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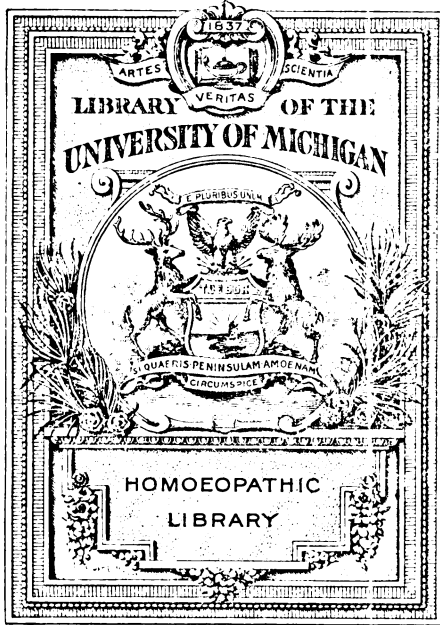
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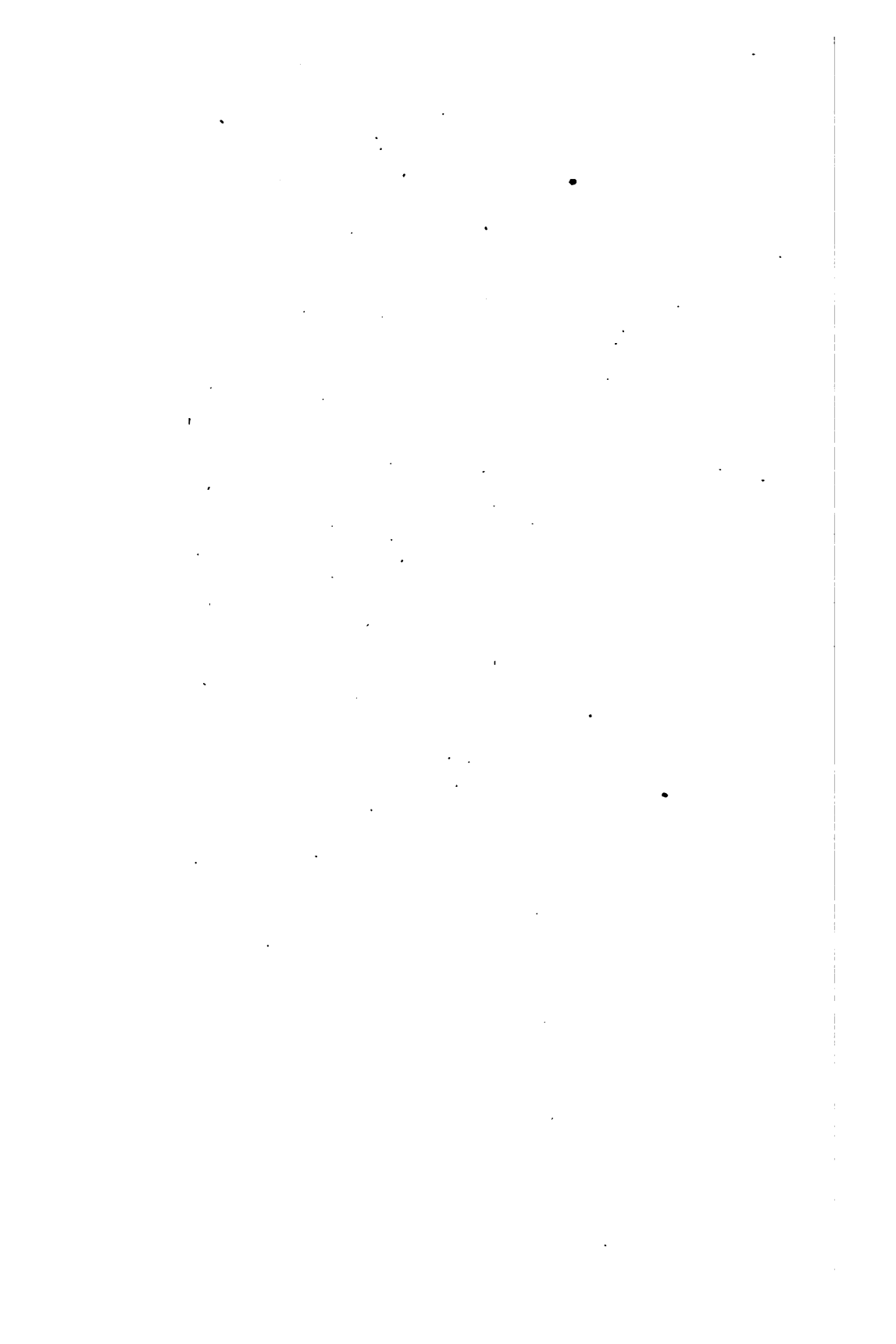
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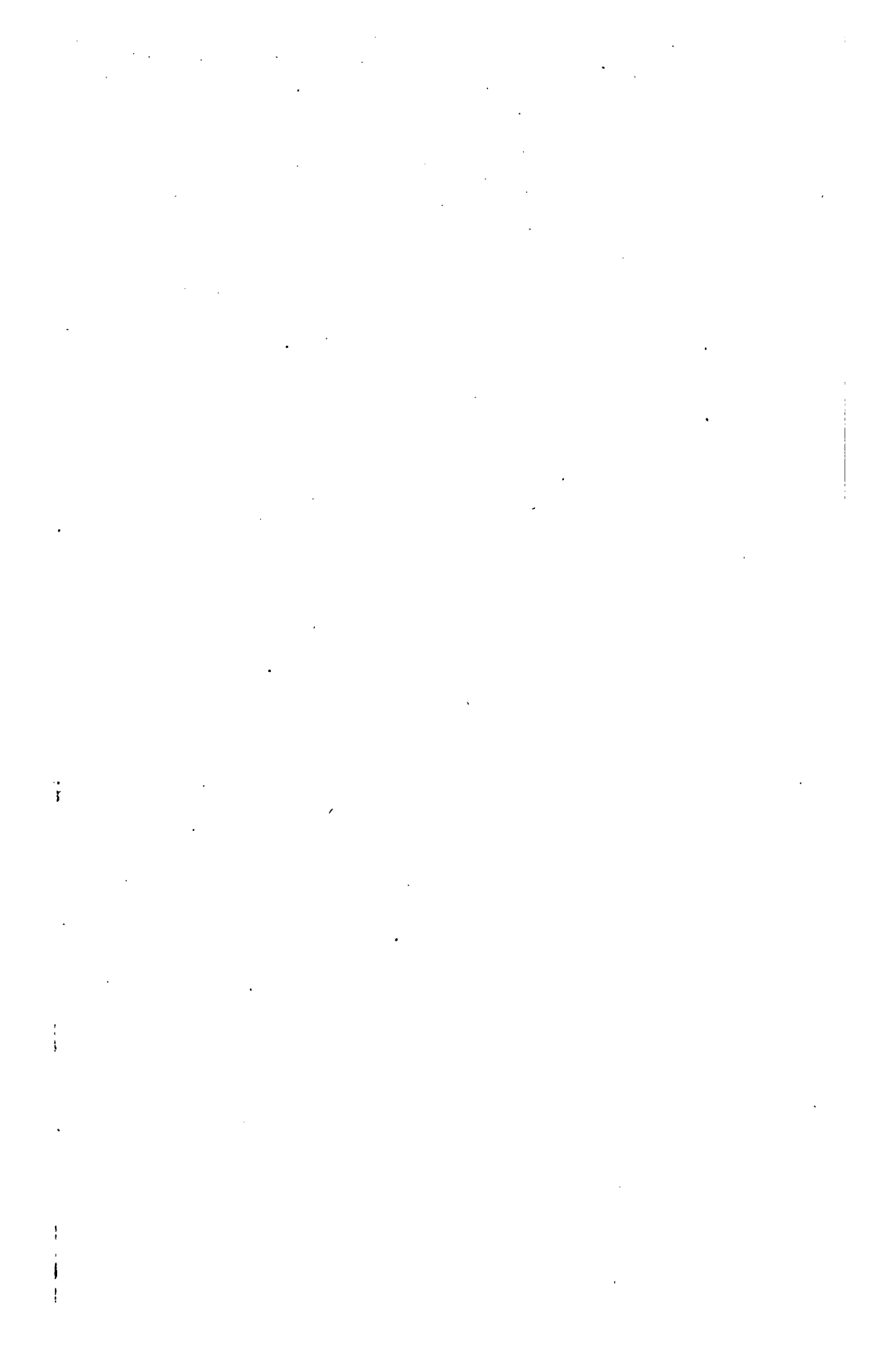


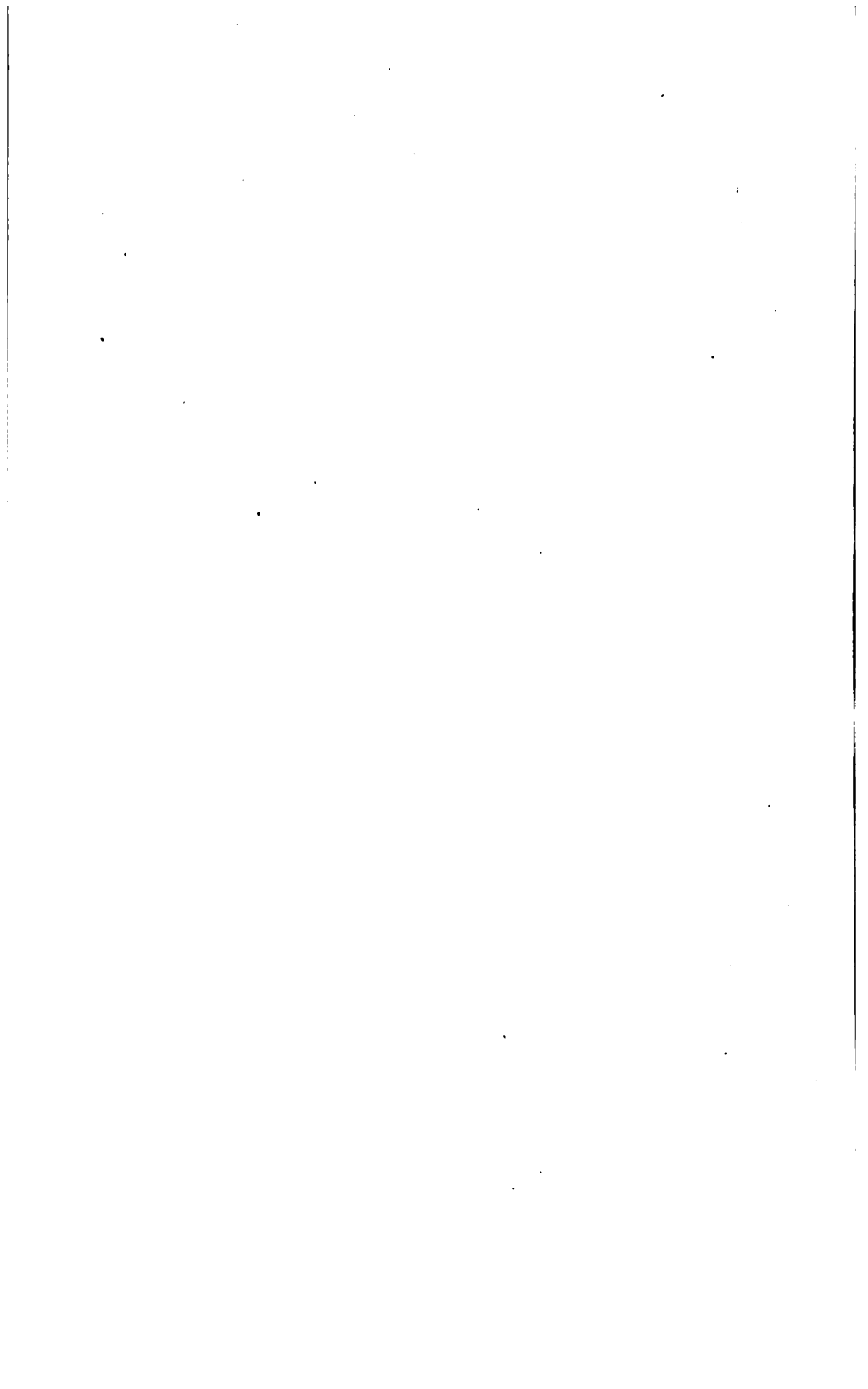
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California Homœopath

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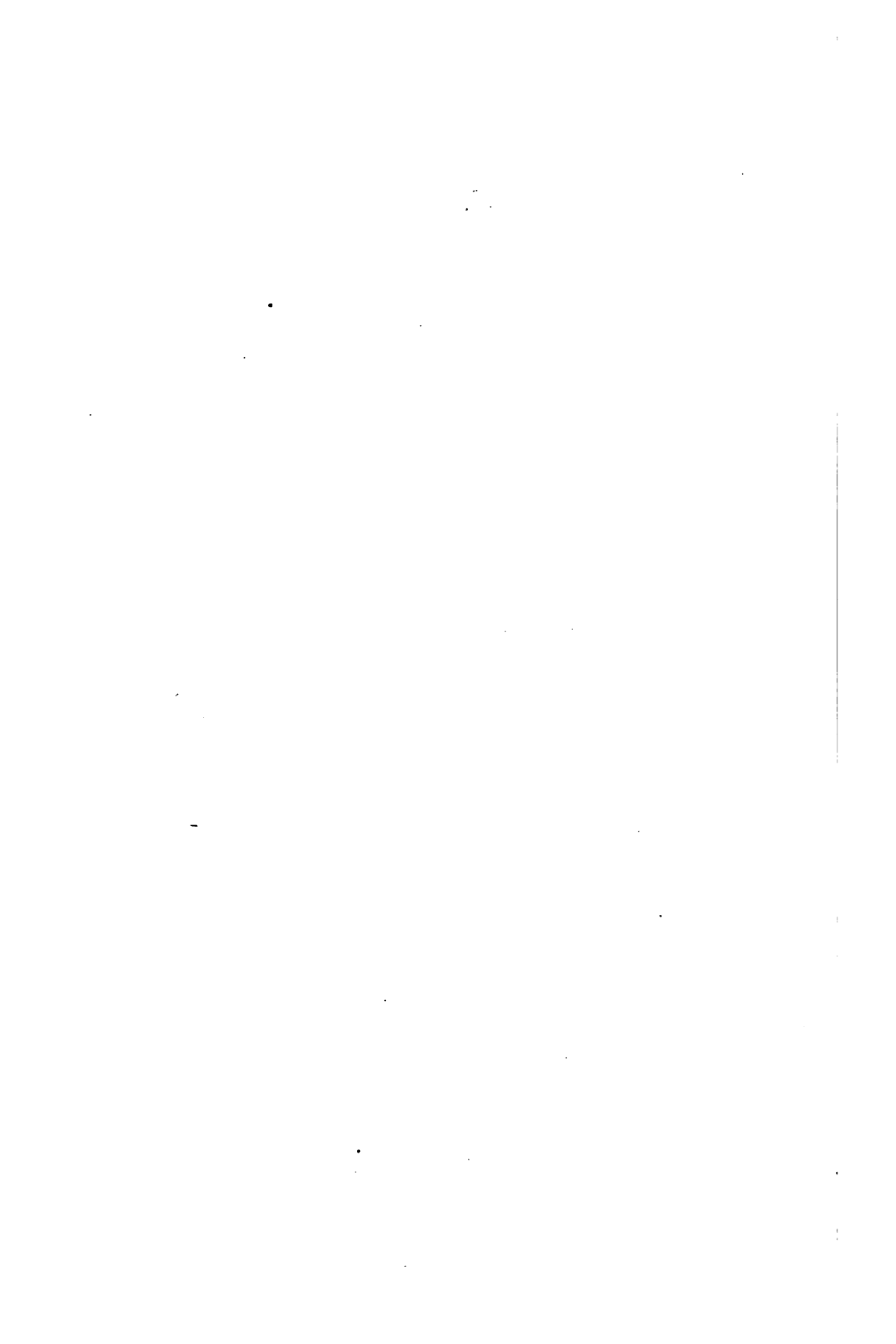
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INDEX TO VOLUME X.

ORIGINAL ARTICLES.	<i>Page</i>
Address to Graduating Class. Wm. Simpson.....	1
A Few Cases of Orificial Surgery. H. F. Stevens.....	9
Arseniate of Quinine in Hay Fever. E. A. Clark.....	71
Arsenic Iod. in Phthisis. W. H. Stiles.....	76
Anasarca. E. A. De Cailhol.....	135
A Psychological Puzzle. O. Royal.....	136
Abortion. A. Wheeler.....	161
An Interesting Case. H. W. Andrews.....	172
Appendicitis. J. C. Kirkpatrick.....	289
Belladonna Case. W. E. Ledyard.....	295
Chronic Otorrhœa. J. F. Brown.....	193
Chorea. E. A. De Cailhol.....	196
Cases from Practice. E. C. Buell.....	65
Clinical Cases. C. Gordon.....	97
Cocaine and Phenol. J. L. Coombs.....	234
Cancer of the Tongue. J. F. Brown.....	235
Characteristics of Melilotus. Wm. Boericke.....	325
Diarrhœa of Phosphoric Acid. Wm. Boericke.....	33
Hystero-Trachelorrhaphy. W. Howe, M. D.....	197
Hunyadi Water. W. Howe.....	225
Hypnotic Suggestive Therapeutics. C. C. Wachendorf.....	326
Imperforate Hymen. A. Wheeler.....	206
Intestinal Irrigation. F. W. Southworth.....	74
Idiocy. E. A. De Cailhol.....	171
Iodide of Arsenic in Phthisis. J. C. Morgan.....	262
Kali Phos.....	107
Natrum Phos. in Colic. A. Wheeler.....	353
Obstetrical Points. U. F. Freeman.....	137
Observations on La Grippe in Ohio. C. P. Hart.....	293
Practical Items. P. B. Morgan.....	11
Petroleum. A. Cunningham.....	98
Provoked Abortion. A. Wheeler.....	257
Physiognomy and Pregnancy. C. C. Wachendorf.....	273
Relaxed Perineum. Geo. D. Arndt.....	174
Surgical Diseases of the Rectum. J. T. Hodge.....	108
Schuessler's 18th Edition. Boericke & Dewey.....	241
Stricture of the Oesophagus. O. W. Swayze.....	264
Supra-pubic Cystotomy. E. C. Buell.....	322
Twelve Remedies for Cold in the Head. By W. A. Dewey.....	34
The New Hypnotics. F. G. Oehme.....	101
The Primitive Mentalist. E. T. Balch.....	132
The Suppression of Disease. M. F. Grove.....	296
Verifications. B. F. Mertzman.....	129
Varicocele. A. Wheeler.....	321
Vertigo. Wm. Boericke.....	355
CORRESPONDENCE.	
A Doctor Needed in Galt.....	20
A Query Answered.....	46
Proving of Antikamnia.....	149
Letter from Amy G. Bowen, M. D.....	182
A Disclaimer by Dr. Fisher.....	282
Cocaine Hydrochlor.....	317
Arsenic vs. Cholera.....	340

EDITORIALS.	<i>Page</i>
The New Volume.....	19
Strangers at Commencement Exercises.....	19
Help Wanted.....	44
Life Insurance Examiners.....	87
Ninth Annual Session of Hahnemann Hospital College of S. F.....	122
Dr. C. B. Currier.....	123
State Medical Society.....	148, 178
American Institute of Homœopathy.....	243
A Joker.....	273
False Theories.....	280
A New College.....	313
The Pacific Coast Journal of Homœopathy.....	365
 OPHTHALMOLOGY AND OTOLGY.	
Anatomy, Diseases and Surgery of the Orbit.....	207
Clinical Observations on the Tissue Remedies.....	215
Evisceration of Eye-ball.....	80
Lectures by H. C. French.....	113, 138, 243, 275, 329
Nose and Naso-pharynx. By A. C. Peterson.....	301
 COLLEGES AND HOSPITALS.	
Commencement Exercises.....	14
Transactions of A. I. of Homœopathy.....	42
Nursery for Homeless Children.....	43
Clinic for Nervous Diseases.....	81
Alameda County Society.....	85
Institute Session.....	85
State Medical Society.....	120
Southern Homœopathic Association.....	143
Visit of Professor Helmuth.....	218
Worlds' Congress Notes.....	247, 361
National Society of Electro-Therapeutists.....	337
Alumni Association.....	364
 SELECTIONS.	
A Few Symptoms of the Natrums.....	23
My Materia Medica Menagerie.....	53
Peroxide of Hydrogen.....	95
Seven Valuable Remedies.....	223
The Rationable Treatment of Constipation.....	347
Two Views of Japan.....	345
White of Egg in Treatment of Sore Nipples.....	159
Westboro' Insane Asylum.....	96
Climate of Napa Valley.....	372
Poisoning by Phenacetine.....	375
Urinary Tests.....	380

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Original Articles.

ADDRESS TO THE GRADUATING CLASS OF THE
HAHNEMANN HOSPITAL COLLEGE.

By WM. SIMPSON, M. D., SAN JOSE.

In a record of long ago we read that on a certain occasion a son of the prophets in his efforts to hew to the line, perhaps, had the misfortune to lose his axe and the burden of his plaint was, "Alas my master! for it was borrowed." So of a sermon once commended by one friend to another, the response came, "Excellent, but alas my master! for it was borrowed."

If this be the criticism of your speaker's effort this evening, Mr. President, I trust the response will be "true! but he at least borrowed the best the neighbors had to lend," for all I can hope to do is to emphasize for you, teachers, students, friends, thoughts familiar to us as our daily bread but big with import—for good if well heeded and followed; for evil if spurned or neglected.

To you who go out this night for the first time in your lives, complete men and women equipped and eager for life's battle, and who from this center will separate to make in many communities, your names an honor or a shame to your Alma Mater; as you use or abuse your opportunities, learn faithfully

and well two lessons—First: It is the duty of each and every one of you, of us, to do his very best to develop the resources of the locality in which he casts his lot.

Modern medicine ranks as a liberal profession and its worthy exponent must be something more, something better than a mere prescriber or dispenser of drugs. No longer can the doctors portrayed by our loved poet-surgeon, Helmut;

“ Whose bearing grave and keenly glancing eye
 Bear witness to their self-sufficiency.
 Who shake their sapient locks—look very wise,
 Smell at their canes and some new plans devise
 To keep the patient ill another day,
 (Provided always, that they think he'll pay)
 Talk of the brain and nerves proceeding thence,
 More wise appear, the more they distance sense,
 Term pain “neuralgia,” or if the man be stout,
 Cry out, “dear sir, you have *rheumatic* gout!
 Tap on the chest, some awful sounds they hear,
 Then satisfied, declare the case is clear,
 Draw forth the paper, seize the magic quill,
 And write in mystic signs, “Cathartic Pill.”

No longer can such doctors of physic be considered as other than relics, fit only for a niche in the chamber of curiosities in some museum of antiquated relics. The physician of to-day must be a man of culture, a man of affairs, though neither a politician nor yet a partisan, he must be interested and informed in the politics of the world, the nation, the state, the community. Ever ready to uphold the right to smite the wrong, for to the physician must the community look for knowledge of the perfection or imperfection of its sanitary surroundings and if he fail to cry aloud and spare not against every sanitary evil, then is he guilty of the blood of each victim of such surroundings. Sewerage and the disposal of sewage, the plumbing, lighting, heating and ventilation of houses, theatres, churches and schools are subjects of vast, nay vital importance and the seed sown and the thought given in these directions may, must germinate and grow into health and longevity for generations yet unborn. But some of you say “our work lies in the country, and country towns where sewers are unknown quantities.” Do you not know that the disposal of the house waste of the country house, the lakeside sanitarium

and the mountain resort, is a question of vital importance worthy of your sharpest scrutiny and closest study? In this climate where irrigation is a valuable if not a necessary adjunct of every grass plot, flower-bed or kitchen garden, the question is comparatively simple. Feed it to the plant roots by the surface or sub-soil method and that your advice may be intelligent and valuable, familiarize yourselves thoroughly with even the minute details of both methods.

But the ladies say: "you recommend the study of politics and under the unjust laws made by men, we are shut out of this field at least, most effectually." Not so my dears! Not in the least. 'Tis related of a judge of convivial habits that on being pressed to lengthen his stay at the festal board, he urged his good wife's presence at home as sufficient reason for immediate departure. "But," said one, "are you not the head of the house?" Oh certainly, without doubt! but there is always a neck that turns the head, and I'd have you know that my wife is the neck at our house." Now while you may not exactly be necks, you can and will turn the heads of the men and make far greater political capital by your influence, if it is backed by knowledge, than you could possibly hope to do by your ballots.

Let me urge upon you ladies, that in putting on the professional gown, you take great care not to put off your womanly garb with its accompanying attributes. It may not be flattering, but you will doubtless find it true that your services are demanded less for your known or imagined scientific attainments, than for your intuition, your gentleness, your sympathy, your patience and if you are found mannish, you will certainly be found wanting. Do not understand that I would have you lacking in strength or courage. Far from it, but it should be the strength of a kindly, a womanly heart and the courage of a womanly nature, that with all patience and all purity, does not, like a man, ride rough-shod over all, but braves all, endures all, overcomes all. Be such and though your names and your deeds be not blazoned abroad and proclaimed from the house-tops, they will be written on hearts in letters of living light and you will hold the respect and esteem not only of your patients but of your colleagues as well

and instead of merely tolerating you as imitators, they will hold you as equals or look up to you as superiors and loyally and cheerfully acknowledge your merit and award you your due meed of praise.

In the Banker's Convention in this city in October, C. P. Soule of Eureka said, "there is no such thing as holding your own. You must either forge ahead or fall behind." If ever there was a truism spoken concerning our profession, that is one. One year from to-day you will be a better or poorer practitioner than you are to-day. There is no middle ground. Progress or regress you must. Stand still you cannot.

An ancient city had inscribed on three of its gates, "Be Bold": on the fourth, "Be not too bold" !Let those of you who aspire to be surgeons, inscribe on three sides of your surgical instrument cases, "Be Bold"! but on top where it can by no possibility be overlooked, write in plain letters, "Be not too bold."

As you received your diplomas this night, your hearts swelled with righteous pride. You were proud of yourselves, proud of your parchments, proud perhaps of the efforts and sacrifices you may have been obliged to make to reach this goal, but you were especially proud of this occasion; of this gathering of friends to do you honor and you were so proud of your Alma Mater that possibly there have been moments during the evening when you felt a little "choky," but when you go out into the broad field of the world, the disturbing thought may come "why was my field so small"? "Why could I not have sat at the feet of the Gamaliel's of the East or the Old World," and your Alma Mater now so dear may seem like the streams of your youth seen again, after years of absence and familiarity with great rivers tiny, and dwarfed. If such thought comes, put it away and remember "Tis distance lends enchantment to the view" and clothes the foreign diploma with its grander hue. The prestige of name and numbers may be theirs but the personal touch between teacher and learner is not there. The amphitheatre is immense and the crowd is immense, but when the fine point of an operation or the features of the demonstrator can only be distinguished through an opera-glass, the disadvantage is equally immense and you may shout with me, long life to the smaller college with its personal equation fully de-

veloped, its close rapport of instructor and instructed, its warm living, breathing fellowship, that sets its mark indelibly on every member of every class. Long life to your Alma Mater. Honor her in deed and word; build your best for her if not for yourselves and so shall her enemies be put to open shame. When in weariness of spirit over the greivous burden of anatomy, bone and process, and foramen and protuberance, twisted themselves into inextricable confusion in your tired brains, and you turn for relief to *Materia Medica* only to find symptom confounding symptom till you felt sure the morrow would be a red letter day for the professor of nervous diseases, as he exhibited you to the class as a frightful example of mental aberration, what did you do? If you were wise you dropped your study and fled to the park, to the street, to the shop, anywhere, till change and recreation brought refreshing and new vigor, and the dull mind was bright again. As you could not carry constantly the weight of your studies without fatal fatigue, neither can you carry constantly the weight of your serious cases without fatal consequences to them and yourselves. Be studious, be sympathetic, be sure of your case and sure of yourself, but when the day's work is done, lay aside its cares and rest

'Tis too true to be amusing that,

"Instead of putting our plagues on shelves,
In our blankets too often we toss ourselves,
Or are tossed by such allegorical elves
As pride, love, fear and ambition."

Let neither pride, fear, love nor ambition deprive you of your rest, if you value your own or your patient's lives. Then when the trial comes and your work must needs be done, fresh and vigorous and full of reserve, rest will neither be known nor needed till the crisis past, the victory won and you have earned your repose.

This is the era of uniforms and buttons, and we see the buttons of the Grand Army and Loyal Legion, to which, all honor, the button of knights of high or low degree. The very latest button I have seen evolved, is that which distinguishes the son of a Revolutionary sire from the son of an ordinary sire, while the very latest button I have seen suggested, is a button to distinguish the medical herd from the common herd, or, as more appropriate still, a writer in one of the medical journals

suggests in all seriousness, a uniform of olive green broadcloth (tailor made for the ladies of course), as very becoming and very appropriate.

Will you hear my suggestions? Uniform courtesy to your professional brethren and sisters—Uniform neatness in attire and in office—Uniform and absolute cleanliness of person and of all instruments and appliances—Uniform kindness toward and consideration for your professional juniors—Uniform and unswerving truth, honor and integrity in your personal and professional dealings with all men, but above all, and beyond all uniform patience and forbearance, uniform kindness and never failing good temper. Thus uniformed, your profession will be written in unmistakable characters on your every lineament, and you will need no button to mark your calling.

Be orthodox in religion if you will, but in medicine be liberal. Think for yourselves! 'Tis downright hard work to think. Do you know it? Consider for a moment. Look about and learn perhaps for the first time, if you have not before given the matter your attention, how many of us are taking our thoughts at second hand, in politics, in religion, in all the concerns of this life and the next. Up to this time this has been true of you in your study of medicine. You are full now of the thoughts, the ideas, the theories of others. As they came to you ex-cathedra, they have seemed to you (as I hope my address does) the "*summum bonum*" of practical wisdom. You have now reached the point where you must lay aside theory for practice, where you must prove all things and hold fast to that which is good. If you go out self-satisfied puffed up with your present attainments, you have reached the highest round in the ladder of your professional career this night, and you will never get beyond the quiz class of your college, nor slip the leading strings of your favorite professor. If, on the other hand, you go out humble, ready to imbibe knowledge from any and every source, this will be to you truly the "commencement" of an honorable career. Do not delude yourself into the belief that all that is good in medicine belongs to any one man or set of men, to any one school, or set of schools. From the chaff of the gossip of the garrulous nurse, who sat at the bedside of the sick before your birth, you may

gather a grain of sense on the preparation of a poultice or a posset, worth more to you than half the cost of your diploma. She may, she will worry you with her ways, her notions, and her interference, but remember this: in some form or other she is omniscient and omnipresent; she is too old to change, and she "will not down." If you snub her and pooh! pooh! her notions you have made an enemy and a fighting enemy; if you smooth her ruffles and pamper her vanity, you have made a friend and a fighting friend.

More years ago than I would like to tell, when I was more thin-skinned by far than I am now, a witty lady who was playing doctor's boy for the nonce, said to me as I came out from my professional call, "there is a call for you across the street." I looked in some surprise exclaiming, "who! where!" as I saw only a flock of ducks in a ditch. "Why", said she, "I heard the old drake crying quack! quack! and I supposed he was calling for you". 'Tis not alone the ducks from the mud that have cried quack! quack! after us as a school and as individuals and those very cries have raised up for us defenders—awakened a curiosity to see what manner of individual could arouse so much animosity. Let us in these days of our prosperity when our position is acknowledged, and our footing sure, learn from the past and not advertise our rivals by fighting them or crying quack after them, but if there is aught of good in their methods, appropriate it and improve upon it. A good general is never over-confident, and never belittles the strength of his foe, but carefully covers all points of attack and defence. The mistakes of physicians are far more often the results of carelessness than the lack of knowledge, and if you are over-zealous in disclosing unnecessarily the trifling oversights of your colleagues, be very sure they will be more than ready to point out the flaws in your armor, and be equally sure there is no human being whose armor is without flaw.

Some years ago in the Eastern states, the demand for molders outran the supply, and a strike was inaugurated in a large shop devoted to the manufacture of harvesting machinery. The employers refusing to listen to their demands, the men scattered and sought work in other fields, but mark the result—Total failure in nearly every case. Why? These men taught

in that particular shop were not all-round molders. Each could make his own particular wheel, or pinion, or crank, well enough, but when he was asked to turn aside from that, he was a bungler because half-taught, so of the student of medicine who endeavors half-taught, and almost, if not wholly inexperienced, to devote himself to a specialty. As many of you know, I believe in specialties and speak from the standpoint of a specialist. The tendency of trade in every line is toward specialties, and even the great bazaars, have their trade segregated into departments with a head who never leaves his particular post. Yet the great head of the concern, while he may never meddle with the details, must have a general knowledge and oversight of all, or failure is inevitable; so only that man can be a successful specialist, who has been a successful practitioner, and never loses sight of the fact that the particular organ to which he devotes himself, is only part of the great whole, and that only by consideration of the individual as a whole, can he arrive at a true estimate of the value of a part. When you are sure of yourselves as general practitioners, then, and not until then enter upon the study of your favorite specialty.

Finally: In the march of progress, never tread on the heels of the hindmost. Never take ground to-day which you are not ready, if necessary, to abandon to-morrow. Be liberal in politics, in religion, in medicine, never tying yourselves to party lines in either, and allowing some one else to define those lines. Be willing to train with a respectable minority, for the world does not show a single spoke in the wheel of progress which a majority has not attempted to turn backward. Be faithful, be courageous, but more than all, be industrious. Inscribe on your walls and on your memories as well, what Mrs. Jameson has so happily said: "The bread of life is love; the salt of life is work; the sweetness of life, poesy, the water of life faith".

SCHEINMANN applies pyoktanin to tuberculous ulcers by means of a heated probe dipped in the finely powdered drug. Cicatrization is secured without irritation after eight to ten applications.—*American Journal of Medical Sciences.*

A FEW CASES OF ORIFICIAL SURGERY.

BY DR. H. F. STEVENS, PORTLAND, OREGON.

[Read before the Multnomah County Homœopathic Society.]

Case 1.—September 18th, I was consulted by Mr. A. V. —, age 45, of nervous temperament and delicate appearance. He was unable to sleep at all well, poorly nourished, very constipated and had almost constant occipital and vertical headache. Although in very easy circumstances financially, as I was assured by the friend who accompanied him to my office, he was constantly worrying about impending poverty and disaster, financial and physical. A rectal examination disclosed very tight sphincters, intense venous congestion of the hemorrhoidal inch, and numerous pockets and fringes. I prescribed remedies to relieve the urgent head symptoms and constipation, and to prepare him for operation as soon as possible. Four days later (September 22nd), at the patient's home in a neighboring suburb, I did Pratt's operation for the relief of the above described symptoms. The day following, he, by mistake in carrying out my directions, presented himself at my office, and insisted he already felt much relieved, or, as he expressed it, "as if a great load had been lifted from him." As I suspected malarial complications in the case, a month or two's sojourn in the mountains was advised. As he had not yet returned to the city at the end of the month, he wrote me he had gained fifteen pounds, was free from pain and constipation, the nervous symptoms were entirely relieved, and he could sleep eight hours uninterruptedly. In short, he felt himself quite well.

Case 2.—Male, age 58; hemorrhoids for 18 years. During the last five years they have been exceedingly troublesome bleeding profusely and very painful every time the bowels moved. The pain was so intense, he has lately several times fainted in the closet during defecation. There was an ichorous discharge from the anus, which caused almost unbearable itching at night. Digital examination of the rectum revealed two large hemorrhoid tumors. The tenderness was so great that the speculum could not be used. October 15th, I placed him under chloroform narcosis and did the operation of Gester for piles.

There were no unpleasant after effects. Four days later, a cathartic was administered and the bowels moved with very little pain or inconvenience.

November 1st, he called at my office and declared himself "cured" and "feeling better than for years."

Case 3.—Lady, age 35; obstinate constipation for many years and gastric digestion poor. She is nervous, very thin and has an almost constant bronchial cough. Physical examination reveals perfectly sound lungs, but an irritated catarrhal nasopharynx. The rectal sphincters are very tight and the lower inch of the rectum is so congested that it is actually purple. No pockets or papillae were found. Dilatation of the sphincters was made to the last degree bearable without an anaesthetic, and a daily small injection of hot water and hamamelis was ordered. *Nux. vom.* 3x dec. was given internally. Two weeks from the first treatment dilatation was again practiced. Satisfactory improvement was noticed from the first operation, and now four weeks from the last, she is well apparently in every way, even the catarrhal throat looking healthy.

Case 4.—Male, age 50 years. Hemorrhoids for many years; ever since he came from the army, in fact—though they have been very troublesome only during the last five years. The hemorrhage from the hemorrhoidal tumors in this case was excessive. The patient insists he has lost every day for four or five years from one teaspoonful to a teacupful of blood. The piles not only bled while he was at stool, but he would often find his underwear saturated and his buttocks and legs smeared with blood. I have known him for fifteen months and have often wondered what could be the cause of his peculiar death-like color. The explanation of this, you will agree with me, is not far to seek since knowing of the excessive daily loss of the vital fluid.

Last Thursday, November 19th, I anaesthetized him with ether, and with the assistance of a neighboring druggist, performed a similar operation to that mentioned in "Case 1." Too little time has elapsed since operating to know what results will be obtained, but I am confident of a cure and that my patient will shortly be the robust man he formerly was.

The more I learn of "Pratt's rectal philosophy," and practice his modes of treatment, the more strongly am I convinced of the truth of the one and of the practicability of and good results from the other.

One thing I had nearly forgotten to mention is the relief of the severe nervous symptoms and constipation in several patients I have lately treated, who declined the radical operation, by the use of gradual rectal dilatation by means of Pratt's hard-rubber rectal plugs.

PRACTICAL ITEMS.

BY DR. P. B. MORGAN, SAN RAFAEL.

I fully appreciate your call for short, practical hints and items for *THE HOMOEOPATH*. I have seldom in my life read a medical journal with greater satisfaction than I did an Eastern journal, which a few years ago put more or less of this kind of literature in every number. From all directions came compressed reports of the prevailing ailments, and the remedies found most useful. I wish it might be so with *THE HOMOEOPATH*.

La Grippe is the disease claiming attention in these quarters just now; catarrhal, neurotic or gastric. A gentleman of eminence said to me at the beginning of this epidemic; that *rhus tox* was believed to be the typical remedy for this disease. Another gentleman uses *gelsemium*, and another a compound of *gelsemium* and *eupatorium perf.* I have had pretty large opportunity with all the "indicated" remedies, and usually find my choice in *aconite* (low) the first twenty-four or thirty-six hours, after which, of course I prescribe for what I find—whether catarrhal, nervous or gastric ailments. A few cases have despite my best efforts ran into protracted forms; but very few have run longer than four or five days.

I am reading an old school journal. *The Medical World*, and greatly admire its liberality. Let me give you a specimen from the October number, 1891. The editor says of diphtheria: "Count von Volmerstein uses cyanide of mercury, a dose representing about our one fifteen-hundredth of a grain." Another

writer, an allopath, says (on page 362) he puts "one tablet containing one one-hundredth grain of the arsenite of copper" in a glass of water and gives a teaspoonful for a dose for children's diarrhœa. He apologizes for what he terms "these ridiculously small doses" and doesn't seem to think that anybody will regard his confession as a vindication of homœopathy. But the Scriptures say "Wisdom is justified by her children;" but let the Hahnemannian idea ride on.

Ophthalmology and Otology.

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

TRACHOMA.

OPHTHALMIA GRANULOSA; GRANULATED LIDS—A great variety of opinion has been expressed as to the distinct limitations of the term, but of late years the profession are struggling into a clearer and more definite pathology. Until quite recently trachoma has been the universal scape-goat for ignorant assurance, and humanity has paid the expensive penalty. As DeWicker has truly said, "there is no such thing as acute trachoma." Schweigger says, "in general we must class as trachoma all cases which begin insidiously, whose course is chronic, and which finally lead to the shrinkage of the conjunctiva." Enlarged follicles and papillae present a benign hypertrophy, while true trachoma is a malignant neoplasm. The granulae is a hard oval body on an inflamed base, and never presents the semi-transparent, grayish yellow tint peculiar to the enlarged follicle, but is semi-opaque and more or less pink according to the degree of injection. The follicle differs also from the granulae in presenting normal conjunctiva in the interspaces, while the entire granular surface is infiltrated, red and velvety. The granulae is harder and more dense at its base, growing softer towards the apex, while the enlarged follicle is pulpy throughout, resembling a swollen sago grain. As a rule the diseased follicles are thicker in the retro-tarsal fold, and at the canthi, especially the outer, while the granular bod-

ies are found on the tarsi, (cartillages,) especially on the lower borders of the upper ones. They are not evenly distributed, but are found in small bunches along the free border of the tarsi. Enlarged papillæ are usually elongated, puffy and somewhat pedunculated and vascular. The true granulæ, though found on a vascular base, is itself, non-vascular. True trachoma is a destructive disease throughout all its stages, hence the scar-tissue and shrinkage of the conjunctiva and tarsi and frequent incurvation of the latter as a sequel to even the best known modes of treatment. It undoubtedly has its origin in blood discrasia and hence should be amenable to our deep-acting remedies. At Moorfield's we saw cases successfully and expeditiously treated by the use of forceps resembling the trachoma forceps of Noyes. Cocaine in four per cent. solution was first instilled, when a number of the granules were seized, and their contents squeezed out from the base, at each sitting. Dr. Knapp's roller forceps, arranged somewhat on the plan of a clothes-wringer, though more difficult of application, does the work effectually, and with less injury to the delicate conjunctiva. Sulphate of copper, and nitrate of silver have been the chief reliance of the old school in the treatment of this destructive disease. The blue stone if not applied too often, and if followed immediately by thorough irrigation with cold water, will not produce those destructive results that have so often been seen to follow the wide spread abuse of the drug, and when used within the limits mentioned, is doubtless, next to the forceps, the most effective means of local treatment. In very sensitive eyes we have found a mild galvanic current, applied by means of a delicate electrode to the diseased surface, to be an effective means of shortening the duration of the pains that sometimes follow the most delicate manipulation. In a case at present under observation, and that came from one of the heroic schools of practice, in which some powerful eschorotic was applied without any subsequent mitigating measures, the vision of one eye has been wholly lost, the cornea presenting a dense and total leucoma. The intense pain endured through months of suffering has affected sympathetically the remaining eye, and the most skillful measures may not save the patient from the awful fate of blindness.

F.

Colleges and Hospitals.

Commencement Exercises of the Hahnemann Hospital College.

The eighth annual commencement exercises of the Hahnemann Hospital College were held at Odd Fellows' Hall on December 10th, 1891.

Eleven students received from the hands of the President of the Board of Trustees, Hon. Columbus Waterhouse, the diploma of the institution; they were:

Harvey Saburo Hayashi, M. D.....	Aomori, Japan.
Huldah Spencer, M. D.....	Portsmouth, O.
Jane Mason Bowen, M. D.....	San Jose.
Herbert Nevins.....	Selma.
Ella Gertrude Pease, M. D.....	San Francisco.
Mary Kathe Telson.....	San Diego.
Milton Harris Atkins.....	San Francisco.
Clara Hill Case.....	Los Angeles.
Rachel Alice Jaffa.....	San Francisco.
Alice Bush.....	San Francisco.
Geo. W. Pleasants.....	Modoc.

The exercises consisted of an address by the Dean of the institution, Professor G. E. Davis; the conferring of the degrees by President Waterhouse, and an address to the graduates by Dr. William Simpson, of San Jose, the full text of which appears elsewhere in this number.

Professor Charles L. Tisdale awarded the prizes which were: a prize of a buggy case for the best general average during the three years course. Dr. Ella G. Pease was the fortunate recipient; second: a prize of a pocket case of instruments for the best examination in surgery; also awarded to Dr. E. G. Pease; third: a prize for the best examination in obstetrics; awarded to Dr. M. H. Atkins; fourth: prize for the best examination in materia medica; awarded to Dr. Alice Bush.

The music was furnished by the well-known orchestra of Noah Brandt, but the *piece de resistance* was a solo song by Mrs. Martin Schultz, which was warmly applauded, and brought forth a hearty encore. Altogether the exercises were very enjoyable and well attended.

D.

CLINICAL ADVANTAGES.

It goes without saying that the initial education of a child is only thoroughly and well done by stimulating the receptive faculties, through the medium of some familiar, material object, association, imagination and memory are all brought into harmonious play, and as the youthful intellect gains vigor, it reaches out to grasp abstract ideas and development goes on in proportion as the teaching is judicious, the opportunities present as the natural ability of the child will present.

The study of medicine, while calling out the higher reserve forces that have been stored away in the memory, gives its student a grand object lesson. It opens to him a new world, the human body.

A careful student drawn to the study of this new world, will ponder over the query, regarding where he can study it to his greatest benefit and by whom its mysteries will be expounded to his greatest good.

An educational institution is apt to emphasize in announcements, some prominent feature as a reason why it should be selected in preference to any other like institution and the reason usually set forth, is the fact of the greatest number of students that have availed themselves of the "exceptional advantages," or, perhaps, it be a library, museum or other adjuncts, and so on.

Strength in number is unquestioned, but intelligence and fitness cannot be deduced from the same proposition, and as the latter qualifications are what a conscientious student seeks, he will look beyond a glittering array of statistics and ask for some cold facts to support the figures.

Commencing medical schools the same considerations hold sway and the renowned institutions of the large cities bring their figures and statistics to bear upon the would be physician with a force that lands him with a great crowd gathered from every quarter of the globe, and if he be endowed with modesty and sensibility he realizes how insignificant an atom he is among five hundred, and he gets his experience from the top seat of a huge amphitheatre through an opera glass, with no possible occasion for personal and sympathetic contact between

teacher and student, as Dr. William Simpson aptly expressed it in his address to the students at the recent commencement of the Hahnemann Hospital College of San Francisco.

An object lesson from a distance will do very well in cultivating a taste for the vast sublimity of nature, but when we come down to details, those important small things, we must draw near where we may hear and handle as well as see.

The Hahnemann Hospital College of San Francisco is yet too young to boast of an imposing array of statistics relating to the number of her students, but the appended report gives an idea of the clinical advantages of an important specialty open to students.

Two clinic hours in each week are devoted to treatment of the nose, throat, eye and ear diseases, and advanced students are encouraged to attend, not fifty feet away on the top seat of an amphitheater, but to draw near and learn to differentiate diseases, to diagnose them and to treat cases under supervision of the clinician.

Since the establishment of this college, about eight years ago, the clinics under the writers charge have grown to large proportions, and the diseases, varied and interesting, so that it was considered to publish a report that a glimpse of what two hours per week can present in a little less than one year.

Conjunctivitis and iritis, side by side, follicular, hypertrophic and atrophic pharyngitis, side by side; catarrh of middle ear and suppuration, side by side, and the distinctive differences of each pointed out, the treatment explained in theory and applied practically, operations performed, and all done under close individual attention of the class, imparts to those anxious and eager to learn, an impression the permanency of which cannot be disputed. To Dr. A. A. Waterhouse, the thanks of the writer is due for able assistance through the year and in the preparation of this report.

In diseases of the respiratory tract, with a blending of catarrhal conditions, the most prominent morbid treatment has been noted, and probably what might strike the attention generally is the great number of cases of posterior pharyngeal catarrh, a disease marked from its extreme frequency in childhood and youth.

The endeavor has been made to avoid the use of the latest technical terms that the nature and location of the disease may be more readily understood by lay readers.

All operations were performed at the college with but one exception—the secondary capsular cataract was made in Oakland at the Fabiola Hospital, the well-known institution, to which the writer is the specialist for the eye, ear and throat.

Report of Clinics at Hahnemann Hospital Dispensary for the year 1891.—Eye, Ear and Throat Department.

DISEASES OF THE EYE.

Asthenopia.....	3
Blepharitis marginalis.....	7
Cataract, senile.....	11
" soft.....	2
" traumatic.....	2
" secondary capsular.....	1
Conjunctivitis, acute.....	5
" simple chronic.....	4
" papillary.....	13
" traumatic.....	3
Choroiditis disseminata.....	2
Glaucoma.....	1
Iritis plastic.....	3
Keratitis ulcerative.....	5
" interstitial.....	1
Leucoma.....	3
Macula.....	5
Optic Nerve atrophy.....	4
Pannus.....	4
Paralysis of ocular muscles.....	2
Staphyloma posterior.....	1
Synechia.....	1
Retina, pigmentary degeneration of.....	1
Trachoma.....	4

OPERATIONS.

Canthoplasty.....	3
Cataract.....	3
Eneucleation of Eye Ball.....	1
Foreign bodies removed.....	2
Pinguicula.....	1
Pterygium.....	2
Tarsal Tumors.....	2

EAR DISEASES.

Auricle, inflammation of.....	1
Auricle and external auditory canal, eczema of.....	3
Auditory nerve, Paralysis of.....	2
Membrana tympani traumatic rupture of.....	1
Middle Ear—Chronic catarrh of.....	26
“ Subacute catarrh of.....	7
“ Chronic suppuration.....	3
“ Acute 	4

OPERATIONS.

Cerumen, hardened, removed.....	4
Ext. Auditory canal, polypus removed.....	1
Mastoid Abscess.....	1

DISEASES OF NOSE AND THROAT.

Aphonia.....	1
Pharyngitis, chronic.....	15
“ exudation.....	4
“ follicular.....	3
“ hypertrophic.....	5
“ posterior nasal.....	25
Rhinitis, hypertrophic.....	3
Septum perforation of.....	1
“ ulceration of.....	2
Tonsillitis, acute.....	1

OPERATIONS.

Nasal Polypi removed.....	7
Fleshy polypus under tongue.....	1
Tonsils removed.....	3

SUMMARY.

Total patients.....	269
Males.....	126
Females.....	143
Total prescriptions.....	1140
Eye.....	469
Ear.....	246
Nose and Throat.....	425

A. C. PETERSON, M. D.

Professor of Diseases of Throat, and Anatomy of Eye and Ear,
in Hahnemann Hospital College of San Francisco.

Editorial Notes.

WITH this number we open volume ten of THE CALIFORNIA HOMŒOPATH. We regret much to be obliged to be late with the first number, but lack of material has actually forced it. With something over six hundred homœopathic physicians on this Coast, most of whom subscribe for and read this journal, we have been unable to either coax, beg or threaten more than a score of them to write short original articles for us. We cannot do it all ourselves.

OUR crack editorial writer, too, has failed to materialize this month. He is resting up for a supreme effort which will be aimed at some six hundred homœopathic physicians of this Coast, each of whom ought to send us at least one article a year, but who do not do it. This supreme effort is billed for our February number.

THE graduating exercises of a medical college is an event that is worthy of mention, and to those who have for years participated on such occasions, it is not always looked upon with the importance that it deserves. To have an affair of this kind pass off successfully, and to the general satisfaction of all concerned, it is important that the committee having it in charge, should carefully consider the details that necessarily accompany such an event.

Our thoughts are diverted in particular to the recent Commencement Exercises of the Hahnemann Hospital College in this city. There was a good sized audience present, the music was excellent, and the addresses were worthy of such an occasion.

The college was honored by the presence of non-resident physicians, some of whom were eminent in their profession, and we were somewhat surprised to see them among the audience, instead of upon the platform with the faculty and officers of the college. We believe that it is an oversight on the part of the committee not to invite outside and non-resident physi-

cians to places upon the platform with the faculty; for this, as well as introducing them to the officers and members of the college faculty, and the students of the graduating class, would greatly tend to make them feel that their presence was appreciated, as well as strengthening the institution in their esteem.

These matters, we hope, will be properly looked after in future commencements. D.

Correspondence.

EDITORS CALIFORNIA HOMŒOPATH—We need a doctor in this town and if you hear of any one looking for a location, you might refer them to this place for investigation.

Yours very truly, A BELIEVER IN HOMŒOPATHY,
Galt, California.

Personals.

DR. ALBERT WHEELER has removed to No. 508 Sutter street.

DR. C. E. CONNOR has returned to Pomona from Galt.

DIED.—In Oakland on December last, DR. S. POWELL BURDICK.

SAN LEANDRO offers a promising field for a homœopathic physician, the nearest one at present being at Oakland, five miles distant. DR. A. MEEK of San Leandro will answer all questions.

DR. JEAN A. DEWESE has been quite ill, but we are pleased to learn is again convalescent.

DR. G. DART, formerly of Sacramento, has again removed to this city, and located at No. 1029 Mission street.

FOR SALE.—An established practice, with horse, buggy, appurtenances, etc. Address S. P. Low, M. D. Paradise, California.

DR. M. H. ATKINS has opened an office at No. 608 Geary street. Office hours 11 A. M. to 2 P. M., and 7 to 8 P. M. Telephone 2549.

DR. H. W. BRANT has removed from Salt Lake City to Eureka, Utah.

DR. P. P. WELLS, of Brooklyn, died November 22nd. DR. WELLS was probably the oldest homœopathic practitioner in Brooklyn.

WE recently had the pleasure of a call from DR. JORDAN, of Vacaville. The doctor is doing well and keeps up his studies.

DIED.—DR. G. M. PEASE, a well known homœopathic physician of San Francisco, died on December 14th. The doctor had been in practice here for many years.

DR. S. H. SMITH, the well known Homœopathist of Monterey, was in town a few days ago. The doctor is looking well and reports business as thriving.

MARRIED.—In San Francisco, at the residence of Dr. C. B. CURRIER, December 15th, 1891, Dr. GEORGE H. MARTIN and ELEANOR F. BOWERS. Our felicitations.

ROLLIN H. STEVENS, M. D., late House Surgeon at Grace Hospital of Detroit, recently gave the HOMŒOPATH a call. The doctor was on an extended trip along the Coast.

QUERY—What drug has "icy coldness, quite constant deep in the mammary glands for several days (or any time) before menstruation and accompanied by a hacking cough."

DR. CARRIE GUILD, wife of the late P. K. Guild, of Santa Barbara, has located in San Francisco, and opened an office on the corner of Jones and Sutter. Success to the doctor!

THE New College Announcements for 1892 are in press and will be out in a few days. The calls for them have been so numerous that we have been requested to publish this notice.

DR. CHAS. M. THOMAS, of Philadelphia, announces that he has relinquished the practice of general surgery and will hereafter devote his entire attention to the diseases of the eye and ear.

OUR profession throughout the Coast received a New Year's card from Messrs. Boericke & Ruuyon wishing them a happy and prosperous New Year. The unique and simple style in which it was gotten up was quite commendatory of this enterprising and rapidly growing house.

DR. E. A. CLARK, of Los Angeles, has entered into co-partnership with DR. J. P. BROWN. Their Los Angeles address is No. 118 $\frac{1}{4}$ South Spring street. DR. BROWN was formerly Professor of Ophthalmology and Otology in the Homœopathic Medical College of Missouri.

THE Board of Trustees and Lady Managers of the Hahnemann Hospital Association, submitted the plans of their new Hospital building to the homoeopathic physicians of San Francisco, on the evening of December 16th, at Parlor A of the Palace Hotel. There was a large gathering present. We hope to soon be able to present our readers with a cut of the proposed structure.

DR. CARRIE A. GOSS, of San Jose, recently met with a painful accident, being thrown out of her buggy when on her way to visit a patient. We understand she is recovering, but will be some time before she will be able to attend to her practice, a doubly unfortunate circumstance, owing to the fact that she was recently confined to her bed by an illness of several weeks, and the present sickly times demand her services. The doctor has our deep sympathy.

Book Reviews.

A Practical Treatise on Diseases of the Ear. By B. ST. JOHN ROOSA. Seventh edition, revised and enlarged. New York: William Wood & Co., 1891.

Dr. Roosa has long been authority upon the anatomy, diseases and surgery of the ear, upon both continents, and no contemporaneous work on the subject has surpassed his in general arrangement, and few have excelled it in any particular. The first chapter upon the Progress of Otology gives a sweeping but concise review of the history of this important branch of medical science up to date. The admirable classification of aural diseases adhered to through the previous editions has been wisely followed in this. Many excellent illustrations have been added, and the colored plates showing the normal and diseased condition of the membrana tympani reveal the latest surprise in the wonderful art of illustration. The many important additions to its former excellence render this issue one of the most complete text-books upon otology that has ever been given to the medical public, and as such we can most heartily commend it to the profession. The type is a joy to physical vision, as is the whole work to the aesthetic sense, and keeps the publishers, William Wood & Co., clearly in the van as medical book makers.

Report of the Calcutta Homoeopathic Charitable Dispensary for the years 1890-91.

From far off India comes an encouraging report of a Homoeopathic Dispensary established in Calcutta, by our celebrated Indian confrere, Dr. D. N. Banerjee. It is now in its eighth year, and since its first year the attendance has gradually increased. The number of patients treated during the past year was 2071. The diseases are carefully classified so one can see at a glance which are the most prevalent in India—a method that our college dispensary here should follow. The report is rendered still more valuable by a

proving of *ficus indica*. We believe that a homœopathic journal used to be published at Calcutta, but that its publication was suspended; this is unfortunate in a country so productive and well endowed with medical resources, doubtless a journal aimed to interest and instruct American and English practitioners would succeed.

Annual Report of the Homœopathic Hospital, Melbourne, 1891.

This report is a most flattering one for Homœopathy in Australia. The total number of patients during the past year who availed themselves of this institution was 3028. Our Australian brethren should be congratulated upon the progress they have made. San Francisco might well copy.

Visiting List and Reference Book of the Weekly Medical Review.
St. Louis, Missouri: J. B. Chambers & Co.

This is a handy visiting list, convenient for the pocket, neat in appearance and is perpetual. It will be mailed to physicians on receipt of price 75 cents. We believe this is the cheapest and most complete visiting list published.

Selections.

A FEW SYMPTOMS OF THE NATRUMS WITH SOME COMPARISONS.

By WALLACE McGEORGE, M. D., WOODBURY, N. J.

[Read before the New Jersey State Homœopathic Society at New Brunswick,
October 6th, 1891.]

Among ignorant people the impression exists that many of the remedies used by homœopaths are valueless, because these substances are also used as food. I am afraid this impression prevails among some of our members, for we do not often hear the *natrums* referred to in the treatment of cases.

Gentlemen and ladies, one object of this paper is to direct your attention to the group of remedies that have *sodium* for their base. To prevent this paper from being too long and wearying you, I have referred to a few symptoms only of a part of the *natrums*, omitting entirely those not generally used. *Borax* (*natrum biboracicum*), *natrum arsenicatum* (a compound of arsenic, acid and sodium), *natrum carbonicum* (carbonate of soda), *natrum muriaticum* (sodium chloride or com-

mon salt), *natrum sulphuricum* (Glauber's salts) will be treated of to-day.

Borax or *natrum biberacium* has probably been as much used as any of the *natrums*, and a royal remedy it is in a certain class of cases. In *aphthæ* many prescribe it indiscriminately, but not all cases of *aphthæ* want *borax*. The fact is some cases get too much of the drug in the crude form before we are called, and we see a proving of the drug when we are not seeking this information. *Aphthæ* on the tongue has been observed thirty-three days after taking the drug. *Aphthæ* on the inner side of the cheek which bleeds when eating has been observed after four weeks. Red blisters on the tongue, painful on every motion of the tongue. Greenway's characteristic for *borax* in *aphthæ* is, "the child frequently lets go the nipple, showing signs of pain in the mouth from nursing," or as he describes it in his lectures, "the child takes hold of the nipple, takes two or three draws, and then lets go its hold and cries," is the best picture I have in my mind of *borax*.

"Very anxious on riding down a hill; he feels as though it would take away his breath" is characteristic of *borax*, but I do not remember to have verified it, but in children the aggravation from downward motion I have verified many times. When the child has been nursed to sleep, but as soon as the mother or nurse puts it down in the cradle, it starts up and cries, I always think of *borax*. When the child shudders and clings to its nurse as if it was afraid of falling on going down stairs, in brain troubles, in dentition, in catarrhal affections, I never look further, and rest satisfied after prescribing *borax*. *Natrum carb.* has superficial ulcers inside the mouth with burning pain when touched; *natrum mur.* has vesicles and ulcers in the mouth and on the tongue, smarting and burning when touched by the jaws, and it also has blisters like pearls around the mouth, especially in intermittent fevers. *Natrum sulph.* has blisters with burning pain on tip of tongue, is so sensitive he can hardly eat—but there is only one of the *natrums* that we can think much of in *aphthæ*, and that is *borax*.

Diarrhœa-like stools in the afternoon with much wind, following hard stool in the morning, we find under *borax*. *Natrum sulph.* has emission of foetid flatus in large quantities, frequently

without any stool. Borax also has diarrhœa after breakfast, had six stools from the morning until 2 P. M. without pain. Leucorrhœa like the white of an egg, with sensation as if warm water was flowing down, is a characteristic of borax similar to *bovista* and *sepia*. Under *bovista* it is worse when walking, under *sepia* it is more like milk and more offensive.

Natrum Arsenicatum—Nervous restlessness, similar to *arsenicum*. The thirst, little and often, is also like *arsenicum* compressive pain at root of nose and in forehead, such as we frequently find in nasal catarrh. The discharge is yellow and tough; patient hawks it from posterior nares and mucus drops from posterior nares. It resembles *kali bich.* some, but under that remedy the "clinkers" from nose are greenish and more offensive. Nausea, worse from cold drinks of water; vomits large quantities of sour water, worse after eating. Stools thin, soft, dark, followed by burning at anus; yellowish, watery, copious, painless, turns him out of bed in morning (see *sulphur*), preceded by colic, relieved after stool (see *coloc.*). Alternate relaxation and constipation, similar to *natrum mur.*, *nux* and *antimonium crud.*, but under the latter it is more applicable to old people. A characteristic of *natrum arsenicatum* is marked emaciation after previous embonpoint.

Natrum Carbonicum.—Restlessness and anxiety, especially during a thunder storm (Lippe), worse from music, affected by playing on a piano a short time (Hering). For headache from heat of the sun, *natrum carb.* stands No. 1 among our remedies, resembling belladonna, glonoine and lachesis. *Belladonna* has headache from a draft of air, having the hair cut or being in the sun. *Glono.* has headache worse from heat of the sun, but better in the open air. *Lachesis* is averse to the sun's rays and the headache is worse from keeping in the sun. For headache from walking in the sun, on a hot sultry day, *natrum carb.* is the chief remedy. Prof. Lippe used to tell us that a dose of *natrum carb.* was better than a sun umbrella. It has dulness of the head as well as headache from the sun's rays, and the patient is much fatigued by a short walk.

Natrum carb. has gnawing and pressure in stomach with distension and "gone" weak feeling about 10 or 11 A. M., better

from eating. *Sulph.* patient is so hungry at 11 A. M. that he cannot wait until noon for his dinner. *Natrum carb.* has diarrhoea, worse after drinking milk, and is more useful in chronic cases. In *aurum*, there is a continual pressing down as if everything would fall out while sitting, or lying down. Leucorrhœa thick and heavy; uterine troubles; inclination to miscarriage (similar to *sepia*). Expels moles and prevents false conceptions (Hering).

Natrum carb. has easy dislocation and spraining of the ankle, the ankle is so weak that it gives way, the foot bends under. *Brucea anti-dysenterica* has general weakness of the muscles of the lower limbs, with a giving away at ankles, and twichings in paralyzed as well as healthy muscles. The right foot bends under so, that she almost walks on the malleolus. It also has weariness in the knee. Under *cannabis sativa* the patella or knee-cap slips out of position when walking or ascending (Lippe).

Natrum Muriatricum.—Under mental symptoms we find the patient melancholy, depressed, sad and weeping, aggravated by efforts of others to console him, with palpitation of the heart. Violent headache, as if the head would burst. *Pella., bry., caps., merc., natr., sulph.,* and *puls.* also have this symptom. Let us individualize a little. Under *bell.* the sensation is more as if the head would split apart; under *bry.* as if the head would split open, and every-thing would press out of the forehead—worse from coughing; under *caps.* the sensation is as if the skull would burst—worse when coughing or moving; under *merc.* with the sensation as if the head would burst, there is a fullness of the brain, and a sensation as if the brain was growing larger; under *natr. sulph* the pain is in the forehead, of a bursting nature—worse after a meal; while, under *puls.*, the headache is as if the brain would burst and the eyes fall out. Lippe says *natrum mur.* will always relieve these headaches—*mercurious* never. Under *natr. mur.*, as soon as the patient sweats, the headache and all the pains are relieved, though it weakens the patient. Under *merc.*, sweat, with all pain or ailments, gives no relief, even aggravating the weakness.

Natr. mur. has nausea and vomiting during pregnancy; morning sickness, with vomiting of frothy, watery phlegm;

worse in latter half of pregnancy. *Natr. arsen.* also has morning sickness—worse from drinking cold water.

Natr. mur. is more disposed to constipation than diarrhoea, although, like *ant. crud.*, *nux.* and *pod. pelt.*, it has alternate constipation and diarrhoea. The latter is painless and watery. McClatchey says, under *natr. mur.* the stools are watery, accompanied by colic, and causing soreness of anus. A characteristic symptom of *natr. mur.* (according to Bell or McClatchey), is great emaciation of the neck in children after summer complaint. Don't overlook *natr. mur.* in intermittent fevers—beginning at or near 11 A. M.

Natrium Sulphuricum.—Depressed, tearful and lively music always makes them sad—always worse in morning. Similar to *natr. carb.* and *natr. mur.* Jahr says the patient is cheerful, particularly after dysenteric stool. Hering gives cheerfulness, happy mood after loose stools. In his guiding symptoms under *natr. sulph.*, Cowperthwaite says: diarrhoea worse in wet weather, in morning; after vegetables and farinaceous food; also in cold evening air.

The diarrhoea of *natr. sulph.* is in the morning, not quite as early as *sulphur*; a good deal later than *podophyllum*: They want to get up early to have a stool but it does not drive them out of bed like *sulph.* One or two large, soft stools (too copious) but no more stools through the day. It has proved curative in the 30th potency in a woman who has been afflicted this way for years, and who received no benefit from sulphur, aloes or podophyllum. Lippe recommends it in chronic diarrhoea and abdominal tuberculosis. In my judgment, if judiciously given in the early stages of this last named disease, it will eradicate the trouble. It resembles *aloes* in its emission of flatus in large quantities, but it has control and not involuntary stool when passing flatus, as we find under *aloes*. Aloes has a stool more like a jelly-fish (but darker in color), and the patient is irritable. I never knew a person suffering with loose evacuations who would be benefited by *natr. sulph.* who was not cheerful in disposition.

Will not some of you who have cases of incipient abdominal tuberculosis, give this remedy a trial, and report the results? Don't give it lower than the 12th potency; the 30th or 200th potency will be more certain in its action.—*Hahnem. Monthly.*

AURUM BROMIDUM--ITS USE IN CERTAIN NERVOUS AFFECTIONS.

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

[Read before the N. I. and So. M. Homœopathic Medical Association at Eckhart, Ind., September 22, 1891.]

Without going into a discussion of the important sphere of action of the preparations of gold, I will state that the bromide appears to me to be more prompt and certain in its effects in most of the cases where gold is really indicated.

It is especially indicated in certain neurotic affections which are now considered epilepiform, such as megrim or hemicrania, night terrors; somnambulism, paroxysmal insanity; and certain functional and organic cardiac diseases.

To illustrate, I will give a few cases in which I have used it successfully.

CASE I.—Spastic hemicrania. A thin, delicate woman of middle age, has had for years attacks of "nervous headache," occupying one side of the head, alternating from one side to the other, occurring every week or two. During the attack the face is pale, cold and sunken; the pain almost driving her to despair and thoughts of suicide. During these attacks glonoin 2x always relieves, but does not cure.

Aurum brom. 3x, 2 grains three times a day during the intervals between the paroxysm, cured permanently in a month.

CASE II. A child, 5 years old, has had for two years attacks in the night, before midnight, of waking in great terror, saying "some dreadful thing is trying to get her." She struggles to get away, out of bed; is unconscious does not recognize her mother; is pale and trembles. *Hyoscyamus*, *cina*, *cimicifuga*, and *stramonium* did no good. *Aurum brom.* 1x, 1 grain morning and night, cured in three days. A year afterward it promptly arrested a similar attack.

CASE III. A child, female, about the same age, would jump out of bed every night and run screaming down stairs and out of the house. No other medicine but the bromide of gold was used. Cured in a week by the 3x.

CASE IV.—Cardiac disease. Aortic valves insufficient; attacks of fainting, with coldness and feeble pulse, alternating with attacks of congestion of the head, with red face and throbbing carotids and palpitation. All these symptoms were removed by aurum brom. 3x three times a day.

When there are vegetations on the valves, causing stenosis, with symptoms calling for aurum, I prefer aurum *iodium* 2x.

In the physiological hypertrophies of young persons at puberty, of pregnant women, and at the climacteric period, I prefer the bromide of gold in the 6x trituration. It will prevent the pathological hypertrophy which often threatens.

Besides the class of disorders enumerated, this preparation of gold is very useful in reflex mental affections from uterine and ovarian irritation. I do not consider the "suicidal despondency" a necessary symptom. It is often indicated in just the opposite state when there is exalted sensitiveness, great mental exhilaration and unnatural gaiety.

A CASE OF SKIN DISEASE—PEDICULUS CORPOSIS.

BY JOHN HALL, M. D., VICTORIA, B. C.

The following case occurred in the year 18—on a lady in the upper walks of life having dark hair, a full habit, aged about fifty, of most cleanly habits, washing repeatedly, and mother of five children.

The allopathic diagnosis of the disease is given because of its *apparent* character, not that I agree with them in their pathological name. And it having existed a long time was subjected to the treatment which that school so heavily resort to in such cases; fortunately for the patient only partially successful; the so-called pedicule returning again and again after temporary death or destruction after each treatment.

The case is, however, given only from memory, the records of it, with all others, remaining in Toronto. Consequently the diagnosis of the remedy cannot be fully recalled, but the malady having a direct bearing against the teachings of the old school, who insist that such ailments are always the *cause* of disease, existing only in the habits of the patients, is taken

from among similar ones, as illustrating how all *true* homœopaths recognize and treat them. The writer living among those who, with the late Dr. Guernsey and others, think less and less of the diagnosis, while in harmony with that equally eminent physician, the late Dr. Lippe, in bestowing intense care in the study and diagnosis of the remedy, a study which often requires an extraordinarily painstaking procedure.

In the malady given, the patient was, as before said, in the upper walks of life, and of most cleanly habits, having resorted to those means which, with others, are unfortunately only too often successful in *suppressing* such outward manifestations. But taking all into consideration, all her antecedents and present condition, the conclusion was arrived at that she was suffering from a deeply seated dyscrasia, of which the creeping things on the flesh were merely an outcome, and so treating her accordingly—not giving all her symptoms, for the reasons already assigned, recalling only the remedy *Lycopodium*, which has given help, and in *very rare doses* effectually curing the disease in a few months, and, like all true cures, endowing her with perfect health as well.

Here let me remark that so long as our school is governed exclusively in its diagnosis by that of the dominant one, we shall often flounder in darkness, not finding the truth, though it may be necessary at times that some diseases be known or recognized by their pathological names certainly as seldom guiding us in their treatment. Indeed, we may truly, though painfully add, that these things are frequently hidden from the wise and prudent, but revealed unto lambs: those having the childlike and teachable spirit.—*Canadian Institute of Homœopathy.*

Epilepsy and Kali Muriaticum.

A male, age forty-five years, book-keeper, unmarried. In September, 1888, had an eruption appear for a time, then disappeared until August, 1889. Diagnosed "*lichen*" by a prominent physician of the older school. In November, 1889, the eruption was suppressed and he began to have irregular attacks of "fainting fits." Would grow pale, a warm feeling following: then spasm, with pain in the cerebellum, and burning in the

region of the stomach. Attacks nearly always preceded by fright or fear. First gave *nux vomica* 6x with *arsenicum* 3x in alternation every three hours for two days, with the result of finding the patient a little stronger and a better appetite. But the frequent attacks of epilepsy were still continuing, three a day. On the symptoms of fear before the attack and anxiety I gave *bufo* 3x with no change. The patient began to think it would be the same old story, a little help then a relapse worse than ever. I did not want to lose the case, because it was almost my first good chance in my new location. A little study of the materia medica gave me this clue: *epilepsy from suppressed eruptions, kali muriaticum*. I gave it in the sixth decimal trituration, one powder every hour for a week. After the fifth powder he had but one pronounced attack, after the sixth day he had none, and has had none since. I have him take the medicine occasionally to keep up its action. Neither he nor his family worry over the trouble as they formerly did. My first clue to the drug was obtained from Prof. Monroe's lectures on materia medica, and I now value my lecture note-books so that I refer to them in conjunction with my text-books. —Dr. C. C. F. Wachendorf, Vermillion, S. Dakota.

Sabadilla in Intermittent Fever.

1. Pulse small but somewhat jerking. Great ebullition of blood and throbbing of vessels. Sensation of stagnation of the blood.
2. Chill afternoons or evenings, returning exactly at the same hour, often without subsequent heat. Chill predominating especially on the extremities, with heat of the face. The shuddering chill constantly from below upward. The chill is relieved by the warmth of the stove.
3. Heat, most on the head and face, often interrupted by shuddering chill, constantly recurring at the same hour, thirst only between the chill and heat. Sweat often with the heat. Nights and mornings internal heat.
4. Sweat mornings in sleep. Hot sweat on the face with cold on all the rest of the body.

Ipecac in Intermittent Fever.

1. Pulse greatly accelerated, but often imperceptible.
2. Chill generally of short duration, and soon passes into heat; internal chill, as if under the skin, increased by warmth; chill with thirst; thirst, coldness of the hands and feet; chill mostly with thirst.
3. Universal, continued heat, with dry parchment-like skin after a short chill; evening, dry, anxious heat; sudden attacks of general heat, with cold hands and feet. The heat is mostly without thirst.
4. Very great sweat, mostly at night; biting, mostly sour-smelling sweat, often also cold; in a room frequent attacks of hot sweat.

Pulsatilla in Intermittent Fever.

1. Pulse weak and small, often hardly perceptible but quickened; seldom slow; evenings throbbing in the blood vessels; swollen veins in the evening heat.
2. Chill, coldness and shuddering predominate; constant internal chilliness, even in a warm room; chill increased toward evening; chill with the pains; chilliness with overrunning heat; one-sided coldness with sensation of numbness; in the evening cold drawings through the back; evenings and before midnight constant running chill without shuddering; thirst before the chill and before the heat, seldom with either.
3. Heat after the chill, with anxiety and redness of the face; general internal, dry heat, without external heat, evenings or nights; heat of the face or of one hand, with coldness of the other, heat of the body with coldness of the extremities; attacks of anxious heat as if hot water were poured over one.
4. Copious sweat in the night or morning; sweat during sleep; soon disappears on waking; easy sweating in the daytime; one-sided sweat, sometimes only on the face and hairy scalp; night-sweat with benumbing coma: sweat often smells sweetish, sour or moldy, or like musk, and is sometimes cold.

