pack when properly applied is not capable of causing a prompt reduction of temperature. Occasionally a patient is met with whose temperature shows such a tendency to rise immediately after the pack as to render the repetition of the procedure necessary after but a brief interval."

Dr. Peabody pays also an unintentional tribute to the homœopathic method of small dosage, for he declares that only in that way is any efficient action secured in the use of drugs to supplement the cold-pack. He sums up as follows:

"This endeavor to carry out the principle of Brandt, in so far as it relates to keeping the temperature continuously low throughout the disease, is certainly worth a trial, and can be recommended. This is probably the most important principle involved in the antipyretic treatment of fevers, and experience has led me to believe that it will commend itself to all who apply it consistently *in any way* to a considerable number of cases."

On the matter of the treatment of diphtheria I will only quote these suggestive words from an editorial in a late number of the *N. E. Medical Gazette*:

"Is there any physician to-day, of reputation and conscience, who is prepared to take his solemn oath that there is known to exist a therapeutic treatment for diphtheria, resort to which means safety, and neglect of which means death? Is not the treatment of this horrible disease, speaking therapeutically and apart from a few almost certainly helpful hygienic measures, an entirely open question, varying almost with the individual physician and certainly with every varying year?"

In the case of phthisis, a later number of the *Gazette* contains rather an exhaustive *resume* of the means, other than by drugs, found more or less beneficial in New England. The same would be of value here also, except that we are the proud possessors of sunshine and fresh air all the year long, perhaps in the long run the best of all adjuvants in any pathological state, if secured in the proper quantity and at an early stage of the disorder.

Good air, good water, good bathing, good food, good exercise, good clothing and good company. In other words,

general hygienic treatment, with which, all are more or less familiar. A few mention other measures, which are certainly suggestive and may be of advantage. One says, "for men, work in livery stable;" "for women, the avocation of florist." Another, "change of house, scenes, labor, food and habits, without change of climate." Another, "daily friction of the skin, either with or without bathing." Another, "hot air treatment." Another, "horseback riding." Another, "massage." Another, "inhalations of iodine and creosote, sea bathing, gymnastic breathings." Another, "inhalation of oxygen, baths of oil." Another, "inhalation of heated vapor or dry air." Another, "inhalation of Norway pine by steam atomizer; Tromer's extract of malt; rub chest with cocoanut oil." Another, "for night sweats, sponge-bath of clear alcohol, night and morning." Another, "inhalation of peroxide of hydrogen; carbolic acid or iodine." Another, "oleate of quinine sometimes works like magic." Another, "sunshine and dry air; never say die."

If, as some one has predicted, "the medicine of the twentieth century will be surgery and sanitary science" only, then will also the adjuvant hold an honored place, as an admirable aid here and there towards the maintenance of that beautiful balance between mind and body that we call health; for only by a practical and thorough use of all the means at his command, can the physician show a real and vital belief in the faith that "somehow good will be the final goal of ill, to pangs of nature, sins of will, defects of doubt and taints of blood."

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## Colleges and Hospitals.

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Report of the Intercollegiate Committee of the American Institute of Homœopathy, June, 1890.

The Committee congratulate the American Institute of Homœopathy as well as the profession generally, upon the advancement which has been made in the cause of medical education within the last few years. This has been largely



brought about by the united action of the thirteen homœopathic medical colleges of this country, represented in this Committee, and by the strong support given to their effort by this national association.

The advance steps have been;—

1st. The requirement of a preliminary examination before matriculation; adopted in 1884.

2nd. The extension of the course of study and attendance upon lectures from two years to three years.

3rd. The extension of the lecture term from four or five months to not less than six months, and in some cases extending it to eight or nine months of continuous instruction in each year.

4th. The establishment of a broader and more thorough curriculum of study.

5th. The consideration, and, by some colleges, the adoption of four years of medical study preparatory to graduation.

The united action of our thirteen colleges upon these points, has not only been of mutual service to the several colleges, but it has had a marked influence by the stimulation of the whole medical profession in its requirement for more careful professional training, so that already a large number of the allopathic colleges have adopted our measures, and others are proposing to do the same thorough work. Your Committee realize the difficulty of keeping up to the high standard which they have adopted. Most of the colleges are without endowments and are entirely dependent for their support upon the tuition fees of students, who, as a rule, are unable to pay large sums for this purpose, and thus the support of the college, in a great majority of cases, requires continuous personal effort and large pecuniary sacrifices on the part of the faculty. Is it asking too much, then, of the Institute and of the medical profession, that they should do all in their power to sustain these colleges in the work they are doing, and to lighten the burden of expense and sacrifice which falls upon those connected with them?

While the great mass of physicians, good, bad, and indifferent, over-stocks the professional field, yet there are

thousands of places in the United States to which would be most cordially welcomed, well-educated and competent homœopathic physicians. Should it not be the aim, then, of every one of our twelve thousand homœopathic practitioners to see that at least one competent, thoroughly-educated man is annually directed towards and enrolled in our homœopathic colleges? It is there alone that they can learn the application of the art of healing in accordance with homœopathic principles, and yet there are many of our physicians who send their students, and even their sons to allopath colleges, because they feel that, if they are educated in such an institution and hold an allopathic diploma, our opponents cannot sneer at them for lack of education. What should we care for such sneers? And of what injury will it be so long as our students have acquired an education, which shall better fit them for the curing of their patients? Your Committee believe that our associate colleges do furnish the best quality of medical education attainable in this country, and that it is the duty of the profession, if there is any lack of proper instruction, to do their utmost to obviate it, by demanding improvements and furnishing the means of securing them. It is frequently the case that the student and his preceptor search for the cheapest rather than the best institution. The tendency of this is naturally to drag the colleges down to the lowest possible level of cost, in order that price rather than quality may attract. We call upon the Institute and upon the profession, therefore; to do all in their power to aid and strengthen these colleges; and each individual member can do it in one or more ways:

1st. By hearty cooperation with the colleges in their efforts for thorough work and increased instruction.

2d. By sending to our colleges men and women of superior qualities and thorough preparation of their work; discouraging from medical study in our schools the inefficient, ignorant or unprincipled.

3d. By sending the students to the best rather than the cheapest colleges.

4th. By using their influence to secure for medical colleges a fair quota of the contributions and endowments

which generous and charitable people are annually giving to the important institutions of our country.

The giving to a community of a well-educated and skillful physician is a far greater charity than the restoration to health, in our hospitals, of some poor and enfeebled individual; and while we would not detract from the valuable work of our hospitals, upon which wealth in almost unstinted measure is yearly bestowed, at the same time we would ask some measure of that beneficence upon those institutions which are to prepare the physicians to take charge of the health and lives of the entire community.

#### PRELIMINARY EDUCATION.

There is one difficulty under which medical colleges have labored, which has proved of the most serious injury to the standing and usefulness of the medical profession, and has introduced to the rank of educated men persons utterly unqualified for the study of any scientific or professional subject. Medical schools, dependent for support entirely upon their tuition fees and the number of their students, have felt unwilling to offend physicians by refusing to admit students, sent by them, however ignorant. This difficulty has been recently obviated to a considerable extent by the united action of all our homœopathic colleges in requiring a preliminary examination before entrance.

If this plan is adopted by all the medical colleges, it will not lessen the number of students in any perceptible degree, but rather compel them to obtain a suitable education before commencing professional study, by attending academies or schools where such preliminary branches are taught. A most obnoxious law has, however, recently been passed by the New York legislature, which practically destroys all this effort of the colleges to have their students suitably prepared for entering the medical school. It is, that medical students shall be allowed to pass the preliminary examinations, not on beginning but during their first year of the three years of medical study. In other words, a student unfit to begin the study of medicine, and who should consequently require a longer rather than a shorter term of medical study, may use one of his three years to make up his

deficiencies. The absurdity of such a law is so apparent that it would seem impossible for any legislator to allow it to pass. Such a principle would not be applied even to the lowest grade of grammar schools, and in a medical school where restoration to life and health depend upon the instruction previously received by the physician, it would seem almost criminal to remove or lessen the proper requirements and safeguards for a suitable education.

There is still another difficulty under which medical schools labor. Even if the preliminary examination does require a good knowledge of English branches, with, perhaps, some slight acquaintance with Latin and physics, there is still a great inequality in the preparation of the various students. Some may be college graduates who are well instructed in the principles of chemistry, physics, biology, microscopy, with considerable knowledge of physiology; while others, without such attainments, may be utterly ignorant of all these branches.

It necessarily follows that these two classes cannot pursue their medical studies together to mutual advantage. Instruction adapted to the better educated would be unintelligible to the ignorant; while instruction suited to the ignorant would be a simple waste of time for the more advanced class. To obviate this, your Committee would suggest that the vague fourth year required by some Boards of Health, and which has been already adopted by a large number of colleges based upon a certificate of study from some physician, which certificate often times is simply a farce, should be made definite in its requirements, and should include those preliminary studies of medical science which are usually taught in colleges and schools of science and art. Let the examination for entrance to the first year of medical study remain as at present adopted by our colleges, while the entrance upon the second year's studies shall include an examination in the additional subject of physics, general chemistry, biology, microscopy, the elements of physiology and sufficient latin for writing prescriptions. Without doubt, this first year's instruction could be best given in a medical school, and in many cases students would prefer to receive it there; but whether obtained in a medical school, in a classi-

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cal college, in technical schools, or under private instruction, provided students can pass a satisfactory examination in these branches, they should be admitted to the second year of study, and starting from such a point of attainments, three years of careful instruction should thoroughly fit the student for his medical degree. If such a plan were uniformly adopted it would greatly improve and render more satisfactory the whole system of medical education throughout our country. It is, therefore, with great satisfaction that your Committee can report to the American Institute of Homœopathy their adoption of the following requirements:—

On and after the fall of 1892, in all colleges represented in the Intercollegiate Committee of the American Institute of Homœopathy, the term of study required for graduation shall be at least four years, which shall include attendance upon not less than three terms of lectures of six months each.

No person, unless he present a diploma or certificate of graduation from an accredited university, college, academy, or high school, or a teacher's certificate which shall be approved by the Faculty as equivalent to the examinations required, shall be admitted to the second year of study, and the first course of lectures in any of the colleges represented in this Committee, without having passed a written examination upon the following subjects:—

1. English composition, by writing at the time of examination, an essay of not less than two hundred words, from which may be judged the writer's proficiency in grammar, spelling and writing.

2. Arithmetic as far as square root.

3. Geography, physical and political, as much as is contained in advanced school geographies.

4. History, such an outline of the history of modern civilized nations, especially of the United States, as is contained in ordinary manuals of history.

5. Latin, sufficient to read easy prose and to give a fair comprehension of scientific terms and formulæ.

6. Physics, such as is comprised in Balfour Stewart's *Primer of Physics*.

7. Biology and Physiology, as much as is comprised in the briefer course of *Martin's Human Body*.

8. Chemistry, as comprised in Miller's Elementary Chemistry.

9. Botany as found in an elementary manual.

It shall be understood that the first of these four years of study shall have been devoted to the preliminary medical studies, as outlined by this Committee, and that, upon successfully passing the above examination, the student shall have fulfilled the requirements of the first year of medical study.

Your Committee ask the approval and support of the American Institute of Homœopathy, in their action requiring more thorough, careful and systematic preparation of students for their more advanced medical studies.

For the Intercollegiate Committee,

I. T. TALBOT, *Chairman.*

The following resolutions were unanimously adopted:—

*Resolved,* That the American Institute of Homœopathy, cordially endorses and approves the action of the Intercollegiate Committee, by which four years have been made the required term of medical study, and the studies of the first year have been definitely arranged, to include the necessary preliminary studies requisite to more advanced medical instruction.

*Resolved,* That it is the duty of every member of the Institute to assist and sustain the medical colleges in their efforts.

*Resolved,* That the Committee be authorized to publish as many copies as may be necessary of the report of the Intercollegiate Committee, which has been adopted by this Institute, together with these resolutions, and to send the same to all colleges, journals, societies and individuals interested in

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American Institute of Homœopathy.

and annual session of the American Institute was held at Waukesha, Wisconsin, during the month of June. Dr. J. D. Buck, of Cincinnati, was elected President, the President being ill and the Vice-President being absent in Europe. The meeting was one of

the most successful in the history of the Institute. One hundred and ten members were added to the membership. The reports of the various bureaux were full, and great interest manifested in the ensuing discussions. The election of officers for the coming year resulted as follows: President, T. Y. Kinne, M. D. Patterson, N. J.; Vice President, J. H. McClelland, M. D., Pittsburg, Pa.; Secretary, P. Dudley, M. D., Philadelphia, Pa.; Provisional Secretary, T. M. Strong, M. D., Macon, Ga.; Treasurer, E. M. Kellogg, M. D., New York. The next meeting will be held at Atlantic City, in 1891, in conjunction with the world's homœopathic convention.

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### Editorial Notes.

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In the June number of the *Medical Advance* we have read a short article entitled "Mean versus Standard time," which for ingenious vacuity of conception is certainly ahead of anything we have yet heard of. The opening paragraph of the article asks, "What can this have to do with the practice of medicine in general or of Homœopathy in particular." After three or four sleepless nights devoted to a profound consideration of this absorbing question, we are compelled like the brilliant author of this original conundrum to give it up and confess ourself completely lost in the intricate mental labyrinth he has conjured up.

One example of the many given in the article under consideration will illustrate the idea intended to be conveyed by this writer.

A patient suffering from an annoying cough, occurring regularly at ten minutes before eleven o'clock every night, directed the doctor's attention to Rumex which has an eleven o'clock aggravation. However, he hesitated to prescribe the remedy on account of that troublesome ten minutes discrepancy in time, until the brilliant idea flashed athwart his think tank, that while the proving of Rumex had been made under the old solar time, his patient's cough was

governed by the new standard time by which their city was then regulated. So that in spite of that almost fatal ten minutes, Rumex was certainly the drug to be administered.

If the good doctor's reasoning is based on fact, a herculean task lies before every future author of a Homœopathic *Materia Medica*; not only must the symptomatology of every drug be perfect, but an ingenious and elaborate time table must be appended to each proving, giving the absolute relations between mean and Standard time, and an accurate explanation furnished with every symptom, stating by which time it was obtained, and giving full directions for the necessary computations. A busy field will be opened up for the services of skilled astronomers, and perhaps a judicious and careful blending of star-gazing with medical lore, may bring to the front again the much despised and sadly neglected Astrologers.

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THE International Homœopathic Medical Congress will meet in Atlantic City in June, 1891: This is certain to be one of the most important gatherings of physicians ever brought together in the world, and already arrangements on an elaborate scale are being perfected for the meeting. Bureaux on every conceivable department of medicine and surgery will be ably represented and great good to the profession will result from the work of the Congress. The bureau of our Homœopathic *Materia Medica* and proving of new drugs, is to be conducted in a masterly manner, and the value to Homœopathy of the combined deliberations of so many brilliant and thoughtful men is certain to solve many of the vexed questions that have troubled students for years, and add an accumulation of rich therapeutic treasures that will go far toward perfecting a science that has already been of inestimable value to suffering humanity.

We trust that all of our readers who by any reasonable sacrifice can afford the time, will avail themselves of this glorious opportunity to meet with hundreds of the most eminent men in the profession, and hear from their own lips the valued results of their vast experience.

C. L. TISDALE, M. D.

## Personals.

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DR. R. H. CURTIS has returned from his vacation, and located at No 522 Sutter street.

SEATTLE, Washington, has eighteen homœopathic physicians, and all of them are doing well.

OLYMPIA, Washington, has no homœopathic physician. There is a good field up there for one.

DR. E. M. T. HURLBERT, of Sebastopol, was in town a few days ago, and paid THE HOMŒOPATH a call.

DR. JEAN DEWESE has located at 1821 Mason street. The Doctor reports the location as a very promising one.

DR. E. R. BALLARD, when last heard of, was in Portland, Or. The doctor is evidently enjoying his trip.

DR. JAMES W. WARD has removed his office and residence to No. 924 Geary street, between Polk and Larkin.

THE publication of the transactions of the California Homœopathic State Society is progressing. The work is now in press.

DR. SAMUEL LILIENTHAL is summering at San Rafael, resting from his labors. His excellent third edition is one of the best books in the school.

WE are pained to record the death of DR. J. W. F. HARTLEY, of this city. The Doctor was well known and universally liked. He leaves a host of friends who mourn his loss.

AMONG the Pacific Coast physicians joining the American Institute of Homœopathy were Drs. JOS. RODES, of San Diego; J. C. KIRKPATRICK, of Los Angeles, and O. W. SWAZY, of Lakeport.

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DEATH FROM SULPHONAL.—A death has been reported following the use of two fifteen grain doses of sulphonal, the doses being given an hour and a quarter apart. The fatal result occurred forty hours after the first dose. The patient was a woman with melancholia, æt. 28 years. The mode of death was apnoea.

## Book Reviews.

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**Philosophy in Homœopathy.** BY CHARLES S. MACK, M. D., Professor of Materia Medica and Therapeutics in the University of Ann Arbor, Michigan. Chicago: Gross & Delbridge, 1890.

This little *brochure* covers a field not gone over by any other work within our knowledge, and is a most readable one. The Doctor has done a real service to the cause by publishing it, although many of the articles contained therein have already been published in the medical journals. The address delivered by the Professor to the allopathic students in the University of Michigan, in answer to a series of questions upon homœopathy propounded by them, is a masterpiece, full of sound reasoning and convincing truth. We can heartily recommend this work. Messrs. Gross & Delbridge, the publishers, have well done their share to make the volume attractive.

**Practical Sanitary and Economic Cooking.** Adapted to Persons of Moderate and Small Means. By MRS. MARY HYMAN ABEL. The Lamb prize essay. Published by the American Public Health Association. Price, 40 cents.

The opinions of this essay, set forth by an accompanying circular, render it an extremely difficult task for a reviewer to say anything that would be original. All that we can say is that it is certainly a book worth reading and would adorn any library table, and be of practical use in any kitchen. The suggestions it contains are invaluable alike to cook and housewife.

**Climatology and Diseases of Southern California.** By F. D. BULLARD, M. D. Reprint from *Southern California Practitioner*.

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## Clinical Items.

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*Nux Moschata*—Headache, associated with much *drowsiness* and dryness of tongue. Nausea.

*Nux vomica*, with sleeplessness, especially in hypochondriachal persons, irritable, troubled with vertigo, easily fatigued.

*Hamamelis* tincture has been a satisfactory prescription in diarrhœa, where the stools were composed mostly of dark-colored blood and were frequent. (Pulte Quarterly.)



*Mercurius* has marked aggravation from lying on the right side, or the impossibility to do so. Valuable guiding symptom in lung troubles.—*Gregg*.

*Subcutaneous Naevus Cured by Thuja*.—Jane G., aged six weeks, was brought to me with a subcutaneous naevus of left labium majus. The naevus was about the size of a small hazel-nut, swelled visibly and sensibly when the child cried, and had the usual livid capillary vessels on the skin over its centre. *Thuja occ.* was applied thrice daily for six weeks, at the end of which time the naevus had completely disappeared.

*Paris Quadrifolia in Headache*.—Mrs. A. complained of severe headache, from which she had suffered constantly for three days. She described it as if a cord were attached to her left eye, drawing it back into her head. *Paris quad.* 2c. relieved at once, and has several times since arrested a threatened attack of the same kind. She always keeps it by her.

*Senega* is very valuable in exudations in pleura, after *bryonia* or *cantharis* have ceased to act. It suits best in sub-acute or chronic cases, where dropsical symptoms threaten. The disease attacks a psoric person, suffering from cardiac affections, tuberculosis or some other cachexia. Intense burning pains in chest, worse at night, when waking, and compression in upper part of chest, especially during rest (*Gallavardin*).

*Stannum*; Sharp, knife-like stitches, beginning in left axilla and extending up into left clavicle or down into abdomen, worse from bending forward, pressure and inspiration, almost taking away his breath.

*Ranunculus Bulb*.—Intercostal rheumatism, acute stabbing pains in chest, accompanied by an effusion of serum, with great anxiety, dyspnoea and distress, caused partly by the accumulated flow and partly by the sharp pains; worse in damp weather; herpes zoster, with great soreness to touch, as if muscles had been pounded.

*Cyclamen*.—Chronic gastric catarrh; disgust and nausea after eating smallest quantity, with dim vision, sparks before eyes and intermittent thirst.

*Squilla mar.* gives us the same oppression across chest as if it were too tight, stitches when coughing, especially on left side; cannot lie on left side; dry heat, with chills when uncovering ever so little.

*Ferr. phos.*—The appearance of a sty on the lower lid of the right eye in a patient taking ferr. phos for debility, calls to mind that this is the second, if not the third, time I have found a similar result to follow its administration.—*R. T. Cooper.*

*Cochlearia*.—For sore and scrofulous eyes, second to no other remedy; also in curing traumatic inflammation of the eyes, blearedness and cataract.—*D. Shelly.*

*Kali carb* in piles. Useful in itching of anus, ulcerated pimples around, burning and pinching; swollen, painful piles, apt to protrude when making water; discharge from rectum of blood or mucus.

*Verbascum*.—The cough is lessened as soon as the patient succeeds in taking a deep breath. Also, difficult hearing, as if the ears closed, as if something obstructed; hence the usefulness of mullein oil applied locally.

*Zingiber*—Complete cessation of the functions of kidneys. Hot and sore, painful feeling in the anus; continually during pregnancy. Hæmorrhoids hot and painful.

*Virosa in Spasmodic Cough*.—A lady had frequent attacks of violent spasmodic cough, with feeling of suffocation. Attacks came on suddenly without apparent excitement and were induced by violent tickling in the throat and of the mouth. *Lactuca vir. 2c.*, a few drops after each severe coughing turn soon

*Borax*.—Vertigo on going down stairs; vicarious menstruation with watery, brown diarrhoea. Sometimes connected with menstrual ailments we have stitching pain through right pectoral region; if this is connected with musty expectoration, borax will almost surely help.—*H. N. Martin*.

*Aralia Racemosa in Night Cough*.—A lady patient was subject to frequent bronchial attacks during the winter. The attacks always passed off with a teasing, tickling night cough, which did not yield readily to the apparently appropriate remedies. She came into my office one day, and picking up a journal, she said, "Why, Doctor, this seems to correspond to my cough exactly." The remedy was *aralia racemosa*, and the symptoms were as follows: Teasing, tickling cough coming regularly at 11 p. m., after a short nap; almost constant irritation and dry cough for an hour or two. *Aralia* 1x cured her at once, and she has never had a return of just such a cough, although she had previously had it repeatedly. This remedy has since served me well in similar coughs recurring this hour of the night. The periodicity is an important indication. This cough is dry and frequently attended with dyspnoea, and followed in the morning by a loose cough and abundant expectoration.

*Asclepias tuberosa* the rheumatic element prevails in psoric patients, with tendency to tuberculosis, affecting both sides or only one, and attacking pulmonary and costal pleura; pain moves up behind sternum and becomes sharper and cutting, aggravated by inspiration, singing, loud talking, and by motion of hands; spaces between ribs close to sternum tender to pressure, and darting pains shoot over to right side; high fever with hot sweat.

*Ammon. mur.*—Diarrhoea and vomiting during menses. I have given it several times with success in cholera-like symptoms at the commencement of catamenia.—*Raue*.

*Ammon. mur.*—Sore throat with a viscid phlegm so tough that it cannot be hawked up.—*Neidhard*.

## Selections.

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**CLIMATE AND INFLUENZA.**—Dr. R. Assmann, of Berlin, has discussed in *Das Wetter* the influence of climate upon the recent epidemic of influenza. He considers that while we are yet in the infancy of bacteriological investigation, it is still admitted that harmful germs do exist in the air as well as in water. Certain meteorological changes, therefore, which take place in the atmosphere must affect the quantity and growth of these micro-organisms; and every precipitation of moisture necessarily removes from the air immense quantities of dust and germs. Tissandier found that four times as much dust existed after dry weather as after rain. While snow was found to carry away an amount yet larger. Although no definite quantitative investigations have been made, it is undoubtedly true that the micro-organisms have an active part in atmospheric dust. The first authentic reports of the epidemic were from Siberia and Russia in November, 1889. From the daily weather reports and charts of the German Naval Observatory, Dr. Assmann finds that there was an unusually long drought in November throughout eastern and central Europe, which continued especially in the east, partly through December. In these regions November has usually 40-60 mm. of moisture through precipitation, but the figures for November, 1889, frequently remained under 10 mm. Everywhere there was dry periods of from fourteen to sixteen days. The accumulation of dust in the air at this unusual season must have been very great, especially as there was no lasting covering of snow, even thinly spread. Low-lying clouds also prevented the carry-away into larger space of the atmospheric germs.

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**CONCERNING SOME HEART TONICS.**—Bucquei, at the late International Congress for Therapeutics and Materia Medica in Paris, read a paper on the above subject. The method of treatment of heart disease is not only to remove the pathological changes, but also to increase the power of the

heart in overcoming resistance to physiological function. Hence the need for tonic remedies to relieve weakness of the heart-muscles or to lessen the resistance to the circulation. Besides digitalis, the purest type of a heart tonic, several others of this class have been introduced within the last decade. Among them are caffein, convallaria majalis, adonis vernalis, scopolium and strophanthus. All these remedies increase the energy of the heart's contraction, either directly (digitalis, and probably strophanthus) or indirectly through the central nervous system, the centres in the medulla, or the intra-cardinal ganglia (caffein, convallararin.) All these remedies are at the same time heart-poisons. In large doses they determine acceleration of the heart's action, rapid and excessive increase of arterial pressure, and finally cessation of the heart's activity. In remedial doses they increase the contractility of the heart, slow the pulse, heighten tension, and thus increase the secretion of the urine. Concerning tolerance it is known that digitalis has to be omitted at times on account of gastric disturbance, and that it cannot be continued for long periods on account of its cumulative action. Convallaria and strophanthus show no such effects. Further, it is proven that caffein will keep up for a long time the tonic effect attained by digitalis, without injury. Further, although as yet we have not sufficient experience, spartein relieves irregularity of the pulse and strophanthus calms the sense of constriction of the heart and dyspnoea.—*Wiener Med. Wchenschr.*, No. 45, 1889.

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TREATMENT OF ENLARGED PROSTATE.—The systemic treatment must be conducted on general principles. If there is dyspepsia it must be treated. The non astringent preparations of iron, with strychnia and belladonna, may serve to maintain the strength and allay irritation of the bladder. When the enlargement is considerable, and there is aching on walking or riding, ergotine is especially useful.

Cold sitz baths may be advised when the organ is large, soft and free from tenderness. The bath should at first be taken at 50° F., once or twice daily, and for one or two minutes only, and the duration gradually increased to 35°. The

cold douche on the anus and perineum is also useful. Two to four ounces of cold water as an enemata, to be retained in the rectum, is more generally beneficial than the bath. No faith is put in blistering. When the prostatitis is the result of masturbation or excessive venery, the urine is often more or less bloody. To the touch the organ is little changed. The liquid extract of *salix nigra*, in dose of one drachm, three times daily, has often a marked effect in checking involuntary emissions and preventing the irritation, exhaustion and neuralgia which occur after them. Topical treatment must be omitted after the mucous catarrh and chronic inflammation are quelled.—*Dr. M. Hill.*

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**INTENTIONAL TREMOR OF HYSTERICAL ORIGIN.**—Pitres reports the case of a man, aged 34, who had for a year continuous headache, insomnia and mental dullness. There was considerable weakening of motility and of sensibility of the whole left side, with a slight ptosis on the left. Intentional tremor of considerable intensity in both members of left side. These phenomena came on immediately after a large money loss. As there was no neuropathic heredity, no history of syphilis, no alcoholism, Pitres thought of brain tumor, but as the whole condition disappeared after one magneto-therapeutic treatment, its hysterical character must be admitted.—*Neurolog. Contrabl.*, No. 23, 1889.

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**GENERAL ACTION OF TOBACCO UPON THE ORGANISM.**—Huchard, in a recent work, holds that the point of attack by nicotine is not only the pons, as Vulpian thought, but also the medulla, he has observed twice in nicotine poisoning bulbar paralysis with slow pulse and epileptiform attacks. The tremor and muscular weakness in long continued and excessive use of tobacco are to be referred, in part, to ischæmia of the muscles, which, in turn, is consequent upon the general vascular spasm caused by nicotine. The attacks of vertigo, of migraine, and the psychical symptoms of smokers are due to contraction of the vessels. The author has in one case observed the symptoms of brain tumor, lasting ten days,

in chronic nicotine poisoning. As a rule such symptoms of chronic poisoning by nicotine only appear when some other intoxication is acting (lead, alcohol, morphine), or under conditions of psychical injury, or nutritional disturbances.—*Neurolog. Centralbl.*, No. 23, 1889.

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Homœopaths cannot too soon return to the old landmarks of Hahnemann. Either the *Organon* must again be more generally adopted as our text-book, and the repertory be the constant companion of the physician, or the superiority of homœopathic therapeutics, established through long years of patient study and experience, will give way before the pressure of science, falsely so-called, and the greatest truth ever known in therapeutics will be swallowed up in the sea of empiricism.—*Cowperthwaite*.

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*Sanguinaria* has a record in the cure of nasal polypus when accompanied with pain about the root of nose and frequent attacks of acrid, fluent coryza. It may then be used locally in a dry powder dusted upon the parts and with the internal administration of potencies. In colds or during influenza, when there is much soreness in the roof of the mouth extending to the pharynx, right side of throat and even down to the lungs, as if parts had been scalded or burnt, *sanguinaria* is very apt to be the remedy. If, with the burnt feeling, there is rheumatic soreness of the muscles of the palate, much dryness down the air passages, loss of taste and smell, *sanguinaria* is doubly well indicated.—*Leonard*.

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WHY IS NOT THIS FAIR PLAY.—In Gratiot county, Mich., there are thirty "regulars" and only three homœopaths. The Board of Pension Examiners of this county is composed of two of the homœopaths and only one "regular." The County Medical Society protests against this state of things. We think it a poor rule that wont work both ways. A homœopathic Senator did it with his little hatchet.—*American Medical Journal*.

THE  
CALIFORNIA HOMŒOPATH.

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Original Articles.

**MORE ABOUT THE MEDICAL MILLENIUM.**

BY CHAS. D. TUFFORD, M. D., MEMPHIS, TENN.

Dr. C. W. Breyfogle in the April issue of your interesting and instructive Journal would, I judge from the tone of his letter, be pleased to have the rest of us feel as he seems to about the medical millenium, viz: that it is approaching at a very rapid rate; that the time is ripe for it, and that even those of us who are not so far advanced in years will live to witness the end of sects, sectarianism, and sectarians in medicine. I sincerely trust that it may not come about in my time. I should be sorry to be compelled to witness any such catastrophe to our school. May I ask Dr. Breyfogle what is to be gained to physicians or people by dropping the distinctive name of the Homœopaths, the Eclectics, the Physio-Medicos, and the Allopaths, and accepting the name simply of physician; and then I believe it to be just about as impossible and impracticable a thing and as likely to be realized as the dream of the author of looking backward, and the former will not very likely come to pass before the latter. What have we of the Homœopathic school to do with burying the hatchet and congregating about a camp-fire to smoke the pipe of peace with our old time traducers the allopaths—a term by the way correctly applied to them, see



introductory to Pereira's *Materia Medica*. Why should we be called upon to take a hand in exchanging the sword for the olive branch? Does the doctor not know that when they once get possession of our weapons off goes our scalps? To some of the practitioners of our school the doctor's letter may contain words of encouragement, but to others, and let us hope to a very large majority, they will bring only a feeling of sadness and regret that men prominent in the councils of Homœopathy should lend themselves and the weight of their words to the keeping on of a fight for the distinction of sects, which if ultimately successful would not benefit us, and it is difficult to see who it would benefit.