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Original Articles.

THE DIARRHŒA OF PHOSPHORIC ACID.

By WM. BOERICKE, M. D.

I was consulted recently by a mother, about her little boy age three, who for over two weeks had been troubled with a diarrhœa, that had resisted ordinary domestic and dietetic treatment. I found that the child would have from ten to twenty movements a day, entirely painless and watery. I prescribed several times with not the slightest effect. It became very apparent that though the diarrhœa had continued a long time, it did not at all weaken the little patient, who played all day perfectly happy, except when interrupted by these frequent calls of nature. Here was the key-note we all learned at College and an opportunity to test it. I gave phosph. acid 30. a dose of a few pellets every two hours, with immediate improvement and complete restoration after two days.

Within a few days another case presented itself. A boy of ten, who had painless, at times involuntary stools for the past week, but no other complaint. The mother had given several remedies without any result. The boy, although disturbed day and night, did not feel weak in consequence. Again I had

recourse to phosph. acid 30th potency, a dose every two hours with instructions to report in two or three days. The mother informed me that after the second dose, the trouble ceased and the child has been well since.

These two cases illustrate the most marked guiding symptoms to the use of phosphoric acid in diarrhœa. First and foremost, *the absence of exhaustion*, though the frequency of stools and the length of the attack would presuppose considerable debility in consequence. The second key-note is the *absence of pain* and the character of the stool, viz; thin, at times involuntary. Clinically, we know that good results have followed the use of phosph. acid in chronic diarrhœa of hectic fever. It is frequently called for in the bowel complaints of scrofulous and rickety children, as it often reaches the remote general symptoms as well as the immediate and urgent ones. In these cases the *Calcareæ phos.* comes nearest to it and supplants it. It is especially called for when the stools are whitish or greyish, watery and undigested. Frequently piles may follow, much sweating and itching, and general gnawing pains in the rectum.

TWELVE REMEDIES FOR COLD IN THE HEAD. WITH COMPARISONS.

By W. A. DEWEY, M. D., SAN FRANCISCO.

I. ACONITE.

When the attack comes on suddenly, after an exposure to a cold dry wind with chilliness followed by fever, Aconite will be the remedy. There is as yet no discharge, but from the congestion, the nose is swollen, hot, dry and stopped up, and this stoppage is apt to change from side to side; there is tingling and burning in the nose, and a throbbing frontal headache; there may be sneezing also. These symptoms are all better in the open air.

Nux vom. has colds caused by cold weather, with a dry stuffed up nose and rough scrapy throat.

In *Belladonna* there is more cerebral excitement and swelling in the throat.

China has headache with pains worse in open air, not better as in *Aconite*.

Ferrum phos. is very similar to *Aconite*, and may be used when the onset is less sudden and violent, and when there is no anxiety and restlessness; it is also like *nux* and *calcareo carb.* excellent for predisposition to take cold.

II. ARSENIC.

Arsenic is especially useful in winter colds, where there is a thin, watery discharge from the nostrils, which excoriates the upper lip; yet in spite of this fluent discharge the nose feels stopped up. There is a dull, throbbing frontal headache and sneezing, photophobia and, contrary to what one would expect, the sneezing does not relieve in the slightest, the irritation continues as before and it is worse on going into the open air. These symptoms of watery discharge and sneezing place Arsenic in the front rank in the treatment of Hay fever.

Allium cepa has this excoriating nasal discharge also, but, if anything, there is more lachrymation, which by the way is bland.

Sinapis nigra resembles *arsenicum* in the heat in the nose but with *sinapis* there is dryness and no discharge. The discharge of *mercurius*, though excoriating and acrid, is thicker. The cold of Arsenic always settles in the nose, that of *phosphorus* in the chest. The Arsenic patient is chilly and wants to be near the fire all the time; the nose burns both externally and internally.

III. ALLIUM CEPA.

One of our best remedies, for cold in the head, indeed is said by some to be the best, and probably it is when indicated. The discharge is profuse and acrid, with great smarting in the nose and eyes, and the distinguishing feature between this remedy and *euphrasia* is the profuse lachrymation which here is bland, and under *euphrasia* is excoriating, while the opposite condition obtains in the nose. *Allium* excoriating and *euphrasia* bland. Under *Allium* the edges of the eyelids burn and the

eyes are red and sensitive to light. The nasal discharge is thin and flows constantly and there is prolonged sneezing. A peculiarity of *Allium* is that the discharge ceases when the patient goes into the open air, but returns when entering a warm room again. It is a drug which should be given early and if there be a splitting laryngeal cough, it is all the more indicated. Farrington, however, claims that *Allium* is apt to drive the trouble to the chest, and adds that when it reaches the chest *phosphorus* is the remedy. *Arsenic*, too, is similar, but *Arsenic* has sneezing in the cool air after leaving a warm room, and it lacks the laryngeal symptoms so common in *Allium*. The *mercurius* discharge is acrid, and not so thin as that of *Allium*.

IV. EUPHRASIA.

Like *allium cepa* has a copious fluent discharge from nose, and copious lachrymation, the latter being most acrid, excoriating the cheeks, and being so profuse as to keep them wet all the time. It differs from *allium* as we have seen; in the character of the discharge. Eyes excoriating, nose bland. *Euphrasia* is often well indicated in the coryzas which precede measles, when there is cough, which sounds decidedly measly.

V. ARUM TRIPHYLLUM.

Under *Arum* all of the secretions are acrid, and there is a discharge of ichorous fluid from the nose, the nostrils and lips are sore. There may be a discharge from both nose and eyes which is yellow and acrid. There is thirst but drinking causes pain. The nostrils are sore and there is a constant desire to bore the finger into the nose. The nose may be completely stopped up and at the same time a fluent acrid discharge.

Lyc. has complete stoppage of the nose night and day with some discharge, which may be excoriating. Dryness posteriorly and discharge anteriorly is also characteristic of *lyc.*

VI. GELSEMIUM.

This remedy is often underestimated in the early stages of cold in the head. It will break up a cold at the beginning quicker than any other remedy with these indications: fullness

of the head, hot fever and chilliness as if a cold was coming on. The patient is dull and weak, chills run up and down the back, with a watery, excoriating or bland discharge from the nose and sneezing. There is also a marked inclination in the patient to hug the fire. Colds brought on by warm relaxing weather especially indicate Gelsemium. There is a predisposition to take cold on any change of the weather. It has been found specially useful in influenzas with fever.

VII. NUX VOMICA.

The first stage of ordinary cold in the head may be met by Nux Vomica, when it is brought on by damp, cold weather or sitting on damp, cold steps, associated with sneezing and stuffed up feeling in the nose. The nose is dry, there is very little discharge, the eyes water and there is scraping in the throat and dulness and oppression about frontal sinuses. These symptoms are worse in a warm room and better in the open air.

Mercurius is similar, having rawness and soreness in the nose but is especially aggravated in damp weather.

Puls. is more for a ripe cold and *Arsenicum* also has heat and burning in the nose, but the coryza is relieved by warmth and aggravated by cold which is the opposite of Nux. Another symptom indicating Nux is a fluent coryza during the day and a stuffed up sensation at night.

VIII. MERCURIUS.

There is a profuse coryza which extends to the frontal sinuses, burning in eyes and nose, acrid discharge, violent sneezing, and tendency to perspiration which aggravates.

Kali Iod. has great distress in frontal region, worse at 3 A. M.

Mercurius is especially aggravated in damp weather. Thin watery discharges belong to *allium cepa*, *euphrasia*, *arum tri.* and *arsenicum*. The Mercury discharge is thin mucus, not thick as in *pulsatilla*, *hydrastis* and some other drugs.

IX. PULSATILLA.

Pulsatilla is more indicated in an advanced stage of cold in the head, what is known as a *ripe* cold, hence it should not be

given at the beginning of a cold, for it is never indicated. There is no sneezing or excoriating discharge with Pulsatilla. The discharge is thick, yellow, muco-purulent and, above all *bland*.

Penthorum sedoides; coryza with raw nose and throat; later it has the thick, yellow discharge of Puls., but the keynote to this remedy is a sensation of wetness in the nose.

Hydrastis is also similar to Puls., but there is more burning and rawness and tenacity to the discharge. If you have a Pulsatilla cold, and in addition to it you have sneezing, give *Cyclamen*.

With the Pulsatilla cold there is usually loss of smell and taste, and there is relief in the open air, even though the patient be chilly.

X. CAMPHORA.

First stage of cold in the head when nose is stuffed up, and is dry and the inspired air feels cooler than usual. It will often check an incipient cold, and is a useful remedy in chronic or rather paroxysmal coryzas, which occur upon every change of weather, and may be used by olfaction. The patient feels chilly.

XI. KALI IOD.

Thin excoriating and very profuse, scalding discharges from the nose and coryzas, which involve the frontal sinuses, with profuse, watery discharges call for this remedy. The eyes smart, lachrymate and become puffed. The throat is irritated and the nose is apt to be red.

XII. NATRUM MUR.

Colds with watery, transparent discharges, which cause vesicular eruptions about mouth and nose, which burst and leave thin crust and scabs. Running colds with watery, clear, frothy discharge, worse on going into cold and on exertion, great dryness of posterior nares. There is entire loss of taste. This is the Schussler remedy for coryzas, the watery exudations being the bio-chemic indications for its use.

Ophthalmology and Otology.

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

CHRONIC CATARRH OF THE DRUM.

In an interesting essay on this subject Dr. Wm. E. Rounds presents the following remedies and their indications in the treatment of this obstinate disease: *Argentum nitricum*—Confusion of hearing on account of clear, distant, ringing sounds in the ears; all sorts of ringing sounds in the ears, which are immediately followed by a dull stuffed-up feeling. Chronic catarrh of the pharynx, with dark redness of the uvula and back part of the throat. Throbbing pains in the throat, with sharp sticking pains. Accumulation of mucus in the posterior nares, with sensation as if something were lodged in the upper surface of the soft palate. Dropping of mucus from the posterior nares into the throat, nauseating the patient. Chronic naso-pharyngeal catarrh, with profuse discharge from the posterior nares.

Aurum mur.—This remedy has benefited cases of middle-ear catarrh associated with ozæna and caries of the nasal bones; stoppage and ulceration of the nasal passages.

Baryta mur., Dr. Rounds has found useful, especially for children suffering from chronic catarrh; children who are hard of hearing, off and on, whenever they get cold or the weather is damp; earache now and then; stupid-looking children who cannot breathe through the nose; pain in the ears when blowing the nose, with bubbling, crackling sound as though the tympanum were full of mucus; crackling sounds in the ear when swallowing; granular and infiltrated throat; follicular and glandular hypertrophy; throat looks raw and feels a little sore all the time.

Belladonna is not often thought of in chronic catarrh of tympanum, but Dr. Rounds says he has relieved some cases of chronic inflammation of the Eustachian tube very promptly with this remedy. He prescribed upon the throat symptoms chiefly

dryness and redness of the throat, with sensation as if swallowing over a lump; weak feeling in the throat and difficulty of swallowing liquids; aggravation of an aural catarrh from wetting the hair; hardness of hearing, aggravated by having the hair cut.

Calcarea carb. is a remedy more often called for in chronic suppuration of the drum, but will quite frequently be useful during the treatment of a subacute catarrh of the tympanum brought on by getting the feet wet or sitting in a draught; pain in the ears when blowing the nose, which disappears when swallowing; the patient is very sensitive to the air and dreads anything like a draught. Soft, flabby children who perspire easily.

Causticum is a useful remedy in subacute tubal catarrh where the patient has a dull, numb feeling in the affected side of the head, with a sensation as though the voice came out through the ear; sticking in the region of the Eustachian tube; when speaking his voice sounds strange, as though his head were in a barrel; raw, acrid, scraped sensation in the throat and behind the palate.

Conium maculatum will be useful in subacute catarrhal inflammation of the middle-ear, when with inflammation in the throat there is associated an increased activity of the ceruminous glands and there is a discharge of dark-yellow cerumen, often of an offensive odor.

Kali mur. is the remedy used more frequently than any other at the New York Ophthalmic Hospital for chronic catarrh of the middle-ear. It seems to benefit every case in which there are no marked symptoms for the selection of other drugs. Dr. Rounds always gives it in all cases in which there is progressive deafness in which there are no throat symptoms to point out a better remedy. It is a good remedy in the atrophic stage of naso-pharyngeal catarrh, and will assist local treatment in the restoration of some of the functions of the mucous membrane. It will in many cases check the progress of a catarrhal deafness without the aid of any other treatment. The author usually prescribed the 3x. He has never been able

to trace to it any bad effect on the kidneys, such as we often get from kali chlor. Many of these cases when coming under care are suffering from general debility, and when this is the case calcarea phos. 3x may be alternated with kali mur.

Kali iod.—For hardness of hearing, with digging, tearing pains apparently in the middle or internal ear; shocks of pain through the head like electricity; stopped-up feeling in the ears, with burning, raw toughness of the throat, with viscid, salty expectoration, with irritation of the mucous membrane of the nose.

Merc. dulcis seems, of all the preparations of mercury, to be the most often called for in the disease under consideration. It appears to have a special affinity for the tissues of the throat, and particularly of the Eustachian tube. When this remedy is indicated, we find the external auditory canal dry, and somewhat injected near its internal extremity, with more or less injection along the handle of the malleus. There is always a decided retraction of the membrana tympani. There will be deafness, increased whenever a cold is taken, with all kinds of strange noises, and a feeling as if there is a plug in the external auditory canal. A feeling as though he would have the ear-ache—hints of pain. The throat is usually red and flabby, and somewhat infiltrated. The uvula is elongated—looks as though the patient had repeatedly tried to swallow it; soreness of the throat which extends to the Eustachian tubes; sometimes the throat has a dry, dark-red appearance, like burnished copper.

Merc. protoiod.—When this remedy is called for, the throat will be red, swollen and infiltrated. Acute pharyngitis, when all the glands of the throat are involved.

Nux Vomica is a useful remedy for removing some of the very disagreeable symptoms of catarrh of the drum. The author's chief guiding symptom is tinnitus and disagreeable stuffiness of the ears, which is always worse in the morning. With this symptom there is usually soreness and rawness in the fauces. Burning in the throat as though he had swallowed something acid, or as if the upper part of the pharynx had been scraped

by some sharp instrument. Burning and itching in the region of the Eustachian tube. Tinnitus and hardness of hearing, associated with nasal obstruction and dull frontal headaches. It is a remedy for tubal catarrh of smokers and drinkers. It seems also to assist in restoring tone to the auditory nerves and has benefited many cases of so-called nerve deafness, associated with chronic catarrh of the middle ear.—*Journal of Ophthalmology.*

Colleges and Hospitals.

Printed Transactions Soon Ready.

The Transactions of the Fourth International Homœopathic Congress and the Forty-fourth Session of the American Institute of Homœopathy, will be issued about the first of February, and in a single volume of some 1150 pages, octavo, and handsomely bound in cloth, similar in style to the recent publications of the Institute. The delay in issuing the work was due to the unusual amount of editorial and mechanical labor involved. Copies will be promptly mailed to all members of the Institute not in arrears and to all foreign homœopathic physicians who contributed in any way, to the success of the Congress; besides which, the usual copies will be sent to homœopathic journals and colleges, and to the public libraries designated by the Institute. It is requested that any homœopathic journal in the world failing to receive a copy, will notify the undersigned.

After retaining copies sufficient to supply the Institute membership, etc., there will be some twenty-five or fifty copies left over. These, the Executive Committee will offer for sale at seven dollars each. Purchasers will please remit the amount to the Treasurer, Dr T. Franklin Smith, 264 Lenox Ave., New York City, and the book will be forwarded by mail, postage free.

PEMBERTON DUDLEY,

General Secretary American Institute of Homœopathy, 15th and Master streets, Philadelphia, Pa.

NURSERY FOR HOMELESS CHILDREN.

It will gratify our readers to learn that this institution located at 328 Bryant street, has recently been placed under homœopathic control. The terrible mortality, which under "regular treatment" has been increasing constantly, was a source of continued discouragement to the ladies in charge, and at the instigation of some of the Board who are believers in the Law of Similars, a change was decided upon and the following homœopathic physicians placed in charge, consulting physicians, Drs. J. W. Ward and J. E. Lilienthal; oculist and aurist; Dr. Grant Selfridge: orthopedic surgeon, Dr. F. N. Saltonstall visiting physician, Dr. Guy E. Manning.

The nursery is at present full, the fifty beds being all occupied. Children of all ages are received, the inmates ages running all the way from a few days old upwards.

All who have had any experience of the class that fill institutions of this nature, are aware that most of the little homeless ones come upon the world with the taint of depraved parents, and as a consequence all types of children's diseases, abound, giving abundance of clinical material to test the advantages of our law of cure.

COMPARATIVE CLINICAL ADVANTAGES.

The Annual report of the Dispensary of Cooper Medical College is at hand, and to our friends of the Hahnemann Hospital College Dispensary of this city, it must furnish interesting reading. We desire here simply to place in parallel columns the number of cases treated in each department of each institution, but before we do this we wish to call *special* attention to the fact that while the figures of the Cooper Dispensary represent *one year's* work, those of the Hahnemann Dispensary represent *six month's work only*.

Nervous Diseases.....	Cooper, 123;	Hahnemann, 448
Diseases of Women.....	" 151;	" 368
Diseases of Children.....	" 150;	" 249
Diseases of the Eye, Ear and Throat...	" 966;	" 1140
Surgical Diseases.....	" 478;	" 378
General Medical Diseases.....	" 510;	" 866

It has always been maintained that the Hahnemann Hospital College Dispensary had the largest attendance of any in the city. The figures were those for the last six months of the year 1891, while those for the Cooper College Dispensary were for the entire year commencing November 1st, 1890, and ending November 1st, 1891.

Students at the Hahnemann Hospital College have the entire freedom of the dispensary, and here they see and meet with that class of cases which will be of most use to them in private practice. It should be noted that in all the departments except surgery, the six months work of the Hahnemann Dispensary, exceeds that of the years work at the Cooper Dispensary, and doubtless the surgical clinic would also be larger were it not for the fact that so many diseases which allopathy would class as surgical, are placed by homœopaths in the category of diseases curable by homœopathic remedies, hence the classification becomes somewhat difficult. This is a good showing and we congratulate the College and Dispensary.

Editorial Notes.

My interesting and generally truthful friend who shapes the destinies of the business department of this popular journal is not always infallible in his statements. In his attempt to explain the paucity of material in the January number of the CALIFORNIA HOMŒOPATH, and, perhaps, as an excuse for his own lack of industry, he says "our crack editorial writer, too, has failed to materialize this month. He is resting up for a supreme effort * * * * This supreme effort is billed for our February number." Of course I know that these remarks are aimed at me as I am the only person at present connected in an editorial capacity with this journal, who seems to possess sufficient energy to do any writing at all. But, seriously, this is a lamentable condition of affairs, and I deeply regret the evident want of interest shown by the physicians of the Coast in journalistic matters. The states and territories of the Pacific Slope should

certainly be able to support one journal devoted to the cause of homœopathy, and in saying this we do not wish to be understood as complaining of any lack of financial assistance on the part of the public. The burden of our "kick" is the same as it has been for several years, the utter lack of any response from the physicians of the Coast to our repeated requests for material to fill the pages of the CALIFORNIA HOMŒOPATH. With over six hundred homœopathic physicians on the Pacific Slope, less than twenty original articles have been sent us during the past year. This is unjust to the gentlemen who are trying earnestly to present each month a readable magazine to their professional brethren, and creates a false impression in the minds of the physicians of the Eastern states. The homœopaths of California are certainly the peers of any in the world, and deserve as interesting and valuable medical literature as those of older communities. In fact nothing is too good for the doctors of this Coast, but we are free to confess that without the active co-operation of at least a fair proportion of these six hundred local practitioners, we shall be forced to suspend the publication of the CALIFORNIA HOMŒOPATH. This is an honest statement of the case, we simply cannot prepare enough material to make a readable journal without outside assistance, and we ask the homœopaths of the Pacific Coast who should be interested in the continuance of a magazine devoted to the grand principles of Samuel Hahnemann, to rally to the standard raised, and we trust faithfully borne by the CALIFORNIA HOMŒOPATH. Every physician, however limited his field of observation, has some peculiar case or some new treatment of an old case that if written up in a brief, concise manner, would prove of interest to his brother physicians. Do not make it necessary for us to refer to this subject again because it is not pleasant to stand in the attitude of suppliants before the public. If every physician who reads this appeal will send us just one original article, the year 1892 will prove a memorable one in homœopathic literature on this Coast.

C. L. TISDALE, M. D.

Euphorbium.—Dry, hollow cough from tickling in chest or throat; expectoration in morning; oppression of breathing.

Correspondence.

EDITOR CALIFORNIA HOMŒOPATH:—In answer to your query in January number regarding a drug having icy coldness in mammæ before menstruation, I beg to state that I fear your inquirer will hardly succeed in finding the similar for his patient from this single symptom. The nearest that I can find are the following, which I trust may be of some service to him: Coldness of mammæ, cimicif. Coldness of mammæ to touch, medorrhinum. Chilliness, cic., guiac, par., ran. b., spig. Shivering over mammæ, cocc.

Respectfully yours, J. E. LILIETHAL.

Personals.

MR. E. W. RUNYON has recently returned from a trip through the Sacramento Valley.

ESCONDIDO, California, is in need of a first class wide awake homœopathic physician, and such a one will do well there.

A MATERIA MEDICA SOCIETY has been established in New York, the object of which is to collate, preserve and publish verified symptoms of our materia medica.

BAKERSFIELD, CAL., is in need of a good homœopathic physician. There are seven allopaths there, and the prospects are that a homœopath would get a good practice.

THE Equitable Life Insurance Company's agent at Los Angeles claims to make no distinction between schools of medicine in the appointment of medical examiners. This, however, needs verification.

MR. A. AUCHIE CUNNINGHAM, the popular professor of chemistry at the Hahnemann Hospital College of San Francisco, was married January 28th to MISS FLORENCE E. RODDA. Our heartiest congratulations.

DR. J. H. HUMMER, of San Jose, has been in the City for a few days attending the Miner's Convention. The doctor gave us a call and expressed himself as being satisfied with the good things of this life.

FOR SALE CHEAP.—Any physician desiring Allen's Encyclopedia of Pure Materia Medica, ten volumes, bound in cloth and in good condition, can purchase the same at half price by addressing the publishers of this journal.

DR. MUNSON recently visited his old home at Oakland, California.

DR. T. C. DUNCAN, President of the American Health Resort Association of Chicago, recently paid a flying visit to San Francisco and called on the editors of this journal. The doctor has increased in *avoirduois* considerably since we last saw him.

DR. N. EMMONS PAINE has resigned his position of Superintendent of the Westborough Insane Hospital, Mass., to take effect February 1st. He has bought a fine estate at West Newton, nine miles from Boston, on the S. & A. R. R., consisting of a residence, etc., surrounded by twelve acres of ground, on an eminence with a fine outlook. After a couple of months of repairing in the house, he will be prepared to receive a few cases of insanity of the best class of private patients, who desire homœopathic treatment. He has been led to take this step, after nearly seven years' residence at Westborough, by the frequent applications from other states for the admission of patients whom it was necessary to refuse on account of the opposition of the State authorities, who thought Massachusetts State institutions should be limited to Massachusetts patients.

Book Reviews.

A B C of the Swedish System of Educational Gymnastics.

A practical hand-book for school teachers and the home. By HARTVIG NISSEN, Philadelphia: F. A. Davis, 1891.

This little work is one that every physician should at least know about, that he may put it into the hands of his patients. How many times we are asked or wish to give advice, in regard to some simple method of gymnastics, that may be used in the schools or at home; and we have often to say that we do not know just the book. Here is one, however, which I think is all that is required. The Swedish Educational Gymnastics differ from any other system in that they do not require the use of any apparatus and yet give full, systematic exercise. In this work the exercises are arranged into three parts, order and marching; the real gymnastics; and gymnastic games. The length of time that should be given to each exercise, the number of days each exercise should be repeated before going on with another series is exactly told, so that large numbers of pupils can go on to each day's orders in unison, and thus much good can be accomplished. The day's orders are so arranged that no one will be overtired by them, which is so apt to be the case where gymnastics are not taken properly. This system is as applicable to adults as well as to children, and if followed closely, will be of great benefit to persons suffering from the effects of an inactive life, or when the mental activity is far greater than bodily exertions. It is profusely illustrated by excellent cuts, and is so simply arranged that anyone can understand it at a glance. The method has been adopted by the public schools of Boston

where the author is a teacher, and other cities are also adopting it. But for the individual it is the most use to the physician, in the class of cases I have described. Get a copy.

Announcement.

E. B. TREAT, publisher, New York; has in press for early publication the 1892 "*International Medical Annual*," being the tenth yearly issue of this deservedly popular work. Its corps of thirty-five editors are specialists in their respective departments, and have been carefully selected from the brightest and best American, English and French authors. It is the embodiment of what is worth preserving of the current medical journals of the world for the year, and will contain over six thousand references to diseases and their remedies. The service rendered the profession by this annual cannot be overestimated, and it is an absolute necessity to every physician who would keep abreast with the continuous progress of practical medical knowledge. This index of new remedies and dictionary of new treatment, epitomized in one ready reference volume at the low price of \$2.75, makes it a desirable investment for the busy practitioner, student and chemist.

International Clinics. A Quarterly on Clinical Lectures on Medicine, Surgery, Gynecology, Pediatrics, Neurology, Dermatology, Laryngology, Ophthalmology and Otology. By Professors and Lecturers in the leading medical colleges in the United States, Great Britain and Canada, edited by J. M. KEATING, M. D., J. P. C. GRIFFITH M. D., Philadelphia, and J. M. BRUCE, M. D., D. W. FINLAY, M. D., London, October, 1891, Philadelphia. J. B. Lippencott Co.

The present volume offers a great variety of lectures on many widely different subjects, by professors well known to the profession. It presents the most advanced views on the treatment of disease by the leaders of the old school and as such it is interesting and suggestive. The dearth of therapeutic resources in some cases and the utter absence of all guiding principles is the adoption of and discarding of remedies is lamentable, and can only be cured by investigation of the claims of homœopathy, and adoption of the great underlying principles of it. Only then is a science of therapeutics possible. The book is beautifully gotten up, illustrated, and presents a very attractive appearance.

Practical Physiological Philosophy. By JOHN C. NOTTINGHAM, M. D. Bay City, Michigan: W. D. RICHARDSON, 1891.

This dainty volume invites one to a careful perusal of its pages. Everything the publishers art could do has been done for this little work. It is perfect in its way. Dr. Nottingham is well known to homœopathic readers as a contributor to our journals, and author of various and valuable interesting papers. The author's aim in the present volume is to give parents some idea of a practical physiological philosophy as applied to the care of children. The first chapter gives admirable details about the care of a new born babe. We notice the author believes in undiluted milk from the first—a position we are not ready to endorse unqualifiedly. He also evinces a

strange horror of the use of salt, which we question as sound physiological philosophy. He is severe on all shades to windows except blue and green and knows of families whose misery of life is entirely due to lack of discrimination in these matters. But aside from these idiosyncrasies, the book is excellent, and ought to be in the hands of the laity. Physicians desiring their families to be possessed of a clear, concise treatise that answers most questions usually put by patients, will do well to recommend Dr. Nottingham's book.

All Around The Year, 1892. Entirely new Design in Colors. By J. PAULINE SUNTER. Printed on heavy card board, gilt edges, with chain, tassels, and ring. Size $4\frac{1}{4}$ by $5\frac{1}{4}$ inches. Boxed. Price 50 cents.

This most charming calender is composed of heavy, gilt-edged cards, tastily tied with white silk cord, and a delicate silver chain attached, by which they may be hung on the wall or elsewhere, and are so arranged on rings that they may be turned over as each month shall be needed for reference.

The Greater Diseases of the Liver; Jaundice, Gall-Stones, Tumors and Cancer, and their treatment. By J. C. BURNETT, M. D., Philadelphia: Hahnemann Publishing House, 1891.

Dr. Burnett has written several interesting and suggestive essays; some of which received the compliment of a reprint in this country. His last little book on diseases of the Liver has been published in this country by the Hahnemann Publishing House, and we believe it is the least useful as well as the latest publication of this publishing house. What possible use a homœopathist or student or anybody desiring to get away from the mere dictum of the teachers, such a treatise can be, we fail to see. Instead of indications for different remedies, we are treated to dogmatic assertions without the slightest rational reason. A truly homœopathic book on diseases of the Liver would be of great use to the school, and we believe Dr. Burnett could furnish such a book, but his present effort is certainly a complete failure.

Clinical Items.

Obesity.

Apocynum Cannabinum and *Podophylin* are serviceable remedies when indicated. Dr. Drysdale has cured a case of obesity in a lady of middle age who suffered from puffiness and distinct dropsy all over, palpitations and dyspepsia, stomach disturbed, liver congested, constipation and frequent attacks of spasms. From five to seven pints per day of skim-milk were

taken without inconvenience. After a week or two of nothing but milk, one meal—namely, dinner—was allowed and nothing but the milk for the other meals. After a marked improvement she gradually returned to ordinary diet.

Calotropis Gigantea.—After a patient taking it for three months it produced thinness of body without decreasing weight; health good; while flesh decreased the muscles became harder and firmer; noticed same in several other patients.

CONDURANGO IN ULCER OF THE LIP. A fifty-six year old hotel-keeper presented himself to Dr. H. Goullon on April 8th of the present year, for the treatment of an ulcer upon his lower lip that had a very suspicious look. It was on the left side of the lower lip and had irregular, indented edges; it was not equally deep in all portions and was about the size of a pea in extent. Its base was purulent, with a tendency to form crusts. In the beginning vesicles appeared and then disappeared as such; desquamation also occurred several times. Three drops of condurango, in the second potency, were administered daily. In about two weeks the ulcer had completely healed, and at its former site there was only a flat insignificant crust or rather, scale. *Leipziger Populare Zeitschrift für Homœopathie*, June 1st, 1891.

Kali Carb.—Labor-pains insufficient, violent backache, wants back pressed, bearing-down pain from back into pelvis, cutting pain across lumbar region, or passing off down buttocks, thus hindering labor, pulse weak. The pains are stitching and shooting, or they are in the back, shooting into the glutei muscles, and pass off down thighs.

Naphthalin.—Valuable for hay-fever; sneezing; eyes inflamed and painful; head hot; spasmodic bronchitis and asthma; better in the open air; soreness in chest and stomach; must loosen the clothing.—*Dr. J. A. Terry.*

Zinc brom., 3x and 6x, in senile atrophy, softening and brain fog, with violent pain; complaints of teething-children.—*Hale.*

Ipecac has proven of great value in cases of malaria, to clear up the case and bring out the symptoms, in cases where you can't get any distinctive symptoms, and all is hidden; especially when you have the persistent nausea; give *ipecac* for a few days and you will be surprised to find how easily you can pick out the malarial symptoms. *Shelton.*

Causticum and *Kali Carb.* are two of our best drugs for uterine tonics in slow, tardy labors, where there is uterine inertia. The pains are feeble and inefficient, the patient is anæmic, weak, has a low temperature and slow, feeble pulse, and complains of feeling tired. With *Kali carb.* there may be in addition the sharp cutting pains.—*Prof. Allen.*

Cerium Oxalate.—Of this remedy, which was introduced by Prof. I. Y. Simpson, the homœopathic school has made no provings, nevertheless it has been resorted to in obstinate cases of the vomiting of pregnancy with remarkable success. Charlton states that he has given it for the morning sickness of pregnancy with unvarying success. Dr. James says: it very seldom fails in relieving the vomiting of pregnancy when given in good sized doses of one-half to two grains. My experience is that it is the specific per se in this condition, and that it will act if everything else fails. Here is an illustrative case: Mrs. G. had suffered from morning sickness and excessive vomiting for three months. During the last month the vomiting had been such that nothing would be retained in her stomach. She had lost in weight and strength, was scarcely able to be out of bed, and thought she would die this time. Had been treated by four physicians, high and low, without any effect, and sent for me on June 20. I examined carefully her condition and prescribed at once cerium oxalate, first trituration, two one-grain tablets. When I called on the 21st, the vomiting was checked, she had a desire to eat, retained her food, and expressed great joy. No return of the vomiting.

Selenium is useful in skin diseases, particularly when there is itching in the folds of the skin, as between the fingers and about the joints—particularly the ankle-joint.—*Farrington.*

THERAPEUTICS IN INDIAN HEMP.—Dr. Suckling says that in *insanity in women*, due to mental worry or mortal shock, Indian Hemp acts almost like a specific. He usually gives ten minum doses of the tincture three times a day, combined with iron and strychnine. He has also found it of great value in *mania and melancholia*, and in cases of *chorea* where arsenic fails; in such he combines it with hydrate of choral. In *migraine* it is also useful, given with or without phosphide of zinc, when the severity and frequency of the attacks will be immediately diminished. It is also a valuable gastric sedative in cases of *gastric ulcer and gastrodynia*.—*British Medical Journal*.

NITRIC ACID.—*Pathological Indications.*—Chronic catarrh, syphilitic ozæna, eruption of herpes, or excrescence (warts) on the tip of nose and on the alæ. Redness of the tip; polypus; ulcers.

Characteristics are the stitches in the nose, as from splinters when touching it (*Argentum nitr.*); the eruptions in the alæ of the nose, when itching; redness of the tip; a syphilitic diathesis, with abuse of mercury; sweaty feet, and aphonia, with coryza.

Kali carb.—Sensation as if a stone were rolling around inside the skull, with a heavy feeling of the head (*coniium*), with faint white coating on the tongue and bad breath. Above symptoms reported cured by kali carb. 3x. *Eye Clinic Pulte Medical College, Dr. Stewart.*

Helleborus.—Applied in the mouth; ptyalism with soreness of corners of mouth, pimple on tongue; also swelling of tongue.

Aurum mur.—Headache with rush of blood and giddiness; depressed spirits; bony lumps on scalp.

Eucalyptus in catarrh of the respiratory tract, and obstinate cough in children, is highly spoken of by Dr. S. S. Cohn. In obstinate, irritative coughs, following inflammatory affections, the fluid extract is to be given in Syrup of Tolu.

Selections.

MY MATERIA MEDICA MENAGERIE.

BY FRANK KRAFT, M. D., CLEVELAND, OHIO.

In selecting this title I had two objects in view. First to attract the attention in a laudable way; and, second to point a moral. I hope to do the latter as I proceed with my effort, as I trust I may have already done with my title. There is so much circulating in the text-books of our school, and to be found in current homœopathic literature masking under the specious title of *materia medica* that it behooves some one to attempt a little elucidation of the matter, or, at least to give the ball an impetus in another direction. It seems to be a common impression that as soon as a student has acquired a practical, juggling, shuffling familiarity with a hundred *materia medica* cards he is safe to close his books and devote the rest of his time to surgery or some other specialty, and make a big splurch, big fees and a big malpractice suit. If there be one admonition given us with more pertinacity by Hahnemann than all others it is to prescribe not on a symptom or two but upon the totality of the symptoms. And that this is not the visionary advice of an enthusiast, one of the occult magi of a former and mythical period, we find that that great and gentle and good man and homœopath, Carroll Dunham, also exhorted to the same end and so recently as the Centennial Exhibition. So there must be something in it. How can the honest homœopath begin better to do this work than by heeding that other injunction of Hahnemann, re-echoed by Grauvogl, Dunham, Hering, Farrington, Kent, Reed and others to observe closely the symptoms of the mind—that jewel beyond all pride to the homœopath, but one which our misguided elder brother throws away as worthless. Who of my elders in this audience has not found the key to a difficult situation at the bedside in reading aright the mental symptoms, whether they bear the impress of mere idiosyncrasy or tend to absolute insanity? And has he not blessed himself reverently when he found the

problem resolve itself quickly and safely before the touch of the theretofore overlooked mind symptom.

Thus, if we have a maniacal woman or one whose mental condition borders upon the insane at varying periods of her life, and we have been tempted to recommend restraint and a guard if not removal to a proper retreat, how grateful it will be to the homœopath to find, if he is a close observer and manages with tact and care and expressed sympathy to discover that this woman must put force on herself to keep from kissing everybody; that she has a most unconquerable desire to swear old-fashioned, iron-clad, sulphur-breathing swear-words; that she finds her sexual instincts taking an improper tangent and drifting her into lascivious behavior, obscene songs and general indecent behavior; how it warms the cockles of his heart because this closely observing physician knows, as he knows light from darkness, that *Veratrum album* is prominently indicated, and that he may promise relief if not absolute cure. Of course he will not prescribe on these mental symptoms alone. Please remember that.

I have made this preliminary statement to forestall any possibility of construing my remarks into a recommendation to prescribe on the given symptom alone.

I open my show with dogs. I had three little patients who began about three months ago to display the most abject fear of dogs, dogs big and dogs small, dogs yellow and dogs black, fat dogs and lean dogs—even a plaster dog on the floor with a large brass chain attached to the wall frightened these children almost into spasms. The parents appealed to me for help in this anomalous condition. I instituted rather a thorough examination and began before long to see prominent indications of *Cina* creeping out in various directions. It was not a difficult matter of course to give *Cina* when once you had the clue, but to reason back from a dread of the real flesh-and-meat dog to the fear engendered during many dog dreams, was what made the prescription peculiarly satisfactory to myself as well as the result proved to the parents and the little ones, who now have lost much of their fear, and going out into the street with them has ceased to be an ordeal to be dreaded by the nurse or parent.

Belladonna, we know also, has much to do with dogs, but here also we find a lively disposition to have worms, sometimes it will take evidence to keep your hand off the Cina bottle.

Stramonium has dogs. You all know that this remedy has a condition called a conscious delirium. In this the patient who may have recovered from the ailment for which he has called in his doctor, sits at table with his friend, when without changing his position or tone, he presently exclaims, "well, now, that is too bad,—about them there are roaches overrunning the house in that fashion; I've tried every way to keep them out, but"—about this time he realizes that there are no roaches in the room and he says so himself. But very soon, having again entered upon his conversational jaunt, he trips himself up by calling attention to that colony of Stanley's ants (spelling it without the u) who are traversing the room. The distinction to be drawn here is that the patient is conscious, is not delirious, and for the moment the objects are real, though in another instant the realness has faded out. A lady to whom I was called in consultation and who presented nothing peculiar to her attending physician, except a terrible itching and a desire to scratch, for which sulphur had been given and other itch quieting drugs, but without appreciable effect, instantly struck me as laboring under some mental trouble; a few moments talk disclosed the fact that if she wasn't constantly on her guard, little blue dogs, and green dogs, and red dogs, would, of the spitz variety, jump at her from the corners of the room. This was a valuable symptom; but that which intensified my interest and my conviction in my possible remedy, was another not noticed condition—one which she gave with much reluctance because so silly—to-wit, when she drove down town to meet her husband in the evening she was so afraid of the dark that she would select the street with the arc-lights, but she would halt under each light and take breath and summon up courage to drive rapidly through the dark interspace between the arc-light under which she was tarrying to the next arc-light beyond, so great was her dread of the dark. A few doses of Stramonium very soon developed an old and forgotten jaundice, much to her disgust, cured the itching and scratching and stopped the appearance of the variegated bench show.

A very intelligent young woman, of sound and disposing mind, as my dear friend Foulon would, did and does say, had an insuperable difficulty in keeping innumerable cats from jumping on her bed as soon as she blew out the light. She had no particular fear of cats—rather liked them—but it grew monotonous to have these cats creep stealthily from her feet to her face so that she could feel their hot breaths and see their glistening eyes, and yet when she made a pass at them, there were no cats there at all. This lady, as I have said, presented every appearance of being in robust health; yet this constant recurrence of cats weighed upon her mind with the force of a catastrophe, and she said finally, that she wanted something done to keep the feline world in bounds. Of course Stramonium did the work effectually.

Bats have a little sway under Belladonna, and cause considerable consternation to the patient who watches their blind antics in his sick chamber, bumping about the room, coming nearer, clearer, deadlier than before, until the patient in bed knows they will hit him next.

Sheep have caused the Rhus party a good deal of trouble. It seems sometimes as if the ram was possessed of a more than usual obstinacy in getting the flock away from the shepherd. One lady patient of mine couldn't get a lot of pigs out of her kitchen garden, try she never so hard, and this always left her so exhausted that she begged not to be allowed to go to sleep again.

Of June bugs I had a little experience while a plain country doctor. A young girl had had a most painful dysmenorrhœa for years. Operative measures were invoked, and the mechanical irritation or obstructions were removed; but the mania which always attacked her during the first twelve hours of each period, continued, and became so regular and pronounced that continuous and incurable insanity was apprehended. When called during one of these paroxysms, I found her killing June bugs which were issuing out of a perpendicular crevice in her forehead. Following this sanguine slaughter of June bugs, she added a hecatomb of green and gold lizzards. I learned that just a few days preceding the "monthly" this young woman, who was usually very reticent and untalkative, always de-

veloped a "funny" streak; would laugh and sing, and tell funny stories; from this would drift into a religious fervor and pray constantly until the paroxysm overtook her; then the religious vein vanished and the opposite took its place. Stramonium followed ultimately with *Veratrum album* made such a change in this young woman that she went through her periods with only a modicum of pain and never again out of her head.

Locusts and grasshoppers disport themselves for the delectation of the *Belladonna* and *Pulsatilla* patient. Quite recently, while away from home, a physician asked me to prescribe off hand for a patient who could hear crickets chirping at all hours of the day and night, when the nearest cricket could not be less than two miles away; yet the sound was so clear and sharp it seemed as if the little grille was concealed on her hearth—only she didn't have any hearth, as she lived in a flat and took her meals out. I could get no other symptom of value, except when she tried to speak her tongue would tremble and rattle "like a splinter on the end of a rail in a Kansas wind." I suggested Opium, and was pleased to find on my return to my library, that a fair translation of the symptom of acuteness of hearing would put this patient under this remedy.

Roaches, my brother Ottofy has chosen for his subject, as you will observe on your program, and, in expectation of his attendance, I did not give it much attention, but he would have told you that the *Blatta Orientalis* is a wonderful medicine in asthma, and without doubt he would have given you many symptoms upon which you may safely prescribe roaches. It is pleasant to reflect upon the goodness of the great creative power that there is use for every created thing, however insignificant—not that a great big, glistening, rustling roach in your slipper, when you jump into it quickly and barefooted at midnight, to see what is the matter with the cats on the kitchen roof—is ever an insignificant insect; but I mean it is delightful to find him of service to the human family, and not always marauding up and down our paste pot, or depositing his or their eggs on our best light bread in the pantry.

Rats and mice are the firm friends of the *Calcarea* patient. But do not forget that here we lapse into a delirious state, which of course, is as real to the patient as the mere momentary

lapse into a mania. I think the great distinction to be made is that in the delirious state the patient is usually afraid of the image.

Flies worry the bald-headed man most shamefully when he sweats, and this is peculiarly and particularly true of the sweat under *Caladium*.

And that dear remnant of antiquity, the old maid who has preserved her virginity as Washington Irving has somewhere said, until it has soured. This guileless maid presently discovers that she has a live frog in her in'nards: because she can hear it croak; or on the other hand, and not infrequently, she suddenly discovers that she is pregnant, though how it all happened without her knowledge she cannot conceive, yet she is certainly pretty well along, because she can hear the lusty infant cry occasionally and feels most decided movements. But the most astonishing part is this, that instead of being distressed or embarrassed at her unseemly condition, or going up and down the face of the earth tempting the recent graduate and the impecunious doctor, she glories in it, laughs and jokes about it, and waxes exceedingly merry. What will take the croak out of that frog thus entombed, and quiet the yell of the unborn fœtus? *Crocus* of course, with a good second in *Thuya*.

Mosquitoes, you know, Prof. Kent has given us in a large proving, and doubtless many of you have added provings to this record—unwilling provings.

The horse is a frequent visitor to the zinc patient, especially when that patient can't keep her feet still, and when the menses make her feel better. The horse is especially disagreeable following a suppression of urine. *Magnesia mur.* also has visitations from *Rosinante*, though not quite so strong as *Zinc*. Remember this is the genuine horse, and not the night-mare erected upon a superstructure of highly spiced, camphor-inlaid, moth-proof mince pies, high cheese and boiled lobster. In *Hycosyamus*, the modest girl, the erstwhile vestal virgin, suddenly finds herself tending into a mania, which robs her of all that makes life endurable: her mind dwells on things not ever thought of before; scraps of foul talk dodge in and out of her mind nymphomania takes the place of her former sweetness and purity of soul and body and perhaps she may summon sufficient

control to overcome the sexual passion and not meet her friends in that state known to the poet "as nature most adorned when adorned the least." But this young woman may not go quite so far as that. A little school-girl jealousy may cause her to be a goose and see troops of geese everywhere. Everything will seem to put on feathers. Watch that phase closely; take charge of those geese and this goose promptly; if you do not correct it then, it will lapse very soon into the can-can period.

Pulsatilla, you know, raises the devil when her menses are tardy or some other abnormal uterine condition obtains; and having raised him with proper incantations she places him on her bed posts where he sits and leers at her. This vision is perhaps not so loathsome to her as that other one where she is apparently wrapped up in bed with a naked man.

Opium has scorpions, tarantulas, centipedes, and perhaps every other form of creeping, slimy, slumicky reptile and insect. Those of you who have whiled a few midnight hours with the *Confessions of an Opium Eater* remember how large a part the snake played in DeQuincy's wierd experiences. These snakes may be considered a sort of delirium tremens, though not coming strictly under that category.

Cimex Lectularius is the bed-bug in propria-persona, and is used in a variety of diseases; but I confess my ignorance of any utility of this insect except as an instigator of midnight blasphemy, and also as an unterrified possessor of a stomach that resists almost every known form of bed-bug powder.

The cat furnishes us with a milk, which beats the milk of human kindness, and on a singular co-incidence Lac Caninum is a wonder-working remedy in milk troubles of the human family; I have had the most gratifying success in broken and caked breasts and in insufficient milk when I used this remedy. Before I learned the value of Lac Caninum from Dr. Wm. Jefferson Guernsey I could think of nothing to excel the common poke-root—*phytolacca decandra*.

The dog "man's best, most faithful friend" is of service to him especially when the sight or sound of running water gives his master trouble. We call this now Lyssin and not Hydrophobinum, because the latter name has given some "of our upper air and solar walk" homœopaths, a species of rabies, which

threatened to throw the remedy out of the materia medica. You know the same danger once threatened our humble friend Lachesis.

Of snakes we have several in our menagerie besides those usually observed by gentlemen of the upper ten and Murray Hill district, who subsequently go to Europe or Hot Springs to be cured of neurasthenia and rheumatism. There for instance is Lachesis, once ex-communicated and read out of the church, but latterly taken back again on probation and good behavior. Who to-day dares to go to a case of diphtheria without a fair knowledge of this one of the ancient sisters of fate? And there is Naja and Elaps emulating the local politician before election: that is to say creeping on their bellies—perhaps I should have said stomachs—or like Kelly stealing a base. In asthmatic troubles who has not had good results from Naja when intelligently applied? And there is our own dearly be-hated and be-dreaded *Crotalus horridus*, the familiar rattle snake—against whose possible bite we carry a jug when we go out to fish and a jag when we come back; who of our Southern doctors know not its value in yellow jack with its terrible black vomit.

The bees in the empire of France were considered royal and are yet to be seen on the heraldic emblazonments of royalty. Pulsatilla ought to be a presidential remedy, for it not only puts a bee in his bonnet, but, as already remarked, it raises the very devil sometimes, and drives the victim to get into the open air for breath and to cry for deliverance from the horde of office seekers. Apis, the bee itself, you know is a dropsical party and was probably born under the sign of Pluvius. For a lion we can get no nearer in our menagerie than the dandy-lion, our lowly *Taraxacum*, with its common but not too loudly spoken lettuce name. You all know its value in hemorrhages and that peculiar geographical tongue.

Dreams of robbers, as every homceopathic school-boy knows falls under *Natrum mur.* But how many have ever associated this text-book line with any robber other than a man or woman. Does not the elderly female religiously arise each night under this remedy, if she has not done so before retiring, and examine under the bed, among the concentrated gloom for that man,

who seems never to come? Yet in one instance I had the robber take the form of a cat which was down in the kitchen stealing that steak. At another time it was a large dog who could be heard breathing and panting under the bed, waiting for the inmate of the bed to go to sleep, before venturing on a foraging expedition. For several days preceding a church holiday—for the family were Catholics—this lady patient of mine was worried regularly each night with noises in the buttery, which she ascribed to rats who were stealing her pies. She had been married long enough not to use a cook-book and her pies were correspondingly toothsome and palatable; and that poor, long suffering, sleepy husband, wrapped in the scanty drapery of the night, had to creep out into the darkness and dampness of the floor, night after night, bump his unprotected blue ankles against unaccountably many new projections on the stairs, only to return with the thrice or more times told tale of nothing there.

Dreams are unstable things, so is a straw; but a straw will point the way of the wind. A large, burly Irishman invaded our regular Saturday Clinic and managed to puzzle both the Theory and the Practice man and myself. He presented the symptoms of perhaps two-thirds of all drugs either or both of us knew or carried around with us. I had sized him up pretty well, and was afraid to tackle him in the presence of that giggling class. My questions were daintily put. At last I ventured to ask about his sleep. Yes, he slept first-rate, and even in the day time if he sat down a few moments. Any dreams? This was what I feared to ask—seeing the very evident satisfaction he drew from the merriment of the class at his witticisms. I put it, however, expecting to be impaled promptly on the horns of an Irish bull; very greatly to my relief, he answered “Y’s sor, and its all the time of the exorcises of the day.” This brought down the house who had but three days before been indoctrinated into the mysteries of Bryonia and some had smiled a pleasant yet derisive smile because the dream was referred to as of value.

It takes considerable fortitude for the timid and modest professor to face a merry class on the one hand and a fun loving Irishman on the other; and he sometimes has hard sledding to

get safely between Scylla and Charybdis without getting some of his tail feathers caught in the cleft and pretty severely strained at the point of anchorage.

My menagerie, like the truly moral show of the genial Artemas Ward, could be prolonged to infinity, but I will close with a repetition of initial admonition, namely, don't prescribe on any one symptom, no matter how clear and pretty it stands out against the general gloom; fortify yourself with careful study and reasoning. It is only a key, and one key you know will not unlock every lock. Translate the symptoms you gather at the bedside, retain the genius of the symptom and cast away the verbiage, just as we do when we translate from another language. Remember the law is to prescribe on the totality of the symptoms. If you will do this you will not get within shooting range of the ridicule of the old school or of your own school as being merely a symptom coverer. If you take the exact verbiage of your text-book and commit it to memory and carry it with you to the bedside and expect it to be repeated to you by the patient, you may go through a whole lifetime of Sundays and never find it. And unless you are well grounded in the faith you will presently say to yourself, this talk of Professor Totality and Prof. Medica's about prescribing on symptoms is all a silly farce. I will go to Munson's or Luytie's or some other pharmacist (whose name I will add in here on proper compensation for advertising) and lay in a stock of tinctures or thirds and produce a physiological effect. I will treat constipation and diarrhoea and cough and consumption and things and I will put money in my purse honestly—as honestly as I can. Prescribe only on the totality of the symptoms. —*The Clinical Report.*

Practical Hints for the Treatment of Skin Diseases.

Of all diseases, the etiology and the pathological changes and conditions incident to their course and their treatment are most intimately connected in diseases of the skin.

Symptomatology in these diseases, although important, cannot be as infallible a guide to their medication and management as in diseases more general in their manifestations.

Both local and internal treatment seem to be as imperative as in any of the more strictly surgical diseases.

The first question that presents itself to the physician and also, of vital importance to the patient is, if the patient be in the slightest degree æsthetic or even moderately proud; what can be done to remove this horrible disease that is disfiguring my face, neck and hands? It must be removed as soon as possible, or even more emphatically, immediately as my environments demand that I be constantly and closely associated with people who are sensitive and suspicious, especially the latter, caused by the popular notion that anything that would cause such manifestations, must be some vitiated condition of the blood making the person having them particularly obnoxious.

Therefore the importance to the patient to have this local disfiguration removed and the blood cleansed from this poison, real in some cases, imaginary in others.

The lines of procedure are thus plainly outlined. Local treatment, by no means, the first or most important, yet in some cases indispensable, should be instituted at the same time as the internal medication. *Dr. Geo. W. Spencer, Cleveland, O.*

Remedies For Cancer.

Arsenic iod. has been used extensively and is said to be especially useful in epithelioma and in cases originating from eczema.

Carbo. an. is most useful in scirrhus; cachexia well marked; tumor uneven, nodulated; skin loose, dirty, bluish-red spots; burning pain; pain drawing toward axilla.

Conium is the chief remedy in scirrhus; nodules and indurations in the mammary gland, with burning or stitching pains; needle-like stitches, usually worse at night; Breast abnormally tender.

Condurango.—According to Lilienthal, this remedy "is only efficacious in open cancers and cancerous ulcers, where it effectually moderates the severity of the pains." It does not act on scirrhus and indurated parts.

Kreasotum is often a valuable remedy, especially in mammary cancer. Dwindling away of the mammae, with small, hard, painful lumps in them; pungent, bloody, ichorous discharges; rapid emaciation, weakness and prostration.

Phosphorus.—Hard nodules, bluish color; sharp, lancinating pains; ulceration deep, with indurated edges; fistulous openings, with burning, stinging pains, and watery, offensive discharges; bleeds easily; fungous hæmatodes.

Hydrastis may also prove a valuable remedy, and the following may also be consulted, but we have not room to give the individual indications for each one, referring you to the materia medica: arum met., calc. carb., graphites, iodium, lach. merc., nitric acid, sulph., silicea, sepia and thuja. *Cowperthwaite*.

Contribution to the Study of *Hydrastis Canadens.*

A St. Petersburg physician in the *Bull. Gen. de Thera.* has recently made an elaborate study of this old American remedy with the following results.

1. Aqueous extracts of *hydrastis*, even in large doses, are not poisonous to warm-blooded animals.
2. *Hydrastis* always produces cardiac depression and consequent reduction of arterial tension.
3. It always produces uterine contractions. The aqueous extract is to be preferred for this purpose. The contractions of the pregnant uterus near term are most powerful, those of the virgin uterus weakest.
4. Large doses of *hydrastis* may induce premature labor after the fourth month.

The author sums up the clinical uses of *hydrastis* as follows:

1. *Hydrastis* is an excellent remedy for uterine hemorrhages due to inflammations or displacements of this organ; also for profuse hemorrhages occurring about the menopause.
2. Uterine contractions produced by *hydrastis* are weaker than those produced by ergot.
3. The use of this drug is followed by no onward symptoms. It produces no gastro-intestinal disturbance, but, on the contrary, will frequently relieve dyspepsia.

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Original Articles.

CASES FROM PRACTICE, WITH POSSIBLE MISTAKES AND SUGGESTIONS.

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

[*Read at the first semi-annual meeting of the Homœopathic Medical Society of Southern California, held at the Hotel Del Coronado, San Diego, California.*]

Retro-colic Abscess, with Operation.

Spinster, aged fifty-four years, occupation for twenty years or more, teacher ; presenting a history of chronic constipation and hæmorrhoids, the result largely of her sedentary habits and carelessness. Had undergone a cutting operation under anæsthesia, for hæmorrhoids some six or seven years ago, since when she has suffered more severe pain with no relief from the constipation. During the last year diarrhœa has occasionally alternated with the constipation, the food passing in an undigested form.

On May 30th, 1891, I first saw this case in consultation with Dr. J. C. Kirkpatrick, who had seen her several times during the month of May, Prior to this she had been for six or seven months, under the care of two of our brethren of the old school. Her symptoms during this time were, in the main, con-

stipation alternating with diarrhœa, quite marked loss of flesh and strength, moderate fever, thirst, more or less pain in left abdomen, about the crest of the ilium, lower portion of the back and in the left hip and buttock. She was treated for uterine and ovarian disease but derived no benefit.

Soon after coming under his care, Dr. Kirkpatrick detected the local tenderness in the left abdomen between the left anterior-superior spine of the ilium and the umbilicus, extending downward over several inches of surface. At this time the patient was up and down, preferred lying down but still moved around without special discomfort. Swelling soon showed in region of tenderness and extended toward the groin. At about this time I saw the patient. An abscess was pointing in the left groin *above* and to the *inner third of Poupart's ligament*. Dr. Kirkpatrick made a small incision and a large quantity of the most fetid pus escaped.

But little was done aside from washing out the cavity for some days, as the patient was in the country at quite a remote distance. There was no improvement meantime, in the general condition. At this time the precise character of the abscess had not been determined. Shortly after this Dr. Kirkpatrick placed the case entirely in my charge.

From a careful study of the history and symptoms I believed it to be an abscess in the connective tissues behind and around the descending colon, or scientifically, a retro-colic abscess. The two important factors leading to this diagnosis were the history of long continued bowel trouble, and the region, *above and to the inner third of Poupart's ligament*, to which the abscess naturally pointed. Under proper antiseptic precautions, the original incision was somewhat extended and careful exploration with a flexible lead probe was made. This disclosed a sinus under the superficial fascia extending parallel with Poupart's ligament to the anterior-superior spine of the ilium, opened at this point and drainage tube carried through and out at first incision; a second sinus extending into the prevesical space; drainage tube carried to the bottom of this, and a third sinus into which the probe passed four and one-half inches extending obliquely upward and outward into the abdominal cavity. A large drainage tube was carried to the bottom of

this sinus. Thorough washing and peroxide hydrogen solution and mild bichloride, used with fountain syringe and continued until water returned clear, was continued morning and evening for some days. The general condition improved. The fever which had become hectic in character, abated. The appetite improved and the patient was cheerful and hopeful. This improved condition continued for about three weeks, the discharge decreasing to a minimum quantity. At this time, however, improvement ceased. The discharge increased in quantity, was dark and offensive and a suspicious odor of peritoneal complication was present. Satisfied that my patient could not recover under existing conditions I determined upon operating, intending to be governed by circumstances, and if advisable to go down to the colon.

Accordingly on July 29th, assisted by doctors Macomber and Cummins, Dr. Kirkpatrick being unavoidably detained, every aseptic and antiseptic precaution being observed, and the patient completely anæsthetized, all of the more superficial sinuses were freely opened. They were lined by pyogenic membranes, The incision extended from the anterior spine of the ilium to the symphysis pubis and freely exposed a large sinus passing directly inward and around the descending colon. I believed that I could now secure perfect drainage, and knowing that the weight of opinion as to further procedure was against me, I thoroughly cleansed the seat of the abscess inserted a large drainage tube, packed the wound with iodoform gauze, dressed superficially in the ordinary aseptic manner, and had the satisfaction of seeing the patient quickly rally, and express herself as being very comfortable.

Everything progressed satisfactorily for several days, the discharge growing less and less, some dressings showing but little pus on the gauze. About the eighth or tenth day after this, during an operation of the bowels, a sudden sharp pain in the descending colon was experienced by the patient. It entirely disappeared in a few hours but the nurse observed that the next stool had much the same appearance as the discharge from the wound. When I saw the patient on the following day it was obvious that the abscess had broken through the wall of the colon.

From this time until September 9th, when the patient died, the tendency was gradually downward. The left lower limb and side became greatly œdematous, which subsided, however, a few days before death. There were no symptoms of acute peritonitis, but occasionally the peculiar odor of peritoneal discharge would manifest itself and the discharge would pass alternately from the wound and per rectum. Frequently the flatus passed through the abdominal wound.

The autopsy revealed two openings into the descending colon. The surrounding structures were infiltrated with pus, with indications of gangrenous destruction. Indeed marked symptoms of gangrene were present forty-eight hours preceding death.

Amputation of Arm for Deformity resulting from Burn.

Clerk, aged twenty-four years. Consulted me last of August 1891, desiring relief from several irritable, painful ulcers on the left forearm and elbow; two of these superficial and two quite deep. Gave the following history.

At eleven years of age suffered a severe burn from blazing oil being spilled on his sleeve, burning the clothing entirely away and burning the tissues from the upper third of the arm to the finger tips.

It is hard to believe that the resulting ulcerated surfaces remained unhealed for *six years*, constantly under treatment, but such is the fact. The forearm was flexed to a little more than a right angle with the arm, with the wrist and hand forcibly extended and the fingers, with the exception of the index, flexed. The elbow and wrist joints were stiff. There was no muscular development of the forearm and the only usefulness of the member was in the index finger and the ability to hold the reins in driving a horse.

There had been repeated outbreaks of ulceration, a common thing in these cases, and in view of this fact and of its little use as well as from a cosmetic standpoint, I advised amputation. On September 9th, 1891, assisted by Dr. A. E. Wheeler, I made the operation, paying the utmost heed to aseptic precautions. He took anæsthesia poorly, we being obliged to resort to artificial respiration several times. After trying chloroform for an

hour Dr. Wheeler resorted to ether and it required nearly another hour to produce complete anæsthesia with this agent.

The operation was a bloodless one, Esmarch's bandage being used. Early in the administration of the chloroform, when he was apparently nearly under it, I applied the rubber bandage from the finger tips to the shoulder. As he seemed liable to go to sleep at any time, I did not remove the bandage. With a modified circular flap the limb was off and five vessels tied in a few moments. The Esmarch was then loosened and in a minute we had almost an uncontrollable bleeding. The blood seemed to well out from every portion of the stump. All the arteries were fast. After an hour's energetic work with hot sponges and compression we had it sufficiently under control to close up, but before the dressings were fairly in place they were stained through. I left the tourniquet loosely around the arm with directions for the nurse to follow in case of severe bleeding, as the patient was at the seaside where it would be impossible for me to reach him under twelve hours. Twenty-four hours later I saw him and found that the tourniquet had been tightly applied most of that time. The stump was fairly strangled and the clot distended the flaps until it seemed that the sutures must cut themselves out. Large water-blisters hung down on each side of the rubber. The wound was still oozing.

I immediately removed all the dressings and the tourniquet, washed the stump with hot bi-chloride, and redressed with firm pressure over oozing points. There was no more trouble from bleeding, and there was never a drop of pus from the drainage tube or from the flaps, the wound healing primarily.

In a paper read before this Society last April, I dwelt at considerable length on the aseptic method of treating wounds, and spoke of the possibility of union by first intention in the presence of large clots, the so-called moist clot union, if strict aseptic precautions were followed. I think no more beautiful illustration could be offered than this case presents.

Castration for Chronic Spermatorrhœa.

Bachelor German, aged forty years, occupation, laborer. Consulted me through Dr. C. Edgar Smith, in March, 1890. Said

he came to be castrated. Upon inquiring into his case I elicited the following history. During youth and early manhood a masturbator. Frequent debilitating night emissions. Never had sexual intercourse. More or less languor, backache and frequent disturbances of digestion. Complained of the urine being full of semen, and that he lost semen at every micturition, as well as at every stool. While a man of average intelligence and considerable reading, he manifestly had mental as well as physical spermatorrhœa.

Repeated examinations of urine, however, never failed to show the spermatozoa. The urine was always opaque and deposited a heavy sediment of mucus and phosphates. Local examination revealed a small, shrunken penis; an atrophied left testicle and a fairly firm right testicle. Here was a man who never had and never expected to have sexual intercourse; who had been under medicinal treatment, in different parts of the country, for years without benefit; whose mind was constantly occupied and harassed by the idea that his mental and physical strength were being undermined by this loss of semen. What was the best thing to do? Without precedent as far as I know I decided upon removal of the left testicle.

In the presence of doctors Kirkpatrick and Smith and Mr. Ingersoll, the operation was aseptically made March 23rd, 1890. Nothing of interest in this connection, the wound healing under the first dressing in six days by primary intention.

I sent the patient into the country to work with the admonition to dismiss his case from his own mind as much as possible, and refraining from all treatment to communicate with me in six months. This he faithfully carried into effect. He reported late in the year that his general health was much improved, but thought from the appearance of the urine, that semen was still present and that both testicles should have been removed. He remained away, however, and continued farm work until September 1st, 1891, when he again presented himself for treatment. Physical condition much improved but mental symptoms distressing. Urine has characteristic appearance and upon examination shows semen.

Upon his earnest solicitation, assisted by doctors A. E. Wheeler and E. W. Clark, I removed the remaining testicle

September 11th, 1891. On the first of the present month he returned to the country lighter in heart as well as in body. I await future developments in this case with much interest. I believe the patient will be well both physically and mentally, and also, without the operation he would ultimately have landed in some institution for the treatment of a "mind diseased."

Since my operation of March 23rd, 1890, Dr. Francis L. Haynes, of Los Angeles, has removed one testicle for the same cause, also complicated by epilepsy. He reports most satisfactory results.

ARSENIATE OF QUININE IN HAY FEVER.

By E. A. CLARK, M. D., LOS ANGELES, CALIFORNIA.

[Read before the Homœopathic Medical Society of Southern California at its first semi-annual meeting held at the Hotel Del Coronado, San Diego, California.]

The treatment of Hay Fever is more palliative than curative. Much scientific research has been given this subject and the result is confusion. There are not two specialists, hardly, that agree whether it is local, neurotic or constitutional. The Galvano-cautery, Cocaine, Morphia, Atropia and the hard study of the symptomatology of our remedies have failed to give us results at all satisfactory. Therefore any remedy, however used that promises help in curing this troublesome malady, even if our knowledge is empirical, should be carefully investigated.

In my early experience in practice I had numerous cases of Hay Fever every year. The town in which I resided being quite a summer resort, many people afflicted with this malady came for a change, hoping thereby to escape it. I studied my cases carefully and endeavored to select the remedy from the totality of symptoms. I suppose I had the average success of temporarily relieving, and in some cases arrested the attacks, but the results obtained were far from satisfactory.

One case, a young lady from Chicago, visiting in the place had a severe attack. The remedies given by her physician failed and in desperation consulted me. About that time I read in one of my journals of the use of quinine as a snuff and taken

internally to have relieved and cured many cases. This patient had the usual symptoms in a greatly aggravated form, severe, frontal headache, neuralgia of the face and neck shifting from one side to the other, worse every other day and greatly prostrated. I was in the right frame of mind to prescribe the quinine treatment. I gave two grains every two hours and prepared some quinine triturated with a little sugar of milk to enliven it to use as a snuff. The result was a surprise to me, and a happy one to my patient. Improvement began after the first day and in three days not a symptom remained. The next year in Chicago it returned but quinine cured it. The remedy did not apply to all cases but I had more good results from it than any other I had used. My wife was also a victim of the malady. It always beginning the 29th, of August. After the acute symptoms had subsided, there followed a severe form of catarrh with bloody and purulent discharges, and bronchitis that continued more or less through the winter and spring, leaving only a few months in summer to recuperate. I came to California hoping the change would cure her. There was no amelioration even of the attacks, except the catarrh and bronchitis that followed was of shorter duration. The quinine was of no benefit to her. Other remedies palliated but of no lasting benefit. In studying arsenicum alb. we find a perfect picture of the symptoms of this disease, the burning pain and inflammation in eyes, nose and throat, profuse, excoriating coryza, constant sneezing, etc., one would naturally expect good results from its use. I gave it in potencies from 3rd to 10,000th but of no avail. In studying her case there were so many symptoms of arsenicum alb. and recalling my experience with quinine, the thought occurred to me possibly the combination of the two remedies as in our form of arseniate of quinine might accomplish what either remedy singly would not. I decided to try it. This was in August, 1886. Soon as first symptoms were manifested I gave her two grains of the 2x potency every two hours and use it as a snuff every hour. The effect was to arrest it at once. In two days it began again with prompt subsidence after its use. That year there were five or six attacks, each one controlled. The next year there were two or three attacks, also controlled. In one of them she was taken in

the early part of the evening. I was away and returning about midnight found her suffering with usual symptoms very severe; could not lie down because of difficult breathing. Two doses, an hour apart and using it as a snuff promptly relieved her, resting the balance of the night, in morning all symptoms had subsided. In 1888 I had her anticipate by taking the remedy in advance and there was no appearance of the disease nor has there been since.

I have used the remedy in many cases with most satisfactory results. In chronic, inveterate cases it has lessened the attack in severity and duration. In August, while in Wyoming, I prescribed it to a young lady who had suffered with it three weeks. After second dose improvement begun; in two days entirely relieved. While ascending Pike's Peak I met a lady from Chillicothe, Ohio, who was in Manitou seeking relief but was not benefited. I prescribed the remedy expecting only palliation in this stage, but the relief was greater than we expected. She writes me that in Omaha she experienced a severe attack, but using the medicine thoroughly was controlled, and hopes by its timely use next year to escape entirely.

The symptoms I have come to regard as indicating this remedy are burning, smarting and often excoriating coryza, sneezing, mucus membrane congested, nasal discharges after acute symptoms had subsided, yellowish, bloody and purulent; conjunctiva red and swollen; profuse burning lachrymation, ringing and roaring in ears; frontal headache, neuralgic pain in eyes, ears and face, shooting down the neck; increase of temperature, not high, often preceded by slight chill; difficult breathing, suffocation, asthma, relieved by being in open air; weary, tired sensation; more or less periodicity, in other words the symptoms of arsenicum alb. are most prominent; also many indications of the constitutional effects of quinine.

I would not have you think I consider this remedy a panacea from this troublesome disease. When there is nasal obstruction, caused either by hypertrophy of the turbinated bones, deflection of the septum, or presence of fungoid growths, surgical interference is absolutely necessary, but I would give it in every case presenting above symptoms. I consider the local effect, as a snuff, of great importance.

I am not aware the profession is using this remedy in the manner described. Would like you to try it and report results.

INTESTINAL IRRIGATION.

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

Running as a thread through a fabric, one notes the articles in the various medical journals of the day on the subject of intestinal irrigation. It enjoys like other medicinal and surgical procedures, many and varied names, such as the "Colon Douche," "Flushing the Colon," "Anti-death bath," etc., etc., and like its many distinctive names, has various methods of administration, according to the various theoretical views entertained by the prescriber.

So far as I am aware, Dr. Hall, of New York, was the first in this country to make an extended and systematic investigation of the matter, and, as a result, it is often called (though this is only a part of the entire treatment) Dr. Hall's treatment.

In England Dr. E. Ralston is considered its originator and principal exponent. His system has lately been introduced into the United States and throughout the country; clubs are being formed called the Ralston Health Clubs, having headquarters at Washington, D. C.

My attention was first fixed on this subject from observing its remarkable results in a few cases under my immediate observation, and of late, I have been making personal investigation and experiment in a large number of varied complaints among my patients. In some cases the enthusiasm engendered is remarkable and the reason is very obvious, but I am satisfied that the extravagant claims made for it are not realized in more than half the experiments.

I have found it especially beneficial in diseases traceable to intestinal troubles, such as indigestion, constipation and chronic diarrhœas, hæmorrhoids and the various reflex conditions due to atonic dyspepsia. In such cases it will do more in a month's time than a year of medicinal treatment by indicated remedies alone, and as a prophylactic to disease, I believe it a potent factor.

It should not be indiscriminately used. From one half to one gallon two or three times per week before going to bed is

all that is required. It should be used warm as can nicely be borne, with a little salt or carbolic acid added. One writer states that the colon cannot be flushed without a tube passing the column, but this is not so, as persistent and judicious effort will demonstrate. The expansive action of the water, *vis a tergo*, opens the valve and permits its thorough entry into all portions of the intestines.

As to the rationale of this treatment, I think you will coincide with me in believing that our food supply being generally adulterated with various chemicals, etc., renders it more or less injurious to the health and vigor of the people. Now, after stomach digestion has taken place, the refuse and debris is cast into the bowels. The duodenum and upper portion of the small intestine finishes almost entirely what is left of the digestive process, and the residue becomes effete matter remaining in the lower bowels from twenty-four to thirty-six hours. Does it not seem very reasonable to suppose that more or less poison is absorbed from this waste matter, entering into the circulation and producing various harmful results, in the way of cutaneous eruptions and general impairment of the vegetative system. If, then, we remove this septic material, this must obviously benefit both the sick and the well, giving health to the former and buoyancy and vigor to the latter.

I have always opposed this treatment on the ground that physiologically, the mucous membranes are excretive, but they are also secretive and poisons as well as foods may be absorbed by them in almost any part of the body in a greater or less degree. As disintegration, fermentation and putrification occur during the process called digestion, why not remove the waste matter or ashes, as we would the ashes from the stove, that the furnace may do its proper amount of heating.

In the cases spoken of, I have had some remarkable results, but it would require too much valuable space to enumerate them here. I simply put this matter forward as a suggestion with the thought of aiding treatment in obstinate cases and with the idea of stimulating investigation along this line. My success warrants me in pursuing it, when, after more extended trial, I will, I trust, be able to define its proper place in the treatment of the various "ills which the flesh is heir to."

ARSENICUM IODATUM IN PHTHISIS.

BY W. H. STILES, M. D., SAN BERNARDINO, CAL.

[Read before the Homœopathic Medical Society of Southern California, at its first semi-annual meeting held at Hotel Del Coronado, San Diego, Cal.]

I would like to give the result of a little experience I have had with arsen. iod. in a case of acute phthisis, during the last year. It is not with a view of presenting this as a new remedy in phthisis, but having had occasion to look after more than the usual number of this class of cases in the last eighteen months, possibly caused by or at least influenced by the recent epidemic, la grippe, I have given the subject considerable attention.

I find, by comparison, that by far the best result was obtained in those cases where arsen. iod. was given throughout in the treatment of the case, hence I desire to call your attention, briefly, to the use of arsen. iod. in this disease, I will give first the history of two or three cases treated chiefly by this remedy.

CASE 1. A gentleman, aged thirty-eight, with a history of inherited phthisis; also lost a brother with this disease. Came to me January 6th last, with all the symptoms of acute phthisis, a considerable portion of both lungs being involved; temperature running day after day to $103\frac{1}{2}^{\circ}$; hectic fever; profuse and exhausting night-sweats; cough continues and very troublesome; expectoration of heavy muco-purulent character; repeated hemorrhage though usually small in quantity; emaciated and in every particular a most unpromising outlook for the patient. Arsen. iod. was given. The case was visited every day or every other day, the temperature and all symptoms carefully noted. January 14th the temperature was averaging a little lower; slight increase in strength and appetite, otherwise about the same. January 20th, temperature 102° ; considerable improvement in strength, has fever and cough; night-sweats much less troublesome. January 28th, temperature 100.5° ; still further improvement as above; cough much easier and expectorating freely; begins to want his beef-steak; to take more exercise, and more interest in life generally. Feb-

ruary 15th, patient up and about the house and yard; temperature ranging from normal to 99.5° , from this time on his convalescence though slow was continuous. I have given you the temperature at intervals of a week or ten days, but it was taken almost daily. A few times when I stopped the arsen. iod. the temperature would raise, when a return to it would bring it down. The gentleman is now able to manage an extensive business requiring no small amount of physical and mental vigor.

Now the improvement in this case is to me remarkable from the fact that so large a portion of the lungs, apparently in this active stage of suppuration, and all symptoms and condition of patient so unpromising, should improve so rapidly and repair so large a portion of diseased tissue.

CASE 2. A young lady, aged eighteen sent to this state from her home in Iowa, by her family physician with a very unfavorable prognosis. She had lost a sister a year before with quick consumption. Her temperature was 102.5° ; deep, hoarse and hollow sounding cough; marked laryngeal complications, with complete loss of voice; high fever; apices of both lungs diseased. I saw her first in July. Prescribed arsen. iodide. July 30th, temperature 102° ; thought she felt a little better. August 13th, the improvement was considerable; temperature 101; can speak aloud though still very hoarse; cough and fever is less; strength increasing every day, she says. August 29th, shows a temperature of 99, with the patient improving in every way; has almost her natural voice; she is now entirely without fever, and but little cough; has gained ten to twelve pounds in weight, and the condition of the lungs so much improved that I believe she will get well.

CASE 3. Is a hopeless case and beyond human aid, but given to illustrate what can be done with one so low, that it would seem their life was numbered with but a few days.

A lady, unmarried, aged twenty-seven, I saw her first early in March; temperature 103 to 104° , fever intense; sweating at night most profuse; profuse and exhausting diarrhoea; several severe hemorrhages; cough incessant; expectoration of

heavy, yellow character; appetite gone; extreme emaciation; there were also cavities present, and in every particular the case was a bad one. Arsen. iod. was given, occasionally some other remedy that seemed to be called for, was given in alternation with it; for two weeks she continued about the same, when a slight improvement was noted, first with lowering temperature and increased strength. This improvement continued until temperature remained nearly normal for weeks. The improvement on every side was decided; patient was able to ride and walk long distances, and to visit different localities with a view of improving health. This case is now again declining and is hopeless, and I wish simply to claim for arsen. iod. the virtue of having prolonged her life for several months and made her much more comfortable than she could have been without it.

It seemed for a time to change the whole nature of the case, but too much tissue had been destroyed, and she had passed the point where anything more than a temporary improvement was possible.

Five years ago this winter I was called to see a case of chronic phthisis. An old gentleman, age sixty-five, that was having a severe hemorrhage from the lungs. The case got along fairly well and since that time has been able to attend to business a greater portion of the time. Early this Spring a severe attack of la grippe brought back all the old trouble with great intensity, and there seemed but little hopes of his recovery. Without going into particulars of record of case, will simply state, after a few other remedies were tried, arsen. iod. was prescribed and a most favorable change in the case began. He is now again at work and in his usual health.

This case would suggest that the remedy is equally adapted to subacute cases, or, active form coming on in cases of chronic phthisis, that has started up anew an active form of suppuration.

I have selected these cases because of their undoubted tubercular nature and severe form, and in a measure illustrative of what iodide of arsen. will do.

If doubts should arise relative to diagnosis in any case, as between chronic pneumonia and acute phthisis, still you are

not amiss with this remedy, for, in chronic pneumonia, where inflammatory exudation has not been absorbed, but transformed tubercular matter, you have here again the tendency to rapid suppuration, and again will arsen. iod. serve you well.

The cases I have given are few in number, but they are typical of quite a number in which I have used this drug.

I wish to especially emphasize this result of its use in all this class of cases. A steady, average lowering of the temperature with marked lessening of the suppurative process. I know of no other remedy that will lower the temperature and fever so rapidly and permanently, relieve the cough, increase the appetite and strength as this.

A complete picture of the characteristic symptoms calling for the use of iodide of arsen. in this disease, I will not attempt to give in a cursory article like this. In fact I do not think there are many, possibly not sufficient to satisfy those who would prescribe upon this ground alone. I have not hesitated to prescribe it empirically and upon the pathological condition alone. In those cases I have mentioned, I have given it persistently and for a steady diet, with an occasional remedy in alternation the case seemed to require.

The effect of this drug in large doses, is to produce in larynx and trachea, hoarseness and chronic inflammation, similar to laryngeal phthisis, and in the lungs, congestion, inflammation and hemorrhage.

In consumptives it is called for when the diarrhoea is offensive and excoriating; profuse expectoration of salty, sour taste, often excoriating the lips; excoriating character of all the discharges; shortness of breath and tight cough on slight exertion; intense nature of the hectic fever and in fact of all symptoms with constant fear and anxiety. But chief of all I believe is its well known action upon serious blood changes, decomposition, etc., which is always present when there is active destruction taking place in the lungs.

Millefol. has been used successfully in hæmaturia, with pain in the renal region, chilliness, pressive pain in the urethra during flow of blood.

Ophthalmology and Otology.

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

Evisceration of the Eye Ball.

We are in receipt of a very interesting *brochure* upon the above subject by Dr. A. E. Prince, of Jacksonville, Illinois, in which he sets forth the advantages of this method, when employed with certain improvements adopted in his own practice. Removal of the contents of the globe has usually been followed by such severe inflammation as to lead to its general abandonment, and the swelling, together with the intense pain accompanying the operation, has been ascribed to pressure upon the exposed long ciliary nerves.

Dr. Prince adopted the plan of cauterizing the entire surface of the emptied globe with pure carbolic acid immediately after the evisceration and then packing the cavity with iodoform powder, and he says the result was uniformly brilliant and successful in twenty-five cases treated in this manner.

The benefits claimed for the carbolic acid are: 1. Its quality as an antiseptic. 2. Its anæsthetic qualities. 3. Because it is believed to close the apertures of the sclera, and thus prevent the escape into the orbit or sheath of the nerve, of any micro-organisms which would escape the action of the acid, and 4. Because the sensory nerves treated cannot respond in sensation of pain to the subsequent irritation and tension to which they are liable to be subjected. When viewed from a cosmetic standpoint there is no doubt that this form of stump is superior to all others, and we commend the doctor's researches to the careful consideration of an advancing profession.

Pyoktanin.

If we may judge by the enthusiastic reports thus far given of this drug in the treatment of eye diseases, especially of the cornea and iris, it would seem that a very important remedy had been added to our armamentarium. Professor Stilling

claims for it the cure of pyoid, corneal ulcer, hypopion and marginal ulcer in one day, and such grave and chronic maladies as parenchymatous keratitis and serous iritis in one week. If all that has been claimed for the drug should prove true, the office of the oculist must soon be declared vacant.

Dr. Hasbrouk records in the Journal of Ophthalmology for January, a number of clinical results that seem to prove that Professor Stilling's claims were within the bounds of reason. The least we can do is to give this much lauded agent a thorough trial, and we will hope that it may escape the fate of jequerity. We hope at no distant day to record our own experience with the drug.

Colleges and Hospitals.

COLLEGE NOTES.

The Clinic for Mental and Nervous Diseases.

PROF. GEORGE H. MARTIN, M. D.

LADIES AND GENTLEMEN—The patient before you to-day, is as you see, a blind man fifty-four years of age, and as he came into the clinic room, you observed that he had to be more than half supported by his wife. He comes to us to find out if we can do anything for him. In order to answer that question, we must first diagnose his case. He does not come to consult us on account of his blindness, but because he finds he is growing weaker and less able to walk. His history is this:

Seven years ago he was a strong, healthy man, a musician by profession, that is, he played the hand-organ on the street corners. After a severe cold he discovered that his eye-sight was failing him, he went to an oculist here in the city, who examined his eyes, and found that he had a beginning atrophy of the optic nerve. Large doses of strychnia were given him without avail, the disease progressed until he was totally blind, which took place about a year after the onset of the trouble or six years ago. Five years ago he noticed that his

limbs were growing weak, and he could not walk far before he became extremely tired and when tired, his limbs would ache severely. Later as the disease progressed there was a partial loss of sensation of the limbs and feet. When going down stairs he feels as though he were putting his foot into a bottomless hole, when stepping from one stair to the other.

That is the case as he states it. His idea is, that the oculist gave him so much strychnine, that it caused the paralysis, but such I do not think was the case, as you will see later. Now, what do we find. First atrophy of the optic nerve. Second, we will ask him to stand still unsupported, and we find he cannot stand an instant without falling over, and would go to the floor if not caught. If this man could see and was asked to stand alone with his eyes open, he might be able to do so; but close his eyes and he falls at once. This is due in part to the weakness of his limbs and in part to anæsthesia of the bottom of the feet, so that the patient is not sure that he has his feet squarely on the floor, unless he can see them. When he attempts to walk you will notice that his feet drag along the floor, and his knees almost give away under him. Third, on testing his patella reflex, we find it completely abolished. Fourth; we will ask him to touch the tip of his nose with his extended forefinger, we see that he does it very well every time. Now we will ask him to unbutton and button his vest; you notice that his fingers seem to be a little weak and that it is difficult for him to do it. Fifth; I will now test the sensibility of the lower limbs. I will take this pin and thrust it into the leg until he says it hurts, you see it is clear up to the head and he does not say it hurts yet; I will ask him if he feels it, and he says he feels something but it does not pain him. In other words we have what is called "analgesia" loss of sensation to pain. You must not get this confounded with "anæsthesia," which means loss of sensation. If this limb were anæsthetic, he would feel nothing, not even the pressure of the pin. Sixth; he has considerable difficulty in voiding his urine, and is excessively constipated, going seven or eight days without any movement of the bowels. Seventh; let us test the strength of his lower limbs. I will do this in this manner; I grasp the lower part of the leg just above the ankle, with my left hand, and ask him

to straighten his leg and hold it straight, while I try to bend it by putting my right forearm under the leg back of the knee, and pushing down with my left. You see I do not have to use much exertion to accomplish this, which proves that his limb is extremely weak, it will usually take a very strong man to bend the leg of even a comparatively weak man by this method and when the limb gives away as easily as this one it shows serious trouble in the spinal cord or brain. His limbs as well as his whole body are well nourished, and I should judge he weighs about one hundred and seventy pounds. He says that is correct. There are no contractures; his general health is very good, but of late has been getting very much depressed on account of his increasing helplessness.

Now, what have we here? What is the diagnosis? I am told that some physicians have diagnosed it as Posterior Spinal Sclerosis or Locomotor Ataxia, but I believe it to be Chronic Myelitis, that is, Chronic Inflammation of the Spinal Cord. Let us see what the differentiating points are.

First: Atrophy of the optic nerve, is quite common in the first stage of Locomotor Ataxia. We have that as the first symptom in this case, but I believe it to be accidental rather than the result of the spinal cord trouble, as we find other members of his family have been blind.

Second: His inability to stand unsupported, may have been considered as due to inco-ordination, but as I said before I believe it to be due to the weakness and partial anæsthesia of the bottom of the feet, and I think so for this reason. When he is asked to touch the end of his nose with the tip of his finger, he does so without any difficulty, which he could not do if there were inco-ordination, and again when he attempts to walk, he does not spread his limbs apart to give him an under base for support, as he would do in Locomotor Ataxia, but he brings his limbs together in order to gain the most support from them.

Third: We find the patella reflex abolished here as we would in posterior sclerosis. In myelitis the reflexes are usually exaggerated, but those which depend upon a reflex act in the diseased segment are abolished, and that is the condition in this case.

Fourth: When he attempts to unbutton and button his clothing, we find a weakness of his fingers but no inco-ordination as their would be in Locomotor Ataxia.

Fifth: Analgesia is a very common symptom in Locomotor Ataxia, and also Myelitis.

Sixth: The vesical and bowel symptoms are also common in both conditions, but in Locomotor Ataxia we are apt to have the fulgurating pains in bladder and rectum, in the first stage which this man has never had. Again we are apt to have these same lightning like pains in the limbs as well, during the first stage, but the only pain this patient has complained of, is the severe aching upon exercising too much.

Seventh: When we came to test the strength of the lower limbs, we found that they were extremely weak. Now, in Locomotor Ataxia, we find there is very little loss of strength until the very last, the staggering gait is due to the lack of power of co-ordination, and not to weakness. I remember once when I commenced to teach in this College, a man came before the class, whom I thought had Myelitis, I was explaining so nicely the condition of things, and was so sure of my diagnosis although I was not wholly through with my examination; that I said to the class, "now we will see how easy it is to bend this man's leg." He was not a very large man, but I pushed and pushed and could not make it yield an inch, then I began to wonder what was wrong, I commenced all over again, and finally came to the conclusion that he had Locomotor Ataxia, and that proved to be the case.

There are many confusing symptoms in this case, but the weakness of the limbs, the power of co-ordination and the character of the gait, with the other symptoms, are enough to prove the diagnosis.

Now, as to the question, can we do anything for him? We have gone carefully into the diagnosis, and feel sure of it, but after all of our study and investigation, we will be under the necessity of telling him we cannot help him much. We may be able to retard the progress of the disease somewhat but we cannot materially improve his condition.

In the earlier stage of the disease much can be done by our method of treatment, certainly more than our old school brethren can do, but at this late day we are absolutely powerless.

Do I think that the strychnine caused this trouble? No, strychnine might cause a self-limiting functional disturbance of the grey matter of the spinal cord, but I do not think, given by the hands of a careful physician, as I know the gentleman to be, to whom this man went, would cause a slowly progressive inflammation, involving both grey and white matter. Never jump at conclusions too quickly and think that because your patient has been under old school treatment that his trouble has been caused by excessive medication, for such is not always the fact.

Alameda County Society.

At a regular meeting of the Alameda County Homœopathic Medical Society, held January 12th, 1892, the following preamble and resolutions were unanimously adopted:

WHEREAS, in the divine economy of nature it has pleased God to remove from our number, one of our honorary members, Giles M. Pease, M. D.; therefore,

Resolved, That in the death of Dr. Pease, we have lost an efficient member, a wise counselor and eminent surgeon; and the medical profession a faithful exponent of the principles of homœopathy.

Resolved, That this preamble and these resolutions be spread in full upon the minutes of this Society, and a copy properly engrossed, be sent to his family, and a copy be also sent to the CALIFORNIA HOMŒOPATH for publication.

S. F. RODOLPH, Secretary.

The Institute Session of 1892—Secretary's Notice

The annual session of the American Institute of Homœopathy will be held in Cornwall's Hall, Washington, D. C., on Monday afternoon, June 13th, and continuing till Friday, June 17th, 1892. Monday afternoon will be devoted to preliminary and routine business, and in the evening the President's address will be delivered and the memorial service held. (See Transactions of 1890, page 63.)

The proprietors of Willard's Hotel, the Ebbitt House and the Rigg's House have contracted with the Committee of Local Arrangements for a uniform rate of three dollars per day to the physicians and their friends; private bath-rooms or parlors to be charged for extra at the usual rates. Rooms, meals and attendance to be first-class in every respect. The Local Committee will establish their headquarters at Willard's, and will maintain a bureau of information and registration, at which all persons attending the session and their lay friends are requested to register. The Committee requests that all engagements of rooms at any of these hotels be made through their chairman Dr. J. G. B. Custis, or their secretary Dr. Wm. R. King.

It appears that the preparatory work of the Bureaus is being prosecuted with more than usual energy, with special efforts to secure an intelligent and profitable discussion of the papers. Essayists who wish their papers well discussed should place duplicate copies in the hands of the appropriate chairman at least one month prior to the meeting.

The session of 1892 presents some special claims to the support of all homœopathic physicians. To keep alive the prestige and influence gained at the meeting of the International Congress; to encourage the growth of homœopathy in the Southern States; to present a strong front to the governmental officials assembled at Washington; to antagonize the schemes now taking shape, for the subversion of the professional liberty of the physicians practicing in and around our National Capital; to take action respecting the boycotting of homœopathic physicians by life insurance companies: to further increase the numerical strength and influence of our National Society; and to prepare for a proper display of our power and importance as a profession to the people who will visit our shores during the Columbian Exposition—These are some of the motives and objects that should determine and secure a very large and enthusiastic meeting of the Institute at Washington next June.

The Secretary's Annual Circular, to be issued in May, will contain information concerning railroad rates and facilities, and a complete programme of the business of the session. Any

physician failing to receive a copy can obtain it on application. Membership in the Institute is open to all physicians in good standing. A blank application will accompany the Annual Circular. Admission fee, \$2.00; annual dues, \$5.00, entitling the member to the annual volume of transactions.

PEMBERTON DUDLEY, M. D., General Secretary.
15th and Master streets. Philadelphia, Penn.

Editorial Notes.

THE campaign of our various journals and societies about life insurance discrimination against homœopathic physicians has been productive of some good. A life insurance agent called recently at the office of one of the editors of this journal, with a proposition to insure his valuable life. We told him that we considered it too valuable not to be insured and, in fact, had had it insured for a small amount in a very good company; that we were willing to carry more, etc. The gentleman's countenance, at the latter clause, took on that radiant hue peculiar only to life insurance agents when a commission is in sight, and proceeded to expostulate about his company as being superior to all others. We allowed him to ramble on in his reserve-fund, dividend and twenty years option talk for a few moments until we brought him up suddenly with the inquiry: "Who is your homœopathic medical examiner in this city?" "We have none," he replied; "our company has not progressed that far, and I must admit that they are short-sighted. I see I can do nothing further with you, doctor, and I will furthermore say that you are the third homœopathic physician who has practically fetched me up in the same manner within the last two hours." Thereupon he gracefully took his leave, and, as he was only looking for lives whose intrinsic value really would make it an object to insure, we did not recommend him to visit the remaining members of the editorial staff, except for additional points on life insurance discrimination.

D.

Personals.

DR. JEAN E. DEWESE has removed to No. 1022½ Sutter street.

DR. J. C. KIRKPATRICK has removed to 328 West Third street, Los Angeles.

DR. MEYER, of Seattle, Washington, is spending a short vacation in San Francisco. The doctor is prospering.

WANTED—To buy an interest in a Sanitarium in California. Address, National Medical Exchange, Elkhart, Indiana.

DR. A. J. HOWE has located at No. 520 Sutter street. Hours 10 A. M. to 12 M. Drs. HOWE and DAVIS should make a good team.

THE Congregational Mission in Japan is in want of a Homœopathic Doctor, lady preferred. For further particulars apply to the business manager of this journal.

PERMISSION has been solicited Drs. BOERICKE and DEWEY for the translation of their work on the Twelve Tissue Remedies of Schussler into the Bengali language of India.

SELMA, CALIFORNIA, offers a good field for a progressive homœopathic physician, man or woman. The present occupant is about to leave and would sell out at a very low figure.

DR. CHAS. M. THOMAS, of Philadelphia announces that he has relinquished the practice of general surgery, and will hereafter devote his entire attention to the diseases of the eye and ear.

PROFESSOR A. A. CUNNINGHAM, of the Hahnemann Hospital College, will give a course of instruction in elementary chemistry at his laboratory, beginning February 18th, 1892. Twenty lectures \$15.00.

AMONGST our physicians of neighboring cities who have visited us during the past month are Drs. MILLER and PIERCE, of San Jose; DR. M. F. GROVE, of Healdsburg, and DR. HENRY DAMKROGER, of Modesto.

DR. MARY K. TELSON, of the class of '91, Hahnemann Hospital College, has opened an office at No. 1241 India street, San Diego. The doctor devotes herself to the diseases of women and children, and we wish her the success she deserves.

DR. CARRIE B. FLOWER, who has practiced in Los Gatos for the past three years, and greatly endeared herself to that community, has removed to Virginia City, Missouri. DR. FLOWER is an excellent and conscientious physician and a lady of culture and refinement, and is sure to be appreciated in her new sphere of activity.

DR. T. B. COSACK has removed to No. 905 Geary street.

DR. AMOS J. GIVENS has opened a sanitarium for mental and nervous diseases within one hour of New York, at Stamford, Connecticut. DR. GIVENS has had five years' experience in the treatment of insanity, first as Interne at Middletown, New York, at the State Homœopathic Insane Hospital, and later as Assistant Physician at Westboro Insane Hospital in Massachusetts.

AS OTHERS SEE US.

DR. GEO. T. STEWART, formerly of San Francisco and also of Los Angeles, now chief surgeon at Ward's Island Hospital, New York, writes pleasantly of some of San Francisco's physicians, whom he met during his residence here, in a recent number of the *Medical Times*:

A CHAT ABOUT OUR FRIENDS IN SAN FRANCISCO.

Among the pleasures of California, so numerous and so attractive, we are apt to thrust aside that which really creates that pleasure and to put away our human friends for the other beauties of nature. The climate with its soft, balmy atmosphere, the luxuriant vegetation, its evergreen leaves and its fruits, fill the mind to repletion, but if we look for the reason of all this we will find our friends lending themselves to make it all up.

The years spent with these friends are full of pleasant memories and of facts relating to them which should awaken us all to the knowledge of the striking individuality and the power of those men who have built up a reputation for themselves and for the school which they represent. Among the many names I recall, one which is well known to all, Dr. Wm. Boericke, Professor of *Materia Medica* in the Hahnemann College of San Francisco, and one of the editors of *The California Homœopath*—a genial man, a good teacher, and one who possesses a quick, grasping mind. This recalls the names of other gentlemen who were instrumental in the formation of the medical school. Dr. Eckel, our pioneer in San Francisco, a fine old German gentleman, who was the honored president of the Turn Verein for many years; Dr. Albertson, the leading physician, who gave up general practice for consultation a number of years ago; Dr. Palmer, the great big surgeon of the city; Dr. Currier, the former Dean and throat specialist; Dr. French, the quiet, fun loving oculist and aurist, with whom in former years I was so intimately acquainted; Dr. Davis, the gynecologist and obstetrician, who believed in higher potencies than I could; Dr. Dewey, the anatomist and formerly a member of the Ward's Island house staff. These men all took part in the work of teaching, and they have to-day one of the best of medical colleges to be proud of.

In connection with the college is a dispensary, wherein Dr. Lowery, an orthopædic surgeon, also of Ward's Island, and I took turns in attempting to cure, but there was no "Golden Gate" through which patients had to pass. That dispensary to-day is the largest in San Francisco.

We must not forget Dr. Breyfogle, who bears the name, loved by us all, although not connected with the college. He is a whole souled man, and one from whom you will ever receive a warm welcome. Dr. Pease is another man with whom I have spent hours, and have assisted in his gynecological

work, with great advantage to myself. He is a man of the "old school," but at the present time a pretty "high" convert. His connection with the Fabiola Hospital, across the bay, in Oakland, brings to mind that Grand old fighter, Dr. Selfridge, the backbone and founder of the hospital. Dr. Green formerly of Little Rock, is another oculist and aurist of the New York Ophthalmic School, a pleasant friend and a good surgeon.

These men all form the pleasantest galaxy of remembrance, and in their contemplation, the leaves wither, the climate loses all its balminess, and naught remains but there pleasant greetings and the memory of themselves.

Book Reviews.

Treatise on Gynæcology, Medical and Surgical. By S. PozzIE, M. D.
Translated from the French edition by BROOK H. WELLS, M. D. New York, Vol. I.

This is one of the best works we have seen upon this subject, and is what its American translator claims for it when he says: "The Cosmopolitan spirit of its author, shown in his exhaustive research and judicious appreciation of the work of other nations, together with his keen and natural judgment in utilizing the material from his own rich chemical fields, make it a clear and reliable guide to the most advanced and best practice in this specialty." The author commences the work with a most excellent chapter upon antiseptis in gynæcology, which topic is thoroughly discussed, and up to the latest discoveries in this direction, each subject treated of is done equally as well. At the end of each chapter we find a valuable addenda in the shape of a bibliography referring to the subject matter previously discussed. It makes a valuable work of reference for any physician's library.

G. E. D.

Clinical Items.

Cubeba Officinalis.

For an old drug, it having been used for over five hundred years, *cubeba* on the whole is little known outside of its action in gonorrhœa and leucorrhœa. Besides this however, there are a number of important uses for the drug and very valuable ones too. Its clinical applications are very precise though somewhat meagre, and besides this, the drug has been proved, but not thoroughly, however there is an interesting similarity

between the symptoms of the provings and the clinical and empirical use of the drug by the allopaths.

Besides its uses in gonorrhœa and leucorrhœa, which are too well known as to require repetition, we have the following conditions, and those who use it in these troubles in accordance with the indications will not be disappointed in its use. It is really too valuable a remedy to be relegated to the shelf.

Coughs.—At the present time when the coughs of la grippe are running riot and every apparently indicated remedy has failed to characterize itself, when adjuvants questionable in homœopathicity have also failed to do good, we find that cubeba acts promptly when there is a train of symptoms something like this: *An incessant dry, hoarse cough with a sensation of something in the larynx to be removed, and accompanied with dryness and smarting in the throat. The expectoration is difficult, yellowish, greenish or grey, and only appears after long-continued paroxysms of cough. There is also fulness in the chest and wheezing.* It is also a very useful remedy in catarrhal conditions of the air passages, or inflammation of the bronchial tubes *with copious secretions accompanied by a relaxed condition of the system.* These conditions correspond very closely with those severe coughs which follow an attack of la grippe, and cubeba here is one of our best remedies.

Bladder Affections in Women.—Here is certainly a field in which cubeba has been overlooked, and in which it is a most valuable remedy. When in women or in young girls, as is often the case, there is *a frequent, at times almost constant, desire to urinate, and during the passage there is a great deal of acute stinging and vesical tenesmus, which lasts for some time after the passage.* This is a condition only too frequently met with, and one that demands immediate relief. Cantharis is the usual drug that is given here, but *cubeba* is more often the curative remedy. Neuralgia of the neck of the bladder will also sometimes find its remedy in *cubeba*.

Stomach Symptoms.—The drug has many stomach symptoms, but it does not usually, when given in small doses, affect the digestive apparatus in such an unpleasant manner as does *copaiba*; indeed *it acts as a mild gastric stimulant in cases of*

atonic dyspepsia, possessing carminative properties and increasing the appetite.

The drug seems to act better in the above affections in the *tincture*, a few drops in a half glass of water, and given in teaspoonful doses. Dr. Swan, of New York, has prescribed it with success in the C. M. and M. M. potencies. D.

SPUTUM AS A DIAGNOSIS SIGN.—In phthisis we have mummular sputum; looks like coin; which floats in a clear liquid.

In measles we have mummular sputum, which floats in an opaque liquid.

In bronchiectasis there is stinking sputum; also in fibroid phthisis we have stinking sputum.

In cancer of the lung, we have sputum that looks like current jelly.

In pneumonia we have rusty colored sputum.

In œdema of the lung, the expectoration is serous.

When we have pneumonia terminating in gangrene of the lungs, the sputum is exceedingly fetid, greenish or brownish.

The sputum of chronic bronchitis, when associated with disease of the heart, look like the white of an egg mixed with water, and may amount to a quart or half-gallon in twenty-four hours.

The sputum of chronic bronchitis, when not complicated, is large, broad and irregular, and is greenish or yellowish.—*Morris, in Times & Register.*

Clinical.—Fluent coryza, with obstruction of the nose; the mucus is discharged only through the posterior nares. Coryza with hoarseness. The nasal discharge easily becomes foetid and yellow, with complete obstruction of the nasal passages, or sometimes with dropping of water from the nostrils. Warts on the tip of the nose.

Thlaspi bursa tincture, white sediment in urine. When the use of the catheter seems to have become a necessity, this remedy will often take its place.—*Dr. Brueckner.*

DR. WHYTE claims that all injections are injurious in gonorrhœa, that every case can be cured with the oil of wintergreen, six drops three times a day.

Elaps.—Buzzing, roaring and cracking in the ears; illusions of hearing; offensive discharge with deafness; sudden attacks of deafness; cracking noise and pain from throat to ear on swallowing.

Sticta. Sharp pains in the shoulders or back of neck extending upwards into the head, also loose morning cough, easy expectoration of whitish mucus, streaked with blood or frequent slight hemorrhages of dark blood. Cough in the evening with considerable oppression, increasing from midnight till morning.

Ranunculus bulb.—Pains in chest, shooting all over the chest, worse on touch and motion. Intercostal neuralgia.

Euphrasia.—Lack of interest in play and company of other children. Indolent hypochondriac external objects have no life for him. Sleepiness during the day, overpowering in the afternoon.—(C. N. PAYNE.)

Yucca.—Headache all through as if the top of the head would fly off—Deep pain in right side over liver.

Iodium—patient is sallow, emaciated, hungry, restless, suffers from palpitation—weak chest better lying down.

Ammon mur. is indicated in old people, with chronic, wheezy cough, increased at night, preventing sleep. Some relief from coughing up some mucus, but soon more accumulates and excites the cough again. Symptoms worse in open air.—Chironian.

Kali brom.—Acne on face and back with menstrual irregularities.

Kali Carb.—Long-lasting, sluggish menstruation, attended with bloating of the abdomen.

Hydrangea. One drop of fluid extract, frequently repeated, is specific to sharp cutting pains in the urethra in the passage of water.

Cuprum.—Mental and bodily prostration after over-exertion of mind or loss of sleep; also, restless tossing about.

Secale, is the remedy for the cold and dry hands and feet of excessive smokers, with feeling of fuzziness in fingers. they can't button their clothes, etc.—Intolerance of any covering; great burning internally and inordinate thirst are *secale* characteristics.—*Prof. Allen*.

Cannabis indica has proved very useful in the treatment of melancholia and mania. It is of great value in the treatment of chorea when arsenic fails. It may be combined with choral with advantage in such cases. In migraine the drug is of great value; a pill containing a quarter of a grain of the extract, with or without the same amount of phosphide of zinc, will often check an attack immediately, and if the pill is given twice a day continuously the severity and frequency of the attacks are often much diminished. Patients who have been incapacitated for work from the frequency of the attacks have been enabled by the use of *Cannabis indica* to resume their employment. The drug is also a valuable gastric sedative in cases of ulcer of the stomach and gastrodynia. It may be combined with nitrate of silver, and it increases the efficacy of the latter. It is also a valuable hypnotic.—*British Medical Journal*.

Quillaya is very similar in its action to senega. Cough with difficult expectoration and impeded respiration.

Veratrum.—In cases of chronic bronchitis, in the aged, often indicated in loud, barking cough in the hysterical, it is an admirable medicine. Also, in intermittent action of the heart, occurring in feeble persons, with some obstruction of the hepatic circulation, *veratrum*, 6th centes, is of the greatest possible service, both in steadying the heart's action and in restoring healthy function to the liver.—*Dr. Bayes*.

Selections.

Peroxide of Hydrogen.

This seems to be a season of testimony for the peroxide, and one could easily think that the medical journals were subsidized by it, with the inevitable foot note referring to Ch. Marchand (medicinal.) But I will add a word as I have recently used it in a case different from those I have read. April 9th, I was called in haste to attend a lady in her third confinement. The crisis had come some two weeks before expected, hence no preparations. Circumstances made it necessary to prepare a room and move the lady thereto. It was the work of but a few minutes yet before she could be arranged in bed and the room warmed, the census had been increased.

I had an opportunity to do very little to prevent tearing, and found quite an extensive rupture of the perineum. Soon as circumstances permitted I proceeded to repair the perineum, the lady preferring not to use an anæsthetic and only complaining that it was not altogether pleasant to be embroidered. I used antiseptic precautions and followed it by a vaginal douche of the bi-chloride 1.5000, and the same was given twice daily.

All went well until the morning of the fourth day, when I found that the lady had passed a bad night, with chills, etc., and was then in high fever with very offensive discharge. I prescribed and gave the usual carbolic douches that day with no signs of improvement, and went to bed thinking hard.

Next morning the patient reported better, but I attributed that mostly to increased apathy, for there was still fever with tympanites, tenderness of abdomen and very offensive discharge.

This time after thoroughly cleansing with carbolic solution I gave a vaginal douche of peroxide of hydrogen, diluted with twice its bulk of water. I made no special effort to throw it inside the uterus, because the region was very tender and I was satisfied that organ was well cleared at the birth, and that the seat of trouble was the tears of perineum and cervix.

I prescribed Bryonia and used the douche twice daily for two days, with a light turpentine stupe over abdomen for a few hours. Improvement was immediate and rapid. The fever fled. The tympanites and tenderness subsided at tents and the discharge soon became normal. The lady was confined to her bed but ten days and is now—May 9th—caring for a good baby and doing a light portion of the housework.

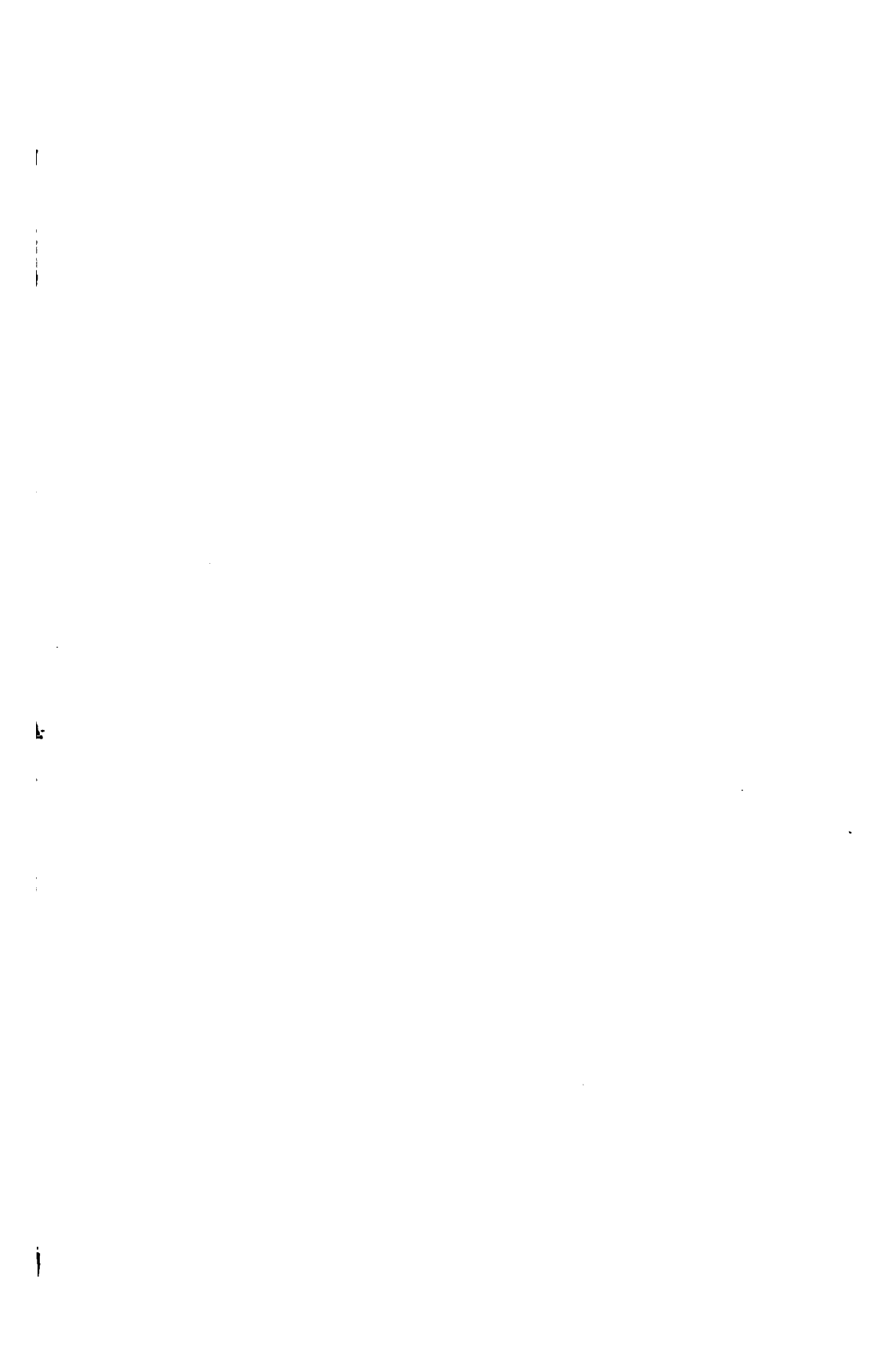
Of course this case is not proof of anything—few of those reported are. There were some signs of improvement before the peroxide was used, and other means were employed, but I am inclined to give the H_2O_2 considerable credit for the gratifying change in affairs.—*F. C. Freeman, M. D., Redwood City, California.*

The Westboro (Mass.) Hospital for the Insane.

The Springfield *Republican* of a recent date, in an editorial leader pays its compliments to the successful management of this hospital. It details briefly but clearly the opposition met by the homœopaths—lay as well as professional—in their struggle for State recognition. When this was grudgingly given Dr. N. E. Paine, in December, 1886, was called from Middletown, N. Y., where he had been assistant to the famous Talcott, and placed in charge of the Massachusetts venture. Being a young man, and over and above all, a fearless homœopath, he was looked upon with distrust by the hospital superintendents of the various State institutions and his struggle not alone for supremacy of his school, but for a bare existence, is of the usual kind so familiar to all progressive enthusiastic homœopaths everywhere.

“Well, five years have passed since this hospital was occupied and what is its record?” asks the *Republican*. “It has steadily made more recoveries than the older hospitals, its recovered patients have not relapsed any oftener, its attention to the needs of individual patients (which accounts for the increased recoveries) has been greater than elsewhere, etc.

After referring to statistical tables to prove the value of homœopathic over allopathic treatment, the editorial continues: “the most marked feature of the care at Westboro, is the use of Dr. Weir Mitchell’s “rest treatment,” which was applied to 270 out of the first 1300 hundred admissions. Of these 270, 120, or nearly one-half recovered—44 from mania and 76 from melancholia. This treatment requires more individual care from the nurse than the ordinary treatment of insanity, and to this care must be ascribed the more numerous recoveries in this hospital.”





C. B. CURRIER, M. D.

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Original Articles.

CLINICAL CASES.

By C. GORDON, M. D., HAPPY CAMP, CAL.

CASE I.

Mrs. W. A., half-breed, aged 32, mother of four children. As I did not examine the patient, will give report of her husband:

“About six weeks ago my wife was taken with a severe pain in her belly about four inches below and to the right of the navel, which continued for about twelve hours, when the menses appeared, relieving the pain but leaving a sore spot for about a week.”

At the next period, the pain was repeated, was more severe and remained longer. On applying a poultice, a hard *lump* was noticed, which presented the appearance of a large corn-cob lodged in the abdomen crosswise, and being forced outward. At the appearance of the flow, the pain ceased, but the lump or protrusion still remained; was very sore to the touch and appeared to enlarge. Suspecting ovarian tumor, I prescribed *thuya* 1x every Sunday for three weeks of every month. Relief was immediate, and now after seven months, no trace of the *lump* is left.

CASE II.

Mrs. E., aged 25, brunette, mother of one child three years old. When menses were due, was taken with severe pains all over the abdomen accompanied with high fever; pulse 120, temperature $99\frac{1}{2}$. Gave acon. and puls. alternately every hour. After about six hours, a chill for half an hour, then pain in stomach and severe vomiting; continued puls. with a few doses of magnes. phos. as the effort to vomit continued after the stomach was apparently empty. The effort of straining to vomit produced sweat, which was encouraged by hot applications and blankets. A gentle sleep, and all was over. After twenty-four hours, the menses appeared. At the next period, the same symptoms appeared; the same remedies were administered; the same results. Suspecting enlarged ovum, I prescribed thuya 1x every Sunday for three weeks, which cured.

PETROLEUM.

By A. AUCHIE CUNNINGHAM, F. C. S.

Petroleum belongs to the hydrocarbons of the series known as paraffins, having the general formula $C_n H_{2n+2}$; about which little was known before 1848, except the methane or marsh gas group, which for many years has been familiar to the inhabitants of the rural districts of various countries, being called in some parts "holy fire," in others, as in Scotland and England "will 'o the wisp," while in Ireland it went under the name of "banchee;" and many are the weird tales to be told while sitting at the fireside of the country folk regarding this mysterious light.

The paraffin series of hydrocarbons has many members, several of which are mixed to form the various petroleums found in different parts of the globe, with much variation in properties.

Paraffins may be prepared in many ways, which accounts for the numerous theories regarding the origin of natural paraffins, as petroleum, ozokerite, etc. For instance, they may be formed by bringing together two alcohol radicals, or by libera-

ting the alcohol radical from a compound and bring it into contact with hydrogen, or by heating a fatty acid, or an acid of the series $C_n H_{2n-2}O_4$ with an alkali; when cast-iron is dissolved in acids the hydrocarbons obtained contain paraffins; when wood, coal, bituminous shale, fatty oils, resins, animal matter and other organic substances are distilled, paraffins are formed. All these reactions are complicated, as many compounds are formed termed bi-products, at the same time.

In nature we meet paraffins in three conditions; first marsh gas, which represents the gaseous condition; second, petroleum which is a mixture of various liquid hydrocarbons; and third, ozokerite which is made up of many solid paraffins and isomerids. It is also met in the resin of the *pinus sabiniana* of California.

The peculiarities of this branch of hydrocarbons is, they are not attacked by sulphuric or nitric acids or alkalies, and it was from this fact that the name originated.

It is needless to state more regarding the gaseous state of paraffins, than in many respects they may be compared to coal gas, being combustibles but not explosives, but when mixed with air in various proportions and lighted, a mixture is ignited which takes fire with explosive violence, as in the many fire damp explosions in coal mines.

The properties of the liquid paraffins vary with the district where found, as for example at Milan it is sherry colored, while in Russia and the United States of America it is generally brown by transmitted light and dark green by reflected light, whereas in India it is nearly black in color.

Some samples give off vapors at ordinary temperatures which are inflammable, others will even extinguish a lighted taper when plunged into it. Some petroleums are valuable for the large percentage of burning oils which may be extracted, others for the fine lubricating oils that may be made from them, many contain solid paraffins which are extracted and molded into candles or the softer kinds made into vaseline, while some with a melting point of about 100° F. are used in hospitals to a large extent in place of plaster of paris. Some petroleums contain much of what is commonly called asphaltum, which takes away from the value of the products. This is the chief

fault to be found with the petroleum of California and require us to bring much oil from the East.

Of all the theories regarding the origin of petroleum only two are thus far of any great importance.

The first states that by the action of steam on compounds of carbon and iron, or other metal in the following manner: At the time when, as we are told, the earth was "waste and void," and "darkness was upon the face of the deep" the cooling of the globe had so far progressed that water had condensed upon the solidified envelope or crust of the still fluid mass, and formed a continuous layer or sheet. Much water, however, still suspended in the air forming impenetrable clouds of vapor through which light could not pass. As the temperature of the earth further declined, the interior portion or core contracted and this was naturally followed by a crumbling of the crust, whereby the "dry land" was caused to appear, and the "waters were gathered together in one place" forming the seas. At the same time fissures were produced, the crumbling being attended with a certain amount of cracking of the envelope, and through these water found its way into the interior of the mass. Here the water became vaporized, and the steam superheated, and under immense pressure, came into contact with compound of iron and carbon, which were still at a very high temperature. Under these circumstances the aqueous vapor, consisting of hydrogen and oxygen became decomposed, the hydrogen forming with the carbon the hydrocarbons known as petroleum, while oxygen entered into combination with the iron.

The other theory which receives the greater measure of support, ascribes the production of petroleum to the slow decomposition of vegetable and animal matter. In the precarboniferous era, the earth was covered with a rank and marshy growth of moisture-loving plants, and the air was charged with aqueous vapor and carbonic acid, while the seas teemed with the lower forms of animal life. By the convulsions to which the earth was, at this stage of its existence, peculiarly subject, alternate submergence and elevation of the surface occurred, both animal and vegetable forms being covered with sands of the ocean. The successive processes resulted in the

formation of beds of animal and vegetable matter by the slow decomposition of which the petroleum now stored in the earth for the use of mankind was produced.

In the case of petroleum, as in that of coal, we may consider that in the combustion of the material we have a reproduction of the sunlight which fostered the growth of the lower animals existing prior to the creation of man.

The great paraffin oil industry of Scotland, shows how this petroleum may be successfully made from bituminous shales of certain qualities, and when refined, the products are the same as those obtained from the oil wells of Batuum and Pennsylvania, and in every way superior to the products at present obtained from the petroleum of California.

THE NEW HYPNOTICS—SULFONAL, CHLORAMID, URETHANE, PARALDEHYDE AND SOMNAL.

BY F. G. OEHME, M. D., ROSEBURG, OREGON.

The following has been gathered partly from various journals of the last few years and partly from my own observations.

1. *Sulfonal* occurs as white crystals or powder without taste or smell, easily soluble in warm water, sparingly in cold (1.500) and is said to produce a more normal and refreshing sleep than any other hypnotic. The drug may be given in cold or still better, in hot food or drink (milk or soup) and can therefore be administered unbeknown to the patient, if necessary; or it may be taken dry with sugar and wash down with water.

From seven, fifteen, thirty to forty-five grains and more are given as one dose, fifteen grains being the medium and sufficient dose. A sleep of six to ten hours will be produced in about two hours. After the administration of one dose, its effect may continue for two and even three nights, without drowsiness during the day. In sleeplessness after fevers, one single dose may break the bad habit.

In exceptional cases it may fail and produce other and unlooked-for symptoms.

Severe pain, vomiting, and diarrhoea contra-indicate its use.

Occasionally the following after-effects may be observed; mostly, however, only after doses of twenty to forty grains, doses of fifteen grains or less, have very rarely ill effects:

General weakness, exhaustion, weariness, staggering, despondency, headache, vertigo, drowsiness, pupils dilated and sluggish, defective vision, seeing of colors, ringing in the ears, hearing voices; the sense of hearing acute, out of all proportion to the other senses, more so when the patient is asleep, its milky-white fur on the tongue, as if from a coating of white-wash, moist; saliva increased, loss of appetite, vomiting, goneness, faintness, diarrhoea, eruption like measles, or copious, sharply defined scarlet exanthem on the outside of both breasts with some itching and spreading in all directions symmetrically.

The following after-effects were observed after very massive and long continued doses, which the (insane) patients had borne well, until symptoms of disturbance appeared:

Great prostration; locomotion impossible. The muscles are flaccid and do not contract; great constipation; dark-brown urine, discolored purpura-like patches on the limbs; anaesthesia of the skin, most marked in sleep; slow or rapid, but feeble pulse; cyanosis and semi-comatose condition; death caused by heart-failure, with oedema of the lungs.

Antidotes: Brandy and coffee.

The following three cases must be reported singly, as it seemed inadvisable to separate their symptoms and arrange them with those above mentioned.

FIRST CASE.—A woman of twenty-eight years, affected with melancholia, took two fifteen grain doses one and one quarter hours apart, and died of apnoea. Artificial respiration, the faradic current, strychnin, ammonia and alcohol were used in vain.

SECOND CASE.—An elderly lady took by mistake ninety grains at one dose at nine P. M. At three o'clock A. M. she was in a semi-comatose condition, rapidly passing into a state of

stupor with stertorous breathing. Radial pulse almost imperceptible; limbs cold. Breathing, stupor, and pulse soon improved. Incoordination of all the muscles was extremely well marked. Face drawn slightly to the right and ptosis of the right eyelid. She would close for a few minutes, then open her eyes, but not recognize anyone. At six A. M. general condition slightly improved. Her articulation very poor and feeble, she could scarcely be understood. Respiration twenty-four, pulse 130, temperature 98°. Mouth parched, tongue dry, deviating to the right when put out. Constant desire to urinate, but only about a teaspoonful passed at a time. Urine normal. At noon slight general improvement. Urine had to be drawn by catheter. Feels tired, wishes she could go to sleep, and talking incoherently. Next morning much weaker in spite of stimulants and milk. Mind not clearer. Respiration twenty-two, pulse one hundred and thirty, temperature ninety-eight and one-half degrees. Bowels constipated, considerable tenesmus. Inability to expel the fæces, although the sphincter is paralyzed. It was ten days before the ptosis, paralysis of the face and incoordination of the muscles entirely disappeared; the paralysis of the bladder and bowels continued for two months.

THIRD CASE.—An ignorant woman of fifty-two years took of her own accord, and without need fifteen grains every night. After two months she began to lose flesh and grow weak; finally she had to give up work and go to bed perfectly helpless and prostrated, her whole system seeming to break down at once. She complained one minute of burning all over, then in a few minutes of feeling as if a cold wind was blowing on her. Excruciating burning pains in her bowels and joints. Her mouth became raw, the mucous membrane peeling off as if burnt by some escharotic. All the mucous membranes in the same condition. She still continued taking fifteen grains every night, as she could not get any rest without it, and became almost frantic before the time came for her powder, which she took as ravenously as a starving dog a piece of meat. Her weight had fallen from one hundred and twenty-five pounds to sixty. When finally forced to leave off sulfonal, she

kept up a constant spitting for the first five days, and occasionally vomited a thick, glairy mucus. Her stomach would tolerate only a drink of one part cream and four parts of boiled water, which relieved the burning in the stomach and bowels.

The great weakness, the staggering, the marked incoordination of the muscles, etc., would indicate the use of sulfonal according to S. S., in locomotor ataxy and other spinal diseases. The symptoms of the lung show such a profound and peculiar affection of the whole system, that much gain might be expected from a systematic proving of this medicament.

Sulfonal has been used otherwise than for insomnia in the following diseases with benefit:

Epilepsy, chorea, cramps and neuralgic pains in the last stages of paralysis agitans thirty grains twice a day. Morphine habit, delirium, irritability and excitement from teething; night sweats in phthisis seven, eight and ten grains at bedtime; spasmodic stricture of the oesophagus; sulfonal diminishes the quantity of sugar in the urine, reduces polyuria and thirst after five to thirty grains a day; more so after forty-five grains a day; thirty grains a day for some time had no ill effects, but forty-five grains a day produced giddiness and great sleepiness; it quiets the irritating, harrassing cough of bronchitis, pneumonia and tuberculosis, besides giving sleep. Heart diseases, muscular spasms after fractures fifteen grains every four to six hours. Asthma, alcoholism, etc.

2 *Chloramid* is a white salt, and the chemical product of two parts of chloral hydrate and one part of foramid. It is bitter and best taken in tincture of ginger or spirituous liquors or glycerine; from fifteen, thirty to forty-five grains are given as one dose, thirty grains being the medium dose. If taken with some spirituous drink, the drug will be resorbed quicker and consequently operate sooner; a sleep of from six to ten hours will follow in about one hour after its administration.

Warm fluids decompose it and nullify its action. It has no cumulative action and patients do not seem to become accustomed to it. A single dose can produce good sleep for two or three nights and may, like sulfonal, break up the bad habit of sleeplessness.

It is absolutely free from irritation and a ten per cent. solution will not irritate even the conjunctiva.

Sometimes the sleep will be interrupted and in rare cases the drug will not produce any sleep. Evil after-effects are much less frequent from chloralamid than from sulfonal, especially the former is less liable to effect the heart and respiration than the latter. It is not generally indicated where the pain is severe.

Chloralamid produces occasionally headache upon awakening, lassitude and a desire to sleep in the morning or throughout the entire day.

Unusual symptoms arranged in the order of their frequency are the following: Slight or severe vertigo, thirst, nausea, dryness of the mouth, loss of appetite, slight delirium, vomiting, cardiac weakness, rapid and feeble pulse and restlessness necessitating forcible restraint.

The more severe symptoms appeared after large doses, over thirty grains, and were not consecutive or persistent as in the case with sulfonal.

Chloralamid lessens the specific gravity of the urine, often as much as ten points; causes muscular tremors, lessening the coordinating power; later on pains around the joints.

It has the best effect in simple idiopathic insomnia, but is of benefit also when insomnia is present in nervousness, neurasthenia, hysteria, spinal disease, old age, chronic alcoholism, alcohol excess, delirium tremens, cardiac and bronchial asthma, pleuritis, phthisis, pericarditis, arterial sclerosis, organic heart disease, typhoid fever, gastritis, subacute nephritis, ascites, diabetes, mania, melancholia, cancer of the stomach.

3. *Urethane* looks very much like broken-up camphor and has the same feeling between the fingers, but is without smell. Dissolved in water it has an unpleasant mouldy taste, which it loses by adding an equal quantity of liquor; eight to sixteen grains are one dose. It has no advantages over sulfonal and chloralamid.

4 and 5. *Paraldehyde and Somnal* will probably never be used much, as both have a horrid taste and are no better, if as good as the three above mentioned hypnotics. Paraldehyde is

a liquid with a smell resembling ether; dose one-half, one and a half dram. Somnal is also a liquid resembling chloroform; dose ten to thirty drops. Both have to be given in a vehicle which will hide the abominable taste.

A patient suffering from chronic bronchitis and emphysema, took one dram of paraldehyde and was seized one hour later by sudden dyspnoea and collapse. Another person took by mistake (?) three and a half ounces of paraldehyde and was for over twenty-four hours in a condition resembling a very profound chloroform narosis; at one time the pulse 120; respiration forty; skin warm; later on pulse imperceptible, breathing very rapid, coarse, bubbling rales; still later, respiration stertorous, face flushed, skin acting very freely. After nearly two days consciousness slowly returned.

Personal observations. As I have frequently suffered from insomnia after two or three o'clock A. M., especially if disturbed, having slept well from 10 o'clock till this time, and as I was desirous of learning experimentally the operations of the first three hypnotics on myself, I took them several times. I must mention here, that this sleeplessness was caused partly by age (sixty-five years), by needing constitutionally very little sleep, and partly by a bad habit, acquired by having lived two years near a railroad station, where two night-trains regularly woke me at two and three o'clock A. M.

I took fifteen grains of sulfonal on retiring, as I slept well till two o'clock, consequently it was needless to take the drug earlier. When under its influence, I woke, when called, as easily and quickly as usual, without any drowsiness, but soon slept again, entirely contrary to the usual habit. In the morning I woke at six o'clock, or after and felt delightfully refreshed without the least unpleasant sensation.

Chloralamid (thirty grains) and urethane (twelve grains), I took only when returning from a night call at two or three o'clock, or when accidentally awakened at this time. The latter seemed to operate a little quicker than the former; but the sleep after either did not seem quite as pleasant and natural as that from sulfonal. But there were no ill effects.

My stomach is very sensitive to morphine or codeine, as both produce soon deathly nausea and loss of appetite. The

above hypnotics caused nothing like this, but have broken to a very great extent the bad habit of too early waking, and I sleep now generally till five o'clock.

I gave sulfonal in the very beginning of a case of mania, preceded and accompanied by harassing wakefulness night and day, hoping great beneficial results from one night's sleep. I administered it about seven P. M. It produced a few hours sleep, but without lessening the mania.

In a case of heart disease with sleeplessness in an old woman, considered incurable, I gave twice chloralamid, ten grains the first time, fifteen grains the second, but without effect and one eighths grain doses of morphine were by her greatly preferred.

Before closing, I would like to state my own condition regarding the use of hypnotics and analgesics. It is a physician's duty to make himself acquainted with all new discoveries in order to be prepared for any emergency, but to administer on every occasion a hypnotic or analgesic, except in incurable and a few exceptionable cases, is a lazy way of overcoming difficulties. It proves injurious to the patient as well as to the doctor's progress in the homoeopathic materia medica.

KALI PHOS.

By A LAYMAN.

A very interesting case came under my treatment. A lady, fifty-five years old, had such excruciating headache that she was partially insane; she claimed her brain was ruptured and running out of her eyes; a yellow-grey curd was exuding from her eyes. She had been suffering for some days. I gave her kali phos. 3x, which acted like a charm. In two hours the dose was repeated, and the result was perfect relief. Some four weeks later she had another attack, but not so bad. I gave her kali phos. 6x, and wishing to watch the case, I called in two hours. She said that was not the same medicine you gave me before; the action is barely perceptible. I then gave 3x, and in two hours she was well. Now, I have always been in favor of high potencies, but this experience seems to indicate that *quantity* comes in as a factor; if so, it should be noted that one dose of 3x is equal to one thousand of 6x.

**CONCERNING SURGICAL DISEASES OF THE
RECTUM.**

BY J. I. HODGE, M. D., PASADENA, CALIFORNIA.

[*Read at the first semi-annual meeting of the Homœopathic Medical Society of Southern California, held at the Hotel Del Coronado, San Diego, California.*]

Perhaps no operation in surgery builds for the operator a more invaluable reputation, and stronger supporters among the laity, than skilled surgery of the rectum.

We do not claim that it belongs in the category of operations within the cavities of the body, but the frequent occurrence of these painful and destructive diseases as compared with the operative cases within the thorax and abdomen, the brain and vertebral column, makes it of the greatest importance that every surgeon should be well informed upon the most satisfactory methods of operating, and thus yielding the best results.

If we were to look back a few years into this class of work we would find much in modern surgery to gratify us, and stimulate us to work diligently, but cautiously, forward in hopes that ultimately many of those conditions necessitating operating interference will be even much more satisfactorily handled than at the present time.

The demand for the pile ointment and suppository a few years ago brought out a large number of methods of rectal treatment, a few of which found their way into the hands of hundreds of physicians, and while they did some good, were in a large majority of cases wholly inadequate, and worse than useless.

These failures, then, were the stimulating influence that drove the surgeon, the skilled operator to the anal orifice, aye, even into the rectum, the only opening into the human body that had been neglected by men of his profession, and like the true philanthropist working in a humane and noble cause, he reappears upon the scene *covered with glory*, and by his thorough understanding of the anatomical structure and pathology of the parts, declares these painful and dangerous diseases shall be taken in hand and in most cases the patient restored to health and happiness.

In order that I may not occupy more than my allotted time I will enter upon the details of a course which I have found most satisfactory.

The first step is to get the patient. He complains of rectal disturbances, possibly heat and soreness, or alternate discharges of blood and pus; his health has failed, and his spirits are depressed. He has had no special sickness, but a general decline, loss of appetite, nervousness, and waste of flesh. The temperature, pulse, and respiration are carefully taken, and the patient subjected to a series of questions bearing upon the special phenomena of the classified diseases of the rectum, covering the usual ground of heredity, dyscrasia and acquired diseases. The patient is then subjected to a careful physical examination. The bowel is emptied and cleansed as high as possible with anemas. Then the patient's lungs, heart, liver, stomach and intestinal tract receive careful attention; the urinary organs, anus, rectum and sigmoid flexure being critically examined; and in no case do I stop my investigations because of finding diseases of one or more of these organs, but continue until every organ has been thoroughly examined and its condition noted.

The examination concluded, if the case is not beyond doubt a clear one, the opinion should be withheld for a day or two, and the case carefully reviewed. Scirrhus of the liver has existed in several cases that I have examined, in conjunction with ulcer or cancerous condition of the rectum. I have never operated when such conditions obtained, but have witnessed operations that resulted fatally.

Diseases of the lungs if not in an advanced stage, do not contra-indicate minor operations on the rectum. To the contrary, the patient may receive a new lease of life if skillfully handled. Deranged functions of the heart do not always contra-indicate these operations, but I would not operate in a case of organic diseases of this organ, though the operation could be performed without an anesthetic. I have witnessed alarming symptoms during examinations of the rectum in a patient with valvular insufficiency; the symptoms were undoubtedly the result of vascular excitement.

I will not here enter into detail of the conditions that would

contra-indicate operations on the rectum, but will suppose that the case is one for operative interference: a case of

FISTULA IN ANO.

This is the least to be dreaded of the complete fistulæ, and perhaps the most easily detected and treated. The examination consists in evacuating the bowels by anemas before examination and allowing all water to pass off. The patient should lie upon right side with legs and thighs closely flexed. The forefinger is then thoroughly anointed and passed into the rectum, and with the thumb of the opposite hand pressing externally and gently, a thorough exploration can then be made. The fistula, if it has not been evacuated, is generally easily located, as it resembles somewhat a rubber drainage tube, large or small as the case may be, passed under the mucous membrane. An opening should then be made (not too large at first). When the matter has been evacuated, introduce the nose of a syringe that will well fill the opening. Now, with the forefinger in the rectum, inject a twenty per cent. solution of carbolyzed water into the opening, making continuous pressure on the piston. This will open up all the sinuses or distend the cavities. Holding the nozzle in place for a moment or two will enable you to locate them accurately.

The syringe is then exchanged for the fine silver probe, which is carried carefully along the sinous to the mucus opening, which may not be difficult to find, but is oft-times next to impossible. In such cases the syringe has aided me materially. I make a solution sufficiently strong with carbolic acid to bleach the mucus tissues, and force it into the cavity, observing former rules; it finds the opening if one exists, and leaves a mark to guide you. And again has this method been of value to me in locating cavities that were not suspected, where a sinous opening into the first about one quarter of an inch from the internal opening passes through the sub-mucus connective tissues, and outside of the external sphincter formed a cavity just beneath the skin in a position directly opposite the tuber-ischi. There was nothing external that would have indicated its presence.

The cutting portion of this operation is that advised by the English surgeon, Allingham, which I give in his own language:

The patient being placed on the side which it is supposed the bowel is affected, the surgeon passes the forefinger of the left hand, well anointed, into the bowel, and then places the thumb of the same hand below the swelling on the skin. Now making outward pressure with the finger in the bowel and thus rendering the swelling quite tense and defined; it being in fact taken between the thumb and finger, a curved bistoury is to be well thrust into the abscess in a direction parallel to the long axis of the bowel cutting toward the anus, full the length of the swelling. I have found that if I now trim these excised edges close to their base and pack with cotton wool well dusted with Iodol or Iodoform, putting a good large piece just above the internal sphincter to absorb the mucus of the bowel, that healing is much more rapid and devoid of unpleasant irritation.

The patient is then put to bed and required to remain three or four days, with liquid diet, which will give the bowels rest and facilitate healing.

In operating on such cases I prefer to use Wyatt's method of injecting into the cavity a solution of from fifteen to forty drops of a four per cent. solution of Hydrochlorate of Cocaine. This method is preferred to the ether spray used by Allingham.

In cases of not too severe prolapsus of the mucous membrane of the lower bowel, I have used with most satisfactory results an operation recommended to me by Dr. George A. Hall of Chicago. It consists in complete dilatation of the sphincter, seizing the redundant mucous membranes with strong dressing forceps in the direction of the longitudinal axis of the bowel, passing catgut sutures at short intervals beneath the jaws of the instrument, bringing the ends well outside the rectum. The redundant mucus membrane is then incised on a plane with the upper side of the dressing forceps. Then slightly loosen and move stitch by stitch at a time toward the lower end of the incision, the sutures being closed so the edges of the mucous membrane approximate. The removal of two or three of these longitudinal strip of mucous membrane will relieve most cases of perplexing prolapsus of the lower bowel. The theory is that the cicatrix forms supporting pillars by uniting with the muscular coat of the intes-

tine, and unlike the circular cut made by Pratt across the bowel, never interferes with the movement of the bowels, or produces constriction.

With your permission, in conclusion, I will cite a case of rectal trouble, that recently fell under my observation.

A. J. C. consulted me September 28th, 1887. He was born in England, was thirty-nine years of age, carpenter by trade and had enjoyed good health up to within about three years. His mother died, he claims with what doctors called "Scrofulous rheumatism." One brother died from hip-disease. He has a history of venereal disease; complains of great nervousness and weariness through the back, and has a feeling high up in the bowels as though they had been scraped, or as he expressed it, "a cankered feeling." Cannot sit because of great nervousness in the pelvic region. Cannot stand but a short time on account of pains under the heel. The flexors of the leg seem too short.

The examination disclosed ten polypii, ranging in size from one inch in length by one-third in thickness to that of a large sized pea. These were removed by the use of the ecraseur, and the patient put under homœopathic treatment, taking into consideration the syphilitic origin, and in two months the patient was enabled to resume work at his trade.

DR. ROBERT T. COOPER, author of several excellent publications thus expresses himself in a late number of the *British Homœopathic Review* on high versus low potencies: Recent experiences have proved to me the surpassing utility of high dilutions in certain forms of disease, so much so, that I am quite prepared to challenge the productions of cases of equal obstinacy cured by low potencies or material doses. The proposition I hold to, is that these are cases curable by high dilutions that are absolutely incurable by low ones."

The doctor is prepared to show proof of this at any meeting of the homœopathic adherents in England, and recommends the selection of Dr. R. Hughes as an impartial arbitrator.

Ophthalmology and Otology.

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

Lectures Delivered at the Hahnemann Hospital College
of San Francisco by Hayes C. French, M. D.

LECTURE I.

EXAMINATION, GENERAL MANAGEMENT, TREATMENT OF THE EYE.

In the medical care of an organ so delicate in structure, and so important in function as the human eye, the neglect of any measure which could throw light upon the pathology of the suffering member, could be little less than a crime. Therefore, after carefully cleansing the hands and nails, make it a rule under all circumstances, no matter what the history or symptoms may be, by a thorough inspection of every part, to satisfy yourself of the positive condition of the eye at the time. In no other disease of the human organism is a correct diagnosis more important, or a mistake more serious in its consequences than in that of the eye, and without positive knowledge on this point, no one, whatever his name or standing in the profession may be, has any right to assume control of even the simplest eye case. It is important to remember that errors of refraction are frequent causes of superficial inflammations, and functional disorders involving the muscles and accommodation of the eye; and when such defect is suspected, the only rational procedure is to test the refraction by the method elsewhere indicated, before subjecting the weakened organ to any greater strain than the most cursory inspection would entail, as the most careful manipulation is liable to increase the irritation of supersensitive parts, and thus defeat all efforts to determine the true refractive condition. Having settled this point, observe carefully the integument of the lids for abnormal discolorations or elevations which might result from inflammatory action and products. A two or two and a half inch magnifying glass should be a constant companion in all these external

explorations; and having exhausted the resources of the unassisted vision, bring the glass to bear upon the margins of the lids to determine the state of cleanliness, and the presence of thickening or induration (tylosis). Ascertain the condition of the blood-vessels, whether normal or distended, also the state of hair-follicles, and whether the lashes are regular, with normal curvature, or matted in unsightly bunches, and surrounded at their roots with scales, a frequent result of marginal inflammation. A minute colorless hair turned upon the globe may escape any but the most careful inspection, and prove the source of painful conjunctivitis. Observe carefully the motion of the lids for muscular defects. Determine whether the lachrymal puncta are in proper relation to the globe, thus enabling the canaliculi to bear away the tears. The presence of inflammatory products in the lachrymal sac may be determined when fluid, by pressing the sac firmly with the finger, when the offending secretion will be readily forced through the punctum, but if hypertrophic changes, or calcareous deposits are present, the pressure will produce no apparent results.

To evert the upper lid, stand behind the patient, with his head thrown well back upon the operating chair, seize the central lashes with the thumb and finger of one hand, drawing the lid gently but firmly downward and slightly forward from the globe, at the same time instructing the patient to look well down, then with the blunt point of a lead pencil or the tip of the index finger of the free hand press quickly on the upper border of the tarsal cartilage, tilting it forward, at the same time lifting the edge of the lid upward and backward, when the conjunctival surface of the lid will spring into view, and may be thus maintained for inspection or treatment, by gentle pressure upon the everted margin. In the absence of lashes the integument may be seized by the thumb and finger, and if this is impracticable, by the fixation forceps: Spasmodic action of the orbicularis muscle often proves a serious obstacle to eversion of the lid. This may be in a measure overcome by making firm pressure on that muscle, together with the occipitofrontalis, during the effort to turn the lid. For examination of the lower lid, direct the patient to roll the eye well upward, then with the tip of the finger on the integument close to the

margin, draw the lid gently down, when the conjunctiva will come readily into view. If standing behind the patient the tip of the thumb may more conveniently be employed than that of the finger. Never be satisfied until every portion of the conjunctiva of both the upper and lower lids, clear back to the retrotarsal fold has been brought under inspection. Careless specialists of no small note have frequently met with mortifying defeat from the neglectful oversight of a minute foreign body in one of these convenient hiding places. In the examination of infants and small children some difficulty will sometimes be met with on account of timidity, intractability or painful photophobia, with spasm of the orbicularis muscle. To overcome these obstacles, let a reliable attendant hold the child across the lap, securing its lower limbs and holding the hands at the same time, while the surgeon, having a towel across his lap, holds the patient's head as in a vice between his knees, and proceeds if practicable, to examine the lids as in the case of an adult. Sometimes the lids become enormously swollen, rendering a satisfactory examination of their inner surfaces a process of extreme difficulty, yet nothing short of absolute knowledge of the condition of these parts will satisfy the careful and conscientious practitioner, as destructive changes may be rapidly progressing in the delicate structures of the hidden cornea.

For the satisfactory inspection of the cornea of children, it is sometimes necessary to press the point of the index finger firmly down between the swollen lids, and while drawing the lower one back with the thumb of the free hand, to press the upper lid forcibly backward into the superior orbit until the entire surface of the cornea can be inspected. If the finger nail is reasonably short and smooth no possible harm can follow this apparently severe operation. In extreme cases the use of a retractor becomes necessary.

Oblique illumination will be found a most important aid in diagnosing many diseases of the cornea and iris, and some of the pathological changes incident to the lens. For this purpose either solar or artificial light may be employed. If solar, the patient should sit before an unobstructed window, while through a two or two and a half inch double convex lens the

solar rays are focused obliquely upon the cornea. If a lamp or gas is used, it should be at a distance of about two feet from the patient. Illumination from either of these sources will enable the observer, if his eye is in the line of reflected rays, to detect minute changes effecting the brilliancy and clearness of the cornea, the color of the iris, or the transparency of the lens. A second lens of three or four inch focus to magnify the illuminated surface will prove an important adjunct to the investigation. Opacities of the cornea, resulting from inflammation, wound or escharotics, so minute or shadowy as to escape the powers of the natural eye, may, by careful use of this oblique method, or by the direct method with the ophthalmoscope, be readily detected. The same measures will assist greatly in the removal of very small bodies from the cornea. In case of pain and photophobia, with corneal abrasions, examine carefully the margin of the cornea (limbus), for that "rosy zone" which is due to congestion of the ciliary vessels, and is the sign of inflammation of the cornea (keratitis), or of the iris (iritis), or of the ciliary bodies (cyclitis), and will assist a differential diagnosis as between these troubles and the more superficial inflammations of the conjunctiva. The condition of the iris should be a matter of most pains-taking care, and any irregularity in the shape or defect in the mobility of the pupil, or departure from its normal color, points to iritis. If only one eye is affected, except in those rare cases of congenital difference of color, comparison with the well eye will aid us in determining any departure from the normal tint. Excepting in glaucoma or serious iritis, in both of which conditions the tension is increased; and with caution in its use upon the aged, atropine in solution of two to six grains to the ounce of filtered water (distilled water is irritating), may be instilled into the eye to aid in diagnosis by determining the condition of the pupil which, in case of inflammatory infiltration into the substance of the iris, will respond slowly, if at all, to the action of the mydriatic; and also to reveal any adhesions of the posterior surface of the inflamed iris to the anterior capsule of the lens (posterior synechia), or adhesion of some portion of the anterior surface to the posterior surface of the cornea ("anterior synechia"), either of which conditions will

be indicated by a distorted appearance of the pupil under the dilating power of the drug.

If the adhesion involves the entire pupillary border of the iris to the lens (exclusion of the pupil), of course there will be no visible response, but if the attachment is only at one or two points, there will be limitation only at these centers of adhesion, and freedom of action in the remaining portion, producing irregular dilatation.

Besides aiding in the diagnosis, atropia, either alone, or used in alternation with eserine, may in recent cases break up the adhesions by reason of its timely application. Cocaine will be found a most important aid in examination of the cornea or iris of nervous and timid patients, and especially of children suffering from acute inflammation of the conjunctiva or deeper structures, and is indispensable in the removal of foreign bodies from the cornea.

The *tension* of the eye has very important bearings upon its function, as in glaucoma, in which a sudden increase of intra-ocular tension, may in a few hours not only destroy function, but if unrelieved bring about morbid organic changes beyond the skill of man to remedy, or total blindness. The physician who through ignorance of the various tension of the globe fails to detect the glaucomatous hardening in time to apply or secure the remedy, will be held responsible at the tribunals of justice, for the criminal sacrifice of that most sacred boon of humanity, vision. A uniform system of signs denoting the condition and changes of the intra-ocular tension, has been adopted by oculists. The normal tension is represented by T_n , increased tension by $T+$ and decreased by $T-$. To indicate successive degrees of increased or decreased tension, numerals are employed thus: $T+1$, $T+2$, $T+3$; or $T-1$, $T-2$, $T-3$, as the case may be. To determine the tension, direct the patient with his lids gently closed, to look down; then standing or sitting before him, place the tips of both index fingers together on the globe to be examined, then with gentle force, alternately press and quickly withdraw each finger until satisfied as to the degree of resistance, always comparing the two eyes, and if both are affected, secure a normal one for comparison, remembering that we meet with a variable degree of tension in the

normal eyes of different persons, and sometimes in the same individual. The tension of the eye varies in disease from fluctuating softness to stony hardness. Nothing but frequent practice can beget the *tactus eruditus* which will enable the practitioner to detect differing degrees of tension, especially those of minor intensity, and give grace and efficiency in all the delicate manipulations so essential in dealing with the eye. Beginners are prone to attempt the solution of the problem of tension by alternate pressure with the first and second fingers of the same hand; but the laws of nervous co-ordination render the result much less satisfactory than when fingers of separate hands are employed. Having determined the objective condition of the eye, we should next seek to discover any functional derangements that may be present. Some form of headache or neurosis of remote organs, frequently occur as concomitants of refractive error, accommodative asthenopia, or muscular inco-ordination, and their detection may prove a most important aid in securing the proper remedial agent, under our law of selection. By means of test types and trial glasses examine acuity of vision, one eye at a time, keeping the one not under examination covered. Then ascertain the field of vision, and sense of color and light, and the power and balance, or any inco-ordination in the ocular muscles. Then, if proficient, with the ophthalmoscope, after the above points have been settled, make an ophthalmoscopic examination of the transparent media and the refraction.

MAXIMS.

Never turn from any other case or occupation to examination of the eye, without first thoroughly cleansing the hands and nails, as scores of contagious affections have been communicated to confiding humanity through neglect of this rule.

2. Either cultivate a deft and delicate touch, or abstinence from eye practice.

3. Let nothing you may have previously heard in relation to case before you, and no bias occasioned by the patient's statement at the time, prevent a careful survey of his face and mien, for those subtle signs of related disease and disturbed

function, which can find no adequate expression, either in human language or the lore of books.

4. Let no distress signals in your own face augment the already perturbed nervous relations of the patient, with ominous visions of potential blindness, and ruined hope—"take in your sign."

5. Keep the sixth commandment in view, if with any doubt of your professional competency, you are tempted to a measure, whose failure would entail blindness on your victim, remembering that to him death would be preferable to darkness.

6. Never fail to examine the tension of the eye, and if it shows any decided increase, or there are sudden refractive changes, intermittent obscuration of vision, contraction of the visual field, ciliary neuralgia, or a free and strictly individual pyrotechnic display of gorgeous rings around the gas-jets or lamp-flame, you doubtless have found a case of glaucoma, and the absence of one or more of these symptoms might not change the fact that upon prompt surgical relief would depend the fate of the eye. If unable yourself to confirm the diagnosis by an ophthalmoscopic examination, refer the case without delay to an oculist.

7. In all cases of suspected glaucoma, and some authorities say in all subjects over forty-five, refrain from the use of atropia, and by the law of analogy it would seem that the same rule should apply to all mydriatics. Still, in iritis, especially plastic iritis of the young, our only safety will be found in a prompt resort to atropia.

8. Astringents in abrasion or ulceration of the cornea as a rule will not be admissible, and unless it is desired to produce unsightly and indellible white clouds on the cornea, never, under these conditions introduce into the eye the salts of lead.