I beg to differ ~~with~~ Dr. Breyfogle as to the number of decades that allopathy and homœopathy have been in deadly strife. I have good cause to remember the status of homœopathy a quarter of a century ago, as well as that of allopathy, and there was no deadly strife then, and why not? Simply because the homœopathic wing of the profession was not powerful enough to make it even a little warm for their traducers of the old-school, and as a rule they did not consider us foemen worthy of their serious attention; but since then, instead of doing as Dr. O. W. Holmes in his uncharitableness predicted to the world would be our lot, we have gone on increasing in numbers, in commanding officers and in camps of instruction, until the enemy has become aroused and alarmed, and in their various councils of war have decided that as a sect we must go. As this cannot be accomplished by the foul means which they have already tried upon us, they now propose to do it by a show of fair; and this, not because they love us any more or hate us any less, but because they now look upon our onward march with fear and trembling. The large majority of the adherents of either school, non-professional as well as professional, and in the fight for their respective principles and practice, and quite understand the question at issue. Pray where does Dr. Breyfogle get his authority for asserting that on account of fierce denunciation, etc., homœopaths were compelled to adopt a distinctive name? Hahnemann is said to have voluntarily created a sect, but it is quite evident he tried first to avoid it. Admitting the Doctor's assertions to be true,

does it follow that because they have not been able to crush us, and even in some few instances have been forced to let up a little in their "fierce denunciations," that we should exhibit to these denunciators and to the world our magnanimity to the extent of promising them that we'll flaunt our flag in their faces no more, that we'll keep the red rag out of their sight, and that we'll even let them dictate to us by what name we and the practice we represent shall be known? I trust men of our school who would countenance such ingratitude to our master are very few and far between, "like angels' visits." If it be true, as the Doctor asserts, and it undoubtedly is—"that we have lived and thrived, and by us the truth has been established" in the face of these fierce denunciations, wherein is the evidence in favor of our laying down our weapons, throwing aside our colors, and allowing the enemy to dictate to us the terms of peace. How can any man among us after being twenty-five (25) years in the fight for the right or that which he believed to be right, feel at all disposed to compromise with what all this time he believed to be wrong, unless he has experienced a change of heart and forsaken his first love. I trust that there are not many of us that feel that way about so serious a matter, I know that I do not. I have been twenty-five years in the fight for homœopathy, and I trust that her banner may forever be flung to the breeze as a beacon light for those who wish to continue the fight for the right. The results of our school of practice for the century in which we live are before the old school and before the world, need they cause us to hang our heads in dishonor, or the blush of shame to mantle our cheek? We will accept the answer of Dr. Breyfogle "et id genus omne." And the future of homœopathy will be, to put it mildly, quite as bright as the past, unless we forfeit our self respect, our respect for the cause we represent, and above all the respect we have or ought to have for the man who involed the law by which we swear. I have no idea that our opponents love us any more, on the contrary they hate us more than they did a decade or two ago, excepting may be in a few isolated cases in which they figure for the shekels of our men who are likely to attend some of their various past graduate

schools. Let me instance words and actions of an old school professor of this city who in his address to a graduating class got off this "gush." "With no malice towards homœopathy, no predjudice against eclecticism or any other school, let us to-night launch out upon the ship of modern freedom—the swan necked goddess of liberty and reform—out of whose starry eyes the light of tolerance is beaming. Let's have no intolerant sentiment penetrating her throbbing heart, no dogma furrow her brow, etc.," and after all this, let me inform Dr. B and others of his way of thinking, and who are so openly coquetting with the allopaths, that Professor Crofford (the man referred to) belongs to and subscribes to the by-laws of a medical society that proscribes any of its members consulting with what they are pleased to term an irregular (though why it is difficult to find out), under penalty of being deprived of membership. Consistency, what art thou anyway with these wolves in sheep's clothing! Right well can the New York Polyclinic afford to take a homœopathic journal or two and make a pretense of reading them. This for at least two reasons: one, that they will figure for and are glad to have the attendance and the fees of our men who want to brush up at some post-graduate school; and the other to make a show of liberality to homœopathic journalists and to the school. Their hypocritical compliments to homœopathy in the presence of our men has no other object in view; and these compliments too often carry away our representatives to such an extent that when such men as St. J. Roosa tell them there ought to be no sects in medicine they jump at the chance to agree with him without any hesitation—yes, without counting the cost for us. They seem to have come to the conclusion that this is the only way to crush us, and the energies of their best men seem to be bent in that direction—to our shame be it said, receiving aid and sympathy from men and journals (if such are worthy the name) claiming to be of the homœopathic faith. It is not a little wearisome to read that part of Dr. B.'s letter devoted to the fulsome adulation of his newly-made allopathic friends; dollars and cents will buy a good deal of courtesy, and to say that the deafening applause at anything complimentary to our school came from their hearts, is anything but a sure

thing. To my mind none of the assertions made by Dr. B. indicate that they love us any more or hate us any less than they have ever since we showed up sufficient strength to engage their serious attention, or that they have any more idea of giving up the fight. They are simply adopting a different line of attack, since they have learned that in a fair, open and honorable fight they cannot down us, and that we are all the while increasing in numbers and invading their territory. They are resorting to low, despicable trickery to head us off. Believe me, Doctor; such moves on the part of the irregular old schoolers bodes us no good; nor is it intended for any such purpose. There is no more honesty of purpose in the declarations of those professors than in those of the old-school professor here whose remarks have been quoted above, and I would like to ask the Doctor if he considers the speech of the latter honest or honorable. If this man intends what he said to be considered his sentiments, why has he not made an effort to have the particular prescribing by-law expunged, and failing in that, withdrawn from the society? Simply because he did not mean what he said before his class, and they must have known it. The report of the address does not inform us if there was any deafening applause on account of the complimentary remarks about the different schools. I advise Dr. B. and every other homœopath to consider every allopathic doctor dishonest in his expressed intentions toward homœopathy until they have been proven to be honest. And who shall decide what man of our school is the "true physician" and best adapted by his views and understanding of homœopathy to fill a chair of homœopathy when it shall become an established fact in an allopathic college?—possibly one of the editors of the *New York Medical Times*, that foul blot upon the escutcheon of homœopathy. I imagine that homœopaths, as a rule, would have but little faith in the ability and honesty of a man who would thus compromise his principles by accepting such a chair in an allopathic school. And let me say right here that the enemies of our school, if successful in having the name of our sect dropped, are but driving home the entering wedge to the closing up of our colleges. Supposing the name to be dropped, is it not just as easy for an allopath to

say, if needed as consultant in a family which has an homœopathic attendant, "I can't do it; the by-laws of our societies forbid us consulting with a man of a different kind of practice," as was said about us by an allopathic professor of surgery the other day?—and the question involved was only one of diagnosis, not that they wanted to change doctors. The Doctor certainly writes at random when he asserts that we claim, or have ever claimed, that old-school men never did anything for the advancement of medical science. On some points in medical science they might be considered as leading us, but not on the all important one, viz: the curing of diseased conditions, quickly, safely, and pleasantly. The honest homœopath to my mind is the one who not only practices what he preaches, but insists upon being known as such to the allopaths and to the world, and not the man who for the sake of being patted on the back patronizingly by his old-school confreres, for the sake of being put in a position to consult with them, and for the sake of gaining admission to their societies, would willingly sacrifice just what he ought to hold dearest, viz: the distinctive title, a name which he possibly at our time believed to be honorable. As oil and water cannot be mixed, so neither can the leading schools; they prescribe according to one law or guide, and we another, and the two are diametrically opposed. I came out of the allopathic ranks twenty odd years ago and elected to embrace homœopathy, and to be known as such, much to the utter and long lasting disgust of a large number of allopathic friends and relations, and I trust I may never be humbled to the extent of having to give up a name the adoption of which causes me to suffer no inconsiderable amount. Let us follow the example of the master, and suffer persecutions if we shall have to, for the sake of the cause which was dear to him, and ought to be to us, for certainly to him we are indebted for all that we are as a school and as individual practitioners of medicine. Let us not, because a new line, defensive and offensive, is being adopted by our traducers and would-be oppressors, put up a flag of truce to allow of time to formulate a common law. Let us not compromise what we believe to be right with what we know is wrong because there is a prospect that by so doing there

may be a cessation of hostilities. It is to be regretted that there are those among us who would join hands with the enemy for the sake of peace. God speed the day when we shall cease to read or hear anything more of the medical millenium.

## MATERIA MEDICA STUDIES.

## IV.

## ACONITE II—SPECIAL USES AND COMPARISONS WITH ALLIED REMEDIES.

Besides the general indications of aconite which are so very characteristic, there are several important special uses which deserve attention. There is, first of all, the *aconite headache*. This is characterized by congestion, shown by the fulness, heaviness and pressure outwards; feverishness, excessive sensibility to noise, touch or light; great nervousness, fear and restlessness. It is the headache of *active congestion*. Numbness and tingling may also be associated with it, and usually an increased flow of urine accompanies it. It reminds, of course, of *bellad.* and *glonoin.*, but neither has the peculiar mental distress and nervousness of aconite.

The headache of belladonna is characteristically *throbbing*, and is worse lying down, also in the afternoon, and is relieved by sitting up.

*Glonoin.* is suitable for women at the change of life, after checking some long-continued flow of blood, or after suppression of a skin affection. There is a warm perspiration about the face and forehead, and pain is relieved by exposure to the open air. Bad effects from exposure to the sun.

Aconite is a magically acting remedy in diseases of the *eyes* when there is dryness, burning, sensitiveness; eye feels as if full of sand; the pain is intense, he declares he cannot stand it, and wishes he could die. Aconite is the first remedy to mitigate the pains caused by foreign bodies in the eye, as cinders, splinters; also, irritation caused by ingrowing lashes. First stage of catarrhal inflammation prior to exudation. In early stages of acute inflammation of deep structures of eye-ball, when it becomes sensitive to touch and feels as if

it were protruding, rarely, if ever, here as elsewhere, called for after the exudation stage is reached, because aconite cannot produce pus. *Scleratitis* aconite stage, with contracted pupils, sticking or tearing pains, photophobia blue circle around cornea, and violent aching in balls—(Spigel). Even *glaucoma* may demand it when with the above there are pains in face after exposure to cold, cold winds, or in rheumatic patients. But remember that in this disease no time is to be lost, lest the eye be hopelessly destroyed.

Aconite is very frequently the remedy for the commencement of a cold and diseases that result from taking cold, and often a single dose is sufficient when taken in time to break up a cold. It will certainly do so if, after exposure to cold, dry wind, or checked perspiration, the patient is chilly with internal heat, feels sore all over, sneezes, but owing to the muscular soreness he supports his chest while sneezing; nostrils dry, hot, throbbing, with violent headache; better out of doors; onset is *sudden* and *violent*. Similar causes may give a *sore throat*, tonsils intensely congested, with burning, pricking and stinging on swallowing. Or the respiratory organs may be the points of attack. Croup, when excited by dry, cold wind. The little patient is aroused from sleep as if suffocating; dry, hard, barking cough; full of fear, tossing in agony; skin hot and dry; much restlessness and distress; every *expiration* ends with a hoarse, hacking cough. (Spongia follows well.)

In the beginning of *pleurisy*, with stitches in chest, but *bry.* follows it very soon. Pneumonia in first stage, but not later. So soon as exudation begins, ends the usefulness of aconite. The general symptoms hold good here. The chill followed by the hot, dry skin; quick, bounding pulse; quickened, labored respiration; restlessness, palpitation, fear of death, soreness of chest, blood-tinged sputum. When mental anxiety changes to that caused by the local oppression, and the percussion sound gives evidence of beginning exudation, other remedies are required.

Aconite exercises a marked influence on the motions of the heart, lowering its beats and again accelerating them, causing violent palpitation; it deranges the rhythm of the heart's action, causing irregularity, intermission, feeble-

ness. It causes many pains in the cardiac region; attacks of intense pain from the heart down left arm with tingling and numbness of fingers. Aconite is one of the most frequently-indicated remedies when the development of the cardiac disease manifests itself by tingling in fingers, numbness and lameness of the left arm. *Violent* stiches in heart compel patient to rise in bed. Useful in palpitation. This may be the result of fright or stimulating drinks, unconnected with organic disease of heart, especially in young people about the age of puberty. Palpitation with great anxiety and restlessness, difficult breathing, confusion in head.

Aconite patient sleeps lightly; is disturbed by dreams. Useful in the insomnia of the aged (12th) at bed-time. Sleeplessness of remittent fever.

There is a peculiar pain in the left hypochondrium occurring in young women and girls which *aconite* 12 cures. It is met with very often. Bayes thinks it arises from some irregularity in the circulation of the uterus and its appendages, and is the result of vicarious congestion, and affects always the left side. Generally the patient comes to have her heart examined, and thinks that this pulsation and pain must indicate heart disease. Just within the crest of the left ilium is the next frequent place.

Aconite has distinct anti-rheumatic virtues, as is seen in the symptoms produced in the provers. There we find, pain in joints, muscles and fibrous tissue of a cutting, stitching, tearing character. One prover had with the articular pains, palpitation and precordial anxiety. Thus aconite almost pictures rheumatic fever with possible heart complications.

The joints are intensely bright red; shining, swelling of the parts sensitive to the least touch. The pains drive the patient almost distracted. Numbness of the left arm and legs. Muscular pains in back and limbs.

Pregnancy finds in aconite a powerful remedy to regulate many abnormal states. Thus it calms the over-excited nerves, removes the fear of death with prediction as to the time. Prevents impending abortion which has been produced by violent emotions, fright, etc. The fear of death is sometimes encountered in labor; pains violent, parts dry and tender, is in dripping, hot sweat and restless. After



labor, milk fever, with tense, not mammæ and scanty milk. Of course not indicated in puerperal fever of *septic* origin for reasons already given; but should fever arise from cold or lochia checked by some sudden emotion, it will restore equilibrium.

In suppression of menses from a chill, or from fright, vexation, especially in plethoric patients, with the accompanying congestive phenomena, there is no more valuable medicine.

In the retention of urine from cold, particularly in children, with much crying, restless tossing about; the child puts its hands to the genitals and cries out. A few doses of aconite here will relieve.

Numerous other special uses might be mentioned, but they are familiar to all practitioners. These notes are intended for students, and are merely given as a guide to further study.

Several remedies offer themselves in comparison with aconite, and the distinguishing characteristic of a few must be noticed.

*Sulphur* might be thought of as a chronic aconite. It will correct some of the abuses of aconite, and often follows it advantageously when the hot skin and hard pulse fail to yield, and the protracted heat develops a typhoid state. The tongue is dry, patient answers questions slowly, as if not fully comprehending. Very likely such a patient has some peoric taint that presented the ready response to aconite.

*Gelsemium* is readily distinguished from the restless aconite by the *drowsiness* and quiet of its action. You will often meet with cases that are quiet, *drowsy*, the face being red, and suffused heavy, sleepy eyes—these are gelsem. cases. If you examine the pulse, you will find it full, soft, flowing, compressible, very different from the hard, *tense* aconite pulse. The gelsem. fever is characterized by languor and oppression, with dark crimson face, head feels large and full, and dull pains in head, back and limbs. There is a remittent fever often seen in childhood, arising from various causes, but marked by a *heat*, that comes on during the day, increasing towards evening, and subsiding *without perspiration* as the night wears away.

*Gelsem.* is to be remembered with *acon.* in measles, where it assists greatly in bringing out the eruption. It has the catarrhal symptom and papulous eruption of that disease, but here again the *torpid heaviness, the sleepiness and dread of movement,* all unfailing indications, and distinguish it from the anxious, restless, excited aconite. *Gels.* always lacks the violent tossing about of aconite.

*Baptisia* differs from aconite in toto in that it has no relation to the pure synochal fever, but is indicated in all fevers having a typhoid tendency. The pulse rarely very high; skin not as hot and dry as aconite; the patient's countenance has a besotted, heavy expression; breath is fetid, tongue dry; patient has illusions—thinks he is double, or that his body is broken into pieces, which he tries in vain to put together:

*Verat. vir.* has the active vascular symptoms of aconite, but lacks the nervous excitement; it has a torpid brain. It has physical relaxation, while aconite has physical tension and, of course, the mental anxiety. Aconite pulse is quicker and sharper. The tongue of *verat. vir.* shows a red streak down its center. There is a tendency to spasms in *verat. vir.* and it is very suitable to the conditions of the nervous and vascular systems of the lying-in woman. It competes with aconite in the beginning of pneumonia, where the pneumonic engorgement is severe and there is violent heart's action.

In this connection *ferrum phos.* ought to be remembered, whose place in inflammations is also *pre-exudative.* The pulse is full, but not hard. In general its congestions are more those of anæmia than those of a sthenic kind; but clinically it has been found most useful in congestion of the lungs, especially in children, where it takes a wide and useful place.

EX CATHEDRA.

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KNOWING.—To prevent hair from falling out, take southernwood leaves and put in a large-mouthed bottle with alcohol and let it stand over night. Add to this to one third of a cup of water, and use it thoroughly once a day until the hair stops fall-

## Ophthalmology and Otology.

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

### SYMPATHETIC OPHTHALMIA.

The mode of transmission in sympathetic ophthalmia has been the subject of untold discussion for many generations. Mackenzie, in his work on the eye, issued in 1840, took strong ground in favor of the theory of transmission of the inflammation from the diseased to the unaffected eye through the structures of the optic nerve. Muller, Goldzieler and Niedekā held strongly to the theory of propagation through the ciliary nerves, and adduced extensive and careful pathological research in support of their claims. Of late years, Alt, Leber and Deutschmann have sustained the views of Mackenzie, and in support of their claims have in a few instances, with some difficulty, succeeded in producing sympathetic neuro-retinitis by septic inoculation in rabbits. Both Leber and Deutschmann now adhere firmly to the microbe theory of transmission through the lymph-spaces of the nerve sheath. Deutschmann has proposed the name of "Ophthalmia Migratoria," to conform to the later pathology. The well-known immunity of the sound eye from sympathetic trouble when its wounded fellow was early removed, is by the advocates of the microbe theory attributed to the fact that the injured eye had not yet become the center for the generation of the death-dealing microbes. If experience proves the correctness of this theory of transmission, vital importance must in the future attach to the anti-germ treatment in dealing with these troubles. F.

### CLEANLINESS IN EYE SURGERY.

The care of instruments to be used round the eye is a matter of grave importance. Previous to use they should be disinfected by thorough boiling or by dipping into a 1.5000 solution of bichloride of mercury, and the eye at the time of operation should be sprayed with the same. In iridectomy,

enucleation and cataract extraction, where the condition of the patient did not contraindicate it, we have of late advised a Turkish bath and complete change of clothing on the day preceding such operations, and believe it has had a most favorable effect upon the progress of our cases. Boracic acid and listerine combined will be found a pleasant and effective spray during the after-treatment of surgical eye cases, repeated every hour or two. No surgery round the eye is so trivial as to warrant any neglect of these antiseptic measures.

P.

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## Colleges and Hospitals.

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### OUR COLLEGES.

The annual announcements of the New York Homœopathic Medical College and Hospital, and of the New York Medical College and Hospital for Women, are before us, and we feel proud that both have enrolled themselves for years in favor of three courses of six months each, the lectures lasting from October 1st to the end of March. Indeed, a fourth year seems to be necessary, whether you call it a post-graduate course or the fourth year of medical instruction, as the former is voluntary, while in the latter all didactic lectures must be excluded and the student gains practical knowledge before he enters practical life with its onerous duties to himself and family. Too often the students complain that they saw very few cases during their senior courses, and the clinics were not of that benefit to them which they had a right to expect from the promises held out, and a fourth year, given entirely up to practical life, would be more apt to fulfill all promises. Some tried to edge in a preparatory course under a preceptor, but we all know that a physician in active practice, especially in the country, has neither time nor leisure to drill anatomy, chemistry or physics into the mind of his apprentice. Let us be honest about it, and totally abolish that sham of a course under a preceptor; let the student know when he enters college that for four years he

must pass yearly his examination before he can be allowed to enter a higher grade, and our students will then begin practical life better and more fully prepared than those from colleges where less rigor is exacted. It made my blood boil to read in an article published in the New York *Epoch* that the American homœopathic physician is an ignoramus, and only homœopathic physicians coming from the old world can lay any claim to a scientific education. Thus speaks Dr. Gerster, and others agree with him. It is therefore obligatory for us to hold high the flag in our colleges, and to prove to our defamers by word and by deed that our institutions stand on as high ground as the best of any other medical school, and our students the equals of their best ones. Not long ago a member of the I. H. A. and a Knight of the Legion of Honor told, in the presence of several gentlemen, that he would rather send his students to an allopathic college for their medical education, because pure homœopathy is not taught in any of the thirteen homœopathic colleges, and he would teach his students what Hahnemann wrote and the practical application of his writings. What Gerster said was libelous slander; what this Simon pure said—let our schools answer, for there is a grain of truth in it, and pure, unadulterated homœopathy has lost its strong hold on the members of our societies, and the seeds planted into our students bear their fruits. What a difference between Hahnemann's *Organon* and Hughes' superficial therapeutics, which I think is out of print. All hail to the same author's "Pharmacodynamics," for it is the book of all others to initiate a student in homœopathic materia medica, but we felt sorry to find no mention made of "Hering's Condensed Materia Medica," nor of his "Guiding Symptoms." From the lecture schedule, laid down in both announcements, we fail to learn whether any lectures on the *Organon* are given, though the American Institute insisted upon it, and one of my students led my attention to this omission. It is easy to find fault, difficult to suit everybody, but let us never forget that our colleges are homœopathic colleges, which they must be not only in name but *de facto*. Let us not run after every ignis fatuus of fashionable medicine; let our specialists take to heart that in the totality of

symptoms lies our shibboleth, and that there cannot be such a thing as a local disease without affecting the whole organism. Our colleges must teach everything during the four years of a student's curriculum, and by all means the materia medicas of the allopathic and eclectic schools, but they must also teach that Hahnemann's *Materia Medica* with its late additions is the corner-stone on which to build their practice, and the closer the student keeps to the principles of our school, the more successful will be his practice. S. L.

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#### New Licentiates.

The following physicians have received licenses from the Board of Examiners since May 20th: Francis Kellar, Oakland; E. T. Balch, Summerland; Guy E. Manning, James Albert Wheeler, San Francisco; Paul G. Denninger, San Jose; C. S. Woodman, Grass Valley.

A. C. PETERSON, Secretary.

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#### Kansas State Homœopathic Society.

The annual meeting convened at Selma, Kansas, and was one of the most encouraging meetings ever had. About one of every three homœopathic physicians of the State were present. Dr. M. J. Brown, of Selma, was elected President for the coming year.

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#### Editorial Notes.

MUCH the CALIFORNIA HOMŒOPATH is in no sense a  
 an and usually does not concern itself about the  
 which its readers shall exercise their so-called  
 ege of suffrage, we earnestly desire at this  
 air is full of the rival claims of the different  
 the attention of the homœopathic physi-  
 to a matter which has heretofore escaped

their attention. How will the result of the coming election affect us as Homœopaths? In other words, how do the various aspirants for public office stand in relation to the cause which we have the honor to represent? Will the success of the Republican or the Democratic candidate secure for the Homœopaths of California the most honorable consideration and the greatest practical benefits. The man who we feel assured is the most friendly to our cause is the one who should receive our votes and whatever influence we can exert.

When the present Governor, Waterman, came by accident to the high position he has done so little to sustain, we had every right to believe that homœopathy would obtain the recognition it so justly deserves. Governor Waterman had for years employed a homœopathic physician in his family, and had given every evidence that his confidence in our school was complete; yet in his official life, when in a position to lend a helping hand to the school of medicine that had done so much for him, he has shown himself to be a moral coward, afraid of the powerful gang of medical hogs who have grown fat and impudent at the public trough, and, while standing with both feet in the swill of official patronage, have grunted their insolent commands to the man who has fed them.

Brother physicians of California, we have a right to demand our share of public patronage, and if the candidates for the offices within our gift can be made to feel our power, a much-needed reform can be inaugurated. In the name of the hundreds of homœopathic physicians in California, of the thousands of its citizens employing our system of cure, and the millions of their property taxed to support its public institutions, we demand official recognition.

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AN important business change has occurred in the last few weeks which personally concerns every purchaser of homœopathic drugs on the Pacific Coast. The old and trustworthy pharmacy of Boericke & Schreck, which has for so many years been the synonym for honesty and reliability, has a new partner and manager. Mr. E. W. Runyon, for thirteen

years head chemist for the large drug house of Redington & Co., has purchased a half interest in the firm of Boericke & Schreck, and will hereafter devote himself to the active management of the concern. Mr. Runyon is a graduate of the College of Pharmacy of the University of New York, class of '73, and has been connected with the leading drug houses of the country for nearly twenty-five years. For several years he has held the responsible position of Dean and Professor of Pharmacy in the California College of Pharmacy of San Francisco, and altogether his experience and natural abilities are such as to assure his success in the new field upon which he has entered. We heartily congratulate Dr. Boericke on his good fortune in securing as a business associate a gentleman of Mr. Runyon's superior qualities. His eminent and well recognized executive ability has especially fitted him for the management of the extensive business of the homœopathic pharmacy, and we bespeak for him a successful career. The homœopathic physicians of the Pacific Coast may rest assured that their interests are in safe hands, and that under Mr. Runyon's management the house of Boericke & Schreck will continue to maintain the pre-eminent position that has always distinguished it.

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WE wish to acknowledge the receipt of the *Conglomerate*, a new aspirant for journalistic honors which has recently made its appearance in the literary field. It is published at the State Homœopathic Hospital for the Insane at Middletown, New York, and the entire work, editorial and mechanical, is performed by the patients at that institution. It is a unique and interesting periodical, reflecting great credit upon those having the production in charge. The achievements of many of us who are supposed to be in possession of all our faculties will compare very unfavorably with what has been accomplished by these afflicted persons whom law and science have declared to be irresponsible beings, incapable of rational thought or action. We welcome the *Conglomerate* to our ranks, and trust it may have a long and prosperous career.

C. L. TISDALE, M. D.



## Correspondence.

## LETTER FROM BERLIN.

BERLIN, July 24, 1890.

DEAR BROTHER—I thought it might interest you if I give you a summary of my impressions of the medical universities which I have visited since I left New York. There are such numbers of our American physicians constantly visiting these institutions and, naturally, recounting their experiences, that much of what I say has probably been said over and over again; but no matter; I am sure that you will be interested in my personal conclusions, so I do not hesitate.

In London, the Royal College of Physicians and the great Bartholomew Hospital College of course stand first. I had an extended interview with the Dean of each one. You know that England is intensely autocratic, and in every department she shows a reversal of the cry "Can any good come from Nazareth?" saying, Can any good come from any country but England? The catalogue of the Royal College was curtly handed me, and the only real show of politeness came from the high-toned and supercilious funkeys who were hunting fees. At Bartholomew, the young Dean kindly extended all information, but always with the assurance that American diplomas were of no value, that no special course was permitted, and with the advice to matriculate fully and learn something. Naturally all this was very irritating to a patriotic American whose loyalty to home was enhanced by the distance, and especially after just coming from the splendid post-graduate schools of New York, and the irritation was not lessened by an inspection of the Royal College museum or the Bartholomew Hospital, magnificent as they are. Somehow I kept thinking of the wonderful appropriateness of the tablet upon the outside wall of old St. Bartholomew, recording the fact that it commemorated the burning of Christians upon that spot. But the old adage that "A poor beginning makes a good ending" was true in this case, and I soon found myself listening delightedly to Gowers, Ferrier, Heughlings, Jackson and Horstley, at the Hospital for Epileptics and Paralytics. A man like Professor Gowers, whose researches and authorship are such as to give his name to a column of the spinal cord, a most wonderful man, and yet withal so nervous himself that I have seen him even on his knees in the excitement of an interesting examination—must be intensely fascinating. He diagnosis quickly, and then confirms it by minute questioning, explaining every point to the four or five of us present, and he will insist upon the patient giving the most positive and unequivocal replies to every question. Ferrier, too, is a very nervous man. I had the pleasure of accompanying him through the large hospital (which he claims to be the finest in the world) and examining the cases *seriatim*, while he kindly explained the history and treatment. I noticed one remarkable custom in this hospital which should obtain in all. Our patients always appear first to an interne, who questions them very carefully as to their financial condition, tells them what they will have to pay, and assigns the clinics to which they are to come. All must pay something, if only a shilling a week. They claim, justly so, that they

are more apt to attend to the treatment, and, further, it prevents many coming who are not proper subjects for charity. In this hospital the same treatment obtains as in New York, electricity being the principal dependence. Their electrical room is well fitted up, but the apparatus lacks the fine finish of ours. Suspension, as you know, though thoroughly tried, has altogether failed, and they pronounce its results as hurtful. The localization of cerebral affections by Gowers, Ferrier and Jackson, and the operations therefor by Horstley, are among the celebrated successes of the century. The operating room is the finest I ever saw. My mere cursory visit to Bethlehem (Bedlam) Insane Asylum forbids me speaking of it. I will only add that my attendance for some weeks at the clinics of the celebrated men above named was free, with the exception of a present to the clerk who so kindly introduced me and made appointments for me. I had the pleasure of meeting Dr. Roth (I should say *Mr.* Roth, for he so calls himself), the great orthopedic surgeon, to whom I brought a letter of introduction from Dr. Gibney, of New York. Dr. Roth (see his work) has discarded all apparatus to correct chronic spinal deformity, and I was much interested in his very extensive gymnasium, to which it seemed to me he owed his world-wide reputation. He is comparatively young, yet so crowded with patients that he will only see one by previous appointment, and his charge is two guineas for the first consultation and one for every subsequent one. A guinea is \$5.25. His mode of recording his cases is very thorough and systematic.

Not without many doubts did I finally reach Heidelberg. I intended but a brief stay there. I knew no one, as I thought, and the language but imperfectly, and hoped for but little. You may imagine, then, the pleasure with which I met Dr. Ed. Bryant, of California, and subsequently Dr. Blair, whom I knew as a child at Louisville and with whose parents we long boarded. I refer you to Mark Twain's "Innocents Abroad" for a description of the queer customs of the University students there, their duels, the career, etc., none of which he exaggerates. Clements wrote the book there. Through the kindness of my friends, I heard quite a number of their best men lecture, saw an autopsy by Arnold, and obtained a good insight into the general character of the institution. Their lecture-rooms are poor, small, badly arranged. Their care as to anti-sepsis is by no means as great as in New York; but their system of teaching is thorough. A professor will, at the beginning of a clinic, call out the names of three, four or five students, who at once come forward; he sends them to the ante-room, each to take a case, examine it, return and report his diagnosis. The case is brought in and the professor examines it before the class, and the diagnosis is confirmed or disproved. The student then takes charge of the case, has to report on it when called upon, and is the physician of that patient. Their clinical material is abundant, for, as elsewhere in Germany, it is open to all without question, and is therefore abused, often by people worth their thousands, for the German idea of economy removes all sense of shame. As a class, the students here seem not much troubled with diligence—I mean outside of the Americans—and more occupied with their corps, duels and their beer-drinking than their studies. My friends fully coincided with this view of the Germans, and said that not till the third or fourth year did they begin to study. There are a great many Jews in attendance here.

Universities of Strassburg, Munich and Leipsic I simply visited in the buildings.

I am much impressed with the fact that all of these institutions are far more careful as to the men who fill the chairs than they are as to the buildings and appointments. Of course there are some fine buildings, but to our view they are the exception rather than the rule. I find that instruments are cheap, but they lack the finish and excellence of ours. In Heidelberg the electric apparatus was very inferior. I find patients are generally treated in a way that would make an American blush—yes! an American M. D. would blush. More of this hereafter. However, they teach, *drum* it into their pupils, and I no longer wonder at the thoroughness of the scholars whom they send out into the world. Their professors are men of world-wide reputation, thoroughly in love with their work; old, very old, men mainly.