9. Be very guarded in the use of hot poultices round the eye, never allowing them to be applied more than a few minutes at a time, unless it is desired to disorganize the delicate structures. With rare exceptions the aim in eye diseases is to cut short destruction of tissue.

Colleges and Hospitals.

California State Homœopathic Medical Society.

OFFICE OF THE SECRETARY, No. 921 Polk street, }
 San Francisco, Cal, Feb. 1st, 1892. }

Dear Doctor:—The Sixteenth Annual Meeting of the California State Homœopathic Medical Society will convene at Hahnemann Hospital College building, San Francisco, Wednesday, May 11th, 1892, at 10 o'clock A. M., and will continue for three days.

That the coming meeting may be interesting and successful, the Chairman of the Bureaux and their co-workers, who have not already reported the titles of their subjects, will please do so at as early a date as possible.

A stenographer will report the proceedings of the Society, which proceedings will be published in full. The following are the Bureaux in detail as far as reported :

Clinical Medicine and Electricity—James T. Martin, M. D., Chairman; A. McNeil, M. D., San Francisco; M. F. Grove, M. D., Healdsburg; H. L. Stambach, M. D., Santa Barbara; T. I. Janes, M. D. San Francisco; George H. Martin, M. D., San Francisco.

Obstetrics—Sidney Worth, M. D., Chairman; Wm. Boericke, M. D., San Francisco; John Townsend, M. D., San Francisco; E. A. Clark, M. D., Los Angeles.

Diseases of Women and Children—A. McNeil, M. D., Chairman; W. E. Ledyard, M. D., San Francisco; E. S. Breyfogle, M. D., San Francisco; James W. Ward, M. D., San Francisco; James T. Martin, M. D., Woodland; Alice Burritt, M. D., Oakland.

Surgery—E. C. Buell, M. D., Chairman; J. C. Kirkpatrick, M. D., Los Angeles; R. H. Curtis, M. D., San Francisco; C. L. Tisdale, M. D., Alameda; Joseph Rodes, M. D., San Diego.

Ophthalmology and Otology—Joseph Rodes, M. D., Chairman; Wm. Simpson, M. D., San Jose; Paul M. Denninger, M. D., San Jose; A. C. Peterson, M. D., San Francisco; Hayes C. French, M. D., San Francisco.

Materia Medica and Provings—W. A. Dewey, M. D., Chairman; Wm. Boericke, M. D., San Francisco; Florence M. Saltonstall, M. D., San Francisco; M. F. Grove, M. D., Healdsburg.

Physiology, Anatomy and Pathology—C. L. Tisdale, M. D., Chairman; C. W. Bronson, M. D., Alameda.

Medical Education, Statistics and. Necrology—J. C. Kirkpatrick, M. D., Chairman.

Legislation—James T. Martin, M. D., Chairman; J. M. Selfridge, M. D., Oakland; C. L. Tisdale, M. D., Alameda.

Any member of the Society whose name does not appear on a committee, desiring to present a paper, or to bring to its notice anything of medical interest, is cordially invited to do so.

GEORGE H. MARTIN, M. D., Secretary.

H. R. ARNDT, M. D., President.

Annual Re-union of the Alumni Association of the Hahnemann Medical College, Philadelphia, April 12th, 1892.

The Alumni Association of the Hahnemann Medical College, Philadelphia, requests the pleasure of the company of the Alumni of the College, at its annual re-union and banquet, on Tuesday, April 12th, 1892.

The business meeting will convene at 4 30 P. M., in Alumni Hall Hahnemann Medical College, Broad street, above Race, Philadelphia, and the banquet will be served at 10 P. M. at "The Stratford" corner of Broad and Walnut streets.

The Trustees and Faculty of the College extend a cordial invitation to all the members of the Alumni and their friends to attend the Forty-fourth Annual Commencement, to be held on the same evening, at 8 o'clock, at the Academy of Music, Broad and Locust streets, Philadelphia.

The Banquet Cards, costing \$3.50, can be secured from any officer of the Association. The Cards being limited to two hundred, the committee cannot guarantee to furnish any applied for after April 11th, 1892. If you can make arrangements to be present at the banquet, kindly notify the Secretary and he will be pleased to secure a place for you.

W. W. VAN BAUN, M. D., Secretary.

419 Pine street, Philadelphia, Pa.

Editorial Notes.

THE Ninth Annual Session of the Hahnemann Hospital College of San Francisco will commence on May 2nd, 1892. Present indications point to a very successful year. The Hahnemann Hospital College certainly deserves the earnest support of every homœopathic physician on the Pacific Coast. It has held aloft most valiantly the standard of homœopathy for a number of years, often under trials and discouragements that seemed at the time well nigh hopeless, but the men who have managed its affairs have been brave and true, and to-day they have the proud satisfaction of knowing that their heroic efforts have been rewarded, and that the College they have loved so well and served so faithfully stands the peer of any educational institution in the world. This College is no longer an experiment, but an assured success, and its faculty and alumni have an honest pride in that success. The homœopathic physicians of California should share that pride and use every endeavor to extend the influence of the Hahnemann Hospital College throughout all the States and Territories of the Pacific slope.

ONE other date should be borne in mind by the Homœopathic physicians of California: May 11th, 1892, is the day set for the annual meeting of the California State Homœopathic Medical Society. Every member of the Society should arrange his business so as to attend this meeting. Each year the meetings of the State Society are becoming more profitable and interesting, and there is not a homœopathic physician in the State who can afford to miss this opportunity to meet and exchange views with his professional brethren. Do not say you cannot spare the time to attend the meeting, no matter how well informed you are, you cannot be present at the meeting one hour without learning something which will be of inestimable value to you in your daily practice. So lay aside your cares and responsibilities for two or three days; come down to San Francisco on the 11th of May, and help to make the State Society Meeting of 1892, a memorable one in the medical annals of California.

C. L. TISDALE, M. D.

DR. C. B. CURRIER.

It has become somewhat the fashion among our Eastern contemporaries to publish from time to time the portraits of eminent men of our school, together with a brief biographical sketch.

THE CALIFORNIA HOMŒOPATH, in inauguration of this interesting feature, takes pleasure in presenting its readers with the portrait of DR. C. B. CURRIER of this city, one of the foremost among the many eminent men that our school boasts of on the Pacific Coast.

Dr. Currier was born in New England, and comes from old revolutionary stock. He was educated at Meredith Bridge, New Hampshire, and commenced early the study of medicine under Dr. Jerome Harris, an allopathic physician of Lawrence, Massachusetts, his native town. Here he remained two years, after which he removed to New York and placed himself under the tuition of Dr. Belmont an English physician, who made the treatment of diseases of the chest a specialty. Remaining here a year he went to Northern Vermont, entered the office of Dr. Jenness as a student. Soon after this he attended lectures at Woodstock, Vermont, and subsequently at the College of Physicians and Surgeons at New York, and then at the University of Pennsylvania where he graduated with distinction. He then returned to Vermont and commenced the practice of homœopathy at Rochester in 1857. In 1860 he removed to Cornwall, and 1864 to Middlebury, the County seat. Here he practiced for eleven years and the history of his struggles and triumphs, forms an interesting chapter in the history of homœopathy in Vermont. When he first went to Middlebury not a homœopathic family welcomed him. The Allopathic physicians tried to run him out, and no stone was left unturned to injure him, and to make him and his "sugar pills" a target for ridicule. But he fought it out alone surrounded by wrangling unscrupulous and falsifying opponents. His skill, extreme punctuality and boundless energy placed him at the head, and ere long he had the largest practice in the town. Many are the converts he has made to homœopathy and many a student first learned its rudiments in his office. The United States Government recognizing his merits, appointed him examining surgeon

for pensioners, being at the time the only one of the homœopathic school in New England.

Homœopathy in Vermont owes much to Dr. Currier. He was one of the first members of the State Medical Society, and held the office of President for many years. In 1873, The Cleveland Hospital College, confirmed its *ad eundem* degree upon him. After leaving Middlebury, in 1875, he removed to New York city, where we find him soon after with a large practice upon his hands and the position of visiting physician to Wards' Island Homœopathic Hospital. His health failing him, he was obliged to give up his practice here and for a year or two he traveled in Europe, and attended the large hospitals so celebrated in that country. Returning to America, he found his way to the Pacific Coast, and located in San Francisco in 1880. Here history repeats itself. Devoting himself largely to diseases of the throat and chest, he soon built up a large and fashionable clientage which he retains yet. In 1883, he, in conjunction with a few colleagues, founded the Hahnemann Hospital College of this City. He was the first Dean of that Institution, a position that he held for four years, or until that institution which had grown from an infant under his care, had assumed manly proportions. He then declined re-appointment. A few weeks ago, he received word, and at the same time many congratulatory letters, that he had attained a seniority in the American Institute of Homœopathy, having joined that body in 1867, along with Dowling, Lilienthal, Burdick, Houghton, John C. Morgan and others of distinction. Physicians are proverbially poor business men, but this does not apply to Dr. Currier. His executive ability is recognized by all who know him and were it not, no better proof of it is needed than the first four years of the Hahnemann Hospital College of this City, during which time he was Dean.

Dr. Currier, being a man of deeds rather than words, has, outside of magazine articles, furnished very little for Homœopathic literature, however, we hope some day to see a work on diseases of the throat and chest from his pen.

Pine apple juice has been found to contain a proteid digesting substance. This will give this succulent fruit a prominent place in dietetics.

Personals.

DR. H. S. BUFFUM has located in Walla Walla, Washington.

MAYFIELD, CALIFORNIA, offers a promising field for a homœopathic physician.

DR. O. W. SWAYZE, of Lakeport, was in town a few days ago. The doctor is looking well.

MR. E. W. RUNYON, of Boericke & Runyon, is absent on an extensive tour among our physicians of the South.

DR. BALDWIN, of Port Townsend, is medical examiner for the Union Mutual Insurance Company of Cincinnati, Ohio.

SOUTHBEND, Washington, population 3500, wants a homœopathic physician. Address DR. OEHME, Roseburg, Oregon, for particulars.

THE Hahnemann Hospital College, session of 1892, will begin on Monday, May 2. A large class is expected; several have already matriculated.

THE American Health Resort Association is a new society, of which the well-known DR. T. C. DUNCAN is President, and A. L. CHATTERTON, Secretary.

DR. L. E. CROSS, from Stockton, has been spending a few days in this city. The doctor looks well, and reports good practice in his territory during the past winter.

DR. A. D. FOUCHY, a graduate of the Hahnemann Homœopathic College, San Francisco, is at present at Brussels, Belgium. The doctor intends to return here after a course of hospital experience abroad.

THE State Society will meet on Wednesday, May 11th, at 10 o'clock, at the Hahnemann Hospital College. The indications are for the largest and most interesting meeting yet held of this Society. The session will continue three days.

FOR SALE.—A practice in a large Oregon town. Price, including horse, buggy, office furniture and a full line of surgical and gynœcological instruments, Depew chair, etc., \$350.00. For further particulars, address "Business Manager" of this journal.

We understand that there will be a meeting of the Southern Homœopathic Society in Los Angeles sometime during the present month. We hope there will be a large attendance. We are sorry not to be able to give the date, but we have not been informed thereof.

DR. E. P. LANTHURN, an experienced and accomplished physician, has opened an office in the McMullin Building, Stockton, California, where we have every reason to believe that he will succeed in building up a lucrative practice. Stockton is so thoroughly a homœopathic town, owing to the ability and popularity of our representatives there, that a new man shares from the very start some of the good results of the work done there before him.

DR. TH. Y. KINNE, President of the American Institute of Homœopathy, has issued a circular calling attention to the forthcoming meeting at Washington, D. C. The local committees are hard at work, and a good time and profitable meeting is expected.

DR. D. N. BANERJEE, founder and physician of the Calcutta, Arrah and Nalikul homœopathic charitable dispensaries, and founder of cremation society of Calcutta, would like a brief sketch of the system of cremation in this country, to enable him to complete a book on the subject. Who can furnish it for the doctor. Address him at 43 Chorebagan, Calcutta, India.

Book Reviews.

A Practical Manual of the Diseases of the Skin. BY GEORGE H. ROHE, M. D., Professor of Materia Medica, Therapeutics and Hygiene, and formerly Professor of Dermatology in the College of Physicians and surgeons, Baltimore, etc., etc., assisted by J. WILLIAMS LORD, A. B., M. D., Lecturer on Dermatology and Bandaging in the College of Physicians and Surgeons; Assistant Physician to the Skin Department in the dispensary of Johns Hopkins Hospital. *No. 13 in the Physician's and Student's Ready-reference Series.* In one neat 12mo volume, 303 pages; extra cloth; price \$1.25 net. The F. A. Davis Co. Publishers, 1231 Filbert street.

This is a most useful little work on diseases of the skin; useful for the reason that little space is given to theoretical publications upon pathology and etiology and more to descriptions, diagnosis and therapeutics, and the latter appear to be the latest of the allopathic school, although the author has studiously avoided advocating any remedy that might be styled homœopathic, and as if to emphasize it, he remarks that calcium sulphide nor arsenic never do any good in boils, a statement which even his own brethren will doubt. It is a neat book withal and an ornament to the library. D.

3000 Questions on Medical Subjects. Arranged for self-examination. Philadelphia: Blakiston's Sons & Co., 1891.

The title of this work is sufficiently comprehensive. It differs from most quiz compends in that the answers are not given, but it is interleaved for notes, which render it all the more useful.

The Mediterranean Shores of America, or the Climatic, Physical and Meteorological Conditions of Southern California. By P. C. REMONDING, M. D., Member of the American Medical Association, of the American Public Health Association, of the State Board of Health of California; Vice President of the California State Medical Society, and of the Southern California Medical Society. Illustrated with forty-five engravings and two double page maps. In one handsome royal octavo volume, 176 pages. Extra cloth, price, \$1.25 net; cheaper edition, bound in paper, price, 75 cents net. Philadelphia: The F. A. Davis Co. Publishers, 1231 Filbert street.

This is probably the most complete work on the climate of Southern California extant, and certainly from its perusal one would think that the whole diseased world must flock to that paradise. The book however is one that should be in the hands of every physician who ever has or who ever will send patients to California. It will certainly give him the affirmative side of the question, for the negative side he will have to consult our friend Dr. E. M. Hale of Chicago, or some well written book on the climate of Florida.

The F. A. Davis Co. are the most progressive publishers that we know of and any one possessing any one of their books may be assured that it is a handsome one. D.

Transactions of the Fifteenth Annual Session of the California State Homœopathic Medical Society. May 13—14th, 1891.

The transactions of our State society have become a matter of pride to us Californians, and the present volume is so full of interesting matter that our own pretensions are justified. It is well arranged and contains only those parts of the meeting which are of value. The Chairman of the Publishing Committee, Dr. G. H. Martin, should be congratulated on having gotten out such a neat volume, even though it was a little late in appearance. D.

Transactions of the American Association of Official Surgeons. Sterling, Ill., 1890.

Through the kindness of Dr. Laura A. Ballard of this city, we are enabled to look over the above work. It contains the workings and progress made by this Association during the past two years. There are many excellent papers in the volume. We do not know whether the book is on sale or not, but if it is we would advise every one interested in official surgery to procure one. D.

PAMPHLETS RECEIVED.

Disposal of Waste and Garbage. Report of Committee at the Ninth Annual Meeting of the American Public Health Association, Kansas City, 1891.

First Annual Report of the State Board of Examiners of New Jersey, 1891. Trenton, New Jersey.

- The Rights and Duties of Homœopathy.** By F. PARK LEWIS, M. D. Reprint from N. A. J. of H. Excellent.
- Apparatus for Collecting Water for Bacteriological Examination.** By SAMUEL G. DIXON, M. D., Philadelphia.
- Tuberculin.** The value and limitation of its use in consumption. By CHAS. DENISON, M. D., Denver.
- The Homœopathic Treatment of Incipient Senile Cataract,** with tabulated results of 100 cases. By A. B. NORSON, M. D., New York.
- Homœopathy.** What it is and what it is not. By THOS. WILDES, M. D. Second edition. Jamaica, 1889. An excellent tract, but poorly printed.
- The Surgical Treatment of Pyloric Stenosis,** with a report of fifteen operations for this condition. By A. SENN, M. D., New York, 1891.
- Considerations Upon Medical Hæmorrhage Surgically Treated by a New Technique of Saline Infusion for Severe Hæmorrhage.** By ROBERT H. M. DAWBURN, M. D., New York.
- What is a Local Anæsthetic.** Its discovery American, and not German.
- Murasthenia and Neuralgia,** from traumatism of the nasal passages. By W. F. CHAPPELL, M. D., New York.
- Results of the Examination of the Throat and Nose** of two thousand children, to determine the frequency of certain abnormal conditions. By W. F. CHAPPELL, M. D.

Treatment of Powder-burns.

The writer has treated successfully many acute cases of "powder burns" in the following manner. Suppuration occurs in a few days, and when in proper stage, an emollient poultice is applied for half-hour or longer, then a sharp razor is passed over the surface, which cuts off the softened elevations containing the powder grains and exposing the grains. A stiff sponge of selected texture, as to meshes, is passed over, and by mopping, etc., the grains and coloring matter become engaged in the meshes of sponge; the latter is cleansed, and the wiping and mopping repeated until the coloring matter is absorbed by the sponge.

The application of the mercuric-bichloride solution would probably produce the desired inflammation and suppuration, thus fitting an *old case* for similar treatment.

To prevent cicatrization marks as much as possible, use a constant dressing of glycerine and water, or glycerole of starch.
J. L. Coombs, M. D., Grass Valley.

THE
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Original Articles.

VERIFICATIONS.

By B. F. MERTZMAN, M. D., SAN DIEGO, CALIFORNIA.

[*Read before the Homœopathic Medical Society of Southern California, held at the Hotel Del Coronado, San Diego, California.*]

Of all the evidence that can be brought to bear to demonstrate the truth of homœopathy, there is none more positive and convincing than the great fact that a medicine which can create certain conditions in the healthy, possesses the power of curing analogous conditions in the unhealthy.

In the face of the most unreasonable opposition, time and experience have established the truth of this statement.

Every physician who, therefore, cures, modifies or shortens diseased conditions by the similitum, not only verifies the truth of this law, but assists to place the name of Hahnemann and Homœopathy on a foundation which shall stand imperishable when epitaphs have vanished utterly and monuments have crumbled into dust.

In a humble way I place my testimony on this foundation by giving a few verifications.

CASE I. Constant desire to urinate, only passes a few drops at each attempt. Urine is scant, high-colored and hot, dull pain in small of the back. One prescription of *Cantharis* 30x dil. cured the patient. Diagnosis Cystitis.

CASE II. Lady, æt. 27. Symptoms, headache every other day, sometimes aches in left temporal and then changes to right temporal region, also aches in the vertex, the pains are of a passing nature, worse from eating. Stomach: patient has a good appetite, yet the food does her no good; distress in stomach after eating, a heavy feeling as though a weight were in her stomach, accompanied by eructations; hot burning in stomach ascending to the mouth, *feels weak and faint all over. so weak that she can barely raise her arm*; offensive taste in the mouth; feels good when first rising, but becomes very weak and faint two or three hours afterwards, must lie down; feels chilly when draft of air strikes her, yet feels worse in the open air. The patient was troubled with constipation, had a bearing down feeling and a yellow tenacious leucorrhœa. The patient had suffered from these symptoms for five years. Allopathy had utterly failed to help, or even to relieve her. In several instances a diagnosis of Carcinoma of the stomach had been given, in truth the patient presented a Cancerous Cachexia.

My diagnosis of this case was Atonic Dyspepsia. Remedy selected as the similimum, *Hydrastis*. This was given in the 12th x dil., and helped her at once. Patient reported some better after the first prescription; greatly improved after the second, and considered herself well after the third. This lady gained in flesh and strength from the very first; remained under my observation for one year, and never received or took any other medicine than the three prescriptions of *Hydrastis*.

CASE III. Mr. S—, æt. 61; occupation, rancher; has had chronic looseness of bowels since he was sixteen years of age. Has had two falls from two-story buildings, landing on his feet in each instance. Lived in a malarious country, and had bilious remittent fever from the time he was seventeen years old until he attained his thirty-fifth year. In appearance he is very thin and sallow. Mind is very fretful and peevish when

he has bad spells; is very forgetful and cannot remember names at all. Stomach and abdomen: has constant, dull, aching pains in stomach and bowels. About once a month has looseness of the bowels; after an action he feels so weak that it makes him pant for his breath; he feels so weak across kidneys and lower part of the bowels, and has such an awful distress and dragging sensation in the umbilical, right and left hypogastric regions after an action of the bowels, that he can hardly get to the house. *The stools are dark, almost black, and very fetid*, sometimes look like mucus. Back: dull aching, heavy, pain in the back all the time, with frequent, sharp, darting pains in the region of the kidneys. When he stoops or gets down he can hardly get up again, owing to the pains. Pains keep him awake at night; is most restless after midnight, when he is constantly tossing about in bed.

The diagnosis was Chronic Malarial Poisoning, complicated by Chronic Intestinal Catarrh. From all the symptoms I thought I had a good Arsenicum case. He was placed on this remedy for two weeks, the 30x dil. being given. He reported very little, if any, improvement from its action. I then gave him Sulphuric acid 6x dil. He came back in a week feeling greatly discouraged, saying there was no use doctoring anyhow: he had tried so many doctors and they had not been able to do anything for him. I encouraged him by saying that Homœopathy had done wonders for others, and could not see why it should not do the same for him. I had studied Leptandra since prescribing for him, and determined to have one more chance with this remedy. What drew my attention to this remedy particularly was the fact that it has—profuse; black, fetid stool, also a mushy and fetid stool, with a weak feeling in bowels and rectum. I placed him on the 3d x dil. of Leptandra, and this was the result. In about three weeks I received a letter from him which read as follows:

“Dear Doctor:—The last prescription worked like a charm. I had only used a few doses when I discovered a radical change for the better, and your admonition to quit or lengthen the interval when I felt the first relief, was followed, and I am well, *yes, well*. We are very busy and I am working late and early,

but am able to do it all. This is the reason I have not called personally.

“With many thanks to your professional ability, I remain,

“Yours to command, E. G. S.

“San Diego County, September 3rd, 1890.”

This, ladies and gentlemen, is over one year ago, although I have seen the gentleman on several occasions, he has taken no medicine since.

I could give many other cases, but do not think it necessary. Three such cases as I have selected at random from my day-book, will furnish as strong evidence as could be desired to establish the great and truthful law of *Similia Similibus Curantur* by a single individual.

“THE PRIMITIVE MENTALIST.”

BY EDWARD T. BALCH, M. D., SUMMERLAND, CAL.

[Read before the Homœopathic Medical Society, of Southern California, at its first Semi-Annual Session, held at the Hotel del Coronado, San Diego, California.]

“The state of the patients mind, is often of the most decisive importance, in the homœopathic selection of a remedy.”

“The effect upon the state of mind and disposition, is the principal feature of all diseases.”

Thus does Hahnemann, in that masterly work the “*Organon*,” voice a law which was known and studied from the earliest times by “our ancestral mentalist.”

From the first dawn of human existence (cann. ind.) on this earthly plane, man’s (led. con.) greatest anxiety (ars), was how to protect himself against danger (fluor. a. valer.), especially to his life (plb.), ever silently (agar.) watching night (carb. an.) and day (nat. c), starting at the slightest noise (borax. nux. v.), lest his enemies (anise. can. sat.) such as wild animals (caus.), or even his fellow man (puls.) should do him mischief (phys.).

His next great care (sep.) was finding of food (gra.) with which to appease his hunger (myrica. nat. c.), which, at times was so ravenous (iod.), that he almost famished (spong.) and

would fain devour his own dog (chin. bell.), or even his own fæces (verat.)

Dreading to be alone (elaps, campr.), he formed tribes or society (pall.) but he soon found that, although his person (aur.) had a greater degree of safety (viol. tri.) from attacks of strangers (amb.), still his friends (cedr.) were not always to be trusted (hyda. c.), for while some were of a wild, roving disposition (ign.), others were cruel (sel.) and false (alcoh. cocc.), especially was this the case with the one that was dark haired (nit. a., cina.), with a low, angular brow, whom he had to handle with great caution (graph.) and not in any way to contradict nicc.), for the least real or fancied trifle (can. s.), would excite his anger (staph.); so very easily offended, (bovis.), irritable (bry.), domineering (lyc.), malicious and quarrelsome (nux. v.); combative (atopr.) would tear the hair from any ones head (bell.) without cause, in fact, seemed to delight in fighting (ran. b); disgustingly obscene (lil. tig.) and profane (anac); would swear like the army Flanders (cup. s.); stubborn and obstinate (alum.) as an army mule; his anger (bufo.) knew no bounds (guaic) and went not down with the setting sun (caps); then, again, he was so deceitful (coca dras.), could never tell the truth (verat); in fact, was void of the truth center; a chronic liar (opii.); as vindictive and cruel (abrot.) as a Bengal tiger; would lie in wait hiding (bell.) until after mid-night (ars.) to wreak his vengeance (hydr.); would even kill (absinth.) anyone that displeased (aur.) him; was not to be depended upon (alcoh.) personification of selfishness (tobac.), still was afraid of his own shadow in the dark (stram.), or if any one approached him when alone (arn.); his scrawny (sec. c. arg. nit.) mate also; that like lean and hungry Cassius, always filled with jealousy (apis.) and afraid of death (terph.); nervous (ars. sulph.); hurrying (sul. ac.) to and fro; dreads the fire (phos.) altho' he is cold and chilly (ledum.) all the time; he will steal anything, a confirmed kleptomaniac (kal. c.) even things that he does not need; so avaricious and miserly (sepia.) is he; fears the water (stram. curare.) yet would like to drown himself (cann. ind.); that he is to die soon (agn.) anyway indeed predicts the very day (acon.)

This man, although not so violent (mill.) as the other fellow

above noted, still is not a desirable one to deal with, or place much confidence (sant.) in, or from whom to expect much gratitude (sil) for favors given.

How vastly these churls (kali b.) differ from their fair-haired (agar) Falstaffian neighbor, so fat and chubby (cal. c.) full of fun, so jolly, (lil. tig.) witty, (croc. sat.) generous, (opi.); no need to fear such a man—he is usually quite peaceful (spig. nux. m.)

Will merely mention the bullying (petro.) Bumble; such laughter (coff.) his cowardice (baryt.) occasions even among children (raph.) is ludicrous in the extreme. Nought to fear from such except, his babbling (plb.) tongue.

Also the sighing (ign.) sneaking, (bar. c.) Uriah Heep, who, while professing great humility (staph.) has a depth to his schemes and projects (chin.) which, if frustrated, exhibits such furious revenge (am. c.) that hell itself hath not like; always melancholy in society (euph.).

And the proud, (plat.) haughty Lady Dedlock, whose self exaltation is so extreme that she considers everyone else too small (calc.) for her to notice, and contemptuously snubs (hydrs.) anyone that attempts too much familiarity, (chlor.) while the mild (puls.) Mrs. Dombey, that like Job Trotter could shed rivers of tears (rhus. tox.) at will, is always lamenting and moaning (hell.) for a fancied slight, or when remonstrated with (cal. c.) about the future (dig.).

I will not further fatigue you, like the garrulous (lach.) Mrs. Lirriper, or bore you with her loquacity (stan. acon.) for when excited (selen.) she could change rapidly from one thing to another (actea) nor be like Mrs. Caudle, talk to you all night, even during sleep (amt. t.).

Enough is given to demonstrate that each case is a law, a study of itself, and that the mental symptoms are the most important, indeed the leading.

Euphrasia. Cough remaining after an attack of the grip or influenza, especially morning cough with free, abundant expectoration of mucus. No cough at night. Pressure sticking pain beneath the sternum.

ANASARCA.

By E. A. DE CAILHOL, M. D., LOS ANGELES.

On February 15th, 1892, I was called on to treat an old Mexican lady over 62 years of age, very much enlarged by anasarca.

The size of her body around the abdomen, measured four feet nine inches; the lower limbs were considerably infiltrated, she complained of great difficulty in breathing, &c., &c. Her urine was scanty; bitter taste in her mouth, tongue heavily coated of a dark yellowish coating, her appetite was poor and she had great difficulty in locomotion.

Several physicians of the old school had treated her before me; being unable to control this disease they suggested the tapping, but the patient objected. By external appearances I should judge that she had about three gallons of liquid in her abdomen. I first analyzed her urine; it contained much bile, but not as much albumen as I expected. I prescribed for that patient one-eighth of a grain Elaterium pill morning and evening. Then, in two half glasses of water, the mother tincture of *Apocynum Canab* and *Eupator. purp.*, one teaspoonful in each glass, to be taken in alternation every two hours in table spoonful doses.

From the second day that she was under the above treatment, profuse yellowish diarrhoea set in and as a consequence the abdominal liquid rapidly diminished. Inside of three weeks she had pretty nearly resumed her normal condition. I stopped then the *apocynum* and replaced that medicine by *chelidonium major*, ten drops in the same proportion of water; dose: tablespoonful every two hours in alternation with *eupatorium*.

Chelidonium majus soon changed the condition of the liver and the stools resumed the normal color. Forty days after I had that old lady in treatment, all her troubles were removed and her normal condition restored.

Now, in such a case, a question arises in my mind: Will the cure be permanent? I do not believe it. I think an affection of that sort, taking in consideration the age of the patient, is bound to return and carry her to the grave.

A PSYCHOLOGICAL PUZZLE—A CASE.

BY OSMON ROYAL, M. D., PORTLAND, OR.

Mrs——, aged 52 years, came under my care about three years since. She had then been confined to her bed for over two years, during which time she had been under treatment by several prominent allopathic physicians for numerous supposed ailments or diseases, none of which she had. She was a sufferer from intense headaches. The stomach rebelled against both food and medicine. There was constipation, photophobia and an endless pain of ills.

The body was emaciated to the last degree. She was a victim of persistent insomnia. Her case was so near hopeless that she consented to try Homœopathy, tho' she was born and reared among a family of rabid allopaths—her father and her brothers being physicians of this school. She told me frankly that she had absolutely no faith in Homœopathy; she was grasping at it as one drowning would at a straw.

Mrs. —— is the wife of a minister. She is a woman of rare gifts, highly educated and cultured in every sense, but all her life has been strongly averse to poetry. Though a woman of very extensive reading, she has never been able to read or to commit poetry without the greatest effort on her part, and when she did so, it was the severest kind of a mental strain. Naturally enough, one might say, she was also utterly lacking in the ability to rhyme. She says herself that "she never could even to save her life, make two lines rhyme." The aversion to poetry and the lack of rhyming power were equally marked.

Now comes the strange feature in the case: Accompanying the attacks of hemicrania there would come on irresistible desire to compose poetry, and with the desire the ability to do so. A poem would seem to burst in upon her all at once, and then there was no rest for her day or night, until it was committed to paper. Suddenly this momentary power would depart and in the course of days, weeks or months, the same poetical mania would again appear, when she would turn out poetry upon the subject with which she had seemed to be impressed with all the genius and inspiration of the born poetess.

The subjects of her poems covered a wide range; at one time, it would be a "Thanksgiving Ode;" then "Sir. Thomas—the cat," and next a poetical version of the 23d psalm, or something descriptive of the beauties of nature, but all worthy the woman of education and culture that she is.

Another peculiar feature of this case is the constant dreaming night after night, hundreds and thousands of times, of snow—snow in as many different ways and forms as she has dreams.

I might add, without going into the real symptomtology of the case that it was one of cerebro-spinal neurasthenia, and that the Weir Mitchell treatment of isolation, rest, massage and excessive feeding are restoring her to health.

Kreosote 3x, the one remedy accredited with "dreams of snow," has almost entirely cured that symptom, while the general treatment seems to have restored her to her normal hatred of poetry and deprived her of the power of rhyme.

OBSTETRICAL POINTS.

By C. F. FREEMAN, M. D., REDWOOD CITY, CAL.

That was quite a Macedonian cry that came from Alameda lately, and I resolved to send in some copy at the first opportunity. We ought to maintain a live journal on this coast, and I hope many will send in something, even though it be no better than mine.

I found that after giving the vaginal douche in confinement cases some of the wash would often remain in the cavity of vagina, to come away on the first movement of the patient, leaving her at once with a wet and uncomfortable napkin. At first I tried removing it by inserting a gum catheter after withdrawing the nozzle of the syringe. That was efficient, but neither neat or tasty, so by a little more thought I hit on a better plan. When the douche is given with the fountain syringe, as it ought to be, one will note that as the last water leaves the bag it gives a certain gurgling sound. I instruct the nurse, on hearing that sound, to immediately lower the

bag to the floor. This reverses the current and, on slowly withdrawing the tube, the vagina is left clean and dry for the placing of the warm, dry napkin which brings such restful comfort to the lying-in woman.

This is a small point but let us beginners have more of them suggested. It is the command of all such small points which, especially in obstetrical practice, contribute most to the neatness and tastiness of our work and brings us success, deserved credit and practice. The ART of our calling is nowhere shown to better advantage than in the lying-in room.

I do not wish by the above to open the old discussion concerning post-partum douching, but I have found that when moderately used by my own method, given or superintended by myself, it has so contributed to the comfort and progress of the patient as to create a demand for them and for me. Ladies will speak so favorably of the effects to their friends that they will call you as soon as they can prepare for your services.

Ophthalmology and Otology.

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

Lectures Delivered at the Hahnemann Hospital College
of San Francisco by Hayes C. French, M. D.

LECTURE I—*Continued.*

GENERAL MANAGEMENT AND TREATMENT OF THE EYE.

In a majority of eye troubles it will be necessary to enjoin partial, and in many cases absolute rest of the affected member. *Photophobia* is one of the most common and painful accompaniments of diseases of the cornea, iris, ciliary system and retina. Total darkness is seldom, though sometimes necessary in these cases. Allow the patient as much light as can be borne without discomfort. For shading windows grey and neutral

tints are preferable, and no chinks should be left for straggling rays of light, which are very irritating to sensitive eyes. Dark and fresh air are fortunately not incompatibles. Eye shades of "London smoke" or blue may be used to protect the eyes from light and dust, and are of great advantage, allowing patients to go about who would otherwise be confined to close and darkened rooms. They are numbered from one to eight, or from A to D; the lower numeral and A representing the lighter tints and the others the respective shades to the deepest. For general use the London smoke is undoubtedly the best tint, though blue in some cases is better from its power of partially excluding the red rays, which are highly irritating in some cases of hyperæsthetic conditions of the retina. Shades stronger than B or C are seldom needed. The darker shades diminish the light to such a degree as to cause straining of the visual power and photophobia and pain will result from contrast in the degree of light, upon their sudden removal. When no longer needed their use should be gradually discontinued. We are more and more impressed with the evil growing out of the habit amongst people, of the constant and careless use of all grades of colored glasses. The cheaper variety are full of refractive flaws technically known as "*water lines*", and the best are not free from grave defects. We sometimes find the most incorrigible headaches resulting from an astigmatism of less than a quarter dioptré. Then, what shall we say to a habit that is tending to induce this very evil, though usually in a worse form than that in which we find it naturally? Very few of these "eye shades" are free from either spherical or cylindrical refraction, and the axis of the cylinders are, unfortunately, most frequently found in the oblique meridians. Many of them present compound refraction, that is, a combination of the spherical and cylindrical. Before adopting tinted glasses for constant wear, be sure that they are perfect; for the eye will measurably adapt itself to any imperfections in the glass. The worse form of cheap glass is the "Coquille," the concave-convex which have almost all more or less concave refraction. Intolerance of light, for which shades are almost universally employed, is often due to some refractive defect which, if corrected by the selection of suitable glasses, would obviate the necessity for any shades. If the use

of shades is commenced it becomes difficult to again adapt the weakened eye to the solar light. We admit that there is a pleasant sense of independence in the ability to be your own oculist, if only in the selection of colored glasses, but when the danger thus incurred is considered, we fear it will prove an expensive sort of luxury to cultivate after all.

BANDAGING.

A compress bandage if properly adjusted to the eye is often of great advantage either for warmth or protection, and in some forms of corneal ulcer, to limit the painful motion of the globe. The "Leicester bandage" on account of its lightness and elasticity, is preferable to all others, but thin flannel may be used, and in this case the strips should be cut on the bias to secure the proper spring in the goods. The bandage should be one and a half inch wide, and from one and a half to two yards in length for a single eye, and about twice that length for a double, or figure of eight bandage. A patch of soft, clean muslin or linen should first be placed over the eye, and if any discharge is present, gluing of the lids may be measurably prevented by the application of weakly carbolized vaseline to the surface next the lids. Over the patch thus prepared a neatly adjusted pad of charpie or absorbent cotton should be so arranged as to produce equal pressure round the entire orbit, and not directly on the eye. To apply the compress bandage: standing behind the patient the free end is placed on the forehead over the eye to be bandaged, and the roller carried once round the head towards the sound eye, to the starting point; having reached the forehead over the sound eye it is carried obliquely downward and backward, above the ear, across the occiput, under the ear of the affected side, up across the cheek and over the affected eye to the forehead, where it is pinned to the horizontal turn. It may now be returned over the eye, or carried round the track of the first fold to form the second turn over the affected eye, then once more round the head to secure the whole. For the figure of eight bandage covering both eyes at the same time, the method of reversing the folds may be employed, or if the bandage is sufficiently long, and there is no objection to the extra warmth,

the bandage can be carried down over one eye and up over the other alternately. The chief point of importance in the compress bandage is to adjust it as to limit the motion of the eye without an undue sense of pressure. A very simple and efficient retaining bandage may be made by taking a strip of muslin or flannel one and a half to two inches wide, and long enough to cover the eyes and reach as far back as the posterior border of the ear lobes. The ends should be hemmed and sufficiently broad to allow the passage through each hem of a piece of tape long enough to pass half round the head and tie with its fellow at the other end of the bandage. These tapes should then be tied under the chin, and over the vertex, in such a way as to render the bandage horizontal. The tension of the bandage can be perfectly regulated by this system of tapes. Simple adhesive plaster, or the new adhesive bandage are largely superceding the more complex appliances of former days. *Hot moist compresses*, or poultices, though often required for pain in the eye, *should be used with great care, and never for more than ten to twenty minutes consecutively*. They may be alternated with hot dry applications which can be safely used for almost any length of time. Our object in the treatment of almost all inflammatory affections of the eye, should be, to limit as far as possible, destruction of its delicate structures, hence the hot poultice is only applicable when general suppuration is inevitable. *Iced compresses* have of late received great praise as an application after severe operations on the eye, or following severe injuries of that organ. After a large experience in its use in traumatic cases, and after complicated operations upon the eye, my worthy preceptor, Dr. W. A. Phillips, speaks of the merits of the iced compress in glowing terms.

Our late and lamented colleague, Dr. George S. Norton, in the *Journal of Ophthalmology, Otology and Laryngology* for 1889, page 278, records the satisfactory treatment of twelve cases of complicated cataract extraction with ice. He says: "The object of using extreme cold, it must be remembered, is to abort inflammation or check it in its incipiency. It must therefore, be used early." The ice should be broken in fine pieces and confined in a small light rubber bag, which should in

turn be enveloped by flannel or a soft towel and applied over or around the eye in such a manner as to secure a constant but not destructive degree of cold. As suggested by Dr. Norton, the cold can be perfectly regulated by placing the ice bag on the pillow and turning the eye towards it. Napkins or light towels folded into squares of about three inches each may be wet and laid on the blocks of ice, and when thus prepared may be applied in place of the iced bag, but they will, of course, require more frequent changing. My own experience in the local use of ice, accords with that of my colleagues, though in the hands of the inexperienced it should be employed with great caution. Cocaine will be found of almost incalculable value as an aid to diagnosis, as a local anaesthetic, for almost all operations upon the eye, and especially in the removal of foreign bodies from the cornea and retrotarsal folds of the conjunctiva. When the deep structures of the eye have undergone organic change and the ciliary region becomes involved, the anaesthetic properties of cocaine will often be found inadequate, and sometimes it will fail in severe conjunctivitis. Unless there is great swelling and inflammation, we perform all our enucleations by first instilling a four per cent. solution of cocaine to anaesthetize the conjunctiva after which an hyperdermic injection of the same is made along the course of each of the superior and lateral recti muscles. By this means we have often made the operation almost painless. Atropine, in all forms of iritis, (except the serous), as a means of preventing adhesion of the iris to the lens, (posterior synechia), and resting the eye by paralyzing the accommodation, is almost indispensable. It is also an important local agent in many cases of keratitis. Without its aid it will often be impossible to obtain more than a proximate knowledge of the ocular refraction. Homatropine, Duboisine and Hyosciamine may be used successfully to control the accommodation when a profound effect is not desired, and have the advantage over atropine in their brief action, which passes off in from twenty-four to forty-eight hours, while that of atropia lasts for a week or more. *Eserine* will be found of great value in serous iritis, acute glaucoma, and used in alternation with atropia to break up recent adhesions of the iris to the lens, a condition often met in the plastic

forms of iritis. Eserine sometimes acts better in combination with cocaine, especially when there is great local pain and irritation; the most elegant form of administration for all these agents will be found in the compressed ophthalmic discs as furnished by John Wyeth & Brother, Philadelphia. They are furnished in any required strength, and we have found them always reliable. Astringents are sometimes useful in uncomplicated catarrhal and phletenular conjunctivitis, but should always be employed with caution, remembering that eyes differ greatly in their susceptibility to styptic action. It is impossible to determine beforehand just what particular eye will be greatly irritated, even by the mildest astringent. If time is taken to secure the homœopathic remedy adapted to every phase of each case, local measures of any kind will be seldom required. We will repeat the warning against the employment of astringents in abrasions of the cornea, especially the salts of lead.

Colleges and Hospitals.

Homœopathic Association of Southern California.

The second annual meeting of the Homœopathic Association of Southern California, was held in the parlors of the Hollenbeck Hotel, April 13th, 14th, and 15th. There were about forty delegates present from Los Angeles, San Bernardino, Santa Barbara and San Diego counties.

The following officers were elected for the ensuing year: Dr. H. R. Arndt, of San Diego, President; Dr. W. H. Stiles, San Bernardino, and Dr. B. F. Mertzmann, San Diego, Vice Presidents; Dr. S. H. Boynton, Los Angeles, Secretary; Dr. E. C. Buell, Los Angeles, Corresponding Secretary; Dr. Willella Howe, Santa Ana, Treasurer.

The Society adopted articles of incorporation and a seal of very neat design. A large number of new members were added and the Society is in a very prosperous condition.

During the three days' session a large number of interesting papers were read, and upon one of the evenings a recep-

tion was held at the Hollenbeck, at which Miss Boynton and other singers, with a string quartette, furnished the music.

Among the interesting papers read were the following :

"Photography in Medicine" by Dr. Rodes. "Orificial Surgery" by Dr. DeCailhol. "Clinical Cases," by Dr. Mitchell. "Intra-ocular Tumors," by Dr. Brown. "A Case," by Dr. Manning. "Nasal and Naso-Pharyngeal Reflexes," by Dr. Hoy. Also a report from the Bureau of Materia Medica with paper by Dr. Willella Howe. "Discussion on Materia Medica," by Dr. Arndt. "Creasote and Carbo. Veg.," by Dr. Boynton. "Idiocy, Anasarca and Chorea," by Dr. De Cailhol. "A Case" by Dr. J. B. Owens. "Purpura Hemorrhagia," by Dr. E. A. Clark. "Papers on Obstetrics," by Dr. E. C. Manning and Dr. George Arndt. Mrs. Dr. Howe: "On the Importance of Intra-uterine Irrigation after Abortion." "Cachexia and Habit," by Dr. J. S. Hodge. "Dislocation of Hip with Fracture of Rim of the Acetabulum," by Dr. W. H. Stiles. "Osteo Myelitis," by Dr. George Arndt. "Fractures," by Dr. E. C. Buell.

Altogether the meeting was a most successful one. We hope to receive many of these papers for publication in THE CALIFORNIA HOMŒOPATH.

Utah Homœopathic Medical Association.

The First Annual Session of the Utah Homœopathic Medical Association, will be held at Salt Lake City, on Tuesday, May 3rd, 1892. The following is a list of the papers that will be presented:

"The Two Materia Medicas," J. C. Hanchet, M. D., Salt Lake City; "The Therapeutics of Acute Conjunctivitis," H. H. Crippen, M. D., Salt Lake City; "Electricity in Medical Practice," W. F. Howe, M. D., Evanston, Wyoming; "Some Peculiar and Persistent Symptoms with Clinical Notes," W. H. Brant, M. D., Eureka, Utah; "Positive Therapeutics and Homœopathy," J. Beattie, M. D., Salt Lake City; "Clinical Verifications," H. W. Nash, M. D., Salt Lake City; "A Clinical Case in Surgery," G. V. Parmelee, Salt Lake City; "Dressing and Treatment of Contused and Lacerated Wounds," H. W. Brant, M. D., Eureka; Clinical Cases in Surgery," E. B. Graham, M.

D., Ogden; "Abscesses; Metastatic and General," D. A. Sykes, M. D., Salt Lake City; "Orificial Surgery," C. C. Shinnick, M. D., Salt Lake City; "Inflammation in the Region of the Cæcum," C. L. Crandall, M. D., Salt Lake City; "Practical Considerations of Late Gynæcological Topics," C. L. Crandall, M. D., Salt Lake City; "The Relation of Eye-Strain to Some of the Nervous Reflexes of Childhood," H. H. Crippen, M. D., Salt Lake City; "Cervical Endometritis," C. I. Douglas, M. D., Salt Lake City; "Practical Points in Infant Feeding," G. V. Parmelee, M. D., Salt Lake City; "Practical Obstetrics," J. White, M. D., Salt Lake City.

We congratulate our Utah brethren upon the excellent showing they are making for their first meeting, and wish them success. We might also add that we should be pleased to publish all or part of the above papers.

Post Graduate Alumni.

The doctors attending the post-graduate course of the Chicago Homœopathic College organized the Post-graduate Alumni Association of Chicago Homœopathic College, on the afternoon of March 30th, 1892. Dr. Edwin Gillard, of Sandusky, Ohio, President; Dr. George W. Pringle, of Midland, Michigan, Vice-President; Dr. Lorenzo N. Grosvenor, of Chicago, Secretary and Treasurer. All doctors who have a Post-graduate diploma of the Chicago Homœopathic College, are cordially invited to become members.—Send name, address and fifty cents to Secretary—Treasurer Lorenzo N. Grosvenor, M. D., 185 Lincoln Avenue, Chicago, Illinois.

Pacific Homœopathic Dispensary.

The Sixteenth Annual Meeting of the Pacific Homœopathic Dispensary Association, was held April 11th, at the Dispensary Building, 743 Howard street, between Third and Fourth.

A large representation of members and friends of this worthy and successful charitable institution were present.

The meeting was called to order at 3:45 by the President, Mrs. John McKee.

The Secretary read a full report of the year's business, showing that *growth* in useful work had characterized the Dispensary in every department. The number of patients treated during the year was 1,200. The number of prescriptions given 3754. This is an increase of one hundred per cent. over the business of the preceding year.

The Treasurer's Report showed that a balance of \$502 remains in the bank, after paying \$500 for fitting up our new quarters and other expenses amounting in all to \$1,500.

The President's Report reviewed the year's work, and pointed out new avenues of usefulness for the opening year.

An amendment to the Constitution providing for an Advisory Board, consisting of three gentlemen, was passed by a unanimous vote.

The following Directors were elected.—Mrs. J. K. C. Hobbs, Mrs. Frank W. Summer, Mrs. H. Wattson, Mrs. John McKee, Mrs. W. S. Spinney, Mrs. C. E. Gibbs, Mrs. Dorville Libby.

The Directors afterward chose their officers and appointed attending physicians, as follows:—President, Mrs. John McKee; Secretary, Mrs. Dorville Libby; Treasurer, Mrs. R. R. Haskell. Physicians, Attending.—Dr. J. Stow Ballard, Dr. E. N. Lowry, Dr. A. S. Larkey, Dr. A. C. Peterson (oculist), Dr. Alice M. Goss, Dr. Palm. Physicians, Consulting.—Dr. J. A. Albertson, Dr. J. N. Eckel, Dr. Laura A. Ballard.

The Dispensary is open for three daily clinics.

Visitors are always welcome.

J. S. LIBBY, Secretary.

Washington State Homœopathic Society.

The fourth annual session of the Washington State Homœopathic Medical Society will be held in Seattle, at the Grand Hotel, May 10, 1892. It is expected that there will be a large attendance and a full quota of interesting and instructive papers. All Homœopaths in the state are earnestly urged to be present and to join the Society if they are not already members.

Homœopaths from neighboring states are very cordially invited to meet with us and to help to advance the interests of homœopathy in the Northwest.

The following is the announcement of bureaux :

Materia Medica and General Therapeutics—C. Munson, chairman, W. W. Misner, C. E. Grove. Psychological Medicine and Nervous Diseases—J. G. Gundlach, chairman, E. G. Johnson; W. R. Gray. Surgery—C. A. Walsh, chairman, P. J. Gerlack, M. A. Lewis. Paedology—E. D. Olmsted, chairman, P. McDougal, A. Hughes. Obstetrics—F. A. Churchill, chairman, C. M. Baldwin, Sarah Kendall. Electro Therapeutics—T. M. Young, chairman, E. S. Bailey, A. C. Hughes. Sanitary Science—L. W. Carpenter, chairman, J. M. Lawrence, E. S. Bailey. Potency—F. W. Southworth, chairman, C. M. Selfridge, E. B. Penfield. Anatomy, Physiology and Hygiene—A. T. Sherman, chairman, H. Ross, L. F. Thompson. Ophthalmology, Otology, Laryngoscopy—F. B. Kellogg, chairman, W. A. Egbert, A. C. Hughes. Gynaecology—C. S. Penfield, chairman, F. B. Hill, C. M. Selfridge. Drug Provings—A. C. Chamberlain, chairman, J. M. Lawrence, E. S. Bailey.

We make no apology for the postponement of the announcement of bureaux. It has been purposely tried as an experiment. If members have plenty of time for delay—delay is the order until it is perhaps too late, or gets to be an old story. If they have just time to complete their work they are liable to go right at it and have it done with. The last meeting of the Society was held east of the mountains, at Spokane, and almost every member from that section contributed some paper of interest. We regret to state, however, that our *State Society* was represented by but one member from west of the mountains. We trust that our colleagues from the east will turn out this year in full force and make us ashamed. Be assured, gentlemen, that you will receive a cordial welcome, and that we will extend to you our freest and fullest hospitality. In the limited time left for the preparation of papers let each member be diligent and come to the meeting prepared with some useful contribution to the archives of our Society.

H. B. BAGLEY, President, Seattle.

C. E. GROVE, Secretary, Spokane.

Chimaphilla is the best remedy for chronic cystitis—dysuria with mucous sediment in urine.

Editorial Notes.

The programme for the coming meeting of the California Homœopathic State Medical Society has been issued, and the large number of papers promised, insures the most successful meeting in the history of the Society. President Arndt and the Chairmen of the various Bureaux have worked faithfully, and the result will be seen on May 11th. No homœopathic physician in the State can afford to miss this opportunity to meet with his professional brethren and listen to the words of wisdom that will be spoken. A glance at the different Bureaux represented and the papers that will be read shows that every department of medicine and surgery will be ably covered, and the brilliant and learned discussion that will be developed will make a mental feast that will be long remembered. Let every country in California be represented at the meeting, and we will gladly pay the expenses of any physician who can honestly say that he is sorry he attended.

BEFORE this issue of the CALIFORNIA HOMŒOPATH reaches its readers the Hahnemann Hospital College of San Francisco will have opened for the session of 1892, and it is an opening of which its professors and the physicians of the Pacific Coast may well be proud. There is a large and intelligent class of students in attendance that will compare favorably with any of the Eastern Colleges. This is the first year under the new plan of a seven months' course, and we are certain it will be a successful one. Three courses of seven months each is none too much for the preparation of a doctor of medicine, and we trust the time is not far distant when all the medical colleges in the country will follow the good example set by the Hahnemann Hospital College of San Francisco, and insist on a thorough medical training before a diploma is granted to any man or woman.

C. L. TISDALE, M. D,

Correspondence.

Proving of Antikamnia.

EDITORS CALIFORNIA HOMŒOPATH—In November's HOMŒOPATH, our attention was called to an article on Antikamnia. Dr. Wagner one day last month was taken with a severe headache for which she took a five-grain tablet of Antikamnia. On exertion she noticed the depressing sensation and when she started down stairs she became so depressed that she lost consciousness for a moment—fell and sustained a colles fracture, from which she is still suffering, but has almost recovered.

Sincerely yours,

BERTHA WAGNER.

Personals.

THERE is an excellent opening at Selma, Cal., for a good Homœopathist.

THE Utah Homœopathic Medical Association convenes at Salt Lake City on May 3rd.

THE Oregon State Homœopathic Medical Society meets on May 10th, at Portland, Or.

DR. H. NEVINS, of the class of '91, Hahnemann Hospital College, has located at 1513 Mission street.

DR. WILLIAM K. FLATT, a Homœopathist, has come to San Francisco, and located at 1415 Castro street.

LOS OLIVOS, Santa Barbara County, offers a good location for a homœopathic physician. It is in a growing part of the State.

DR. G. H. PALMER and DR. R. H. CURTIS have been appointed medical examiners for the Banker's Life Association of Des Moines, Iowa.

DR. WINTERBURN has taken editorial charge of the *Homœopathic Journal of Obstetrics*. The profession and the journal are to be congratulated.

SOCIETY MEETINGS.—The California State Homœopathic Medical Society convenes at the Hahnemann Hospital College building, on May 11, at 10 o'clock, A. M., and continues in session three days. Come and bring your papers.

THE *Homœopathic Physician* for April, 1891, contains a very admirable photogravure of the late DR. LIPPE. The thanks of the profession are due to the enterprising journal for this service to them.

THE Homœopathic Medical College of Missouri, held its Thirty-third Annual Commencement Exercises at the Pickwick Theatre, St. Louis, on the evening of March the 17th, and graduated seven M. D'S.

DR. WILLIAM SIMPSON, our genial San Jose confrere, was married on Tuesday, April 12. The doctor spent his honeymoon at Los Angeles, where we understand, he was royally received and feted by our Los Angeles brethren.

ANOTHER candidate for journalistic honors is *The Medical Standard*, Homœopathic. It hails from Kansas City, Missouri, and the first number is a very creditable one. It gives the Life Insurance Companies a shot editorially.

AN interesting feature of the *Minneapolis Homœopathic Magazine* is an index of therapeutics in current homœopathic literature, by Professor W. E. LEONARD. We will quite likely steal this feature for the HOMŒOPATH some day.

E. A. TEMPLE, President of the Bankers' Life Association of Des Moines, Iowa, has recommended the appointment of two homœopathic physicians in this city as examiners in that company. We know of several of our physicians who have taken policies in the company.

DR. CURRIER kindly called our attention to an error in his biography, which we published last month. The doctor graduated at the Penn University, instead of the University of Pennsylvania. We took it from our notes which said "Penn University," but we were careless enough to insert a period after the word Penn. *Hinc illae lachrimae.*

MR. E. W. RUNYON, of the firm of Boericke & Runyon, has just returned from an extended tour throughout the southern part of this State. Mr. RUNYON has kept us posted about affairs in that section of the State. He attended the meeting at Los Angeles and is enthusiastic about the unity of our Southern brethren. His only regret of the whole trip was that we were not with him.

DR. ALFRED HEATH, of London, is writing for the *Homœopathic World* of that city, a series of articles on the Homœopathic Medical Schools of the United States. The April number contains the article on the Hahnemann Hospital College of San Francisco, and is very flattering to that institution. DR. HEATH is doing good work in enlightening our English brethren upon a subject of which we have reason to believe they have heretofore misunderstood.

An attractive new homœopathic journal has appeared in Minnesota, entitled the *Minneapolis Homœopathic Magazine*. Its able editor is Dr. HENRY C. ALDRICH.

DR. D. N. BANNERJEE, of Calcutta, has written an admirable tract on the Treatment of Cholera, in which the remedies homœopathically indicated are clearly differentiated. The doctor is the founder and physician of the Calcutta, Arrah and Nalihal Homœopathic Dispensaries. He is doing most excellent work as is seen from the published reports. During the half year ending December, 1891, the total number of consultations was 5,737. A complete medical library is very much desired and authors, publishers and medical societies are requested to help on the good work by sending a copy of their respective publications. Address 43 Chorebagan, Calcutta, India.

THE WORLD'S CONGRESS AUXILIARY OF THE WORLD'S COLUMBIAN EXPOSITION OF 1893. A—*Division of Homœopathy*; Committee of the World's Congress Auxiliary on a Congress of Homœopathic Physicians and Surgeons, Dr. J. S. Mitchell, Chairman; Dr. R. Ludlam, Vice-Chairman; Dr. R. N. Foster, Dr. E. C. Laning, Dr. W. F. Knoll. II—The Woman's Committee of the World's Congress Auxiliary on Homœopathic Medicine and Surgery, Dr. Julia Holmes Smith, Chairman; Dr. Elizabeth McCracken, Vice-Chairman; Dr. Julia Ross Low, Dr. Isadore Green, Dr. Emma C. Geisse, Dr. Coresta T. Canfield, Dr. Isabella Hotchkiss.

Book Reviews.

ANNOUNCEMENT.

Gregg on Diphtheria.—To those who are acquainted with the works of the late Dr. Rollin R. Gregg, of Buffalo, it is unnecessary to offer any words in justification of the Dunham Medical Society in reproducing his book on Diphtheria. This little volume has for years been out of print, and in spite of the heavy premium offered for it at second-hand stores, the difficulty of securing it has increased until it is practically impossible to secure a copy from any source. To those who are not acquainted with the book it is confidently asserted that it contains the fullest measure of soundest thought and ripest experience, and no man who is called upon to manage the dreadful malady of which it treats, can afford to be without the priceless truths found in such profusion between its covers. Mrs. Gregg has kindly presented Dunham Society with the copyright of the book, which we propose to republish purely as a philanthropic and missionary enterprise. It will be completely revised, enlarged, and greatly improved by Dr. H. C. Allen and T. J. Kent, who have generously tendered the Society their services for that purpose. New remedies will be added, additional indications inserted, verifications reported, and the value of the book thereby greatly enhanced. Not-

withstanding the immeasurable value of the new edition over the old, the former will be sold at one dollar to physicians, with a discount to students. Copies will be sent gratuitously to college libraries, students reading rooms, and to all places where its perusal will strengthen the cause of Homœopathy. If any surplus remains in the treasury after the books are distributed, it will be used as a fund for the publication of missionary matter, homœopathic statistics, or perhaps employed in publishing other facts touching the treatment of the same terrible scourge in which Homœopathy has won immortal victories. All persons desiring the book will please send their names at once, and when the books are ready subscribers will be notified by postal card.

By order of the Society,

HOWARD CRUTCHER, M. D., Secretary.

78 State Street, Chicago.

The International Medical Annual and Practitioner's Index for 1892.

Edited by P. W. WILLIAMS, M. D., Secretary of Staff, assisted by a corps of thirty-two collaborators, European and American, specialists in their several departments. 644 octavo pages. Illustrated. \$2.75. New York: E. B. Treat, publisher, 5 Cooper Union.

The tenth yearly issue of this valuable one-volume reference work is to hand, and it richly deserves and perpetuates the enviable reputation which its predecessors have made, for selection of material, accuracy of statement and great usefulness. The corps of department editors is representative in every respect. Numerous illustrations—many of which are in colors—make the "Annual" more than ever welcome to the profession, as providing, at a reasonable outlay, the handiest and best resumé of medical progress yet offered.

Part one comprises the new remedies, together with an extended review of the therapeutic progress of the year. Part II, comprising the major portion of the book, is given to the consideration of new treatment; and is a retrospect of the year's work, with numerous original articles by eminent authorities. The third, and last part, is made up of miscellaneous articles; such as recent advances in bacteriology; medical photography; sanitary science; use of suppositories in the treatment of disease; improvements in pharmacy; new inventions in instruments and appliances; books of the year, etc. The arrangement of the work is alphabetical, and with its complete index, makes it a reference book of rare worth. In short the "Annual" is what it claims to be, a recapitulation of the year's progress in medicine, serving to keep the practitioner abreast of the times with reference to the medical literature of the world. Price the same as in previous years, \$2.75.

Bacteriological Diagnosis. By JAMES EISENBERG, of Vienna; translated by N. H. PIERCE, M. D., of Chicago. Philadelphia and London: The F. A. Davis Co., publishers, 1892.

This is the most recent work on bacteriology and its second edition has been ably translated for the English reading schools of medicine. It simply gives the distinguishing features between the different bacilli and as such it is a very useful work and should be purchased by all interested in that science.

A Practical Treatise on Electricity in Gynæcology. By E. H. GRANDIN, M. D. and JOSEPH H. GUNNING, M. D. New York: William Wood & Co., 1891.

This little work gives in a concise manner an unbiased estimate of the value of electricity in the treatment of women's diseases. It is a work that is the outcome of ample and prolonged study and experience. One can, from this work, learn all that is needed to successfully apply this agent in gynæcological practice.

A Treatise on Practical Anatomy for Students of Anatomy and Surgery. By HENRY C. BOENNING, M. D. Philadelphia: F. A. Davis, 1891.

This work serves as a text book on anatomy and as a dissector it is fully abreast of the latest teachings in anatomy. It is not like most of its kind, a compilation, but the result of years of practical work and a large experience in teaching. It is well printed and bound as are all of those emanating from the house of Davis. We advise anatomy students to buy it.

With the "Pousse Cafe." By WILLIAM TOD HELMUTH, M. D. Philadelphia: Boericke & Tafel, 1892. Price \$1.50.

This delightful collection of post prandial verses by our eminent surgeon poet, sparkles with genius and wit and awakes memories amphitheatric of long ago. It certainly rejuvenates one to read it and every physician should have a copy in the house for his own use, though we advise him to keep it off from his reception room table lest his patients read it—or more likely, take it—and get well. D.

Quiz Compend of Diseases of Children. By DR. MARCUS P. HALFIELD, Chicago Medical College. Philadelphia: P. Blackiston, Son & Co. 1891.

This is one of the best of the well known series of quiz compends issued by this well known house. It is a complete resumé of all the diseases of childhood and it is carefully arranged; giving in rotation the synonyms, etiology, symptoms, diagnosis, prognosis, and treatment of each disease. Every student should have it, and many practitioners will find useful hints in it. Price \$1.00. D.

HAHNEMANN'S DYNAMIZATION.—However baseless the theories about it, is a fact; attenuation, when conducted according to his methods, does more than simply weaken violence, and at least in some cases, developés energy; such energy cannot be limited to the therapeutic sphere, but may at any rate, in some subjects, display itself pathogenetically also, and in actions unknown to the crude drug.—*Richard Hughes.*

Clinical Items.

Provings and Clinical Observations with High Potencies.

By MALCOLM MACFARLAN, M. D., PHILADELPHIA.

Atropine-sulphate 30. Wonderful effect in relieving pain attending ulceration of the cornea with violent conjunctivitis, sudden and marked cure of photophobia. Atropine-sulphate 6th x given in water every hour, produced, on the third day, great dimness of vision. Can't see glassware, such as tumblers and bottles; pupils not dilated, pain in and through the eye-ball, cannot see to read well. The accommodation is paralyzed. Cannot see to read even when holding the paper far off. Type looks blurred. Previously had acute normal vision. Never wore glasses. These symptoms lasted over a week. Mouth became so parched she could not speak without first moistening it. Patient took the medicine every hour for two weeks. Atropine-sulphate 6 in water every two hours, cured long-standing photophobia and lachrymation.

Aurum-mur. 5 m. Legs appear slightly swollen and very tender along the inner side of the tibia, backache very severe.

Kali-bichr. cm. Redness in throat, irritation, swollen tonsils. A very reliable remedy in diphtheritic sore throat, loss of appetite, with hoarseness.

Kali-carb. 24m. Stiffness back of neck, shooting pains through his chest; shooting pains in muscles of extremities and chest.

Kali-hyd. cm. Larynx feels sore, gums and mouth sensitive; can hardly eat for soreness. Has cured many cases of rupia and syphiloderms. Fluttering sensation at the heart, giddiness; arose from bed, thinking he would be smothered. After curing skin symptoms produced profuse watery discharges from the nose. Later on, discharge thicker, aching pains through both lungs, feels tired and weak, fluttering at heart and nervous. The high preparations have frequently cured syphilitic ulcerations, especially on the legs, where the low did noth-

ing. Sharp pains through the right lung, from the nipple backward, hoarse cough, pains through the breast, sighing respiration. Iod. potash, highly potentized and in various potencies, have relieved and cured the most persistent or chronic cases of megrim, sick headache; often the cranial bones were sensitive, after the attacks passed off; more or less nausea and weak vision attending the cases. Follows well after Belladonna.

Kaolin 45m. Sore throat, soreness of both lungs, constipation. Has frequently cured cases of constipation, with large, hard dry, light-colored stools; great internal soreness of the chest often relieved; painful respiration—not walls of chest, but lungs, apparently.

Kreosote cm. I know of no remedy which can compare with this in cases of cholera infantum, green stools, nausea, exhaustion, complete loss of appetite, dry skin, more or less fever, types one often sees in midsummer in the large cities. Indigestion, loss of appetite. Caused sick stomach, disposition to vomit.

Lithia Carb. 5c. Cured a chronic syphilitic bluish deep old ulcer, larger than a silver dollar on the calf of the leg in a young man. Had to get up at night to pass water. Frequent urination, with slight pain, or straining; pain over the bladder; appeared to dilate pupils. The latter lacks confirmation.

Lachesis 16m. Has cured for me a great number of cases of chronic sore throat, dryness in throat, often raw or sore, with much swelling. After producing throat symptoms in a young man, it caused severe pains all over his head, back and front. Giddy, couldn't stand, had to be carried from school, couldn't see the letters in his book, fell against the wall, etc. These occurred on the fourth day; never been so affected before. Cm quickly curative in cases of delirium tremens, where there is much trembling and confusion of ideas. Given every one-quarter hour for three days produced frightful constrictive sensation at the larynx, almost suffocated at night. In an attack woke the whole family; they poured a quantity of brandy down her throat with but little effect. All thought she was dying from inability to breathe or expand the lungs. Sat

up in bed struggling for breath like an asthmatic. Cm, in a woman at forty-five, produced rolling from side to side in the bed constantly, from hour to hour. Could not stop her; extreme restlessness and nervousness. Lachesis every quarter hour apparently cured a case of membranous croup in last stages. Coughed up pieces like a cast of the bronchus and was relieved in two hours. 6th produced in several young persons very sore throat. Cm has cured repeatedly diphtheritic sore throat and has been of great service in malignant scarlet fever with very offensive breath; glands of neck swollen; soreness of neck to touch; suffocative attacks as soon as anything touches the larynx. Even the front part of the throat is sensitive, has to loosen everything around the neck to breathe better. Cm caused suffocative sensation; distress on either side of sternum at its middle. Cm cured hoarseness with complete loss of voice very many times.

Laurocerasus cm. Cm helped cough and greatly lessened the chronic expectorations in persons of consumptive tendency; produces a short, dry hack or clearing of the throat in others not previously so affected.

Lithia-carb. 5c. Have found it highly curative in barber's itch; circular, moist furfuraceous patches on the skin; porrigo. 5c causing a rough rash all over the body; much loose epithelium; tough, dry, itchy skin, turbid urine. 5c. Skin of the whole body is rough and dry. The face, or rather both cheeks were covered with dry bran-like scales. This was produced on several infants to whom I had given the medicine for some time.

Ledum 45m. Gnawing headache in temples; headache of back of the head and ears; talking in sleep; nausea; confused vivid dreams.

Lilium-tigrinum 45m. Compelled to pass water frequently; with burning sensation; feels bruised about genitals; bowels that were costive more regularly; smothering sensation in the chest, feels like vomiting when she touches her epigastrium. Feels as if she must cross her legs for fear everything in pelvis would be pushed out. Her head feels confused and heavy, glands or left side of neck slightly swollen and painful.

Lycopodium 45. Highly curative in violent gall-stone colic. The attacks were painful while they lasted; medicine generally relieves quickly. Verified this repeatedly. 45m. I believe I am indebted to this medicine (as a means) for the cure of pneumonia in my child when two years old. It has often acted like magic in the relief of bronchitis of young children especially. 45m. acts in a wonderful way in curing acute bronchitis of children. Great rattling of mucus in the chest. Chest oppressed, breathing rapid, cough frequent and loose. 45m. Child frequently wakes at night and rubs her nose so much and long that the parents are astonished. Have frequently verified this symptom. 45m. caused symptoms of cold in the head, verified in many cases. 45m. caused sniffles in children. Symptoms of influenza. 45m. Remarkable in relieving the short and painful breathing of pneumonia. 45m. given to a boy aged eight years, every two hours for a week, who had scrofulous ophthalmia, caused severe pain in the left side of the chest, breathing oppressed and painful like that of pleurisy.

Mephitis 1m. Cured frequently very severe, hoarse, hollow, deep cough, with soreness in the chest (often verified); convulsive, teasing, tickling cough without expectoration. The medicine causes this cough in those not afflicted with it.

Mercurius-corrosivus 5c. Curative in constipation, with so-called bilious condition. Sensation as if the mouth was scalded. Soreness of mucus membrane; frequently curative in bloody, painful diarrhoea of a chronic kind, dysentery, colic, rectal pains. 5c. After trying many remedies, this was the only one which cured bloody, frequent, offensive stools, mixed with mucus, with great pain in abdomen.

Mezereum. 103m.—Highly curative in severe nervous headaches through the temples. Pains shooting through the eyeball to the back of the head. One of the best remedies in violent ciliary neuralgia, either from disease or after operation; relieves the pain in glaucoma, has been given often with wonderful effect.

Muriatic Acid. 5c.—Heat on top of the head, wants to lie abed, so tired; slight neuralgia on left side of head, slightly sick at stomach, some diarrhoea and pain in the bowels.

Myrica Cerifera. 45m.—Mist before the eyes, appearance as if of a flame before them. Can't see well. This remedy has not been proven enough to place much dependence on the symptoms.

Myrtus Com. 5c.—Rheumatic-like pain in the armpits and shoulders; severe joint pains. Promptly relieved and cured distress and bearing-down sensation in uterus, with ovarian soreness.

Natrum Mur. cm.—Caused buzzing in ears in a number of cases. CM (Fincke) has cured a great number of cases of fever and ague given in water every two hours or eight times daily. CM had a wonderful effect in restoring vision in chronic asthenopia. Cured symptoms of spots in field of vision. CM caused sores in mouth resembling aphthæ, often verified.

Nitric Acid. 5c.—Eyes weak great soreness along the tibia' periosteum sensitive, had to wrap flannels on the legs to relieve the pain; piercing pain in the temples, sores (a crop of them) all around the mouth like fever blisters. Oppressed chest, pain across both buttocks, throat slightly sore, gums sensitive, margin of the mouth covered with sores, rash over her face and forehead, small pimples, no appetite, vomits occasionally, bowels move twice daily, eyes excessively painful and felt too sore to use much; head feels hot; legs (left more than right) very sore from ankle to knee; within the nostrils sore. Rapidly cured cases of syphilitic ulcerated sore throat, syphilitic white patches in the mouth, and many cases of chronic syphilitic ulcerations of the body, where Iodide of Potassium had been given without effect.

Nitrum. 5c.—Disposition to bite the lips; a nervous affection, crackling or clicking in ears. 5C arrested most violent attacks of asthma; relieved spasmodic breathing in heart affections. 5C cured a number of cases of painful menstruation, chronic cases, when the flow is delayed and scanty; uterine colic.—*Homœopathic Physician, February, 1892.*

Hecla lava for bone tumors, especially of the jawbones, and for gumboils.

Selections.

White of an Egg in the Treatment of Sore Nipples.

MADURA, INDIA.

To the Editor of the New York Medical Journal:

Sir: I wish to lay before the readers of the *Medical Journal* a remedy which in my hands has been most successful in that distressing complaint, the sore nipples of nursing women. It is the painting of the nipples several times a day with the white of egg. This soothing, albuminous covering forms a delicate film over the abraded nipple, and the surface is soon—within a few hours, except in severe cases—entirely healed.

I believe that there is no necessity for excoriations or cracks to occur on the nipples of nursing women if the first tender feeling is met promptly by this application. It is a remedy which can be had at a moment's notice in any household and easily applied with a camel's hair brush or a feather.

CASE I. Mrs. P. The nipples began to be painful on the fifth day. White of egg was ordered to be applied. After a few hours the pain had become much more bearable, and the next day it had entirely disappeared. There was no further trouble, except that applications had to be madenow and then for a day or two as the pain reappeared. With the previous baby nursing had to be given up on account of cracked nipples.

CASE II.—Mrs. L. This patient I saw in consultation on the twelfth day. Both nipples were very painful. In the right nipple there was a deep crack. Nursing caused the usual agony of such conditions. The baby occasionally vomited bloody milk. White of egg was ordered for both nipples. The right breast was not nursed by the baby for three days, distension being relieved by the breast pump, and also a belladonna plaster was applied intermittently to lessen secretion. At the end of three days the crack was quite healed and nursing was carried on for several months. Applications were made at times when the nipples became tender.

CASE III.—Mrs. V. On the third day the nipple of the right breast became slightly abraded, and pain was bitterly complained of. White of egg was ordered to the nipple. Next day the pain was bearable. The patient stated that during the night pain had appeared in the left nipple, and she began the application to that nipple also. A tendency to abrasion continued in both nipples for several weeks, but by constant applications she was able to nurse her baby with little discomfort.

The albumen may best be applied just after nursing, while the nipple is still moist from the baby's mouth. As somewhat of a thick film is formed, it is well for the nipple to be moistened with a soft cloth dipped in water just before the baby is again put to the breast. The efficiency of the albumen is heightened by allowing it to dry on thoroughly before drawing the clothes again over the breast.

FRANK VAN ALLEN, M. D.

DR. F. B. ROBINSON, Chicago, old-school physician says: I feel quite sure that one-third of all the laparotomies in the United States are entirely superfluous and unnecessary. The size of a women's ovary varies as much as her breast does and but few would think of cutting the breast because it was a little larger than usual. Men remove what are called cystic ovaries. Now the ovary itself is a cystic organ. Two practitioners while in Chicago, observed seventeen operations for so-called cystic ovaries. By close examination of the specimens after removal they could find nothing the matter with any of the seventeen ovaries except five or six and they were about two inches long. This simply shows that ovaries are removed without regard to the necessity of the case.

VINEGAR IN CROUP.—Dr. S. J. Bumstead (North American Practitioner) regards vinegar as a very valuable therapeutic resource in catarrhal and membranous croup. He uses it in the form of vapor, pouring the liquid into a bread pan and then putting into it bricks or flat-irons heated in the stove. In this way the room soon becomes filled with a cloud of acetic vapor. He also employs internal medication, but looks upon the vinegar inhalations as of first importance in the management of the disease.

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Original Articles.

ABORTION AND ITS TREATMENT.