But Berlin! I fear that I cannot well enough detail this great University with its numerous buildings scattered over the city, its corps of nearly three hundred professors and its six thousand students. To my delight I find I can fairly follow a lecture; and again I am fortunate in meeting an acquaintance from Louisville who has been here over two years, and he has been my guide and interpreter. The many hospitals here have about 18000 beds. Let me detail some, to give you an idea of its system. A student matriculates, stating his wishes as to what lectures he will attend, and paying therefor. The professor advises him *how* to study; that is all; no further attention, and no urging. He can study or not, as he pleases. But suppose he is taking practical anatomy. He is notified that a subject is ready for him. He may neglect it and the subject spoil, but another waits. Not until he has made the dissection of an arm *properly*, and the professor has signed his card, can he take another part of the body. He may be one week, one term, or one year at it; it matters not. He must only do it properly before he can take another step. Lectures are from 7 A. M. till late evening. I went one morning at 7 to the pathological anatomy room, and sat there until 10 A. M., listening to the great Virchow, over 70, and a member of the German Riechstag. The room held, I should judge, about two hundred. Commencing at one end of the room was a table about two feet wide, which was made continuous all around and through the room, leaving room for seats at one side. In the center of the table was a sunken groove, in which was a track. Wooden plates with a piece fitting in this groove carried the illustrations, and that morning they numbered about one hundred. These were brought to the professor, and as he lectured they were passed along this table, each in turn examining. There were that morning scarlatina, diphtheria, tuberculosis, abscess of the lung, eclampsia (fine specimens), hypertrophy of the heart, etc. Following these came about forty microscopes on wheels fitting the track, all with slides fixed, showing the same diseases we had just examined. It looked like studying pathology. Again, with Professor Bardeleben and some twenty-five or thirty students, I went through the surgical ward of Chairoy Hospital, and each patient was examined and the bandages renewed by the students. Afterwards we all passed into his room, and he trephined for a broken knife-blade successfully. His chief assistant is Col. Koehler, a surgeon in his majesty's service, and said to be second to none, not even to Professor Bardeleben himself. When I tell you that Professor Wilder gets \$20,000 per year for his services as Professor of Anatomy, with an unlimited supply of the brute creation for purposes of vivisection, you can understand how he can devote his whole time to it. The gynaeology

and syphilis clinics were a great surprise to me, though I had heard of the gross treatment of women. To see no attempt to shield a woman's modesty is abhorrent. There Professor Burchard lectured upon syphilis. I saw the same thing there, and I saw more. The professor handled the patients; the students and he used either end of a spatula to depress the tongue, and the spatula was never washed and their hands very rarely. I think that here, as in Heidelberg, there is much carelessness as to such points. Of Professors Leyden and Mendel on nervous diseases, I need only say that they deserve their great reputations. I am delighted with it all. Here again I may say that the celebrated professor of nervous diseases, Westphall, who discovered the paletta reflex, died here last spring in a lunatic asylum. Directly opposite my boarding-house is a building covering an entire block of ground and three, and in some parts four, stories high, which is the physiological department of the University. Such an institution cannot but be of the greatest benefit to the diligent student, and although there are the same laws here as at Heidelberg, and though the students (Germans) have their corps fights and carousals, they are not so extended. The students, as a rule, make the most of their opportunities.

So much thus far. Here and Vienna are my objective points, with Paris to supplement. I shall describe the last later. Affectionately,

C. W. BREYFOGLE.

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## Personals.

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DR. A. J. HOWE, of Santa Ana, has recently located in Oakland.

DR. THOS. NICHOL, the well-known homœopathist of Montreal, died recently.

NORTH YAKIMA, in Washington, is a pretty place with a great future, and has no homœopathic physician.

DR. E. W. CHARLES, formerly of Grass Valley, is at present at Menlo Park, where he is doing a good business.

DR. E. R. BALLARD has returned from his northern trip. The doctor is much enthused over the Great Northwest.

DR. T. P. TISDALE, of Alameda, has returned from a two weeks visit to the Yosemite Valley, looking younger than ever.

DR. S. S. GUY, of Visalia, recently gave us a call. The doctor is looking well and reports homœopathy as thriving in the South.

DR. J. P. FULLER, of Modesto, has been spending a few days amongst us. The doctor reports the climate of Modesto as decidedly torrid at this time of the year.

FLORA HAINES LOUGHEAD, the well-known authoress, has contributed an interesting story of nightmare for this number.

DR. C. B. CURRIER, when last heard from, was enjoying the refreshing breezes of the Green Mountains, which he much prefers to the dusty and foggy ones of San Francisco.

DR. MUNSON, of Tacoma, is president of the Board of Examiners for Washington. The Treasurer is an Eclectic and the Secretary is an Allopath. This is a fair division of the spoils.

A MOST interesting letter from Dr. C. W. BREYFOGLE to his brother, DR. E. S. BREYFOGLE, appears in this number. The doctor is doing medical Europe thoroughly, and knows how to describe his experiences.

DR. CHARLES GATCHELL, the genial editor of the *Medical Era*, sends in from Alaska his regrets at his not being able to visit San Francisco on his way home. The doctor is not the only one who regrets this inability, and we can assure him that there is a warm reception awaiting him here, whenever he passes this way.

E. W. RUNYON for thirteen years the director of the manufacturing department of Redington & Co., having come to this coast expressly to establish that department, recently resigned to take charge of the well-known pharmacy of Boericke & Schreck, our publishers, of which he is a half owner. We welcome Professor Runyon to the fold of scientific medicine of which he has been a firm adherent for many years.

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## Book Reviews.

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**Diseases of the Rectum and Anus. Their Pathology, Diagnosis and Treatment.** By CHAS. B. KELSEY, A. B., M. D., Professor of Diseases of the Rectum at the New York Post-Graduate Medical School and Hospital; late Professor of Diseases of the Rectum at the University of Vermont, etc. Third Edition; rewritten and enlarged. New York: William Wood & Co., 1890.

Dr. Kelsey's work is an elaborate and yet practical treatise on rectal diseases, making it a valuable book for the general practitioner. Of all the diseases to which the human body is liable, there are none more serious and at the same time so little understood by the average physician as those affecting the rectum and anus, and any work which will throw light on these obscure diseases is especially welcome to the profession. After a careful reading of Dr. Kelsey's book I can heartily recommend it to every physician, assuring them that every one of the 480 pages comprising the work is filled with useful information, tersely expressed and clearly illustrated. The chapters on hæmorrhoids and fistula are especially valuable and are written

in such a manner that the veriest tyro in rectal surgery cannot fail to obtain information which will guide him in making the necessary operations for the relief of these troublesome disorders. In short, Dr. Kelsey's book is full of meat, and from the first page to the last, says something of practical use to the inquiring student. While the publishing houses throughout the country are continually turning out books hardly worth the paper they are printed on, and which are an imposition on their busy readers, I can truthfully say that Dr. Kelsey's work more than fulfills the very modest claims advanced for it.

C. L. TISDALE, M. D.

**Physiognomy and Expression.** By PAOLO MANTEGAZZA, Senator; Director of the National Museum of Anthropology, Florence; President of the Italian Society of Anthropology. Two double numbers of "The Humboldt Library." Price, 30 cents each. New York: The Humboldt Publishing Company.

Professor Mantegazza is the leading anthropologist of Italy, and his work has been already translated into several European languages. He has written a new chapter for the present edition, which contains his latest views on the subject, which he has made his own. Taking up the study of expression where it was left by Darwin, Professor Mantegazza has treated the subject in a style that is at once popular and scientific. He has endeavored to distinguish observed facts from mere opinion or imagination, and he has given definiteness and coherence to the many new facts already collected. The ancients, from Cleanthes up, believed that they could recognize dispositions from the looks. Lavater, who was a physician, a naturalist, and, above all, an enthusiast, first gave something of a rational form to physiognomy. What the volume proposes is "to restore to anthropology and to psychology that which belongs to it by right, and to make known the positive documents which we possess to-day on the human countenance and on expression."

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## Clinical Items.

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*Peroxide of hydrogen*, full strength, relieved a case of pruritis vulvae, of long standing. The parts were bathed with it occasionally.

*Kali Nitr.*—Asthma with excessive dyspnoea, faintness and nausea, with dull stitches or with burning pain in chest. Rather free expectoration. (Allen).

*Saracenia purpurea* is said to have the power to abort variola, and cure it in a few days.

I. *Cactus grand. in cardiac neuralgia.*—Mrs. D. had been troubled for some weeks with occasional attacks of intense pain in the heart, accompanied by a feeling of oppression and fear of impending dissolution. The pain was described, upon closer questioning, as of a *squeezing* character. *Cactus*, 2x dil. on discs, was prescribed, to be taken at time of attack. Relief in every instance was almost instantaneous, and attacks became gradually less frequent, finally disappearing entirely.

II. *Hamamelis in Menorrhagia.*—Mrs. M. had flowed terribly at every menstrual period for years. At time of visit she had been flowing profusely for over twenty-four hours, and was exsanguine and exhausted. *Hamamelis*, 1x dil., ten drops in half a glass of water, a teaspoonful every hour, relieved immediately. Succeeding menstruations have been normal, with one or two exceptions, when *ham.* helped at once.

III. *Equisetum hyemale in Eneuresis.*—Robbie B., aged 6, had been troubled with nocturnal eneuresis from birth. All sorts of remedies had been tried without avail. *Equisetum*, 2x, night and morning, produced immediate improvement. Remedy was persisted in for two months, and then stopped. There has been no return of the trouble, in over a year.

IV. *Chelidonium in Hepatic Congestion.*—J. H. had suffered for many years with attacks of congestion of the liver, accompanied by the usual symptoms, including intense and steady pain running back under the right shoulder blade. *Bryonia*, *nux vom.*, *podo.*, and other remedies given by a homœopathist failed to relieve. *Chelidonium*, 2x, removed the pain at once, and soreness very quickly. Patient has ever since kept a vial of *chelidonium* in his pocket, and at the first sign of the approach of the old trouble begins taking it, with uniform success, up to date.—(Dale, N. A. J. H.)

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FOR CORNS AND BUNIONS.—Corns and bunions may be helped and oftentimes removed by the constant employment of oleate of copper spread as a plaster.

## Selections.

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### A STORY OF NIGHTMARE.

BY FLORA HAINES LOUGHEAD.

[*For the Homœopath.*]

About eight years ago, soon after the birth of my little daughter, I became subject to the most frightful nightmares. There are many who will smile at this extravagant expression, recalling similar experiences of their own, the horror of the sleeping vision and the relief and even amusement at waking and discovering that it is nothing but a dream. But I beg leave to assure those who would make light of the subject, that there are nightmares and nightmares. I also had frequently suffered these common visitations, when the victim finds herself powerless in the face of approaching danger, or is falling from some dizzy height, and awakens just at the critical moment, to make the blessed discovery that the danger is nothing but a fiction of the sleeping brain, escaped from rational control while the body sleeps. When we have such disagreeable seizures, we usually congratulate ourselves upon their unreality, resolve to be more careful as to what we eat for dinner the next night, and turn over and go to sleep again.

But my nightmares at the time of which I write were of a wholly different sort. In the first place, they came regularly upon me every night, as soon as I fell asleep. I was in the most perfect health, and although I had some anxieties that might have depressed me had I yielded to them, I put them resolutely aside, and always maintained a cheerful frame of mind. My habits were regular, my digestion unimpaired. Yet no sooner did I drift off into unconsciousness, than I was forced to pass through experiences so dreadful that I even now shudder to recall them. Sometimes they took the form of some prolonged and frightful adventure or tragical experience; sometimes a hideous monster attacked me. More frequently an indescribable terror of something vague and appalling appeared to palsy body and brain. The extra-



ordinary and original forms assumed by these nightmares might be an interesting study for a psychologist. Once I fancied that I re-entered my home after a short absence, and a tall, dark woman, with the most forbidding face I ever saw, walked before me to the room where I had left my two older boys, in their babyhood. With a demoniacal expression, she pointed to where the older lay, with his head crushed in but his poor little features still working, in an effort to call for help, and then to my baby, still and white as a corpse; yet some instinct told me that the child who still showed life was beyond human hope, but that the baby might be saved, and I was gathering up the limp little form in my arms and struggling with my burden of woe, when I awoke, to suffer from the remembrance for years. At another time I stood with my dead sister on a desolate plain, dazzled by the sight of a luminous body that was swiftly approaching the earth. "What can it be?" we asked, in affright. "The sun has escaped from its orbit. It is the end of the world. The earth is going to be destroyed in a frightful way," she replied. Oppressed with the horror of the stupendous calamity, we stood silently, hand in hand, awaiting the dreadful moment. On another occasion, I found myself in one of the southern territories, in a small isolated settlement, when the news arrived by telegraph, that the world was burning up. Instantly panic prevailed, heightened by the arrival of fugitives from the East, whence the phalanx of flame was steadily advancing. Railroad trains pulled out westward, loaded with terrified people, while the stronger and more philosophic, awaited the inevitable. A great crowd, silent and oppressed with the universal sorrow, was gathered around the railroad office, listening to the bulletins that arrived every minute from Eastern towns, telling of the approach of the destroying element. My one absorbing anxiety was to keep my children close beside me, and my prayer that they might not suffer much. Such are a few of the shocking delusions that took possession of me. Horrible as they were, however, the one that most affected me and that has made a lasting impression on me, was a gigantic hand that one night came slowly and steadily toward me, and had almost seized me, like the bogie of fairy tales, when

I mercifully awoke. Perhaps I should explain that I am by no means a timid woman nor yet a fanciful one, when I am awake. The thought of death, for myself, has never had any terror. The only time when I am an arrant coward is when I see a near member of my family threatened with serious illness, or feel that there is danger of losing them.

These nightmares lasted for three months. They not only came on regularly, but when I awoke from one I would go into another, and it was never until I had passed through a series of attacks that I could fall into a peaceful slumber. I consulted my physician about them, and under his advice a number of experiments were tried, in order to determine the cause, if possible. I tried retiring early and retiring late; eating a light dinner, and eating no dinner at all, and taking a light lunch of fruit immediately before going to bed; hot drinks and cold water, and not taking a drop of liquid toward night; sleeping without a pillow, and sleeping with my head raised; lying in different positions; above all things, keeping my mind absolutely free from worry of any kind. Nothing was of any avail.

So persistently did the trouble cling to me, that I began to regard it as a rather serious matter, and some of my friends looked upon it as more serious still. I have only lately discovered that nightmare is an attendant symptom of a grave form of heart disease, but I fancy that this was then known to a friend who became very anxious about me, and who insisted upon staying with me every night until I had fallen into a natural sleep. By this time I had grown to have a horror of going to bed at all, and she patiently sat with me chatting, or reading, until past midnight, when actual fatigue forced me to rest. I always laid down with my three years old child on one side, and my baby nestled closely to my other side; and tried to compose myself into a peaceful and happy frame of mind, mentally repeating to myself the assurance: "My children are all here, safe and well; everything is all right. These dreams are only freaks of the imagination. There is nothing to be feared."

But I invariably awoke in a state something resembling hysteria, I should judge; cold and trembling, to find my faithful friend chafing my hands and soothing my head.

That spring I went East, and either change of climate or conditions, relieved me of the absurd affliction. I recollect, however, describing the experience to a relative, who, being of a somewhat scientific frame of mind, could not be satisfied to let the matter pass without at least seeking for an explanation. Among the various irrational hypotheses that he advanced, I remember he suggested that the whole trouble might be the result of my extravagant devotion to my little daughter. "She is the only little girl you have," he said, half jocularly. "Waking and sleeping she is always your foremost thought, and you are so afraid you will lose her that you always sleep with her on your arm. Her weight, lying there all night, impedes the circulation of the blood: hence the nightmares."

To this theory I paid no more attention than to the others, and probably should never have recalled it, were it not for a curious discovery I have lately made.

A few weeks since, I commenced to repeat my old horrible experiences of eight years ago. One night, when very weary, I fell asleep, and found myself in the toils of a gigantic and horrible monster, unlike anything I had ever seen or read of. I awoke from this nightmare, only to go into another, and if possible, a more dreadful one. The next night and the next, I suffered like attacks. Suddenly it dawned upon me that in each case I had been sleeping with my baby boy on my arm, and that he was always on the left arm when the seizures came. I took care never to go to sleep with the baby on my left arm, and have had no repetition of the experience. Memory traveled backward, and I found that at the time when I had suffered so long and so persistently from this curious ailment, my baby was invariably on my left arm.

Whether this account will be of any value to the medical profession, seems to me doubtful, unless it tends to show that imperfect or impeded circulation is capable of producing a powerful influence on the brain. An inquiry that might be of great value to womankind should be instituted, to determine whether a woman who is corseted and laced, is capable of clear and sustained mental effort. My own experience is that I can never think or write in a dress that exerts the least unnatural pressure about my chest or waist.

### HOW TO MAKE CONDENSED MILK A GOOD FOOD.

Condensed milk is frequently recommended by physicians and largely used by the laity on their own responsibility. It keeps better than cow's milk, and is supposed to be more readily digested by young infants. The latter supposition is a mistaken one, and arises from the overlooked fact that condensed milk is always given dissolved in a large proportion of water, while cow's milk is too frequently used insufficiently diluted or otherwise improperly prepared.

Condensed milk contains a large proportion of sugar, forms fat quickly, and thus makes large babies; sugar also counteracts the tendency to constipation—often a troublesome complaint in hand-feeding. These advantages are unquestioned, and, together with the ease of preparation, are those which place it so high in the esteem of monthly nurses. It is equally true, however, that as a food it does not contain enough nutrient material to supply the wants of a growing baby.

Again, more than half the saccharine ingredient of this preparation is cane sugar, added for the purpose of preservation, and this material is very liable, when in excess, to ferment in the alimentary canal, giving rise to irritant products that impede digestion.

Infants fed upon condensed milk, though often fat, are pale, lethargic and flabby; although often large, are far from strong; have little power to resist disease; frequently cut their teeth late, and are very likely to drift into rickets. It must be remembered also that condensed milk when long kept or packed in imperfect cans, not unfrequently undergoes decomposition, and thus becomes utterly unfit for use.

For temporary change of diet, and as a substitute during traveling, or under circumstances in which sound cow's milk cannot be obtained, it may be resorted to with advantage. While, therefore, I do not recommend it as a generally useful food for infants, there are certain cases in which it may be used with advantage. Even in these cases its success depends upon the mode of preparation. To understand this, let me give Dr. Arthur V. Meigs' analysis of a mixture of condensed milk and water (one teaspoonful of condensed

milk to six tablespoonfuls of water), the combination usually used by monthly nurses as an infants' food:

Water.....	92.673	parts in 100.
Fat.....	1.095	“ “
Casein.....	.868	“ “
Sugar.....	5.206	“ “
Ash.....	.158	“ “

It is apparent that the amount of casein and of fat is much less than in either human or cow's milk. The addition of a large proportion of condensed milk would remove this fault, but at the same time would increase the quantity of sugar to a point incompatible with perfect digestion. To avoid these difficulties, and make condensed milk a good food, I am in the habit of adding cream and Mellin's Food. For example, for a child six or eight months the following mixture would be suitable:

Cream.....	1	tablespoonful.
Condensed Milk.....	2	teaspoonfuls.
Water.....	11	tablespoonfuls.
Mellin's Food.....	1	teaspoonful.

In preparing this food, heat the water almost to the boiling point, then dissolve the Mellin's Food, and next the condensed milk, keeping the water hot and constantly stirring until solution is complete; finally, after this mixture has cooled somewhat, add the cream, and administer from a clean nursing-bottle.—*Journal of Pediatry.*

#### THINGS WORTH KNOWING.

**CREAM AS FOOD AND MEDICINE.** — Persons consumptively inclined, those with feeble digestions, aged people and those inclined to chilliness and cold extremities, are especially benefited by a liberal use of sweet cream. No other article of food or medicine will give them results equally satisfactory, and either as a food or medicine it is not bad to take. As an antidote for a tendency to consumption, it acts like a charm, and serves all the purposes intended to be served by cod-liver oil with much greater certainty and effect. Where sweet cream can be had, cod-liver oil is never needed. The volatile and easily-appropriated unctuous matter in cream,

besides contributing directly to warmth and vigor, aids indirectly by promoting digestion for the same reason and in the same way that other aromatic and attenuated oils aid the digestive function.

SUNSTROKE is prevented by wearing a silk handkerchief in the crown of the hat, or green leaves, or a wet cloth of any kind; but during an attack warm water should be instantly poured on the head, or rags dipped in the water and renewed every minute. The reason is two-fold, the scalp is dry and hot, and the warm water not only removes the dryness, but carries off the extra heat with great rapidity, by evaporation.

PINEAPPLE JUICE FOR DIPHTHERIA AND CATARRHAL BRONCHITIS.—Medical science has long sought for a sovereign remedy for the scourge of childhood—diphtheria, yet the colored people of Louisiana, and perhaps other localities in the South, have for years known and used a cure which is remarkable for its simplicity. It is nothing more nor less than the juice of the pineapple. “The remedy is not mine,” said a gentleman when interviewed; “it has been used by negroes in the swamp down South for years. One of my children was down with diphtheria, and was in a critical condition. An old colored man who heard of the case asked if we had tried pineapple juice. We tried it, and the child got well. I have known it tried in hundreds of cases. I have told my friends about it whenever I heard of a case, and never knew it to fail. You get a ripe pineapple, squeeze out the juice, and let the patient swallow it. The juice is of so corrosive a nature that it will cut out diphtheritic mucus; and if you will take the fruit before it is ripe and give it to a person whose throat is well, it makes the mucous membranes of the throat sore. Among those who have tried the cure on my recommendation I may mention Francis J. Kennett, the Board of Trade man, whose children were all down with diphtheria, and were cured by this remedy.” Mr. Kennett affirmed this statement.—*Chicago Tribune*.

Plascar recommends the juice of pineapples, (*bromelaeae*, Lin.) as one of the best remedies to dissolve the mucus which obstructs the bronchial tubes. He has had

remarkable success in cases of chronic bronchitis with insufficient expectoration and notable dyspnoea. He has never noticed any accidents following this treatment. The dose prescribed was from eight to ten tablespoonsful during the first few days, after which the dose was diminished.

**FOR RINGWORM OF THE SCALP.**—Ten grains of iodine dissolved in an ounce of turpentine forms a solution eminently successful in the treatment of ringworm of the scalp, after the parts have been thoroughly washed and cleaned. It is a painless application, and may be employed at any age and to any part.

EVERY one should have eight hours sleep, and pale, thin, nervous persons require ten, which should be taken regularly, in a well-ventilated room.

**TREATMENT FOR SNAKE-BITES.**—Dr. Earley writes to the *New Orleans Medical Journal* that he has treated many cases and has a record of twenty-five very bad cases, all of which were treated by the free use of olive oil, internally and externally. He has never used any other treatment, and states that his experience for the past thirty-nine years has fully demonstrated its correctness.

**EATING BEFORE SLEEPING.**—A recent writer says that the view that brain workers should go supperless to bed is not good advice. Most medical authorities of the day think it is wrong. It is a fruitful source of insomnia and neurasthenia. The brain becomes exhausted by its evening work, and demands rest and refreshment of its wasted tissues, not by indigestible salads and "fried abominations," but by some nutritious, easily digested and assimilated articles. A bowl of stale bread and milk, of rice, or some other farinaceous food, with milk or hot soup, would be more to the purpose. Any of these would insure a sound night's sleep, from which the man would awaken refreshed.

A SMALL piece of parsley inserted within the anus will produce a prompt and certain evacuation.

THE  
CALIFORNIA HOMŒOPATH.

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Original Articles.

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**HERNIA.**

**Strangulated Inguinal Hernia for Four Days—Stercoraceous Vomiting—Operation—Recovery.**

By JNO. J. MILLER, M. D., SAN JOSE.

Pat. H.—, aged 64, native of Ireland, an inmate of Santa Clara County Alms House, was seen first on the morning of the 25th of July, 1889. He was said to be suffering from colic, and the man of all work for the institution who acted in many other capacities besides that of nurse thought he was "pretty bad off." The history he gave, which was corroborated by the patient, was that he was first taken ill on the night of the 22nd, three days and one half before. In bending over to lift a burden over a low fence, he felt a sudden pain in the groin, so severe as to cause him to lie down at once, and on feeling the spot he detected the tumor. He had never been ruptured before. He appealed to the nurse for some medicine for colic and was given Jamaica ginger. He continued in pain all Monday night, on Tuesday and on Tuesday night commenced to vomit. Even then he did not seem to consider that there was any connection between the tumor and the vomiting, and continued vomiting, suffering a great deal of pain for which the nurse gave him laudanum, but it was promptly rejected by the stomach



and produced no effect. Wednesday night, the 24th, the vomited matter became stercoraceous, and when I saw him at 11 A. M. on Thursday it consisted of greenish brown slime of a distinctly fecal odor and appearance. The vomiting was frequent and tolerably profuse, with great retching and straining, at which time the patient suffered acute agony. There was great thirst. On throwing back the covering the first thing noticed was a tumor in the right inguinal region, about the size and nearly the shape of a hen's egg. It was dark red, quite hard and very sensitive to touch. Only a slight effort to reduce it was made, it being at once concluded that this would be impossible, considering the long period elapsed since its descent and the acutely inflamed condition of the parts. Pulse, 56; tem., 97:5 F. Expression of the face, one of great suffering and anxiety, and on talking with patient he expressed himself as sure of his speedy death but only hoped the priest would arrive in time to perform the last rites of the church. He refused to consider the question of operation under any circumstances. This resolution however we were enabled to overcome partly by the advice of the spiritual father, and at 2 P. M. the operation was performed.

At that time the patient's condition was very serious. Pulse, 65, small and hard; temp., 98. The face and upper part of the body were cold and covered with a slimy perspiration, the legs were warmer and similarly sweating. He was vomiting after every mouthful of fluid and constantly calling for drink. He had eaten nothing for four days and slept but little. He was 64 years of age and broken down by exposure and hard work; an old hulk, breaking up and hardly worth saving. So thought the priest and some others.

Chloroform was selected as the anaesthetic on account of ether producing so much coughing and singultus which in this operation is particularly undesirable.

Dr. R. E. Pierce, of San Jose, gave the anaesthetic as well as assisting in the operation.

While the nurse was shaving the part and preparing for the operation Dr. Pierce commenced giving the chloroform and the patient came under rapidly and easily, but just as the operation was to begin he stopped breathing. He was

immediately inverted and held in that position, but respiration not recommencing after waiting some little time (just how long was unknown but it seemed to the attendants an age) he was again laid on the bed and artificial respiration commenced systematically. This combined with slapping the chest and abdomen with cold water. This was continued for ten minutes by actual timing before the slightest voluntary effort at respiration was made. Then a spasmodic gasp—these grew more frequent, and finally breathing was resumed naturally. During this time the patient's expression was not that of one usually seen in syncope from chloroform but was that of a corpse and of a corpse dead some time,—the peculiar drawn expression around the nose and mouth that is only seen some hours after death. Naturally chloroform was not resumed, ether was substituted, but even with this the greatest care had to be exercised as the slightest excess of anaesthetic produced an immediate check in the respiration, so that very little was required during the entire operation. The operation was performed in the usual manner, the dissection was carried down slowly till the peritoneum was reached. This showed dull and lustreless, not the usual shiny smooth membrane; and on picking it up and incising there escaped about an ounce of bloody, foul smelling serum. Considerable difficulty was had in separating the knuckle of gut from the inside of the sac as the two serous surfaces were adherent almost over the entire tumor, but on final separation the intestine showed as a dark, dull, purple mass, the size of an English walnut, at one side of which was a small fringe of omentum of similar color. Neither the omentum nor enterocele bled when scratched with the point of the knife. The omentum was then tied off and cut as closely as possible to the ring and the upper fibers of the ring cut with an ordinary curved bistoury the point of which was wrapped with adhesive plaster. The gut was then drawn down and examined carefully, the line of pressure at the ring being very distinct and at the point of greatest pressure it appeared to be gangrenous. It was of a dull, slaty blue color and would not bleed when pricked.

Cloths wrung out of simple warm water that had been

boiled were applied, and for fifteen minutes we waited for the circulation to return to the gut.

At the end of that time the part which had been the outside of the knuckle would ooze a little dark blood when pricked, but at the point of constriction none whatever flowed. Still it was considered to offer a slight chance for life and after waiting a short time further the whole mass was returned to the abdominal cavity except another almost gangrenous portion of omentum which was tied with cat gut and cut off. The sac was held vertically and with one finger inside to return any omentum or intestine that might come down again, and then was tied with cat gut close to the ring. It was not cut off but stitched in the wound at several points, the same sutures serving to bring together the deep portions of the wound and to retain the sac. The wound was thus closed from the bottom, a continuous cat gut stitch being employed to bring together the ring and as buried suture to hold them in close opposition. No drainage tube nor capillary drain was used. The skin was brought together with silk and the wound dressed dry with iodoform; a double spica bandage put on and patient changed from one bed into a clean one. He was ordered small pieces of ice only for first twelve hours and afterwards iced milk. Vomiting continued with more or less severity for four days, but the matter ejected improved in condition constantly. It soon lost the stercoraceous appearance. There was considerable tympanites until the second day, when the bowels moved after an enema with the passage of a great deal of flatus, after which there was no more trouble. Pulse remained very low, 50—65, and temp., 98°—99.5° until the eighth day, when it rose to 102°. On removing the dressing pus was seen oozing from the wound. Two stitches were cut, the dressing forceps introduced and opened partly, this giving exit to a half ounce of pus. The discharge continued for a week and finally a portion of the sac came away. After this no further trouble was had. This suppuration was caused I believe by the tight constriction given to the sac at one point when it was stitched into the adjoining walls, cutting off its blood supply at that point, otherwise there should have been no suppuration whatever, as strict cleanliness was observed throughout.

The man is now, a year after the operation, wearing a truss for a hernia, about the size of a hickory nut. He wore at first a bandage after getting up during the third week and this answered the purpose very well. Afterwards he abandoned even it and for a time had no tumor, but the present rupture formed gradually above the upper part of the ring, above the point where it was cut, and now presents as stated. The wound track however has never opened and I think never will.

This operation is something like the newer method proposed by Bryant. It is after tying the sac close to the ring not to cut it off as in his older operation but it is woven back and forth through the pillars of the ring, and finally quilted fast and the wound closed from the bottom, with deep stitches of cat gut. In one of his operations, however, (foot note, *Med. Record*, Vol. 36, No. 19) the same thing happened as in this case,—the ligature at the neck cut off the circulation and he had sloughing.

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#### Strangulated Scrotul Hernia. Operation, Recovery.

Nels N.—, aged 40, farmer, strong temperate man. On September 2nd, 1889, I was called by Dr. Bishop of San Jose to see this patient. He lived some distance in the country and while it was thought that we might have to give an anaesthetic to enable us to reduce the rupture an operation was not then in view. The patient had had a small hernia for some years for which he at times wore a truss, at others not. Two days before it had come down and he had been unable to get it back and it was not until forty-eight hours had elapsed that Dr. Bishop was called. He had been vomiting for twelve hours a bile stained fluid with no feculent odor. On examination a tumor the size of a foetal head was found in the right side of the scrotum, very red, tense but fluctuant and very sensitive. Patient was in a profuse hot perspiration. Pulse, 90; temp. not taken. Taxis was employed at first cautiously and afterwards with more force but without effect. The patient was inverted, alternate cold and hot applications made and all the usual means

for reduction were employed with no effect. An anaesthetic was then given and the same manoeuvres gone through with and still we could not effect a reduction. I then suggested an operation to be done before the patient came out from under the anaesthetic, and after laying the case before the wife and getting her sanction, proceeded with it. I found I had no cat gut ligature but determined to go on anyway. The skin and neighboring parts were prepared as usual, scrubbed, shaved and scrubbed again. The operation proceeded slowly from the great thickness of the covering over the sac but the dissection was made carefully, cutting between two thumb forceps, and the sac reached and incised.

This gave exit to a small amount of bloody serum, and on enlarging the opening freely about four ounces escaped, which reduced the size of the tumor considerably and there was left a knuckle of colon the size of an orange, dark red, injected, but not gangrenous in any place; no omentum. I attempted to reduce this but could not accomplish it. A director was passed with some difficulty into the ring which gripped the gut very tightly and the fibers at the upper portion cut freely with a hernia knife. Even this was not sufficient and the hernia still remained.

Preferring then to see what and where I was cutting I extended my external incision upward an inch and then cut down through the abdominal muscles and onto the fibers of the ring, and then divided the constriction, thus practically making a laparotomy of the operation. This was sufficient and the tumor was reduced. A small amount of blood entered the abdominal cavity.