BY ALBERT WHEELER, M. D., SAN FRANCISCO.

When the product of conception is expelled by the action of the uterus, previously to the age of viability, it is denominated *Abortion* or *Miscarriage*; where such expulsion occurs between the period of viability and the natural expiration of pregnancy, it is termed premature delivery. There are three varieties of abortion, I shall class them according to the period of their occurrence; *Ovular* abortion is the term applied when it takes place before the twentieth day of conception; *embryonic*, when it occurs between the twentieth day and the last of the third month, and *fœtal*, between the latter day and the sixth month, which is the legal age of viability. Abortions admit of another division, one founded upon the cause of their occurrence, viz: *Spontaneous*, *Accidental* and *Provoked*.

Spontaneous Abortion, is where it results from disease, either of the woman or ovum.

Accidental, is where it is the result of some external influence, as blows, falls, fatigues, excessive coition, loss of blood, mental emotions.

Provoked, is where it is induced designedly, in view either of a criminal or laudible object. Abortions occur most frequently in the first pregnancy, and oftener within the first three months than after.

Ovular Abortions, which occur within twenty days after conception, resemble menstruation; this class is preceded by a very few symptoms, and these are of a character so mild, as hardly to arrest the attention of the patient. There may be a slight headache, with a trifling sensation of chilliness followed by some flashes of heat, and uneasiness, scarcely amounting to pain in the back, and a sense of heaviness in the pelvis; all of which are nothing more than what is generally experienced at the approach of an ordinary menstrual period. A circumstance most likely to arrest attention, and excite suspicion, is the appearance of, at first a slight, very pale, then deeper, and in the course of three or four days, a freer sanguinous discharge from the vagina, at a time when unusual for the menses; this generally continues, with more or less intermission, for one or two weeks, or until after the arrival of the catamenial epoch, when the symptoms culminate in a menstrual effort of unusual severity being attended with greater pain, and a more copious flow than common, and frequently accompanied by coagula, amongst, or incorporated with which upon close inspection, some debris or membranous shreds may be observed. After these pass the hemorrhage subsides, and what pain was present ceases; and the patient experiences no more inconvenience than generally follows an attack of Dysmenorrhœa.

Embryonic abortions, which occur between the twentieth day and the third month, are announced by a more decided manifestation of the foregoing symptoms, and the addition of some others, showing a more general disturbance of the whole system. There is, however, a difference in the symptoms which in a measure corresponds with the nature of the cause producing the accident; thus, where it is spontaneous, and results from some lesion of health in the woman, or pathological condition of the ovum, the incursion of the symptoms is very slow; at first consisting in slightest deviation from general health, but gradually becoming more marked as a miscarriage

approaches. In addition to the headache, shivering and heat, and pain in the back, there is loss of appetite, nausea, thirst, a desire for acid drinks, as lemonade; languor, pallor, cold hands and feet, depression of spirits, dullness of the eyes, a sinking sensation at the epigastrium, dysuria, with tenesmus of the bladder. Those symptoms last two or three days, during which the patient is able to keep about but feels miserably, and scarcely suspects what the matter is until the pains in the loins become more severe and extend round to the hypogastrium, and begin to alternate with moments of ease, with an increased discharge from the vagina. These signs arouse her suspicion as to the real state of the case, and in a few hours, after two or three sharp forcing pains, the contents of the uterus are expelled, and the patient enjoys immediate immunity from further suffering. Where the accident occurs between the second and third month, the embryo will be found to be tolerably well formed, and from two and a half to three inches in length. The ovum may pass entire; in that case very little or no trouble follows, but the membranes of this period of gestation are so very thin and delicate that they are apt to rupture during the process of expulsion, and the embryo to escape alone, leaving the secundines in the uterine cavity. Usually most of the trouble of an abortion at this period is caused by their retention, which is attended with a continuation of pain and hemorrhage.

When pain and hemorrhage attend the retention of the secundines, it is evident their separation from the parietes of the uterus is not complete, while an absence of these symptoms shows that all physiological relations between the uterus and its contents has been dissolved, and that the latter occupy the cavity of the former, only as a foreign substance, which in time, earlier or later, will arouse the excito-motor action of the uterus, and cause its expulsion. Generally where the pain and hemorrhage continue after the escape of the embryo, the os uteri remains dilated and even continues to dilate still more, to allow the exit of the rudimental placenta and membranes, which require more space to pass than the embryo alone; while in those cases where the symptoms cease with the escape of the embryo, and the secundines are retained, the os uteri gen-

erally contracts almost immediately after the expulsion of the former, and remains in a state of normal contraction until a recurrence of the excito-motor action of the uterus again causes its dilation as at first. When there is evidence of a complete separation of the secundines, as an absence of pain and hemorrhage, and the os uteri remains sufficiently dilated to allow of the admission of atmospheric air, the uterine contents soon undergo decomposition and pass off by foetid sanious discharge containing bits of partly decomposed fleshy substance. The prognosis of this variety is generally favorable, perhaps the most serious aspect of the case is a liability to recur at about the same stage in succeeding pregnancies, especially in the primipara after the uterus has been excited to contraction in the early part of the first pregnancy, it appears to be able to withstand only a given amount of irritation, in subsequent ones, at the same stage, before the uterine motor action becomes excited, and the embryo is thrown off. From these early abortions occurring in rapid succession, sometimes to the extent of four or five in a year, the uterus becomes habituated to abnormal contraction, or a morbid irritability of the organ is established, which is often difficult to overcome, and which if continued, ultimately, through the various sympathetic affections it gives rise to, impairs the general health of the woman, and renders her life miserable without an abatement of the continuance of the miscarriages, until the ability to conceive is lost in the general wreck of health and vital energy.

Fatal abortions, are those that take place between the last of the third month, and the period of viability. This variety includes the middle of pregnancy—a point in the process of gestation equidistant between conception and natural labor; when the phenomena of expulsion are not allied to either of menstruation or parturition, but when the dangers of both earlier miscarriage, and later premature delivery are combined. It is therefore, the period fraught with most peril for the woman, for abortions that prove fatal, are generally those of this variety, the bulk that is to be expelled, requires a greater amount of dilation of the os and cervix uteri, than a smaller body of an earlier period, and the ramollescence of the parts characteristic of their fitness for normal parturition is not

present, to favor an easy and speedy dilatation. Hence a longer time and greater amount of pain is required to effect the expulsion of the foetus, at four or five months than is experienced in giving birth to a child of nine. The vessels of the uterus are now larger than they have been at any previous period, and consequently they are traversed by a greater quantity of blood—this increases the danger of flooding. Where the placenta is partially detached, and retained after the expulsion of the foetus, hemorrhage is almost inevitable, and, to an expert, sometimes truly alarming and even fatal. The smallness of the os uteri prevents the introduction of the hand, and the placenta is usually too high up to be reached by the finger, so a great deal of time is often consumed in inefficient and useless efforts to dislodge it, while the blood is flowing at a fearful rate, which not unfrequently proves fatal. Where this unfavorable result is escaped; frequently another and more dangerous one awaits the unfortunate woman. The violent shock sustained by the system from the intense and protracted suffering, pre-disposed it to inflammation; this, often united with other pre-disposing causes, gives rise to metritis or peritonitis, or both, which renders the situation extremely precarious. When this variety occurs spontaneously, the symptoms do not differ from those that announce the incursion of embryonic abortion, the pains assume all the characteristics of regular uterine contractions, during these, if the hand be laid over the uterus, immediately above the pubis, an increased hardness will be readily perceived, which will pass off as the pain subsides. At the same time the vaginal touch will reveal an enlargement of the neck of the uterus, and if the process be sufficiently advanced, a dilatation of the os to a greater or less extent will be perceived, in which will be found engaged the protruding membranes. These, in due time rupture and the foetus is expelled, which is followed shortly by the spontaneous escape of the placenta; under favorable circumstances, in a fortnight, the patient will be able to resume her usual duties. This is a fortunate termination of such a case, but cannot be effected without a great amount of suffering.

The condition of the os and cervix uteri determine to a great extent the quality and quantity of the pains necessary

to expel the fœtus. Sometimes there is marked difference in the ramollescence of these parts during the whole term of gestation. When they are hard, firm and unyielding, a much longer time and harder pains are required to effect a sufficient dilatation to admit of a passage of the fœtus. On the contrary, where there is a greater degree of softness and pliability, there is a corresponding speed and facility in its expulsion. An accident sufficiently grave to cause an abortion, may affect injuriously either the woman or fœtus. In case of the former, the injury may be received at a distant part of the system, and disturb the uterus through reflex nervous action and emotion; or it may be sustained by the uterus direct. In the latter case it may be of such a character as to destroy the life of the fœtus, either immediately by its direct application or mediately by supervening inflammation, hemorrhage, or some other equally destructive agency. Where it results from harm sustained by the woman, the only symptoms following the accident immediately are two or three sharp, short pains through the loins, and a slight sanguineous discharge from the vagina. These generally pass over at the time, and the patient thinks she has escaped any serious consequence; in a few days, however, she may be suddenly attacked with a severe chill, followed by high fever and a violent headache, flushed face, thirst, etc. During the febrile state, uneasiness and pain in the back are experienced, and a show, more or less copious, is observed from the vulva; in two or three hours the fever subsides, giving place to a free perspiration and suspension of pain in the back, and perhaps vaginal discharge. In a few hours there is a repetition of the foregoing symptoms, with increased severity. These may subside again, and be followed by regular pains, resembling those of ordinary labor, which, after longer or shorter continuance; and of greater or less severity, may terminate in expulsion of the fœtus, followed in due time by the escape of the secundine.

TREATMENT OF ABORTION.

The treatment of abortion presents three distinct and important points for consideration. First, its prevention; second, its management, if prevention fails, and third, the

delivery of the placenta. First the prevention where the presence of a pessary in the vagina is attended with leucorrhœa, and pain in the back or any other symptoms of either ovular or embryonic abortion, it should be removed at once and the symptoms of prolapsus, for which it was worn, should be treated by rest in the horizontal position.

Vesical irritation, occurring during any stage of pregnancy where it is attended by symptoms of abortion, should be promptly relieved. Strangury, dysuria, incontinence of urine, must be treated as though pregnancy did not exist, by the indicated remedy.

Rectal irritation, may give rise to abortion at any stage of gestation, accumulations in the rectum, ascarides may be removed by enemata, hemorrhoids, when sufficient to induce uterine contraction are to be treated as in the absence of pregnancy. No surgical operations about the rectum or anus are advisable in this condition of the patient.

Uterine irritation, the uterine excitor nerves may be influenced by diseases of the placenta, membranes, foetus, or of the uterus itself, especially of the os and cervix. Here we may have to contend with malignant disorders, as cancer, syphilis, gonorrhœa, the various classes of tumors, etc., which may be complicated with pregnancy, and for which little more can be done than to palliate suffering. In case of inflammation, and ulceration, of the os uteri, we had better risk the proper treatment, such as should be employed in the non-gravid state, than a consequence of a continuation of the disease. Should the patient escape abortion, a morbid condition of the os might endanger its safety at the time of parturition. Serious lacerations of the cervix frequently result from such lesions, as the head escapes from the uterus. Inversions of the uterus, the only means promising any essential benefit, is restoration of the organ to its normal position. These displacements can only occur while the organ remains in the cavity of the pelvis, in all the various forms of displacement abortions are liable to be met with; but in all except retroflexion they are comparatively rare, but in this they are exceedingly common; the special reason why retroflexion so often leads to abortion is the marked vascular

engorgement, which is incident to this form of displacement. Uterine irritation arising from a pathological state of the placenta, may excite uterine contractions, and cause expulsion of the foetus at any stage of pregnancy. This irritation is, however, most generally induced secondarily through the death of the foetus in utero. When should our efforts to prevent abortion be relaxed? Pain or hemorrhage, singly or combined are not sufficient to render the case hopeless. If the os uteri be dilated to such an extent that you can pass your finger through it and touch the presenting foetal ball, do not waste your own and your patient's time by trying to stop the process of expulsion, further exertions will be useless.

In undertaking the management of a case of abortion, but one object can influence the action of the accoucheur, and that is to conduct the patient safely through her trouble. Should all hopes and prospects of arresting the process, be dissipated by the regular advancing symptoms and signs of its steady progress, notwithstanding the prompt and earnest efforts made to that end, the whole duty of the medical attendant will be comprised in two points, viz: first, to control the hemorrhages, and second, to facilitate the expulsion of the contents of the uterus. Uterine hemorrhage, when it occurs during pregnancy, in the absence of any malignant disease, can proceed from but one source, and be induced by but one circumstance; it comes from the sight of the placenta and is induced by its detachment from the uterine walls, to which it is adherent in the normal state, resulting either from accident or congestion. Its violence depends upon two circumstances, viz: the extent of the detachment and the period of pregnancy at which it occurs; and its duration depends upon the state of dilatation of the os uteri. Where the detachment is great and pregnancy far advanced and the os undilated, the hemorrhage will be copious and the duration protracted: on the contrary where the detachment is trifling, though pregnancy is far advanced, the hemorrhage will be comparatively slight, if the os uteri is dilated or soft and yielding, and the pain regular and efficient, the contents of the uterus will be soon expelled and the hemorrhage terminated.

Again, if the separation be complete and pregnancy not far

advanced, the hemorrhage will not be excessive, because the uterine vessels at this stage are too small to admit of the passage of a great quantity of blood through them. If the hemorrhage be severe and the os uteri undilated and the contractions inefficient, the indication is to arrest it. This may be done by enjoining perfect quietude in the horizontal position, a full dose of opium, say 1-5 of a grain of morphine, repeating it according to circumstances, a tampon consisting of a fine sponge of appropriate size and placed up against the os uteri. Where the os uteri is dilated and the hemorrhage copious the tampon must be resorted to. After the hemorrhage shall have been restrained and the immediate danger of the case arrested, the next indication is to secure the expulsion of the ovum. To effect this, the uterine contraction must be promoted, for it is through the contraction of the fundus and body that the cervix and os are dilated sufficiently to allow the contained body to pass and the contents to be expelled. The ergot of rye has long been extensively employed as an excitant of uterine contraction. By the injudicious use of the article much unnecessary suffering may be induced and should never be given while the os is undilated. I prefer the first trituration of macrotin. Its action upon the uterus is more mild and gradual, and does not produce such violent contractions. In cases of ovular or embryonic, and in the earlier stages of foetal abortions, the best practice is not to disturb the integrity of the ovum by rupturing the membranes if it can be avoided, but allow it to pass whole if possible, while the membranes remain entire and the embryo and liquor amnii are contained within them; the body to be acted upon by the uterus is larger and is capable of receiving the full amount of pressure, and hence is more readily expelled than if it were reduced in size and capable of receiving but a moiety of the pressure supplied by the contracting uterus. And moreover, the retained secundines, after the escape of the embryo and liquor amnii are very apt to cause hemorrhage, which is difficult to control while the uterus remains unemptied. In studying the delivery of the placenta in abortions it is no less important to bear in mind the periods of pregnancy at which the accident occurs than it is in reference to the escape of the embryo or foetus.

In case of the ovular abortion there is but little interference necessary, the structures being so imperfectly organized, the escape with the sanguinous discharges almost in a state of solution, without much difficulty, when the ovum does not pass entire; all that is required is to enjoin quietude in the horizontal position and pay attention to restraining the hemorrhage if it should become excessive.

In embryonic abortions, where the product of conception does not pass entire, but where the embryo escapes and leaves the secundines behind, a little more difficulty may be encountered in effecting their expulsion; the pain is not very severe, nor the hemorrhage, generally, very threatening, but little can be done, nor is there but little needed further than what has just been directed in the ovular variety. In fetal abortions, phenomena of a more serious and threatening character may be present. The placental mass has acquired a greater size, is denser in its texture, more firmly adhering to the uterine walls, and supplied with a greater amount of blood, through larger vessels, than any former period; hence, a greater degree of dilatation, and a more complete contraction of the uterine fibres are necessary for its expulsion, and the uterus, from its imperfect expansion, is not endowed with a degree of contractibility sufficient to admit of a speedy or perfect dilatation of the os or contraction of the fibres of the uterus. These opposing conditions, therefore favor a tardy delivery of the placenta, and a free discharge of blood during its retention in the uterine cavity. When these two conditions, viz, retention and hemorrhage are present interference becomes imperative. As the most threatening danger, at the time, consists in the hemorrhage, it must be first to claim attention, and be combatted, as already directed, in case of expulsion of the fœtus. If the means employed to control the hemorrhage fail to promote contractions sufficient to expel the placenta its removal must be attempted by artificial means. If, upon examination, the placenta is found protruding through the dilated os and cervix uteri, the fingers may be passed up between the mass and the inner surface of the uterus, and by a success of short tractive efforts work it down so that it can be grasped and removed; if the placenta cannot be moved in this way, but is too high to

be reached by the finger, the placental forceps, crochet or dilatation, must be resorted to. The main objection to a few hours' delay in delivering the placenta, in the absence of hemorrhage, is the liability of the os uteri to contract, and retain it within the uterus.

IDIOCY.

BY E. A. DE CAILHOL, M. D., LOS ANGELES, CAL.

In January, 1891, a lady from one of our neighboring towns, came to consult me about the mental condition of her youngest boy. Her boy, C. S., was then twenty-six years old, five feet eight inches tall, and although pretty strong physically, appetite good, etc., he was a perfect idiot; unable to answer any questions except by yes or no, and even these answers were stupid. His appearance and his manner of acting was that of a child only a few years old. I remarked that all his teeth were decayed, and that one side of his head, the left, was a great deal smaller than the right. He was very nervous in his demeanor, unable to remain quiet on the chair for five minutes, and when these spells of nervousness reached the paroxysm, he generally tore off all his clothing and flung it in every direction in the room, until he was completely naked. However, he seemed to have some fear or respect for his old mother, the only one, indeed, able to handle him. He was not addicted to masturbation, but absolutely nothing seemed to interest him. From time to time, for several years this boy had been treated by several physicians of the old school, but without any success. This patient was the seventh child of the family; all the others were healthy as also were the father and mother.

I inquired, if during the pregnancy of the mother with this child, she had been subject to any accident, or fright. She answered no, on the contrary, she had always had a very quiet and happy life.

I prescribed for this patient: *Magnesia phos.* and *calcarea phos.* 60th in 3d. x T, 5 grs. doses to be taken in alternation every hour during the day, the boy usually sleeping very, quietly all night; I recommended the patient be brought to me

every week; of course, I did not promise a cure, but warned the mother to be patient with the poor boy, for the treatment would be a long and tedious one.

After a month of the above treatment, the mother reported that the bad nervous spells of tearing the clothes were stopped the boy was more quiet, following her all over the house and seeming to take interest in her household work.

Two months after the beginning of the treatment, his intelligence seemed to develop in some respect, he helped the mother; sweeping the rooms, and washing dishes without breaking them, getting interested in many different other things, particularly in looking at images or photos, and painting correctly, that such and such were pictures of his brothers or sisters, etc. After the fourth month of treatment, I advised the mother to let him go with his brothers that were carpenters, and see whether he could make himself useful for them in their work. So he did, he commenced by helping them in carrying boards, and sometimes planing them when necessary; weeks after weeks he got more and more interested in the work. Finally, after eight months treatment, always under *mag. phos.* and *calc. phos.* he was able to do eight hours of common carpenter work for his brothers, and able to make \$2.00 a day without experiencing any dislike, fatigue or lazziness. He is since working steady, of course, like a man of poor intellect, but he is no more a burden as before, to the great satisfaction of his poor old mother.

The improvement of that idiot has been permanent until now.

AN INTERESTING CASE.

By DR. H. W. ANDREWS, SPOKANE.

[Read before Washington Homœopathic Medical Society May 14th, 1891.]

Mrs. —, rather short in stature, blonde and weighing about one hundred and sixty to seventy pounds, was admitted to the maternity ward. Labor pains commenced early Sunday morning, about day-break found it necessary to administer an

enema; shortly the nurse reported that one could not be given as there was an imperforated anus; an examination confirmed the statement. The operation when an infant was ineffectual and she had gone so far in life's journey in this condition, the bowels always being evacuated through the vagina, the patient herself assisting the tube, the bowels were disengorged and labor proceeded slowly.

There was another case under the care of my friend, Dr. Kendal, in the same ward, requiring instruments, and this patient begged to have them used, which was done and soon delivered of a small, but plump, female infant, and all went well with the mother.

Early the next Tuesday morning the nurse came to my door, saying do come quickly, something is wrong with Ella's babe. We found the napkin and bands as high as the armpits saturated with blood. The babe had been restless through the night, but not crying hard enough to cause hemorrhage. After a bath a continual oozing was discovered at the navel just outside the funis. A compress was applied to no effect however, and at night the linen was saturated again. The next day Dr. B., the visiting physician, called and examined the case to find in addition to that oozing from the navel, blood coming from mouth and anus. The babe was restless, but weak and very pale. Dr. B. had seen slight hemorrhages from navel, but nothing like this, and did not suggest or advise anything. "Now, you will have a certificate to sign to-day or to-morrow," he remarked as he left the ward.

The babe seemed thirsty and mouth very dry, as it was too weak to nurse. The mothers' milk was drawn and fed to it frequently. Thursday morning the child was still alive, much to our surprise, but looking like a china doll as it lay in the crib, colorless and eyes partly open. We prescribed Phos. *m.* in water every hour for three times. Towards evening it rallied. The oozing ceased and nourishment was frequently given, and Friday the child had so improved that the mother, being a good catholic, requested that the nurse take it to the church for baptism, which was done.

Saturday, Dr. B., on his weekly round of visits, was greeted with the cry of the little one instead of a certificate, very much to his surprise.

Several doses of china were given on general principles, and two weeks later the babe was as lively as any at that age, when the mother left for her home.

In the use of the instrument, not enough force was applied to do any injury, for as soon as the head was turned from the left groin into the axis of exit, the expulsion was so rapid the instruments were unnecessary.

RELAXED PERINEUM.

BY GEORGE D. ARNDT, M. D., SAN DIEGO, CAL.

[*Read before Southern California Homœopathic Medical Society, of San Diego, California.*]

Under the head of relaxed perineum, are included all injuries of the perineum, whether acute laceration, or gradual stretching, whereby the floor of the pelvis is lowered and the normal support given the pelvic viscera is lessened.

I use the term "relaxation," because there may be severe injury to the floor of the perineum without any evident laceration of the perineal body. Koltenbach has found rupture of the vagina, and fossa navicularis, longitudinal rupture of one or both sides of the columna; and five horse-shoe ruptures, which separate the columna from its base and draw it upward; all these conditions he has found present, and often in an aggravated form, with the posterior commisure entirely uninjured.

There also may be laceration of the perineal body, and the mucous membrane remain untorn, and some of the most aggravated cases of relaxation are of this character, and remain unrecognized until a prolapsed uterus has demonstrated that there is missing an essential support.

Etiology.—The causes of this condition are numerous and sometimes complex.

A general atonic condition, with flabby abdominal walls, and slack peritoneum favor the development of this condition by allowing the uterus to assume a position in which its axis will correspond to the axis of the vagina; the cervix entering

the lumen of the vagina as a wedge becomes an active cause of relaxation under the force of intra abdominal pressure.

Pressure of dropsical accumulations, ovarian tumors, fibroid tumors, result in relaxed perineum.

But by far the most common cause of relaxation is parturition. Very few perineums that have been subjected to the strain of repeated confinements, but become more or less relaxed.

Pathology.—In order to fully understand the pathological condition, it is well to consider the structures principally affected in this injury.

Instead of the principle lesion being laceration of the transversus perinei muscles, as we were formerly taught, there are involved several structures of equal, if not more importance than they. They are: The three layers of fascia—the perineal fascia, the triangular ligament and the levator fascia; all attached to the pubic arch, and the tendinous centre of the perineum; and the levator ani et vaginae muscle, also attached to the pubic arch and central tendon, and to the rectum and coccyx.

Of these structures the levator ani muscle, judging from its size and extent of attachment, is probably the most important support of the perineum.

In that class of cases of relaxation that develop slowly under increased intra-abdominal pressure, or displaced uterus, there may be no actual laceration of any of the perineal structures, but simply a relaxed or stretched condition.

When an injury is received during parturition, there is a more or less extensive tear of the levator ani and transversus perinei muscles, with a corresponding injury of the fasciae. Any one, or all of these structures may be torn.

The surgically important tear is usually lateral instead of central; frequently it is bilateral, and after cicatrization has taken place, it is recognized by its depressed, irregular, hard base, extending backward into the vaginal canal, on either side of the columna ingarum. There is usually an increased prominence of the columna, frequently a rectocele and not uncommonly a cystocele.

The symptoms are numerous and quite varied, each case pre-

senting features of its own, and I can best illustrate by citing a case which I consider fairly typical; Mrs. M., æt. 36, medium height, dark complexioned, nervo-bilious temperament; has given birth to four children, all large and healthy; the oldest one is eight and the youngest one two years old. I elicited the following history:

She has suffered with an almost constant headache for the past six years; the pain was located in the occiput, extending forward on the right side, and down the back and was relieved by hot applications. She also had periodical attacks of what seemed angina pectoris, in which she would become unconscious, so great was the pain. She had these attacks with more or less regularity every two weeks for several years, but they were worse during the first four months of gestation, during which time the physicians despaired of her life, and several times threatened to produce abortion, but feared to do even that on account of the extreme weakness of the patient. During the last five months of pregnancy she gradually grew better; the attacks of angina pectoris were less severe, and the headache was less trying, but vomiting continued throughout the entire period of gestation. She was worse during each succeeding pregnancy.

Before marriage she had been unsuccessfully treated for ovaritis. Contrary to the predictions of the attending physician, marriage and subsequent pregnancy afforded her no relief. There was also a history of obstinate constipation, which was only temporarily relieved by a large dose of cascara sag. A mucus enteritis then supervened. She passed casts from one to three feet long. She became melancholy, especially when alone, and at times was afraid she would lose her mind.

On examination I found an exceedingly relaxed perineum; extreme local tenderness and an acrid leucorrhœal discharge, evidently the result of exposure of the vaginal mucous membrane; a rectocele, retroflexed, subinvolted and partially prolapsed uterus. The uterine sound gave a measurement of five inches in depth. Both ovaries were very sensitive and the left one was enlarged. She suffered intensely from dysmenorrhœa accompanied with excruciating headache. An operation on the perineum was followed by immediate improvement

in every direction. All the symptoms from which she had suffered, including the angina pectoris, disappeared, with the exception of a headache, which sometimes appeared at the menstrual period, but yielded promptly to a few doses of *Belladonna*.

In another case hemiplegia had developed, and in another spasmodic asthma. In both cases complete recovery followed an operation on the perineum.

Operation.—The operation I like best is the one first described by Emmet.

The patient is placed in a dorsal position and the limbs flexed upon the abdomen. The field of operation is exposed by drawing the nymphæ apart and everting the posterior vaginal wall by one finger inserted into the rectum.

On passing a finger along the lateral angles of the vagina, the cicatricial formation can be readily distinguished from the normal tissue, and the extent of the cicatrix indicates the area to be denuded. An incision is made, extending from the extreme posterior part of the cicatrix within the vagina to the base of the labia minora; another from the same point to the base of the columna. If the relaxation is bilateral, incisions are made on the other side in the same way; another incision is carried from the bases of the nymphæ to the raphe just in front of the anus.

The surface bounded by the incisions is then denuded, all the cicatricial tissue removed, and the hemorrhage stopped. The first stitch is made as follows: The needle is entered at the apex of one of the denuded angles within the vagina, the point directed downward and outward, and is drawn out in the middle of the raw surface about one-half inch from the apex; reintroduced and drawn out opposite the first point of entrance. This suture is immediately tied; its effect is to draw up the perineum. The same plan is adopted with each succeeding stitch, the suture being tied as soon as placed in position.

The operation being bilateral the procedure is the same on both sides.

After both angles are sutured the remaining portion is closed by what Emmet calls the crown suture, which is introduced in such

a way as to include the three angles and when fastened it draws them together as a purse string closes a purse. One or two superficial stitches may be needed to complete the operation. The wound is dressed and kept clean, dispensing with water as much as possible, and unless catgut is used the sutures should be removed in about ten days. Ordinarily it is not necessary to use the catheter, but the bladder must not be allowed to become distended, on account of the pressure it exerts on the tightened posterior vaginal wall.

The advantages of the operation are four, viz: a longer perineal body is secured; the floor of the pelvis is actually raised; a median scar is avoided, and there is less pain following the operation, on account of the distribution of tension, from ten to twelve stitches being ordinarily required.

Colleges and Hospitals.

HAHNEMANN HOSPITAL COLLEGE.

The regular session of the Hahnemann Hospital College opened Monday, May 2, with sixteen new matriculates, and with the members of the middle and senior classes there are at present some forty students in attendance, with perhaps some yet to be heard from. The class might have been greatly enlarged as to numbers had not the officers exercised a careful discrimination in accepting new matriculates. We know of several who applied for admission, were tried in the balance, and found wanting. The students of the *Materia Medica* Class enjoyed immensely a lecture by Prof. H. R. Arndt upon the Homœopathic Method of Prescribing. Prof. Arndt occupied for many years the chair of *Materia Medica* in the University of Michigan, and naturally handles the subject of *Materia Medica* (as he does all subjects, by the way) like a master of the art, as he is—and, although greatly applauded upon closing, which the Professor in his modesty believed was due to the fact that he had finished—there was considerable sorrow expressed that he could not remain longer with us and give a full course of lectures upon Homœopathy.

NEW LICENTIATES.

The following have been granted licenses since Jan. 1, 1892: C. C. Baker, Chico; W. H. Hill, Santa Ana; J. B. Stansbury, Ontario; H. Nevins, Bakersfield; E. H. Lathrop, San Diego; M. K. Telson, San Diego; J. M. Bowen, San Jose; H. H. Spencer; M. H. Atkins, 608 Geary st., San Francisco; G. W. Pleasant, Willow Ranch; C. H. Case, 1606 Howard st., San Francisco; E. G. Pease, 700 Sutter st., San Francisco; A. Jaffa, San Francisco; M. B. Campbell, Claremont; R. A. Schermerhorn, Fresno; A. Bush, 2031 Pacific Ave., San Francisco; M. A. Allen, M. D., San Jose.

Editorial Notes.

SIXTEENTH ANNUAL MEETING OF THE CALIFORNIA STATE HOMŒOPATHIC MEDICAL SOCIETY.

In the annals of Homœopathy on the Pacific Coast there has never been a more successful, interesting and instructive meeting than the above, which convened in the lecture room of the Hahnemann Hospital College on May 11, at 10 o'clock, and which adjourned three days later. The enthusiasm of the meeting cannot be better illustrated than by the fact that the three days' session was too short a time to read and discuss all of the papers presented, and many of them—to the keen disappointment of their writers at least—were simply read by title and referred to that convenient and most excellent committee—the publishing.

President Arndt is an ideal presiding officer, and while he was in the chair the sessions were not allowed to drag. In many former meetings of the State Society, there seemed to reign an impression that time was short, and that everything must be rushed along. In other words, it has seemed to us that former meetings of the State Society were held simply to "get through." Indeed, a motion was carried at some former meeting whose sole object was to further this end of "getting through." At this meeting there was no thought of

this; indeed, at the final adjournment, an air of disappointment that it did not continue longer, prevailed.

The attendance was large throughout the session, and all parts of the State were well represented. Among those greatly missed, however, was the genial countenance of Kirkpatrick, of Los Angeles.

After the call to order and reports of various officers and committees, election of new members, etc., President Arndt delivered his annual address—a most scholarly article abounding in suggestions for the welfare of Homœopathy in this State, and from the Doctor's long experience in legislative matters it can be readily and correctly imagined that these suggestions were of the utmost practicability.

The election of officers for the ensuing year resulted as follows:

President..... J. T. Martin, M. D., Woodland.
 First Vice-President..... E. C. Buell, M. D., Los Angeles.
 Second Vice-President . . . Mrs. C. V. C. Scott, San Francisco.
 Secretary..... Geo. H. Martin, M. D., San Francisco.
 Treasurer..... W. A. Dewey, M. D., San Francisco.

The Boards of Censors, Directors, Examiners, and Publishing Committee of the previous year were re-elected.

One of the most important and interesting questions of the whole meeting was the discussion of Dr. J. M. Selfridge's motion to hold the next annual meeting of the Society at San Diego, at the Hotel del Coronado. Upon the presentation of this motion nearly every one in the room had something to say in its favor, but before taking final action on it the President wisely advised that it lay on the table for twenty-four hours, when it was taken up again and carried without a dissenting vote. A paper circulated about the room obtained over twenty-five signatures, pledging attendance at Hotel del Coronado in May next, and doubtless many who did not sign it will be there also, so that we can safely count upon a most successful and enjoyable meeting next year. We hope our Southern confreres who have a semi-annual meeting of their Society will arrange their next spring's meeting so that it may also be held at El Coronado in conjunction with the State Society.

The Reports of Bureaux and discussions of papers occupied the major part of the sessions, and much enthusiasm was developed therein. There was a larger number of papers presented at this meeting than at any other in the history of the Society. Each Bureau was well represented; that of Surgery, presided over by Dr. E. C. Buell, deserves special mention, for in fullness of report and general excellence of papers it was unexcelled. Dr. Joseph Rode's Bureaux of Ophthalmology and Otology also had a full report and most excellent papers. The Bureau of Clinical Medicine, presided over by Dr. J. T. Martin, and that of Obstetrics by Dr. Sidney Worth, also did good work. The Bureau of *Materia Medica* attempted the consideration of "California Medicinal Plants," and although the original plan of the Chairman, Dr. W. A. Dewey, failed, there were a number of interesting papers presented. The other bureaux were ably represented.

Pursuant to the Constitution, after the closing of each bureau the President elect, Dr. J. T. Martin, appointed the chairmen for the coming year. Those appointed were as follows:

Clinical Medicine and Electricity.....	Dr. J. A. Ostrander.
Obstetrics.....	Dr. Amelia Waterhouse.
Surgery.....	Dr. R. H. Curtis.
Diseases of Women and Children.....	Dr. Wm. Boericke.
Ophthalmology and Otology.....	Dr. Wm. Simpson.
<i>Materia Medica</i>	Dr. S. E. Chapman.
Physiology, Anatomy and Pathology.....	Dr. C. L. Tisdale.
Medical Education, Statistics and Neurology..	Dr. J. C. Kirkpatrick.
Legislation.....	Dr. J. M. Selfridge.
Publishing Committee.....	Dr. W. A. Dewey.

The chairmen of these committees have a great deal of responsibility, for in their hands lies the success of the meeting at Coronado Beach next year. The work cannot be commenced too soon, and we would strongly urge upon each of them to appoint at once the members of their bureau, and send a list to the Secretary of the Society, and a copy to THE CALIFORNIA HOMŒOPATH for publication in the July number. Let the bureaux be as full as possible, for while it is doubtless

the present intention of every member to be at Coronado next May, some may, on account of sickness, be unable to attend, therefore the fuller the bureau the surer we shall be of a good report. (It might be well to mention that when we speak of a *full bureau*, we refer only to the number of papers presented.)

There is no reason why each bureau should not have at least six good workers upon it. The Society has grown rapidly during the past few years. Twenty-two new members joined this year, the largest number which has joined at any one meeting in the history of the Society. Those joining were Drs. C. H. Case, P. A. Terry, E. W. Weirick, R. A. Jaffa, T. P. Cosack, C. L. Guild, S. E. Chapman, M. H. Atkins, G. W. Whitworth, C. W. Breyfogle, E. P. Lanthrum, C. M. Selfridge, S. J. Fenton, G. Selfridge, E. G. Pease, J. F. Brown, A. Wheeler, M. A. Dewey, R. S. Stevens, J. M. Bowen, C. A. Risdon, A. Bush. The number of members is now nearly a hundred, and with energetic work on the part of the officers and chairmen of the various bureaux, there is no reason why the meeting at Coronado next May should not be a rousing one. D.

Correspondence.

Letter from Dr. Amy G. Bowen.

I have been in Berlin five days, and have got to work without loss of time. I can hear of no medical women here at present. They seldom come to Berlin, and when they do are generally glad to get away. As I expected, I have found it very difficult getting into the hospitals, for as you know they are *absolutely* closed to women. I came prepared for the worst, and should not have grieved over failure, considering that I have already accomplished so much more than I had planned in coming to Europe. Within the five days I have secured admittance to all the clinics I wish to attend except one, and I shall get into that to-day. I am not only elated but surprised at such great good fortune, the more so when I think

how great have been the obstacles met and overcome. My experiences with the different professors would make too long a story. My interviews with some of them were stormy, but the result in each case was entirely to my satisfaction. I will describe a meeting with one of them yesterday, which though not marked by the usual sanguinary concomitants will still answer for an example. He is one of the great men of the university, and his fame is world wide. His clinic is one of the most celebrated in Europe, and it is counted a high honor to be admitted to it. Only the most difficult cases are sent there, and only the best surgeons are allowed to operate. He is grim and stern in appearance, and in manner sharp and imperious. His co-workers are careful to avoid collisions with him, and his subordinates approach him with fear and trembling. I had been informed as to his characteristics, and knew also that he was a hater of women doctors. I had, however, made up my mind to enter his clinic; so, despite all warnings, I coolly walked into his awful presence. This is about the dialogue that followed:

He. Well, what can I do for you? *I.* I am an American and — *He.* Ah, glad to see you. I am always glad to meet Americans. *I.* And a doctor? *He.* The Devil!! *I.* No, I am not he, only a doctor, as I have said. *He.* Oh, ah'; beg pardon. But why have you come to Berlin? *I.* To see you, and to take some courses in surgery. *He.* (with emphasis) But you are a woman. *I.* Yes; if that be a misfortune it is not my fault; whatever it be, I am trying to make the best of it. *He.* But women doctors are not allowed here. *I.* I am aware of that. *He.* And yet you came? *I.* Yes; you see I am here. *He.* Did not the registrar of the university warn you not to come to me? *I.* Yes; others did the same. *He.* Then why in — have you persisted in coming? *I.* To take surgery as I have said. *He.* Do you know how I sent away two women in a hurry a week ago who dared to come to me on the same errand? *I.* Yes, I have heard about it, but I am neither of them. *He.* Your presumption and assurance are amazing; they challenge my admiration. Who are you? *I.* I am known among my few acquaintances as Dr. Bowen. *He.* What do you know? *I.* Nothing worth mention. I came here hoping

to learn something. *He.* Ha, ha, ha, ha. Your talk is interesting. I must say, I am favorably impressed with you and would be glad to furnish you the opportunity you wish, if such a thing were possible. But there are too many doctors in my clinic opposed to women; besides, it is against the rules. *I.* But I have been among the doctors and they are not afraid of me. I think they are all friendly, and I am sure none of them would object to one woman. As to the rules, they are unjust and tyrannical, and should be abolished. *He.* Whatever may or may not be true of the rules, it is my office to obey. When I choose to do otherwise I must face a power that has been known to vacate a chair. *I.* There is no danger on that score. The university could spare any or all of its rules, but not *you*. *He.* (after a long pause) I say, come to me next month and I will give you a hearing, and if possible admit you. *I.* Many thanks; but do you realize that an American's time is valuable? If you please I will come this month. *He.* Zounds! Is it not enough that I promise to admit you at all? *I.* You are very kind, and I wish I could be content. *He.* The whole earth would not content you. However, as you are so persistent I will try and give you enough of surgery. Come to my clinic to-morrow morning at 10 sharp, and I will find out if you know anything * * * * *

LATER. I have just come from his clinic. What occurred there marks an epoch in my humble life, and makes this one of the brightest of my red letter days. At the outset of my medical career I would not have dared to dream what has to-day become actual and real. I have passed all the tests and have been admitted to that famous clinic, an honor, as I am told, never before accorded to a woman. The tests that were to confound and humiliate me and to send me away with "enough of surgery" became the means to an end, the opposite to that intended. Six cases were brought into the clinic room one after another, and I was called on for a diagnosis of each. The first was a catch, and was promptly disposed of, the Professor remarking with some surprise that I had made a lucky guess. As I proceeded with the others he grew excited and enthusiastic, and at the end announced that all my diagnoses had been correct, although he had regarded the cases as diffi-

cult, they having required much of his time and study in their determination. He then followed with a glowing speech laudatory of my performance, after which I was called on to operate in a case supposed to be difficult. It was the opportunity I wanted, and I made the most of it, and was able to get in some extra touches that were appreciated by the doctors. At the end they crowded around and I had compliments and congratulations without stint. Since then the topic of conversation has been women doctors and the days doings in that clinic. I can now appreciate the quality of my previous training with such men as Braun, Bilroth and others. To them I give the credit of my success in to-day's ordeal. Now I have many reasons for rejoicing but the chief one is in the fact that a woman is at last recognized in a position for which women have been thought unfit and incompetent and from which they have ever been rigidly excluded. Medical women have never been even tolerated here. When they come, which is not often, they are ridiculed, persecuted and snubbed at every turn. I am rejoiced to know that one woman is having a different experience. I admit that I am also happy in knowing that it is my good fortune to be that one. I shall now have to work hard to keep up my reputation with the great doctors. Being the only woman, and an American, I feel a great weight of responsibility. I shall do my best. I can do no more. The rest I leave with Providence. Do not report what I have written as it might sound like boasting, and that is much beneath my dignity.

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Personals.

DR. C. C. WACHENDORF has located at Santa Rosa.

DR. F. SALTONSTALL has gone east for a short vacation.

DR. S. S. GUY, who has built up a fine practice in Visalia, would like to dispose of it to some good Homœopathist. The field is excellent. Address the doctor direct.

DR. LOW has left Paradise, Cal., and located somewhere in Idaho.

MARYSVILLE was represented by DR. W. W. RUSSELL, of whom we saw very little, to our regret.

SAN JOSE sent as delegates, DR. CARRIE A. GOSS, DR. WM. SIMPSON, DR. L. PRATT, DR. P. G. DENNINGER. But where was J. J. MILLER ?

DR. ROLLIN H. STEVENS has located at Mayfield, Cal. The doctor is pursuing physiological studies at the Stanford University.

DAVENPORT, Washington, in Lincoln County, about forty miles from Spokane, offers a most excellent field for a homœopathic physician.

We hope that as many of our physicians that can, will attend the American Institute meeting at Washington, this month. It promises to be a most interesting one.

FOR SALE—A practice in an interior town; splendid office, nicely furnished; with a good stock of medicines, book cases, desk, etc., etc. Address HOMŒOPATH.

DR. J. C. KIRKPATRICK, of Los Angeles, gave us a flying call a few days ago. The Doctor regretted his being unable to attend the Society meeting, almost as much as we did.

FOR SALE—An entirely new Robert Allison office and operating table. Cost eighty seven dollars, will take seventy. Address Rawdon Arnold, M. D., 1678 Taylor street, Oakland.

THE southern part of the State was ably represented at the State Society by President H. R. ARNDT and DR. JOSEPH RODES, of San Diego, DR. J. F. BROWN and DR. E. C. BUELL, of Los Angeles.

DR. JANE M. BOWEN from San Jose recently called and reports most favorable and interesting news about the European medical experiences of her daughter, Dr. Amy Bowen. (See Correspondence).

WE are in receipt of the remarks of SENATOR J. H. GALLINGER, of the U. S. Senate, upon the subject of a national sanitarium for the treatment of pulmonary diseases. SENATOR GALLINGER is a homœopathic physician, and our interests in Congress are sure to be looked out for by him.

AMONG the journalistic literature of our school, none presents a better appearance or is abler edited than the *Southern Journal of Homœopathy*. If Bill Jones was alive this statement could be proved to the satisfaction even of Uncle Joshua Whitcomb. If any doubt it, however, just send to Brother Fisher, of San Antonio, for a copy of the April number,

PRESIDENT J. T. MARTIN, of Woodland, carries his honors easily on a pair of broad, good-natured shoulders. DR. MARTIN by his past record in legislative matters, has shown himself to be fully capable of making the next meeting of the Society at Coronado Beach a grand success.

Book Reviews.

The Chinese; Their Present and Future; Medical, Political and Social
By ROBERT COLTMAN, JR., M. D., Surgeon in charge of the Presbyterian Hospital and Dispensary at Teng Chow Fu; illustrated with fifteen photo-engravings of persons, places and objects characteristic of China. In one handsome royal octavo volume. 220 pages. Extra cloth, price \$1.75, net. Philadelphia: the F. A. Davis Co., publishers, 1891.

This is a most interesting volume written by one whose long residence in North China entitles him to be heard. It is an intelligent presentation of Chinese life, traits, manners and customs, their diseases, dissipations, etc.

It is attractively gotten up, fine large print and good paper, which is a fitting form for the pleasant style of the author, making a most readable and instructive book. We can cordially recommend it to physicians as a delightful book for a leisure hour.

Pye's Surgical Handicraft, a manual of surgical manipulations, minor surgery and other matters connected with the work of house surgeons and surgical dressers. 594 pages, 300 illustrations on wood. Revised and edited by T. H. R. CROWLE, F. R. C. S. New York. E. B. Treat. 1892. Third edition.

The reviewer too often finds it a difficult task to discover points to praise, in order that his criticisms may not seem one-sided and unjust.

Pye's Surgical Handicraft, however, places him on the other horn of the dilemma, viz: to find somewhat to criticize severely enough to clear himself of indiscriminating laudation. This excellent and thoroughly practical manual has been, in this its third edition, partly rewritten, somewhat added to and generally brought up to date, it is clear accurate and succinct. It deals with the treatment of patient before and after operations, hemorrhage, shock, various surgical emergencies, bandaging, fractures, dislocations, the treatment of diseases of joints, minor surgery and many other matters, such as the application of trusses, and the taking up of casts. The aim of the author has been to present in this work, the manipulative side of surgery, minor surgery and other matters connected with the work of house surgeons and surgical dressers. The remarks on the preparation of patients for operation and the care of them afterwards, will, we have no doubt, appeal to surgeons as highly judicious and well worthy of note. It is thoroughly trustworthy and very well gotten up

A Treatise on Bright's Disease of the Kidneys, its pathology, diagnosis and treatment. By HENRY B. MILLARD, M. A., M. D. With numerous original illustrations. Third, revised and enlarged edition. New York. Wm. Wood & Co. 1892.

Dr. Millard's classical work is well known. We are glad to again be able to call attention to it in its present beautiful edition, a model of perfect book making. Much of the matter of this work has been written anew, notably the chapters on tests, on the dietary and the use of mineral waters, etc., In the chapters on the treatment, the author mentions different remedies used by Homœopaths and gives indications of them quoted from reliable men. While this may be suggestive, it cannot be the method of true Homœopathy, which never prescribes for a disease, but for the totality of symptoms of a patient, subjective and objective.

History of Circumcision from the earliest times to the present by P. C. REMONDINO, M. D. Philadelphia and London: F. A. Davis, 1891.

This is No. 11 of the Physicians' and Students' Ready Reference Series and one of the most interesting. It is an advocate of circumcision for all males and gives moral and physical reasons for its performance, with a history of Eunuchism, Hermaphroditism, and the different operations practiced upon the prepuce. The author informs us that circumcision has always been practiced in ancient Egypt and other countries by the Priesthood and intellectual classes, either as a hygienic precaution or as an aristocratic prerogative and he affirms that in the United States, France and England, it is largely practiced in every male member of many of the "families" of a certain class, namely, physicians. This is surprising to say the least. The chapter on the different operative procedures is instructive and valuable—here the author has given a careful and impartial review of the different methods of operating, from the simple to the most elaborate, and paying special attention to the subject of after dressings. We cordially recommend this volume.

International Clinics. A quarterly of Clinical lectures on Surgery, Ophthalmology, &c., &c., by Professors in the leading medical colleges of the United States, Great Britain, Canada. Edited by J. M. KEATING, M. D., J. P. C. GRIFFITHS, M. D. and others. Philadelphia: J. B. Lippincott & Co., January, 1892.

The present volume of this excellent Serial keeps up the high standard of its predecessors. No physician desiring to keep abreast of the times in the various departments of medicine and surgery, can really afford to do without one of these periodical publications that place before him every quarter the latest teachings, all of a practical nature, of the most advanced college professors. The present volume contains a really good photogravure of Theodore Parkes, M. D., the great Chicago surgeon.

Kali Prom. Acne, worse on face and chest. Bluish red and pustular.

Clinical Items.

Grindelia.—As a spleen remedy. Pain in left side in region of spleen. Enlarged and tender spleen and sallow complexion. Influences the organs that are connected with the Portal circulation. The remedy seems to be applicable to any pain in the left side extending as low as the hip and as high as the nipple; may be sore, aching or keen, cutting pain.

Santonin.—In overstraining the sight and in glaucoma, color blindness, opacity of the vitreous humor.

Lactuca.—Asthma, angina pectoris, squeezing, lancinating pain in left side of breast extending to shoulder blade, with great oppression of whole chest.

Myrtus.—Stitches in left breast, running to shoulder blade;

Grindelia.—Is an excellent remedy in ciliary neuralgia: great soreness of eyeballs; worse motion and turning, also in *Iritis*.

Spigelia.—Pain in left orbital region, paralysis of the upper lid.

Ferrum phosphoricum. Eyes.—We have found this remedy of great value in all acute and many chronic inflammations of the conjunctiva, and during the inflammatory stage of optic neuritis. It is especially adapted to conjunctivitis with great relaxation of that membrane. It surpasses aconite in a majority of acute superficial inflammations of the eye. It has also been found of service in retinitis with great engorgement of the retinal vessels.—H. C. FRENCH, M. D.

Nose and Throat.—From clinical experience we can confidently recommend fer. phos. in catarrhal inflammations of the nasal, pharyngeal and laryngeal mucous membrane, and with the latter a tendency to evening hoarseness.—H. C. FRENCH, M.D

Ears.—We have seen marked benefit from the use of fer. phos. during exacerbations of diffuse inflammation of the external auditory canal, also in acute inflammations of the middle ear, whether catarrhal or superative; and in inflammation of the drum-head, especially when the membrane is dry and its vessels engorged.—H. C. FRENCH, M. D.

Eucalyptus tincture with equal parts of glycerine is an excellent topical agent to enlarged and ulcerated tonsils or inflamed throat. Its curative action is very prompt and efficient as an application in metritis and endometritis, it is equally meritorious.—*Dr. Ketchum.*

Eucalyptus is the remedy in bronchitis, where the cough is almost constant with a free, watery expectoration; also in aphthous ulcers in the mouth and throat of children. When in the course of bronchitis the febrile elevation has fallen and the so-called catarrhal stage has been reached, *Eucalyptus* positively diminishes the expectoration and renders it less purulent. This is especially true in the fetid form of bronchitis, in bronchial dilation and emphysema.

Selections.

SOME EXPERIENCES WITH SCHUSSLER'S TISSUE REMEDIES.

BY STANLEY WILDE, L. R. C. P., L. R. C. S., EDIN.

Kali Muriaticum.

A gentleman attending a crowded meeting was compelled to stand in a draught beneath an open window, the result being an attack of otitis externa of the right ear with subsequent otorrhoea and deafness. The case was treated successively with *acon.*, *puls.*, and *merc. sol.*, which controlled the pain and inflammatory symptoms, but only partially relieved the otorrhoea, while the deafness remained untouched; *hydrastis* and then *sulphur* were given with still incomplete effects.

At this stage there were thickening and narrowing of the meatus, with a thin, flaky discharge therefrom. The watch-hearing was four inches. I then prescribed *Kali muriat.* 3x, and in the course of a few days the discharge ceased, and in a fortnight from the time the medicine was commenced, the hearing had become normal. This remedy also did good service in a case of recent catarrhal eustachian deafness in a boy who suffered from chronic enlargement of the tonsils. *Puls.* and *merc. sol.* had previously been given without effect, but the deafness disappeared after fourteen days use of *kali. mur.* The tonsils were unaffected, but treatment was given up at the restoration of the hearing.

In Drs. Boericke and Dewey's "The Twelve Tissue Remedies of Schussler," (a well arranged and complete volume on the subject), it states that *kali mur.* is "one of the most useful and positive of all our remedies in the hands of the aurist, chiefly suited to the second or later stages of catarrhal states."

Dr. H. C. Houghton in his *Clinical Otology*, speaks of this medicine as "one of the most effective remedies we have ever used for chronic catarrhal inflammation of the middle ear, especially the form designated proliferous;" and Dr. H. P. Bellows gives a similar account of the drug when he says "my own experience of *kali mur.* has been largely confined to chronic catarrhal conditions of the middle ear, and after keeping a careful record of its action in nearly two hundred of these cases, I am convinced that it is one of the most useful agents we possess in their treatment."

Ferrum Phosphoricum.

My first experience of this remedy in febrile conditions was markedly satisfactory. The case was that of a stout child, eighteen months old, with a large brain and florid cheeks, suffering from dental irritation. Previous to my visit, the mother had been giving *acon.* and *bell.* for twelve hours, with no relief. The skin was hot and burning, the cheeks highly flushed, the eyes sparkling, with pupils dilated, and the child in a state of extreme restlessness and irritability.

I gave *trit. ferri. phos.*, 6x in water, to be given in teaspoonful doses every hour, and, on visiting the case next day, the

mother assured me that the first dose had a decidedly quieting effect, the child going to sleep shortly after taking it, and the cheeks becoming much less flushed. The medicine had been repeated two or three times during the night, and the little patient now appeared quite lively and well.

In the volume referred to *ferr. phos.* is stated as "seeming to stand midway between the intensity of *acon.* and *bell.* and the dulness of *gelsem.*," and that its field of action is in "febrile disturbances and inflammations at their onset, before exudation commences."

A florid complexion, with less nerve tension than that of *bell.*, is considered a keynote for its use. Also when throbbing or pulsation is complained of in the affected part.

The following case presents *ferr. phos.* in another sphere of action, and confirms its well known remedial power over diurnal enuresis.

Mrs. M., *ætat* 35, came to me in January, 1889, suffering from incontinence of urine. The trouble had existed for three years, and she could give no light on its origin. She stated that she could retain the urine at night, but not in the day time, when she passed a large quantity of water involuntarily. Her general health was otherwise fairly good. *Trit. ferri. phos.* 3x. was prescribed, to be taken four times a day. A week later she reported that she could now retain the urine much better during the day. The medicine was continued for three weeks longer when she informed me that the power over the bladder was now complete, and that she was better than she had been for two years. Nine months afterwards the patient came to me again with a return of the malady, and, although she was then *enciente*, *ferr. phos.* again completely stopped the incontinence.

Aloe in the treatment of wounds, is similar to the well-known *Calendula*. It furthers granulation and aids the rapid healing of wounds. Old sores, ulcers, &c. find an efficient remedy in *Aloes*, applied locally and internally, removing the pain and gradually healing the wound. Pimples and ill condition of the skin are likewise benefited by *Aloes* locally.

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Original Articles.

CHRONIC OTORRHŒA.

By J. F. BROWN, M. D., LOS ANGELES, CAL.

Before making the few observations I have to make on my recent experience with this disease, I will quote from a paper which I furnished for the American Ophthalmological and Otological Society, at its session in Niagara, in June, 1883:

“The success attained by Bezold, Green, Politzer, Turnbull and others, with Boracic acid treatment of otorrhœa, determined me to try it in accordance with their recommendations. The method was first tried with many misgivings, as I had failed so frequently with highly lauded remedies or plans of treatment. I was gratified, however, beyond measure, with the results attained. My plan of treatment of otorrhœa with boracic acid is substantially that of Turnbull.

“I obtain the acid in an impalpable powder; the substance employed having much the consistence of fine flour. The originators of this plan of treatment agree in saying that to attain the desired effect, the substance must be absolutely impalpable, and free from irritating particles.

“In this paper it has not been my intention to enter into details as to exact pathological conditions, but merely to state the facts in as practical a manner as possible.

“The patients reported below had been in a purulent condition for years, and hence I am not prepared to say that they were all cured; I can say, however, that I have met with no such gratifying results with any other treatment. In most of the cases, I gave, during treatment, such remedies, internally as seemed indicated,—as hepar sulph., silicea, sulph., merc., etc. In one or two of the cases, however, I gave nothing internally. One of the latter I treated in January last,—and the ear remains free from discharge at the present writing—May 20. This patient had purulent otorrhœa of over thirty years duration.

“My experience with this treatment leads me to believe that in large perforations of the membrane in which a thorough cleansing of the tympanum and a free application of the powder are permitted, the relief is shown more quickly than in those cases in which the perforations are smaller. Furthermore, the cases treated during the winter seemed to yield much more readily than those under treatment later in the season. This difference in success may be attributable to atmospheric influences. In the region of Jackson, Michigan, the spring was cold and wet, predisposing to catarrhal conditions, and necessarily aggravating existing cases of purulent otorrhœa.

“The discharge is completely and effectually deodorized after the first packing, in all cases, which, alone is very gratifying to the patient.

“The manner in which the powdered acid is employed is as follows:

“The meatus externus and tympanic cavity are as thoroughly cleansed as possible, by means of dry absorbent cotton. If small polypi are present, they should be taken out, if their removal can readily be accomplished; if not, after the parts are cleansed, the ear may be packed without disturbing them. I have known of the presence of a small polypus which, after the first few packings, could not be discovered.

“When it has been necessary to repack the ear, I have not always removed the whole of the powder put in previously,

but only so much of it as has been dislodged by the discharge. The operation of repacking is performed as often as is necessary. This may be within twenty-four hours from the time of the packing, or it may not be for a week or more.

“The cotton holder and a pledget of cotton are employed in packing the ear, and the powder is applied through an ordinary aural speculum. Small quantities of the powder are carefully packed over the diseased surface, till the meatus externus is filled; a pledget of cotton is thus inserted to keep the powder in the canal.”

There followed a report of eight cases treated up to that time by the above described method. At that time, in order to obtain the powdered boracic acid, I was obliged to send to Wyethe Bros., Philadelphia. Now it can be obtained of almost any druggist.

My plan of treating chronic otorrhoea has varied but little from that described above, since that time. I use but very exceptionally any water for cleansing. I depend almost entirely on the probe and absorbent cotton. With the probe and cotton I clean the ear thoroughly, inflating through the eustachian tube to dislodge the pus as much as possible from crevices inaccessible to the probe. Then I turn into the canal a small quantity of peroxide of hydrogen one part; water two parts—warming the solution. After this has remained two or three minutes, I again dry out the canal with the absorbent cotton. After the canal is dry and clean I then pack it full of the powdered boracic acid. This packing will usually remain for two days, in any case, before it will be necessary to do anything further, but keep a pledget of tightly rolled cotton in the canal orifice to hold it in. In now and then a rare case, this one treatment will dry up the discharge. In all cases I remember, however, the powder will become wet through, at least before the discharge finally ceases. Occasionally a case will discharge enough to dislodge the powder and thus cease and dry up.

When a case seems to be more than ordinarily obstinate about getting well, I sometimes use a solution of argenticum once before repacking, or sometimes, after the packing has been repeated quite a number of times, I clean the ear out well, use

the peroxide of hydrogen, then drop in a warm solution of argentum—grs. XL to distilled water $\frac{3}{4}$ j. I then wait a few days and if the discharge goes on again in spite of the astringent I pack again. So on, until a cure is effected, which generally comes about in all but now and then an exceptional case.

If large polypi are present, I pull, twist or snare off the whole or a part of it, touch what remains with pure acetic acid, and proceed with the treatment. Small polypi I touch with the acid (acetic) and go on with the packing. They come off or shrivel up and disappear.

If a case relapses after once getting well, as they often will, if the patient catches cold soon after treatment, I repeat the same treatment till the discharge again stops. In nearly all cases I select some remedy for internal use during the local treatment.

The nose and throat often needs treatment also, as well as the ears, but I have spoken of all that it was my intention to when starting out to write this article.

CHOREA.

BY E. A. DE CAILHOL, M. D., LOS ANGELES, CAL.

[*Read before the Southern Homœopathic Medical Society.*]

L. S., a pretty young dark complexioned girl of twelve summers, was, during the first days of this year, intrusted to my care for neurose. After examination, I diagnosed a chronic case of chorea.

The mother, father and other children in the family were all healthy. The only information furnished by her parents, was that last year, having removed their home in one of our small sea shore towns, she was taken sick with scarlet fever. A physician of the regular (?) school, treated the case, and after six weeks treatment, pronounced her cured, in spite of chorea that had started towards the end of his treatment for scarlatina.

That same physician attempted to cure this last complication, but failed. He said to the parents that chorea will wear out

by length of time, prescribing doses of bromides, once in a while, during eight months without the least success.

I at once prescribed for this girl bellad. 200, one dose, and *sac lac* for a week, after which I put her under *magnesia phos.* and *calcareo phos.* 3. x T. in five grain doses every two hours in alternation, and as long as improvement was perceptible. After two weeks of the aforementioned treatment, *cimicif. rac.* being indicated by the symptoms, I prescribed it. A few days after that she was under the influence of that last named medicine, she began to grow despondent, crying constantly for the least contrariety. *Pulsat. 3d* soon overcame this unpleasant symptom. However she was still restless, but a great deal less so.

Her voice that formerly was merely a whisper, had resumed its natural sound; she was able to pick up small things as needles, pins, etc., thrown purposely by me upon the floor, and was able also to stand pretty well the different tests used by physicians in such cases. However, she was not entirely well. To complete the cure, I gave her one single dose of *tarentula cuben 3d. x T.*, which cured her completely, after a treatment having lasted altogether six weeks.

Since that time there has not been the least symptom of a relapse.

HYSTERO-TRACHELORRHAPHY.

BY WILLELLA HOWE, M. D., SANTA ANA, CAL.

[Read at the first semi-annual meeting of the Homœopathic Medical Society of Southern California, held at the Hotel del Coronado, San Diego, Cal.]

Previous to 1868, nothing was known of lacerations of the cervix-uteri. This want of knowledge was not due to the fact that such lacerations did not exist, but simply because they had not been recognized until Dr. Emmet, of New York, called the attention of the profession to the frequency of such tears, and the long list of symptoms which arise from failure to repair them.

It is not the purpose of this paper to give a history of hystero-trachelorrhaphy, as it can be obtained in any recently

published work on gynæcology. Such plastic operations are generally turned over to the specialist; hence, when an ordinary practitioner attempts the work in a small village, he is liable to encounter the severe criticisms of medical competitors who are ever alert to denounce any surgical treatment which they, themselves, are unwilling to undertake. This opposition tends to create distrust on the part of ignorant sufferers and their friends; so life is often made a burden to the doctor who endeavors to educate people to see the necessity of such operative procedure.

Fully 60 per cent of all cases of ill health following parturition are due to cervical lacerations; and our inability to cure them without an operation ought to convince any one that any other method is waste of time.

After two and one-half years' work in such plastic operations, I feel that I have learned something which may be of benefit to others. I had the good fortune, three years ago, to witness all of Prof. Ludlam's gynæcological operative work for a period of three months, during which time I became familiar with all the details needed to enable me to operate on lacerations of the cervix and perineum. Between February 26, 1889 and October 3, 1891, it has been my fortune to have operated thirty five times. Eleven were perineorrhaphies.

CASE I.: Mrs. M., æt. 27; mother of two children. Both labors were rapid. Sustained lacerations of the cervix and of perineum. Uterus retroverted with unilateral cervical laceration. Contrary to the rule, it seemed best to repair the cervix, notwithstanding the displacement. Both lacerations were typical, and the operations were satisfactory. A sanguineous discharge continued several hours after the patient was put to bed. This annoyed us very much, but we have learned that it is often observed, especially where the cervix is quite vascular.

CASE II. Mrs. D., æt. 29, multipara—last labor six years ago. Normal menstruation; *no leucorrhœa*; chief symptom, generation of enormous quantities of gas in the stomach, which was constantly being eructated; it was so annoying she

avoided meeting people as much as possible. There was nothing to point to any disease of pelvic organs, except at each monthly period a severe occipital congestive headache terminated the flow. After much persuasion she submitted to an examination, which revealed a severe stellate laceration, which was operated on March 10. The patient was placed under ether, but before the last stitches were in it gave out, and my assistant resorted to chloroform. After a few inhalations, the patient stopped breathing, but vigorous measures soon restored her, so that we were compelled to put in the last sutures with the patient squirming vigorously. (Comstock's gynaepods served us well). The stomach trouble and the headaches disappeared. Only twice during two years has there been any belching of gas, and then it returned only after a very hard day's work at the menstrual period. In this case however, I know that too little tissue was removed, as the cervix remained large, and there was some dragging of the uterus.

here was a gradual shrinkage, and the patient is very happy over the result.

All the cicatricial tissue should be removed, and this case convinced me that it is better to remove a liberal portion of the cervix with it rather than too little.

CASE III. Mrs. S., æt. 32, multipara. Eighteen years ago, sustained a bilateral laceration of cervix; also a deep perineal rupture. This patient was one of those unhappy, chronic uterine patients, evidently born to harass her physician. As she complained of a large rectocele, performed her double operation on June 7th. Patient rallied well. The catheter was employed every four hours according to the rule, which is a mistake. We now discard it altogether unless retention of the urine demands it. When we attempted to dispense with it, the patient either could not, or would not relieve herself without its aid. This state of affairs existed ten days longer, and finally developed into a case of cystitis, with all its distressing symptoms. The perineorrhaphy resulted in a perfect union and cure of the rectocele; but for some reason, a false cervical canal was left parallel with the natural one, which occasioned the woman great pain, if her story is to be believed. No doubt

this might have been remedied by uniting the two canals and packing the cavity with iodoform gauze to prevent healing. I feel certain that she has fully recovered, although I have lost sight of her.

CASE IV. Mrs. B., æt. 48, passed the climacteric four years ago. She had suffered from so called "womb disease" for twenty-five years, which increased after the menopause. Examination revealed a bilateral laceration which was operated on June 10th. We are taught to use the catheter for three or four days; but in this case the patient lived five miles from town, so before I could reach her she had passed the urine. She was permitted to do so without ill effect. Afterwards I read an article by Goudell, in which he advocated dispensing with the use of the catheter after such operations.

CASE V. Was a typical unilateral laceration. Result, perfect.

CASE VI. Mrs. J. æt. 24. Laceration unilateral, was occasioned by a miscarriage at four months, three years ago; edges everted; surface covered with intensely inflamed granulation, showing great vascularity. Profuse secretion of mucus covered the cervix, and severe hemorrhages at the period. Operated August 1st. Removed the granulating surface, but as it extended into uterus, failed to remove the intra uterine portion. We now know it should have been thoroughly curretted before the sutures were tied, as then the endometrium would have been placed in a condition to become healthy. The wound healed kindly, and patient fully recovered her health, save for a day or two after menstruating, there is a slight discharge of mucus from the uterus.

CASE VII. Mrs. P., æt. 39. Double operation. Drew the urine five times in 36 hours. Result, perfect.

CASE VIII. Mrs. S., æt. 36. Suffered intense pain from a retroflexed and lacerated uterus. She was of a tuberculous diathesis, and was harassed by a laryngeal cough. She was so intensely miserable that she insisted upon something being done to relieve her. It was impossible to retain the uterus in a normal position, owing to the laceration. Operated September 10. Perfect result, including a cure of the retroflexion.

This patient was very grateful for the relief she obtained from the operation; but she died ten months later of laryngeal phthisis.

CASE IX. Mrs. V., æt. 29, multipara. Last labor occurred three years ago. Breech presentation; the child weighed 11 pounds and was still-born. She was delivered by the best informed midwife I have ever met. The cervix was badly torn bilaterally on one side up to the vaginal roof. One year later I delivered her of a ten pound boy after a two hours' labor. She carried the foetus to full term in spite of the deep wound. She convalesced slowly, and complained bitterly of dyspepsia with eructations of gas and hepatic tenderness. She consulted several old school physicians, who directed the treatment to the liver and stomach. The failure to derive any benefit from their treatment was not due to the lack of drugs, I assure you. Finally, she drifted into my hands, and, although there were no special symptoms pointing to the pelvic region, I felt sure that the stomach trouble was reflex. The privilege of making an examination was asked for but denied. The patient was so sure that I was wrong, and that the pelvic organs were all right, that she returned to her pills and potions. She steadily grew worse, and at last came back to me, this time asking me to examine her. The diagnosis was made of bilateral laceration, and time for the operation set for two days hence.

While going under the ether the gas rolled up, and she complained of the pain in her side. The operation was a success, and the stomach and liver trouble vanished.

Fourteen months later I delivered her of another 11 pound boy. One month after, an examination showed that there was no rent in the cervix.

CASE X. Mrs. T., æt. 36, multipara. Youngest child 11 years old. At this labor she sustained a severe bilateral laceration of the cervix as well as several tears of the vaginal walls. In healing, the latter left a cicatricial band across the upper two-thirds of the posterior vaginal wall. In the hollow formed above it, the wounded cervix rocked to and fro for eleven long years. She was a confirmed invalid, unable to walk two blocks without suffering intensely. There were also several obstructive

bands of the vaginal mucous membrane on the vulva. During the operation, the vaginal band was completely removed by stretching with the thumbs. The external bands were clamped by hæmostatic forceps, and the portions between removed with the scissors.

It was over a year before the lacerated cervix had grown an entire new mucous membrane, and the patient able to walk free from pain.

CASES XI and XII. The first a double, and the second a single operation. Nothing worthy of notice occurred during the operations, or afterwards.

CASE XIII. Mrs. F., æt. 24. Mother of three children. Double operation. Unilateral laceration of cervix which was torn to vaginal roof. Used the catheter twice daily for two days. Patient was strong and well in a month, and able to do the housework and washing, the first time in four years. The most brilliant cure I ever made.

CASE XIV. Mrs. A., æt. 44. Cervix and perineum lacerated ten years before. A polypus, the size of a large hazelnut, protruded from the os. This patient was a victim of epileptiform spasms. Left lung somewhat impaired from an old pneumonia. She bore both the operations and the anæsthetic well; but on the fourth night she caught cold by having the window, near the head of her bed, left open by mistake.

At midnight she was taken with a severe chill; both lungs became congested, which caused her death in forty-eight hours.

This sad occurrence interrupted my work in plastic surgery for some months, with the exception of the following case, which came three days after the preceding one.

CASE XV. Mrs. H., æt. 21, primipara. Found a bilateral laceration cause by labor 1½ years before. Operated and also curetted the endometrium, which removed a quantity of vascular growth, similar to hydatids. The patient afterwards informed me that she had passed many small, fleshy particles while menstruating.

Two months after the operation dilated the cervix and curetted again. A few of the particles had been passed. She

returned to her home in Nebraska. I received a letter from her recently saying she was quite well. There had been no return of the trouble. Had I not accidentally passed the curette into the uterine cavity, while endeavoring to remove some vascular granulations near the internal os and thus discovered the growths within, I would have failed to have benefited this patient.

CASE XVI. Mrs. N., æt. 36, multipara-bilateral laceration, the principal part having healed. Cervix elongated tissue dense and unyielding. Removed every particle of the cicatricial tissue, which left four hollows, the edges of which were brought together with difficulty.

This patient was threatened with pelvic peritonitis; but finally fully recovered. To have removed less of the cicatrix would have left the patient no better off than before.

CASE XVII. Mrs. P., æt. 21, primipara. Babe six months old. Unilateral laceration of cervix and the perineum was ruptured through to rectal mucous membrane. Had only partial control of the bowels. This patient had an extremely narrow perineum. There was barely space for three sutures. Both healed nicely and the function of the external sphincter was restored.

Delivered her twelve days ago of a ten pound girl, when the perineum again gave way. Repaired it within an hour after delivery. Removed the sutures the ninth day. The parts had thoroughly healed.

CASES XVIII, XIX. Both typical cases of unilateral lacerations. Both patients became well and strong.

CASE XX. Is case No. 3, in the report on hunyadi water.*

CASE XXI. Mrs. G., æt. 34, multipara—suffered from a bilateral laceration and prolapsus uteri. Operated and employed the chromotize catgut with the best possible result. The tied ends slipped off the 7th and 8th days.

CASE XXII. Mrs. D., æt. 23, multipara. Another case of bilateral laceration with diseased endometrium and menorrh-

* To follow in a future number—Eds.

hagia. Cured thoroughly and used catgut sutures. Union perfect. Suture ends came off seventh day. The menstrual flow is normal and the excessive nervousness, of which both the patient and her family complained bitterly, and which was the greatest plea for surgical interference, is gradually disappearing.

CASE XXIII. Mrs. V., æt. 32, multipara—double operation with perfect union.

CASE XXIV. Mrs. L., æt. 24, multipara. Repaired both the cervix and the perineum. Employed catgut sutures in the cervix, and silver wire for perineal wound. Catgut is preferable for cervical sutures, especially in case of a double operation. The catgut being absorbed, does away with the necessity of performing the operations at different times; it being almost impossible to avoid straining the perineum while removing the cervical sutures when a double operation has been performed.

I am confident that the endometrium is more frequently diseased in cases of deep cervical laceration than is usually supposed. Curetting is absolutely necessary to perfect a cure. Without it, many cases drag on for an indefinite period in spite of the restoration of the cervix. In one instance I dilated and curetted six months after operating. Until doing so, no marked benefit was derived from the trachelorrhaphy. In many instances when the cervix is torn and the patient refuses to have it operated upon, the curette can be used with good effect. Owing to the rent, the cervix is usually sufficiently patulous to admit the free use of the curette without dilatation.

In several cases, after all the cicatricial tissue had been removed, there was nothing left but the cervical mucous membrane and a thin layer of underlying tissue. It seemed as though I had been too generous to my scissors; but they were the patients who were well and strong in less than three months. Cases of long standing are slow to recover. Young women with good recuperative powers rarely require any care after the stitches have been removed. All patients are put to bed during the first menstrual period following a hysterio-trachelorrhaphy.

Skene thinks the hawks-bill scissors superior to all other form of scissors in use. Professor Ludlam has long since dis-

carded them. Our opinion of them is, that they do very well for men whose hands are ill at ease while using scissors of any kind.

They may save time in many instances, and the surface from which they have removed the cicatrix is smooth; but that counts for but little. Should there be an enlarged cervical gland, it must be removed entire, however large or deep seated it may be. Then, again, it is simply impossible to remove the deeper cicatricial tissue without resorting to the use of the long-handled, short-curved blade and sharp-pointed scissors. With them one can do all the work; with the others, only a part of it. To be able to use the latter with ease, is much more to one's credit. One of the greatest causes for condemning the hawk-bill scissors is the liability of cutting into the circular artery in deep lacerations; and the majority of lacerations demanding surgical interferences are deep. In cervical lacerations complicated by retroflexion or prolapsus, it is simply impossible to retain the uterus in its normal position until the cervix has been repaired. The retroflexion, because of the change of bearing of the cervix and the prolapsus because of the weight of the fundus.

But few victims of lacerations escape subinvolution. In the severest case of subinvolution I ever met, the depth of the uterus was five inches, and the cervix torn bilaterally to vaginal roof. It was of ten years' standing.

A cystic degeneration of the cervical mucous membrane is a very common occurrence. It is absolutely necessary that every cyst should be removed to obtain a good result. In one case, the tiny space left to form the antero posterior cervical walls, continued to degenerate until the membrane was removed six months later. So long as the degeneration continues, the patient complains of a burning pain and local discomfort. This condition is frequently met with independent of lacerations.