There was no omentum. The sac was then dissected up, tied with silk close to the ring and cut off. The fibers of the transversalis muscle were brought together with a continuous silk suture the ends being left long to serve as a capillary drain. The bottom and sides of the wound were then brought together and the cutaneous wound closed partially. The lower portion for about three fourths of an inch was stuffed with iodoform gauze and the ends of the sutures allowed to protrude. The regulation double spica dressing was then applied. Cracked ice given to suck and the second day iced milk.

The patient progressed nicely. His vomiting ceased at once. He had no symptoms of peritonitis, notwithstanding the blood that entered the abdominal cavity and the suppuration in the transversalis. The sutures came away gradually, each one causing some suppuration and the deepest one not giving way for a month. This was no doubt because it was the end of a glovers seam and each particular stitch hole had to slough out. The operation was a modification of both the closed and the open methods. It was in fact a part of each. It was done on the spur of the moment without proper sutures and modified accordingly. Some suppuration was expected and invited. The result justified this course.

The patient seen one year after the operation reports himself perfectly well and able to follow his occupation without wearing a truss. On examination, over the seat of the hernia and so far as could be determined along the whole inguinal canal is a firm scar. There is no rupture nor any approach to one. He wore according to instructions a truss for three months and then he abandoned it—against instruction—but his faith in the ability of the cicatricial tissue to hold him together seems well founded.

#### MODERN HOMŒOPATHY VIEWED HOMŒOPATHICALLY.

By S. L.

Under this title Professor Samuel O. L. Potter, A. M., M. D. (Jeff.); etc., etc., publishes in the September number of the *Pacific Medical Journal* the first article of a long series wherein he demonstrates that there are black sheep in the fold of the members of the homœopathic creed, and I, for one, thank him for his exposition. Well, all what it amounts to can be put in a nutshell; that modern homœopathic physicians too often cling to materialistic ideas and neglecting the application of the rule "similia similibus curantur" insufficient in their practice, turn to other gods to get them out of their dilemma. Let us here candidly confess that the fault lies not in homœopathy, but in

the want of the knowledge how to apply this art in some cases; for it is a great deal more difficult to find the simile, letting alone the simillimum, than to prescribe hap-hazard and if one recipe, vaunted by some high authority, does not help, well, let us try another prescription, and should nature fail to step in and relief does not follow, the patient must take his chance secundam artem. But what has all this to do with homœopathy plain and simple? Will Professor Potter show me in the whole medical history one therapeutic measure which stood the trial of a whole century? Just now you are febrifugists and bacteriologists, and in your own ranks the fight already rages and their effects belittled and denied. With all the learning and the labor bestowed you cannot tell yet with certainty what is cause and what effect. High authorities in the allopathic ranks acknowledge that therapeusis is still the weak spot in medical art and science and the Vienna nihilismus was only the output of want of confidence in all drugs employed, and this micro-mania will in a few years also be cast among old lumber and a new fad be discovered, shine with lustre for a decade and then disappear and be forgotten. Show me one system in your allopathic therapeusis which stood the test of a hundred years and shines as gloriously to-day and for many centuries yet, and I will adopt it and follow it out to the best of my poor ability. Homœopathy has stood that test and S. S. C. is as old as the hills.

Knowing that Professor Potter is well versed in foreign languages, I would beg him to read carefully an article by Dr. J. F. Katsch, published in the August number of the *Zeitschrift des Berliner Vereins homœopathischer Aerzte* under the title: *Medizinische Quellenstudien; Entwicklungsgang des Aehnlichkeitsaxioms von Empedokles bis Hahnemann* (Studies from medical sources; how the axiom of similarity developed itself from Empedokles to Hahnemann), and he would be astonished to see how the ancient writers acknowledged the great law of similia in all their crude physiological teachings (assimilation, etc.), while they wandered from the truth in their reliance on Galenic polypharmacy, and it makes one smile to see that those who tried to discover a fairer mode of healing the sick were persecuted for their attempts, and

Hahnemann made no exception. Let us do justice to the allopathic school, for they have nearly abolished polypharmacy, they took kindly to pavules and granules, as if an infinitesimal dose were the essence of homœopathy and suggestion and stating mirrors prove nowadays the dynamic force superior to material doses. In fact, the old school takes up, without their knowing it, the very spirit which animates the doctrines of Hahnemann and are in some points better followers of the sage of Coethen than the backsliders mentioned by Professor Potter. Excommunication never does any good, though exercised by narrow minded sects; we will rather try to cling more to the narrow path which leads to salvation, and may you remember a quotation from the *British Homœopathic Review* (Aug. 90): Remove the carriers which have been raised against the free discussion of homœopathy, let it be understood that no professional disabilities attack to the open acknowledgment of the truth of this doctrine, and the bridge with which Hahnemann a century ago connected the work of the pharmacologist with that of the practitioner of medicine will become the common highway of the entire profession.

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**PRIMAL CAUSE OF GONORRŒEA DISCOVERED.  
ONAN THE GUILTY MAN.**

By DR. X.

From an editorial in a late number of the New York Medical Record we note the following. "Professor Straus has recently recorded an instance of gonococci detected in the urethral discharge from a youth aged sixteen who had never had sexual relations with any woman but who was addicted to masturbation from the age of twelve. Two days after indulging in the habit to an unusual extent severe pain during micturition ensued. It was followed by well marked symptoms of blennorrhagia. This discharge contained gonococci absolutely similar to those found in the pus of a patient suffering from ordinary blennorrhagia."

Such a discovery as this we think should not pass unnoticed. For the physician a correct appreciation of the far



reaching affects of this fact is most necessary, and for the layman of how much greater importance is it?

This is one of those discoveries we think which it were better had they never seen the light of publication, for in these days of an enterprising press who knows how soon this fact will be scattered broadcast to all the masculine youth of the day that whoever runs, literally runs at the penis may read that Dr. Straus's wonderful revelation has made possible the old water closet seat story once more and even the venerable cart wheel may be sworn by with the assurance that the doctor cannot now controvert them. This, men and brothers, is a serious question. What are we to do? Our stronghold is attacked at a most vulnerable point. If this discovery becomes generally known we are at the mercy of a well read scientific tight fisted public, we will have no more claps, nothing worse than urethretes can we possibly call them. No more will we pocket our double fee and tell with gusto Dr. Van Buren's classical story invented by him to mollify the lately overcharged patient, the point of which is: "Young man, you paid at least ten dollars to get this clap, you ought to be willing to pay twenty to get rid of it." No, no more cakes and ale unless this iniquitous assertion of Dr. Straus be promptly denied and utterly controverted. I can see one way out of the difficulty and I hereby offer the suggestion gratis to any enterprising pathologist. It is simply to show that Dr. Straus's gonococcus is not the real genuine simon pure gonococcus that we all know comes in the legitimate old way, but a counterfeit pariah saprophyte, a miserable *masturbacoccus*, that instead of dividing by fission into the regulation four quarters divided into *five quarters*, and instead of invading the epithelial layer first makes its attack on the submucous layer and afterwards polishes off the epithelium. These statements, if backed up by a proper number of references to German authorities, an appeal to Neisser and a quotation from Bumm, will effectually squelch Dr. Straus, will bring peace to the heart of many an anxious doctor and no doubt a fair meed of fame for the keen-eyed pathologist.

## THE TREATMENT OF ASIATIC CHOLERA FROM AN ALLOPATHIC STANDPOINT.

By S. L.

Professor Hueppe of Prag (B. K. W. 32, 1890) considers the first duty of the physician is the destruction of the cholera bacteriæ and the remedies must pass without becoming decomposed; the acid juice of the stomach, in order to act only on the alkaline juices of the intestines and salol and cresalol at 0.5 pro dosi, with the addition of 0.2 bismuth, salicyl., may perform that wonder. Opium and codeinum for the pains. Against the great loss of fluids he recommends packing the patient in hot moist blankets and enteroclysis (irrigations of 1—2 litres water of 38—40°, with addition of 0.25—1% acid. tann. or 0.1% plumb. acet. and 20—30 gutt. tinct. opii.) For the nausea and thirst ice-pills, iced Seltzer water and as analepticum Traube's emulsion: R. aqua cinam., syr. cinam. aa. 15.0, Vitelli ovi no. 2, brandy 30.0 f. emulsio di., 2 tablespoonfuls per dose.

(!!! Homœopathy won its spurs in asiatic cholera, we heal our patients with Rubini's camphor, with our veratrum album, arsenicum, cuprum met. or cuprum arsenicosum and many other remedies according to strict individualisation of the case [see Lilienthal's Therapeutics, 3d edition, page 189.] Let us remain true to homœopathy, our tinctures and our potencies are fully able to cope with the bacilli.)

Disinfection means cleanliness and here we are in full accord with the renowned clinician. All dejecta and all vomited matter must be immediately removed with a moist rag and put in a pail of water (water is the chief point, though disinfecting agents may be used). Any one who nurses the patient must cleanse his hands with soap and water as often as his services were required by the patient, and food should never be taken by the nurse in the sick room. After recovery or death the sick room must be daily well aired for two weeks and a hot fire ought to be kept up at the same time in the fire-place and the whole room well scrubbed down. It is an old maxim that carpets ought never be in a sick room, rugs may, when necessary, take their places, which must afterwards be disinfected or burned. The

usual diet ought not to be changed at once, but all excesses are injurious; banish fear and let every family look into their own household for all sanitary cautions, and thus aid sanitation in general.

## Ophthalmology and Otology.

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

### VESICULAR KERATITIS. (Corneal Herpes.)

This is a somewhat rare disease in which transparent vesicles from the size of a pin head down to a millet seed, appear on the otherwise normal cornea, unpreceded by any noticeable inflammatory symptoms, and varying in number from two or three to twenty. They consist of a thin layer of epithelium, raised from the anterior elastic lamina, and filled with a transparent fluid which quickly reforms after evacuation. They are apt to appear in successive crops, and are usually preceded by a sense of burning and sticking in the eye, and ciliary pains, though sometimes developing almost unobserved by the patient. The pain, lachrymation and photophobia attending the vesicles usually disappear with their subsidence, and reappear with each successive crop. Each vesicle breaks within about twenty-four hours of its appearance, leaving a loss of epithelium with adherent edges corresponding to the size of the vesicle. The iris though seldom, is sometimes involved, and the tension of the eye is said to be increased in about seventy-five per cent. of cases. There is an *inflammatory form* of herpes cornea, described by Herner as the catarrhal, in which previous to the eruption the corneal sensibility and appearance is unchanged, but during vesication there is marked peri-corneal injection, and decided pain. It is also frequently attended by catarrhal inflammation of the respiratory tract, and herpes of the nose and lips. There is also a form of corneal herpes called *Neuralgic Herpes Corneae*, which frequently follows organic changes in the cornea as a result of pannus, phlyctenulae, ulceration, traumatism or operations. The vesicles

from these causes are short-lived, but prone to periodical recurrences, involving the trigeminal nerves, though attended by little if any apparent inflammation.

**DIFFERENTIAL DIAGNOSIS.**—Corneal vesicles will be distinguished from phlyctenules by their transparent contents, those of the latter being cloudy, and absence of the vascularity that usually attends the development of the phlyctenule. In keratitis bullosa the vesicle is larger, more flabby, and filled with serous or sanguinous fluid.

**PROGNOSIS.**—This is usually favorable, but will depend largely upon the concomitant nervous condition. When the vesicles encroach upon the center of the cornea more or less impairment of vision will be almost inevitable.

**TREATMENT.**—Little benefit results from opening the vesicles, as their spontaneous rupture is only a matter of a few hours. Puncture of the vesicle, and removal of the anterior wall with scissors, and the application of iodoform powder with a well fitting antiseptic bandage is recommended by Meyer. A solution of merc. nit., two drops to the ounce of filtered water, instilled into the eye every three or four hours, we have found useful; or hydrastin mur., two to four grs., boracic acid four to eight grs., filtered water one ounce, with the addition of a little rose water, administered in the same way.

**REMEDIES.**—These must be chosen largely from the concomitant symptoms. Apis, Cantharis, Nat. Mur., and spigelia are amongst the many agents that have been found useful in these cases; but the remedy must be selected from its correspondence to the attendant neurosis, and the general symptoms.

H. C. F.

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**INDIGESTION.**—For indigestion, the external application of something warm to the stomach, a piece of flannel, or anything to keep the stomach warm and promote a supply of blood is sometimes of great benefit. In taking hot water internally, it is best to sip it by spoonfuls, waiting a moment after each for an eructation of the gas disengaged by the hot water from the fermenting contents of the stomach.

## Editorial Notes.

THERE is not in the city of San Francisco a single hospital where a homœopathic physician can send a patient and be assured that he will be allowed to receive the treatment he prefers. St. Luke's Hospital, one of the most prominent of our local institutions, is managed by a board of lady directors, the President, Vice President and several members of which are homœopaths, and yet if a physician of our school wishes to place a patient in St. Luke's, such annoying obstacles will be put in his way that the result is completely prohibitory. This is certainly unfair to the large number of homœopathic physicians in San Francisco and the thousands of our citizens who believe in and employ that system of medicine.

Until recently we had a small hospital on Page street, which, for several well-known reasons, was unfitted for the purpose designed, so that the building has been closed and the homœopaths of San Francisco are to-day without a hospital they can call their own. We are, however, pleased to be able to assure our friends that the dawn of a brighter day is breaking; the ladies having the affairs of the homœopathic hospital in charge, who, by the way, are among the ladies of the social, financial and literary circles of our Pacific Metropolis, have purchased two fifty vara lots on Lake street, and we are confident that in the near future a building will be erected that will be an honor to the noble women who have devoted their energies to its accomplishment and to the school of medicine it will so grandly represent. It is the duty and should be the pleasure of every homœopathic physician in California to render every assistance in his power to the ladies who have the management of the hospital in charge. The necessity of a homœopathic hospital in San Francisco is of vital importance to our school, and we, the disciples of the homœopathic faith, should be glad of an opportunity to enlist in so grand a cause. With voice and pen and purse we should rally to the support of these earnest workers. Let no petty jealousies divide us; let no professional enmities keep us apart; but one and all the homœopaths of California should unite in a powerful effort to consummate the glorious work so auspiciously begun.

THERE is in almost every community one doctor at least belonging to a class of men who deserves the contempt of all honorable physicians. It is he who, for some reason unknown to better men, is continually cutting rates; who, while nominally endorsing the local fee bill, is surreptitiously accepting much less for his professional services. It is true that the public seldom places a higher value on a man than he does himself and that the physician who charges less for his services than the official rates of his colleagues is undoubtedly correct in his own estimate of himself; still he is by no means the only one to suffer for his treachery, for every physician in the community is placed in an equivocal position by such underhanded transactions. The worthy poor should always be kindly dealt with, and we should, whenever possible, be willing to lend a helping hand to the needy and unfortunate. It is our duty to give freely the very best at our command to the deserving poor, but any physician who constantly cheapens and degrades his high calling by accepting less for his services than the regular fee bill prescribes, is an enemy to himself and a traitor to his professional brethren.

C. L. TISDALE, M. D.

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## Correspondence.

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### A Correction.

EDITORS CALIFORNIA HOMOEOPATH—At page 104 of the third edition of my Therapeutics there is a misprint.

Conium relieved in the evening and in horizontal position, while it ought to be aggravated.

Please bring it to the notice of your many readers with the earnest request to notify the author of any error they may discover so that it may be rectified. Only by mutual cooperation we may improve one another.

Fraternally,

S. LILIENTHAL.

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IN persistent nose bleed, squeeze the juice out of a lemon and inject into the nostril with a small glass syringe. The relief is instant and permanent.

## Personals.

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DR. H. C. FRENCH recently had the misfortune to lose his little five years old son.

DR. J. E. WHITTLESEY, of the class of '90, Hahnemann Medical College, has located at 321 Main street, Los Angeles.

DR. M. F. GROVE, of Healdsburg, was in town and gave us a call last month. The doctor is looking prosperous.

WE are pleased to announce in this number that the firm name of our publishers has been changed to BOERICKE & RUNYON.

DR. WILLIAM TOD HELMUTH, on the expiration of his summer vacation, returned to his old office, No. 299 Madison Avenue, New York.

DR. C. L. TISDALE's little daughter has recently been at the point of death, but we are happy to learn that she is rapidly recovering.

DR. FERNANDEZ, of Los Angeles, was in town during the N. S. G. W. celebration. The doctor is the principal high potency man of Los Angeles.

DR. C. B. CURRIER has returned from his Eastern trip among the classic glades of New England, completely restored to health and better looking than ever.

HAVING had numerous calls from some of our subscribers relative to the peroxide of hydrogen, we reprint an article in this number calling attention to several of its uses.

THE annual commencement exercises of the Hahnemann Hospital College will be held at Odd Fellows' Hall, Thursday evening, October 30. Fine music has been engaged, and a brief but interesting programme has been determined on.

DR. J. M. SELFRIDGE of Oakland has gotten up a very useful sick room memoranda blank. It is about as complete a thing as we have seen to keep a faithful record of a case. They can be procured at the pharmacy of Boericke & Runyon.

MR. W. A. BROOKS, for the past eight or nine years connected with the firm of Boericke & Schreck, and, since the death of Mr. Schreck, manager of the business, has tendered his resignation. Mr. Brooks' plans for the future we do not know, but he has our well wishes in whatever field he enters.

We understand that two homœopathic physicians have recently settled at The Dalles, Or.

A NICKEL-PLATED BUCKET has been invented to draw gastric juice from the stomach. The patient is made to swallow it, and after a short time it is withdrawn by the silk string attached to it for the purpose.

The old stomach bucket, the gastric juice bucket,

The mucus covered bucket that makes a man well (?)  
is the latest version of the old song.

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## Book Reviews.

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**The Quintessence of Socialism.** By PROF. A. SCHAFFLE, former Minister of Finance in Austria. Translated from the eighth German edition under the superintendence of BERNARD BOSANQUET, M. A., formerly Fellow of University College, Oxford. Paper, 15 cts. New York: The Humboldt Publishing Co.

This number of "The Humboldt Library" is from the pen of one holding high rank among the economists of Germany as well as in the political councils of the Empire of the Habsburgs. What we need at the present time is an accurate knowledge of what Socialism really is, for there is no gainsaying the fact that it is a mighty movement of ideas fast razing to the ground the old order of things. Recent events in Germany give striking attestation of its stupendous power. If, therefore, we desire to get a thorough knowledge of the subject from a scientific standpoint we must read "The Quintessence of Socialism."

**Familiar Forms of Nervous Diseases.** By M. ALLEN STARR, M. D., Professor of Diseases of Mind and Nervous System, College of Physicians and Surgeons, New York; 339 pages. New York: Wm. Wood & Co., 1890.

The well merited reputation of the author of this work is a guarantee of its quality. The work commences with a chapter on "The Localization of Cerebral Functions," a branch of study to which Prof. Starr has given much time and attention. Of late, the advances which have been made in the department of neurology have been more than in any other branch of medicine, and the reason is, because investigators have paid more attention to the localization of functions of the brain and spinal cord. Dr. Starr has been one of the foremost in this country in that work, and this volume is the result of those investigations. The immense amount of material which is available at the Nervous Clinic of the College of Physicians and Surgeons has been utilized and put into the form of a series of clinical studies of the more familiar types. It is not properly speaking a treatise upon nervous diseases, but of the types more commonly met with in practice. The gene-



ral practitioner will find it of use, because he can turn quickly to any of the common forms of nervous diseases and find, in a few concise words, what he would have to read many pages for in a larger work. The functions of the cerebral cortex, the motor area and its destruction, the areas governing language, the localization of spinal cord diseases, are all treated in simple and plain language which is easily understood. Most works in neurology are to most students difficult of comprehension, but in studying this, the reader is made to feel that the author understands himself so thoroughly, that he is able to impart his knowledge in such a manner as to be easily comprehended. True science is simple, and the simplest method of doing a thing is the most scientific. In writing, that which is the most comprehensible is the most forcible. So this volume, full as it is of plain facts, is the most useful to the larger number.

G. H. M.

**Darwinism and Politics.** By DAVID G. RITCHIE, M. A., Fellow and Tutor of Jesus College, Oxford. To which is added **Administrative Nihilism.** By PROF. THOMAS HENRY HUXLEY, F. R. S. Paper, 15 cents. New York: The Humboldt Publishing Co.

In his able essay Mr. Ritchie contends that the phrase "survival of the fittest" is very apt to mislead, for it suggests the fittest or best in every sense, or in the highest sense, whereas it only means, as Professor Huxley has pointed out, "those best fitted to cope with their circumstances." The publication of Prof. Huxley's "Administrative Nihilism" is well timed, and fits in with the preceding essay. The two essays form a very interesting number of "The Humboldt Library of Science."

**Repertory of the Symptoms of the Head;** being the second fasciculus of E. J. LEE'S Repertory. Supplement to the *Homœopathic Physician*, Philadelphia, Pa.

This fasciculus of eighty-six pages is the second installment of this Repertory, and like the first it appears to be complete. It is arranged alphabetically which greatly facilitates its comprehension and use. It is certainly a useful work and one that has taken much care in its preparation.

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## Clinical Items.

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**FERRUM PHOSPHORICUM IN CHOLERA INFANTUM.**—Ferrum phosphoricum is called forth when the discharges from the bowels are frequent; the child becomes greatly reduced early in the course of the disease; there is stupor, with red face, dilated pupils, rolling of the head, and soft, full, flowing pulse. Farrington relates a case with the symptoms (in which belladonna and sulphur were each given in turn, but failed) that was quickly relieved by ferrum phosphoricum.

*Carduus marianus* tincture has been found curative in hæmaturia, not accompanied by pain or kidney disease.

*Taraxacum* has proved curative in typhoid when there was much pain in the extremities.—*Goodno*.

*Cactus*.—Cardiac neuralgia with feeling of oppression and fear of impending dissolution. Pain of a squeezing character.—*N. A. J. of H.*

*Lathyrus*—Motor paresis of lower extremities, with tremulous, tottering gait, abductors more attacked than adductors, sensibility remaining intact; worse rainy weather, standing or walking.

*Lac can*—Rheumatic pain in the left hip and down sciatic nerve; unbearable pain across supra-sacral region; wandering rheumatism.

*Duboisin*—Low form of ulceration of the cornea without photophobia or lachrymation.

*Mercurius* is frequently required for sleeplessness from embarrassed portal circulation, with beating at the pit of the stomach, sometimes accompanied by profuse sweats.

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## Selections.

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### THE NECESSARY PEROXIDE OF HYDROGEN.

*Read in the Section of Surgery and Anatomy, at the Forty-first Annual Meeting of the American Medical Association, held at Nashville, Tenn., May, 1890.*

BY ROBERT T. MORRIS, M. D., OF NEW YORK.

Stop suppuration! That is the duty that is imposed upon us when we fail to prevent suppuration.

As the ferret hunts the rat, so does peroxide of hydrogen follow pus to its narrowest hiding place, and the pyogenic and other microorganisms are as dead as the rat that the ferret catches, when the peroxide is through with them.

Peroxide of hydrogen  $H_2O_2$  in the strong 15-volume solution is almost as harmless as water, and yet, according to the testimony of Gifford, it kills anthrax spores in a few minutes.

For preventing suppuration we have bichloride of mercury, hydronaphthol, carbolic acid, and many other antiseptics, but for stopping it abruptly and for sterilizing a suppurating wound we have only one antiseptic that is generally efficient so far as I know, and that is the strong peroxide of hydrogen. Therefore I have qualified it, not as "good," not as "useful," but as "necessary."

In abscess of the brain, where we could not thoroughly wash the pus out of tortuous canals without injuring the tissues, the  $H_2O_2$ , injected at a superficial point, will follow the pus, and throw it out, too, in a foaming mixture. It is best to inject a small quantity, wait until foaming ceases, and repeat injections until the last one fails to bubble. Then we know that the pus cavity is chemically clean, as far as live microbes are concerned.

In appendicitis, we can open the abscess, inject peroxide of hydrogen, and so thoroughly sterilize the pus cavity that we need not fear infection of the general peritoneal cavity if we wish to separate intestinal adhesions and remove the appendix vermiformis. Many a patient, who is now dead, could have been saved if peroxide of hydrogen had been thus used when he had appendicitis.

The single means at our disposal allows us to open the most extensive psoas abscess without dread of septic infection following.

In some cases of purulent conjunctivities we can build a little wall of wax about the eye, destroy all pus with peroxide of hydrogen and cut the suppuration short. Give the patient ether if the  $H_2O_2$  causes too much smarting. It is only in the eye, in the nose and in the urethra that peroxide of hydrogen will need to be preceded by cocaine (or ether) for the purpose of quieting the smarting, for it is elsewhere almost as bland as water.

It is possible to open a large abscess of the breast, wash it out with  $H_2O_2$ , and have recovery ensue under one antiseptic dressing, without the formation of another drop of pus.

Where cellular tissues are breaking down, and in old sinuses, we are obliged to make repeated applications of the  $H_2O_2$ , for many days, and in such cases I usually follow it with balsam of Peru, for balsam of Peru, either in fluid form or used with sterilized oakum, is a most prompt encourager of granulation.

If we apply  $H_2O_2$  on a probang to diphtheritic membranes at intervals of a few moments, they swell up like whipped cream and come away easily, leaving a clean surface. The fluid can be snuffed up into the nose and will render a fetid *ozæna* odorless.

It is unnecessary for me to speak of further indications for its use, because wherever there is pus we should use peroxide of hydrogen. We are all familiar with the old law, "*Ubi pus, ibi evacua,*" and I would change it to read, "*Ubi pus, ibi evacua, ibi hydrogenum peroxidum infunde.*" That is the rule. The exceptions which prove the rule are easily appreciated when we have them to deal with.

Peroxide of hydrogen is an unstable compound, and becomes weaker as oxygen is given off, but Marchand's 15-volume solution will retain active germicidal powers for many months, if kept tightly corked in a cold place. The price of this manufacturer's preparation is about 75 cents per lb., and it can be obtained from any large drug house in this country. When using the  $H_2O_2$  it should not be allowed to come into contact with metals if we wish to preserve its strength, as oxygen is then given off too rapidly.

$H_2O_2$  must be used with caution about the hair if the color of the hair is a matter of importance to the patient, for this drug, under an alias, is the golden hair bleach of the *nymph's dispare*, and a dark-haired man with a canary-colored moustache is a stirring object.

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A SAFE and simple fever mixture may be made by adding two teaspoonfuls of the spirits of sweet nitre, twenty grains of chlorate of potash and a little sugar or syrup, to two ounces of water. Dose for a young child, a teaspoonful every two hours.

## CRANIECTOMY FOR MICROCEPHALY.

Lannelongue reports a case of microcephaly in a girl of four years. She only took fluid food till she was three years old; never walked and cannot stand alone. Only lately she utters some syllables. Saliva flows from her mouth, she is apathetic and gives out off and on an unarticulated scream. Neither palsies nor contractures, sensibility normal, reflexes not increased. The skull is very small, flattened in its horizontal diameter, a regular scaphocephalus. Lannelongue thought that the inhibition of the development of the brain might be removed by an operation at the region where the centers are supposed to be which have the greatest influence on animal life. Parallel to the sagittal suture and about two digits distant from it, he made a hole on the left side of the skull, nine cm. long and six mm. broad. There was very little bleeding. Sutures were put in and the wound healed in a few days. The operation was performed on the 9th of May. June 15th, she showed great improvement, is more quiet, does not scream any more and feels interest in her surroundings, plays for herself, laughs and feels happy that she is noticed. She understands a great deal, tries to talk and speaks already a few words; she stands alone and walks nicely. A month afterwards she could be seen at the table and her former idiotic expression has passed off.

June 10th, he operated on a second case of idiocy in the same manner. The defect here was 14 cm. long. The wound healed rapidly and without any reaction. The surgeon has done his duty, education must follow.—*Wien. Med. Presse*, 31, 1890.

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 "TISSUE REMEDIES."

BY H. M. BASCOM, M. D., OTTAWA, ILL.

[Read before the Illinois Homœopathic Medical Association, May 13-15, 1890.]

It has been the intention of the chairman of the Bureau of *Materia Medica* to bring before the Association this year the subject of "Tissue Remedies."

1st. To ascertain, if possible, how many physicians of this society are using them;

2nd. Whether they are using them in a scientific or in a routine manner;

3rd. Whether the profession is satisfied with the results obtained.

We are indebted to the founder of homœopathy for the provings of lime, salt and potash. This prepared the way for the rest of the "tissue remedies," which have indicated what vast storehouses of medicinal force reside in these inorganic, and, often, in their crude state, inert substances.

Attention was called to these remedies as early as 1832, and again in 1846, by German writers. Grauvogel mentions them, but it remained for Dr. Schüssler, of Oldenburg, Germany, to write more fully upon them, in 1873, and develop the ideas already advanced.

The same year a translation was made and published by Dr. Constantine Hering, and "recommended for investigation."

The theory of their action is that any disturbance in the molecular motion of these cell salts in living tissues constitutes disease, which can be rectified and the requisite equilibrium re-established by administering the same mineral salts in small quantities.

It is supposed to be the chemical affinity in the domain of histology, therefore the curative procedure was termed by Schussler the "biochemic method."

Of these twelve tissue remedies, magnesia phosphorica stands out in bold relief. I feel very grateful toward it, for it came to my relief when I was suffering from malarial colic, that returned with great regularity every seven, fourteen, or twenty-one days, in spite of the use of several well-tried anti-periodics. In the study of this remedy it would not be in place to report an exhaustive proving of the drug, when so thorough a proving has been so lately published (*Medical Advance*, Dec., 1889). But it is in order to give a verification of its action and some of its distinctive characteristics.

Magnesia phos. is the earthy constituent of muscle, nerve, bone, brain and teeth.

A disturbance of its molecular motion causes cramps and pains. Schussler says that the action of magnesia phos. is the reverse of that of iron. By functional disturbance of the

molecules of iron, the muscular fibres relax; through the functional disturbance of the magnesium molecules, they contract; hence it is the remedy for cramps, convulsions, and other nervous phenomena.

The white fibres act as conductors of external and internal stimuli, whether sensory, motor, or reflex.

The conductivity and excitability of the fibres may become abnormal: stimuli applied may excite not only sensation, but also contractions, or motion, by direct conduction along a nerve, or by the conduction of a stimulus to a nerve centre (gray matter), whence it is reflected along another nerve to the muscles.

Sensory impressions have different channels, special paths, by which they travel; touch, pain, the sense of heat or of cold, and the muscular sense, each having its own channel; tactile sensibility its own path in the columns of the cord (Scheff). Therefore, this drug as a nerve remedy and anti-spasmodic, in such use, has done great service. It combines the happy effects of a hypodermic injection of morphia, the speedy action of Colocynth, and the soothing effect of Ignatia. The pains which it cures are shooting, lancinating, with a feeling of tightness or binding, relieved by pressure, heat and bending double. Abdominal pains which it cures resemble Colocynth, and are generally accompanied by copious evacuations, which do not relieve, rather worse afterwards.

It has been used successfully in menstrual colic and ovarian pains. Magnesia phos. combines the provings of the following remedies as they are classified:

Magnesia phos. {	Opium, belladonna, hyoscyamus, stramonium.
	Ignatia, pulsatilla, gelsemium.
	Colocynth, podophyllum, veratrum alb., and cuprum.
	Macrotin, caulophyllum, and viburnum
	— <i>Era.</i>

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LIME-WATER may be made cheaply by taking a piece of fresh lime as large as an egg, pouring two quarts of soft water on it and letting it stand two or three hours, shaking it occasionally. Bottle and keep for use.

## DANGERS OF HYPNOTISM.

At the late meeting of the British Medical Association, Dr Normon Kerr, of London, introduced the subject of hypnotism. He said that he accepted practically all the alleged hypnotic phenomena as facts; but in hypnosis, after close watching, he saw only a distorted cerebral state, an abnormal physical condition, with exaltation of receptivity and energy. Was hypnotism a desirable and justifiable remedy? Several considerations must be taken into account in answering this question:

1. Only a limited number of persons were susceptible.
2. The after-effect was a disturbance of mental balance, a dissipation of nerve energy and nerve exhaustion. Frequent repetition was apt to cause deterioration of brain and nerve function, intellectual decadence and moral perversion.
3. Hypnosis was a departure from health, a diseased state.
4. Hypnosis was a true neurosis, embracing the lethargic, cataleptic and somnambulistic states. Thus, if a disease were cured by hypnotism, this would be only by substituting another disease. The suffering was sometimes temporarily assuaged by hypnotic suggestion, but the underlying disease was not necessarily cured by hypnotic anæsthesia, though evanescent oblivion might be secured.
5. The lethal power of the morbid disorder, of which the pain was a merciful if unwelcome messenger, was in most cases increased. The few cases he had seen apparently benefited would probably have yielded to ordinary treatment; but the patients resisted or were passive to that while they looked forward to, believed in and gave themselves up to the mesmerizer.
6. The dangers of hypnotism were very great. Each seance might bring the hypnotee more under the control of the hypnotist, ending often in the complete submission of the former to the will of the latter. A jelly-fish slavery, without mental or moral backbone, was infinitely worse than days of pain and nights of agony. There were many wrecked lives through mesmerism.
7. An elective and subtle activity, ending in disaster, might develop between operator and operated upon.



8. In the lethargic and cataleptic states, criminal assaults had been committed by medical men, who had been convicted and punished. In the somnambulistic state, subjects had been compelled by the operator's behest to commit crime. So serious were these evils that French surgeons had been prohibited from practicing hypnotism in the army and navy.

9. It is not desirable that the control of any one's thought and actions should be in the keeping of a fallible fellow-mortal. '

In view of all these possible dangers, Dr. Kerr could not understand why medical men in family practice should have been incited to hypnotize patients of both sexes and all ages in the daily round of domiciliary visiting. He strongly deprecated public mesmerism—medical, philanthropic or commercial—as degrading and disgusting, and particularly censured the medical patronage and endorsement thereof.

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#### SELF-INFECTION.

Dr. Von Szabo defends the view that the organism itself destroys the microbes ordinarily present in the genital canal, and that hence the healthy lying-in woman is to be regarded as aseptic. The practical inference is that sterilization of the parturient canal is at least supererogatory, if not positively injurious. The steady diminution of puerperal morbidity since the introduction of antiseptics, the grouping of puerperal diseases, and the direct variation of their frequency with the number of examiners, all discredit the assumption of self-infection. Clinical observation of lying-in patients bears in the same direction. Fever in child-bed more frequently follows injuries of the perineum and vaginal orifice than those of the cervix. If fever depended on the micro-organisms normally present in the vagina, this difference should not exist. Contamination of wounds of the external genitals occurs more frequently in child-bed from pyogenic bacteria, that so easily accumulate in clinics, than in labor from microbes introduced by efforts to protect the perineum. That infection is so often observed with retained

membranes, Von Szabo explains, not by migration of pathogenic microbes by means of the pendent membranes, but by imbibition by the uterus of pyogenic material from the vagina during the negative pressure of relaxation following contraction. Manual removal of retained membranes is to be counseled, for it puts the lying-in woman in a more favorable condition than if their removal be left to nature. Street labors and precipitate labors generally are not more exempt from febrile sequelæ than labors in which repeated examinations have been made, presumably because unfavorable surroundings promote infection from without. Notwithstanding the temporary suspension of vaginal examination during unfavorable hygienic conditions, the morbidity still remains higher than normal—accumulation of septic material in the clinic, facilitates infection in child-bed, as well as in support of the perineum. Von Szabo asserts also that puerperal morbidity is not diminished by vaginal irrigation before labor. The essential thing in obviating infection is "subjective disinfection," and this is best accomplished with sublimate solutions.—*Occidental Medical Times.*

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#### CLINICAL NOTES.

By E. G. GRAHN, M. D.

*Magnesium phos.*—My first experience with this remedy dates back six years or more. This case was a lady who had passed the middle age. She was a sufferer from chronic rheumatism, and at the time I was called was prostrated with an acute attack of the same disease—a thing that occurred quite frequently. The pains were in both knees and of that sharp character for which magn. phos. had been so often used. Heat, dry or moist, relieved these pains somewhat. So I made up my mind to try the to me new remedy. Following the recommendations of the advocates of Schuessler's method, I gave the magn. phos. in alternation with ferrum phos. Left two doses of each remedy, a dose to be given half hourly, and to begin with the magnesium. The first dose brought partial relief, and by the time the second

dose of magnesium was taken the pains were so nearly gone that the patient felt quite comfortable. A few more doses next day was all that was needed. I relieved her in this way, twice within a year's time.

The husband, while in the army, had been shot through the chest. Although this wound healed, he suffered from repeated attacks of suppuration in the right chest, since that time. These attacks usually followed severe exposure. During one of them, while there was excruciating pain, I gave him the same treatment, with the result that the pains became milder at once. One of the old doctors had at various times given him large doses of morphia, with hardly as good results, for the same trouble. In these cases I alternated the two remedies, and I was at a loss to know which did the most toward relieving the pains, yet in both the magnesium was taken first and was in a short time followed by some relief.

After that I gave the magn. phos. alone to a lady of middle age, for sharp neuralgic pains in the splenic region. A powder of the 3d was put into half a glass of water, teaspoonful fifteen to thirty minutes. Relief followed after a few doses. This patient relieved herself a number of times of pains in various organs—head, chest, bowels, and once I think in the ovaries—with this remedy.

A lady, who for a severe head pain had taken old-school remedies, was relieved quickly with magn. phos., the sharpness of the pains governing the selection.

I was called at midnight to a married lady, of probably thirty years. This was the fifth time that she had suffered excruciating pains through the abdomen and pelvis, at about the time when the menses should appear. She had with mustard applications and other domestic remedies mitigated the pains in the other attacks, but could not reach this one, which was so severe that the family expected her to die in agony. Seeing what had been used, I at once gave a dose of nux., and called for some clean hot water, and in a short time gave her a dose of magn. phos. in a swallow of this water, and repeated the doses every fifteen minutes. After a few doses she said she felt easier, and in an hour was comfortable, with the exception of a pain under the liver

well around the right side of the body. Learning that she had been suffering from liver disturbance also, I gave her a single dose of bryonia, and in fifteen minutes she was entirely free from pain. She took, through the night, a few more doses of bryonia, and has not since then had any more similar trouble.

I could give quite a number of cases where the remedy was used alone with good results. When the pains are relieved by hot applications, I always think of magn. phos. I use it in the 3d and 6th triturations.—*Homœopathist*.

#### Furunculosis and Polyuria.

The coincidence of diabetic mellitus and furunculosis is so often observed, that there are few now who doubt that there is some causal relation between the one and the other. In regard, however, to diabetes insipidus the belief has been less general; indeed, it has been denied by many that there was any liability to the occurrence of furuncles or carbuncles in the subjects of simple polyuria. Some recent writers, however, have stated as their belief that furunculosis is a frequent accompaniment of simple diabetes, and this view receives some confirmation from a case reported in the *Centralblatt für Klinische Medicin*, No. 21, 1890, by Dr. Lowinsky. The case was one of diabetes insipidus occurring in a workman, aged fifty-six. After he had suffered for some time from the ordinary symptoms of this affection, he began also to be troubled with numerous crops of boils which returned again and again in spite of the most varied treatment. There was no cause for this to be discovered, and traumatism was readily excluded. The author, in searching through the literature of the subject, found many similar cases in which furunculosis appeared without any apparent exciting cause in the subjects of diabetes insipidus, and he comes to the conclusion that there is here also some etiological relation which has yet not been traced, but which nevertheless is worthy of record.

Diabetes, with numbness worse right side.

THE NEW GRIPPE.—A doctor at Montmartre announces the second official visit of la grippe, with colors flying. Several modern improvements have been added, making it quite superior to the well-remembered plague of last year. The chief feature of the new visitation is to be a tremendous swelling of the tongue. It will fall hardest on gluttons and gossips, and will establish a suspension of their habitual operations for three days and nights. As a choice between that and the cholera, fastidious connoisseurs may choose the latter, on the principle that to act with dignity is preferable to living in ignominy for seventy-two hours, like gagged shrews of the fourteenth century.

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THE SAN FRANCISCO HOSPITAL.—Dr. J. H. Healy, Superintending Physician of the San Francisco City and County Hospital, has filed his annual report for the fiscal year ending June 30, 1890. It shows that 3,984 persons were treated at the institution during the year, of whom 3,679 were admitted since July 1, 1889. Of these, 404 died, and 182 were transferred to other institutions, the rest being cured or discharged improved. The total number of births was 136. The cost of the hospital for the year was \$77,305.68.

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ALCOHOL AND TEA.—Dr. Kraepolin, as the result of experiments upon the psychical effects of alcohol and tea, finds that the former substance in moderate doses hastens volitional acts, but does not hasten deliberative and associative processes. The purely reasoning processes, in fact, are lessened by alcohol. Tea, on the other hand, does not hasten volitional acts but does accelerate purely intellectual processes of association and reasoning.

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IF any person who is liable to poison from poison-ivy will take pure olive oil after being exposed to it, he will feel no bad effects, and the oil will neutralize the evils of the poison if a few doses be taken even after the poison has broken out.

GOOD NEWS.—The profession will rejoice to hear that Prof. T. F. Allen has been induced to prepare a first book on materia medica, aptly called *A Primer of Materia Medica*. There is probably no other man in our school so well fitted for such a work, as only a master can truly write a primer. We understand that it will be ready next spring.

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THE Literary Circular of the Hahnemann Publishing House makes several interesting announcements chief among which is the early appearance of "Gentry's Textbook of Homœopathic Materia Medica." Part I, A Characteristic Materia Medica of the Urine and Urinary Organs, will be ready for delivery this month. This is an important addition to our special treatises and one greatly needed by the practitioner. We hope the other parts of this great work will follow in rapid succession.

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We take special pleasure in calling attention of our readers to the fact that a second revised and somewhat enlarged edition of "Farrington's Clinical Materia Medica" is also ready. After the first edition was published, quite a number of new notes of Prof. Farrington's lectures were found, and these have all been incorporated into this new edition. There is no book on materia medica so well adapted to the needs of the student and general practitioner as this work of the late Dr. Farrington. It will remain for many a year the great text-book of Homœopathic Materia Medica. The indications and special characterization of the different drugs are given with a master hand; they are clear cut and give the student a mental picture of the drug true for all time.

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OF THE SKIN is an attractive little volume which answers questions often asked pertaining to the local applications, etc., of patients suffering with the other of the numerous forms of skin disease. It is an excellent little book to put into the hands

A WRITER in the *Lancet* says: "I have not failed once for many years, by a single vesication of the fourth and fifth dorsal vertebra, to put an end at once to the sickness of pregnancy for the whole remaining period of gestation, no matter at what stage I was consulted. The neuralgic toothache and pruritus pupes of the puerperal condition yielded as readily, and to one application."

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PHYSICIANS' BOOKS OF ACCOUNT ARE "PRIVILEGED."—A N. Y. court has decided that—in the complicated affairs and relations of life the counsel and assistance of clergymen, physicians, and lawyers often become necessary, and to obtain them men and women are frequently forced to make disclosures which their welfare and sometimes their lives make it necessary to be kept secret. Hence, for the benefit and protection of the confessor, patient, or client, the law places the seal of secrecy upon all communications made to those holding confidential relations, and the courts are prohibited from compelling a disclosure of such secrets. The safety of society demands the enforcement of this rule.—*New York Med. Jour.*

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FOR TOOTHACHE AND EARACHE.—Many forms of toothache may be promptly and pleasantly relieved by chewing cinnamon bark. And cotton soaked in two parts of chloral, ten parts of oil of almonds and sixteen parts of glycerine, often allays earache.

*Bellis.*—Effects of sudden chill from wet cold, especially when drinking cold liquids after being over-heated.

*Lac. can.*—Migratory rheumatism with alternation of sides, shifting pains. (Kali sulph., puls.)

*Nux mosch.*—Muscular rheumatism from protracted exposure to cold and damp; fugitive drawing pains worse in repose, better from warmth; *left shoulder* and right hip especially affected.

# THE CALIFORNIA HOMŒOPATH.

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## Original Articles.

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### THE TONGUE.

By R. H. CURTIS, M. D., SAN FRANCISCO.

[Read before the Clinical Club.]

MR. PRESIDENT AND GENTLEMEN—At our last meeting Dr. Ward directed our attention to the importance of a study of the tongue, and clearly pointed out what significance should be attached to the various appearances manifested by that organ. The subject was deemed so interesting and important, that it was decided to continue its study and discussion, and I present this evening a paper on diseases of the tongue. Entering the task assigned me I found it was no easy matter to arrange the subject so that it would be concise and at the same time sufficiently comprehensive to be of value. I beg your patience for its length and your lenient regard for its shortcomings. I furthermore crave your pardon for imposing on you a brief resumé of the anatomy and physiology of the tongue. But few of us have such phenomena to need once in a while a little refreshment in the way of *anatomy and physiology*.

The tongue is a muscular organ consisting of symmetrical halves, separated from each other by a fibrous septum; it is covered by a mucous membrane which in structure and function is the same as mucous membrane else-



where, but differs in containing papillæ more or less peculiar to itself. The muscles are divided into two groups, the (intrinsic) linguales which form principally the body of the tongue and the (extrinsic) by which it is connected to the surrounding parts and which principally give motion to the tongue, the most important being the Hyoglossus, Geniohyoglossus, and Styloglossus. It is connected at its root or base with the hyoid bone by muscles and the hyoglossal membrane; with the epiglottis by three folds of mucous membrane the glosso-epiglottic ligaments; with the soft palate by the Palatoglossus muscles or anterior pillars of the fauces. The arteries are derived from the lingual, facial, and ascending pharyngeal; the former after giving off its branches is continued forward under the tongue as the ranine. The nerves are three in number in each half, the gustatory branch of fifth, the lingual branch of the glosso-pharyngeal the nerve of general sensation, and the hypoglossal the motor nerve of the tongue.

The tongue is very vascular and nervous, which will account for a fact well known to surgeons, that it has great reparative power, rapidly recovering from the effect of injuries. The anterior part of the dorsum is rough, and covered with papillæ, the posterior third is smoother and covered by the projecting orifices of muciparous glands.

The mucous membrane of the tongue resembles the skin in structure, having a cutis or corium supporting numerous papillæ and covered with epithelium. The papillæ are more prominent than those of the skin and stand out from the surface like the villi of the intestine, the principal varieties being the papillæ circumvallatæ, or maximæ papillæ, mediæ or fungiformes; and papillæ minimæ, or filiformes. The smallest or papillæ minimæ are most numerous and cover the anterior two thirds of the dorsum, the papillæ fungiformes are sparingly and irregularly scattered over the dorsum, they are easily recognized, being large, rounded, and deep red in color. The largest the papillæ maximæ vary from eight to ten in number and are arranged in two rows running backward and inward from the sides, like the letter V, at the apex of which is a depression called the foramen cæcum. With regard to the physiology of the tongue it will

be enough to say that it is the essential organ of taste, it possesses a very delicate and accurate sense of touch, is extremely sensitive to heat and cold, besides we know that it plays an important part in the acts of sucking, swallowing and speaking.

After this resumé we can only wonder that the tongue escapes as well as it does, for our mode of living, swallowing hot and cold food and drink in rapid alternation, the use of stimulating condiments, irritating drugs, decayed teeth, tobacco and other things certainly conduce to diseased conditions.

*Acute Glossitis* is extremely rare, most common in young adults and in winter. *Causes*, cold, injury, septic infection, bites of animals, stings of insects, mercury, corrosive substances, and eruptive diseases. Some authors consider it a catarrhal disease. *Symptoms*, tenderness, stiffness, pain worse on swallowing, rapid swelling may protrude from the mouth, profuse salivation, dysphagia, dysphonia, dyspnoea, swelling of the cervical glands, and frequently high fever, rarely suppuration, the tendency of the inflammation is to resolution, although sometimes the disease is fatal, death may occur from exhaustion, suppuration or septicemia. *Treatment*. The old school recommend leeching, application of ice, gargles of chlorate of potash or borax, also scarifications, and incisions on each side of the raphe.

*Chronic or Superficial Glossitis* is a disease hard to define, as there are a number of conditions the result of chronic inflammation which owing to their origin or to their differing pathological appearances have received especial names. Henry T. Butlin in his excellent monograph has limited the above term to the following conditions, the whole or a large area of the dorsal aspect of the tongue is smoother than normal from disappearance of the papillæ, is redder and not of uniform tint; as there are no papillæ there is no fur; there may be excoriations or superficial ulcers, the tongue is much swollen and the edges are indented by the teeth, and is easily irritated by some kinds of food, spirits and tobacco.

*Treatment*. Avoid the irritants; use bland lotions of borax or chlorate of potash.

*Leucoma, leukoplakia, psoriasis linguee ichtyosis, lylosis, keratosis, and opaline plaques*. By these terms we understand

white or bluish white patches or plaques which occur on the surface of the tongue. Normally epithelium are continually being thrown off and renewed by regenerative multiplication; now according to Ziegler, whenever as the result of irritation growth of new epithelium is increased, or removal of the desquamated cells is impeded, whitish accumulations, which may be augmented by particles of food, or rapidly growing parasites, may form whitish or bluish-white deposits, or they may be tinted from food or tobacco, they may dry up in crusts, or irregular flakes separated by cracks or fissures.

*Causes of leucoma.* The exciting causes are tobacco, tobacco smoke, syphilis, raw spirits, hot drinks; spices, rough plates of teeth, or decayed teeth, or teeth covered with tar; yet from the fact that some of the above mentioned causes produce little effect on the tongues of the majority who indulge in them, some authors think that there must be a predisposing cause. Age and sex may be predisposing causes as it rarely appears in patients under twenty or commences after sixty, and rarely attacks women.

*Subjective Symptoms* usually light until in the advanced stage, then stiffness, dryness, burning or smarting on taking food or drink especially when hot; and patient may suffer mentally from fear of cancer. Prognosis doubtful, Butlin and Schwimmer believe the disease to be curable, but the usual course for it is to develop into epithelioma.

As the causes are various so are the appearances manifested. When tobacco is the cause it may first appear as what is called a smokers' patch, which in a typical case would appear about the middle or anterior part of dorsum, where the stream of smoke from a pipe or cigar would strike the tongue; the first thing noticed would be a raised round red patch, denuded of epithelium, or it may be depressed and surrounded by furred papillæ, later it may be yellowish white and thicker, this patch may be thrown off leaving a raw red spot again, later it may spread, become pearly, and develop from a smokers' patch into a leucoma.

The term *psoriasis linguæ* is sometimes applied to these patches from their resemblance to psoriasis, especially of

the hands, but the majority of authors while admitting the similarity of appearance do not believe that there is any connection between the two conditions.

The *mucous patches* of *secondary syphilis* may be diagnosed from *leucoma*, first by the history, secondly *mucous patches* are sharply defined, mostly oval in shape, more opaque than *leucoma*, and grayish white in color, may be removed easily and leave behind a slightly raised red smooth base, while *leucoma* can hardly be raised and when removed bleeds, *mucous patches* prefer the borders, *leucoma* the dorsum of the tongue, while the latter is chronic and progresses unfavorably, *mucous patches* run as a rule a rapid course and are much more amenable to treatment.

The general treatment of *leucoma* is the same as already given for *chronic glossitis*, being principally hygienic and palliative, of local applications a solution of chromic ac., 10 grs. to the ounce, is recommended highly.

*Carcinoma*. According to authorities up to the present the tongue appears to be subject to but one variety of cancer the *squamous celled*, or epithelioma, and it most frequently affects the anterior half, but there is no difference in the liability of the two sides, and two carcinomata may be developed in the same tongue at the same time.

*Causes*. Youth seems to be exempt, cases appearing before the age of thirty being extremely rare, the greater number of cases having been in patients between the ages of forty and sixty. With regard to sex cancer of the tongue is more frequent among males. The causes given for *leucoma* usually apply here, in fact by many authors *chronic leucoma* are considered to be precancerous scars left from syphilitic lesions may predispose to cancer of the tongue. The liability of smokers to cancer of the tongue to which attention has of late been directed, have the general opinion of surgeons is that smoking is an exciting cause, but the fact that so many smokers seem to have immunity, favors the opinion that it is a predisposing cause. Heredity is also a question though it is a question whether there is any agreement on that point. Sometimes

treatment of a simple indolent sore on the tongue has been the *starting* point of a cancer. While caustics are sometimes useful in the treatment of the indolent sores remaining sometimes after aphthous conditions in children, or a similar condition in comparatively young syphilitic subjects, no surgeon can be justified in using them on the tongue of a patient over thirty years of age. An epithelioma may first appear as a blister, an ulcer, a wart, a fissure, a nodule, or a tubercle, later breaking down into a chronic ulcer with very little discharge, rarely painful, with slightly elevated and indurated base, with inflamed surrounding tissue, the glands under the jaw may be enlarged, which in connection with the indurated base would make the prognosis grave. The objective symptoms of a fully developed carcinoma of the tongue are well marked, and vary according to its origin, it may be a raised irregular granular mass, covered here and there with sloughs of clotted pus, it may be furrowed by deep irregular fissures, or it may appear as an oval ulcer with a smooth glazed surface, sharp cut edges and indurated base.

The *subjective symptoms* are pain unusually sharp, aching or gnawing, frequently extending into the ear of the same side, in the later stage salivation usually aggravates the patient's suffering. Any or all of the above symptoms may be present in several other diseases of the tongue, and therefore are not pathognomic of cancer. The only *sure* way to diagnose cancer is by inspection of a section under the microscope.

*Prognosis.* In cases where the disease is allowed to follow its course the end is usually reached in from a year to eighteen months. *Operation*, especially when it has been performed early, has saved many lives and prolonged more; according to Butlin it has saved ten per cent and with earlier removal of the growth the record might be better. Without operation the course of the disease is indeed a sad one, the salivation is distressful, swallowing is painful, which act in the later stages may be almost impossible; feeding can perhaps only be done through a tube, the parts rendered tolerant by the application of cocaine, the food of course being only liquid.

The majority of patients die of slow exhaustion, or hemorrhage from invasion of the blood vessels by ulceration, but sometimes a low type of pneumonia sets in and ends the patient's sufferings.

*Treatment of Carcinoma.* When a clear diagnosis is made, early removal of the growth gives the patient his only chance. Local and constitutional treatment is the same as has already been given for precancerous conditions, patient must avoid all irritants, such as tobacco, strong liquor, very hot or very cold food or drink, very sweet or sour, or spiced food; must have highly nutritious foods; when stimulating fluids as beef tea, &c. are given, a soft tube may be used for the purpose, it being gently carried past the sore spot, and this may be facilitated by first painting the parts with cocaine. Any local applications must be mild, such as weak solutions of borax, chlorate of potash, tannin or zinc sulph., but all strong caustics must be avoided.

Before leaving the subject of cancer I would mention a condition spoken of by Sir Wm. Paget, called mimicry of cancer of the tongue. Nervous people hear of the disease, its prevalence and causes, and more especially if it is emphasized by the death of some prominent victim, and straightway magnify every little symptom and imagine others, bringing themselves to the brink of despair, until perhaps by the direction of their physician they take some simple remedy, pay more attention to their diet, modify their habits, have their teeth attended to for tartar or decay, and the symptoms vanish real or imaginary.

*Abscess* of the tongue is rare and mostly of low chronic form—treatment incision.

*Fissures and Clefts.* *Dental fissures* from jagged teeth are sometimes deep and starred with foul discharge; of course they occur on the borders of the tongue, they must be diagnosed by absence of syphilitic history and the presence of rough or jagged teeth.

*Treatment* must be local and may be constitutional will be necessary.

*Syphilitic fissures* may appear during the secondary or tertiary stage, those of the secondary stage are usually near the

borders, if near jagged teeth may be deepened by their presence, a mucous tubercle may be a starting point.

*Tertiary fissures* are greater in degree and cover the dorsum, are usually deep and disposed to ulcerate, they often commence in broken down *gummata*.

*Treatment*, must be antisyphilitic, locally solutions of chlorate of potash, borax, glycerole of tannin, iodoform, or chromic ac. 10 gr. to the oz.

*Ulceration* of the tongue is common, indeed, when we consider its structure, and the irritation to which it is almost constantly being subjected we only wonder that it is not more frequently diseased.

*Simple ulcers* may be traumatic, that is they may be the result of injuries, e. g. bites, scalds, rubbing of rough teeth or they may come insidiously from the same causes given for leucoma and chronic glossitis, sometimes they become chronic; they generally appear as red, raw looking patches, 'glazed, with callous edges, sometimes they appear as small irregular patches, around which the tongue is furred, these are sometimes called dyspeptic ulcers.

*Treatment*, mild applications such as those already given, chromic ac. solution renders the part less sensitive, a strong solution of nitrate of silver will sometimes be sufficient with one application to stimulate an old chronic ulcer to heal but this should not be tried on patients over thirty.

*Apthous ulcers* are most common in children, and although any part of the buccal mucous membrane may be affected, yet often the tongue bears the brunt of the disease, usually a number of small vesicles appear, which soon break, leaving small round or oval superficial ulcers with a yellowish white adherent slough on them surrounded by a bright red areola, although as a rule they rapidly heal there may be a number of successive crops, and both vesicles and ulcers may be present at the same time on the same patient's tongue, as a rule the breath is offensive.

*Treatment*, pay attention to the diet, try local applications of chlorate of potash, glycerole of borax, proportion borax

and glycerine each one dram to which add water to make 4 oz. mixture.

Apthous children being of low tone need constitutional treatment and should be isolated, as aptha is contagious.

*Ulcers* may appear during an attack of whooping cough, probably they are traumatic from forcing the tongue against the teeth in the paroxysms.

*Mercurial ulcers* are very rare now for obvious reasons.

*Tuberculous ulcers* are fortunately rare, according to Sir William Puget they present a pale, uneven surface, granular or partly covered with gray coagulated, mucous edges, sharp cut, but outline not characteristic, the tongue is usually swollen but rarely indurated; the ulcer may commence as a little nodule, or vesicle on any part, but most commonly on the dorsum, break down and as the disease advances sloughing occurs, it becomes painful and tender, and often there is distressful salivation, lymphatic glands become involved, the patient's strength wanes, and the course is most often downward until death ends the scene in from a few months to a year or two at most. Sometimes superficial ulcers heal but only to break down again; the diagnosis is difficult, and depends on the history showing association with tubercular disease elsewhere. *Treatment.* Excision has been attended by good results; if local it prevents extension of the disease by infection. The actual cautery has been most effective, local treatment is palliative. Iodoform it is claimed has been beneficial.

*Lupus* rarely attacks the tongue, but when it does it is usually found on one of the borders back near the epiglottis springs from isolated nodules and has a soft granular surface. If a lupus heals there is left a star shaped flat scar.

*Syphilitic ulcers.* The primary hard chancre rarely appears on the tongue, but occasionally the initial lesion is manifested, and almost invariably on the tip; it is characterized by a hard base and accompanied by enlarged lymphatic glands of the jaw. The *secondary* ulcers—chiefly two in number—usually on the borders, but sometimes on the dorsum, commencing as *mucous tubercles*, which



break down, and more at the borders through being exposed to friction from the teeth, or ulceration, may result from injury causing ulceration of *mucous patches*. These ulcers are sometimes deep and unhealthy looking, with sharp cut fissured edges, the border is often pearly white, and surrounded by a red areola. They are rarely tender, and may remain stationary a long time with little surrounding inflammation, although they sometimes spread over considerable surface. The diagnosis depends on the history and the appearance of eruption elsewhere on the patient's person. *Treatment.* Antisyphilitic, locally a solution of chromic ac., 10 grs. to ounce. Scars are left after healing.

*Ulcers of the tertiary stage* are more destructive, nearly always resulting from broken down gummata; there may be one large one or a number of small ones. When a gumma breaks down, there is at first usually a small opening, which soon enlarges until a deep cavity is exposed with ragged precipitous borders, often undermined with a ragged, sloughy surface; the tissues are usually thickened and indurated for some distance around the ulcer, the ragged condition after awhile may disappear leaving a smooth surface, the diagnosis depends mostly on the history. Patients sometimes acknowledge syphilis if you say it resembles cancer. *Prognosis.* Syphilitic ulcers show little tendency to spontaneous cure, but in most cases yield to treatment. Butlin speaks highly of the stimulating properties of silv. nit. for the indolent variety.

*Mucous patches*, a lesion of secondary syphilis may appear on any part of the tongue and are usually multiple; a typical patch is generally round or oval, and appears as a raised grayish white plaque sharply defined, but the outline of the border may be wavy and irregular, the tissues beyond appearing natural. *Treatment.* Locally a solution of chromic ac. is best.

Tertiary plaques are not much mentioned, therefore they must be rare.

The tongue is sometimes the seat of innocent growths, such as lipomata, fibromata, angeiomata and papillomata. These tumors are easily recognized, and the treatment is re-

removal, the knife, scissors, or cautery either actual or galvanic may be used. A simple *papilloma* may be mistaken for a commencing *carcinoma*, the latter rarely appears until after thirty years of age, has an indurated base which may widely infiltrate the surrounding tissues, sometimes condylomata the warty growths of syphilis may be mistaken for simple papillomata.

*Cysts.* *Mucous cysts* rarely affect the dorsum or borders of the tongue, preferring as a rule the under surface posterior to the middle. *Treatment*, incision or seton.

*Ranula*, is the most common variety of cyst of the tongue, more frequent in adults than children, its situation is under the tongue near the frœnum, it is smooth soft and fluctuating. The cause is yet a matter for discussion, the most common one is believed to be dilatation from obstruction of Wharton's duct.

*Treatment.* The usual method is incision and to prevent refilling most surgeons apply caustic to the interior of the sac. Bryant recommends a seton, Gross partial excision of the sac and application of iodine, Erichsen advises a free opening and stuffing of the cavity with lint.

*Salivary calculus*, is an elongated mass of earthy matter the result of chronic accumulation in Wharton's duct, removal is the only treatment.

*Macroglossia or hypertrophy.* This fortunately is a very rare disease of the tongue; it is generally congenital although it may be acquired, the local causes being abscess, ranula, mercury, and it has sometimes followed chicken pox, scarlet fever and whooping cough. The tongue may enlarge until it protrudes from the mouth, from which the saliva dribbles, the tongue being exposed to the air becomes dry, cracked and fissured and prone to ulcerate, swallowing is difficult, the lower jaw becomes deformed and even the teeth may drop out, and taken all in all the patient is a pitiable object, the prognosis is bad without operation, which is nearly always necessary, for the removal of a large section of the tongue; in the earlier stages some authors think that it may be arrested by keeping the mouth tightly closed by a bandage

except when necessary for the patient to eat or drink. An interesting case of macroglossia is recorded in Helmuth's Surgery, with description of operation by the author.

Although my paper is already too long, there are many other conditions, sufficient for another paper, which I shall only mention by name, parasitic diseases, the most prominent being thrush; nervous conditions, as spasm or cramp; involuntary protrusion; convulsive movements depending on hysteria; neuralgia; anesthesia; ageusia or loss of taste; paralysis, unilateral or bilateral; congenital defects; exanthema; wandering rash, etc.

I desire it to be understood that the following list of remedies are merely suggestive, for while I have endeavored to select those having the nearest to specific indications, it will be obvious that the prescriber must select a remedy which not only covers the objective symptoms as manifested by the tongue, but agrees with most of what other conditions exist as manifested by their symptoms.

*Acid Benzoic.*—Glossitis with extensive ulceration, tendency to spread rapidly, very red between the ulcers, much thirst and bitter taste.

*Acid Carbol.*—Ulcers of the tongue may be touched with the acid full strength, when painful or the tongue may be sprayed with 2½ per cent solution the effect may be enhanced by adding a small per cent of glycerine.

*Acid Fluoricum.*—Syphilitic patches—ulcers with tendency to become phagedenic, tongue vividly red at tip and edges—long fissures.

*Acid Muriat.*—In aphthous conditions considered almost specific, it is also useful to remove unhealthy granulations and stimulate indolent ulcers of the tongue.

*Acid Nitricum.*—In syphilitic conditions of the tongue especially after mercurial dosing—in fissures and fetid ulcers of the tongue.

*Aconite.*—In acute glossitis, tongue swollen, red and dry, burning and tingling along the dorsum—extremely sensitive, with much thirst.

*Apis.*—In acute glossitis, when the tongue is œdematous, dry and glossy, with characteristic stinging pains.