Asafoetida. Over sensitive to pain, followed by numbness. Much flatulence, difficult breathing, eructations like garlic "Rising up," feeling. All gases escape upward, none downward.

**IMPERFORATE HYMEN, CAUSING NON-APPEAR-
ANCE OF THE MENSTRUAL FLOW.**

By ALBERT WHEELER, M. D., SAN FRANCISCO.

On the 15th of June of the present year, I was called to a young lady of this city, aged fifteen years; she was suffering greatly from extreme aching through the pelvis, back and hips, with a distressing, bearing-down sensation, and sense of fullness; rectal and vesical tenesmus, great nervousness, patient having obtained but a few minutes sleep for the last two weeks.

Upon inquiry I found she had never menstruated. Though rather below the medium stature, she was well developed. Symptoms of menstruation, appeared between her thirteenth and fourteenth year, attended with no other inconveniences than a slight headache and the usual uneasiness about the back and hips, lasting three or four days each time. About this time, the attention of a physician was directed to her case, which was regarded by him as one of painful ammenorrhœa. When I first saw the patient she was suffering with the ordinary symptoms of dysmenorrhœa, excepting the non-evacuation. I mentioned to the mother my apprehensions of a mechanical obstruction somewhere along the utero-vaginal passages. An examination found the Hymen bulging through the vulva by a propelling force from within, comparable to the condition of the parts when the child's head is pressing forward, just before the labiæ begins to separate, during parturition. The parts excessively sensitive. Upon separating the labia, a large, round, firm, but elastic tumor presented itself. The presenting part (the Hymen) was tough, dense and very strong; there was considerable capillary engorgements of the Hymen and adjacent parts.

A small puncture was first made, the structure affording no trifling resistance to the point of the instrument; through the puncture escaped a thick, dark, tarry matter, about the consistence of treacle. Having determined the precise character of the tumor, the Hymen was divided throughout its whole extent, requiring an incision, on account of its great distension, about two inches in length, from which gushed a full stream of

this viscid, menstrual fluid, which had been accumulating for a year and a half; the quantity that escaped was estimated at three quarts.

It is almost incredible that an amount of distension could be obtained sufficient to hold this quantity of fluid, without causing more permanent injury than the patient, in this instance, sustained. Owing to the tendency to inflammation and septicæmia, the uterus and vagina were washed out with warm carbolyzed water. She soon fell into a profound sleep which continued until morning, she kept her bed four days, and is now feeling much better, lighter and more natural, than she has for the last year and a half. She is well.

Ophthalmology and Otology.

ANATOMY, DISEASES AND SURGERY OF THE ORBIT.

LECTURE II.

By H. C. FRENCH, M.D.

Anatomy.

The orbits are bony cavities for the reception and protection of the eye-balls, pyramidal in shape, with their bases directed forward and outward, and somewhat downward, and their spaces backward and inward and slightly upward. They are 1 3-5 inches in depth, 1 1-3 inches in height at their base or facial openings, and 1 3-5 inches wide. Their axes incline to each other at an angle of 42—43 degrees. Seven bones enter into the formation of each orbit: the frontal, sphenoid, ethmoid, superior maxillary, palate, malar and lachrymal; the frontal sphenoid and ethmoid being common to both orbits.

THE ROOF is very thin, separating the orbit from the cranial cavity and frontal sinus, and is formed by the frontal and sphenoid (lesser wing). The outer and anterior angle of the

orbit presents a depression for the reception of the lachrymal gland; and at its anterior and inner angle, a depression (*fovea trochlearis*), for the pulley of the superior oblique muscle.

THE FLOOR is made by the malar, superior maxillary, and palate bones, and contains the *infra-orbital groove*, through which pass the infra-orbital vessels and nerves.

THE INNER WALL, very thin, by the superior maxillary, ethmoid, sphenoid (body), and lachrymal bones. It presents anteriorly the *lachrymal groove* for the lachrymal sac, and at its juncture with the roof, the anterior and posterior ethmoidal foramina, for the ethmoidal vessels and nasal nerve.

THE OUTER WALL, by the malar and sphenoid (greater wing), presents the *zygomatic-temporal* and *zygomatic-facial* or *malar foramina* for the transmission of nerves of the same name. At this juncture with the roof, posteriorly, is the *sphenoidal fissure* for the third and fourth, ophthalmic division of the fifth, the sixth nerve, and ophthalmic vein. At its juncture with the floor, posteriorly, is found the *sphenomaxillary fissure* for the infra-orbital vessels and nerve, and the ascending branches from the sphenopalatine ganglion. At the anterior and superior border of the orbit, one inch from the median line of the skull, is the *supra-orbital notch (foramen)*, for the passage of the supra-orbital vessels and nerves. The apex is pierced by the *optic foramen*, $\frac{3}{4}$ inch in length, and $\frac{1}{4}$ inch in diameter, and transmits the optic nerve and ophthalmic artery. The orbit is lined with periostium, (*periorbita*), continuous at the fissures and sutures with that of the facial bones, and also with the dura-mater. The orbital tissue forms a thick tendinous ring round the optic foramen, which gives origin to the ocular muscles. Upon the periorbita is a layer of connective and adipose tissue, forming a protective cushion for the globe. This connective tissue layer is also reinforced for the formation of sheaths for the muscles of the bulb; also for the blood-vessels and nerves, and supplies a strong and delicate framework for the support of the orbital contents, and for their connection with each other and with the orbital periostium, and forms a strong anchorage of the lids to the orbital margins. One portion of this fascia, starting from the

optic foramen, surrounds the optic nerve, thence spreading over the globe, forms the *tunica vaginalis bulbi*, blending anteriorly with the sclerotic. Covering the attachments of the ocular muscles to the sclera in front, and surrounding the globe, it forms a tendonous band called *Tenon's Capsule*. Posteriorly the attachments are quite loose, constituting what is known as *Bonnett's Capsule*, in which the eye-ball freely rotates.

The *Arteries of the Orbit* are all branches of the ophthalmic artery, which arises at almost a right angle from the carotid, passing through the optic foramen on the inner and lower side of the optic nerve.

The *Veins of the Orbit* are connected anteriorly with the vena facialis anterior, and posteriorly with the cavernous sinus and pterygoid plexus, which arrangement permits of free vascular circulation both forward and backward.

Diseases of the Orbit.

Diseases of the orbit may not only endanger the function and structural integrity of the eye, but by reason of the close relation of the orbit, through its foramina, its membranes and vascular system, with the nose, the temporal fossa and the cranial cavity, may often imperil life itself by extension. Any considerable accumulation in the orbit, of whatever character, and from whatever cause, might result in destructive tension of the optic nerve, pressure upon the motor and sensory nerves, and sloughing or atrophy of the cornea from compression and protrusion, and exposure to the irritating influence of dust and atmospheric impurities. With only a thin layer of bone, in the adult, between the dura-mater of the cranial cavity and the periosteum of the orbit, and in early childhood, with little more than a membranous partition between the cavities named, we can see how readily periostitis and cellulitis of the orbit, or their inflammatory products, could extend through these thin and unresisting walls to the structure of the brain, and lead to fatal results. Fortunately for humanity the pathological conditions leading to such terminations are rare, which has been attributed by some authors to the effectual separation of the orbital cellular tissue from that of the face and lids, by the

palpebral ligament in front, and its isolation from kindred structures of any portion of the body, by the bony walls of the orbit behind.

Orbital Cellulitis is an inflammation of the adipose and connective tissue of the orbit, and seldom manifests itself as an independent disease, but more frequently as a sequence of facial erysipelas, mechanical injuries, or subjacent periostitis or ostitis.

SYMPTOMS: The picture of the disease will vary in the acute and chronic forms of its manifestation. Acute orbital cellulitis usually presents a high temperature and rapid pulse, a varying degree of pain, usually referred to the course of the ophthalmic branch of the fifth nerve, increasing with the inflammatory augmentation, and decreasing with its subsidence, which however rarely occurs previous to the formation of pus, and its free evacuation. There will usually be tenderness on the least backward pressure of the globe. Frequent rigors will announce the suppurative change, and fluctuation will denote the presence of pus. The protrusion of the globe (exophthalmus), by its degree and direction will indicate the extent and location of the purulent formation. The lids present a swollen œdematous and purplish red appearance, and the conjunctiva becomes greatly swollen, its engorged vessels forming a chemotic ring round the cornea; or the swelling may be small or absent. In the chronic form of the trouble the symptoms will be less marked, and the progress more slow and insidious.

General Course of the Disease.—While resolution in orbital cellulitis is a termination not often to be expected, we shall certainly attain that result more frequently under the abortive influence of well chosen homœopathic remedies than by the grosser system of constitutional treatment usually employed. In the course of orbital cellulitis the exophthalmus may derange the ocular muscles from mechanical interference, or by pressure on branches of the motor nerves, in either case producing annoying double vision, (diplopia). Vision may also be impaired or destroyed by pressure or traction on the optic nerve, producing atrophy; or œdema and detachment of the retina from compression of the retinal vessels may result. The

swelling may press the globe so far forward as to push the cornea beyond the protection of the lids, which condition, if not promptly relieved, could result alone in necrosis or sloughing of that organ. The purulent products of cellulitis will tend to work their way out along the line of least resistance, which in this case will be forward beneath the conjunctiva to a point near the attachment of the lids to the orbital margin, (the upper one being the most common point of exit). The lachrymal gland is seldom implicated in the inflammatory process, though plebitis of the orbital veins sometimes occurs, and extending to the cerebral sinuses may terminate in encephalitis. The orbital bones or periosteum may become involved.

Etiology : In a majority of cases of orbital cellulitis we shall probably find some lurking cachemic predisposition upon which any one of the following exciting causes may successfully operate in the production of the disease : 1st—traumatism, contused or incised wounds of any portion of the orbit, or the lodgment of foreign bodies therein ; 2nd—exposure to sudden changes of temperature or to dampness ; 3rd—inflammation of the lachrymal sac ; carious teeth and operations on the maxillæ ; syphilis, pyæmia, erysipelas, puerperal fever, or any depressing constitutional disease affecting the integrity of the blood.

Diagnosis.—The diagnosis of orbital cellulitis is often surrounded with great difficulties, and doubtful anxiety will frequently reward the most skilfully directed efforts. It may be complicated with periostitis or necrosis of the orbital walls and is liable to be confounded with those lesions, or with alien growths or bodies in the orbital cavity.

Differential Diagnosis.—In uncomplicated orbital cellulitis the protrusion of the globe will be straight forward, limiting the motion of the eye equally in all directions, and pressure on the cornea will produce a sense of pain distributed over the whole posterior orbit ; whereas, in circumscribed abscess or local growth the protrusion is in a direction opposite the seat of trouble and pain will only be manifest when pressure is made upon a point directly opposite the seat of trouble,

and limitation of mobility will be confined to the affected side. The more rapid course of cellulitis will also distinguish it from bony or periosteal inflammations and local growths. The *Annals d' Oculist*, V., xxiii., p. 14, records a case which not only demonstrates the liability of celebrated oculists to fail in diagnosis, but at the same time scores an unwilling point in favour of our despised therapeutics. Prof. Jaeger was called upon by the German Emperor to examine Marshall Radetzky on account of an exophthalmos of three months' standing. He pronounced it a case of scirrhus of the soft parts, which in his opinion would soon result in death, and recommended an operation, which was declined. The Marshall was soon afterwards so fortunate as to secure homoeopathic treatment, under which a free discharge of pus was induced, and the eye restored to its normal condition. This incident, in stronger terms than we can command, enjoins care in your diagnosis.

PROGNOSIS:—Although our method of the symptomatic treatment of cellulitis doubtless gives us great relative advantages, the prognosis should always be guarded. The possibility of serious complications, such as necrosis or caries of the orbital roof, implicating the brain, and the various destructive consequences of exophthalmus mentioned under diagnosis, renders all cases of this character grave. The course of uncomplicated cellulitis, though usually acute, lasting but a few weeks, may in any case become chronic, extending over as many months. While the prognosis in milder forms of the trouble may seem favorable, remember that no case is free from the possibility of fatal complications, and guard your reputation accordingly.

GENERAL TREATMENT:—If the trouble is due to the presence of a foreign body in the orbit, it should be removed as soon as detected, and if accompanied with great pain and tenderness, the injection of a 4 per cent solution of cocaine in the vicinity of the wound, will relieve pain and simplify the operation. An exploratory puncture will remove all doubt as to the presence of pus, and when suppuration is assured by fluctuation, the pus should be evacuated at once, by aspiration, or by means of a Von Graefe's cataract, or any narrow knife.

If practicable the cut should be made through the conjunctiva, between the lid and the globe, to prevent the unsightly scar or fistula that frequently results from evacuation through the lid. The swelling is frequently so great as to render eversion of the lid sufficiently to permit evacuation through the conjunctiva, an impossibility, and evacuation through the integument of the lid becomes a necessity. As a rule, when practicable make the incision at the point of greatest protrusion; and if the pus does not point, the upper lid, near the orbital margin, and if this is not feasible, the margin of the lower lid will be chosen as the point of puncture. The knife should be carried well back and near the orbital wall to avoid wounding the globe, and with great care to prevent injury to the delicate walls. The wound may be kept open by the introduction of very fine carbolized catgut, or tents of borated or carbolized lint or cotton, but as a rule drainage tubes will not be tolerated. If the orbital periosteum is intact the liberation of the pus will usually be followed by a speedy return of the eye to its normal condition; though chronic fistula even in these cases is not unknown. If the traction or pressure on the optic or other ocular nerves, and the vessels of the eye has not been too great or long continued, any ordinary degree of lost function may be completely restored. The hygienic conditions should be well looked to, and any blood dyscrasia combated. Painting the inflamed parts with fluid extract of *veratrum viride* and glycerine equal parts, together with the use of hot fermentations for periods of fifteen minutes at a time, at intervals of half an hour, or an hour, and followed in the intervals by dry heat, will greatly assist resolution while there is any hope of such result. As constitutional adjuvants, *aconite*, *belladonna*, or *ferrum phosphoricum* will often be found indicated, and of great value. *Hepar sul. high* has also achieved no small reputation in such cases. When suppuration is found to be inevitable apply warm poultices to promote the discharge. Though usually considered a hopeless task to endeavor to check or avert cellulitis, experience has proven that the chances are much greater under the law of *similia* than by any other method. Undoubtedly many incipient and avertable cases have been developed into destructive inflammations by the abuse of poultices and excessive medication.

Remedies.

Aconite.—In the first stage, lids red, swollen and chemotic, with great *heat, tension and sensitiveness* in round the eye; also a sense of fullness, as if the eye were protruding, and the lids too small. Hot dry skin, and the general febrile picture of the drug.

Apis mellifica.—Before the suppurative stage, when cold applications give relief, (fer. phos.). Lids swollen and oedematous, with stinging, lancinating pains. Thirstlessness and drowsiness.

Belladonna.—Will often be of service in cellulitis of erysipelitous origin, and in any case attended by great photophobia with sensitiveness of the eye to air. Sense of dryness and stiffness of the lids on motion.

Ferrum phosphoricum.—Useful as an abortant; especially adapted to the first stage, before pus is formed. Inflammation of a high grade, and painful. Face flushed; pain relieved by cold, (apis), and aggravated by motion, (bry.).

Hepar sulph.—Given in the higher potencies is said to avert suppuration, as in the lower it as certainly promotes that process. The indications for hepar are, great sensitiveness to touch and to cold; pains of a throbbing, stitching character, usually relieved by heat.

Lachesis.—Dr. T. F. Allen reports a case of orbital cellulitis following an operation for strabismus as speedily cured by lachesis, and it will no doubt be found of value when the general indications for the drug are present.

Mercurius.—Is specially adapted to ichorous, or acrid and watery discharges, usually present in the later stages of the disease; also to cases in which a syphilitic or strumous cachexia is present. The pains are usually severe, often extending to the bones round the orbit, and worse at night.

Phytolacca.—In the chronic form of the trouble, when the tendency is rather to induration than to suppuration. There is a comparatively rare form of orbital cellulitis in which phytolacca is a remedy of great value. The inflammation is

slow in its course, and not attended by severe pain. The infiltration into the cellular tissue of the orbit is very pronounced, *hard and unyielding to touch*. The eyelids are *reddish blue, hard and swollen*. The eyeball is pressed forward and its mobility impaired or lost entirely. There is chemosis and more or less dull aching pain, lachrymation and photophobia." (Norton.) We have found it of special value in those cases in which the cervical and sub-maxillary glands, and the cervical lymphatics were involved, and in all cases in which the characteristic feature was induration of the short tissues.

Rhus tox.—In this as in almost all destructive suppurative processes in and around the eye, *especially if of traumatic origin*, rhus will be found a remedy of superlative value. The indications are usually *great swelling and chemosis of the lids and conjunctiva*; profuse hot *gushing lachrymation*; pains worse from changes of weather, especially from dry to damp, also after midnight.

CLINICAL OBSERVATIONS IN THE USE OF SOME OF THE TISSUE REMEDIES.

BY H. C. FRENCH, M.D.

FERRUM PHOSPHORICUM.

Eyes.—We have found this remedy of great value in all acute and many chronic inflammations of the conjunctiva, and during the inflammatory stage of optic neuritis. It is especially adapted to conjunctivitis with great relaxation of that membrane. It surpasses aconite in a majority of acute superficial inflammations of the eye. It has also been found of service in retinitis with great engorgement of the retinal vessels.

Ears.—We have seen marked benefit from the use of fer. phos. during exacerbations of diffuse inflammation of the external auditory canal, also in acute inflammations of the middle ear, whether catarrhal or suppurative; and in inflammation of the drum-head, especially when the membrane is dry and its vessels engorged.

Nose and Throat.—From clinical experience we can confidently recommend fer. phos. in catarrhal inflammations of the nasal, pharyngeal and laryngeal mucous membrane, and with the latter a tendency to evening hoarseness.

CALCAREA PHOS.

In spongy hypertrophy of the tonsils in children, in the second trituration we have found a faithful and protracted use of the drug in many cases to produce a marked diminution in the size of the tonsils.

Ears.—We have found calc. phos. of service in chronic otorrhoeas in children, associated with painful dentition.

CALCAREA SULPH.

Has in my hands produced a marked reduction of the purulent discharge in ophthalmia neonatorum.

KALI MURIATICUM.

I regard kali mur. as one of the most important remedies we have in many forms of keratitis. In slow and chronic interstitial changes in the cornea, whether resulting from idiopathic or traumatic causes, we have found it of great value; in fact we believe it will prove to possess a specific influence over many of the pathological changes in that organ. We have learned to lean on it with great confidence, especially in diffuse interstitial keratitis in which the cornea is flecked over a large extent of its surface with light deposits; and even in chronic abscess of the cornea we have seen good results. Case reported by the writer in the Transactions of the American Institute of Homœopathy, 1891. In 1890, Miss B., aged 10, was struck on the lower lid of her left eye with a spent shot from a toy gun. Enucleation was imperatively urged by an allopathic colleague, and finally insisted upon as the only salvation for the good eye. Inspection revealed a hazy condition of the entire cornea, the lower half being highly vascular, resembling a pannus. Both the lower bulbar and palpebral conjunctiva were greatly congested, and there was absolutely no sense of light, the tension being plus 1. After two days' treatment with arnica 6x, and two more with rhus tox. 3x, during which the pain and inflam-

mation were controlled, but there was no sign of returning vision. We now began the administration of kali mur. 6x, which was the sole remedy used till her discharge on the twenty-third day of treatment with the kali mur. On the fourth day of the administration of this drug there were signs of returning vision, followed by a steady improvement for the following nineteen days, at the expiration of which she was discharged cured, the injured eye being fully equal to its fellow in function. This result shows that kali mur. is worthy of a careful clinical study in this class of cases.

Throat.—In follicular pharyngitis with tough, tenacious secretion and cough temporarily relieved by removal, after great effort, of the clinging sputa, we have found kali mur. more frequently useful than kali bichromicum.

KALI PHOS.

Eyes.—We have repeatedly derived very satisfactory results with this remedy in cases of muscular and accommodative asthenopia, and in incoordination of the ocular muscular muscles, especially from defective innervation.

KALI SULPH.

Eyes.—We have found kali sulph. a valuable agent in abscess of the cornea, and superior to kali mur. in cases of pus in the anterior chamber (hypopion), two or three cases of which under this remedy 3x, alone, have cleared up with gratifying promptness.

Ears.—Kali sulph. will well repay a careful study in its relation to both acute and chronic suppurative inflammations of the middle ear. We have found it of special value when the discharge was thick, and when thin have generally found better results from the use of silicea.

MAGNESIA PHOS.

Eyes.—We look forward to a most brilliant record of this remedy from our limited experience with it in hyperaesthesia of the retina with flashes of light, and black specks before the eyes, together with general nervous excitability.

Cough.—We had an epidemic cough that resembled phosphorous, but in which that remedy gave no relief ; there were also symptoms pointing to causticum and arum tryphil, these remedies also failing ; but in every case the most gratifying results followed the administration of magnesia phos. 6x. In dry cough in nervous children it should always be thought of.

SILICEA.

Ears.—For years we have found this the most important and often the only effective remedy in the otorrhoeas of chronic inflammations of the middle ear, especially when the discharge is thin, ichorous and ill smelling, and attended by bone-destruction. About eight years ago, in a private letter, my special preceptor, Dr. W. A. Phillips, of Cleveland, O., expressed the same sentiments in regard to silicea, after a long experience with it in ear troubles.

Colleges and Hospitals.

Visit of Professor William Tod Helmuth to the Hahnemann Hospital College.

During Professor Helmuth's recent visit to this city, the students of the college and a number of the profession had the pleasure of not only listening to a most interesting talk upon tumors, but also of seeing him operate for the removal of a small cystic tumor of the eyelid. After which the professor repaired to the lecture room and entertained the class with a brief resume of his work as a lecturer, which commenced in 1857, in the Pennsylvania Homœopathic College, when Homœopathy then was unknown west of the Alleghany mountains. Professor Helmuth complimented the profession of the Pacific Coast on the possession of a fully equipped Medical College, and saw no reason why it should not, in a decade, equal any other institution in the country in size and number of students. He predicted a great future for the institution, and advocated unity of action among the profession of the coast, for he had

found out in all his career as a teacher that no where else was the motto "In Union there's Strength," more applicable than amongst the medical profession. The professor concluded with some excellent advice as to how to practice medicine, and stated that those who practiced simply for the sake of the money there was in it; those who worshiped the graven image of the almighty dollar, and left no stone unturned to turn every thing to money, debased the noble art of medicine to a trade, and were unworthy of the name of physician. We hope Professor Helmuth will call at San Francisco again on his return from Japan, and remain longer with us. D.

Book Reviews.

A Primer of Materia Medica for Practitioners of Homœopathy. By DR. TIMOTHY FIELD ALLEN. Philadelphia: Boericke & Tafel. 1892.

This little work by that indefatigable worker Dr. T. F. Allen purports to present the characteristic features of the most important drugs of the homœopathic materia medica. It seems to be the more important symptoms of the well-known work, "The Handbook of Materia Medica," by the same author, which in its turn was a condensation of "The Encyclopedia of Materia Medica" by the same author, with the addition of some clinical symptoms. For the student it seems to fill a long-felt want, for it gives decidedly the "gist" of each drug that they require; and this work is very similar to the note-book of a student from the lectures on materia medica in a medical college; and the study of drugs does not appear so formidable with such a concise and neat work as a text-book as it did with the more voluminous works like Hering's condensed and the Hand-book. We believe that the work might have served its end better had there been a concise *resumé* of the general and physiological action of each drug, as a preparatory step to a better comprehension of its symptomatology; a few words of explanation of its general effect—in short, just that which Professor Allen gives in his lectures to his class. However, it is a good book for a medical student to possess, being concise, neat in appearance and, above all, within the bounds of the most modest purse.

Practical Midwifery—A Handbook of Treatment. By EDWARD REYNOLDS, M. D. New York: William Wood & Co. 1892.

A practical, concise volume on the modern treatment of gestation, labor and the puerperal state, and emergencies arising in obstetrical practice, is certainly a desideratum at present. We have it in the present volume. It

is an elementary, unpretentious, but wholly reliable and thorough work, and the student and practitioner will find here a full description of those practical details of conduct which are necessary to the management of every case of obstetrics. The author believes in the strict observance of antiseptic procedures, and throughout the work the reader has the benefit of the results of much practical work obtained on attendance at the largest obstetrical clinic in America. The book is illustrated with one hundred and twenty-one illustrations, and otherwise has the excellent external appearance that mark the publications of William Wood & Co.

What is Homoeopathy? By W. H. HOLCOMBE, M. D. Philadelphia: Boericke & Tafel. 1892.

A reprint of this well-known missionary pamphlet, which is well worth the fifteen cents asked for it.

How to Feel the Pulse, and What to Find in It. By WILLIAM EVART, F. R. C. P. New York: William Wood & Co. 1892.

This work is devoted to the oldest and not the least important of our methods of clinical study, and as such is a complete treatise, going into all the minutæ of the method and describing the significance of the pulse in all its vicissitudes. The book is excellently arranged, and is a most useful and handy little volume.

Proceedings of the Twenty-seventh Annual Session of the Homoeopathic Medical Society of the State of Ohio. 1892.

A creditable volume from our Ohio brethren, showing that homoeopathy among other things, is decidedly growing in the Buckeye State, where McKinley governs.

Are Inebriates Curable? By J. D. CROTHERS, M. D., Hartford, Conn. Read before the English Society for the study of Inebriety.

An interesting and timely essay.

Illinois State Board of Health. Eleventh Annual Report and Official Register. 1892.

Notes on the General versus Local Treatment of Catarrhal Inflammations of the Upper Air-Tract. By B. ROBINSON, M. D., New York. (Reprinted from the *Climatologist* '91.)

Transactions of the 27th Annual Session of the Homoeopathic Medical Society of Wisconsin. May 1891. Contains interesting articles, and one especially so on the medical treatment of cataract.

Some Practical Observations concerning examination of the Heart. By E. R. SNADEB, M. D., Philadelphia.

Personals.

A. SOUTHWORTH, M. D., has removed from Pomona to Glendora, Cal.

DR. J. STOW BALLARD has joined the procession of Benedicts. Our congratulations.

DR. THOMAS G. MCCONKEY has associated himself in co-partnership with DR. E. V. VAN NORMAN, of San Diego.

E. D. CURTIS, M. D., has his office at 1260 Grove street, Oakland, Cal. The doctor is a practitioner of experience and favorably known.

PROFESSOR A. AUCHIE CUNNINGHAM, has removed his office to 426 Kearny street. Water, soils, oils, foods, poisons, urine, etc., examined and analysed.

DR. S. WORTH spent his vacation at Lake Tahoe. So far no consignment of fish has been received at this office, although the doctor believes himself quite an expert.

PROFESSOR WILLIAM TOD HELMUTH, our brilliant poet-surgeon, gave us a most enjoyable visit recently on his way to Japan. We hope for a repetition of it upon his return.

DR. S. S. GUY, late of Visalia, has removed to Los Angeles, where he has opened an office at 2114 E First street, station B, Boyle Heights. The doctor reports very encouraging prospects.

DR. J. G. NELLIS, of Usal, was married May 16th, 1892. This will doubtless add to the doctor's growing practice in Mendocino County, where we believe he is the only homœopathic physician.

DR. C. E. FISHER writes that the American Institute meeting at Washington was a grand success, over nine hundred members and visitors in attendance. The doctor was elected first Vice President and promises us important sinecures.

IN the names of the Bureaux of the State Society given in last month's issue, DR. WILLIAM BOERICKE should be Chairman of Obstetrics; DR. AMELIA WATERHOUSE, Chairman of Diseases of Women and Children, and DR. A. J. HOWE, Chairman of Statistics and Necrology.

FOR SALE—Excellent sanitarium property, consisting of four acres of beautiful land suitable for growing fruit, with improvements thereon of fine modern buildings, complete water system, irrigation, sewerage, stables, etc., situated in a most charming locality, with climatic surroundings which are unexcelled in the State. Exceptional educational advantages in the neighborhood, and all within one hour of San Francisco, half hourly train service. The improvements alone on this property cost over \$12,000. A bargain to any one desiring a home or a private hospital or sanitarium. Photographs furnished *bona fide* purchasers. Address "Business Manager" of this journal for particulars.

Clinical Items.

Eucalyptol, the ethereal oil of eucalyptus globulus, has a peculiar action on the suppurative process. It paralyzes, as has been ascertained, the white-corpuscles as soon as they have penetrated the blood-vessel wall during inflammation. The process of tissue disintegration is hence checked by this drug.

Eucalyptus in Pulmonary Gangrene.—Extreme fetidity of breath, cough, dyspnoea and fever, with dullness in a definite location, tubular respiration and crepitant rales, and black and very offensive sputa, caused Dr. Bonamy (*Le Courier Med.*) to diagnose pulmonary gangrene. The patient was first put upon a mixture containing carbolic acid, but no improvement following, this was replaced by tincture of eucalyptus. In two days after the last prescription, the odor of the breath was much less offensive, and in less than two weeks the patient was cured. *Medical and Surgical Reporter.*

Grindelia. In the secondary stages of bronchitis and pneumonia this is a very useful remedy. When the cough is loose and rattling, the chest seemingly full of mucus, yet so tight or so free that the patient is unable to raise it. Coughs following the grippe.

Senecio. Amenorrhœa with profuse leucorrhœa, nervousness, headache and malaise, debility.

Cinnamon is an efficient remedy for hemorrhages, bloody urine, excessive menses, also for spasmodic gaping.

Kali phos—*Eyes.*—We have repeatedly derived very satisfactory results with this remedy in cases of muscular and accommodative asthenopia, and in incoordination of the ocular muscular muscles, especially from defective innervation.

Chamomilla. Neuralgia of the face; pain causes hot sweat about head to break out, and inflammatory and rheumatic face-ache. Rhagades on lower lip.

Selections.

SEVEN VALUABLE REMEDIES.

Saw Palmetto.

Is indicated in all cases of wasting of the testes; it exercises its best efforts on the prostrate gland, whether enlarged or atrophied; it promotes the growth of the mammæ; in uterine atrophy dependent upon ovarian blight its action is unexcelled. We could cite case after case of both morbid conditions, in which, by means of this agent, the size of the prostrate was equalized, the difficulty of micturation was relieved, the stoppage, dribbling, lack of force completely overcome, and the improvement in sexual power steady and most gratifying. A perfect rejuvenation follows the use of the palmetto; the general nervous system becomes balanced and invigorated.

Dose—From five to fifteen drops, repeated three or four times a day.

Avena Sativa.

It is an antidote to opium poisoning, and for affections arising from the abuse of opium, morphine or from intoxicating drinks. It is curative in the following diseases; Nervous headache and prostration, due to intellectual application; insomnia; severe cases of neuralgia, including those cases occurring in persons subject to hemiplegia; epilepsia, especially those of traumatic origin. Is important in hysteria, melancholia, nervous debility and all forms of nervous prostration, whether due to the abuse of intoxicating drinks, tobacco, opium or morphine, to sexual excesses, masturbation or intellectual labor.

Dose—From ten drops to two teaspoonfuls of the tincture made from the fresh Avena.

Fareol.

Relieves pain, reduces the temperature; is a valuable remedy in headache, neuralgia, sciatica, acute, chronic and inflammatory rheumatism, la grippe, fevers, especially typhoid and remittent, menstrual neuroses and other neurotic difficulties.

Dose—From three to ten grains, put up in powder.

Mullein Oil.

Internally for enuresis nocturna. Recommended especially in chronic cases.

Dose—Three to five drops, three times a day.

Externally for earache and deafness. Directions: two to five drops dropped into the ear, or put on cotton once or twice daily.

Phytolacca Extract.

It is the juice of the Phytolacca berry after having been touched by the early frost. Recommended for obesity. It is a powerful antifat, and can be safely taken without injury to the most delicate stomach.

Dose—From five to ten grains three times daily, an hour before meals.

Vesicarea.

From the fresh plant. A powerful diuretic, and especially recommended in all forms of kidney, bladder and urinary difficulties, such as catarrh of kidney or bladder, chronic cystitis, gravel—allaying the inflammation and facilitating expulsion; gonorrhoea, both in male or female.

Dose—From three to fifteen drops, according to necessity, from four to six times a day.

Passiflora.

Insomnia—Sleeplessness. It causes a quiet slumber from which the patient may be wakened up, will talk as rationally as he ever did and immediately relapse into his slumbers. Excellent in convulsions of children and adults, neuralgia, sleeplessness, with great restlessness and suicidal mania, tetanus infantum (neonatorum), tetanus and trismus in horses.

Dose—From five to thirty drops.

[This selection is extracted from an Eastern Trade Journal, which borrows largely from the CALIFORNIA HOMOEOPATH, without giving due credit. Eds.]

Ears.—*Kali Sulph.* Will well repay a careful study in its relation to both acute and chronic suppurative inflammations of the middle ear. We have found it of special value when the discharge was thick, and when thin have generally found better results from the use of *silicia*.

THE
CALIFORNIA HOMŒOPATH.

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No. 8.

Original Articles.

A PLACE FOR HUNYADI WATER IN THE LYING-IN
CHAMBER.

BY WILLELA HOWE, M. D., SANTA ANA, CALIFORNIA.

*[Read before the Homœopathic Medical Society of Southern California, at its
First Semi-Annual Meeting, held at the Hotel del Coronado, San Diego, Cal.]*

Three years ago, when Professor Ludlam was here, he performed two operations for patients of ours, one a laparotomy and the other an ovariectomy. Two or three days after these operations the patients complained of the gas moving about in the intestines, for which he prescribed the hunyadi water with a most satisfactory result.

Later, when the first of the following cases came into my hands, I felt that I could do no better than to prescribe the same remedy. Although the conditions were not identical, the effect was just as satisfactory, so much so indeed, that I have felt that three cases, the second and third following later on, were of sufficient interest to justify me in preparing the clinical notes thereof for the Society.

CASE I.

Mrs. T., aged thirty-five, ten days previous to my being called was delivered of twin boys. The history of the case as given to me up to the time I was called, is as follows: The labor was normal, and all went well until the fourth day, when the patient took cold (?) and had a severe chill. The lochia was suppressed and the temperature reached 104. The pulse was 130. The flow of milk ceased and was never re-established. She suffered no pain at any time during the ten days. Her first physicians were of the old school and they found that large doses of quinine or of antipyrine would control the temperature for two or three hours at a time, and no more. Now and then there would be a slight and exceedingly offensive uterine discharge. Her physicians were both decided that she must die. One of them was present at the time of my first visit, which was made at one A. M. of May 10th. Through him I learned that one, hot vaginal douche, administered by himself and the giving of the above named remedies constituted the professional care given the patient.

I found her face of an ashy hue, bathed in a profuse, cold, clammy perspiration, and as lacking in expression as a lump of potter's clay. The pulse was 120, and thready; the temperature 103 and she was greatly emaciated. The bowels moved every day, though not freely. They were distended with gas. The sensation imparted to the hand, when passing it over the abdomen was similar to what it would be when passing it over the top of a basket filled with apples, both large and small. The odor in the room was almost beyond endurance. No amount of airing or quantity of deodorizers could remove it. Arsenicum, 3, and quina sulph., one-half grain, were given in alternation every hour, and egg-nogg, one gill, every three hours; the entire body to be wiped off, under the bed-clothes, with a piece of old linen one-fourth yard square, squeezed as dry as possible by the right hand out of hot water. (My favorite method of keeping the water hot is by setting a tin basin containing a pint of water and two ounces of alcohol over a small, one-burner coal oil stove. This should be set at a convenient distance from the bed, as it saves time and keeps the water of an even temperature. The cloth should be held tightly clasped

in the hands until it comes in contact with the flesh. A small portion of the body is sponged at a time, the cloth being squeezed out afresh before it becomes cool), The bath in this case was followed by inunctions of pure olive oil. Of hunyadi water one-half a wineglassful was given every two hours.

May 11th, 9 A. M. Temperature, 102; pulse, 120 and fuller. I asked for two quarts of hot water, into which I put two tablespoonfuls of listerine. Examination of the uterus revealed the fact that it was of size of the foetal head at term, and located low in the pelvis; the os-uteri was patulous, readily admitting the introduction of two fingers above the internal orifice. Between my two fingers I passed the irrigator-nozzle of a Davidson's syringe, and the amount of debris that was washed away would have filled a large cup. It was the foulest smelling substance with which it has ever been my misfortune to come in contact. It was so bad that for a week it was impossible to remove the odor from my hands.

I remained with the patient for an hour, and before leaving, her temperature had fallen to 100, and the pulse to 100. Her expression was more natural, and the intense melancholy gave way sufficiently to allow her to smile, though ever so faintly.

4 P. M. She has rested better, slept an hour. Temperature, 102, pulse, 120, and stronger. Some perspiration. She is warm and less clammy. The lochial flow is muco-sanguinous and less offensive. The same remedies; the douche to be repeated every three hours. The bowels have moved twice, but there is no change in the degree of distention.

May 12th, 9 A. M. Temperature, 99, pulse, 100; has slept well all night, for the first time during her illness, and is quite cheerful. The bowels have moved freely twice during the night. The abdomen feels as though in health; the uterus is shrinking; the lochia are free, purulent and slightly offensive.

Arsenicum 3. Discontinued the mineral water; gave beef tea or scalded milk, slightly salted, every three hours, and a one grain pill of quinine three times a day.

May 13th, 9 A. M. She had a severe chill at 6 A. M. The pulse is 130, full and bounding; the temperature, 104; the bowels distended, as in my first visit; the uterus is swollen and raised above the pubic arch; the urine is scant, and for the first

time during her illness she is suffering with severe uterine pains. I ordered hot fermentations and the mineral water every two hours, with *veratrum viride* 2, each hour.

5 P. M. Temperature, 102, pulse, 120. The perspiration is abundant, there is less pain; the lochial flow is scant and bloody; the bowels have moved once; there is less bloating. The hot fermentations were continued.

May 14th, 9 A. M. Temperature, 99; pulse, 90; has had three slight, watery stools during the night; no bloating, no pain; the lochia was free, thin, sanguineous and odorless. The douche not to be used unless the odor returns.

From this on the patient made an uneventful recovery, and was discharged one week later.

CASE II.

Mrs. D., æt. 18, primipara and very slightly built, with a narrow pelvis. Her labor began at eight A. M., December 23rd, and continued severely until one A. M., of the next day, at which time the os was about one-half dilated and the head presenting at the pelvic brim. No progress having been made for six hours, chloroform was administered to the point of unconsciousness, and my husband and myself proceeded to deliver her with the forceps. But it was with difficulty that any progress was made. At one time we feared we would have to resort to craniotomy, but finally when we both were almost exhausted a still-born babe weighing eleven pounds was taken. The perineum was intact. The head was very large; but I am of the opinion that the greatest cause of trouble was the extension of the chin; I judged by the manner in which the blades grasped the head below the ears. The patient rallied well. *Aconite* 3 and *arnica* 3, in alternation every hour.

December 25th, 8 A. M. Temperature, 99; pulse, 90; the lochia was free and natural. The same remedies.

December 26th. She slept fairly well, but complains of an uneasy feeling in the abdomen, with frequent desire to pass the urine, which is scant. The breasts feel slightly sensitive, but contain no milk. We let them severely alone, with the hope that, being a primipara, but little milk would be secreted. The labia being very much swollen, bags of hops wrung out of hot

water were applied. The bowels moved at 7 A. M.; the appetite is good; she is cheerful, and rested well all night. The lochia was normal. Apis mel. 3, every two hours.

December 27th. About the same as yesterday, except that the urine is more abundant. She still feels a slight pain in the abdomen, cannot tell just where, but thinks it is low down. No milk. Temperature 100, pulse 90.

December 28th, 8 A. M. Temperature, 102; pulse, 120. She has had no chill, but there is intense pain in the right inguinal region. On removing the bed-clothes I was astonished to find abdomen almost as large as it was previous to delivery. The first thought was that she must have general peritonitis. The percussion notes are clear and resonant, and the only sensitive place is in the right ovarian region. The hunyadi water every two hours and egg-nogg every three hours, with the hop bag on the right side.

4 P. M. Temperature, 102; pulse, 120. The bowels have moved twice, but slightly. The abdomen is unchanged, but there is not quite so much pain.

December 29th, 7:45 A. M. Temperature, 101; pulse, 120; has slept but little. The bowels moved but twice, with copious watery evacuations. There is less abdominal distension; the lochia are sanguineous, with less odor; less pain during micturition, and but slight pain in the right side. Cantharis 3, every two hours and hunyadi water, half a wineglassful every two hours.

4 P. M. Temperature, 103; pulse, 120; the bowels have moved three times, but are still somewhat distended. The pain in the side is much worse, sharp, darting and is increased for about ten minutes after the bladder has been emptied, and then is better until the next time. Frontal headache, cannot bear the light; frequent desire for water, but cares for but little at a time. The lochia are of a bright red. Belladonna 3, and trillium 3, in alternation every hour, with hunyadi water every six hours; gum arabic water, pounded ice and beef-tea. The hop bag to be applied as before.

December 30th, 7 A. M. Temperature, 102; pulse, 120. The pain in the side was severe all night, no sleep. The bowels

moved once; there is no distension, but some enlargement in the right side. Bell. 3, and cantharis as before.

4 P. M. Temperature, 103, and pulse, 120. No change save that the lochial flow is a bright red. Bell. 3, and trillium 3.

December 31st, 7:30 A. M. Temperature 102, pulse 120. The pain in the side was severe all night, except between the hours of 1 and 2, when she slept: otherwise just the same.

4 P. M. Is somewhat easier. Temperature, 102; pulse, 120.

January 1st, 7:30 A. M. Temperature, 101; pulse, 100. At 7 o'clock she was almost thrown into a spasm by an excruciating pain in the bladder, accompanied by an almost uncontrollable desire to urinate. It was impossible to use the bed-pan, so she was lifted onto the vessel. It was with great difficulty and with intense pain that she relieved herself of a gill of pus and about an ounce of urine.

The relief was decided, and when I arrived she was resting quite comfortably. There was no doubt that the bladder was the outlet for the pelvic abscess which had formed in the right side. The lochia was sanguino-purulent. Silicea 3, a powder every two hours; the hot applications to be discontinued. The bowels are normal in every respect.

5 P. M. Temperature, 100; pulse, 100. Pus and urine were discharged from bladder three times during the day. The pain in the side is severe at times, and there is always some pain in the bladder during micturition. The lochia more bloody and less purulent, with some odor, and the bowels are somewhat distended. A vaginal douche every six hours. Wine jelly, cream toast and a soft boiled egg. Hunyadi water every six hours; Silicea.

January 2nd, 10 A. M. Slept well. Temperature, 100; pulse, 100. Had a slight chill at 5 A. M. The urine is clear and abundant; the lochia purulent and offensive; the body is bathed in perspiration, Quinine, one grain, and silicea in alternation every two hours.

January 2nd, 4 P. M. Temperature, 100; pulse, 90. There was a slight discharge of pus with urine twice during the day; the lochia unchanged; still perspiring freely. Same treatment.

January 3d, 8 A. M. Much better. Temperature, 99; pulse, 90. The urine is normal and no pain in the side. No perspi-

ration since midnight. The lochial flow is thinner and has less odor. The douche three times a day, and silicea 3.

January 4th. Temperature, 98.5; pulse 80. Slept well. From this time she made a steady recovery. There was no secretion of milk at any time. Baths given in this case as in the first, once or twice a day, according to her temperature, but were not followed by the use of oil. The pelvic abscess left no traces behind. Having sustained a severe bilateral laceration of the cervix uteri, six months later we operated for it, the result being a most satisfactory one.

CASE III.

Mrs. C., æt 22, primipara, was delivered December 28, of a son. Here was one of the most perfectly natural labors that it has ever been my good fortune to witness. She did well until the fifth day, January 2nd, when she was made exceedingly weary by a visit from a relative. During the night she almost went beside herself with nervousness. About five o'clock the next morning she had a chill which lasted over an hour. I saw her at 7:30 A. M. Temperature, 100; pulse, 130. The lochia are scant; there is a continuous severe pain in the right inguinal region, and every few minutes sharp pains extend upward in the region of the ascending colon. The bowels are distended with gas, as in the first case, but the abdomen is not so nodulated. She has an intense throbbing headache. Verat. vir. 2 in drop doses every hour, and hunyadi water every two hours, with hot fermentations on the right side.

5 P. M. Temperature, 102. The lochia are free and of a bright red. The bowels have moved twice; there is less distension and less pain, but she is very restless. Aconite 2 and verat. vir. 2 every hour. At midnight, temperature, 100; pulse, 120. The bowels have moved again; there is less pain and distention. 6 A. M. Has had another severe chill; the lochia continue bright red, but scant. 7 A. M. Temperature, 102; pulse, 120. The bowels are distended in the region of the ascending colon, and there is some swelling and much tenderness in the right inguinal region. She is perspiring freely and talks incessantly. The hot fermentations to be continued.

Trillium 3, to be alternated every hour with verat. vir. 2; the hunyadi water as before.

January 3d, 5 P. M. Temperature, 102. There is less restlessness and less pain. The abdomen is about the same; the bowels moved twice involuntarily; the lochia are muco-sanguineous and offensive.

January 4th, 7 A. M. She rested better during the night; the bowels moved once; there is no distention of abdomen, but still some swelling in the right inguinal region. Discontinue the water. The pains are less severe but frequent, sharp and cutting; the lochia muco-purulent and profuse. Had a slight chill at 6 A. M. Temperature, 102; pulse, 120.

She perspired quite freely during the night, but slept somewhat better than for several nights. Ars. 3, to be alternated with quinine in a half grain pill every hour. Being tired of hot milk and egg-nogg, she will take beef tea every two hours, and a hot toddy every three hours. The mineral water to be given every six hours.

6 P. M. Temperature, 102; pulse, 120; with but little change since morning.

January 5th, Temperature, 100; pulse, 90. Is resting easy with profuse perspiration and occasional pains in the right ovarian region; the lochia are purulent, abundant and offensive. The abdomen is distended; has had no stool for twenty-four hours. The mineral water to be taken every two hours.

January 6th. No change; with the exception that the bowels are normal once more. The two following days were uneventful ones.

January 9th. Her eleventh day in the lying-in chamber. She had a slight chill last night. The lochia were suppressed for four hours but returned a bright red. Temperature 100, pulse 100. The abdomen is slightly distended. Trillium 3, every hour, and the mineral water three times a day.

From this on the patient gained rapidly until the end of the first month, when she was perfectly well.

She was given a hot sponge bath every day when her temperature was high, and a warm one when near the normal.

Since the above was written I have added cases 4 and 5 to my case book.

CASE IV.

Mrs. C., æt. 32, multipara. Delivered her of her fifth child May 7th. Labor normal, of five hours duration. The after-pains were severe for twenty-four hours, then subsided.

Up to the sixth day there was no elevation of temperature. Lochia normal and odorless.

At 4 A. M., of the sixth day, she was aroused by a severe pain in the left inguinal region. About ten minutes after waking, she was taken with a chill that lasted an hour. I saw her at 10 A. M. Her pulse was then 120, full and bounding, and temperature $103\frac{1}{2}$.

The pain had extended upwards to crest of illium, and around the lumbar region, down the sacrum to the vulva. Bowels were distended, but more especially so on the left side. Lochia was scant and very offensive. Acon. 2x, teaspoonfull every hour, also wineglassfull of hunyadi water every two hours. Hot douche with listerine every six hours.

7th day, 10 A. M. Pain less severe; temperature, 101; pulse, 100; intestines about the same; lochia are abundant and sanguineous. Trillium 3x, mineral water as before.

8th day, 11:30 A. M. No pain; temperature, 100; pulse, 90; intestines feel natural, lochia are the same. Discontinued mineral water. Trillium 3x every two hours.

9th day, 10 A. M. Temperature. $98\frac{1}{2}$; pulse, 72. Discharged.

CASE V.

Mrs L., æt. 20, primipara. Delivered her of a ten pound boy June 20th. The labor was long and tedious, but normal.

June 21st. Has rested well, with the exception of some uneasiness, occasioned by hemorrhoids, a condition which has existed for some months.

June 22nd. Has had some sharp pains in the right inguinal region. She first feels the gas pass from the small intestine into the cœcum and colon, and then comes the pain. Colocynth.

June 23rd. Temperature, 101; pulse, 100. The pain in the side is better, but there are pains in the abdomen which change their location according to the movements of the gas. Hunyadi water, one-half wineglassfull every three hours.

June 24th. Temperature, 100; pulse, 90. Is feeling quite well. No medicine.

June 25th and 26th. Continued in well doing.

June 27th. Pain and gas have returned, but less severe. Hunyadi water, one-half wineglassfull every four hours.

June 28th. Still some pain; same remedies.

June 29th. About the same; treatment the same.

June 30th. Is feeling quite well, continued the water night and morning for four days as a preventive.

Patient convalesced nicely.

COCAINE AND PHENOL.

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

Condensed Notes from Aertzliche Rundschau, No. 9, 1892.

Cocaine and Phenol act similarly upon the distribution of the blood. The primary effect of Cocaine is to produce a local pallor at the site of application, and hyperæmia at distant parts. Painting a concentrated Cocaine solution on the forehead increased normal menstruation.

A patient who never had hæmorrhoids was treated by insufflation of Cocaine for bronchial irritation. The following day he had pain in defecation and extrusion of intensely filled hæmorrhoids.

A Cocaine injection for gonorrhœa was followed by epistaxis

Cocaine in gelatine capsules was given for some gastric affection (not named); blood appeared in the sputum.

Phenol (Carbolic Acid) acts similarly.

Cocain-phenylic, recently introduced by Merck — claims, therefore, to be a rational combination, based on the above. It is not soluble in water, as is the much-used Muriate Cocaine; therefore it is not readily taken up by the circulation, and consequently not apt to exercise any but local effects. (The Phenyl element also tends to coagulate albuminous substances, thereby also tending to localize effects.—WRITER.)

As no loss by general absorption occurs, very small doses of Cocain-phenylic, even so minute as .003 to 0.01, exercise a pro-

longed local effect. Even large doses, up to 1.0, produce no danger of poisoning.

Cocain-phenylic, employed to break up the circular vitiosis of inflammation by reducing local anæmia—conclusion therefrom: that there is hardly any acute inflammation of the mucous membrane which cannot be aborted by rationally applying the drug.

In conjunctivitis, Von Orfele used Cocain-phenylic successfully in aborting cases of acute catarrhal variety, most of which yielded after one application. Where the remedy can be applied by the physician, he advises: ℞ Cocain-phenylic, Merck, 0.03 (gr. 56); D. ad chart arat. About one-tenth thereof is applied to the lower conjunctival fold by the tip of a pointed match, and distributed by rubbing the closed lids. If this does not suffice, it may be repeated in five minutes. Solution being preferred, he drops the following from a similar stick: ℞ Cocain-phenylic, Merck, 1.0 (gr. xv); Alcohol absolut., 10.0 (fl. ʒ v). If the patient is to use the drug, a camel's-hair brush is used to paint the lower lid every two minutes until the eye no longer burns when opened, with the following: ℞ Cocain-phenylic, Merck, 0.1 (gr. xv); Spirit dilut., 5.0 (fl. ʒ v ss.); solve et add Aq., distillat., 5.0 (fl. ʒ v ss.).

Various formulæ for aborting acute nasal catarrh, occlusion of nostrils, and claims that when polypi do not produce a high degree of impenetrability of the nostril, solutions given often relieve.

CANCER OF THE TONGUE.

BY J. F. BROWN, M. D., LOS ANGELES, CAL.

It is quite interesting and curious to look over the literature on the subject of cancer, even of the near past, and see what confusion existed with regard to the pathology. In Druitt's "System of Modern Surgery," edition of 1867, I find cancer of the tongue and epithelioma of the tongue described under two different heads. I also find this statement by the same authority, after having spoken of two deaths, one by what he called cancer, and also one by epithelioma of the tongue:

“The cases of these two eminent members of the profession present a subject for useful comparison. The epithelioma was here quite as *malignant* as the cancer. Yet diseases, though equally fatal, should not be confounded, if their anatomical elements are distinct.”

Helmuth, in his “Surgery,” edition of 1873, uses the terms scirrhus and cancer as synonymous, when speaking of cancer of the tongue.

In the preliminary part of this article it is my purpose to give the facts pertaining to cancer of the tongue and its treatment in a condensed form, as gleaned from the experience of the present time.

Other tumors and ulcers of the tongue that may be mistaken for cancer are papilomata, fibromata, lipomata, sarcomata, enchondromata, tubercle, syphilitic and simple ulcers. Probably the majority of the above enumerated conditions may become transformed into epithelioma. With the exception of the so-called dyspeptic ulcer, epithelioma is the most frequent sore on the tongue, unless the syphilitic sore is also excepted.

The syphilitic and simple ulcers are susceptible to improvement by treatment, so that they may soon be ruled out, when there is doubt. It is said that if no improvement follows moderate sized doses of iodide of potassium three times a day for two weeks—five to twenty grains—the sore on the tongue may be treated as non-syphilitic. Any ulcer on the tongue that resists treatment for any length of time should be treated as if it were malignant. Early removal is the best and safest for the patient in all chronic sores that do not yield readily to less radical treatment. The disease is then local; there is no danger, no deformity, and no metastasis.

It is now conceded that epithelioma is the only form of cancer that attacks the tongue. Patients attacked are usually over forty years of age. On an average, it runs its course in one and a half years. It often develops from what seems to be a simple sore, becoming malignant from irritation, such as may be kept up by a broken tooth. The surrounding glands may become affected as early as three months, or not for nine months after the inception of the malignant disease. The sore on the tongue is indurated, oval in shape, and is early attended

by sharp, lancinating pain, shooting to the ear. Pain extending to the back of the head is common. There is great and constant flow of saliva. Situation, usually on the side of the tongue, near its tip, in the beginning. Under the microscope, scrapings from an epithelioma will show pus and blood corpuscles, particles of food, bacteria, abnormal epitheliæ cells, together with a great number of normal epithelia in the shape of flattened scales, round, oval and elongated with prolongations. The cells are generally granular, having several nuclei larger than the normal nuclei. What is denominated as the swallow's-nest arrangement is observed in some instances. When the disease recurs after operation, it usually does so in from four to six months; and it nearly always recurs in the neighboring glands and rarely in the stump of the tongue.

Recovery is rare where the posterior portion of the tongue is diseased, and especially so if the floor of the mouth and the glands are involved. A good hope of cure can be held out to an otherwise healthy person, with cancer near the tip of the tongue, uncomplicated, by early and complete removal by some of the best modern methods.

TREATMENT.

Early and thorough removal by some operative method is universally recognized as the only plan, by modern surgeons. Where the disease extends far back on the tongue, the glands, floor of the mouth, etc., are involved, operative treatment can be considered only as a palliative; still, it is then justifiable to prolong life, relieve suffering and to clean away foetid tissue. Some very unpromising cases have been operated upon, and have lived for years afterward. Those patients who refuse operation, or who may not be considered unfit subjects for operation, may be treated palliatively.

A homœopathist would, of course, in all cases, give the remedy internally that he thought might be indicated, and relieve his patient as much as possible by such means. And there may be cases, I know some will contend that there are, cured by such remedies without further treatment. If there are such, so much the better for the patients, as it saves them the ordeal of an operation. I have not had much experience in

treating the disease under consideration, by remedies alone, hence, am not prepared to take up that branch of the subject. I do, and in all cases most certainly would give my patient the benefit of remedies as well chosen as I was capable of doing.

So far as I know, there are few remedies, if any, that apply especially to the treatment of cancer of the tongue. In other words, those that are given for cancer in other parts of the body will be useful here. Galium aperinium, I find has been especially recommended. (See Helmuth's Surgery),

There may have been others that have been especially recommended for that disease, but if there are I know of none that have attracted very special notice.

In connection with the remedies internally, there are also medicines that have been used to the sore locally, for their anodyne and antiseptic effects. Among others I find this powder recommended:

R. Iodoform.....	gr. j
Morphine.....	grs. 1-5-1-2
Borax.....	grs. —

Cocaine may be used locally, to quiet pain while taking food which is likely to be present in advanced cases. The œsophagus tube may also be used to convey fluid food beyond the sore in such painful cases.

Excision of the lingual artery, and of the lingual nerve have also been performed as palliative measures. The former without special results, but where the cancer was situated near the tip of the tongue, excision of the nerve has been followed by great relief in some cases, for a certain length of time.

Where the anterior two-thirds of the tongue, floor of the mouth and glands are involved, nothing in the way of an operation can be considered except for palliation. In such cases the ulcerating part may be removed.

Before operating on the tongue, the mouth and teeth should be made thoroughly aseptic. Before beginning an operation by any plan, thorough preparation should be made for controlling hæmorrhage, as it is likely to occur. Tracheotomy instruments should be on hand, as it might be necessary to perform tracheotomy during the operation, where this has not been done at the beginning as a preliminary measure.

The various operators that have given their names to operations for removal of the tongue are Whitehead, Baker, Kocher and Volkman. Some of them describe methods for operation through the mouth; and others various plans by which the tongue and diseased tissue is removed from beneath the lower jaw. Some perform preliminary tracheotomy; others are not in favor of it. Some tie the lingual arteries, one or both; others do not. The various text-books will give all the views on the subject. The scissors, knife, cold and hot wires are all recommended as instruments. The operation by ligature has become obsolete.

After the operation, in all cases, the patient should be well and judiciously fed, and should be up from his bed and out of doors as soon as possible. The mouth should be kept as clean and sweet as can be done. For the latter purpose, among others, the following is recommended: After operation, smearing over the stump with a solution of chloride of zinc, forty grains to the ounce; or sprinkling with powdered iodoform. Frequently washing the mouth with a solution of permanganate of potash, and brushing the sore with carbolic acid and glycerine are useful to keep down the foctor. Lobular pneumonia occurs sometimes after operation, which is supposed to be due to sepsis from the mouth.

In conclusion, I will give a resume of the history of a case. I shall not go into all the details of the case prior to, nor after, the operation, as it differed in no respect from a typical case of cancer of the tongue, in my estimation. It is the operation and its results I wish more particularly to speak of.

The case was a Mrs. Stanley, an English lady about seventy years of age. She had been in the habit of smoking a clay pipe for a great many years. I attributed the cause of the sore to irritation from the end of the pipe-stem. It was situated on the right side of the tongue near its tip. The sore had made its appearance about three months before her call on me in the month of July, 1889.

She was married at about the usual time in life and was still living with the same husband. I had no particular reason to suspect syphilitic taint; but still give her the benefit of any doubt that might exist by the ordinary medicinal treatment.

But made no impression on the progress of the disease. I prepared her for operation, and operated August 15th, 1889. I removed about one-fourth of the tongue by the cold wire. The anæsthetic used was ether. The patient was first, profoundly anæsthetized, in the usual way, and then the anæsthesia was kept up by the rectum. I took a three ounce bottle and fitted it with a good cork. Placed through a hole in the cork, a glass tube, bent at an angle, to this I attached a rubber tube, two feet long, and inserted in the other end of the tube a straight glass tube, three inches long, for insertion into the rectum. This bottle was filled two-thirds full of ether, and then set in a dish of very warm water. In this way the ether was vaporized and conveyed into the rectum through the tube. With the tube between the thumb and finger, the pressure from the ether vapor was easily controlled. In this way the patient was kept profoundly anæsthetized throughout the operation. Having no suitable wire eccraseur, I put a piece of annealed copper wire into my ordinary chain instrument, and that answered my purpose very well. I put a heavy silk thread through the end of the tongue, on the healthy side, and tied the ends together, to make a loop to control the tongue with. I then put another silk thread through, with a needle, as far back as possible, in the center of the tongue, at least one inch from the diseased tissue, and with this thread drew the wire through. The ends of the wire beneath the tongue, and on its dorsal surface were brought together and fixed in the instrument for tightening, after which the tongue was slowly cut into halves. After, the linear cut was made to encircle the diseased halves, and that was cut off. About twenty minutes was consumed to cut through each way. About as soon as the piece was cut off and removed, the lingual artery of that side gave way and the blood spurted violently. I then immediately ran the index finger of my left hand down over the stump of the tongue to the hyoid bone, lifted up and pressed forward. This manœuver stopped the hæmorrhage, and gave me plenty of time to pick up the artery with a forceps in my right hand, and have it tied with a silk thread, which was done. After this there was no trouble from hæmorrhage, nor unusual trouble of any kind during the process

of healing. The mouth was kept as clean as possible during healing. Permanganate of potash one grain to water one ounce, was the antiseptic mostly used. Remedies were given internally, such as ars., nit. acid, hydrast., etc., and the nourishment was looked after. The patient made a good, and usually quick recovery, as far as the operation was concerned.

Before the patient had fully recovered from the effects of the operation, the opposite side of the tongue had a series of small ulcerated patches on it, which remained very much in the same condition as long as she was under my observation, which was for eighteen months after the operation. The last time or two she called on me I discovered that there was a small, hard tumor, about the size of a pea, in the line of the incision, in the floor of the mouth. This, I have no doubt, was the return of the malignant disease. I came to California soon after her last visit, which was in Michigan, and have heard no more of the case. Drs. Glover and Hartson rendered me very efficient assistance in the operation.

SCHUSSLER'S EIGHTEENTH EDITION.

BY DRs. BOERICKE AND DEWEY, SAN FRANCISCO.

The eighteenth edition of Dr. Schuessler's Biochemic Therapeutics has recently appeared. It is the most notable of any of the previous editions of his work. Much of it has been reworked, and he has found himself called upon to go somewhat more minutely into the action of some of his remedies. This has all been incorporated and enlarged upon in the forthcoming third edition of Boericke & Dewey's Twelve Tissue Remedies now in press.

There are many important changes in Schuessler's Eighteenth Edition, and perhaps these changes of his ideas, which are materially improved, may explain some of the failures in using these remedies in the past. For instance, he now gives Natrum phosphoricum in many cases where he, in former editions, recommended Kali muriaticum, giving his reasons therefore, which are the result of prolonged investigation into the action of

there remedies. He also disclaims in this edition all connection with homœopathy, although in former editions he claimed it as a sort of an off-shoot from homœopathy. He says "those who hear small doses talked about, generally think immediately about homœopathy, but my method of cure is not homœopathy since it is not founded upon the principle of similars but upon the physiologico chemical processes which appear in the human organism. By means of my method of cure, diseases which originate in the disturbed molecular motion of the inorganic materials in the human organism are *directly* cured by means of homogeneous materials, while homœopathy reaches her purpose *indirectly* by means of heterogeneous materials. Some of my remedies (for example: Silicea and Calcarea Phosphorica) are also used in homœopathy, but they do not belong to homœopathy, but really in my therapeutics, since they act chemico-physiologically as forming constituents of the tissues and not according to the law of similars."

In reference to the dose, he still uses small doses, but holds himself to the sixth triturations, giving in acute cases a dose every two hours and in chronic cases a dose four times a day. In former editions he recommends as high as the twelfth and claims that all remedies must be diluted in order to allow the molecules to enter the blood from the epithelium of the mouth and œsophagus, though claiming that those substances insoluble in water must at least be given in the sixth trituration in order to do this, while those that are soluble in water may sometimes be used lower.

He also claims that the biochemic remedies had better be given singly, since mixtures of them do not work. In the characteristics of biochemic remedies Schuessler has made large additions, notably of Ferrum, Magnesia, Phosphorica, Kali phosphoricum, and indeed, nearly all of them have been entirely re-worked; especially Natrum phosphoricum, which, in this edition, he claims corresponds to suppurative processes and notably to the diseases scrofula and tuberculosis. He has also re-worked largely Kali sulphuricum and Calcarea sulphurica. In the therapeutic part of his work he has largely dilated upon diseases of the kidneys, fever, etc. In diphtheria he gives valuable indications for Natrum phosphoricum. For la grippe, ac-

According to Schuessler, the biochemic remedy is *Natrum sulphuricum*, claiming that those treated by this remedy recover quickly without sequelae, while those treated with other remedies are slow in recovering and have dangerous sequelae. For various suppurative conditions about the eyes, ears, mouth and the skin Schuessler adds *Natrum phosphoricum* to the list of remedies. He also recommends these remedies in ozena and tonsillitis where suppuration is impending.

For enuresis he recommends among other remedies *Natrum sulphuricum*. For various diseases of the skin he has added and enlarged upon the indications for *Natrum phosphoricum*. For carbuncles the principle remedy, according to this edition, is *Calcarea fluor*. For mastitis the chief remedy is *Natrum phosphoricum*. In this disease he formerly recommended *Kali muriaticum*. In swelling of the glands where he formerly recommended *Kali muriaticum* he now uses *Natrum phosphoricum*. For lupus and goitre, *Natrum phosphoricum* is the chief remedy. In *blenorragia*, an entirely new departure is made by recommending as the chief remedy *Natrum phosphoricum*. These are only a few of the numerous additions and changes made by Schuessler in his last edition. All of these have been incorporated and enlarged upon, and are considered both homoeopathically and biochemically in the third edition of the *Tissue Remedies*.

Ophthalmology and Otology.

Periostitis, Caries and Necrosis of the Orbital Walls.

LECTURE II—*Continued.*

By H. C. FRENCH, M.D.

Periostitis may be either acute or chronic; limited or localized, or a diffuse, suppurative periostitis may involve the greater portion of the orbital walls, and possibly the brain and its meninges.

SYMPTOMS AND COURSE. Acute periostitis may strongly resemble orbital cellulitis, as in both cases the orbital cellular

structures are involved. We shall have a high temperature and accelerated pulse, constitutional disorder, and deep-seated pains radiating along the branches of the first division of the fifth nerve. The lids will present a swollen and œdematous appearance, with engorgement of the conjunctival vessels. There is usually great tenderness and pain when pressure is made upon the diseased point. There is little tendency to resolution, and until pus has formed and been evacuated the pain is often intense and prostrating. The inflammation may lead to circumscribed abscess, opening towards the surface, or penetrate the bone. Pus may be rapidly formed and diffused under the periosteum, producing periosteal detachment over a large area of the bone, sometimes perforating the orbital walls and allowing free access of the pus to the cerebral or adjacent cavities; or it may assume a more chronic form in which the pain and swelling will be less manifest and the tendency to caries, necrosis or exostosis more marked.

CARIES AND NECROSIS of the orbital walls. These disorders may result from either periostitis or cellulitis, or follow injuries to the orbit, occurring in subjects of strumous or syphilitic diathesis. A harmless looking circumscribed abscess, attended by little fever or constitutional disturbance may be the first indication of diseased bone. Such abscesses are usually located on the rim of the orbit, and when opened, discharge a thin, ichorous, often extremely offensive pus, and leave a fistulous opening. The discharge may continue unchanged for weeks or months unless the dead or carious bone is removed. The disease is almost always chronic in its course, and attended by much less pain and local disturbance than periostitis.

ÆTIOLOGY. Orbital periostitis may result from injuries; as a sequel of surgical operations on the orbit, or by extension of periosteal inflammations of neighboring structures; from exposure to cold and dampness; from rheumatism, scrofula, syphilis or any form of cachæmia, and from a depressed condition of the vitality from whatever cause. Caries and necrosis frequently follow cellulitis or periostitis or result from injuries and from the causes above mentioned.

DIFFERENTIAL DIAGNOSIS. Orbital cellulitis is more acute in its course than inflammations of the orbital bones or their

coverings. The pain of periostitis is more intense and circumscribed than that of cellulitis. The protrusion of the eye is greater from the swelling of the loose tissue involved in cellulitis and is directly forward, whereas in caries and necrosis the disease is circumscribed and causes the eye to protrude only in a direction opposite to the seat of the trouble. We differentiate benign tumors of the orbit from periostitis and cellulitis by their freedom from pain and inflammation, and necrosis from other forms of disease by the roughness of the bone; and the partial or general exophthalmos of these diseases from exophthalmic goitre by the absence of the staring look, the oscillating globe, and the nervous and cardiac disorders that characterize Grave's disease.

PROGNOSIS. This should be guarded. The danger in cellulitis is not so great to the structures immediately involved, as to the function of the eye from prolonged pressure upon its delicate interior organism; hence resolution or a speedy subsidence of the inflammation must be earnestly sought. If the periostial destruction can be quickly and effectually controlled we may hope for a favorable result. So of the bone trouble, if the destructive process can be promptly limited, the prognosis will be good. In all these cases we must not lose sight of the dangerous and uncertain factors of burrowing pus, and blood poisoning.

GENERAL TREATMENT. In periostitis, as soon as the purulent process is established, cut freely down to the bone, using care not to wound the globe or injure the orbital plates, and evacuate the pus freely, following the operation with thorough drainage and antisepsis. Support the patient by a generous diet, and secure the best hygienic environment. In necrosis or caries remove the dead or diseased bone, keeping the parts clean by means of dilute calendula, peroxide of hydrogen, and good results often follow the use of powdered listerine or iodoform, as a local dressing.

REMEDIES.

Arsenicum iodatum. In scrofulous diseases of the orbital walls with eroded borders, and corrosive discharge, we have found great benefit from this drug in the 2x or 3x trituration

and doubt not it would be equally or more efficacious in the higher potencies.

Aurum muriaticum. A useful remedy in orbital caries, periostitis or necrosis, especially if complicated with mercurial or syphilitic poisoning, or scrofulous taint. The pains are severe, referred to the bones, and worse at night (or morning and evening), the parts are sensitive to touch, and the patient to pain.

Asafoetida. Will often relieve the severe, boring pains around the orbit, and change the foetid and excoriating discharge to laudable pus. The pains of asaf. are relieved by pressure.

Calcareo fluorica. Is indicated in exostose with roughened elevations on the surface of the bone; in hard bone-swellings and nodes, and also in caries from syphilis or abuse of mercurials.

Calcareo phosphorica. As a fine factor in neoplastic cell-life, will be found an important remedy in orbital caries or necrosis, especially in scrofulous or chlorotic subjects.

Calcareo sulphurica. Will be found a most important remedy in all forms of disease of the orbital walls, especially in the chronic. It acts deeply and profoundly upon these structures, and will often be found useful when the remedies upon which we have learned to rely in these cases, have failed.

Kali iodatum. Has long enjoyed great favor in diseases of the orbital bones, especially in syphilitic and mercurialized subjects. The pains are variable in degree, and worse at night. The use of the crude drug in small doses, two to five grains, and the lower triturations seems to be the choice of the majority, but we would not recommend this course until the higher, and highest potencies had been given a chance.

Kali Sulphuricum. In chronic diseases of the orbital bones with watery and excoriating discharge, when the characteristic symptoms of the drug are present, amelioration in the open air and aggravation in a hot room, it will be found an important remedy.

Silicea. Is one of our most useful agents in chronic diseases affecting the integrity of the orbital walls, and seems to exert

a specific influence over necrosed bone, promoting the exfoliation of sequestra, and favorably affecting the offensive discharge. Its action is deep and long-lasting, and while it resembles mercury in its general effect, it does not follow well the use of that drug. The pains of silicea are worse at night, during full moon, and are better from heat and warmth. (Also see remedies under cellulitis.)

Colleges and Hospitals.

World's Congress Notes.

THE decision of the American Institute to hold its next session in connection with the World's Congress of Homoeopathy at Chicago, in 1893, will insure the largest and most representative meeting of our school ever held.

The International Hahnemannian Association has been invited to take part in the Congress.

The Great Northern Hotel—new and elegantly furnished—absolutely fire-proof, has been engaged for the headquarters of the Congress. It is about three blocks from the Art Building, where the sessions of the Congress will be held. Rooms will be furnished at regular rates. Application should be made at once to Dr. J. H. Buffum, Venetian building, Chicago.

The magnificent Art Building, to cost \$1,000,000.00, in which the meetings of the Congress are to be held, is now being rapidly built, and will be completed May 1st, 1893. It will contain two audience-rooms seating 3,500 each and a dozen or more halls seating from 300 to 700 each. Ample facilities will be afforded for introductory exercises, general sessions and committee meetings under the same roof.

The new four-mile intake will be ready for use in a few weeks, and Chicago will then have one of the best systems in the world for securing pure water.

One of the most interesting studies for physicians at the Exposition will be the sewerage system. 6,000 sanitary closets will be built in marble compartments. From these the sewerage will be conveyed to large tanks at the southeast corner of the grounds; there purified by chemicals, its solids pressed into cakes and burned in furnaces. Arrangements are being made for a permanent city of 300,000 inhabitants. This method will therefore receive a thorough test.

The Congress will convene Monday, May 29th, 1892, and continue its sessions through the week, the last session being held June 3rd.

It is hoped that the attractions of the exposition, with those of the Congress, will secure a large representation of physicians of our school from foreign countries. The committee will make earnest endeavors to secure such delegates.

Editorial Notes.

THE Washington (D. C.) meeting of the American Institute of Homœopathy was a success in every sense of the word. The attendance was unusually large, but the local Committee of Arrangements had made such excellent preparation that the work, from first to last, in the committee of the whole and in the sectional meetings progressed rapidly and smoothly, giving not only every chance for the prompt dispatch of the legitimate work of the association, but affording time for reunions, receptions and the customary excursion. The press at the national capital extended every courtesy in their power, and gave unusually complete and intelligent reports of the proceedings. The Washington dailies certainly deserve the thanks of Homœopaths everywhere for the generous manner in which they treated this gathering of our representatives. Official circles, also, were gracious, and the distinguished occupant of the White House was pleased to receive those members of the Institute who honored themselves by paying their

respects to the chief executive of the nation. Take it all in all, there is no doubt we made and left an excellent impression; a fact not to be treated lightly. A successful gathering of six hundred, and more, well dressed, well fed, well behaved, bright and enthusiastic people represents a vast amount of moral force, aggressive and persuasive, and leaves behind an impression far-reaching in its effects.

DURING the year closed with this meeting, over fifty members of the Institute—so said the report of the Necrologist—crossed over to the great, silent majority. About once in every seven days there was gathered unto rest some one who in former years had met and worked with us; whose face had become to us a familiar feature of these meetings, and whose cheery “Welcome!” and hearty “Good-bye” left an echo which even now lingers in our ear with a tenderness the sweeter because of our knowledge that it must be lost amid the bustle of this busy life. There were among these departed fifty those still in the morning of life, full of the hope of things to be accomplished; there were others who had given up hope, and who were glad to turn their faces toward the dawn of their new day. It is well to remember these, and what they did, be it much or little. Pity it is that the living have so little time to waste on the dead; that of the hundreds of active and strong men and women, only a score or two can find time to attend the memorial service. We, too, shall be among the dead, perhaps before many days. What heart is there that does not beat a trifle heavier at the thought that we shall be forgotten as soon as our work here is done?

BUT more than one hundred and sixty new members were elected! Thus it is the world moves. The vacant chairs are filled so quickly, and fresh and strong hands make such bold bids for the work that has only just fallen from fingers scarcely stiffened in the rigor of death, that the great phalanx moves without a moment's halt and without a consciousness of lessened effectiveness for work. No more forcible proof can be made of our rapid growth than the fact that in one year we can bury a half hundred, make good the number of the lost, and still count a gain of five score.