*Argent. Nitricum.*—For aphthous patches both locally and internally, tongue dry and hot with red tip, one local application will frequently level elevated and inflamed papillæ and remove the sensitiveness.

*Arsen Alb.*—In glossitis, dry swollen tongue, burning sensation, red inflamed papillæ, in ulceration of the tongue with tendency to gangrene, ulcers have irregular jagged edges, tongue smooth and glazed between the ulcers.

*Aurum.*—In the painful induration which accompanies chronic glossitis, and also the margins of syphilitic ulcers and carcinoma; the whole tongue may be hard and almost immovable, the ulcers are usually offensive.

*Borax.*—In aphthous conditions both locally and internally. Locally a solution of borax, 40 grs., one ounce of glycerine, and water to make a 4 ounce mixture.

*Calendula.*—This remedy justly has a reputation for swollen and painful ulceration of the tongue, with tendency to rapid suppuration, best used locally, one to eight parts of water.

*Cantharis.*—Tongue red swollen, thickly furred, burning and painful, as in acute glossitis.

*Conium.*—Glossitis, tongue swollen, stiff, almost immovable, very painful, muscles almost paralyzed.

*Kali hyd.*—In syphilitic conditions of the tongue, especially after the prolonged use of mercury.

*Kali Bich.*—In aphthous conditions of the tongue, which is red and glistening, with feeling of soreness.

*Kreosotum.*—In ulcers, especially from decayed teeth, ragged edges, and painful, frequently foul smelling.

*Lachesis.*—In glossitis, tongue dark, swollen and trembling.

*Mercurius.*—This is one of the most frequently indicated remedies in glossitis, and in the manifestations of syphilis, as they affect the tongue; the preparation used will be in accordance with the general symptoms prominent at the time of exhibition of the remedy and preferences of the prescriber.

## MODERN HOMŒOPATHY AND MODERN ALLOPATHY.

By S. L.

Dr. Echo in *Le Journal d'Hygiene* makes the remark that homœopathic and allopathic treatment are now so much alike that the devil himself could not find out the difference. Prof. Potter, of San Francisco, cites numerous instances from homœopathic journals, clearly demonstrating that the modern homœopathic physician claims the liberty to help his patients by any means which he considers advisable, without caring a straw how much he deviates from the law or rule of Hahnemann and the guiding principles emanating therefrom. Jousset in *l'art medical* takes up the cudgel and defends homœopathy, for allopathy constantly tries to remove the cause of a disease, all treatment is based on etiology, and this unknown factor remains to-day and will be forever unknown, hence allopathic treatment is mostly guesswork. Homœopathy relies on the visible, on symptoms, by which the unknown makes itself known, and by removing them the life-force becomes able to restore the equilibrium and thus health. Even some of the writers of the old school begin to believe in it and the cellular physiology of Virchow, the cellular pathology of our days and the cellular therapis of Prof. Aude, of Philadelphia, hint at any rate to a modern allopathy which differs as much as day does from night, from the old school doctrines of former years. They hate the word homœopathy, and try to take the kernel without polluting themselves with the name; and it seems probable that the essence of our school will be adapted, while many homœopathic physicians drift off farther and farther from the teachings of the *Organon*. Modern homœopathy has to thank the specialists for this deviation and when once begun liberty of thought and of action becomes license and the end is not far distant.

All hail to modern allopathy; how seductive this cellular therapia sounds. The old school found out that the life of the cell cannot be reached by their massive doses and comparatively minimal doses are recommended in essays and text books, but, for heaven's sake, do not call them homœo-

pathic treatment, and in fact they cannot be homœopathic, if the selection of the drug was not based on the law of similarity.

Rosenbach (*Clin. Zeit- und Streitfragen; 5. Heft, 1890*) writes on functional diagnostic and the diagnosis of the insufficiency of the intestinal tract, that the appearance of a burgundy coloring matter in the urine, when boiled with nitric acid for some time, is a symptom hinting to a grave functional disturbance of the intestinal tract and the cognition of the pathological alteration of the tissues does not indicate our treatment, but we must be cognizant of the disturbed function, and on that base our treatment. We must find out in what relation functional power and functional labor stand. As long as we are able to bring them in harmony, we deal only with relative insufficiency; where the disturbance cannot be removed, we have absolute insufficiency. The physician can only deal with the former. *To functional diagnosis must correspond a strictly individualizing therapia*, and the diseases of tissue change show how faulty the present schematizing therapy is. In diabetes—an insufficiency of the apparatus working up the carbohydrates—our present treatment feels satisfied to remove the sugar from the urine by abstinence from all carbohydrates, but they forget that they remove only a symptom, but not the disturbance itself. By such abstinence we deprive the patient of the most important burning up material for muscular power. He uses up his albumen and only an injurious effect must follow. He allows his patient albumen amylacea as much as the insufficient apparatus can digest, and the strength of the patient, the quantity of the sugar in the urine is the measure for therapy. Analogous are the relation in obesity, and he sees the organism of a diabetic and of a fat person to engines whose smoke carries off lots of coal which is consumed and the intermediate products of tissue might be compared to this waste of coal. The search for specifics ought to belong to bygone ages, but duty is to combine functional diagnosis with individual therapy.

of the *Allg. Med. Central Zeitung* Dr. Lange of  
 s to a formulated treatment of diphtheria, as

though all cases and all epidemics were alike. It is a queer reasoning to consider the bacillus the chief aim of all treatment in so many diseases, when the first thing needed is a suitable soil in which it could grow and multiply. Let it be angina, pneumonia or any other disease, we must look rather for the soil which propagates these diseases than for the bacillus. Pathologic Anatomy can never be the base on which to erect a rational treatment and the clinic alone can show us the way. Surgery always will stand on an anatomical basis and gains its successes thereby, but for internal medicine it will always remain an abstraction and the same may be said of chemistry which is only the anatomy of the fluids.

Carl Koch of Nuremberg raises his voice against the abuse of antiseptics in surgery and insists on dry treatment of wounds and strict asopsis. (*Wien. Med. Presse* 36, 1890).

Is really a high temperature so dangerous? This question is answered in the negative by many high authorities and the constant abuse of antiseptics condemned.

Modern allopathy is thus left without a guiding star, and *ex uso in morbis*, the clinic an *ignis fatuus*, and there is no foundation on which to build a superstructure, yes, Prof. Potter, we acknowledge to you and with you, that modern homœopathy is progress backward and only a few honest believers hold the banner upright, so that it might not trail in the dust. The minority is too often in the narrow path of truth while the people are apt to run after strange gods.

Let Prof. Samuel Potter remember that men who live in glass houses ought not to throw stones. Homœopathy, pure and simple, is perfectly able to take care of itself.

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## Colleges and Hospitals.

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### Commencement Exercises.

THE Seventh commencement exercises of the Hahnemann Hospital College were held Oct. 30th, at Odd Fellows' Hall. The following is a list of the graduating class: R. R. Baldwin, Pomona, Cal., H. S. Garfield, Pendleton, -Or., Miss T. B. Cosack, and Mrs. Amelia Waterhouse, of San Francisco.

**Hahnemann Aid Association.**

The following officers were elected at the annual meeting of the Ladies Hahnemann Aid Association:

President, Mrs. E. E. Caswell. Vice-Presidents. W. P. Shaw, Morris Newton, William Ede; Treasurer, Mrs. Sidney Worth; Recording Secretary, Mrs. Martin Schultz. Corresponding Secretary, Miss Kate Jarboe. Board of Managers: Mrs. J. R. Jarboe, Mrs. E. R. Lilienthal, Mrs. Louis Sloss, Mrs Low, Mrs. David Loring, Mrs. W. P. Shaw, Mrs. Grace Cushing, Mrs. A. W. Scott, Mrs. P. A. Hearst, Miss Carrie Eckel, Mrs. Traynor, Miss Mary Eldridge, Mrs. Prelver, Miss Kate Jarboe, Mrs. Morris Newton, Mrs. C. B. Currier, Mrs. E. E. Caswell, Mrs. Ede, Mrs. Martin Schultz, Mrs. Oliver, Mrs. Sidney Worth.

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**Editorial Notes.**


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THE people of California are on the eve of a very important election, and it behooves every voter to consider well the result of the manner in which he shall make use of his suffrage. THE CALIFORNIA HOMOEOPATH is in no sense a political organ, and would emphasize the fact that its Editors, while undoubtedly possessing a personal choice of candidates, will always forbear making those opinions prominent. Yet, as we pointed out earlier in the campaign, it is not a question of politics, but rather from which candidate may we, as Homoeopaths, expect the most recognition, and receive the most substantial assistance. We are confident that our only hope lies in the election of Col. Markham to the editorial chair. He is an honest man, fearless in the discharge of what he conceives to be his duty, and in the present election we are certain that the large and growing public sentiment throughout the State will recognize him as the one on whom it so justly deserves.

While Mayor of San Francisco is con- sidered, we have nothing to expect from him. As chief magistrate of San Fr an-



cisco he has absolutely refused to appoint a homœopath to any position on the various municipal hospital boards and has persistently ignored the honest claims of our school in the distribution of public patronage. With this positive knowledge of Mr. Pond's cowardice would it be wise to exert our influence for the elevation of such a man to the higher position he is now seeking.

Brother Homœopaths of California, forget that you are Democrats or Republicans and cast your vote for Col. H. H. Markham, a square man and an honest friend of Homœopathy.

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AMONG physicians in active practice there is not one in five hundred who devotes the time to reading that he should.

This is an age of wonderful improvement in every department of art and science and in none has there been more remarkable advancement than in medicine and surgery.

No physician is in a position to witness personally all the latest methods in use by the foremost men of the profession and so it can be only through the literature of the day that we can hope to keep ourselves *en rapport* with the marvels of this most brilliant decade of the world's history.

How frequently do we hear some doctor remark that he is so busy he cannot find a moment to indulge his desire for reading; that he would gladly purchase some book under discussion, or subscribe for a medical journal if it were only possible for him to find time to read it. This sort of talk is all bosh and unworthy of its presumably intelligent author.

I venture the assertion that there is not a physician in the world whose time is so fully occupied that he cannot keep fairly well informed on the current literature of the profession. If he does not read the new books or one or two at least of the excellent journals published, it is because he has no such inclination. He is either too lazy or has allowed his mind to become weaned from the taste for books by a careless neglect of their priceless treasures. Like any other habit, the love of reading grows on a man and can be readily cultivated by any person who is honestly willing to accept the knowledge so lavishly spread before him. The experience gained by every physician in a faithful attention to a

large practice is certainly of inestimable value, but we must not deceive ourselves with the very comfortable idea that the knowledge so acquired is sufficient for every occasion. We must read the new books as they appear and be conversant with the pages of our leading magazines or we have no right to a position in the front rank of our profession and should never claim a preeminence we are doing so little to sustain.

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We congratulate the Hahnemann Hospital College of San Francisco on the success of its very interesting commencement exercises, which event occurred in Odd Fellows' Hall October 30th, just past. The musical and literary feast offered the large audience assembled, was an honor to the institution represented; and the excellent class of young men and women who received on that occasion the diplomas of the Hahnemann Hospital College are worthy envoys of their beloved Alma Mater. This college is doing a noble work for Homœopathy on the Pacific Coast and certainly deserves the earnest cooperation of every physician of that faith. The large corps of Professors connected with the institution is each and every one eminently fitted for his work and in every department the Hahnemann Hospital College of San Francisco compares favorably with any medical school in the world.

While our college does not seek in any way to conflict with similar institutions in other parts of the country, it is eminently a product of our glorious western civilization and should therefore have an honest claim for precedence from the men who are enjoying the blessings so lavishly bestowed in this wonderful Pacific Empire.

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There are many physicians, students and friends of Homœopathy who are desirous of doing something of value for our country who have sought in vain for an opportunity to exert their talents and satisfy their ambition. We can suggest that our philanthropists who are blessed by a genial sun and genial skies and amid the charming life of the West, that there is a vast field of virgin soil

right here at home that will amply repay the most faithful efforts of these earnest workers. There are a great many medicinal plants and herbs indigenous to our Pacific States whose valuable qualities are unknown for the want of a careful and reliable proving and for this reason many drugs that might be of considerable remedial importance are thus far of no practical use. Any intelligent person in good health can, with a little experience, become an excellent prover of drugs, and the value to our Homœopathic Materia Medica of a thorough and systematic proving of the medicinal substances native to the Pacific Coast would be incalculable.

Any assistance THE CALIFORNIA HOMŒOPATH can render in this important undertaking will be gladly given, and we earnestly hope that some of the enthusiastic young men and women who so soon must take the place of the generation now passing away will be impressed with the vital necessity of this matter and devote a portion of their time and energy to a careful analysis and intelligent proving of the most important of the indigenous plants of the Pacific Coast.

C. L. TISDALE, M. D.

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## Correspondence.

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### Letter from Dr. C. W. Breyfogle.

VIENNA, SEPT. 30th, 1890.

MY DEAR BROTHER.—A year has just passed since I left home, and to-morrow we start for Constantinople, so I shall try and tell you before I leave, of Vienna and my impressions of the great University here, which I have so thoroughly enjoyed for the past two months. In brief, *Vienna is the Mecca of medicine*. No need to name its professors for the world knows them. The surgeon who does not know Billroth, or the specialist who has not heard of Politzer, *pere et fils*, Meynert, &c., is not posted. So too of the general hospital of two thousand beds, the largest in the world, and with abundant lecture rooms, clinics, and all the accompaniments for instruction to the six thousand students, the university proper, costing eight million florins, and the fine polyclinic with its multitude of cases. I am reminded that in my letter from Berlin I spoke of the carelessness as to cleanliness and the rough treatment of patients. Here is the exception. In their conduct toward the poorer sick, most of the professors seek to exemplify the gentle physician's method, and though often compelled to severity by people who

are ignorant and naturally coarse and brutal, they are in the main considerate. The strictest care as to cleanliness prevails. In the magnificent Rudolph's Hospital with 860 beds, built by the Emperor from his private purse to commemorate the birth of his son the Crown Prince, we found a model institution. Every patient brought to the physician his own spoon for examination of the syphilitic throat. Every woman had her own syringe. The beds are iron with wire springs and hair mattresses; the rooms are splendidly lighted and heated and ventilated. Yet, women nurses in male syphilitic wards, assisting the physicians in operations and injections, seems a little discordant. I am quite satisfied that the opportunities for acquiring a thorough knowledge of the medical profession or of any of its branches is as nearly perfect here as it is possible for it to be. However, it must depend here as elsewhere upon the determination of the student to make the most of his opportunities. There is no doubt but the American student stands first in the estimation of all in his earnest and determined work, and as a result the best courses, the best seats in the lecture rooms, and the choice places as assistants are held by our countrymen. Living is expensive, nearly double what it is in Berlin, and this urges the student to hard work. I meet many Homœopaths here. Of course our system is condemned, and we do not speak our views, but there is a singularly strong fraternal feeling which holds us together, resulting in mutual assistance and encouragement and in social recreations as well. Be assured that it has been a little trying sometimes to forbear open criticism. For example, Prof. Benedict at the polyclinic had a patient before us with sciatica, a purely typical Rhus case. I would have wagered upon the result if Rhus had been given; it was a robust, fine looking man of 32; he was ordered to the hospital to have the nerve stretched. It was done one morning and the following day the Professor quietly told us that he had made a mistake in not retaining the case longer under observation before operating, as he would then have known that he had suffered from dyspnoea and his death might have been avoided. Five minutes after making this announcement he treated an exactly similar case with the Paquelin cautery applied along the course of the nerve. If a man wishes to have his faith in Homœopathy well grounded, let him examine the old school prescriptions in N. Y. and see them inflexibly repeated all over Europe, as I doubt not it is in every clime where that system prevails. In the Nerve clinic, bromides, strychnia and electricity. Their fathers for ages back did so, and their sons follow them. And so it goes on unvarying, and only changed in form as fashion and the druggist fancies. But now we find a singular change, one which looks as if the old edifice was tottering to its fall; one which again points to a millenium in medicine. *In the Vienna University the Professors are prescribing the single remedy.* I have not seen a single compounded prescription, and I have looked for it in the clinical records as far back as Jan. 1st, 1890, in Benedict's clinic. This is the observation too of others who are more familiar with other departments. Nor are they harsh in the amount given, allopathically I mean, their doses being the minimum usually employed. Is this another result of *similia*? Is it not a little strange to say the least, to find this great University favoring smaller doses and the single remedy, just when some of the brighter lights in our school are advocating combined remedies. In going through the Rudolph Hospital I observed the same method of prescribing.

There is the same hardworking and enthusiastic corps of teachers here as at Berlin and Heidelberg. How they do work! From early morning until late evening, until one can but wonder how they can keep it up. The peculiar but very happy faculty which the Germans possess of throwing off their cares undoubtedly is the secret of their endurance. They know how to rest. And when vacation comes they take it regardless of patients, and give themselves up wholly to enjoyment. I doubt if a German ever carries his work to bed with him or ever allows it to interfere with his meals or his social hour—be that hour in whatever of the twenty-four it may—yet always taken regularly. When I remember how prone we are to boast of the pressure upon us and of our ability to rob ourselves of sleep and social pleasure, I no longer wonder at the increase in our American nervousness. I envy the German who can spend an hour at the Kursalon, listening to fine music, chatting with his friends and drinking a five cent schooner of good beer made by his Government which insures its purity, and which each one pays for himself. I am free to say however, that in all Europe I have found nothing else to envy.

Drs. Bryant and Blair are here from Heidelberg, and I think that they regret that they did not come sooner. Dr. Helmuth, son of Prof. Helmuth of N. Y. was here when I came but has returned. A son of Prof. Raue, of Philadelphia is also here, a worthy son of a noble father. Others I might name but there are too many. I am glad to add that our American Minister Col. Fred. Grant and Mrs. Grant, and our Consul-General Mr. Goldschmidt and Mrs. Goldschmidt take more than a passing interest in the American students and use every endeavor to entertain them at their homes.

Altogether the student who can spend a winter in Vienna has opportunities which are unsurpassed, and which should make him not only a better physician but a firmer Homœopath and a truer American.

C. W. BREYFOGLE.

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VIENNA, SEPT. 30th 1890.

EDITORS CALIFORNIA HOMŒOPATH—DEAR DOCTORS—I have just received your September number containing the article of Chas. D. Tufford, M. D., of Memphis. Will you allow a brief reply.

He asks what is to be gained by dropping distinctive names of medical schools. I answer that bitter quarreling ceases; that medical legislation can be perfected without a prospect of its being completely annulled by schismatic controversies, and that the flood of poorly equipped men and women *who now thrive* on a name, will have to find other means of livelihood. The Doctor kindly advises me to consider every Allopath as dishonest until he has been proven honest. I answer that such uncharitableness will vanish with the adoption of the general name, physician. I answer that such gross misconceptions as his article exhibits will be no longer found in our journals.

I am an Homœopath, with no desire to go back upon what teaching and experience have convinced me to be right and true. I have suffered from the blind prejudice of which the Doctor complains, but that has nothing to do with future policy unless one is anxious only for continued fighting because he fears he cannot live in peace.

As to his insinuations I will only say that I have attended the New York Polyclinic, as I have these in Europe since, for purposes of special study which could not be obtained in our own schools. I do not believe, as he would have me, that all the allopaths are lying deceivers. I know that they are honest, cultivated gentlemen, and although I have no expectation of ever needing to call one in consultation in private practice, I still value many of them as personal and social friends. A man, any man, who is dishonest in one thing is to be trusted in none. Hence I say this. If I wearied the Doctor by my rulsome adulation of my new friends I am sorry, but I shall none the less admire such men of genius as Wyeth, Gray, Sachs, and others, because that genius is Allopathic, nor shall I consider them any the less honest gentlemen. I assume that the Doctor is consistent, and that therefore he never reads a book or an article or uses an instrument which came from allopathic brains, for fear he might learn something from the hated school. I wonder if he never gives quinine, so often needed in Memphis they tell me, on the principle of *similia*, but in two to five grain doses. I am only asking. I wish I knew him.

C. W. BREYFOGLE.

### The Grace Hospital.

DETROIT, MICH. OCTOBER 11th, 1890.

EDITOR CALIFORNIA HOMŒOPATH—The next regular examinations for the position of Assistant to the House Surgeon will be held at the Hospital on Thursday Nov. 13th, at 8:30 P. M. The term of service is eighteen months. First six months as Junior Assistant, second six months as Senior Assistant, third six months as House Surgeon. Applicants must show evidence of graduation from a recognized Homœopathic College.

All applications to be addressed to the President of the Medical Board, The Grace Hospital, Detroit, Mich., and must be presented not later than November 10th, accompanied by certificate of good moral character. We shall be pleased if notice of this examination can be inserted in the next issue of your paper.

Respectfully,

ROBT H. SILLMAN.

### Personals.

DR. W. R. JONES has removed from Alhambra to Saticoy, Ventura county.

DR. WILLIAM BOERICKE has returned, and resumed practice. Office, 824 Sutter street.

DR. ARTHUR, of Pasadena, recently gave us a call. The doctor was on his way to visit the sound cities.

DR. W. A. ELY, of St. Helena, recently visited this city. The doctor thinks of locating in San Rafael.

**DR. C. M. SKELEY**, of Petaluma, during his recent visit reported Homœopathy as flourishing in that region.

**DR. L. L. DANFORTH**, Secretary of the New York Homœopathic Medical College, has changed his address to 35 west 51st street, New York.

**FOR SALE**—A large, lucrative practice, yielding \$5,000 annually, and rapidly increasing, for sale to a homœopathic physician; price \$3,500; situated in San Jose, the Garden City of the Pacific; climate, soil advantages of all kinds unsurpassed, with a growing population of over \$20,000. Will thoroughly introduce the buyer. For further information, address

S. H. W.,

89 North First Street, San Jose Cal.

**DR. C. L. TISDALE**, one of the editors of this journal, wishes to express his thanks and acknowledge his most heart felt gratitude to **DR. GEO. HUSBAND**, of Hamilton, Ontario, for his faithful care and skillful professional attention during the recent severe illness of his young daughter in that city. The case has been one of the most complicated and serious in the history of medicine, and but for the unremitting and experienced watchfulness of **DR. HUSBAND** the result must certainly have been fatal. The people of Hamilton are indeed fortunate in the possession of a physician whose head and heart are so wonderfully atuned to the sacred and arduous duties of his profession. Long may he continue in the practice of medicine, for physicians like **DR. HUSBAND** are, unfortunately, far too rare in the world.

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## Book Reviews.

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**The Decline of Manhood; its Causes; the best means of preventing their Effects, and bringing about a Restoration to Health.** By A. R. SMALL, M. D. Fourth edition. Chicago: Gross & Dalbridge. 1890.

A popular book on this subject, free from cheap advertising methods, written by a man with genuine intent to instruct unhappy sufferers, is a real need. To some extent this little volume, already favorably known in our school, fills this want. The present revised and enlarged edition is an improvement on the preceding ones. Until the ideal work on this important subject appears, we can cordially recommend this one, and we feel confident that it will facilitate the management of difficult cases of sexual neuræsthenia that are so common now-a-days.

**The Review of Insanity and Nervous Diseases.** A quarterly--Vol. I, No. 1. W. T. Keener, Chicago.

This new quarterly journal is a compendium of the current literature of neurology and psychiatry, edited by J. H. McBride, M. D., Milwaukee, with an able corps of assistants. Such a work is greatly needed and there is no

doubt that the general practitioner will gladly avail himself of this quarterly visitor that selects with excellent judgment and rare discrimination, judging from the present number, the most practical articles published on nervous diseases in the journalistic literature of the day. We take pleasure to republish from its comments the article on utero-mania which affects many physicians.

**The Industrial Revolution of the 18th Century in England.** By ANOLD TOYNBEE. In two parts, 30 cents each. New York. The Humboldt Publishing Company.

The point of view of the author of this important work is that of one who, while he admits the benefits conferred upon mankind by the old school of political economists—Adam Smith, Ricardo, Malthus and the rest—believes that their work is done, and that the world has got beyond them, and stands in need of something more. The work is a history of “the bitter argument between economists and human beings,” to use the striking phrase of his chapter on “Ricardo and the old political economy.” When the economic relations of men are studied by an observer who, to abundant learning, adds the quality of human sympathy, the result is no “dismal science.” Besides the treatise named above, the present work contains three popular addresses on “Wages and Natural Law,” “Industry and Democracy” and “Are Radicals Socialists?” as also papers on “The Education of Cooperation,” and “The Ideal Relations of Church and State.”

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## Clinical Items.

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*Chionanthus*—Headache, with intense bruised feeling of the eyeballs and abdominal pains.

*Lachesis*—Confusion of mind as to time. Imagines that it is always afternoon.

*Polyporus off.*—Portal congestion—aching pains in region of liver. Mucous stools, with faintness and distress in epigastrium after stool. Tendency to yawn and stretch, indisposed to every exertion.

*...*—Cholera-like cramps, with diarrhoea and vom-

*...*—Alternating diarrhoea and congestion.  
with oozing of yellow mucus.



*Agaricus*—Neuralgic headache, small spots, sharp piercing pain, dull headache from prolonged desk work. Asthenopia from prolonged strain, spasm of accommodation, twitching of eye and lids. The neuralgic prosopalgia is electric-like, as of splinters between the skin and flesh. Eruptions around mouth, especially in growing children given to jerkings.

*Ammon. mur.*—Many abdominal symptoms during menstruation and pregnancy, constipation, with hard, crumbly stool, liver swollen and sensitive, with jaundice, flatulent distension of abdomen. Menses too early and free.

*Aurum*—Hypertrophy of the heart, with tendency to fatty degeneration; palpitation; irregular pulse; wandering pains; feeling as if the heart would cease beating. Dropsy of lower limbs; profound melancholia.

*Coccus cacti*—Coryza, inflammation of fauces, with accumulation of *thick viscid mucus*, which is expectorated with difficulty, even with retching and vomiting. Tickling in larynx. Suffocative bronchial catarrh.

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## Selections.

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### MALPRACTICE, MEDICAL AND SURGICAL.

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

[Read before the Missouri Institute of Homœopathy, Fourteenth Annual Session, April, 1890.]

The subject of this paper is one of importance to all medical practitioners, for, however skillful and careful the surgeon or physician may be, he cannot feel certain that he may not, at any moment, be placed in the position of defendant in a suit for malpractice. Important as the topic is, however, it is one concerning which the members of the medical profession are, as a rule, very imperfectly informed. To supply in brief space and intelligible form

a clearer idea of the law of this subject, together with some practical suggestions, that may be of service in an emergency, is the purpose of the present paper.

First of all, permit me to remove the mistaken impression (which prevails largely among medical gentlemen) that the law holds physicians and surgeons to a more strict accountability than other professional men, and hence is unfair. The fact is that the law, in this as in other cases, is no respecter of persons or classes, and that the lawyer, the engineer, the architect, in fact all professional men, are, equally with the doctor, held accountable for malpractice in their several professions; and an examination of the special works upon this subject will show that suits for malpractice against members of the legal profession are far from being a rarity. It is true, however, that, of late years especially, the ratio in number of such suits brought against physicians, as compared with those instituted against lawyers, has been quite out of proportion to the relative numerical strength of the two professions, but this arises not from any peculiarity in the law, but mainly from certain facts which will become quite apparent as we proceed. Therefore, while I shall confine my remarks to the medical profession, bear in mind that, *mutatis mutandis*, they are equally applicable to any other.

The term "malpractice" implies a departure from correct practice; in other words, a negligent or willful disregard of the duties imposed by the law upon the practitioner. These duties ("implied contractual obligations," the lawyers call them, though they are not essentially contractual obligations but moral duties), these duties of the practitioner, I say, may be summed up in a very few words:

First. He must possess the ordinary skill of his profession.

Second. He must use that skill for the benefit of his patients, carefully and diligently.

Third. He need not undertake the treatment of any case, but, having undertaken it, he must continue its management until he gives notice to the patient, or those in charge of him, of his intention to withdraw from the case, and as much longer as may be necessary to enable them, by the exercise

of ordinary diligence, to obtain other professional aid—and this, although the parties employing him may be insolvent, or the services may have been understood from the start to be gratuitous.

Actions for malpractice may be civil, in other words, may be suits for damages arising from the alleged malpractice, or, if predicated upon wanton neglect or willful wrong, may be in the nature of criminal prosecutions. In either case the action is based upon the allegation of the negligent or willful disregard of the foregoing obligations. We must, therefore, determine just what is implied in these obligations.

First, then, it is necessary to explain what is meant by that "ordinary skill" which the physician is legally bound to have. The term is not one that is susceptible of close definition. The ordinary skill of the country surgeon is not expected to be equal to the ordinary skill of the clinical surgeon of a large hospital. In the interest of the public, who must have some sort of medical attendants, and in consonance with common fairness, physicians are to be measured by the average standard of those who surround them; general practitioners by the average standard of general practitioners in the region where they practice, specialists by the average standard of specialists, etc. In general terms, it may be said that physicians are expected to know what is well settled in their profession and to use their knowledge with a fair amount of dexterity.

The possession of a medical diploma, or the certificate or license of a legally established examining board, is evidence of the ordinary skill of the lawful holder thereof, and, as the large majority of physicians now have one or the other, there is less likelihood of complaint of the want of ordinary skill by the practitioner than of failure to exercise the skill he possesses. It may be well to state here, however, that the diploma of any institution is evidence of the skill of its holder only in the school of practice of the particular institution which has issued it. For instance, if a homœopathic graduate should treat a given patient allopathically, and through unskillfulness should injure him, his homœopathic diploma would not be evidence of his possession of skill in

allopathic therapeutics—indeed, if he had been employed because he represented himself a homœopathist, his allopathic treatment of the case would add to the malpractice an element of misrepresentation and fraud that would increase the danger of his position as a defendant.

Just as, in the practice of law, the lawyer has to deal not only with the known law, but also with unsettled points in the law, and unknown quantities in the facts—the impression produced by witnesses, the conscious or unconscious bias of a judge and twelve jurymen, etc.—so in medical and surgical practice the medical man has to deal not only with what is clear in diagnosis and settled in treatment, nor with a perfect human machine, but with ailments not always easy to make out, remedies often difficult to select, and physical organizations often weakened by age or previous diseases, tainted with “psoric miasms” or baneful hereditary tendencies to neurotic, cancerous, or tuberculous troubles, all of which may not only complicate the case under treatment by their hidden influence, but may find in the original disease the spark that shall kindle them into mighty, independent conflagrations, that must be fought, while perhaps unsanitary conditions in the atmosphere and in the patient’s material environments unite with the unknown but mighty reflex influence of mental and moral troubles to add fuel to the flame.

These facts the courts of law recognize, and, therefore, just as no lawyer is held to guarantee the outcome of a suit, so no physician or surgeon is held to guarantee the result of his treatment in any case, unless he has foolishly done so in express terms. If he has, however, he is, of course, held to the terms of his contract, and may be called upon to answer in damages for failure to accomplish what he has agreed to—unless what he agreed to do were an absolute impossibility under any circumstances (as if he should contract to make a leg grow in the place of one that has been amputated), when another principal of law (that a contract to do an essentially impossible thing is void), steps in and saves him from legal damage, the other party having no cause of action for the violation of a contract which the law says is no contract.

It is easy to make the public and the legal profession understand the difficulties that stand in the way of obtaining a

given result in the trial of a case at law, for many of these are represented by visible persons. Not so with the difficulties in the way of the physician: they are invisible forces. To this fact, in the main, is due the much greater frequency of suits for medical than for legal malpractice to which reference was made above.

To a similar cause is due the further fact that suits for malpractice are much oftener brought against surgeons than against physicians as such. The results of medical malpractice may be, and doubtless are, attributed to disease (the ordinary layman being quite unable to differentiate between the effects of disease and of injurious drugs), while the often unavoidable imperfections of the surgeon's work may be seen of all and are frequently attributed to unskillfulness or negligence.