AND Winslow, of Pittsburgh, has severed his connection with the Institute! A genial, scholarly man he is, and the author of our best text-book on the diseases of the ear. It is not often that we have felt as keen regret at the loss of one man. We do not know his reasons for withdrawing from fellowship with us, but we are sure he is acting with honesty of motive and purpose. Let us bid him a "God speed you!" and console ourselves in the knowledge that his place, too, will not remain vacant long.

THE laws of the Institute are to be revised; and the time for work is to be extended. As to the wisdom of the former, we can tell better when the changes have been made. As to the necessity of extending time for work, we know from experience in the past that an imperative need exists for more hours, and days, that can be devoted to bureau work. Some of the most important bureaux have been, and are, shamefully slighted because of the pressure of other work, and discussions on subjects of the greatest importance are remorselessly cut short because the rush of business is too great to allow many-sided debate of any one topic. The sectional meetings are yearly growing in interest, and the task of so arranging them that they shall not materially interfere with each other will severely test the ingenuity of an experienced executive committee. There is no doubt but that the annual meeting of our national society will have to occupy at least eight, or more, working-days.

THE "International Pharmacopœia" received consideration at the hands of the institute. There is a division in the committee concerning the nomenclature to be adopted in the new work. Several members desire to retain the old, familiar, time-honored nomenclature; others favor the adoption of names which will express the chemical composition of substances employed. The President of the Institute, objecting to radical departure from the old, beaten track, maintained that the use of modern names would often prove hazardous to those whose education had trained them to familiarity with the old terms. He was not in favor of changing names with the especial design of their indicating chemical combinations, when the old

Latin names indicate with sufficient exactness for all practical purposes the composition of the compounds in question. The Institute shared this view, and instructed the committee to retain the old Latin names, giving their modern equivalents in a secondary column. It is difficult to determine to what extent this action of the Institute is based upon wisdom. Radical changes of the character suggested by a portion of the committee always involve a considerable amount of confusion and, to some, annoyance, but this should not be allowed to prevent a final change from a faulty and incorrect to a correct and scientific nomenclature. However, "a rose by any other name smells just as sweet," and we shall continue to make good and satisfactory cures even though the names of the remedies used may be sadly at variance with scientific precision and accuracy.

AN interesting feature of the session was the reading of a communication from the Surgeon-General of the United States Army to the Homœopathic Medical Society of Iowa. In reply to a request from the latter body the Surgeon-General explains the meaning of the term "regular" used by the army regulations in defining the qualifications necessary for admission to examinations before the United States Army Medical Examining Board. It appears that the applicant must be a graduate of a well equipped medical college requiring a course of at least three years of lectures to secure its diploma. So says the present Surgeon-General. Many of the "brethren" at once proceeded to give thanks. No doubt, before their eyes arose visions of homœopaths in the regular service, possibly a future Surgeon-General, resplendent in gilt lace and epaulettes, presiding over the American Institute of Homœopathy, and laying down the law to the unregenerate sons of Beliel. The vision is charming. May the youngest member of the American Institute live long enough to see it materialize.

ONE of the most pleasing incidents was the enthusiasm with which the Institute received the proposition to erect at Washington a monument to Samuel Hahnemann, and the promptness with which a thousand dollars were subscribed as a "starter" for the monument fund. It is fit that American Homœopaths

should honor themselves by paying such a tribute, even at this late day, to one of the greatest and best men who ever graced the medical profession. But let it be distinctly understood that whatever may be done, it shall be of such a character that we and those who come after as shall be able to point with pride to a monument which as a work of art shall command the respect of the people at the national capital. A poorly designed and badly executed statue, whether in bronze or marble, is an eyesore to the public and a libel upon the memory of the man it seeks to immortalize. But a true work of art costs money, and a great deal of it. A thousand dollars are but a small beginning toward a fund sufficiently large to carry out the Washington project. There will have to be made a long pull and a strong pull to raise sufficient funds to warrant going ahead. Special committees will have to be appointed in every state and territory, whose duty it shall be to make a complete canvass of their special field and to gather contributions from every source. He must be a miser indeed who can practice homœopathy and yet close his purse against an appeal for help in this cause.

THE election of officers went on, as usual, with considerable preliminary wire-pulling and engineering. The President elect, Dr. J. H. McClelland, of Pittsburgh, Pennsylvania, is known to be one of our busiest practitioners and a man whose energy and success at the bedside has done much toward keeping homœopathy well in front at his own home. He has for many years been an active member of the Institute and will no doubt prove a discreet and efficient officer. The First Vice President, Dr. C. E. Fisher, of Texas, is no stranger to physicians on this Coast, most of whom have met him during his occasional visits here.

The Presidents of the Institute, each and all, have served with credit to themselves and their constituents, and there is not one of the long list of ex-presidents who has not proved himself worthy of the trust reposed in him. Yet we regret to see that during the last dozen years there has developed a constantly growing tendency on the part of the younger men to claim the honors and prestige of this, the highest, gift in the

hands of the profession. The President's gavel, it seems to us, should be wielded by men who have grown old and gray, and that does not mean decrepid, in the service of the profession. The presidency itself should be the highest aspiration and the highest reward of a long life of distinguished usefulness, and of a life which is approaching its sunset. If such views were shared by the majority of younger men, we would be spared the humiliating spectacle of seeing bargains for the highest two offices driven in every corner by men who have every reason to expect twenty-five years more of life, while those who have worked long and faithfully and are facing the probability of soon ceasing active labors, are obliged to stand aside, and yield to younger men, the places which by every right belong to themselves. Let the younger men in the profession learn to wait. A little more of life's experience will make them the more worthy of the distinction which they so eagerly crave. A liberal sprinkling of gray in hair and beard are even more becoming to the President of the American Institute of Homœopathy, than are the firm step of early manhood and the bustling self assertion which comes with a good digestion and the blessed consciousness of a successful business career.

Personals.

W. K. FLATT, M. D., has located at 1068 E Fifteenth street, East Oakland.

FORT BRAGG, California, offers a promising field for a Homœopathic physician. No competition.

DR. T. I. JAMES and DR. TRYPHINNIE B. COSACK, were united in marriage on July 5th. Our congratulations.

J. J. MILLER, M. D., of San José, gave us a call on his way to Lake Webber, where he spent his vacation.

ELDRIDGE C. PRICE, of Baltimore, assumes editorial control of *The Southern Journal of Homœopathy*, commencing with the September number.

DR. TOWNSEND has removed to 1001 Valencia street, corner 21st. st., S. F.

DR. HENRY DAMKROEGEE has returned from Modesto and located at 1016 Sutter street.

DR. SWASEY, formerly of Lakeport, has located in San Francisco and opened an office at No. 119 Powell street.

DR. S. H. BOYNTON, of Los Angeles, has been spending a few days with us. The doctor is one of the rustlers of the profession.

DR. W. T. HAWKES, Professor of Materia Medica in the Hahnemann College of Chicago, passed through the city a few days ago.

DR. AMY G. BOWEN has opened an office at 834 Sutter street. This is the best location in San Francisco and the doctor is wise in her choice.

DR. A. D. FOUCHY has returned from an extended trip in Europe, and located at San Diego. The doctor has a far-off eye on San Francisco, so he says.

DR. J. S. SHEPHERD, of Petaluma, died July 17th, aged 77 years. DR. SHEPHERD was the oldest and best known homœopathic physician of Sonoma County.

PROFESSOR HORACE F. IVINS, of Philadelphia, announces a new text-book on diseases of the nose and throat. This will be *the* book of the school on the subject.

PROFESSOR LEMUEL STEPHENS, aged 78, died in Philadelphia, April 1st. For nearly a quarter of a century he was a member of the Faculty of the Hahnemann Medical College of Philadelphia.

DR. Gaylord, one of Detroit's leading physicians, on account of his health had to seek a milder climate and found it in Oakland, where he has located and opened an office.

THE Woman's Club of San Francisco, gave a reception to DR. AMY G. BOWEN, one of the members of the club, who has recently returned from her studies abroad, where she has enjoyed privileges of remarkable nature in clinics hitherto unaccessible to womankind. The reception took place at Hotel Pleasanton, July 25th.

The *Homœopathic News*, an eastern trade journal, has recently received a raking from several journals for appropriating their articles without giving credit. The *News* begs pardon in its June number and commences again in its July number by appropriating a couple of articles from the CALIFORNIA HOMŒOPATH without giving credit therefor. In fact if it had not been for the articles appropriated from this source in the past the *News* could not have existed thus long.

Book Reviews.

The Science and Art of Obstetrics. By SHELDON LEAVITT, M. D. Second edition; rewritten and enlarged. Chicago: Gross & Dellbridge, 1892.

The profession is to be congratulated on the appearance of a new edition of Professor Leavitt's popular book on obstetrics. It is entirely rewritten and much enlarged, and brought up to date in every respect. The homeopathic therapeutical part is thoroughly done, the indications for remedies clearly cut, and, wherever helpful, a short, local repertory added. The book is published in the attractive style of all of Gross & Delbridge's publications, is profusely illustrated, and in every way worthy of the school and of its accomplished author.

International Clinics. A Quarterly of Clinical Lectures on Medicine, Neurology, Pediatrics, Surgery, Genito-urinary Surgery, Gynæcology, Ophthalmology, Laryngology, Otology and Dermatology, by Professors and Lecturers in the Leading Medical Colleges of the United States, Canada and Great Britain. Edited by Dr. J. KEATING, J. DALAND, M. D.; J. M. BRUCE, M. D., and D. W. FIELAY, M. D. Vol. I; second series; 1892. Philadelphia: J. B. Lippincott Co.

We have expressed before our warm appreciation of this publication. More than any other periodical, it gives the general practitioner the latest and best thought in every department of medicine and surgery. The different volumes are illustrated with excellent woodcuts and photogravures.

The Journal of Official Surgery is the latest journalistic venture, and judging from the strong editorial management and the young and vigorous specialty and philosophy it represents, we predict a very bright future for our new contemporary. Its editors are of course DR. E. H. PRATT, and F. D. HOLBROOK and E. L. SMITH. No. 1 is full of interesting articles, especially notable among which are DR. WILSON'S "Relation of the Sympathetic Nervous System to the Orifices of the Body; DR. O. S. RUNNEL'S "Vis Medicatrix Naturæ," and the editorial of DR. PRATT. Success to you, gentlemen.

Table-talk is the American authority upon culinary and household topics. Edited by Mrs. S. T. ROBER and published by the Table Talk Publishing Co., Philadelphia. One dollar a year subscription. This investment will furnish enough culinary novelties to keep the most capricious of appetites always in a good humor. We can cordially recommend this magazine to our reader.

Annual Circular of the American Institute of Homœopathy for 1892, to be held at Washington, June 13th-17th, 1892.

A most attractive programme.

The New York Life Insurance Co. The records of a single year.

An excellent showing.

The Fiftieth Annual Report of the Liverpool Hahnemann Hospital and Homœopathic Dispensaries,

A half century of homœopathic charity! The total number of patients treated during the year ending 1891, was 63,562.

Home Warming and Ventilation.

A collection of articles by different authorities on above subject, is published by the Herendeen Manufacturing Company, Geneva, New York.

Faultless Furman Steam and Water Boilers. Twelfth edition. Geneva: The Herendeen Manufacturing Company.

Eleventh Annual Report of the State Board of Health of Illinois, being for the year ending December 1888, with an appendix containing the official register of physicians and midwives. Springfield, 1892.

Clinical Items.

Jatropa. Diarrhœa, with loud gurgling in abdomen.

Sepia. Passive uterine congestion, indicated by sacral pains, dragging sensation of womb, bearing-down feeling and prolapse; much itching all over.

Taraxacum was recommended by Hahnemann as a remedy for diabetes. It corresponds to many of the accompanying liver and pancreatic symptoms of this disease.

Iodine. Great weakness about chest. Voracious appetite, yet loses flesh; palpitation, morning cough with hoarseness.

Lupulus. Unstrung condition of nervous system, attended with nausea, dizziness, headache, after abuses of liquor.

Selenium. Pains worse after sleep. Itching of nose; sexual neuroæsthenia, debility and relaxation of organs.

THE
CALIFORNIA HOMŒOPATH.

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No. 9.

Original Articles.

PROVOKED ABORTION OR PREMATURE DELIVERY.

BY ALBERT WHEELER, M. D., SAN FRANCISCO, CAL.

Provoked Abortion or Premature Delivery is where it is induced designedly, in view of either a criminal or laudable object. In law the term abortion is applied to the expulsion of the foetus at any period of pregnancy. Penal Code California, Sec. 274: "Every person who provides, supplies, or administers to any pregnant woman, or persuades any such woman to take any medicine, drug, or substance, or uses or employs any instrument or any means whatever, with intent to procure the miscarriage of such woman, unless the same is necessary to preserve her life, is punishable by imprisonment in the State prison not less than two nor more than five years. If a person intending to procure abortion does an act which causes a child to be born so much earlier than the natural time, that it is born in a state much less capable of living, and afterwards dies in consequence of its exposure to the external world, the person who by his misconduct so brings the child into the

world and put it thereby into a situation in which it cannot live, is guilty of murder."

Regina vs. West, 2 Car. to Kirk, 784, Sec. 275: "Every woman who solicits of any person any medicine, drug, or substance whatever, and takes the same, or who submits to any operation, or to the use of any means whatever, with intent thereby to procure a miscarriage, unless the same is necessary to preserve her life, is punishable by imprisonment in the State prison not less than one nor more than five years."

Books abound in discussions in reference to the propriety, morality, or humanity of inducing premature delivery, in which I have no inclination to engage, and do not propose to indulge. When the necessity arises, from a contraction of the pelvis, unavoidable hemorrhage, or any cause that threatens the life, or tends to compromise the safety of the woman, there can be but one opinion in regard to the duty of the practitioner, and that is to pursue such a course as will secure her against the menaced danger and at the same time protect the life and well-being of the unborn foetus as far as practicable; but I can conceive of no instance when her life, vigorous in health, and valuable in its relations and surroundings, should be put in jeopardy to save its life, when there is no certainty but it may perish with hers.

Abortion is now accepted as an obstetrical operation, and since 1756, has received the sanction of nearly all the practitioners of Europe and America. In that year there was a consultation of the most eminent physicians, at that time, in London, England, to consider the advantages that might be expected from the operation. The proposal met with formal approval, and was shortly afterwards carried into practice. On the continent it was long before the operation was sanctioned or practiced, although recommended by some of the most eminent German practitioners, it was not actually performed until the year 1804. In France the opposition was long continued and bitter, many of the leading teachers strongly denounced it. The objections were chiefly based on religious grounds, but partly, no doubt, on mistaken notions as to the object proposed to be gained. It was authoritatively ruled by the Theological Faculty of Paris that the destruction of the child in any case

was mortal sin. This dictum of the Roman Catholic Church had great influence on the continent, more especially in France. Although frequently discussed, the operation was never actually carried into practice until the year 1831, when it was performed with success. Since that time opposition has ceased, and it is now employed and highly recommended by the most distinguished physicians of the French school.

The first step to be taken in the work under consideration, is to fortify ones self against all possible suspicion by securing the moral support and, if need be, the legal testimony of a trustworthy colleague. The next step is to gain the free and unconditional consent of the woman. It is for her to decide the question, after being fully informed of probabilities of success on the one hand, and the possibilities of danger on the other, whether she will submit to the necessary treatment or not.

Various drugs have been employed from time to time to bring on artificial labor, among these may be mentioned ergot, borax, cinnamon, tansy, savine, cotton root. These are all unreliable, and no intelligent practitioner will think of relying on the uncertainty of any drug or nostrum, however much its properties may be extolled, or the certainty of its action asserted; for there is no drug known which, of itself, in non-poisonous doses, can be depended upon to originate uterine contractions, yet it is of daily occurrence that poor, heart-broken women, oppressed with poverty and cursed with unkind and brutal husbands, at the prospect of additional family cares are drugging themselves to death with every nostrum rapacious quackery may offer, or gossiping friends recommend, with the hope of falling upon something, eventually, that will relieve their present or prospective troubles. The result is usually the same: disappointment, impaired or ruined health; and not unfrequently, death itself. I have never seen one who had suffered from abortion or miscarriage, where the intra-uterine membrane were not left in a sore and abraded state. This raw surface not only causes hemorrhage, but becomes the centre for the development of serious ulcerations, polypoid and fibrous growths, and such scrofulous and cancerous affections as the patient might have a constitutional predisposition to

develop. I must not forget to mention one serious result of the evil under consideration, it is a slowly increasing engorgement and hardening or induration of the uterus, in consequence of the internal inflammation, with morbid deposit, which, after long years, most likely at the menopause, crops out into active and fatal forms of disease. There are other results of abortion rarely attributed to their real cause. I refer to the after effects upon the nervous system. I have known paralytic symptoms, more or less marked, to show themselves ever after; other instances where the pulse never again beat naturally; others where the sense of weariness was never afterwards lost; others where any sudden disturbance, mental or physical, would bring an uncontrollable sense of faintness and exhaustion.

There is an obstetrical maxim that it is well should be borne in mind, which is, that no medicine can affect the safety of the foetus, in utero, without jeopardising the life of the mother. Abdominal friction, tittilation of the os uteri, hot rectal, and vaginal douches, electricity, injections into the uterus of either air, water, tar water or carbonic acid gas. These methods have all had their advocates, and have proved themselves slow and unreliable, and some of them are exceedingly dangerous. The only plan of inducing abortion or premature delivery that is entitled to any confidence as being sure and unfailing, is the mechanical interference, either directly or indirectly, with the integrity of the ovum. The first means I shall notice, of acting directly on the ovum, is catherization of the uterus, which is tolerably certain. First, a hot antiseptic vaginal douche is given, then a new elastic catheter is introduced above the os interum and pushed slowly upward between the membranes and the uterus, the index finger guiding it and separating the lower segment of the ovum from the uterine walls. The success of this operation is owing to the irritation at the neck, caused by the introduction of a foreign body in the uterus. Simpson's method of inducing labor is by passing the uterine sound within the os and up towards the fundus, and, when it has been inserted to a sufficient extent, moving it slightly from side to side, uterine contractions are induced with certainty and ease but it is impossible to tell what time may elapse between the commencement of labor and the operation, which has to fre-

quently be performed more than once. Another method is to pass an elastic catheter between the membranes and the uterus until it reaches the fundus, when the end can be turned to the ovum and brought in contact with the membranes, which will readily yield to the movement necessary to secure their laceration. The stilet is now withdrawn, the liquor amni escapes only in sufficient quantities to excite uterine contraction, and at the same time enough is retained to protect the foetus from excessive pressure.

Artificial dilatation of the os uteri was first practiced by Klugo. He was in the habit of passing within the os a tent made of compressed sponge, and allowing it to dilate by imbibition of fluid. If labor were not provoked within twenty-four hours he removed it and introduced a fresh one of larger dimensions. The tent is taken by the base, in a pair of long curved forceps, and conducted up to the os uteri where it is inserted and gradually pushed into the cervix, assisted if necessary by a partial rotary motion. The fore finger of the right hand serves as a guide to the tent, while the forceps carrying it is held by the left. It should be held there five or ten minutes, and the vagina tamponed, the whole to be retained by a T bandage. This plan denudes the cervix of its epithelium, and is apt to lead to septic infection. Barnes' bags are of great use in many cases in which artificial dilatation of the cervix is necessary. They consist of a series of india rubber bags of various sizes with a tube attached, through which water can be injected. They should never be distended with air, as rupture of the bag in that case might be speedily followed by death of the patient. There is a small pouch fixed externally on the bag, in which a sound is placed, and the bag is carried into the uterus and injected with warm water. Its pressure usually starts up uterine contractions, which dilate the cervix. Forcible dilatation may lead to cervical laceration.

It will be seen that no one of the preceding methods is entirely free from objection. My plan is this, in the early weeks of pregnancy, dilatation of the cervix and the introduction of the curette into the cavity of the uterus, scraping or dislodging the ovum. In the embryonic and foetal variety I first cleanse the vagina, vulva and anus with hot carbolyzed

water, then saturate a sponge with the bichloride solution (1 to 2000) and fill the vagina with the solution. I follow this with the introduction of an elastic catheter between the membranes and the walls of the uterus, packing the vagina with iodoform gauze. In many cases labor is excited in a few hours. If the process is delayed, at the end of twenty-four hours the tampon should be removed and the vaginal douche repeated. The dilators should then be employed until the uterus is fully dilated and the contents removed with the finger, forceps or curette. Owing to the dangers of inflammation and septicemia the uterine cavity should be washed out with carbolic acid solution or a weak bichloride solution (1 to 6000). All soiled and wet clothing should be removed, she should be washed with warm water and wiped thoroughly dry and lifted carefully into the place she is to occupy; the room should be darkened and absolute stillness enforced. Belladonna and arnica should be administered. Every morning the external parts should be washed carefully, and twice daily the vagina should be syringed with warm carbolized water, at a temperature of 104 to 106 F.

THE IODIDE OF ARSENIC IN PHTHISIS.

BY J. C. MORGAN, M. D., PHILADELPHIA.

I was much interested in the paper by Dr. W. H. Stiles, of San Bernardino, California, on this subject. I asked him for more details, and he has kindly furnished them; I forward them to you.

Dr. W. C. Goodno, of this city, some eighteen months ago, contributed a paper to the *Hahnemannian Monthly*, in which he discussed the use of *chininum arseniatum* in Phthisis. This may well be read, in comparison, as it has also proved its value.

I will, without further comment, now present a resume of the symptoms cured, or benefited by *Arsenicum iodatum*, by Dr. Stiles, followed by his own additions.

IODIDE OF ARSENIC.—Phthisis, with consolidation of the pulmonary apices; cavities; laryngitis; aphonia, of various

degrees; tight cough; short breath, on slight exertion; hæmoptysis; expectoration—muco-purulent; salty, or sourish; cough is sometimes incessant. Emaciation; offensive diarrhœa.

All discharges are *excoriating*; hence, soreness of lips, anus, etc.

Loss of appetite; hectic fever; profuse nightsweats; great intensity of all symptoms; blood-poisoning; degenerations; exhaustion; constant fear and anxiety. Relapses, after la Grippe.

DEAR DR. MORGAN: I have your favor of the 18th inst. at hand, and in reply will say.

The *arsen. iod.* I generally use in the *3x trit.*; usual size powder. If I am giving it alone, I sometimes give it as often as two hours apart. From that to one dose a day. Have thought I have had good results from the *2x trit.* Various drugs have, as occasion seemed to require, been alternated with *arsen. ioda.* They were: *bry. phos., ant. tart., kali. b., puls., etc.,* (more frequently than others).

While arsen-iod. was sometimes prescribed empirically, the remedies with which it was alternated were given according to the characteristic symptoms of the particular drug as indicated in each individual case.

There may be something in locality or reasons that governs this matter, but it seems as though one of the several remedies mentioned was called for in most of the cases.

I was satisfied that each of these drugs did better work while given with arsen. iod., than by themselves, and think it because of the beneficial action of the latter, in a general way upon these rapidly advancing cases of phthisis.

The "reasons" for giving these other remedies I will state briefly, although I cannot hope to offer you anything new.

Bry. 3x dil. Pain in chest, increased by cough and deep inspiration. Severe headache, worse from cough, etc.

Phos. 3x. dil. Tightness in chest; dry tight cough, materially increased by cold air. Hoarseness. In some cases of diarrhœa it was valuable aid. No luck with it in hemorrhage.

Ant. tart. 3x trit. was a good friend in these cases. So many were of a catarrhal nature; was often called for and worked well. A loose rattling cough, profuse expectoration. Sometimes cough until they gag; at times shortness of breath, resembling asthma.

Kali b., 2x and 3x trit. Another stand by. Expectoration yellow, heavy, sticky, etc. More profuse in morning.

Puls. 3x. In rapidly advancing cases in females. Menses scanty or suppressed, and diarrhoea present.

This was not prescribed as often as some of the others, but with above conditions, and in puls.; subjected it was quite a help.

Of course, other drugs were used, but I have given you those called for most frequently. An occasional drug or two or aconite 2x. when fever was high; patient restless, anxious, and "all to pieces;" would quiet patient and reduce fever wonderfully; and a few times seemed to control in a marked degree rather bad attacks of hemorrhæges.

For passive hemorrhage from lungs *acalypha* Ind. 2x dil., or *millefolium* would control them nicely. In severe cases of hemorrhage, nothing would seem to check it as well as ergot.

One feature I have remarked in the last two years. The larger percentage of profuse hemorrhæges in the cases of phthisis met with.

Gels. *O* in appreciable doses was sometimes a potent factor in reducing a high temperature.

Sometimes the arsen. iod. was given in alternation with another, two hours apart; or may be, a dose night and morning; and the other remedy given every two hours during the day.

This last fall and winter, La Grippe was even worse, here, than the two preceding years; and I think it brought to us in this section, a larger number of cases of phthisis than any one season before, and from a further use of arsen. iod.

I am prepared to state that it has held its own, in my estimation at least, as a splendid remedy in consumption,

STRICTURE OF THE OESOPHAGUS.

By O. W. SWAYZE, M. D., SAN FRANCISCO, CALIFORNIA.

In looking over the surgical works of the time, I am astonished at the dearth of information regarding stricture of the oesophagus. Of pathology there is some, of treatment comparatively little. Too often the prognosis is given as unfavor-

able. I wish to relate my experience in the treatment of such cases. I have but four cases to relate. Two spasmodic, and two organic. One of the organic due to carcinoma, the other to simple adhesive inflammation.

Case 1. Mr. E— A small man, aged 40, came under my care from one of the mineral springs for which this country is so justly celebrated. I found him lying on the bed, suffering because he "could get no food into his stomach." The food would descend as far as the cardiac end of the oesophagus, and there remain until expelled, about an hour after eating. He would simply spit it up, there was no exertion whatever. The trouble was caused some years before by drinking from a very cold spring while overheated. There was considerable fever and inflammation at the time. Since then he has been growing gradually, but steadily worse. There are times when he is comparatively free from trouble, which symptom nearly led me into the mistake of making a diagnosis of spasmodic stricture.

He was very much constipated, the stools being like little round balls, or as he expressed it, "like sheep dung." There was much colic, and pain in the abdomen. A burning sensation in the stomach. The oesophagus was dilated above the point of stricture to a degree simply incredible. The dilation was capable of holding a pint of fluid, and could be readily determined by filling the oesophagus with water and palpating.

I wish to notice here, a peculiar symptom, which was present in no other case, namely, a sensation of hunger.

Now, I am a firm believer in homœopathy, but I also believe that there is *something* besides.

The homœopathic drug systematically, not pathologically prescribed, is the *ultima thule* of internal medication.

I prescribed plumbum 6x, 2 grains every three hours. Now I am persuaded that had I been content with the remedy alone, there would have been an autopsy.

Enemata of hot beef tea, milk, etc., were administered, per rectum, every three hours. A hot compress was placed directly over the seat of stricture.

The patient passed a very comfortable night, nothing however passing into the stomach.

The next morning, I manufactured an electrode which was to say the least, original. The bulb of a bulbous steel urethral sound, was securely fastened to a piece of insulated wire. The only objections I have to that electrode to the present time, are, its beauty (?) and suppleness, it would bend on mere suspicion of a stricture.

This electrode was attached to the negative pole of a two cell Faradic battery, and inserted through the oesophagus, to the point of stricture. The positive pole was placed outside directly over the negative. Slight pressure made upon the electrode, no results. The poles were then reversed, the positive placed in the oesophagus, and the negative outside. Slight pressure was made, and the electrode passed into the stomach. The strength of the current was regulated by the patient's feelings. The current was continued for five minutes, the electrode was then withdrawn, and a small quantity of oil was swallowed, and the patient told to return on the following day. Same directions in regard to the enemata and medicine.

The next morning he reported himself much better, was able to eat some soup, the first nourishment which had entered his stomach for nearly two weeks.

The treatment of the day before was again repeated, using the same sound and following it by a whalebone bougie.

Each day the electricity was used, each week the size of the electrode was increased, and by the end of the third week, he could eat a fair meal, and had increased in weight from 120 to 140 pounds.

In three months he was comparatively well, and has remained so until the present time, now nearly four years.

Case 2. Organic stricture, due to carcinoma. Mrs. R—aged 30.—Previous history.—Was always a healthy girl, until about two years ago, when she began to have symptoms of acute gastritis,—pain near the cardiac end of stomach, of a sharp, lancinating character,—a sense of distress whenever food was taken into the stomach, which always ended in a burning pain, and the spitting up of a watery, brackish fluid, mixed with blood.

These symptoms were always aggravated during the menstrual period. Such was the case when she came under my

care. As there was no history of previous injury, I was led to believe that it was a case of malignant character. I found an enlargement of the oesophagus extending from the stomach to a point three inches above. There was then little doubt of the malignancy. Treatment.—Of what use was my electrode, which had done such effectual service in other cases, here?

Was it rational treatment to try to absorb this growth by electricity?

In every case of cancer in which I have used electricity I have only found the growth stimulated, to a more rapid development. When all other hopes fail, we have a "*sheet-anchor*" in homœopathy.

Phosphorus 30x, was administered in water three times a day. I chose phosphorus, because of the sharp, lancinating pains, the watery, brackish discharge, and the aggravation of the pain by taking cold fluids, or food into the stomach.

The patient was nourished by rectal enemata, only a small quantity of hot milk being taken into the stomach at regular intervals.

After three days, the pain had completely changed in character, and the discharge had decidedly decreased.

She now complained of a burning pain, as if a red-hot coal had been swallowed, and was lying at the cardiac end of the stomach.

The same remedy, however was continued, for three days. At the end of that time she remained about the same.

Arsenicum 30x, 2 grains, three times a day. The rectal enemata, and diet of hot milk was continued. At the expiration of two weeks the burning pain was entirely gone, except immediately after taking food. The rectal enemata were discontinued, and a small quantity of hot milk, beef tea, and other liquid foods was administered by the mouth every two hours.

Recovery was rapid, but not complete, but she remained free from pain and distress for two years, when she removed to another State. She was extremely emaciated at first, weighing only 110 pounds, but when she left my care, she weighed 145 pounds.

Case 3. Spasmodic stricture, due to nervous dyspepsia. Mr. H. K.—Aged 45.—Was on his way to a noted surgeon “to be cut open,” as he expressed it, upon being introduced to me, he asked my opinion of his case. I told him that I thought an operation was unnecessary. Glad of an excuse of not being operated upon, he asked me to undertake the treatment of his case.

The history was as follows:—Four years ago he noticed a slight distress after eating. This distress increased each day until all the phenomena which are common to acute nervous dyspepsia, were reached. He now complained of an immense amount of gas or wind in the stomach. Stomach feels as if it would burst. Extreme difficulty of deglutition. He cannot swallow anything into the stomach. The food lodging about three inches above the stomach, soon to be re-gurgitated.

He was very nervous, would talk in a high tone of voice, and very excitedly, keeps moving about, and when sitting still, constantly moves his hands and feet. Eructations of gas were very frequent, and pronounced.

My chief reasons for diagnosing spasmodic stricture, were, first, there was no history of previous inflammation, and secondly, when food passed through the epiglottis, there was a contraction of the cardiac end of oesophagus synchronous with the contraction of the epiglottis. There was comparatively little dilatation, but considerable soreness when food passed the seat of stricture, which was not very frequent. Constipation was present in a marked degree. There was present no sensation of hunger.

TREATMENT:—My old electrode was again brought out, thoroughly cleaned, and pressed into service. Each day the electrode was passed into the stomach, followed by the whale-bone bougie.

After each treatment, food would pass into the stomach with comparative ease, and little discomfort.

Gelsemium, was the remedy chosen. Under that remedy we find, dysphagia, paralysis of the organs of deglutition. Painful sensation of lump in the oesophagus. Burning in the oesophagus, oppression, and fullness in the stomach, worse from pressure of the clothing.

The remedy was continued for three weeks, when he was given *carbo. veg.* 6x, which completed the cure of the flatulency.

In a month he was able to eat a hearty meal of solid food, and in two months was discharged, shall I say cured? No—because he is liable to attacks of dyspepsia, which will arouse the old nervous trouble, but with moderate attention to diet and regime, and above all the Homœopathic Remedy, the attacks will be comparatively few and light.

Case 4.—Mrs. D. Aged 35.—Mother of three Children.

I was called hurriedly in one day, and found patient suffering from a profuse diarrhoea, and inflammation of the bowels. The stools were extremely watery, yellow and offensive, and very corrosive. Severe pain in back. Tenesmus along sacrum. Abdomen very tender to touch. Extreme soreness in ovarian region.

Pulsatilla, 6x, was administered every three hours together with a light diet of rice and milk.

The next morning, I found the patient very much better, and in three days was able to sit up.

She now complains of dysmenorrhœa, and after the periods, severe leucorrhœa. Discharge, white and profuse, acrid and thick. At the same time, a sense of discomfort, which amounted to positive pain on swallowing, or attempting to swallow. The throat was very dry, with burning in the oesophagus. Spitting up of mucus which at times was quite cold. Food was scarcely swallowed, when it was thrown up again. Weakness across back. Must lie down on least exertion.

I prescribed, *phos.* 6x, because the above symptoms are almost an exact picture of the action of phosphorus.

In a few days all the symptoms pertaining to the oesophagus were much ameliorated, but the leucorrhœa still remained. I was not content, so I made an examination of the genitals, and found a multiple laceration of the cervix. The external os was ulcerated to a great degree. The position of the uterus was normal.

I immediately commenced work upon this diseased organ, cleansing and healing the ulceration, and after two months, performed an operation, sewing up the cervix.

Recovery from the operation was rapid and complete, and soon with the administration of the phos. 30x, the patient was well, remaining so to the present time, (three years), having at menstrual periods slight trouble, which is quickly relieved by phos. 30x.

There undoubtedly existed here a spasmodic stricture. The causes hidden were but certain. The diarrhoea must have been due to lack of nourishment, for the patient was in straightened circumstances. I have found pulsatilla an excellent remedy in such cases.

Now a few words in regard to the general treatment of stricture of oesophagus, and the especial value of the Homœopathic remedy; and electricity.

Rectal alimentation is absolutely necessary during the earlier stages of the treatment of organic stricture. They must be frequent; bland, and of small quantity. Care must be taken that the enemata are carried well above the rectum. They will be better borne, if the patient is lying down, during their administration. Do not allow any food of a solid nature to be swallowed, and if fluids cause an irritation, stop them. Cold baths just before retiring, will promote a healthy sleep, which will aid much in the final recovery.

The field of electricity, is one which is comparatively new. A tyro is hampered by cheap and uncertain Batteries. A knowledge of the different poles is absolutely necessary. In all my cases I have always used the positive pole directed to the stricture. I have always used the faradic current, having in no case of Stricture of the oesophagus received any benefit from the use of the galvanic current.

The galvanic current is Homœopathic, to the discharges from mucus membrane, and is especially beneficial in the treatment of Leucorrhœa.

In stricture of the oesophagus, let the current be pleasant, never painful, continued from twenty to thirty minutes, applying the negative pole over the entire oesophagal tract and stomach.

In the organic variety, I always begin with a number 16 American size, urethral sound, increasing gradually to a number 38.

The spasmodic variety will readily yield to a larger electrode, number 22 or 24.

To insert the electrode, have the patient sit with the head well thrown back, use no force, but direct the patient to swallow, and at the same time a little pressure, and the sound will readily enter the oesophagus. Oil the sound with vaseline, or other lubricant. Though oil is a non-conductor, it will usually be scraped off during the passage of the sound to the stricture.

My experience has been very favorable to a yielding or pliable electrode, so that should the patient throw his head suddenly forward, the electrode will not injure the throat or epiglottis. A pliable electrode will bear sufficient pressure to conquer the stricture. Do not make continual pressure in one place, but slowly pass the sound up and down until it becomes grasped by muscular contraction, wait a few minutes, and it will readily pass through.

Pass the electrode every day, increasing the size each week. Follow every third day by the whalebone bougie. The electrode will always be well borne where the whalebone bougie is intolerable.

There are cases in which extreme measures are necessary, but they are comparatively few. In such cases the oesophagotome of Professor Sands' will be found the most serviceable.

The operation of gastrotomy is more frequently required, especially during the acute inflammation, from poisons or any traumatic causes. Also when a neoplasm fills the entire oesophagus.

This operation will give the organ complete rest. But I cannot conceive of the necessity of such a procedure in chronic organic stricture or in the spasmodic variety, simply because in organic stricture, the patient will die before the parts are grown together, so that they cannot be dilated by the proper use of electricity.

In case 1, I had almost resolved to resort to gastrotomy, but the relaxing influence of the remedy, and hot applications, together with perfect rest from eating, rendered such a procedure unnecessary.

In case 3, I am persuaded that the remedy had much more

to do with the curing of the case, but the electricity acted as a nerve tonic, stimulating the nerves to a regular action, and moreover had a soothing mental effect, causing him to believe that something was being done for his relief and cure.

In case 4, the remedy (phos.) alone would not have completed the cure. But after the chief cause of the trouble was removed, the remedy soon relieved the effects. I cannot but believe that the effects would have been more lasting had the remedy been omitted.

The use of electricity does much; the homœopathic treatment completes the cure.

Results the most unexpected will occur from the use of the properly selected remedy.

Never try to hurry a case by the use of extreme low potencies, it cannot be done, or at least I have failed to do so, after a careful and long continued trial.

The remedies most commonly used are, arsenicum, baryta carb., calc. carb., mercurius, natrum sulph., phos., plumbum and silicia, for organic stricture.

For spasmodic stricture, bryonia, conium, cicuta vir., gelsemium, hyos., ignatia, lycopodium, nux vom., pulsatilla, sulph, etc.

If you practice homœopathy, do it in a manner that is fair and open to the cause. Remove all possible mechanical bars to the free action of the remedy.

It is impossible for medicine to act upon and overcome mechanical causes. Don't sit down and wait, but be alert to catch every symptom bearing on the case, however remote. Because if you wait, you will only suffer the chagrin of having some "regular" brother, who perhaps finds no other organ in the body than the womb, treat your case to a successful termination, much to the detriment of homœopathy, and your own personal feelings.

Mecur. præc. ruber. Suffocative fits at night on lying down while on the point of falling asleep; obliging to jump up suddenly, which relieves.

Magnes. carb. Females who get sore throat before menses; menses too late and scanty.

PHYSIOGNOMY AND PREGNANCY.

BY C. C. J. WACHENDORF, M. D., SANTA ROSA, CAL.

Miss S—age 19; not married, living at home, had two allopathic physicians who pronounced her case abscess of the liver, saying they could do nothing for her unless she would permit to an operation. The mother objected, and I was called on July 13th, 1892. Symptoms: Very restless, skin dry and hot. Pupils dilated, no appetite, constipated for several days; dyspnoea; burning pain in stomach and abdomen, like if everything was on fire; urine dark-brown, mixed with blood and pus. Very *offensive* discharge from *uterus*, like putrid and decaying substance. Temperature changeable from 100° to 105° F. Pulse from 80 to 102. Pains are all periodical, nervous prostration and exhaustion. She is very thirsty, wants cold water but can not assimilate it. Pain in small of back. She told me the catanemia ceased *one* month ago. (?) Made no diagnosis. Prognosis if present condition is not removed *soon, fatal*. Treatment: Acon 3x, Ars. 6x, in alternation every hour.

July 14, 8 A. M., same condition. Pain in the abdomen like coals of fire. Constipated for several days, temperature 103° F.; pulse, 90. Respiration labored; face flushed; irregular and nervous look. I asked for a physical *examination*, but both child and mother would not permit at first. Upon explaining the necessity of it the mother was willing, but the child still refused. The urine discharge was so offensive that I noticed it. As much as I could see and feel through the blankets her abdomen was of normal size. Diagnosis: Septicæmia. Continued the ars. 6x every two hours.

July 4, P. M., condition worse. I noticed on every visit her face would flush, the restlessness and mutability would increase; the pulsation on coming generally was 80 to 90 and over; on leaving, nearly normal. Acted very quiet; would not speak or answer questions when asked. She acted very secretly in her behavior, which excited my suspicion. I insisted upon an examination, but I was absolutely refused by her. I asked for her to let me see her breasts, but no. Furthermore, I noticed that she was deceiving me in every respect she could and her

mother also. The mother was very much alarmed. What more could I do? How could I make a diagnosis and get to the *cause* of irritation and remove it? I watched her closely for fifteen minutes, and the longer I had my eyes fixed on her the more restless she got. I said to the mother that I was ready to give my opinion of the case, and if her daughter would not permit a physician to examine her she would *die*. That I suspected a decomposed foetus in her uterus, and that she had become pregnant over five months ago, and tried to abort the product by strong drugs and did not succeed, and it was now decaying within her uterus. Mother and child became wild over my statement, and I thought it best to vacate the room, and left.

July 15, 1 A. M. Some one was ringing the bell, and I was wanted right off to see my case again. Upon arrival the mother told me, that about an hour ago she made confession, that all I said was true; that four and a half months ago she was ruined by her lover, who promised to marry her, and he sent her the strongest drugs he could obtain to abort the product, but they didn't succeed. I made an examination and with great difficulty delivered her of a half decayed child, which was so offensive that I can't describe it. The mother who assisted me fainted and fell to the floor, and I had to leave the room so foul was the odor, it was worse than any dissecting room ever can be. After ventilating the room I removed the contents; the cord was so soft and rotten that I had to remove it in pieces, and then I worked until 6 A. M., until I had the placenta removed which came out in two pieces. Placenta was worse than the body itself. My hand had the offensive odor for nearly a week afterwards. I used Boericke & Runyon's calendula, 1 part, hot water 3 parts, and used that for uterine irrigation, which removed blood clots and pieces that were left. Gave ars. 6x and carbo veg. 3x alternately every hour, and directed absolute rest.

At 8 A. M., condition much improved, but there was *post-partum* hæmorrhage present. I packed vagina with absorbent cotton saturated with hot vinegar, and soon had it checked. I recommended the irrigation with the above fluid every hour for four times. Continued remedy.

At 4 P. M., no hæmorrhage; slept well; had good appetite, no discharge; had a passage from bowels. I used clear hot water alone; the reflux was clear, *no* lacerations; prescribed *sac. lac.* every two hours.

July 16, still improving; no secondary symptoms present. I gave her good encouragement and good advice for the future, and I saw I made a good impression upon her. With tears in her eyes she asked for me to forgive her for deceiving me, etc., and it should not happen again. I prescribed *sac. lac.* three times a day for two days and gave her in care of her mother, and left her in a good condition of spirit and body.

August 1st she came to my office and received a prescription for constipation, and stated she had felt good ever since, and she is O. K. up to date.

Ophthalmology and Otology.

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

DISEASES OF THE LACHRYMAL APPARATUS.

Portion of a Lecture delivered by H. C. French, M. D., at the Hahnemann Hospital College.

ANATOMY:—The secretory portion of this apparatus comprises the lachrymal gland, which with the accessory conjunctival glands secretes the tears. It is an almond shaped acinous gland, divided into a larger and smaller lobe by a septum of thin fascia, and located in a small depression at the upper and outer angle of the orbit, just behind the rim. It is concavo-convex, about 20 mm. long, 12 broad, and about 5 mm. in thickness, and empties its ducts through ten to twelve orifices, on the temporal side of the superior fornix. The excretory apparatus commences at the minute puncta or mouths of the superior and inferior canaliculi about one-fourth inch from the inner angle of the eye. The canaliculi eight to ten mm. long, running along the border of the lid, empty by a common orifice into the upper side of the lachrymal sac 12 mm. long, and

lies just beneath skin of face. From the sac the tears pass through the nasal duct, a mucous passage, enclosed in a bony canal formed by the superior maxillary, lachrymal, and inferior tubinated bones, situated between the maxillary sinus and the nasal fossa, and empties into the nose near the point of the inferior turbinated bone, and terminates in a round or oval opening, and sometimes in a minute slit in the mucous membrane. The nasal duct and sac are lined with mucous membrane, with cylindrical epithelium, and continuous with the nasal, that of the nasal passage. The entire length of the passage from the puncta to the nasal outlet is about an inch and a half, and its calibre and course is variable. The sac is easily thrown into folds which often proves a serious obstacle to the passage of a probe into the nasal duct and this locality, and that at the entrance of the canaliculi into the sac will be found the most common points of obstruction.

PHYSIOLOGICAL ACTION.—A portion of the tears disappear by evaporation as they spread over the conjunctiva of the globe and lid; the balance, in the normal eye, are drawn through the puncta, and forced into the sac, probably in part by suction, and partly by the action of the muscular fibres surrounding the mouths of the canaliculi. From the sac they are forced through the nasal duct into the nose by the joint action of gravitation, the ciliary epithelium, and contractions of the orbicularis and tendo oculi, closing and compressing the lids; though the exact *modus operandi* is not fully understood.

EPIPHORA.—[Gr. *epi*, upon, and *phoro*, I bear “to rush upon.” *Stillicidium lachrymarum*, [Lat. *Stillicidium*, dripping; and *lacryma*, a tear.] “Watery eye.”—Is the most common effect of nearly all lachrymal diseases and results from: 1st, Excess or hypersecretion of tears beyond the capacity of the carrying apparatus to bear away. 2nd, Displacement of the puncta—their removal from contact with the globe. 3d, Stenosis or total obstruction of some portion of the lachrymal passage.

DACRYO-ADENITIS (from Greek words meaning a tear and a gland, and Lat. it is infl. (inflammation of the lachrymal gland.) This is a comparatively rare affection, and seldom acute, though

it may result from injury to the orbit in the region of the gland, or from the effects of cold. The acute form is attended with great tenderness, heat, swelling, and redness of the part, and suppuration and fluctuation soon follow, except in very mild cases which may end in resolution. The swelling is sometimes great, causing a downward and inward displacement of the globe. The pus may point on the lid at the orbital margin, or discharge through the conjunctiva beneath the lid. In either case a fistula is liable to result. The accessory glands alone may be inflamed, in which case the swelling, tenderness and suppuration will be circumscribed. The chronic form is more gradual in its development, and less amenable to treatment; is frequently met with in scrofulous or syphilitic subjects, and is often associated with orbital periostitis.

AETIOLOGY:—The most common causes of inflammation of the lachrymal gland are operations upon, and injuries to the neighboring orbital wall, and cold. The chronic form often results from syphilis, periostitis, and chronic affections of the conjunctiva. It is most common in children of strumous tendency.

DIAGNOSIS:—In blennorrhœa, for which it might be taken, the entire mucous membrane is uniformly affected, while in dacryo-adenitis the inflammation is greater in the region of the gland, diminishing toward the nose. It will be distinguished from orbital cellulitis by its localized pain and swelling, and the downward and inward displacement of the globe. In periostitis there is less swelling, and the pain is referred to the bone surface. On forcibly raising the upper lid and directing the patient to look downward and inward, the swollen gland may be seen protruding between the orbit and the globe.

TREATMENT:—For the acute form a judicious use of aconite, fer. phos. and hepar high, together with iced compresses may secure resolution. If suppuration is inevitable, hepar 2d or 3d should be given, and warm poultices of flaxseed meal should be applied till pus is formed when the abscess should be opened. In the chronic form aurum, calc. fluor., kali iod., and silicia may be necessary, especially if the periostium is involved, and for induration of the soft structures, phytolacca. In case of

cancerous affection of the gland extirpation may be found necessary. The gland may become chronically hypertrophied, or the seat of various morbid neoplasms, as sarcoma, carcinoma and cystic degeneration. Dacryops.--(Gr. Sakpuor, a tear, and to 4, eye,) is a small, painless elastic tumor, which upon eversion of the upper lid, protrudes in the form of a bluish bladder-like cyst, increasing and decreasing with the secretion of the lachrymal gland. It is due to obstruction and distention of one or more of the lachrymal ducts. The treatment consists in excision, or the passage of a ligature through the base of the tumor, tying it, and leaving it until the wall is cut through. Or a better method would be the careful employment of the galvano-cautery.

Editorial Notes.

DR. GEORGE M. GOULD, of Philadelphia, has joined the long and honorable list of practical jokers; and at this writing bids fair to take a position pretty well toward the top. He has offered a prize of one hundred dollars for the best essay which will show up, in plain language, the "ridiculous pretensions of modern homœopathic practice." This is not to be done in a careless, easy-going, semi-comic vein, but "historically and actually." The language of the essay must be plain; the essay itself must be type-written and contain not more than fifteen thousand words, and must be sent in by January 1st, 1893. The successful essay will be used for general distribution.

There is so much fun to be had in this world at a trifling expense that it gives one the blues to consider how few of us have the genius to see the abundant opportunities lying all about us for enjoying a good time at somebody else's expense. Dr. George M. Gould does not belong to these unfortunates; he has seen and struck a rich vein where millions of others have idly passed, seeing nothing. For a mere pittance he expects to set to work—and he will do it—hundreds of idle brains and now lazy pens, grinding out funny things at the

expense of homœopathy. The task will keep these aspiring writers out of mischief for a long time; it will beget in them aspirations of a high order; each of them will dream himself famous, laurel-crowned—and the possessor of a hundred bright new dollars. What matters it that only one chap can get the prize? Each aspirant—while, with the aid of all his cousins and his aunts, he invents the *nom de plume* which is to grace the winning essay—chuckles at the sure disappointment of every other fellow; poor fools they.

One serious drawback is the limitation to a paltry fifteen thousand words. Once started on a lively theme, why not permit an aspirant to fame to throw in a few thousand extra? It is so difficult to stop short when the subject is fascinating, and the train of thought well started.

Dr. Gould is more than generous; he is utterly forgetful of self; he is willing to be sacrificed; nay, he *insists* upon it. What of a hundred dollars when the good of humanity is concerned! In the mean time, while the dear man is getting a good bit of free advertising, the victims of his wiles are rushing about the neighborhood, trying to borrow enough cash to pay for the type-writing. Alas, after all, it is well the essayist is limited to fifteen thousand words, else the difficulty of getting it copied would be insurmountable.

One party to the contract deserves to be pitied:—the unfortunate committee who are to award the prize. What misery there is in store for them can only be appreciated by a tender, sympathetic soul who has been through a similar trial. Ten chances to one the committee, if honest, will become crazed, and embrace homœopathy.

Dr. Gould, of Philadelphia, is a practical joker and a shrewd business man, yet proves himself a man of a trustful, confiding nature. He never presumes that his proposition may appear in the light of a *very* mouldy chestnut to people who know anything of medical history and of previous attempts to show the fallacies and ridiculous pretensions of modern homœopathy. He thinks other people as simple-minded and ignorant as himself, and hugs to his heart the belief that he has shown originality and brightness where he is really making an ass of himself.

UNLESS published reports of the recent annual meeting of the International Hahnemannian Association are utterly unreliable and do great injustice to the learned men there assembled, it would have been with a journey across the continent to listen to the discussion had on the treatment of tubercular phthisis. It is many a day since such a lot of nonsense has been palmed off for wisdom under the guise of medical learning and clinical experience; and Dr. Fincke's pleading to omit from the printed proceedings the remarks made under this head, finds an echo in the heart of every lover of homœopathy and good sense.

Dr. Sawyer stated that he has given phosphorus in a high potency in quite a number of cases of tuberculosis where it was absolutely the similitum, and in every instance it killed the patient instead of curing him. Dr. Haynes advised his associates to shun phosphorus as they would the devil, for it will kill the patient as sure as it is given. Dr. Carleton, upon the authority of Hering, added sulphur and sulphuric acid to the list of remedies bound to kill, and Dr. H. C. Allen sagely affirmed that the antipsorics cannot be given, without producing fatal results, after the disease has arrived at a certain stage. Dr. Butler capped the climax by announcing that it at times is impossible to give the indicated remedy without killing the patient.

If the statements made by these gentlemen are correct; if they actually gave to their sick *the* indicated remedy, and that remedy did kill the patient, then the Hahnemannian Association, professedly organized for the purpose of saving genuine homœopathy from destruction at the hands of the American Institute and of the unwashed generally, has with one blow done more to disgrace homœopathy, to make it appear an unreliable, illogical thing, than has been accomplished by all the labors of its bitterest enemies. No amount of sophistry can explain away the proposition that there is left of homœopathy a rag worth saving so soon as it can be shown that the indicated remedy is a failure in its health-restoring mission. What can we claim for ourselves when it can be proved that *the* indicated remedy actually carries death and destruction in its path.

It is sheer nonsense to talk with Dr. H. C. Allen of giving,

instead of the exactly indicated remedy—in his case referring to the anti-psorics—that vegetable remedy which ranks next in the number of symptoms which it covers; or to propose to Dr. Hayes to give the next best remedy according to the symptoms.

If homœopathy is true, *there is only one indicated remedy in each case.* No compromise can be entertained here; and in view of the extravagant claims of special knowledge of the principles underlying homœopathic practice and *materia medica pura*, to say nothing of the marvelous cures claimed to have been performed by our purist friends, any statement to the contrary should in them find its most unrelenting opponents. All homœopathists, regardless of their position on matters of minor importance, are bound to admit that the power of the indicated remedy to cure the case to which it holds the homœopathically curative relation constitutes the very corner-stone upon which all else rests. Show it to be false, or even unreliable, and we, as a school, dare no longer claim the right to exist.

But, are the statements made correct? We believe they are not. The sincerity of the men who made them is not to be questioned, for they would not bite off their own noses for the mere fun of the thing. Where, then, does the trouble lie? Simply in the stubbornness with which some men refuse to consider *all* the surroundings and features of each separate case, and to assign to each of the many active factors at work its proper place as a determining cause of the recovery or death of a patient. Practitioners who in every change in the patient's condition see only the action of the remedy prescribed, and who seriously maintain that China 40,000, one dose, has checked a postpartum hemorrhage, are quite consistent in their way when they, having vainly prescribed the indicated remedy, hold the action of such remedy responsible for the death of the patient; one position is quite as logical as the other. It is a pity that logic drives them to this extremity, for it must bring with it despair; yet, thank God! there is in the situation the promise of a return to reason and the implied possibility of a willingness on their part to cease attaching to the prescribed remedy greater forces for good or evil than actually belong to it. The indicated remedy does play a grand role in the treat-

ment of the sick, but it is not all-powerful nor all-embracing—a clinical lesson which some of our purist friends must yet learn. Very sick people do get well when no medicine at all is given; others equally sick recover in spite of the remedies (?) employed; yet others, and especially consumptives, are pretty 'sure to die, regardless of "remedies or no remedies," simply because it is given to man once to die.

Correspondence.

Disclaimer from Dr. Fisher.

EDITORS HOMŒOPATH:—A clause in the last paragraph of your editorial notes in the August Homœopath does great injustice to Dr. McClelland, President-elect of the American Institute of Homœopathy, and myself. It reads as follows: "If such views (you were treating of the question of age in relation to the officers of the Institute) were shared by a majority of the younger men, we would be spared the humiliating spectacle of seeing bargains for the two highest offices being driven in every corner by men who have every reason to expect twenty-five years more of life," etc.

Since Dr. McClelland and myself hold the two highest offices this censure doubtless refers to us. And since it is wholly undeserved I desire to enter respectful denial and protest to it.

As for myself I can truthfully say that the office to which I was elected came to me without the least solicitation on my part, and no member of the Institute is able to say that I sought his or her vote therefor, or that I did any electioneering or drove any bargains for the office with any one. And I know of my own knowledge that this statement will apply equally well in the case of Dr. McClelland. The only electioneering that was done at the Washington meeting, was by the opponents of Dr. McClelland, who strove hard, for purely personal reasons, to defeat his election, which was generally accepted as a foregone conclusion on the floor of the Institute.

The vigorous electioneering of Dr. McClelland's opponents has been rebuked in several of the journals, notably in the *New England Medical Gazette*, but it remains for the HOMŒOPATH to have seen electioneering by the "young men" who hold the "two highest offices" as the outspoken gift of their colleagues, when, as a matter of fact, neither of us turned a hand in the contest. In my case there was no contest, the only manifestation to opposition to my election coming from a gentlemen whose electioneering methods, a few years ago, met with condemnation at my hands. It would certainly have been in bad taste for me to have pursued like methods, as is suggested by the clause referred to.

I am sure the HOMŒOPATH would not do either Dr. McClelland or myself this injustice intentionally, and I attribute the error to misinformation

from some outside source, as neither member of your editorial corps were present at the meeting. I am truly glad to be able to say that none of the offices of the American Institute of Homoeopathy are occupied this year by persons who scrambled or drove bargains to secure them.

In justice to President-elect McClelland and myself, I hope you will give place to this communication in your September issue.

Sincerely yours,

San Antonio, August 22.

C. E. FISHER.

Personals.

DR. S. H. BOYNTON, of Los Angeles, spent a few days in town last month.

DR. S. S. SALISBURY, of Los Angeles, spent a day or two among us last month, and, we hope, returned to Los Angeles a wiser and better man.

A New Dispensary is talked of somewhere near the North Beach. An excellent idea, as there is no public homœopathic dispensary in that locality. Some of our prominent physicians have promised their support.

THE thanks of the profession of the Coast are due to the firm of Messrs. Boericke & Runyon for a new and complete catalogue of their goods. It is the first and only one of its kind on the Pacific Coast. Those wishing a copy can have one upon application.

THE new announcement of Pulte Medical College has its college flag on the cover; it is a yellow one with a black border. What are the colors and flag of the Hahnemann Hospital College?

OCULISTS' TRIAL CASE. For sale, a Meyrowitz complete trial case. Cost \$55.00; selling price \$25.00. Address Boericke & Runyon, San Francisco.

FOR SALE—Excellent sanitarium property, consisting of four acres of beautiful land suitable for growing fruit, with improvements thereon of fine modern buildings, complete water system, irrigation, sewerage, stables, etc., situated in a most charming locality, with climatic surroundings which are unexcelled in the State. Exceptional educational advantages in the neighborhood, and all within one hour of San Francisco, half hourly train service. The improvements alone on this property cost over \$12,000. A bargain to any one desiring a house or a private hospital or sanitarium. Photographs furnished *bona fide* purchasers. Address "Business Manager" of this journal for particulars.

Book Reviews.

A Text-Book of the Practice of Medicine for the Use of Students and Practitioners. By R. C. M. PAGE, M. D. New York: Wm. Wood & Co., Publishers.

While the general drift in recent works on medicine, and especially in works on theory and practice, lies in the direction of exhaustive treatises, resulting in various "cyclopædiæ" and "systems," that omnipresent member of the profession, the "busy" and "overworked" practitioner, in spite of fate clings to the old-fashioned and convenient text-book which puts into one fair sized volume all that he cares to know and pay for. It is to meet this latter demand that Page's "Practice" was written. With a fair measure of success the author puts into considerably less than 600 pages the most salient points of medical practice as it stands to-day. Of course, the space used does away with the possibility of an exhaustive treatise on any one subject or even completeness of any one chapter; but the work affords an excellent summary of the most important points which concern the general practitioner, and, from the standpoint of the old-school doctor it compares well with similar publications and is bound to have a good sale.

THE July number of that admirable journal, the *Hahnemann Monthly*, contains a timely article on Practical Empiricism, by Dr. Samuel R. Watson, of Iowa City. The article has the true ring to it. He shows up the empirical tendency of our school, by our too ready reliance on clinical results rather than on pure pathogenesis of drugs in our treatment of disease. This empirical tendency is most marked in some of the extreme so-called high potencies, men who constantly prescribe wholly unproved remedies, but in highest potencies. Without denying the result claimed, it is reprehensible practice, as it is a plain departure from the strictly inductive method of true homœopathy and must end disastrously.

Clinical Items.

Calcarea in Rheumatism. Ilse Sch. æt. 16, blonde, with large pupils, had suffered during the past year with articular rheumatism for four weeks. At present she has and also for the last four months has had, rheumatic pains, especially in the left knee-joint, which prevents her from walking. These pains are worse *on motion, upon exertion, in wet weather.* She can lie only on the back, sweats profusely on the head and has a slight

coryza and stoppage of the nose. May 19th, 1889, she received *calcareo carb. x.* a powder every week. June 17th, reports that she can walk as well as anyone. As she exhibited a dry eruption on the left elbow, the prescription was repeated; she has not since returned.—*North American Journal of Homœopathy.*

Calcar. Sulph. 6. The best remedy for extravasation of pus within the pelvic tissues unconfined by any pyogenic membrane, or when a pus bag is formed by the rupture of an abscess wall without pus finding an outlet into the pelvic viscera. Patient pale and weak.—*B. F. Betts, M. D.*

Dioscorea for Lightning Pains. From Dr. John L. Moffitt, Brooklyn. A middle-aged lady, long blind from cerebral tumor (?) and presenting some symptoms of posterior spinal sclerosis, complained for two weeks of sudden, momentarily sharp pains in the abdomen, which made her start and cry out; the pains in the right hypochondrium darted towards the back. *R. Diosc. 0* on pellets in a glass of water, two teaspoonfulls hourly; the pain ceased with the second dose (five days ago).—*North American Journal of Homœopathy.*

Common Salt in the Treatment of Pleurisy. Shultz, (*Deutsch Med. Wochens., Med. Ztg.*) has had ample opportunity to confirm a statement made by Robinson with regard to the efficacy of chloride of sodium in the treatment of pleuritic effusions. In a series of cases of acute pleurisy, a tablespoonful of a one to thirty solution was given every two hours, dry diet being at the same time imposed. Under this simple treatment the exudation diminished rapidly, and the quantity of urine passed was noticeably increased. It is stated that the appetite was improved and that there was an absence of that thirst which would naturally have been expected. The treatment should be restricted to cases of simple exudation, as it is useless in empyema.—*New York Medical Journal.*

Removal of Warts. Dr. S. C. Dumm, of Columbus, Ohio, extols the virtues of castor oil in the removal of warts. Constantly applied for from two to four or six weeks each day, that

is, once a day, it has not failed in my hands in any case of any size or long standing. The time it takes may try the patience of the user, but if faithfully used they will get their reward in the removal of the wart without leaving any scar. I have used it with some success in other growths, and had benefit enough to merit further trial. It might be a success in the removal of certain kinds of cancer, especially scirrus forms.

Grindelia Robusta. In the secondary stages of bronchitis and pneumonia, we find in grindelia a very useful remedy. In many respects it resembles antimonium tart, in its action. Where we find the loose, rattling cough, the chest seemingly full of mucus, yet so tight or so free the patient is unable to raise, in our hands, it has done most excellent service. It seems to relieve by free expectoration and a quieting of the cough, the lungs or bronchial tubes appearing to become healed of the catarrhal state, as the effect is permanent.

In asthma, grindelia is more useful in the bronchial than in the spasmodic variety.

Not long since I was consulted by a lady from a neighboring state for an eighteen months child suffering with some bronchial difficulty. Numerous physicians had been consulted with but slight relief. While staying in Waverly, Iowa, the baby took a slight cold, and was much distressed. I was called and found slight fever, difficult breathing, yet not so bad but that the little one was playing about the room somewhat. There was much wheezing in its breathing, dry, rattling cough, still it appeared as if a large amount would be expectorated at each spasm. I prescribed phosphorus to be followed in twenty-four hours by grindelia. I did not see the child again, but the mother wrote me two weeks after her return home that the baby was greatly improved, and almost free from its rattling breathing.

In bronchial asthma of old people I have used grindelia for the same symptoms and conditions as found in this child.

In the spring of 1890, I used grindelia a great deal for the coughs following the "grippe." No other remedy did me greater service. I have also used it topically in the heat rash of summer, uticaria and some eczemas.—*Dr. W. O. Clark in North Western Journal of Homœopathy.*

Selections.

SURGICAL SAVAGERY.

To the Editors of the New York Medical Times:

The above term may well be applied to what is fast becoming, if it has not already become, a prevailing and pernicious practice of resorting to surgical operations without there being in too many instances either the necessary indications for their performance, or the equally necessary experience and surgical judgment to determine their advisability. This is particularly applicable to the operation of laparotomy, and it is too often distinguishable more for its brutality than for any other commendable feature. Every one knows that there is really no surgical skill requisite in the performance of this, in many instances, cruel operation. It consists simply in cutting a hole in the abdomen of a woman, and violently ripping and tearing from her her ovaries or womb or both. The very simplicity of the operation so far as anatomical knowledge and surgical skill are required, and the absence in the generality of cases of any immediate danger to the patient, have given the opportunity to nascent surgery to flesh its maiden knife and so proclaim its readiness for all surgical undertaking. While it is true that cases may and do arise which demand surgical interference in this direction, yet it is equally true that the lives of many women are needlessly sacrificed to the overweening ambition and desire, particularly among the younger members of the profession, to be called surgeons. Women die when they should not, and would not die but for this meddlesome practice. The science of surgery is designed to save life when all other remedial measures have failed, and when the imminence of death from accidents or other causes make its salutary interference indispensable. The great glory of surgery is what we know as conservative surgery, whose ministrations are never more glorious and beneficent than when they supersede and turn aside the knife. The attention of the profession is gradually being aroused to the truth of what is here stated, and a signal rebuke to what may aptly be called surgical savagery is certainly needed to check this growing evil.

CONSERVATIVE SURGERY.

FUNCTIONS OF THE TONSILS.

In an article on the functions of the tonsils published in the *Edinburgh Medical Journal*, Dr. G. L. Gulland draws the following conclusions:

1. The tonsils—faucial, lingual and pharyngeal—are organs arranged to further the reproduction of leucocytes.

2. This reproduction takes place, mainly in the germ-centers, by mitotic division of pre-existing leucocytes.

3. The young leucocytes so formed are partly carried off to the general circulation by lymphatic vessels originating in the tonsil, partly remain in the tonsil as "stationary" cells, and partly wander out into the crypts by perforating the epithelium.

4. They thence pass to the surface of the tonsils, and take up foreign bodies, especially micro-organisms, which would otherwise pass the tonsils.

5. In the human subject, the lingual and faucial tonsils, and the slight diffuse leucocyte infiltration of the under surface of the velum palati, form a protective ring or zone between the mouth and the rest of the alimentary tract; while the pharyngeal and tubal tonsils and the diffuse leucocyte infiltration of the upper surface of the palate form a protective ring round the upper part of the respiratory tract.

6. There is no reason to regard the tonsils as having any absorbent function in normal circumstances; the reproduction of leucocytes is sufficiently active, as a rule, to keep up a continuous outward stream of these cells, and to prevent the entry of foreign substances into the tonsils.

7. Under certain circumstances, for instance in general debility, the reproduction of leucocytes may be interfered with, or the outward stream of these cells from the tonsils may be arrested. This arrest or other circumstances interfering with the activity of the leucocytes may allow pathogenic organisms from the mouth, etc., to enter the tonsil by the spaces in the epithelium, and these microbes may give rise to a local or general infective process.

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Original Articles.

APPENDICITIS.

By J. C. KIRKPATRICK, M. D., LOS ANGELES, CAL.

Appendicitis, a modern term used instead of the terms typhlitis, perityphlitis, paratyphlitis, and extra-peritoneal abscess (of the right illiac fossa). The latter terms are useless, except to indicate a secondary or late process, originating without exception in inflammation of the vermiform-appendix.

There is, perhaps, no subject which is engaging the attention of physicians more widely than the treatment of appendicitis. I should have said surgeons, for I think the great majority of physicians, and perhaps surgeons, do not recognize appendicitis and its consequences. The affection has been almost universally diagnosticated as anything except itself.

The number of cases of appendicular disease discovered when we are on the lookout for them is astonishing. A large proportion of peritonitis cases in males, especially in children, arise from this disorder, and in all cases presenting abdominal pain, whether acute, chronic or recurring, no matter where referred, we should think of and examine for possible appendicitis.

tion, coming on suddenly—especially where there has been a history of former attacks—warrant the diagnosis of appendix. When to these symptoms is added a sudden accession of intense pain, increased on pressure in the right iliac region, with, perhaps, moderate pain over the rest of the abdomen, a fluctuating temperature, reaching 102 degrees, or perhaps higher; slight rigors or decided chills; moderate perspiration or decided sweating, and an increased tympany over the precaecal region, unquestionably there will be found pus." There is little benefit from rectal examinations, except perhaps in an exceptionally advanced case.

The use of the aspirating needle is condemned as useless and dangerous. McBurney directs to find, with tip of finger, using firm pressure, exact point of greatest sensitiveness, which in adult will be one and a half inches inside the right anterior superior spinous process of ileum, on a line drawn from that process to the umbilicus; in children, less distant from spine of ileum. This sign is not reliable. The appendix has been many times found quite remote from the so-called "McBurney Point."

A case is reported in which the appendix ran upward nearly to the liver, and was surrounded by an abscess. Another, in which it was found to the left of the median line above the umbilicus. It is not especially important to differentiate between diseases of the caecum and appendicitis. The ratio of the latter to the former is one hundred to one. While it is extremely rare to have a perforation of the caecum, it is just the reverse as to the appendix. Abscess around the caecum in almost every case is due to appendix disease.

The treatment, from a surgical view, is divided into non-operative and operative.

Dr. Price says; "Do not operate on the first day, usually, because the number of mild cases is undoubtedly large."

McBurney saw thirteen cases in one year too mild for operation.

If nausea disappears in twelve hours, if tenderness on pressure is not increased in twelve hours; temperature normal or not above 100 degrees; if pulse normal or but little accelerated; if patient moves in bed with ease; recovery without operation is probable.

In the more severe attacks, Keen, Morton, McBurney and others claim that early operation is the only means of saving life. They recommend catharsis, by the use of calomel and podophyllin; rest, restricted diet, etc., and in case bowels do not move by third day, operate; otherwise they would invariably operate as soon as the presence of pus is assured; when peritonitis is developing and spreading; when signs of sudden rupture of an abscess into peritoneal cavity appear; and where septicaemia from septic absorption is taking place. In children operation must often be performed earlier than in adults, as with them the malady is more speedy in development, more fatal in tendency, and shows a greater proclivity to involve the general peritoneum.

Mortón says: "The cry of every writer is for early operations, that no surgeon regrets having operated early, but almost all mourn cases that were operated on too late." He says no case appears where a mistake in diagnosis has been made, despite the awful array of affections which is liable to render uncertain the diagnosis of appendicitis, but on the other hand, many cases opened with the expectation of finding other disorders have proved to be appendicitis.

Dr. Pepper, as a medical clinician, is disposed to think that the majority of cases of appendicitis are likely to recover without operation, and does not think it necessary to call a surgeon as soon as the diagnosis establishes a case of appendicitis. He thinks the operation a grave one, and attended with much danger, even in the hands of expert surgeons, advises rest and treatment adapted to the peculiarity of each individual case.

OBSERVATIONS ON LA GRIPPE IN THE OHIO VALLEY.

By CHARLES PORTER HART, M. D., WYOMING, OHIO.

La Grippe presents itself under such a great variety of forms in different parts of the country, that the writer, thinking it may be of some interest to his professional brethren of the Pacific Coast, will mention a few of the leading characteristics of

the malady, as it has prevailed in this section of the country during the years 1890-92.

The great majority of cases may be included under one or another of the three principal forms of the disease, viz: the *neurotic*, the *catarrhal* and the *gastric*. Of the mixed forms, the *neuro-catarrhal* has been by far the most prevalent.

During the winter of 1890-91, very few children, especially nursing infants, were affected; but that of 1891-92 shows a much larger proportion of infantile cases, reaching in some neighborhoods as high as twenty-five or thirty per cent. of the whole number.

Here, as elsewhere, the mortality has been chiefly confined to old people, most of whom have succumbed to the *catarrhal* form of the disease, especially when complicated with *pneumonia*.

Many cases have been characterized by a very high temperature at the very outset, 106°-107° being not uncommon in pulmonary cases of an asthenic type. Such cases occurring in young subjects, even infantile, have in my hands uniformly yielded to hot flax seed poultices to the chest, *changed every half hour*, aided by *Bry.* and *Phos.*, the poultices being continued uninterruptedly until the temperature has fallen to 100° or less.

A number of infantile cases have come under my treatment after having been subjected to the depressing effect of *Phenacetine*, the temperature fluctuating between 94°-107° in some instances, producing a very persistent and dangerous remittent form of the disease.

I am persuaded that the Old School has lost a large proportion of infantile cases from the reckless use of *Phenacetine*.

Uncomplicated cases are found to require but little besides *rest, warmth and good feeding*, all of which are of the highest importance in both complicated and uncomplicated cases.

The complications have been of the most varied character, or rather, I should say, the disease has presented itself under the most varied forms and conditions. While bronchitis, *pneumonia* and *neuralgia* have constituted the leading features in the great majority of severe cases, it has not infrequently produced both cerebral and spinal meningitis, laryngitis, pleuritis,

neuritis, various cardiac affections, besides gastric, hepatic, spennic, nephritic, intestinal, vesical, and in fact, almost every form of abdominal disorder.

It has not only simulated various infectious fevers, such as enteric and scarlet fever, measles, etc., but it has appeared to influence the course of other diseases which were not primarily due to this cause.

While these complications have appeared to be more numerous and severe during the present season than they were during that of 1889-90, or even of 1890-91, owing, probably, to a larger proportion of simply neurotic cases on its first appearance in the country, yet I have seen no reason to change my views as expressed in an interview which went the round of the secular press some time since (and which I hope I shall be pardoned for referring to here), to wit: that uncomplicated recurring cases become milder and milder on each successive recurrence of the disease, until on the second, or at most the third, attack the system becomes, as a rule, no longer susceptible to its influence.

A BELLADONNA CASE.—WHY NOT MERCURIUS?

BY W. E. LEDYARD, SAN FRANCISCO, CAL.

May 6th, 1892—A youth, aged 16, presented the following symptoms:

Great *swelling* of gum of left lower jaw, with decayed tooth over which the swelling extends.

First noticed the swelling six days before; applied chloroform and the swelling subsided. However, in three days the gums again began to swell, showing as it seems to me, the vital force acting more powerfully than the suppressing chloroform, and thus overcoming the suppression.

He expressed the pain as "jumping," a pain that *comes and goes*; the swelling was extremely painful to the touch; relieved by warmth; aggravated by cold air; saliva flows from the mouth; tongue coated yellow; sour taste in mouth; sleepless from the pain. *Bell 200*, dose dry.

In twenty-four hours, if not improving, or if the improvement has ceased, repeat *Bell. 200* in solution hourly for five hours. In forty-eight hours the report came that the relief was speedy, and the swelling had almost disappeared.

Now, here is a case closely resembling *Merc.*, but *Merc.* would not have relieved. Let us differentiate between *Merc.* and *Bell.*

- Both have (1) painful swelling of the gum;
 (2) aggravation from touch;
 (3) bad taste in the mouth, and
 (4) salivation.

In *Bell.* the swelling is *extremely* painful; the \angle from touch is much greater than in *Merc.*

The taste in the mouth is *sour*; *Merc.* not so.

The swollen gum extends over the tooth, in *Merc.* it recedes from the tooth.

In *Bell.* there is γ from warmth, while *Merc.* has \angle from warmth of bed, or from cold or hot things.