The question of malpractice in any case must largely turn upon the expert testimony introduced. As the law makes no distinction between the different schools of medicine, and as experts are *those who have both theoretical knowledge and practical experience* in the science of art which their testimony is intended to elucidate, it follows that where, in a suit of malpractice, the question is one of therapeutics, no one can be called as an expert save a practitioner, or at least one who has been a practitioner, of the school of medicine to which the defendant belongs. For instance, a homœopathist could not testify for or against the treatment used by an allopathist or an eclectic, so long as they adhere to their own modes of treatment; nor could the latter testify for or against him in a similar case. This is a point worth remembering, as it may be a means of cutting off a good deal of malicious testimony of members of rival schools. What I have just said applies *only* to therapeutic measures, of course. In the present state of medical and surgical science, the surgeon who should go directly from the dissecting-room to the performance of a serious operation, the *accoucheur* who should drive from a case of erysipelas to the bedside of a parturient, or the general practitioner who should visit his general patients after having visited cases of small-pox, scarlatina, or diphtheria, without thorough disinfection of his person, could not lawfully object to the testimony of physicians of other schools

## SELECTIONS.

against him; since in these things, as in surgical all schools of medicine are in substantial agreement.

In addition to what I have already said touching his duty—that of using his skill carefully and doing the benefit of his patients,—let me add that, while it may entitle the patient to more than ordinary care that but small fees are expected or that no fees be received, will not excuse the physician from that of ordinary care and diligence.

The question is often asked, by surgeons “Could I not require of parties on whom or for whom about to operate, an immunity bond—an agreement whatever the result of the operation, I shall not be held responsible for it?”

It has already been stated that the surgeon is the author of results. If he has the needed skill and care and diligence, the law will protect him (in the least), but the law will not permit him, nor any one, to make a contract that will save him harmless from the consequences of wantonness or neglect. Such a contract is therefore void, and could not serve as a defense. Contrary to what it would be sure to be used by a skillful lawyer with telling effect as a cudgel over the head of the foolish fellow, who would be made to appear to have not intended, an untoward result.

Let me close this necessarily fragmentary discussion of this important subject with a practical suggestion. Malpractice suits are not usually brought without warning. They are usually mutterings of the coming storm. They are circulated in the community by the prospect of the payment of the physician's or surgeon's bill is denied without any satisfactory explanation, or perhaps refusal on the ground that the treatment of the case has been unsatisfactory. If the physician neglects to press his claim under such circumstances, his neglect will be construed into a dereliction, and he must not be greatly astonished if, after many days, he should find himself an unwilling party to a suit, which, even if it be successfully defended, will only cause him some worry and expense, but, in the end, of things, must more or less injure his profession and damage his business.

The wise thing to do under such circumstances, is, usually to strike the first blow. Remembering that a physician's bill rendered is merely an offer to settle for his services for a certain sum, and that, if it be not paid, the offer has not been accepted in legal contemplation, and that, therefore, he is not thereby prevented from suing for a larger amount, if he can prove that his services were actually worth more than the amount originally charged for them, let him charge a good, round fee and sue for it without delay. In many cases the effect will be as magical as that of a cold douche upon an angry child, and the prospective plaintiff, all the fight taken out of him, will pay his bill and say no more about suits for damages. Even if such be not the result and the case goes to trial, the physician will stand, not only before the average jury but also before the community at large, in a far better position as a plaintiff, trying to recover for services rendered, when the allegations of malpractice, used as a defense against his claim, will appear as a mere dodge to avoid payment of an honest debt, than as a defendant in a suit for damages, seeming to be endeavoring to squirm out of the legal consequences of an injury inflicted. In this matter, the way to avoid trouble is, as a rule, to meet it more than half-way.—*Clinical Reporter.*

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#### Is Hypnotism a Humbug?

“The first thing that strikes me in connection with hypnotism is the confidence with which it is asserted that it has been proved beyond dispute to be so successful that it cannot drop. But I am old enough to remember that this was said in the time of mesmerism. Practically, mesmerism fell into desuetude fifteen years ago. Except in distant corners such a thing is scarcely heard of. Now, from some researches which have been conducted at Nancy, and stimulated by the opposition of the Salpetriere school, we have the subject once more brought before us, and we are told of the advent of a great and important practical truth. Therefore we are told that hypnotism has established itself for all good. I have no hesitation in saying that before twenty-five years have passed it will be in the same position that it was twenty-five years ago.”—*Sir Andrew Clark.*

THE  
CALIFORNIA HOMO

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Original Articles

ON THE DIAGNOSIS OF LARGE SOL  
ABSCESES,

By Prof. P. K. PELL, AMSTER

Their diagnosis rests on subjective symptoms and on aetiology. Objectively we may find certain manifestations; especially the enlargement of the liver, especially upward. The diaphragm is pushed up, the enlarged right lobe of the liver so that it presses down into the right thorax, where percussion is dull, and the acme may reach the right mamillar line or the axillary portion or even the left thorax. As a third symptom we meet with the disappearance of the border between liver and lung, not only on the right side but also on the left. This is diminished or entirely gone during the attack. By neglecting this we run danger to mistake a hyperplastic liver, which may also be enlarged upward, for an abscess, especially as in both diseases we find evening hectic fever. Large hepatic abscesses are usually found in the convex part of the right lobe. The expansion of the purulent focus pushes the diaphragm upwards in the form of an arc and the adhesions which it causes inhibit much



pains prevent much motion in the right half of the diaphragm, and this allows again more space for the enlarging liver, and the resisting ligaments prevent any downward inclination of the liver. The diaphragm may also stand higher in the posterior portion of the thorax, sometimes with the symptoms of compression or relaxation of the pulmonary tissue (dullness, uncertain bronchial breathing, weakened respiration according to the degree of compression, pleural adhesions, etc.), symptoms which may also be observed on the frontal thorax, and the whole case might be mistaken for a pleuritic effusion, especially as the rubbing sensation of pleuritis seems sometimes to be present. With such symptoms the cachetic appearance of the patient, just in full manhood, leads our attention to a hepatic abscess. He looks sallow, anæmic, emaciated, and has fever, and where collateral oedema is present, where a fluctuating tumor can be felt between the intercostal spaces or at the epigastrium, the diagnosis can hardly be mistaken. Physical examination ought to be made by a good light and at some distance from the patient, who rests in a horizontal position, after removal of all clothing from the trunk. The apathy, the mental depression, the sunken eye, the small, soft, frequent pulse, the anæmic movement of the heart (sometimes a slight dilatation), the evening hectic and the oedema pedum are valuable hints. The heart is only rarely pushed out of place, but there may be dyspnoea, increased by every motion. Cough with or without expectoration, pains and tension in the chest may simulate a phthisis, or the hepatic abscess may perforate into the respiratory organs and lead to diagnostic errors. Pel saw in one case for eighteen months the hepatic pus discharge itself through the lungs, and the patient finally recovered. Icterus is hardly ever present, and the nearly absolute immunity of women to hepatic abscesses is something remarkable.—Subjectively we meet pain in the hepatic region, in the back, radiating to the right shoulder, in the chest or gastric region, aggravated by pressure, continuous or paroxysmally. Etiologically the clinic shows, that not only tropic dysentery, but a long sojourn in warm climates may lead to hepatic suppuration. A pyogenous intestinal infection of the hepatic tissue may be the next

cause. Outside of the tropics biliary calculi, inflammation in the portal system (especially typhlitis, omphalitis, typhoid fever, etc.), suppuration from an echinoccus, or by metastasis may produce them, though in many cases the etiology remains unknown. Centrally situated hepatic abscesses, surrounded by rigid cyst-walls and running a slow course may remain unknown for a long time.—*Med. Neuigk.*, 39. 90.

It is astonishing how clearly *chelidonium* gives us the picture of this suppurative hepatitis, as: soreness up to sharp stitching pains; shooting from liver down into the stomach or down into the back from posterior part of liver; marked pain under the angle of right scapula, even going through the chest like a rivet; abdomen distended and sensitive to pressure; rigors in the evening; anxiety, tightness and pain in right side during inhalation, as if constricted by a girdle and cannot be expended, pain in hepatic region, aggravated by eating (*Lil. Therapeutics*, p. 594). The *muriate of ammonium* was in older times a favorite prescription in liver complaints, and we read among the symptoms: Gallstones, burning and stitching in scrobiculum, from thence drawing to the right axilla and in the upper arm, stitching and burning in right hypochondrium, and by motion and evenings, mental depression, irritability; distension of abdomen without flatulency, etc.

The late Prof. Liebold led our attention to *agaricus* as a great liver remedy. Here we meet a congested enlarged liver, sensation of pain and drawing in right hypochondrium, as if the liver had increased in weight and dragged at its ligaments; sharp stitches as from needles in hepatic region, worse from breathing; sense of oppression at cardiac region, as if the cavity of the thorax were narrowed.

Is not *calcarea sulphurica*, our old *hepar s. c.* one of the most reliable drugs in suppuration? Not to mention our aconite, belladonna, or bryonia, which given at an early stage of hepatitis and perihepatitis notched the inflammation and prevented suppuration. Under *hepar* we read of chronic engorgement of the liver, soreness and stitches in liver when walking, *hepatic abscess*; depressed and irritable frame of mind, etc.

*Kali carbonicum* is also put down for enlargement and abscess of liver; stitching pains in right side, commencing in back and going right through and up the chest, worse at night, when lying down or getting up; epigastrium swollen, hard, sensitive pulsations therein, etc.

It strikes me that lachesis and phosphorus would be far more frequently indicated in the hepatic abscesses of patients living in tropical climates than among us; especially where the patient failed to arrange his dietary according to the hot climate, and often the disease becomes only apparent after the patient has returned to his native country. Under *lachesis* we read of a low grade of inflammation, leading gradually to suppuration, of constant tenderness on pressure, deep throbbing in right hypochondrium, intolerance of clothing, mental depression, etc.; while *phosphorus* comes later on in this tropical hepatitis, especially when it simulates so much phthisis pulmonum, or the process of tuberculosis may go on pari passu in both organs (how nicely *kali carbonicum* might need interpolation in such cases). Hectic fever already accompanies this suppurating hepatitis, the enlarged liver feels sore to the touch, vitality at a low ebb with mental depression and how it differs here from the hopeful buoyancy of genuine phthisis pulmonum. Jaundice may be present or not according to the place where the abscess forms. Phosphorus may just in such extreme cases become our sheet anchor and vie with *carbo vegetabilis*, to save the patient or at least prolong his life.

In olden times the liver was the bete noire for all ailments of the human body and calomel the panacea for them, and still notwithstanding its abuse *mercurius* remains to-day a favorite prescription in hepatic affections and follows well after belladonna and bryonia and those who favor alternations, give the two drugs together. This already shows that *mercurius* suits better the early stage and may thus prevent suppuration.

What mercury is for acute suppuration, *silicea* is for the chronic one, and Schussler truly remarks that *silicea* is indicated after suppuration has ceased to be active, but the process lingers and the pus forms chronic depots, where the general organism is both irritable and weak and the nervous

system is easily aroused to exhausting agitation. Theridion and vipera torva deserve yet a close comparison with other ophidians and in fact our prognosis is not so ominous by far as some authorities declare and we are pleased to disagree with our venerable friend, Dr. Kafka, who in his "Homœopathische Therapia, I, 786," consoles himself by giving quinine to keep off the febrile attacks. Vain attempts!

Jousset ("Elements de Medicine pratique," II, 201) considers the principle medicaments in abscess of the liver: lachesis, mercurius, silicea, arsenicum and gives these indications. The sting of *lachesis* causes hepatic abscess, jaundice, pain in hepatic region, remittent fever, adynamia and prostration, 3rd to 12th potency. Some physicians prefer *vipera*. *Mercurius*; burning, lancinating, contusive pains; hypertrophy and hardness of liver, icterus, not relieving sweats. *Silicea* is of the highest value in suppuration; swelling and hardness of liver; pulsative pain increased by touch and motion, 30th to 200th potency. The necessary surgical treatment ought never to be neglected.

W. H. Dickinson (Arndt's System of Medicine, I, 885) also praises bryonia in the early stages of perihepatitis and silicea in protracted cases. He doubts the adaptability of phosphorus in such cases (which we consider a mistake) and then mentions chamomilla, chelidonium, hepar, kali carb., lachesis, lycopodium, nux vom., pulsatilla, sulfur on general principles (oh! individualize!!)

Laparotomy is now all the fashion, but haste slowly. Give our materia medica a decent show, and in most cases recovery is possible without it.

S. L.

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## Ophthalmology and Otology.

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

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### THE PROGRESS OF OPHTHALMOLOGY.

The great International Medical Congress (at Berlin) has kindly settled the etiology of trachoma in these words: "The principal disposing influences in the production of

trachoma are race, climate, and hygienic conditions, some races and some districts being remarkably free from the disease, and the upper classes everywhere generally exempt." The closing sentence, to our mind, gives the key to all predisposition in this malignant disease. The "*upper classes*," the well-fed, well-housed and well-clad are the universally exempt; so the ill-fed, and ill-clad and poorly housed of *every race*, will be found in the opposite category. If racial tendency to this disease has been noted, it will be found that the mere fact of racial difference is no real factor in the predisposition, only as the vicious habits before mentioned have been characteristic of certain peoples. In such cases heredity becomes an important force in the prevalence of the disease.

A paper upon "Prophylaxis of *Blenorrhœa Neonatorum*," was read by Dr. Carl Grossman, of Liverpool, in which the following resolutions were introduced:

1. Each midwife ought to be instructed during her time of apprenticeship about the symptoms and treatment of infantile ophthalmia. This ought to be noted on her certificate.
2. In every case where the signs of an inflammation of the eyes occurs during confinement, the midwife should be compelled to give notice to a medical man (in case of the poor, to the parish doctor) or some other authority.
3. In case the midwife omits any of these points, her certificate should be withdrawn or a fine imposed.

These rules are all very well but the trouble in the past has too often been with the "medical man," and the "parish doctor," who often manifests less skill and judgment than the trained nurse, and frequently less sense than the crudest kind of a nurse. We would suggest as an additional rule, that no candidate should be allowed to graduate from any medical college without giving clear evidence of most positive knowledge of the virulence of this disease, and the importance of cleanliness and prompt and proper medical treatment.

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#### MEDICAL MONOGRAPHS.

A great improvement in the presentation of medical literature is to be found in the adoption of a system of exhaustive

monographs, including the various specialties in medicine; and embracing a class of writings which have been too small to be presented in book form, and too large for admission to the crowded columns of special periodical publications, and too special in their character to be of interest in our regular medical journals. Heretofore such works have either been inflicted upon the long-suffering members of moribund state medical, or sectional societies, or remained locked in the manuscript of their authors, to be lost at last amongst the vast volume of unappreciated wealth that the new monograph system has come to redeem. The first number of the *American Ophthalmological Monograph* bears the important title of "Persistent Remains of the Foetal Hyaloid Artery," its author David DeBeck, M.D. It is finely illustrated with eleven colored and several uncolored lithographs of excellent quality. The Bibliography is exhaustive, taking in the foremost oculists of both continents, including names which will at once be regarded as ultimate authority upon ophthalmological subjects. Some idea of the scope of the work may be reached from a brief synopsis of the subject matter:

- A—Shreds of tissue on the disc.
- B—Membranes on the disc.
- C—Cystic remains on the disc.
- D—Masses of connective tissue on the disc.
- E—Rudimentary strands attached to the disc.
- F—Strands attached to the disc, and a vestige also at the posterior surface of the lens.
- G—Strand passing from the disc to the lens.
- H—Similar strand containing blood (sub-group).
- I—Strand attached to the lens alone.
- J—Posterior capsular cataract.
- K—Striæ on the posterior lens-capsule.
- L—Persistent canal (without any remnant of the vessel.)

The author has recorded nearly 200 cases of this anomaly which has been regarded as rare, showing that persistent and exhaustive observation may be relied upon to enlarge still more the ever amplifying field of ophthalmological research. Of the American writers who have added to the value of the work may be mentioned Noyes, Loring, Little,

Holmes and others. Nettleship, Carter, Cowell, and Mackenzie of the British medical faculty; and innumerable German and French ophthalmologists. How much better to have all this valuable material, of interest alone to oculists, conveyed to appreciative and enthusiastic readers through this system of monographs, than to dole it out to a mixed audience, at a general medical gathering, three-fourths of whom would wait impatiently for the turning of the last page.

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## Colleges and Hospitals.

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### Register of Homœopathic Physicians in California.

The Board of Examiners of the California State Homœopathic Medical Society has decided to publish an independent register of physicians holding licenses from the same. This register will be published about the first of the year and will be as complete and correct as is possible with the data at command. All physicians who have changed their residences within the last two years, or who contemplate doing so in the near future, will please notify the secretary of the Board at once, that the preparation of the Register may be pushed to speedy completion.

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THE Board of Examiners has granted a license to Amelia A. Waterhouse, M. D., of San Francisco, a graduate of the Hahnemann Hospital College of San Francisco, October 30th, 1890. Licentiates of the Board of Examiners, Drs. H. C. Royer and Rebecca Lee Dorsey, both of Los Angeles, were inadvertently omitted from the list in the previous registers. We regret the annoyance experienced by Drs. Royer and Dorsey, and in the forthcoming register, their names will appear in their correct positions in the list of homœopathic physicians.

A. C. PETERSON, M. D., Secretary,  
319 Geary St., San Francisco.

**Hahnemann Hospital College.**

A change has been made in the time of commencing and closing the term of the above institution. As heretofore the term will be in the summer time, but instead of commencing on the First of May and closing in October, it will hereafter open on June first and close on December first, the term being six full months. Among the faculty changes to be noted are the following: Prof. J. A. Albertson has resigned from the presidency of the Board of Trustees believing that that office should rather be held by a layman than a physician, and Mr. Columbus Waterhouse, one of our most prominent citizens, was unanimously chosen to the presidency of the institution. Dr. W. E. Ledyard, who has occupied the secretaryship of the institution from its organization with great credit to himself and the institution, resigned, the faculty unwillingly accepting his resignation, and Dr. George H. Martin was thereupon appointed to the position. Among the changes in the teaching faculty is the appointment of Dr. A. J. Howe as professor of anatomy, taking the place of Dr. W. A. Dewey, who was appointed to occupy the chair of materia medica. Dr. Albert Wheeler was appointed to fill the chair of dermatology and genito-urinary diseases. The faculty as it now stands is a strong one and united in the common aim to do good work for the institution.

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**Editorial Notes.**

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WE congratulate Col. H. H. Markham on the very substantial victory won on November 4th last and throw up our hats with the large majority of his fellow-citizens who contributed to that glorious result.

As governor of California many complicated and important questions will be presented to Col. Markham and upon his decision will depend the welfare of the state for several years to come. We have an abiding faith in our new governor and believe that the vast interests of this grand Pacific empire are safe in his hands, and that the voice of the ma-



majority as expressed at the polls on November 4th will find an echo in the hearts of every loyal citizen of California before the new administration is a year old.

The CALIFORNIA HOMŒOPATH, representing as it does the large and increasing homœopathic sentiment throughout the state, wishes most respectfully to call the attention of Col. Markham to the great injustice which we have suffered for many years, and ask of him as governor of California the recognition we certainly deserve.

There are in California hundreds of homœopathic physicians who are the equal in education and experience of their allopathic brethren. There is in San Francisco a homœopathic medical college which has no superior in the United States in the preparation it affords young men and women for the practice of an honorable profession. There are throughout the state a number of homœopathic hospitals and dispensaries doing a noble work for the relief of pain and suffering among the rich and poor alike. There are in every city, town and hamlet in California a vast number of persons representing a large proportion of the wealth and intelligence of her citizens who believe in and employ the homœopathic system of medicine for the relief of every bodily ill. These physicians, these public institutions and these honorable citizens contribute millions of dollars annually to the support of our state and municipal governments, and the taxes they are called upon to pay certainly represent a fair proportion of the total income secured by the commonwealth.

In view of these very evident facts we ask of Governor Markham an honest recognition in the distribution of public patronage and a fair proportion of the offices we as homœopaths help to maintain. No governor of California has yet had the manhood to accord to the homœopaths of the state even the smallest share of the patronage within his control. No previous occupant of the gubernatorial chair has ever had the sense of justice to appoint a homœopathic physician on any of the medical boards throughout the state.

We ask of Governor Markham no innovation; we simply demand what most of the Eastern states have long ago accorded as an act of justice to the homœopaths of their respective commonwealths. In Rhode Island, New Jersey,

Pennsylvania, Ohio, Illinois, Minnesota, Iowa and many others of the older states, the State Boards of Health are composed of both allopathic and homœopathic physicians, upon the National Board of Health at Washington the homœopathic school has its representatives, and no trouble has ever arisen from such a union; the representatives of both schools have worked together in perfect harmony and the result has been a gratifying increase in the usefulness of the boards.

Why should California who proudly claims a superiority in so many directions, hesitate to accord to a large proportion of her best citizens that justice which is their right and withhold the recognition given them in almost every other state in the Union. As we said before we have faith in the honor and manhood of our new governor and believe that it is only necessary to bring this matter to the notice of Col. Markham, to secure for the homœopaths of California at least two positions on the State Board of Health. We have a right to more but will be satisfied if two members of the State Board of Health and at least one member upon each of the City Boards of Health to be appointed by Governor Markham shall be chosen from the ranks of the homœopathic physicians. We therefore leave our cause in his hands confident that the man in whom his fellow-citizens put their trust will see justice done to every one of those constituents.

C. L. TISDALE, M. D.

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IN regard to State Boards of Health throughout the United States it gives us great pleasure to quote from Dr. C. E. Fisher, who is a well known authority on such matters and who has kindly furnished us with the following detailed information:

*Pennsylvania* has two homœopathic physicians on her State Board of Health, one of whom is Dr. Pemberton Dudley, of Philadelphia.

*Illinois* also has two members, one of whom is Prof. R. Ludlam, of Chicago.

*Indiana.* The president of the Indiana Board of Health is Dr. H. W. Taylor, a homœopath.

*Kansas.* The president of the Kansas Board of Health is Dr. G. H. T. Johnson, the well known homœopathist, of Atchinson.

*Tennessee* has Dr. Hicks, a homœopath, upon her board.

*Arkansas.* The secretary of the State Board of Health is Dr. W. E. Green, of Little Rock.

*Ohio.* Dr. D. H. Beckwith is on the State Board and is a well known homœopathic physician of Cleveland.

*Iowa.* Dr. E. A. Guilbert, of Dubuque, and a homœopath.

*Minnesota* has two homœopaths on State Board of Health.

*Washington* has three homœopathic physicians on her State Board, which is more as it should be, than in any of the other states.

*National.* Dr. T. S. Verdi, a prominent homœopath of Washington, D. C., has for many years been on the National Board of Health. D.

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## Correspondence.

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### Another Letter from Vancouver, B. C.

EDITORS HOMŒOPATH.—It is a long time since I last wrote you. This has been owing to a growing indifference to medical matters in general and this in turn to causes I will refer to. In the first place, I noticed many years ago, that success in obtaining practice, depended but little on medical proficiency, and very much on other things. Some indescribable personal attractiveness counts for something, but shrewd wire-pulling for most.

Notwithstanding, venerable sentiments to the contrary, money making should be the chief object in the practice of medicine as, in fact, it is even with those who delude themselves with philanthropy, and it is from this standpoint I speak. And I would animadvert on the typical valedictory as well as the impression created or confirmed previously, that the physicians success will depend on his knowledge of his profession, ergo upon his success at the bedside. I protest against the student being filled with this idea, for it will certainly bring him bitter disappointment. It is no new observation that success in obtaining practice is achieved by men practicing homœopathically, eclectically and allopathically, each as well as the other, and this was true when the contrasts were more vivid than now. The dear public for which foolish, (this is the word), physicians sacrifice their own lives, are exceedingly stupid in the premises. But some allowance, perhaps, must be made for them in view of the fact long noticed that recoveries occur un-

der all modes of treatment, and under no treatment at all. They occur even in spite of treatment.

So far, therefore, as the first requisite to the eating of the hare is concerned, namely, catching it, skillful wire pulling is of the first importance, and knowledge of the profession—is even sometimes in the way. Besides it is a wearisome, thankless task to be trying to take the crooks out of grown trees. It is better to bend the twig—if you can get the opportunity.

But this is just what everybody is trying to do also, viz: to get hold of the twigs. And then Good Samaritanism is rarely appreciated. Indeed it would almost seem that the shortest way to make an enemy lies in this direction.

As a means of getting into and retaining practice, I value skill in "running" a society or church as being of the first rank. I have been engaged in medical practice for more than three decades, and from the first two or three years have striven to get out of it. I am not out yet, but am not dependent upon it. Now, I think, these plain words which all observant physicians of experience will endorse, need to be spoken.

Concerning matters in dispute in homœopathy, I will say that I have achieved brilliant results with low and high attenuations, with the single and double and triple remedy, with them mixed, with prescriptions based on "general principles" and on "characteristics." I never got safely beyond the 1m; have prescribed for years little less than the 2c, but I never had a very large practice because I lacked the qualifications above referred to.

Bye the way, there is a good opening here for a homœopath who would be skillful in running the P———an's. An allopath is at present running the M———ists. I do not myself believe the *costal theory of human female genesis*, and can't act as tho' I did.

The Legislative wheel has turned once in our favor and once against us: By us, I mean the two Hom's in this Province. The first turn gave us a separate existence the other took this away. I saw no difference as no new one has come in.

An allopath wrote against Homœopaths being allowed to practice without the examination required of all others. He quoted the New York *Medical Times* against us, etc., etc. I enclose his pamphlet which was circulated amongst the Legislators. It will be a text for you, I think, for useful consideration.

Incoming Homœopaths must now be examined by the Allopathic Board. This, however, I feel certain will not result in injustice. I pointed out to you previously the change of front of the allopaths in Canada, and I suppose all over the British Empire. It is a "right about face," and they invite us to move along side of them, saying we do not care what your treatment may be. Show us that you are well versed in medical lore and we'll demand no more.

This was a very skillful movement, and it is simply impossible not to accept the hand that's extended.

It would be as unjust to hold the present generation of doctors responsible for the course pursued by a previous one towards Hahmann and his early followers, as for Americans acting thus towards Britishers of to-day, on account of British doings of a century ago. And this change in fronts is bona-fide. I find myself amongst friends who treat me as their equal. I was

over at the hospital yesterday and assisted the surgeon in reapplying a plaster of paris dressing to a fractured leg. It had been put on at once after the injury, and did well. Homœopaths have to be examined in Ontario by a mixed Board and the utmost fairness is admitted. I don't know what the outcome of this will be, but meantime I am glad to welcome peace and harmony.

Vancouver has not advanced so much this year, but has consolidated the previous strides and gives every indication of a great forward movement next year.

Three great steamers, costing a million each, will ply to Japan and China. Others, it is expected, will run to and from Australia and from India, etc., etc., etc.

A recently published directory credits us with a population of 18,000. Not bad for a four year old.

This letter is already to long; so adieu for the present.

E. STEVENSON, M. D., M. C. P. S., Ont.

### The San Francisco College.

EDITOR CALIFORNIA HOMŒOPATH—Lately on your shores, I am surprised to find so little apparent interest in the infant college of your city. Before reaching San Francisco, I received information which gave me to suppose there was reason for sending students East, if they were to receive a first class medical education. But after listening to most of the gentlemen constituting the faculty of your college, I am certain there is a mistake touching this matter. Instead of a weakly institution giving occupation to a company of pedagogues, I find to the contrary a very well selected corps of able instructors. They are even capable of filling chairs in our best schools in the East, while one or two would be regarded as brilliant acquisitions in any school of medicine. I was in time to attend your last commencement exercises. I saw your great Odd Fellows' Hall with its galleries on three sides filled to almost its last sitting. The music was fine and the oration the most brilliant I ever listened to upon such an occasion. I saw, as I believe, the evidence of a large and strong interest in homœopathy in San Francisco. But judging from the small number you graduated there is manifestly a lack of interest on the part of the large number of homœopaths scattered up and down your coast.

I have the deepest convictions that this is a mistake. Every well equipped institution is found to be the prolific source of helpful influences, influences whose potency and reach no man can measure. By these influences truth is disseminated, public opinion is manufactured and moulded, legislators are directed, the violence of antagonists is staid, while patronage and wealth are indirectly secured to the practitioner. To therefore conspire against or even seem indifferent to such an institution is to loose a grand opportunity and perpetrate an almost unpardonable mistake. It is not possible that the already large homœopathic constituency west of the Rocky Mountains has failed to consider these facts as they should and that if brought to their attention there may appear a very different aspect of things before the expiration of another twelve-month?

November 26th, 1890.

COSMOPOLITAN.

## Personals.

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DR. G. DART has removed from Sacramento to Oleander, Fresno County.

DR. A. J. HOWE has opened an office at 941 Valencia street, San Francisco.

DR. ALICE M. GOSS has opened an office at 205 Powell street, San Francisco. Hours, 8 to 9, 2 to 4.

DR. JEAN E. DEWESE is establishing an excellent practice in the Northern part of the city. Office, 1821 Mason street.

MRS. DR. H. TYLER WILCOX has returned to St. Louis after three years' residence in Los Angeles, Cal., and located at 2930 Olive street.

DR. C. L. TISDALE, one of the editors of this journal, is at present in Chicago. He is devoting his time to orificial surgery under Prof. Pratt.

DR. A. J. HOWE, of San Francisco, has been appointed Professor of Anatomy in the Hahnemann Medical College of San Francisco, vice Dr. Dewey, who takes the chair of materia medica.

ALBERT WHEELER, M. D., has removed his office to 607 Sutter street. The doctor has been appointed to lecture on dermatology and diseases of the genito-urinary organs in the Hahnemann Hospital College of San Francisco.

FOR SALE.—A lucrative practice, yielding annually \$4000, for sale to a homoeopathic physician; situated in Honolulu, Hawaiian Islands, justly called the *Paradise of the Pacific*. For terms and full particulars inquire of Dr. R. L. Hill, 564 Fourteenth street, Oakland; or Dr. Geo. H. Martin, 921 Polk street, San Francisco, Cal.; who are hereby authorized to negotiate the sale.

## Book Reviews.

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Transactions of the Fourteenth Annual Session of the California State Homoeopathic Medical Society, May, 1890. Vol. I.

In 1876 there appeared one volume of the Pacific Hom. Med. Society of California\*, and fourteen years have since passed and as the present volume records the transactions of the fourteenth Session, we might well ask what

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\*A different organization from the present California State Homoeopathic Medical Society.—Eds.

happened in the other thirteen sessions. Who is the custodian of the papers and essays read during these thirteen yearly meetings, and as the directors and the treasurer have a surplus on hand, would it be worth while to rescue these forgotten treasures from oblivion? We might thus show to the outside world the steady growth of homœopathy in the golden state of the Pacific, we might thus show that the shibboleth of S. S. C. took firm root in our productive soil and that we firmly uphold the banner raised by Samuel Hahnemann just a century ago.

The president struck the keynote when he gave out the hint, that members must work in order to make the sessions successful and that the transactions may become worth reading and worth preserving. Our work ought to be the equal of any transactions issued from the East and if we fall behind, let us know where the fault lies.

Dr. McNeil shows in the first paper of the transactions, how a case should be worked out. Some might say, "we know all this," but how many take the trouble to perform the task, and is not this laziness the gnawing cancer to destroy all the good what is in homœopathy? But does not on the other side our friend McNeil become unilateral when he binds himself down to orthodoxy of the severest sort and fails to see anything good and valuable except his pellet. Ledyard and Pease also show what can be done with faithful adherence to the principles of homœopathy, and at this late day it is lost time to dispute about the necessity of a strict diagnosis, and may not many a failure be justly put to the account of the physician, who is rather lame in discerning the objective and subjective symptoms. There are many doctors, but mighty few A No. 1 gilt edged physicians. The papers on obstetrics are good reading for those who have no libraries of their own, but the discussion brought out the old adage that cleanliness is next to godliness and that asepsis is better than antiseptics. Love homœopathy and do not run after strange gods!! Let us hope that our lady physicians will become better workers in medical literature, for Dr. Alice Burritt's paper seems to me one of the best in the transactions. Still the prize must be given to the careful essay of Dr. Martin, of Woodland, on "Some results from the abuse of quinine." That article ought to be read over and over by every homœopathic physician, for when even a Jousset affirms that quinine and periodicity go always hand in hand, then lesser lights might be excused in their abuse of quinine, in fact it is astonishing, in how few cases of malaria and intermittents quinine is the homœopathically indicated remedy.

These California Transactions might be worse, but they might be also a great deal better, if each and all of us would do our duty; let us feel an honest pride in the work of our State Society, so that it may become the nucleus around which all the other Pacific states may gather in harmonious action.

S. L.

**The Physicians' Visiting List for 1891.** Philadelphia: P. Blakiston, Son & Co.

This is the fortieth year of publication of this useful physicians' visiting list. It is compact printed on fine paper and bound in flexible leather, just the size to be carried in an ordinary coat pocket. Now is the time to get your new visiting list, and Blakiston's is an excellent one.

**Ointments and Oleates; Especially in Diseases of the Skin.** By JOHN V. SHOEMAKER, A.M.; M.D. Second Edition, revised and enlarged. Philadelphia and London: F. A. Davis, 1890.

This attractive looking volume is No. 6 of the Physicians' and Students' Ready Reference Series published by this enterprising house. We have had occasion before to speak favorably of this series and the present but confirms our previous judgment. The work contains explicit directions for the manufacture of the various ointments officinal not only in the American and British Pharmacopœias but also those of the Italian, German, Spanish &c. The history, origin and physiological action of Oleates as well as their therapeutical application is fully dealt with. It is an eminently practical volume and we can cordially recommend it to our readers.

**Epilepsy; Its pathology and treatment.** By HOBART A. HARE, M.D. London and Philadelphia: F. A. Davis, 1890.

This is No. 7 of the same practical series of reference books. It is an essay to which was awarded a prize by the Belgian Royal Academy of Medicine. It is an instructing resumé of the views held about this disorder by the best minds and contains many valuable suggestions as to the general treatment.

**Quis Compenda No. 1. Anatomy.** By SAMUEL O. L. POTTER. Fifth Edition. Philadelphia: P. Blakison Son & Co., 1890.

Dr. Samuel O. L. Potter evidently knows more about getting up a book for beginners in Anatomy than he does about Homeopathy, and the above work now in its fifth edition has had a large sale and a constant demand. The added tables and lithographic plates make the volume a very useful compilation for the medical student. It is the only work of this author that we can recommend.

#### **History of the Homœopathic Medical Society of Eastern Ohio.**

This pamphlet is one of more than local interest and well worthy of preservation. The Eastern Ohio doctors seem to be given to versifying while verifying the homœopathic law, so Dr. J. W. Rockwell offers a poetical effusion on ovaritis and *mirabile dictu* on "Constipation." Some of the practical points in the pamphlet are really excellent and we may transfer some of them to our pages.

**The Medical Student Manual of Chemistry.** By R. A. WITTHAUS, M.D. Third Edition. N. Y: Wm. Wood & Co., 1890.

This popular manual now appearing in its third edition should be the Chemical text book of every Medical College in the United States. It contains just what a medical man ought to know about chemistry, and just what a Medical Student should learn in College. Much attention has been rightly given to the organic part of the work which in its relation to modern therapeutics and pathology, will be found to be of great service. The bookmaking part of the volume is perfect, as are all the works emanating from the well known house of Wood.



**A Repertory of Convulsions.** By E. M. SANTEE, M.D., H. HITCHCOCK, M.D. New York, 1890.

Although a repertory of convulsions may seem very silly to some, yet this little work contains an excellent arrangement of the symptoms preceding and following the spasm, which may be found useful to those who, during the spasm itself, may not care to sit and look up symptoms in a repertory. As such we can commend it.

**Massachusetts Homœopathic Medical Society; By-Laws, List of Members and Statistics; September, 1890.** Prepared by the Committee on Registration and Statistics. Brookline, Massachusetts, 1890.

**Notes on Medical Legislation in British Columbia.** By MARK S. WADE, M.D., F. C. S.

**Hypodermic Medication in Diseases of the Eye.** By CHAS. J. LUNDY, A.M., M.D., Detroit.

**Diagnosis and Operative Treatment of Gunshot Wounds of the Stomach and Intestines.** By N. SENN, M.D. Chicago.

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## Clinical Items.

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### Practical Notes.

(By M. DUZ, M. D., CONSTANTINOPLE. TURKEY.)

1. In neuralgia (trifacial), thuya 30 alternated with zingiber 300, gave me the best results. 2. In a desperate case of consumption: kali iodot. Ix trit. 5 centigr. daily, and a drop of sulphur 6 on the morning, continued for two months, improved greatly the young lady; the fever abated, the cough and sputa diminished, the dyspnoea disappeared, and the nutrition greatly increased. The apex rhonchus of the left lung, so abundant at the first, are now very scarce and hardly perceptible. 3. In broncho-pneumonia. catarrhalis, sanguinaria 1x and calcar. carb. 200 gave the best results. - I am debtor for this indication to Dr. Burt's physiological materia medica. 4. In broncho-pneumonial form of the influenza: ranunculus glacialis 12. This remedy is also efficacious in pulmonary affections. 5. My friend, Dr. Belfiore of Naples, found *salol* an excellent remedy in advanced catarrh of the bladder (whenever there is muco-pus), at doses of one to one and half gramms daily, divided in four parts and given in wafers. The muco-pus disappeared in a few days.

*Paris* head feels immensely large. Headache from nape of neck.

*Nicolum* rightsided sore throat; affected side is very dry, sensitive to touch externally.

*Naja* After diphtheria, threatening paralysis of the heart, the patient becomes blue, gasps for breath on waking, pulse intermediate and feeble.

*Natrum Sulph.* Uric acid deposits, enlarged prostate, chronic gonorrhœa.

*Phellandrium* Neuralgic headache, a feeling of crushing on the vertex, burning shooting in the temples, intense livid redness of the face.

*Lobelia tincture* is said to cure felons by keeping the diseased part constantly wet with it and beginning its use as soon as the pain begins.

*Alstonia* great debility, with loss of appetite and weak digestion. Tongue coated a dirty white especially toward the base. Nausea, worse mornings before breakfast, or at irregular times. Empty gone feeling in stomach and abdomen. Bearing down sensations in hypogastrium.

*Conium* is a good remedy for crampy after pains in women who have borne many children.

*Belladonna* is especially useful for enlargement and induration of the axillary glands, occurring in women at the climacteric.

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#### ORIFICIAL SURGERY.

Professor E. H. Pratt, M. D., the orificial surgeon, of Chicago, and the father of orificial philosophy, will visit the Pacific Coast during the holidays, and will meet the doctors who are interested in the subject in San Francisco, and give a lecture. If practical, he will also hold a clinic. Due notice will be given of time and place.

## Selections.

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### On Slow Beat of the Heart or Bradycardia.

By PROF. F. RIEGEL.

1. Physiological Bradycardia, in connection with a physiological act, and caused by it, as puerperal Bradycardia, very similar to that one observed in the crisis of acute febrile diseases, the Bradycardia from starving, finally it may only be an individual peculiarity.

2. Pathological Bradycardia, as during convalescence from acute febrile diseases, most frequently after pneumonia, typhoids, erysipelas, acute articular rheumatism. Traube explains it as a manifestation of weariness, of exhaustion. (b) In diseases of the digestive organs, most frequent in gastric affections (ulcus ventriculi, carcinoma, ecstacy), this slow pulse may find its explanation according to the analogy of numerous physiological experiments, where, by electrical, thermal or mechanical irritation of the stomach of animals, the pulse becomes retarded and arterial pressure increased (in consequence of reflex stimulation of the inhibitory fibres of the pneumogastric and of the vasomotory fibres of the blood vessels). The retardation of the pulse in jaundice probably is caused by a paralysing action of the acids of the bile on the ganglia of the heart, and follows more rarely peritonitis as a retardation during convalescence. (c) In diseases of the respiratory organs, either a post-febrile retardation during convalescence, as after pleurisy, or after great loss of fluids (Hæmoptœ or sudden discharge of extensive pleural exudations); it is relatively frequent in emphysema. (d) In diseases of the circulation it is neither a constant nor a pathognomonic symptom, though observed in fatty degeneration and sclerosis of the coronary arteries. It is nearly the rule in weak heart from the insufficient nutrition of the myocardium and insufficient importation of oxygenated blood to the heart. (e) In diseases of the urinary organs, especially in acute nephritis, the retardation of the pulse goes here *pari passu* with an increased tension in the arterial system, and both symptoms are a most early indica-

tion of a toxæmia from retention of urinary constituents, of a beginning uræmia. It may happen also from intoxication from alcohol, lead, etc. (g) In diseases of the blood and from general malnutrition, as from ænemia, chlorosis, diabetes, etc. (h) In diseases of the nervous system, whether central or peripheral, mostly an injury at the place where the vagus takes its origin, as by a reflex action on that nerve, or there may be changes in the circulatory apparatus or some pressure on the brain. (i) Defatigation and exhaustion, isolation, reflex action from cutaneous diseases, after painful muscular affections; and often one may find it impossible to detect the source of the Bradycardia.—*Zeitschr, f. Klin. Med.* XVIII., 3 and 4, 90.

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### Pathological Fractures.

By PROF. VERNEUIL.

The grand characteristic of pathological fractures is that the patient does not know anything about it, if in the legs that he walks about and complains of no pain, if in the arms that he raises it up and this very indolence must arise from a pathological disease. It may be met in cases of locomotor ataxia, an analgesia, though it is well known how severe the fulgurating pains of this disease may be, and such spontaneous fractures, as they were called, appear without any preceding trauma, fall or blow, and are not followed by pain. The frequency of fractures to which such persons are liable, shows that there must be some diathetic cause for such fragility of the bones, which shows so much analogy to osteomalacia, manifesting itself by rarefaction, friability and steatosis of the bony tissue, and still these fractures quite frequently consolidate easily, the callus being hard, voluminous and exuberant in consequence of bony excrescencies which give it an irregular form, or in consequence of muscular twitchings produced by the fulgurating pains. We must be guarded in our prognosis, for sometimes no callus forms on account of the rarefaction of the bony tissue.—*Bullet. med.* 76, 90.

### Insanity from Bright's Disease.

Dr. Roullant reports the case of a lady who one morning after a restless night, insisted upon that she could not rise, as all her bones were fractured, and she refused food and drink from fear of being poisoned. She is otherwise perfectly quiet, allows a thorough examination and complains only about her head. No elevation of temperature; pulse, hard, vibrating; heart, normal; tongue, saburral; urine, scanty, and of a dark color. Her health so far was satisfactory and anamnesis revealed no nervous disorder or alcoholism in the family. Several weeks passed, when one day the Doctor found her ankles and legs oedematous and a new examination showed that she often bled from her nose, and that she drank a great deal and had to urinate frequently by day and by night. Under a strict milk diet she gradually improved, the urine cleared up and contained less albumine, she slept better and did not complain any more of her night-terrors, and got up to be dressed and to make attempts to walk. At every relaxation of the milk diet, aggravation followed, so that in her deliria she tried to throw herself out of the window. She is now at her country home, and though there is no albumine any more in her urine, she can not be considered cured.—*Bull., Med., 76, 90.*

### SOME SPECIAL USES OF ACONITE.

By JOHN C. MORGAN, M. D., PHILADELPHIA.

[Read before the 14th Annual Session of the Missouri Institute of Homœopathy at St. Louis, 1890.]

The discovery of aconite in the role of an antiphlogistic and *febrifuge* was a mere accident—if there be any accidents—rather, let us say, a good Providence, attending the steps of one bent on obeying natural, or divine law—the law of the similars.

One of the early disciples of Hahnemann was called to a case of pleurisy; suffering with severe stitching pains, high fever, thirst, restless tossing about, and above all, great and worrying anxiety of mind, (or as we often say, “nervous-

ness") and a fearful and certain assurance of impending death.

*Aconite* was, as yet, an unknown quantity in the treatment of acute inflammation and fever. Any of the crudists of our day who spurn Hahnemann and his "visionary" followers, but with whom this drug is a "usual remedy" for such cases, would of course have been helpless in such an emergency; but the "usual remedies" of our day were then being discovered, with prophetic vision, by those much maligned pioneers.

Thus was it here. True to Hahnemann's advice, the doctor regarded the totality of the symptoms, regardless of the name of the disease, however easy to find. This totality contained a maximum of so-called "irrelevant," that is, individual psychical symptoms—generally known among us as "mental symptoms." Seeing in these the dynamic inwardness, or genius, of this struggle of the vital force or forces, with the shock of exposure, the doctor, still true to his text, gave these symptoms the first rank. Only *aconite* could meet them, and serenely, he gave this unknown but coming king of antiphlogistics. The result was that the harrowing and painful looking for death gave place to mental calm, and with the soul's comfort came ease of body, cooling of fever, and cure of the acute inflammation. An empirical antiphlogistic abuse of the same drug has yet cured many such cases since; but who cannot mention some others, similar diseases, as to name, in which, with very different psychical symptoms, it has utterly failed? And, on the other hand, who does not know of cures by *aconite* where there was a pale face, a cool skin, and no acute inflammation—provided that the mentality was of the characteristic, worrying, anxious sort? It is always attended, however, with a certain willfulness; and sometimes, personal resolution succeeds in even concealing the terror or the worry actually existing; a matter to which the physician should never be blind.

Again, there are *two daily periods*, when the *aconite* case may display signs of exacerbation, *in one, or in both*; and this alone may direct our thoughts to the possible use of the drug. These periods are: from 12 to 3, A. M., and from 9 to

12, A. M. In mysterious diseases—as diabetes, etc., these may afford a therapeutic hint—as well as in ordinary maladies. And now, an antithesis—a new statement, apparently contradicting the first one above made, is requisite, as a shading to that very broad picture, and to complete the likeness of the drug action. This is, indeed, a general principle for our guidance in the study of any and *every* drug. I choose to call this “*the antithetic type*.”

Every drug presents, in its action, as all know, “primary” and “secondary” effects—the former being evidence of the drug-shock—the latter, of the vital resistance, or “reaction.” It is not, however, so well known, or, at any rate, so well understood, that *the primary effect itself is, at least, a double and contradictory affair*—and to this may be ascribed much of the difficulty of our comprehension of the homœopathic *Materia Medica*. Thus, in *bryonia* we find both dryness and fluency; it is a constipator, and also a loosener of the bowels—both within the range of its “primary” effect, the “drug-shock only.” *Hyoscyamus* is strikingly characterized, on the one hand, by “*turbulent restlessness*”—and equally so by the antithesis of such a state, viz: *stupor*!

This, then, is the principle of *primary drug-action*—it is not simple—it is compound—it is “alternative”—it is dual and opposite—it presents, always, two characteristic “antithetic types.” To master this, for each drug, is to conquer its whole genius in detail, and with speed.

*Aconite*, of course, forms no exception. Its best known type is *anxious force*; but its anti-type is, “*reptilian inertia*”! Great therapeutic deductions necessarily follow. One of these is that it is sometimes a prime *tonic*. A form of congestive chills, a form of cholera, certain cases of cholera infantum, and many minor ailments, as every practitioner has observed, are thus characterized. *Aconite* is to such a cardinal remedy.

Cholera infantum in particular, often appears thus, and it is at least partly curable by a cautious use of this drug—perhaps after failure with everything else.

The cure of bad effects of abuse of *many drugs*—“a spoiled case”—divides the honors, often, between *aconite* and *nux vomica*—singly given, as indicated, of course.

Summer diarrhoea of infants, not choleraic, but simulating any and every drug known in diarrhoea—in character of stools, etc., may be cured with *aconite*, if either of the “anti-thetic types” of *psychological* state be present—particularly when the periodicity is also characteristic; and sometimes when it is not.

Abnormal sweating, by night or by day, is as clear a keynote as is fever, for our drug. Indeed sweat is but a special “fever symptom,” as our repertories teach us. The particular indication for *aconite* is that the sweat *breaks out as soon as the patient falls asleep*. In plethoric puerperal and nursing women; this occasionally finds illustration.

In like manner, ordinary *enuresis* is a good characteristic for the choice of *aconite*; particularly when reinforced by other of the traits of this drug. It should have solved many a troublesome case for us in the past, no doubt. Once more *aconite* being commonly denied any part in the cure of tissue lesions, it will be news to some in the profession, that Dr. H. N. Guernsey found a specific indication, or keynote to the drug in “*hard red swellings*”—a precious fact, that I can verify from my own experience in an obstinate case of facial eczema, due to strawberry poisoning. This keynote and such experience must widen our conceptions of the therapeutic possibilities of this remedy.

Lastly—the *pulse* of *aconite* is, on the one hand, exceedingly *tense*—or on the other, very *loose*. If of the first type, it feels like a wire under the finger, or, if longer, like a chord, such as that in use for window shades. If of the antitype, it gives a flip-flap sensation to the touch (*Bellad.*; thumping pulse).

It is scarcely necessary, perhaps, to caution intelligent physicians against the possible error of confounding *aconite* indications with those of other drugs with symptoms such as those above described;—*e. g. bellad., arsen., carbo v., sulph., etc., etc.*; at all events, to do more than barely recall the well known rule of *individualization* and differentiation, in all homoeopathic prescribing.

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*aphisagria* ovarian irritation hypochondriacal, mind  
on sexual subjects.



What Are "Humphreys' Homœopathic Specifics."

It happens every now and then that homœopathic practitioners are called upon to treat patients to whom Humphreys' polypharmaceutical "specifics" (?) have recently been administered. Under such circumstances, it is well-nigh impossible at first to determine what symptoms are those of the disease, and what those of the drugs. As a partial means of distinguishing these, and a possible help to finding the antidote, we give below the composition of these nostrums, as published by Humphreys in 1872, in the first edition (long out of print), of his "Homœopathic Mentor." Later editions prudently leave the composition secret, and we believe that but few physicians know or have at hand the means of learning the composition of these pseudo-homœopathic remedies:

- No. 1. Fever, Congestion, Inflammations, *Acon.*, *Bell.*, *Bry.*
- “ 2. Worm Fever, or Worm Disease, *Cina.*, *Ignat.*, *Sil.*
- “ 3. Colic, Crying and Wakefulness of Infants, *Cham.*,  
*Calc. carb.*; *Jalapa.*
- “ 4. Diarrhea of Children and Adults, *Ipec.*, *China*, *Calc. carb.*
- “ 5. Dysentery, Gripings, Bilious Colic, *Coloc.*, *Colch.*,  
*Merc. corr.*
- “ 6. Cholera, Cholera Morbus, Vomiting, *Verat. alb.*  
*Arsen.*, *Cupr.*
- “ 7. Coughs, Colds, Hoarseness, Bronchitis, *Bry.*, *Phos.*,  
*Caust.*
- “ 8. Toothache, Faceache, Neuralgia, *Mezer.*, *Plant. m.*,  
*Bell.*
- “ 9. Headache, Sick Headache, Vertigo, *Apis*, *Iris v.*,  
*Nux v.*
- “ 10. Dyspepsia, Biliousness, Costiveness, *Nux v.*, *Chin.*,  
*Sulph.*
- “ 11. Suppressed Menses, or Scanty, *Apis*, *Puls.*, *Sep.*
- “ 12. Leucorrhœa, or Profuse Menses, *Carb. an.*, *Nux v.*,  
*Bell.*
- “ 13. Croup, Hoarse Cough, Difficult Breathing, *Acon.*,  
*Spongia t.*, *Kali bi.*
- “ 14. Salt Rheum, Eruptions, Erysipelas, *Rhus tox.*, *Apis*,  
*Sulph.*

umatic Pains, *Bry.*, *Tart. em.*,

mittent Fever, *Ipec.*, *Nux v.*,

ing, *Hamam.*, *Nux vomica*,

amed Eyes, *Apis*, *Euph.*,

*met.*, *Nit. ac.*, *Puls.*

ic Cough, *Dros.*, *Ipec.*,

Breathing, *Lach.*, *Ars.*,

aring, *Hep. s.*, *Puls.*,

*Baryta c.*, *Lach.*,

Weakness, *Ferr.*,

*Bry.*, *Arsen.*

*etrol.*, *Nux v.*,

*Puls.*, *Lycop.*,

*ac.*, *China*,

'.

Kidneys,

*Coccul.*

*Sep.*,

'.

*ich.*,

*rb.*

*re*

*r*

## A PROTEST.

PROF. WILLIAM GOODELL in the *Medical News*, protests against the habit of physicians of attributing woman's ailments to uterine disease, and probing, cutting, cauterizing, and stitching these poor victims of a theory. The protest of Dr. Goodell carries the more weight from the fact that he is a gynæcologist, and considering his large experience he ought to know whereof he speaks. This is not the first time that the profession has been warned against this *utero-mania* that affects many physicians. Neurologists have frequently called attention to the unnecessary interference in treatment with the female pelvic organs by physicians, and now that gynæcologists have joined in the protest we may hope that there will be a reformation in this direction. Every neurologist knows that frequently symptoms referable to the uterus occur in cases of nerve failure, symptoms which are but local expressions of the general condition of the nervous system.

If women have head-ache, spine-ache, indigestion and cardiac palpitation in consequence of nervous exhaustion, why should they not have uterine-ache, ovarian pain, menstrual irregularities from the same cause? The sexual apparatus of woman as the agency of reproduction embodies the supreme function of her being, and it is of necessity complexly related to the nervous system. There being this intimate structural and functional relationship it could not be otherwise than that the disorders of one should be reflected upon the other. It is an unhappy day for any woman who has nerve failure with false uterine symptoms when she is told that she has uterine disease. Being already morbid and despondent there is a special vividness in the phrase that impresses her, and this ghost of "womb trouble" haunts her with its nasty associations, aggravating the original trouble and making its cure more difficult. What physicians ought to bear in mind in this connection is, that in any condition of poor health in women there are almost certain to be symptoms of uterine derangement. The thing to do is to treat the primary condition and not its counterfeit.—*The Review of Insanity and Nervous Disease.*

## DR. SCHUSSLER ON THE TISSUE REMEDIES.

[Translated by H. BARTENS, A. M. M. D., St. Louis.]

Mrs. D. Walker, of Dundee, has translated my *Therapy* into the English. To this translation she has added an index prepared by herself, containing, outside of the indications given in my book, a number of symptoms of her own manufacture. To this I cannot consent. Unfortunately several of Mrs. Walker's translations have been distributed among the American profession and there they have been reproduced, first in a work published by Drs. Boericke and Dewey in San Francisco, and later, one by Drs. Chapman, Carey and Landerer.

In this article I shall reproduce a few only of Mrs. Walker's errors of translation, and I wish it distinctly to be understood that it is not my intention to insult any one, but only an act of justice to myself and in the interest of true biochemical treatment.

1. Mrs. Walker's index quotes, under the heading "Diabetes": "In health the liver so elaborates the chemical property of the sugar that, on passing to the heart and by the vena cava inferior to the lungs, it is turned into lactic acid." Now this is all bosh. The vena cava inferior empties into the right ventricle, the arteria pulmonalis out of the right ventricle into the lungs. Why does Mrs. Walker, who is not a physician nor possesses a medical education, try to explain things beyond her comprehension? The latest investigations have demonstrated the fact that not the liver but the pancreas is the seat of disease in diabetes. Mrs. Walker says on the title page of her book, "Authorized translation." The fact is that I am in no way responsible for her nonsense.

2. "Headaches when after taking sour milk (natr. phos.)" If a headache really manifests itself after the ingestion of sour milk, who will be able to decide whether this is *propter hoc*?

3. "Ears, one ear red, hot and itchy, accompanied by gastric derangement." Well, now, why should only one ear be red and hot and not both of them?

4. "Gall stones, to prevent the formation of (calc. phos.)" Nonsense. Calc. phos. never will prevent formation of gall stones.

5. "Stone in the bladder, to check the formation of (calc. phos.) and buttermilk as a dietary." I imagine the buttermilk must do it in this case. Any one proposing a new system in medicine must not promise too much, hence the assertion on page 8 of Mrs. Walker's index that aneurism is curable by ferr. phos. is a masterpiece of cheek. Why, not one among 10,000 physicians, if he understands the pathological anatomy of aneurism, will make such a ridiculous assertion, but 9,999 will readily attest to the incurability of this dangerous trouble.

6. "Indigestion, after taking rich and fatty food (kali chlor.)" No, natr. phos. is the remedy, because this chemical alone has the power to decompose the fatty acids.

This, I think, will suffice to show that Mrs. Walker's translation is anything but correct.

But now I have to censure a few quotations from the books of Boericke and Dewey, and Chapman, Carey and Lawrence.

1. "In health, the liver so elaborates the chemical property of the sugar that on passing to the heart, by the vena cava inferior and thence to the lungs, it is perverted and sugar passes unchanged into the circulation." Evidently this is not only a copy but a mutilation of Mrs. Walker's nonsense—much worse, though, because published by persons who ought to know better.\* But the worst of it is that Drs. Boericke and Dewey have made use of my name in such a way that the profession necessarily must believe this was originally my production. I hereby protest most strenuously against such a proceeding!\*

2. "Nath. sulph., suicidal tendency." Well, now, if there is any one who will believe natr. sulph. will prevent suicide he may do so on his own risk. I don't, and I never said so, either.

3. "Calc. fluor, itching at the anus as from pin worms." This indication has nothing whatever to do with the biochemical theory.

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This error has been corrected in the second edition of B. and D.'s Tissue Remedies.—EDITORS.

4. "Natrum mur., vomiting of dark substances like coffee grounds." This symptom indicates either ulcers or cancer of stomach. The former may be cured by kali phos. and not by natr., because kali phos. influences functional disturbances of nerves.

5. "Calc. sulph., dreams; she had a convulsion from fright." This nonsense reminds me of a similarly ridiculous symptom, read by me several years ago, when I was still a homoeopath, in one of the many therapeutic guides, or rather misguides. It is as follows: "He dreams in his sleep to clasp his hands together and awake his sleepmates by the noise."

Well, this may be sufficient. It has always been my desire to publish this article in one of the American journals, but, being unacquainted in the New World, I did not know where to send it for publication until some time ago the editor of this paper kindly consented to publish it.

I fully consent that everybody has the right to employ my twelve tissue remedies according to other than biochemical principles—but to mix up these principles with such ridiculous symptoms as: "one ear red and hot;" "tendency to prevent suicide;" "prevention of formation of biliary and vesical calculi;" "dreams of convulsions," and "buttermilk"—means nothing else but gross ignorance or the malicious intent to injure my system. No scientifically educated mind will ever become convinced of the truth of the biochemical theory by reading such books.

This whole symptom-hunting business has but one tendency to lead up to worthless, voluminous books and fat publishers.

Mrs. Walker had obtained my consent to translate my book, but she had no right to sign my name to her own inventions and to add an index full of things which no man of education will ever accept. Yours very truly,

Oldenburg, August 14, 1890. DR. M. D. SCHUSSLER.—  
*Hom. News.*

#### Observations on the Movements of Young Children.

M. Alfred Binet has recently published some interesting observations which he has made with regard to the movements of infants. The first question to which he directed his attention was the way in which they learn to walk. He maintains that the attempts to walk are instinctive, and not the result of education (*The Lancet*). Among other grounds he draws attention to the more or less co-ordinated treading movements that even an infant of only three weeks will keep up if the soles of its feet are allowed to touch lightly a suit-

able surface. He believes that the time at which a child learns to walk depends not merely on bodily conditions, such as firmness of the bones, good muscular power, etc., but also on the mental characteristics of each child. Thus he thinks he has established the fact that a child who can give its attention to placing its steps, and whose attention is not easily distracted, learns to walk at an earlier age and in a shorter time than more restless children. He maintains further, that the boy makes the man, and that such children are characterized in later life by the important faculty of close application to work.

M. Binet also directed his observation to the restless movements of young infants, which have been so carefully studied in England by Dr. Francis Warner. He draws special attention to the fact that these movements are almost always bilateral, the two sides being affected either synchronously or alternately. This tendency to bilateral movement is to be noticed not merely in infants, but may also be traced in children of seven years old. If a rubber ball connected with a tambour of a revolving blackened cylinder be placed in each hand of an intelligent child, and he be told at a given moment to squeeze with one hand only, the tracing almost invariably shows that the ball had been also squeezed, although to a much less extent, by the other hand. A similar apparatus was employed to estimate the "reaction time" which elapses between the giving of a signal and the performance of a prearranged movement. A tuning-fork was arranged to mark fractions of a second on the revolving cylinder, and the signal was given by a bell, which marked the cylinder as it was struck. The child then squeezed the ball as quickly as possible. The average "reaction time" with four children, whose ages ranged from three to seven years, was just double that obtained with the same apparatus in the case of healthy adults. The duration of the contraction was also more prolonged, the average in the children being three times as long as that in adults. M. Binet describes with less exactness the very complicated automatic movements which may be excited in an infant by gentle cutaneous stimulation during sleep, and which may not even be noticed by the child when awake if its attention be distracted. M. Binet's observations are opposed to the views of Mill and Bain that our ideas of space, etc., are the result of education, and not intuitive. He says that a child three weeks old, who he is certain had never had a fall, and therefore could not know by experience that it would be attended by pain, will lie contentedly across a person's outstretched arms, if the hands be placed in such a position as to prevent its slipping down.

The CALIFORNIA HOMOEOPATH HINDERN LINDERN MINDERN

**EDITORS:**

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The **Gleanings** will present monthly all the important advances in Medicine and Surgery. Beginning with the number for January, 1890, the Gleanings will be presented under four heads: *General Medicine*, conducted by Drs. S. LILIENTHAL, W. W. VAN BAUN, E. M. GRAMM and CLARENCE BARTLETT; *Obstetrics and Gynecology*, by Drs. GEO. B. SOUTHWICK and E. W. MERCER; *Ophthalmology, Otolaryngology and Laryngology*, by Dr. CHAS. M. THOMAS; and *General Surgery*, by Drs. W. B. VAN LENNEP and CARL FISCHER. In the preparation of the Gleanings, the editors will have at their disposal all the important medical journals of the world.

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To show the immense fund of information contained in the monthly number of the *Hahnemannian* it is only necessary to state that during the first eight months of 1889 there were presented in its pages 60 original articles, 329 gleanings and 280 materia medica items.

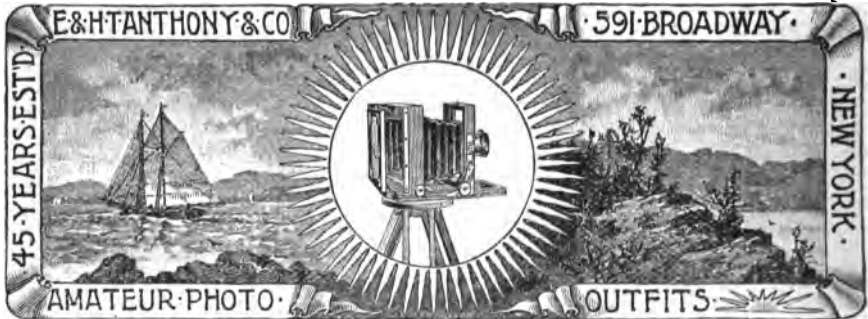
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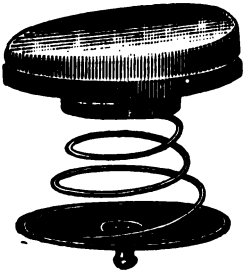
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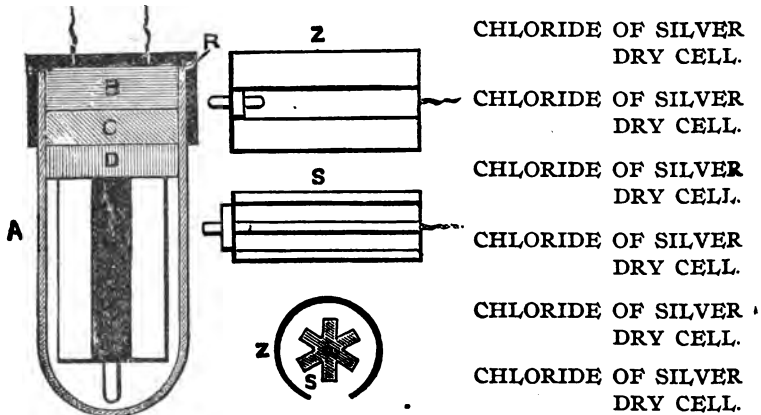
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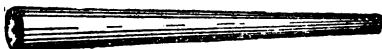
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