The following four points decided in favor of *Bell.*, viz:

1. The \angle from touch.
2. The γ from warmth.
3. The swelling *covering* the teeth. And
4. The sour taste.

THE SUPPRESSION OF DISEASE.

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

The causes of disease are various, but the essential nature of disease consists of one thing. Many diseases are now believed by some to originate from microbes or bacteria, while others hold that the germs found in diseased conditions, result from the disease. But whether disease arise from bacteria, contagion, filth, exposure, or whatever cause, the essential feature of a diseased state is a disturbance of the functions and processes of the living cells of the organism.

The body is composed of multiplied millions of cells; and though they are microscopical in size, yet each has a time of

formation and a life work ; in each the process of nutrition must be carried on while its functions in the body are performed ; when it is worn out its final disintegration or death occurs. If the cells of the body are all healthy, the individual whose frame they compose feels buoyant and well ; but if a number of cells great enough to appreciably affect the system become disturbed or disorganized in the performance of their functions, pain and discomfort at once arise.

There is in every disordered or diseased condition of the body one or more marked features peculiarly distressing to the patient, and of which he usually insists he must be relieved in the shortest possible time. A gonorrhœal discharge, or a leuchorrhœa must be stopped by the quickest means ; a chill must be stopped in a day or two, as its visits are so much dreaded, a skin eruption must be made to disappear to that region whence it came, by anything that will take it away. That there are cases in which such a course is not followed by any bad consequences may be readily admitted, and that there are many cases this course produces a mere suppression of a diseased manifestation which breaks out in new and worse forms certainly can be shown.

Some interesting cases have been under treatment in the last three years which strikingly exhibit the truth of this statement.

CASE 1. Mrs. —, aged about 62, called me to see her at ten o'clock at night, and on approaching the gate in the front of the house I could hear her groans and screams for help. Found her suffering from great distress in the epigastric cardiac and right hypochondrial regions, with sharp, shooting, suddenly coming and going pains, much restlessness and mental anguish, The attack has been brought on by imprudent diet, and a severe relapse occurred in a few days from the same cause. Acon., bell., diosc., nux. vom., rhus tox., and sulph., were given for the various phases of the case, during a sickness of some three weeks, finally she had two or three chills followed by heat and sweat. This led to a close scrutiny of the case and particularly a searching inquiry into her past medical history. I learned that some twenty years before she had been greatly

afflicted with "chills" and that under allopathic treatment and strong medicines she was finally "cured" of this ailment. Since that time, however, she had been a great sufferer from neuralgia, and for more than ten years had what was called neuralgia of the stomach, and during the last two years had taken fifty bottles of a neuralgia medicine prescribed by one of our allopathic brethren. The chills were preceded by much aching in limbs and back; began about ten A. M.; were accompanied with headache, nausea and vomiting, and followed by heat and a profuse sweat. All suffering abated greatly during the sweat. A few prescriptions of nat. mur. 30 and 200, not only stopped the chill, but in the last six months she has had only one attack of her old complaint, which formerly required twenty-five bottles a year to keep quiet, and this was brought on by flagrant violation of the rules of dietetics. During this time her general health has been as vigorous as is usual in persons of her age.

CASE 2. Mr. —, a minister, aged about 40. Came to me first for treatment for a suddenly occurring flatulency "which would swell up as tight as a drum," and not be ameliorated but very slightly by passing flatus or belching. China 6th always gave immediate relief, and it disappeared entirely in a few weeks under its influence. A pterygium on his right eye, and located at inner angle, was also treated. It itched a great deal, and was much worse after riding in the wind, when it also became very red and congested. Zinc 6th in two or three months caused the itching to cease, and the red, swollen growth became thin, white and membranous.

During the time that he was under treatment for these two troubles, was consulted also about what he called his "jimony fits," an epilepsy of only medium violence, but hardly slight enough to be called a *petit mal*. The attack always came on at night after waking, or just as consciousness returned as he waked. He would be aroused by a sensation of discomfort, would feel so uncomfortable, and such a desire to move that to lie still was almost impossible. But quick as he would turn over or move the body, he would become entirely unconscious, deathly pale, and lie with the head drawn back, while the

whole frame would be perfectly rigid. After regaining consciousness, unless he lay quietly a few minutes and kept from going to sleep for quite a while, another seizure would occur. Usually after or preceding the attack, there would be one profuse diarrhoeic discharge, following it there would always be a profuse perspiration, vesical tenesmus and frequent urination. Marked prostration was always felt the following day.

Lach 6th was given four times a day for a month, with no benefit. Canth. always relieved the urinary difficulty; Acon. was one time prescribed for a sensation of great soreness in hypogastric region. I was called one evening, after the case had gone along unsatisfactorily for two or three months, and several attacks had in the meantime occurred. This time I found him dreading an expected seizure; he ached all over; was very tired and prostrated, and yet could not lie still. Rhus tox. was given and no attack was felt, though he performed a hard day's ministerial labor on the following day. It was only a short time after this that a very suspicious headache was developed. It came on at ten o'clock in the morning; was very severe for a few hours; then gradually departed to await another return next day about ten A. M.

Enquiry developed the information that about thirteen years before he had intermittent fever for eighteen months.

The paroxysm had generally come on in the forenoon, and he definitely remembered that during the latter portion of the time, about ten o'clock, he took large and frequent doses of quinine, which would drive the trouble away for a while and then in two or three months he would have need to again resort to quinine. Finally, on taking larger doses, the chills left permanently, but as they went away, he began to have his "jimony fits" for the first time. The seizures were infrequent at first, but grew to be frequent as the years roll away. Nat. Mur. 30, 200 and 1000 were given repeatedly for a week or ten days for the headache. Since that time he has had only three seizures, two of which occurred in one night after prolonged mental labor and worry, and the distressing symptoms were helped at once by Rhus tox. It must now be about nine or ten months since I first gave him Nat mur.

CASE 3. Mrs. —, aged about thirty. She was a delicate and scrofulous child, and was also annoyed by large and pendulous seed warts on hands and face as well as vulvar region. When about twelve years old she frequently washed her hands and face in rain water collected during rains in oak stumps, as frequently seen in the eastern states. Soon thereafter the warts all disappeared. After puberty was reached she became a great sufferer from dysmenorrhœa. During her married life her disorders have increased. Her pregnancies have been one continued course of nausea, vomiting, constipation, etc.; of late years she has been a martyr to severe colds, twice she has had pleuro-pneumonia, fortunately involving only a small amount of tissue, while distressing cardiac and bowel disorders must be added to her list of ailments.

It has been a very difficult thing to treat her with any satisfactory success. The remedies seemingly indicated rarely benefited her long at a time. As soon as one disorder would be helped another would arise. Her general feeling of strength and ability to carry forward the work and labors of life were gradually departing. She could endure but little fatigue, and must exercise the greatest care lest she would overtax her strength.

About six months ago the early history of the warts was related. It is doubtless superfluous to state that thuja was at once administered. I think the 3x was given for three successive evenings on retiring, this was followed by a week or ten days of great languor and weariness, at the end of which time an intense itching without eruption came over the vulvar and gluteal region, while a small wart appeared on one of the upper eyelids. With these skin symptoms there came a feeling of buoyant spirits, and ability to endure fatigue and a cheerfulness not felt in years before. Once since then thuja was repeated as before in the thirtieth dilution. This was followed by exactly the same feelings, first of languor and then of buoyancy, as after first prescription. Since it was first given her treatment for acute disorders has been satisfactory, the indicated remedy has been easily selected, and her troubles have been speedily subdued.

These cases teach their own moral and the conclusion is eas-

ily drawn. There is such a thing as the suppression of a disease and the last state is worse than the first. We often find patients that demand a speedy cure, and these are, they who think that but little is being done if heroic measures and nasty medicines are not employed. Rheumatism or orchites following the suppression of a gonorrhœal discharge, cardiac complications arising in rheumatism treated with massive doses of salicylic acid or salicylates, various internal disorders following the repression of skin diseases by ointments of various kinds, etc., must teach us to use the massive dose of anything, and any kind of local application, with much caution and care. The greatest and highest work of the physician must be to treat the entire organism so that the entire cellular structure shall become healthy.

Ophthalmology and Otology.

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

THE NOSE AND NASO-PHARYNX.

BY A. C. PETERSON, M. D., SAN FRANCISCO.

Read before the California Homœopathic State Medical Society, May, 1892.

Must the nose go? A recent investigator in the realm of theory claims that there is a steady average decline of that most prominent feature, the nasal appendage. His speculations are based on certain factors due to the progress of civilization.

Man, in his savage state, has a set of special senses, that are, as a rule, highly developed and well trained to do unerring service in his sphere, where of necessity he must not only see and hear, but discriminate in the line of odors as well.

Amid the perfumes of the woodland and meadow, pleasant to his nostrils, doubtless, he is keen to detect, by the same means, even the suggestion of an odor that is strange or unusual, to detect in it a threatened danger or to assure him that it comes as a messenger of peace.

On the other hand, the civilized man has little or no occasion that demands a nasal organ, endowed with attributes of that of the savage, and furthermore, civilization has evolved certain conditions that promote bad and disgusting odors, unlimited in number, combination and variation. Our sewers, canneries, glue factories, heated and foul air, etc., are a few samples of olfactory activities that assail the nostrils with an energy that calls for an energetic defense.

Usually the situation and nose are grasped simultaneously, and the oft repeated shutting out of the bad smells of civilized life, blunts and discourages the sharpness of that sense, which the perfumes of savage life have encouraged to attain to its well recognized splendid development. There appears, however, to be no immediate danger, as there are yet a sufficient number of elephantine probosces to inspire the hope that we may yet be spared the ignominy of the total annihilation of the organ that makes or mars the face of relegating to the shades the old favorite, "follow your nose."

Turning to glance at the anatomy of the nose, we find several muscles that have an influence internally, their office is to dilate the nostrils and one, working in conjunction with the muscles surrounding the lips, to contract their calibre. These muscles play important roles in the varying facial expressions, scorn, hatred, malice and passion demand a magnificent activity, and these muscles respond with the true spirit. The bridge of the nose formed by the angular conjunction of the nasal bones, forms the only bony external prominence, the remaining portion is made up of lateral cartilages, two on each side. The cavity of the nostrils is divided by a septum, the vomer in the bony part and a cartilage in the cartilagenous portion; the septum till about the seventh year divides the nostrils equally, and at that period it becomes defected or warped, reducing the calibre of one nostril at the expense of the other.

Within the nostrils, three shelves are encountered, they are the somewhat scroll shaped turbinated bones, springing from the lateral walls of the nares; the lower is the largest, while the smaller, middle and superior are really part of the ethmoid bone.

These bones are designed to furnish a surface of sufficient extent, for the spreading out of a delicate system of glands, blood vessels and nerves, included in the lining membrane of the nose.

To touch briefly on some of the important points of this membrane, we find that it has a manifold function, the part that lines the cavities from above to as low as the middle turbinated bone and corresponding part of the septum, is called the olfactory membrane, and from that portion downward, the respiratory, endowed with ciliated epithelium. The blood supply comes from several sources and is very abundant, as are also the lymphatic tissues and glands.

A well developed, tortuous venous plexus is found, which becomes engorged and is the means of bringing about stuffing up of the nose in colds and catarrhs.

Mucous glands are found in great numbers and penetrate deeply, almost to the periosteum.

General sensation and the naso-motor supply are furnished through the same nerve trunk, the fifth. Some writers claim that this arrangement accounts for hay fever.

There are no serous glands, and moisture is necessary that this membrane should perform its functions properly.

This water is furnished by transudation from the tortuous venous plexus, a tissue that closely resembles the erectile, the mucous glands furnish the lubrication.

The naso-motor mechanism that regulate the supply of moisture must be balanced to a nicety to meet the varying atmospheric conditions, a dry air one day calling for an increased supply of moisture, and a saturated air the next, call for a diminished supply. With these facts in mind, we may return to first principles and consider the sense of smell.

This power is seated in the olfactory nerve filaments in the membrane of that name, nostrils clear and free from clogging catarrhal secretions or other causes is absolutely essential.

Just how the olfactory nerve performs its work is not yet determined to a certainty, but it is generally held that the minute odorous particles inspired are caught and dissolved by the mucous of the olfactory membrane and that the impression is made on the terminal filaments by mechanical irritation.

Professor Tyndal suggests a theory of olfactism, based on the action of heat and that matters are odorous in proportion as they absorb heat.

Ogle based a curious theory on the distribution of pigment and cites the fact that the dark skinned races have a far more acute sense of smell than the Caucasians. As an instance, he tells of a negro boy who turned white from a skin affection and lost the sense of smell; also that white cattle are far more frequently poisoned than dark from feeding on noxious vegetation, their olfactory powers being feeble.

There are several other theories, but what is known is that the olfactory bulb and nerve are very largely developed in animals, whose sense is unusually acute.

The senses of smell and taste are intimately connected and loss of smell always more or less weakens the sense of taste, for the reason that the nerves supplying the tongue with that sense give a taste that recognizes the acid, bitter, sweet and saline character of substances, while the exquisite appreciation of flavor is entirely due to impressions made on the terminal filaments of the olfactory nerves.

The nose acts as a resonant chamber for the voice and exerts a marked influence, when the nostrils contract, the voice is thrown back upon itself and the "nasal twang" results, this is a misnomer as the nose plays but a negative part in the performance, that articulate sounds should be clear and sharp, the nose must be free and open. Polypi filling the nasal cavities exert a marked change in the vocal quality, and often causes a difficulty and some risk in the process of deglutition as the air condensed in the oral cavity by the act of swallowing has no exit except downwards, and may force the food into the larynx, causing suffocation.

In the light of the initial portion of this paper, it will be seen that the nose has been viewed as an organ whose prime function is that of olfaction, while its other offices are not considered at all.

With an awakened interest in the physiological study of the nose, it becomes apparent that the part it has to do in respiration is unquestionably of first importance. Our accustomed atmosphere usually, is unfitted, unchanged for contact with

the delicate lung structures and a change is brought about when the inspired air passes over the lining membrane of the nasal cavities. The proper method of breathing is through the nose and in its passage the inspired air has its gross impurities retarded by the cilia and finally caught and detained by the mucous; the nose acts as a filter and purifier of the air. Again, a low temperature of the atmosphere must be raised that bronchial irritation may be prevented, as the numerous cases of hacking coughs are usually due to much breathing in cold weather, with the result that the bronchial tubes exposed to cold blasts are kept in a constant congestive state.

Dry air acts an irritant to delicate lung structure, and must be moistened to be fitted to reach the lungs in a proper state. This watery supply is furnished as we have seen by the venous plexus of the nasal membrane, and so we have the air filtered, purified, heated and moistened, certainly a function of far more consequence to the preservation of health than simple olfaction.

The naso-pharynx is the extreme upper part of the pharynx limited anteriorly by the openings of the posterior nares, its dome shaped roof is made by the basilar process of the occipital bone and body of the sphenoid, while the lower border is on a level with the soft palate and a strong apmuroses separates it from the vertebrae posteriorly. On the walls of this space are found two points of extreme importance, the openings of the eustacheau tubes, hence the utmost care should be exercised to keep this region as free as is possible from diseases that interfere with the function of the tubes, that loss of ventilation of the middle ear may not occur, and consequent deafness.

The lining membrane of the nose-pharynx is extremely vascular, and has in its structure an aggregation of mucous glands which is so strongly marked that it is sometimes called the pharyngeal tonsil.

This tonsil is a vast workshop, manufacturing a mucous substance that comes rolling down the posterior wall of the pharynx, supplying moisture and lubrication for the entire pharyngeal membrane.

A cause that interferes with this stream, gives us discomfort or even pain. Take for instance, an ordinary cold in the head

or sore throat, the first symptoms are usually an uncomfortably dry and a peculiar spicy feeling in the naso-pharyngeal region, the abundant vascular supply is suddenly checked and consequent stoppage of the usual supply of moisture. Perverted secretions in this region roll down into the throat, and if tenacious hang in ropy masses, that nauseate the sufferer, befoul the mouth and create a disgust for food with the ultimate lowering of the vital energies and encouragement of various disease states, from a neglected naso-pharynx.

In bringing forward a paper on these subjects, it may appear to come more properly under another bureau than the one under which it appears, but the points which it is desired to emphasize are functions of the nose apt to be overlooked and to give a few reasons why olfaction is the one of least import, and that the utmost care should be exercised in keeping the others normal and in good working order.

DISEASES OF THE LACHRYMAL APPARATUS.

(Continued.)

By H. C. FRENCH, M. D.

DACRYO CYSTITIS.

From the Greek *Dakruon*, a tear, and *Kustis*, a bladder, is an inflammation or abscess of the lachrymal sac. It is ushered in with a rise of temperature, flow of tears, redness and swelling over the sac and often involving the lid. When the canaliculi and nasal duct are open, the inflammatory products may by moderate pressure be forced upward through the canaliculi into the palpebral sac or downward into the nose, but when both these passages are closed, the pus finds an outlet through the thinned integument.

Ætiology—Inflammation of the lachrymal sac is rarely a primary disease. It may result from extension of catarrhal inflammation of the nasal mucous membrane, or of the ocular conjunctiva; from injury, cold, obstruction of the canalicula or nasal ducts, or from any cause that prevents its free drainage.

The inflammation may become chronic, causing blenorrhœa of the sac or mucocele, the tissues around the sac becoming hypertrophied, hard, and red or purplish, resembling erysipelas.

Local Treatment—In order to preserve the sac and prevent fistula, in the beginning of the inflammation iced compresses should be employed, and an effort made by the careful selection of homœopathic remedies to abort the suppurative process. When pus has formed in the sac, it should, if possible, be evacuated through the canaliculus or nasal duct by moderate pressure upon the distended sac, after which a warm solution of calendula, boracic acid, listerine or similar agent, should be injected two or three times daily until the inflammation is subdued. When the sac cannot be emptied by pressure, and suppurative destruction is inevitable, an effort should first be made to evacuate the sac through the canaliculus by means of a No. 2 or 3, Bowman's Probe, or corresponding size of William's with a bulbous point. Failing in this the canaliculus should be slit into the sac by means of a Weber or Agnew canaliculus knife, and the pus freely evacuated and warm compresses of calendula or listerine applied; or it may become necessary to evacuate through the distended integument, in which case the thinnest and most protruding point should be selected for the incision. If an abscess has opened spontaneously it will often require long and careful treatment to subdue the catarrhal condition and close the fistulous opening. For internal remedies see close of this chapter, but fer., phos., hepar s., puls., kali sul., and silicia should be remembered especially.

STILLICIDIUM LACHRYMARIUM.

(Lat. *Stillicidium*, dripping, and *lachryma*, a tear), Epiphora or "watery eye," is a distressing condition in which the tears from any cause are diverted from their natural channel and flow over the cheek, and is the most common effect of nearly all lachrymal affections.

Ætiology—It may result first: from excess or hyper-secretion of tears in disease of the lachrymal or accessory glands. Second: from displacement of the puncta, their removal from contact with the globe; from paralysis of the facial nerve af-

fecting the orbicularis ; or from chronic granular conjunctivitis or marginal blepharitis. Third: from stenosis or total obstruction of any portion of the lachrymal passage from any cause, as hairs, fungous growth or dacryo-lyths in the canaliculi ; from wounds or narrowing of the puncta ; from abuse of blue stone or caustics ; from hyperplasia of the mucous tissues or exostosis of the bony portion of the nasal duct.

Treatment—Hyper-secretion is usually the result of conjunctival irritation, and abates when the cause is removed : but when dependent upon disorders of the lachrymal gland, is seldom relieved short of the entire removal of that organ. In displacement of the puncta the cause must be sought out and if possible removed. When dependent upon failure of the orbicularis, galvanism will be found the most reliable curative agent ; and when caused by chronic affections of the conjunctiva or palpebral borders, those troubles must be met by appropriate treatment, which will at best be tedious, and often unsuccessful. Granular conjunctivitis is frequently a cause of hypertrophy of the palpebral connective tissue and consequent narrowing of the puncta or canaliculi, and it would be useless to attempt a restoration of the passages while these conditions persist, and these maladies of the lid may in turn depend upon nasal and naso-pharyngeal catarrh. If the stricture is confined to the punctum or its immediate neighborhood, Agnew's or Bowman's probe pointed knife may be used to nick the punctum sufficiently to allow the passage of a No. 2 or 3 Bowman's probe which should be passed daily till the passage remains patent. In no branch of ophthalmic surgery has such reckless and unwarranted precipitancy been displayed as in the haste with which surgeons have slit the canaliculi, and converted them into useless and unsightly ditches, for even minor obstructions. A cure with a slit canaliculus, after the most favorable results, is only partial, entailing great disfigurement and always more or less imperfect drainage. We believe with Carter, that under the old treatment by Stilling's operation, which consists in a total destruction of the canaliculi, laceration of the passage of the nasal duct, and its forcible dilation with large probes, "that the last condition of the patient

is in a majority of the cases worse than the first." Under this plan the delicate suction apparatus is entirely destroyed, and the opening must be sufficiently large to convey the tears away by mere force of gravitation, which is not accomplished in ten per cent. of the cases thus treated. In our opinion one of the greatest errors in the management of obstructions of the nasal duct, is the universal ambition of operators to introduce large probes, when functionally perfect, canaliculi are often fed through puncta too small to admit even a No. 1 Bowman probe. During the fourteen years in which we have followed the conservative plan of treatment of these troubles, we recall many cases wherein the Stilling operation had been pronounced the only means of cure, in which simple dilatation of the canals with suitable topical and constitutional treatment resulted in a perfect cure, with complete preservation of the entire drainage apparatus. There are cases in which the destruction of the canaliculi may be an indispensable procedure; but in any case it is the adoption of a minor evil. If the older surgeons had recognized the limit of human art in dealing with physiological defects, they would have patiently adhered to and developed the conservative plan to which they gave such an auspicious beginning, but their lack of faith in the leadings of nature, has led to the employment for generations of a method, that has left in its tract only disfigurement and defeat.

We claim no originality in the plan of treatment we are about to describe, but simple loyalty to the warnings and guidance of nature. If, as is often the case, the stricture is at or near the punctum, try to introduce a No. 1 or 2 Bowman probe and if not successful without, nick the circular fibres round the punctum with a fine probe-pointed canaliculus knife, sufficiently to admit a No. 2 or 3 probe. After probing the canaliculus, without entering the sac, introduce the small silver tube of a lachrymal syringe and inject a weak solution of hydrast in muriate with a few drops of cocaine solution 4 per cent. Only the most gentle force should be used or intense pain and sometimes emphysema may result. If color appears on the handkerchief upon blowing the nose the trouble has probably been overcome, and a few repetitions of the treatment will often re-

sult in a perfect cure. If the effort to inject produces pain, and there is no evidence of patency in the nasal passage, a 4 or 6 per cent. solution of cocaine should first be injected into the sac, and a No. 2 or 3 Bowman's probe be passed through the sac into the nose. The operation often requires repeated effort, and great deftness, gentleness and patience, but these qualities in the operator will meet a sure reward. Pass the probe through the canaliculus till it firmly presses the lachrymal bone, then, keeping the canaliculus drawn tightly on the probe with the forefinger of the free hand, gently but quickly elevate the probe at right angles with its first position, (or the course of the canaliculus) and, if possible pass it through the sac and nasal duct. The direction of the probe after assuming the horizontal position is usually downward, backward and a little outward to reach the nose, but varies slightly in different persons. Great care should be used at this point not to make a false passage, and the most gentle manipulation is required. The walls of the sac are often inflamed and thrown into folds in which the point of the probe is liable to engage, requiring its repeated withdrawal, and many changes in its direction before it finally enters the natural passage. If unsuccessful after repeated efforts, it may be necessary to withdraw the probe entirely and modify the shape and direction of the point. Sometimes advantage will be found in the use of the bulbous pointed probes of Dr. Williams of Boston. The most common points of stricture will be found at the punctum, at the entrance of the canaliculus into the sac, and at the point where the sac enters into the nasal duct. The probe should be left in for from five to ten minutes, and its withdrawal be followed by an injection of a saturated solution of muriate of hydrastin, boracic acid, or kali bichromicum, or of nitrate of mercury, two to four drops to the ounce of water, or any agent that has been found useful in kindred troubles, adapting the remedy to the condition and chronicity of the case. Cocaine is a two-fold adjuvant, rendering comparatively painless an otherwise painful operation, and overcoming spasm, which has always been a serious obstacle to success.

Galvanism will prove another most important agent in these troubles, used either as a cautery in opening short strictures,

or for its sedative effect upon the inflamed surfaces. When used as a cautery the probe should be insulated up to within one or two mm. of the point and passed in till it presses firmly against the stricture. When the stricture yields the current should be discontinued, and excessive destruction of tissue should be avoided. It will be necessary to probe the passage frequently till its normal calibre is restored. These operations should always be preceded by a four to six per cent. solution of cocaine. A mild current of galvanism applied through the right pole of a metallic electrode to the probe during its presence in the passage, we have found to overcome spasm, and facilitate the process of dilatation. In one instance the current passed in this manner through the lachrymal passage, effectually broke up a quantity of calcareous matter that had hardened in the sac and blocked the nasal duct.

REMEDIES.

Aconite—Acute dacryo-cystitis with fever, dry skin and great tenderness and sharp pain.

Aurum Muriaticum—Is especially adapted to mercurio-syphilitic cases, and will often render good service when other remedies have failed.

Argentum Nitricum—Will be found useful in chronic lachrymal troubles attended by *great redness and swelling* of the conjunctiva and caruncle, with copious, non-excoriating, purulent or muco-purulent discharge.

Arsenicum Iodatum—Often helpful in tough scrofulous cases with glandular complications, burning pains, acrid discharge and tendency to erosions and ulceration.

Calendula—Has been underestimated in the treatment of lachrymal disorders, especially after surgical interference. It will be found of great service both internally and locally.

Chininicum Arsenicum—Will be an excellent remedy with which to combat the catarrhal condition and low tone of the general system that so often precedes and accompanies lachrymal disorders.

Euphrasia—Copious muco-purulent, or thick, yellow, acrid discharge. Lids sore and excoriated. Blurring of vision relieved by winking; thin, bland, watery discharge from the nose.

Ferrum Phosphoricum—In the acute stage of dacryo-cystitis, and all inflammatory conditions of the lachrymal apparatus will often prove an effective abortant.

Hepar Sulphuris Calcareum.—In inflammation of the sac after pus has formed, or in blennorrhœa with great sensitiveness to touch and cold, with profuse discharge.

Kali Muriaticum—After the acute stage of dacryo-cystitis and in the earlier stages of catarrhal affections of any portion of the lachrymal apparatus, this remedy will often be found effective.

Kali Sulphuricum.—In chronic dacryo-cysto blennorrhœa, and in abscess involving the sac and attended by a yellow or greenish purulent discharge this remedy will be of great value.

Mercurius.—Especially adapted to cases in which the bones or periosteum are involved, with thin, excoriating discharge and choriza, all worse at night.

Pulsatilla.—Of this remedy the late Dr. George S. Norton has said: "One of the most important remedies for dacryo-cystitis, cutting it short in the beginning, and useful at any stage of the inflammation," It is adapted to profuse, bland thick discharge from the sac or nose; especially when in addition to these symptoms the temperament of the patient corresponds with the drug.

Silicea—Will be found a most useful remedy in chronic diseases of the lachrymal apparatus, especially in chronic dacryo-cystitis and cystic fistula. The discharge is usually bland, watery or muco-purulent, and there is present great sensitiveness to cold.

Strannum.—Itching or pain in the inner canthus, especially at night. Dacryo-cystitis with yellowish, white discharge.

Teucrium Marum.—We have found very marked benefit from this drug in acute and chronic cases of epiphora with

marked nasal catarrh and chorize. It is indicated in biting pain especially of the internal canthi, redness of the lid margins and profuse lachrymation.

Benefit has also been found from Arum. tri., Bell., Calc.' Cinnab., Hydrastis, Kali iod., Merc. prot. iod., Nat. mur., Nux. vom., Petrol., Sulfur and Zinchi sulph.

Editorial Notes.

It appears as though at stated times the very spirit of mischievous folly takes possession of people. Under the guise of self-sacrificing devotion to duty, pranks are played which are both nonsensical and suicidal. One of the common expressions of this tendency in the profession is the periodical establishment of medical colleges in different parts of the country. In spite of the universal admission that we have more colleges than are needed, and that this plethora of colleges is a great calamity because it lowers the standard of qualifications for admission to lectures and of requirements for graduation, there have been added to our list of medical schools, within the last few years, a college at Kansas City, Mo.; one at Baltimore, Md.; one at Cleveland, Ohio; and, quite recently, two colleges at Chicago.

There is not one good reason why there should be a school at Kansas City. The Baltimore college is the outgrowth of an energetic effort on the part of our Southern friends to maintain an independent organic existence, and is, we believe, justified by the rapidly growing importance of the Southern field. The new Cleveland college was born in a strife which is of little interest to the profession outside of Cuyahago County, Ohio. And the two new Chicago colleges—well, the average mind is staggered at the stupidity which has forced them into existence.

Of these new schools at Chicago, the "Hering," the younger of the new aspirants for professional recognition, commands the more respectful hearing, because in its first annual announcement there is made something of an argument to prove

the necessity of just such an institution, and there is boldly set forth the modest claim that it "differs from all other existing colleges, both in regard to the principles taught, and in the methods of teaching." The "therefore" of the thing lies in the following declaration :

The Hering College of Homœopathy would have no excuse for entering a field already apparently crowded, did it not present some radical differences, and, as its faculty believes, *vast improvements on any college now in existence*. While Anatomy, Chemistry, Histology, Physiology, Microscopy, Pathology, Surgery, and all the fundamental branches of a scientific medical education will be as carefully and thoroughly taught as in any college in the land, its chief object will be to teach and to demonstrate that *pure Homœopathy* is all that is necessary, or desirable, in the cure of the sick. In this field, so far from being crowded, the Hering stands alone.

It is plain to any one who has studied the history of Homœopathy, that the practice of the pioneers of our school, based strictly on the principles of The Organon, the single remedy in the potentized form, and the minimum dose, is no longer taught from the college rostrum, and as a necessary consequence is not practiced by the large majority of graduates.

In its place a spurious science, devoid of true philosophy, emasculated by lack of internal principles, adulterated with polypharmaceutical methods, crude dosage and mediæval medicine, holds almost undisputed sway in our school.

As a natural and direct consequence, graduates leave their *alma mater* without true knowledge, without enthusiasm, without faith in their methods, and with each advancing year sink deeper and deeper into the mire of a false and empirical system of prescribing. Against such teaching, and against such practice, the Hering College of Homœopathy is a protest and an appeal; a cry to halt and an effort to reform.

It therefore differs from all other existing colleges, both in regard to the principles taught, and in the methods of teaching.

These sentences bear evidence of care in their preparation, and sound fairly well. Unfortunately, the modesty of the genius who framed them was too overwhelming to make them wholly effective. Why be satisfied with the timid statement that the "Hering" presents "*vast improvements on any college now in existence,*" when it would be only a trifle more expansive to say that its very inception represents more genius and the composition of its faculty more brains and intellectual honesty than has ever been or can ever again be crowded into a similar institution of learning? Surely, there is no propriety in allowing a shrinking, diffident disposition to have full play in a matter which involves such far-reaching issues; it would be much better to use speech both loud and strong.

The task outlined in the announcement of the "Hering College of Homœopathy" is one likely to test the ability of a list of stronger and better known men than compose the teaching corps of this aspirant for professional favors. To demonstrate that "*pure homœopathy is all* * that is necessary, or desirable, in the cure of the sick" is a job so extensive that few men would dare undertake it, always provided that the men concerned have sufficient knowledge of the science of medicine to speak intelligently on the subject under discussion. Older men in the profession have had some bitter experiences in seeking to demonstrate as practitioners claims which to them as students looked reasonable, and points of doctrine which, from the benches, appeared the essence of sound logic and wisdom. Many a man has watched in vain, hour after hour, for Pulsatilla, *very* high, to correct for him a malpresentation, only to have a better-taught practitioner in a few moments correct the difficulty by mechanical means. Many a homœopathic physician, fitted with such notions during his college course, and honestly believing all he was taught, finding it a snare and a delusion, has finished by losing all faith in the efficacy of medication. There are scores of such men where there is one mongrel homœopath made so by having forced upon him an intelligent knowledge of medicine in all its relations and a dear conception of the fact that *all* the action of drugs capable of being utilized for the relief of human suffering is not held within the law of the similars, broad and infinitely varied as that law is. If the "Hering" actually carries out its programme, we pity the poor, misguided fellows who are so unfortunate as to drift into its lecture-room.

But there seems, after all, no reason for presuming that these high sounding phrases threaten a revolution to the present mode of teaching homœopathy, or, indeed, mean anything startling. The chairs here are as varied and numerous as is the fashion now in other medical colleges, including even microscopy, urinary analysis, and that horrible bugbear in the eye of the extreme purist, viz: general pathology and morbid anatomy. It is a puzzle to explain

* Italics our own.

why the "Hering" with its platform as laid down in the "announcement," should trouble with chairs of this character, but undoubtedly the fighting man of the faculty is fully prepared to show the consistency of the thing. Besides, charity suggests that, after all, many of these chairs may prove not to amount to enough to make them proper subjects of serious inquiry. Nevertheless, several members of the faculty have before them a difficult task; it may even puzzle so bright a man as Prof. King, to make good his promise that "chemical philosophy will be carefully taught, and the way in which it coincides with Homœopathic philosophy be pointed out." The promised course on the "homœopathic therapeutics of the gestative and lying-in periods" should also be as interesting as it certainly is novel.

While the general rules of the Hering College of "Pharmacy" indicate great strictures of government, the aspirant for its honors is somewhat re-assured by a series of "special notices." We learn that "students who are not present at the preliminary examination, can be examined privately at any time," a promise which indicates a spirit of christian forbearance highly creditable to all parties. A brilliant point is scored by the announcement that the Young Men's Christian Association offers its advantages at three dollars per year, to students of this college, though, to be just, no positive statement is made that students from other colleges may not enjoy the same advantage for the same consideration, and, as though all this might still be deemed insufficient, the reader is fairly crushed by the declaration that, "it has no human creed, but it recognizes moral and religious influences as the basis of all true civilization."

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Has the "CALIFORNIA HOMŒOPATH" a special bone to pick with the founders and faculty of the "Hering College of Homœopathy?" Not at all. This Journal simply occupies the ground held by all true lovers of homœopathy and of the medical profession. It merely maintains that the dignity of the profession is lowered and the task of raising the standard of medical education is made more difficult by the establishment of one-horse colleges wherever a building can be had cheaply, a faculty of some sort be collected, and a plausible

reason be found for imposing upon the good nature of the profession an additional and heavy burden which all the sophistry in the world cannot turn into a blessing.

The day of cheap colleges has passed for ever. Medical students must have advantages which cannot be provided save by the lavish expenditure of money. Clinical material must be gathered into well appointed hospitals, properly located and liberally furnished. Extensive laboratories are an absolute necessity, and they, too, are costly. Modern methods of treatment must be demonstrated, and to do this, not only brains and large expense on part of the faculty, but varied apparatus of all kinds are indispensable. A student, be he a homœopath or an allopath in tendency, is a fool of the first water, if he pays his money and gives the most precious years of his life to a college which does not possess any of these advantages, save on paper, while he can have them in the same city by simply going around the corner.

Correspondence.

Cocaine Hydrochlorate.

GRASS VALLEY, CAL., October 2, 1892.

EDITORS CALIFORNIA HOMŒOPATH:—It has been observed that effects of Cocaine hydrochlorate vary more or less in anæsthetic influence when locally applied in aqueous solution simply. It seems ascertained that the free acid interferes with the action of the salt—that is, impairs its action—so much so that one-half quantity of a *neutral* solution is as efficacious as one not neutralized. The anæsthetic energy of cocaine attains its maximum when all its acid having been neutralized, the alkaloid is held in suspension, simply by a slightly alkaline liquid; the author calls it "Milk" of Cocaine. The ordinary solution having been made, the surgeon ascertains if it be neutral; if not, he gradually adds carbonate of soda (the bicarbonate does not act so well), until a slight excess exists, which destroys the limpidity of the solution, which becomes slightly opalescent; in the limpid solution a portion of the salt is latent. The difference in the quantities required for production of anæsthesia is, in most cases, explainable by the differences in the acidity of the solutions employed. Milk of cocaine must be prepared extemporaneously, for, on standing, the alkaloid is thrown out of solution.—*Resume from Bull. de Therap.*

J. L. C.

Personals.

DR. S. S. GUY has removed to Long Beach, California.

DR. A. JORDAN has located in San Francisco, and opened an office at 330 Sutter street.

DR. C. C. J. WACHENDORF, of Santa Rosa, paid us a visit recently. The Doctor is doing well and greatly interested in hypnotism.

DR. JULIA F. BUTTON gave a reception in honor of DR. CAROLINE L. GUILD, at 1055 Washington street, on Thursday evening, August 11th, 1892.

THE *Medical and Surgical Record* is authority for the statement that DR. C. E. FISHER is to assume the management of a new journal to be started in Chicago.

DR. W. H. STILES, of San Bernardino, gave us a very pleasant call during his recent visit to San Francisco. The Doctor is one of our prominent men of the South.

DR. GEORGE WILLIAM WINTERBURN, the editor of the *Homœopathic Journal of Obstetrics, Gynecology and Pedology*, has removed to his new house, No. 230 West 132d street, New York.

DR. A. C. COWPERTHWAITTE has resigned from the Chair of *Materia Medica* in the Iowa City Homœopathic Medical College, and removed permanently to Chicago. DR. GEORGE ROYAL, of Des Moines, takes the Chair.

THE semi-annual meeting of the Southern California Homœopathic Medical Society will be held at the Hotel Coronado, October 12th, 13th and 14th. DR. H. R. ARNDT is President, and DR. S. H. BOYNTON is Secretary. An interesting meeting is looked forward to.

In the personal notices of last month, we made mention that there was no Dispensary in the neighborhood of North Beach. This is a mistake, for DR. D. ALBERT HILLER, is conducting a free dispensary at No. 220 Montgomery Avenue, where the poor can receive treatment free of charge.

Book Reviews.

The New Cure of Consumption by Its Own Virus. Illustrated by numerous cases. By J. C. BURNETT, M. D. Second edition; revised and enlarged. Philadelphia: Boericke & Tafel. 1892.

This is an opportune book. Published at a time when public interest in the Koch cure was at its height, it could not fail to attract notice and do its share to place Iæopathy once more prominently before the homœopathic school. For a record of cases of consumption for some years past treated

mainly with preparations of its own virus and treated with sufficient success to warrant the belief that there may be some virtue in the isopathic remedy after all, and when proved and administered according to the symptoms produced, it is a legitimate homœopathic procedure. The same characteristics that are found in Dr. Burnett's other essays—good and bad—are also met with here. He is always interesting, lively, sketchy, dogmatic. His clinical cases are of little value to any one, since they teach nothing but that a line of very various remedies has been given for certain conditions, but we are at a loss to know what determines the choice of one remedy over another, since the author, as a rule, gives no indications for his remedies. But, aside from this, the book is very interesting reading, and we cordially recommend it to all physicians and laymen who have taken such a lively interest in Koch's discovery.

President's Address—The Work of Homœopathy. BY D. A. STRICKLER, M. D., of St. Paul. Read before the Minnesota State Homœopathic Institute at their 26th annual session, held at Duluth, Minnesota, May 17 and 18, 1892.

A very excellent address and missionary paper.

Blennorrhœa. BY JAS. J. T. JENKS, M. D., of Hot Springs, Arkansas.

Two Cases of Tubercular Osteo-Meyelitis of Tibia. BY J. T. JENKS, M. D.

Some Effects of Blennorrhœa in Women. BY J. T. JENKS, M. D.

The Treatment of Appendicitis. By a Worcester M. D., Waltham, Mass, Reprinted from the *Annals of Gynaecology and Paediatry*, May, 1892.

Clinical Items.

Lycopodium in Continnence of Urine.—Introduced as a new treatment by Fenevich in 1887, it was neglected until lately, when Green (of Ireland), began its use with good results. The theory of its use is obscure. According to Green, it anæsthetizes the mucous membrane of the bladder and tones up the sphincter. In one case where cathetrization was very painful, there was no difficulty after the use of lycopodium. The sporules mass being insoluble, must be first rubbed with sugar of milk before maceration in dilute alcohol. The dose of the tincture (strength not stated) varies from three to forty drops

three or four times a day. Above from *Times and Register*, Philadelphia, July 30, 1892, under heading of "Therapeutic Notes from the French." Italics are mine. Is this an accidental resification of homœopathy, or another of the numerous stealings in almost every direction.—*J. L. C.*

Cactus is indicated in a form of congestive marsh malaria, characterized by an incomplete resolution and by hæmorrhages of dark blood, the paroxysms coming on about the same hour each day.—*T. F. Allen, M. D.*

Melilotus—Very red face, vertigo and nausea, terrible headache, oppression of chest, fullness in chest, head, abdomen, frequent micturition, pressure in rectum.

Apocynum Cannabinum is a remedy which should be borne more frequently in mind in cases of persistently slow pulse (50 to 60), in acute affections of men much addicted to smoking.—*J. E. Winans, M. D.*

Lycopod. is frequently called for in tobacco chewers. Ulcers in mouth and on tongue. Slight light gray coating of tongue.

Zinc sulph.—Corneitis, left eye, lids not inflamed. Cornea covered with lymph. Ulcers with hard edges.

Yucca—Headache all through as if top of head would fly off. Deep pain in right side over liver.

Thuja—Bad effects from eating onions. Bleeding piles, burning exudation of mucus and serum, ranula, ulcers in throat with desire for cold drinks.

Alumen—Stools at long intervals, fæces dry, hard, black, sometimes large, voided with difficulty; also very exhausting diarrhœa, masses of coagulated blood in typhus. Putrid dysentery. Unendurable pains in rectum—*Guernsey.*

Ammom benzoicum—One of the remedies I think of in albuminuria, eyelids swollen, face bloated, head heavy, stupid, urine scanty, smoky.—*Guernsey.*

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Original Articles.

VARICOCELE.

BY ALBERT WHEELER, M. D., SAN FRANCISCO.

About two months ago I was called to see a gentleman, aged 42, with a large varicocele of the left side, who had suffered for 16 years with a dull, aching pain in the part, passing up the groin even to the loins, and relieved only by the patient assuming the recumbent position, or by elevating the scrotum. Upon examination I found the testicle hanging lower than natural, and along the cord I could feel an immense network of turgid veins extending from the epididymis nearly to the external ring. The scrotum was shaved and thoroughly cleansed with a bichloride solution (1 to 4000), and the patient anaesthetized. The scrotal varices were then exposed by an incision two inches in length, made along its anterior lateral aspect. The *vas deferens* was held to one side, and with an aneurism-needle armed with a good-sized cat-gut ligature, the large plexus was separated and tied above and below (the intervening veins were exsected), leaving one good-sized vein to carry the blood back to the testes. The wound

was then closed with cat-gut sutures and a drainage-tube inserted. The patient made a good recovery without a single bad symptom; the wound healed by primary union; in four weeks from operation patient was discharged cured. Some authors consider excision of the vessels as exceedingly dangerous, and that death not infrequently results from erysipelas, plebitis, and pyemia. Extensive varicocele can only be cured by free exposure, double ligation and excision of the dilated veins. Under aseptic precautions and homœopathic remedies this operation is free from danger.

SUPRAPUBIC CYSTOTOMY.

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

The patient, Robert B. German, aged forty-two years, had a history of bladder disturbance extending from 1873 to 1882. Bright's disease of the kidneys had been the diagnosis. In July of 1882, he came under the care of Dr. Robert A. McLean of San Francisco, California, who promptly recognized the presence of stone in the bladder. Dr. McLean, on July 22nd 1882, removed a large calculus by the bilateral method, through the perineum. His subsequent treatment I have been unable to learn, but the patient says he had a fistula which allowed a dribbling of urine for six months.

For several years following this operation, the patient was comparatively free from bladder trouble. Gradually, however, the old symptoms returned, and in July, 1891, he consulted Dr. Edgar L. Clark, of Los Angeles, California, for relief from symptoms of cystitis. Vesical irritation and dysuria were severe. Urine turbid, ropy and bloody. Obligated to empty the bladder, about every hour of the twenty-four. Dr. Clark, determined upon washing the bladder, but finding it nearly impossible to pass a small catheter, proceeded to stretch the urethra with steel sounds, the patient being anaesthetized. The first sound "passed" clicked the stone, thus establishing the diagnosis. Some weeks later I was called into the case by Dr. Clark.

The patient's condition was deplorable, and there was every reason to believe that he would soon succumb to the disease unless relieved.

On October 22nd, 1891, assisted by Drs. Clark, Kirkpatrick and Wheeler, of Los Angeles, and Dr. Hodge, of Pasadena, I proceeded to remove the stone. The patient's surroundings were of the poorest description, but every precaution was exercised to make the patient and the operation aseptic. I determined upon the high operation, with a view of keeping the wound open indefinitely, in order that the chronic cystitis might be effectually treated and cured. The bladder was washed clean with Tiersch's solution.

The patient being thoroughly anaesthetized, the pelvis was elevated about six inches higher than the head. A rubber bag inserted in the rectum was distended with six or eight ounces of water. Seven ounces of Thiersch's solution—all the bladder would retain—was injected, and retained by ligating the penis with rubber band. An incision of less than three inches in length was made in the median line of the abdomen, and carried down to the prevesical fat. The margins of the wound were held back by blunt retractors, while with blunt, curved scissors, the muscular attachment to the symphysis pubis was divided laterally for about an inch on either side, giving more room without endangering the peritoneum. The prevesical fat was then displaced and rolled up with the fingers, being held in the upper angle of the wound by a third retractor. No sight of the peritoneum was obtained, and no vessels were divided, either in line of incision or on bladder wall, that required ligature. The increased room derived by detaching the muscles from the symphysis pubis exposed the greater portion of the anterior bladder wall. This was caught up by silk sutures passed through the vesical wall on either side of the proposed incision, and cut sufficiently long for assistants to draw the bladder well up into the abdominal wound and hold it there.

A sharp, pointed, curved bistoury was then thrust through the bladder wall well down behind the symphysis and the incision quickly extended for about one and a half inches. The index finger, which I believe preferable to forceps, was immed-

ially introduced into the bladder and the stone located, quite firmly imbedded in the left wall near the neck. It was dislodged and rolled to the external wound with the finger, where it was easily grasped and removed with the forceps.

The bladder was now carefully explored for other stone or growths, and then washed with Thiersch's solution, and the rectal bag withdrawn. A Trendelenburg T tube made of white rubber tubing with a quarter of an inch lumen was then carried down to the vesical neck, and the rubber band removed from the penis. The upper angle of the abdominal wound was closed with a catgut suture carried down through the borders of the recti muscles. A rubber tubing of sufficient length to reach a receptacle under the bed was next attached to the T tube by means of a short glass tube, and the syphon drainage of the bladder begun. The wound was closely packed around the drainage tube with iodoform gauze and the usual iodoform and bichloride gauze dressing over all.

The stone removed—one of phosphate of lime—measured four and one-half inches in its greater and three and three-quarter inches in its lesser circumference; weight one ounce. avoirdupois.

The subsequent history of this case was one of uninterrupted recovery. The highest temperature was 99.2 degrees Fahrenheit. On the tenth day the T tube was removed and a soft, rubber tube, fenestrated at the lower end, replaced it. The external wound was kept open by the iodoform gauze packing and the bladder washed daily for four weeks, when the catarrhal inflammation seemed entirely removed; the urine at this time passing normally, and two weeks later the external wound closed.

I believe the filling of the bladder with a mild aseptic solution like Thiersch's, after it has been thoroughly washed, possesses some advantage, as the abdominal wound is thus flushed with a harmless solution the instant the bladder wall is incised.

Lachnantes—We think of this remedy where the neck is drawn over to one side from diphtheria, sore throat, rheumatism, torticollis.—*Guernsey*.

CHARACTERISTICS OF MELILOTUS ALBA.

BY WILLIAM BOERICKE, M. D., SAN FRANCISCO.

Melilotus alba seems to be a remarkably efficacious remedy, according to the provings, for nasal and pulmonary hæmorrhages, congestive headaches, and engorged blood-vessels in any organ; spasms.

Mind—Inability to fix the mind; stupor; indolent; great depression of spirits.

Head—Intense frontal headache preceded by hot, flushed face, and prostration with much gastric disturbance; undulating sensation in brain. Headache so intense as to cause purple redness of the face and blood-shot eyes, culminating in nose-bleed, which relieves, or \angle by menses.

Eyes—Feel too large; pressed out; imperfect vision; eyelids very heavy.

Nose—Dryness; must breathe through mouth; profuse epistaxis.

Face—Hot, flushed, congested; very red face with throbbing carotids.

Throat—Difficult swallowing; causes wind to puff out of both ears, \angle left side; tickling in throat, with cough.

Chest—Hæmoptysis, blood bright red; weight on chest, causing difficult breathing; sensation of smothering.

Sexual—Scanty, intermittent menses; painful. Sticking pains in external genitals.

Back—Broken sensation in sacro-lumbar region; must press the part. Sudden, sharp, rheumatic pains, especially in knees and elbows; \angle worse stormy weather.

Nerves—Extreme nervousness. Infantile spasms during dentition, with much congestion of head.

Relations—Compare Amyl. nit. on circulation; Ferrum in hæmorrhages with fiery-red face; Glonoin and Belladonna in congestive headaches; Strammon. and Aurum in mental states.

HYPNOTIC SUGGESTIVE THERAPEUTICS.

BY C. C. J. WACHENDORF, M. D., SANTA ROSA, CAL.

It is a well-known fact that suggestion acts in two ways—viz.: as a direct extraneous, or as an indirect auto, suggestion. Now, the question arises, can a cure be obtained from the extraneous suggestion? In either case the cause of the enchaining again can be manifold. Here steps in one causality in a marked degree: the healing effect of the hypnotic sleep.

A patient once was suffering from a continual loss of blood; all the means that were used were of no avail. At last the physician made his appearance, and he was urged instantly to give a good remedy to stop the hæmorrhage at once, but he answered: "On the contrary, I am just now thinking how to extract still more blood from the patient." Upon which the flow of blood ceased immediately. This is a psychic—Homœopathic, *similia similibus*—which works wonders, especially on hysterical and epileptic patients. A hysterical patient is generally accustomed to see that, during an attack, everybody runs about frightened. He now becomes provoked by the physician, who says, "This attack is necessary and good, and must come"—inasmuch that the attack will cease immediately.

The psychic treatment verifies itself in the richest manifoldness. A child to whom we, as often as it stumbles and falls, approach with pity and help, will in most cases cry. On the other hand, if we ignore its fall at once and explain it in a good-humored way, the child will generally laugh.

I say to some one, with precision and in a convincing tone: "Your face is getting very red!" or "Why is your face blushing so suddenly?" and immediately overspreads a redness (of embarrassment) on the cheeks of the one thus addressed.

Tricks have been played on many healthy persons through suggestions by friends who previously agreed that one after the other would express to them their fear, grief and fright at their bad and sickly appearance. The result is generally a visible change in their appearances, so much as to compel them to remain in the sick-chamber for days.

On the other side, however, can be shown that to awaken

in them a representation of their good appearance, health and strength is in a great many people sufficient to preserve or create new energy of body and soul.

Many of us have undoubtedly tried to fight against one's own dispersion, and has found that through it he has become more dispersed. An effort to keep back the tears is of no avail, but generally leads to the opposite result—an increase.

An old and experienced physician told me that he has always found, as a means to stop the occasional bitter weeping of ladies who ask for his advice as to how to be able to desist—it was, to ask them *not to try to stop*, and to assure them that nothing can console them as much as continually weeping. Just so is the blushing of the face, “not only involuntarily,” but is increased by the wish to oppress it, as through this the attention is lead to himself and forms the inclination for it. The suggestive therapeutics enjoys less allowance by the envious, than the immediate suggestive healing effect. It may be difficult to accept this by all the pretended and pure healing effect of hypnotism.

It shows itself as a transient progress, heretofore in not-suggestive times, the hypnotic situation was counted a great healing value. Braid found the hypnotic healing of rheumatism, of somnambulism, further increase of muscular energy. Braid speaks of the value of the hypnotic healing as follows: In a given state of the hypnotic sleep, we find in those that are hypnotized *with* preserved recollection, the concentration of the psychic powers more energetic, the fancy is active and brisk and the whole nervous system therefore is more excitable as in the wakening condition. Wherefore, we can have better and more certain results in these cases by creating a new and different proceeding of activity, while the previously existing morbid derangement will be arrested.

The defenders of the hypnotic healing effects are looking upon the hypnotic sleep as a condition of the consecutive characteristic of an elevation (of the otherwise already existing regenerations endeavour) belonging to the organism.

This becomes chiefly in most cases incited in suggestive therapeutics, and, indeed, this is a chief point—immediate, as by common therapeutics. The indirect healing that comes

from the extraneous, suggestion steps perceptibly in the back ground of the immediate following auto-suggestion. This factor which is the main constituent of the extraneous suggestion is lasting.

It is necessary for a physician, in order to prescribe a rational remedy, to possess certain physical and chemical knowledge. He also must possess a given psychological knowledge to practice hypnotism. Where is the medical therapeutics of to-day, if they make their count without the great "factor" suggestion?

The patient must also be governed in order to favorably influence him. The true and wholesome suggestion exists in the natural psychological influence. The hypnotic suggestion is for to-day the greatest conjuring art known; and its danger of derangement is greater (*in*) the out of the hypnotic state.

I believe that the chief demand in the act of the psychotherapist is: to fight against the auto-suggestion and any other resistance of the patient. This holds good in hypnotic as well as in any other treatment.

"Who, says Ringer, loses influence in the start, will also lose control with the auto-suggestion. The hypnotist must exercise from the beginning to the end a positive influence in order to secure good results in his suggestive treatment; in this lies a strong suggestion itself.

It is desirable if nervous to auto-suggestion disposed hysterical patients are not left very long without proper suggestions, and, by all means, not during the first hypnotic sitting, to say nothing if the automatic obedience of said patient is not enough developed.

It is the duty of a physician to render himself sympathetic through this, the psychic disorders of the patients will disappear as the fog before the morning sun.

Calcareæ—The perspiration of calcarea carb. is chiefly confined to portions of the body above the waist, especially the head, and has no disagreeable odor, while in silica the perspiration is below the waist, especially upon the soles of the feet, and is very offensive.—*Shelton*.

Ophthalmology and Otology.

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

Lectures Delivered at the Hahnemann Hospital College,
San Francisco, by Hayes C. French, M. D.

DISEASES OF THE LIDS.

ANATOMY—The eye-lids or palpebrae are two movable protecting folds that cover the cornea, the space between them being called the *palpebral fissure*; the external angle of this fissure is called the *external canthus*, and the internal angle the *internal canthus*. At the internal canthus we find a small triangular space, the *lacus lachrymalis*, within which is a small, raised, fleshy body called the *caruncle*; and into this lake also open the puncta or mouths of the lachrymal canaliculi. The outer covering of the lids is a modified continuation of the facial integument, which, at the free border of the lids, joins the conjunctiva or mucous membrane. The conjunctiva after covering the inner surface of the lid, is reflected over the lid and terminates at the junction of the sclerotic with the cornea, the *limbus*. Between the conjunctiva and integument are located the so-called *tarsal cartilages*, which are not true cartilages, but simply condensed connective tissue. They give shape and support to the lids, the one in the upper lid being the larger, and crescentic, and that of the lower somewhat elliptical in form. Imbedded in the cartilages are the *meibomian glands*, 30 or 40 in the upper, and 20 or 30 in the lower, which communicate through parallel tubes with the free border of the lid, emptying just behind the cilia or lashes, they supply an oily secretion to the hair follicles or bulbs. The hair follicles are located on the outer free margins of the lids and are further supplied with fatty material from the sebaceous glands, or glands of moll. The cartilages, especially the upper, are intimately blended with the conjunctiva on their inner surface (a fact which has important bearing upon certain diseased conditions of that membrane) and are closely blended with the

palpebral fascia externally. Just under the skin is the orbicularis, a voluntary muscle which runs in circular fibres completely round the lids, extending over the rim of the orbit, and closes the lids. It is supplied by the facial, supra-orbital and superior maxillary nerves. The levator palpebrae superioris is supplied by the third nerve, and lifts the upper lid. The arterial supply of the lids is chiefly from the branches of the ophthalmic. The lids are attached to the orbital bones by the internal and external palpebral ligaments. According to Donders the cilia have a life of from one hundred to one hundred and fifty days.

ODEMA OF THE LIDS.

From (Oidyua, a swelling), is a distension of the lids either from first, serous; second, hemorrhagic; or third, gaseous infiltration of the connective tissue. Owing to the looseness of the integument of the lids, their richness in blood vessels, and the abundance of delicate connective tissue that holds the parts loosely together, the lids are peculiarly predisposed to the sudden oedema that characterizes any injury or inflammations of these organs. The lids may present a circumscribed or diffuse puffiness, sometimes bladder-like and colorless, at others purplish from vascular engorgement.

AETIOLOGY.—Oedema may result from a low condition of the general system, cacaemia, disease of the kidneys, of the lungs, or impairment of the heart's action, and in the absence of local causes some one of these complications may be looked for. It frequently follows injuries, mechanical or chemical to the lids themselves, or to the cornea or iris, or to the neighboring integument; or it may come from a sty, pimple, or the bite of an insect. When the result of local causes, the oedema is said to be more pronounced in the upper, and when from constitutional disorders, in the lower lid.

TREATMENT.—If possible, remove the cause. The compress bandage is sometimes of advantage from its support to the loose tissues. *Arsenicum* is especially adapted to the constitutional variety, *burning pains* and *relief from warmth*. *Apis* is indicated when the urine is scant and high-colored, pain of a *stinging character* and *relief from cold applications*.

Ferrum phos. and *Rhus tox.* are especially adapted to cases of traumatic origin; and *Kali carb.* when there is "swelling between the eye brows and lids, like a sac," with sticking pains.

EMPHYSEMA OF THE LIDS.

From a Greek word, meaning I inflate, is an accumulation of air under the palpebral integument, usually with crepitation under pressure. This condition of the lids may be caused by wounds, bruises or concussions; by rupture of the lachrymal ducts, fracture of the walls of the nasal fossa, or from communication between the frontal and sphenoidal sinuses as a result of injury. We have known it to follow forcible injection of the lachrymal sac. The compress bandage, and attention to the general condition of the patient is the only available treatment. *Blepharitis Marginalis*. *Ophthalmia tarsi*, *Blepharitis ciliaris*, *Tinea tarsi*, *Sycosis tarsi*, *Eczema rubrum*, and *Blepharitis ciliaris*, are some of the names applied to an inflammation of the borders of the lids. *Blepharitis marginalis* embraces all cases of inflammation of the margins of the lids, whether acute or chronic. The lids are rich in glands, blood vessels and nerves, with a sensitive mucous membrane which becomes engorged from the slightest irritation, and especially so as the arterial system of these organs terminates at the free border of the lids, thus impeding the return circulation. The disease is most common in childhood, and amongst the poorer classes, as may affect both lids, or be confined to one. There is little or no tendency to spontaneous cure. Hypertrophy and induration of the marginal integument and conjunctiva, causing what is known as *tylosis* (Greek word, meaning a callus), almost always follows in some degree, these marginal troubles. The borders of the lids frequently present an unsightly appearance from the intense redness, and exude a gluey secretion, which, drying, forms crusts round the lashes, the crusts often exfoliating in fine white scales. The hair bulbs become diseased and the hairs are matted together in ugly bunches, or the cilia may die and fall out, a condition known as *madarosis*, from a Greek word, meaning bald. The disease may extend to adjacent structures, involving the meibomian glands and outlets. The inflamed margin often becomes pustular, or raw

and excoriated, with deep ulcers (*lippitudo*), followed by sclerosis and contractions. The hair bulbs, if not destroyed are contracted and changed in direction, producing irregularity in the curvature of the lashes. Dripping of tears from closure or eversion of the puncta is a frequent result.

ETIOLOGY—Measles, scarlatina, small pox, anaemia and the scrofulous diathesis; dirt, smoke, dust and bad hygienic surroundings; previous lid disease, errors of refraction, faulty accommodation and muscular inco-ordination are leading causes of this malady.

PROGNOSIS—This, in acute cases, and under homœopathic treatment with rational local measures, is most favorable; but in the chronic form, the tylosis will seldom entirely disappear. The structural changes must effect injuriously the circulation and nutrition of the parts, and predispose to future attacks; so, in these cases do not promise too much.

TREATMENT—Correct any errors of refraction by suitable glasses, or muscular anomalies by the necessary corrective measures. Look well to the general and hygienic condition of the patient, and any constitutional dyscrasia should be sought out and met by suitable treatment. The most important local measures will be found to be the frequent removal of the marginal scabs or scales with the least possible irritation of the parts beneath them. They should never be forcibly rubbed or picked off. A solution of bicarbonate of soda, or powdered borax, five to ten grains to the ounce of soft, warm water or either of these combined with an equal amount of boracic acid, should be applied to the lids with absorbent cotton or a soft rag until the crusts are dissolved or loosened when they may easily be removed by gentle rubbing. The lids should then be thoroughly dried by pressing, not rubbing them by means of a piece of old soft cotton or linen, or with absorbent cotton. If the discharge is oozing and sticky, drying into crusts, and especially if the canthi are disposed to crack, apply graphites ointment along the center border of the lid, rubbing it into the roots of the lashes by means of a small pledget of absorbent cotton twisted on the end of cotton holder. Simple vaseline, weak carbolized vaseline, or grapho-cosmoline

may be safely applied by the patient, but not the mercurials. For Tylosis it may be necessary to apply one of the following forms of mercury: R. yellow oxide, (proto iodide) of mercury grs. viii to vaseline zi., or, R. Red oxide of mercury (bin iodide) grs. v to vaseline zi., or R. white precipitate of mercury, grs. viii to vaseline zi., or, R. liquid nitrate of mercury, guttae ii, cod liver oil zii or iv. A few grains of the first or second x triturations of these preparations rubbed up in a little vaseline will be a perfectly safe and often effective application. Even in the weaker forms mentioned the mercurials should never be allowed to touch the conjunctiva. If trachoma or follicular conjunctivitis co-exist with the marginal trouble, the astringent collryia named under those diseases might be advantageously employed. For remedies see the end of this chapter.

ERYSIPELAS.

In the lids this trouble is rarely a primary affection, but rather a symptom of erysipelas already existing in adjacent or remote parts of the organism. There is great heat, high temperature, pain, hard, glossy swelling, chemosis, and usually stiffness of the lids, the conjunctiva often becoming involved in the inflammatory process.

AETIOLOGY—Suppressed eruptions, exposure to cold or dampness, abrasions, pimples, stings and operative injuries constitute the chief causes. Microscopic suppurative points may coalesce to form abscess, diffuse cellulitis may result, or the cornea and iris may become involved by extension. Sometimes the disease spreads through the venous sinuses to the optic nerve and brain, producing fatal results.

TREATMENT.—Look well to the general condition of the patient, supporting the vital powers. Paint the affected surface with *veratrum viride*, fluid extract, and glycerine, equal parts, applied with a camel hair pencil, then cover with cotton batting, and keep warm. The application may be repeated every half hour or hour till the pain and swelling abate.

Apis will be indicated for glossy oedematous swelling and chemosis of parts around the lid, especially the upper one (lower, arsen.). Drowsiness, photophobia and lachrymation,

with stinging pains; better from cold applications, and worse in the evening and early night will also indicate this drug.

Arsenicum—In erysipelas of the lids with strumous habit, great prostration and restlessness; intense and constant thirst for small drinks of water; painless œdema and swelling especially of the lower lid, with burning pains worse at and after midnight.

Belladonna—Lids and adjacent structures swollen and intensely red; absence of the dropsical appearance under apis and rhus; throbbing pains; headache and flushed face; all symptoms worse about 3 P. M.

Rhus tox.—Erysipelatous swelling and œdema of the lids and face, with transparent vesicles on the affected surface; spasmodic closure of the lids, and gush of hot tears whenever the lids are raised; especially adapted to erysipelas from wounds, or occurring during damp weather.

Veratrum viride—If high grade of fever, with sthenic pulse, this drug may be advantageously presented in the first dilution, or four or five drops of the mother tincture in a half glass of water; and a teaspoonful every half hour or hour till the fever is controlled, together with its topical administration as directed above.

HORDEOLUM, FURUNCLE OR STY,

is a phlegmonous swelling on the margin of the lid, from the size of a small pin-head to that of a small pea, usually, though not always, surrounding an eye-lash, and containing a drop of pus. It generally involves one or more of the hair follicles and sebaceous glands supplying them. The sty is painful and tender to touch, and is sometimes attended with great swelling of the entire lid, and often by intolerable itching. The recurrent variety, or foruncular rash, frequently extends over months, and even years, and becomes a formidable disease to manage. These repeated attacks at last destroy the hair bulbs, producing partial or entire baldness.

ÆTIOLOGY.—Sty may arise from active inflammation, with its seat primarily in the walls of the gland or circumglandular tissue; or it may result from blepharitis marginalis, marginal

conjunctivitis, or from a diseased sebaceous gland. It may result from overwork of the eyes in a bad light and foul air, or from errors of refraction. Stys are most frequently found in anæmic or scrofulous persons, or sufferers from indigestion or uterine troubles, and amongst the poor and neglected.

TREATMENT.—Look well to the hygienic condition of the patient, as it is usually a disease of anæmia and depraved blood. Avoid rubbing. Hot slippery elm poultices, made very moist, will promote suppuration and allay irritation and pain. The advantage of the knife for hordeolum is very doubtful.

Hepar will often be found useful when the sty is hard and painful, and shows no signs of softening, given in the 2d or 3d x trituration, and *phytolacca* may be found serviceable in the same condition.

Picric acid has been found an excellent remedy for recurrent stys in *broken down constitutions*, especially of brain-workers.

Pulsatilla will often be found curative in stys resulting from indigestion or uterine complications, especially in patients whose temperament corresponds with the drug. No cases will better repay a careful study of their symptomatology than those of simple furuncle. Besides the above remedies, graphites, silicia, straphisagria, sulphur and thuja should not be forgotten. The milder mercurial ointments will often be found most excellent and serviceable local agencies in these cases.

CHALAZION—(TARSAL TUMOR, MEIBOMIACYST).

Is a tumor of either lid, more commonly the upper; painless and slow in its development; from the size of half a pea to that of a good sized bean, and filled with a cheesy, gelatinous and colorless or pinkish fluid. These tumors usually develop within the walls of meibomian glands, the ducts of which have become occluded or obliterated by inflammatory action.

AETIOLOGY.—The most common cause of chalazion is an aborted sty. Whatever produces irritation of the tarsal glands or pressure on or round the excretory ducts may cause these tumors. Like stys they often result from a depraved state of the blood and are prone to recur.

TREATMENT—Though they sometimes suppurate and find an unaided outlet through the integument or conjunctiva, in a majority of cases there is no tendency to spontaneous cure, and generally the best, if not the only effective treatment will be found a complete evacuation of the contents of the cyst, and when thoroughly organized, the excision or otherwise, radical destruction of the cyst walls. Whenever feasible, a chalazion should be removed through the conjunctiva to prevent the almost certain deformity that results from operations upon the integument. The lid should be seized by a Desmarre's No. 1, or Shellen's No. 2, lid-clamp or forcep, which will serve the double purpose of holding the lid, and restraining the blood. The lid having been anæsthetized by the instillation of a four to eight per cent. solution of cocaine, and everted, the tumor be seized by a fixation forceps No. 3, a free incision should be made through the conjunctiva, and the contents of the tumor removed by means of a small curette, No. 4, after which the cyst wall should be dissected out by means of a delicate scalpel, the author preferring one the shape of No. 5, for all tumors of the lids. If the tumor is not distinctly cystic, it is sometimes sufficient to scrape out the cavity with the curette and to prevent a too frequent recurrence the cavity may be thoroughly mopped with a solution of chromic acid, 4 grs. to the ounce, or the pure acid may be applied, if water is at hand to arrest the destructive process the instant it has reached the limit of its usefulness. We have been better pleased by the results of a careful application of the galvano-cautery by means of a French cautery knife the exact size of cut No. 6. The cavity of the tumor and the entire inter-palpebral space should then be effectually cleansed with a warm solution of boric acid or calendula solution. Immediately after the operation the lids will frequently be immensely swollen, which, however, will soon subside under hot or cold calendula compresses. Iced compresses will be found to work magical results in some if not all cases.

Enthusiasts claim to cure chalazion by means of homœopathic remedies, and while we believe them to be effective prophylactics, we cannot record any success either in the use of high or low potencies in the removal of the mechanical forces which constitute the essential traits of chalazion.

Colleges and Hospitals.

The National Society of Electro-Therapeutists.

Pursuant to invitation a number of medical men met at the office of Dr. William Harvey King, No. 23 West 53rd Street, New York, on October 6, 1892, at 2.30 o'clock P. M., for the purpose of organizing a new association, to be known as The National Society of Electro-Therapeutists. Dr. King was elected Chairman of the meeting, and Dr. Winterburn, Secretary.

The following persons constitute the charter members of the new society, viz.: Drs. F. A. Gardner, Washington, D. C.; E. Stillman Bailey, Chicago; Clarence Bartlett, Philadelphia; F. E. Caldwell, John L. Moffat, H. D. Schenck, Nathaniel Robinson, G. H. Doty, W. H. Bleeker, Brooklyn, N. Y.; Theodore Y. Kinne, Paterson, N. J.; Edwin De Bann, Passaic, N. J.; Arthur B. Norton, Sidney F. Wilcox, John B. Garrison, George William Winterburn, F. E. Doughty, Loomis L. Danforth, J. T. O'Connor, J. M. Schley, William Tod Helmuth, William Harvey King, George W. Roberts, Eugene H. Porter, New York; DeWitt G. Wilcox, Louis A. Bull, Buffalo, N. Y.; J. M. Lee, Rochester, N. Y., and H. L. Biggar, Cleveland, O.

The proposed Constitution and By-Laws was then taken up section by section, discussed, amended, and adopted, and then ratified as a whole.

The following permanent officers were then elected, to serve for one year:—President, William Harvey King, M. D., New York; Vice-Presidents, E. Stillman Bailey, M. D., Chicago; Clarence Bartlett, M. D., Philadelphia; Secretary, F. E. Caldwell, M. D., Brooklyn, N. Y.; Treasurer, F. A. Gardner, M. D., Washington, D. C.; Executive Committee, George William Winterburn, M. D., New York; John B. Garrison, M. D., New York, and the officers *ex-officio*.

The president was given power to appoint such special committees as he may deem necessary. The Executive Committee was authorized to elect new members as they might find expedient. On motion the society adjourned to meet in Chicago in 1893.

GEORGE WILLIAM WINTERBURN,

Secretary pro tem.

The National Society of Electro-Therapeutists it is intended shall include within its membership all physicians who are interested in the development of electricity as an adjunct in therapeutics. It is not meant exclusively for those who devote themselves to electricity as a specialty, but will include the gynaecologists, the oculists, the neurologists and the surgeons, who use electricity as a part of their equipment. The session work at the meetings will be divided into bureaus as electricity in diseases of women, diseases of the eye, ear and throat, diseases of the nervous system and general electro-therapeutics, thus giving each member the opportunity to learn the most recent advances in the use of electricity in his own specialty.

Persons desiring to become members should send their name and one dollar, the first year's dues, to Dr. F. E. Caldwell, 151 Henry street, Brooklyn, New York, or to any of the officers of the society.

Any physician in good standing in the profession may become a member. Unless personally known to some member of the Executive Committee the applicant should send name of college and date of graduation, and such other data as will enable the committee to act intelligently on the application. While offering a most cordial invitation to every worthy practitioner, the society will protect itself against undesirable applicants.

To the Members of the American Institute of Homœopathy.

The General Secretary deems it proper to publish the following announcement :

At the recent session of the Institute it was announced that the United States Government had authorized the holding of a series of congresses on subjects of a scientific and social character, during the continuance of the Columbian Exhibition in Chicago, in 1893. Among these there will be a World's Congress of Homœopathic Physicians and Surgeons. The Art Building, now in course of erection, is for the free use of these congresses, and for their sectional meetings, committees, etc. The department of the Exhibition known as the World's Congress Auxiliary, has appointed a Committee, consisting of a number of Homœopathic physicians of Chicago, with Dr. J.

S. Mitchell as its chairman, to prepare and arrange for the Congress of Homœopathy.

Acting on this announcement and on motion of Dr. Mitchell, the Institute appointed a committee to consider what action should be taken in reference to it. This Committee afterwards presented the following recommendations which the Institute adopted unanimously.

1. That the meetings of the Congress and of the Institute be held in conjunction after the plans of the previous Congresses.
2. That the officers elect of the Institute hold office for two years.
3. That the business meetings of the Institute be held daily during the continuance of the Congress and that it adjourn to meet with the Congress.
4. That the sectional meetings of the Institute Bureaus appointed at this session, and other scientific proceedings of the Institute, be deferred until the session of 1894.

The Institute has thus ordered that for next year its own sessions be limited to the transaction of its general business, and that all its scientific energies shall be devoted to the interest and success of the World's Congress.

At the Congress at Atlantic City in 1891, there was an attendance of 1024 homœopathic physicians and visitors. At the Institute meeting in Washington in 1892, there were 881 members and visitors. There are good reasons to believe that the Chicago Congress will more than double the larger of these numbers. The indications of a large attendance from abroad are far more encouraging than in 1891.

During the past two years the Institute has added more than 400 names to its roll of membership, notwithstanding the fact that the meetings were held within little more than a hundred miles of each other. The General Secretary considers it perfectly feasible to secure at least 400 more during the Chicago Congress, and expects to labor earnestly and persistently to that end. He suggests that all societies, State and Local, appoint committees to canvass their membership to secure larger representation in the National Society. This work should be

gin now. Blanks will be forwarded on application. College faculties should endeavor to secure members from among their alumni, and thus enhance their collegiate influence in Institute councils.

The Institute has adopted a resolution requesting investigations on the subject of Comparative Mortality Statistics in all our larger cities. One of our largest cities is already taking measures to this end, through its county society.

All reports secured should be communicated to Dr. T. F. Smith, 264 Lenox Avenue, New York City.

PEMBERTON DUDLEY, M. D.,
General Secretary.

Correspondence.

Arsenic vs. Cholera.

PARIS, TEXAS, September 3d, 1892.

TO THE PRESIDENT: Inclosed you will find an introduction to your correspondent, from my friend Gen'l S. B. Maxey, which I should have handed you, but my wife's illness keeps me at home for the present. It will give you an inkling of what I hoped to present in person for your honorable consideration had it been possible to go to Washington at this time. Nevertheless I am ready and anxious to defend my theory before the medical fraternity of the world, and hope, should you deem it worthy further consideration, that you present it to them through the channels at your command. I am anxious to substantiate to the satisfaction of the world that arsenic (pure or attenuated as the *rabies canina* of Pasteur or the cholera *virus* of Haffkine) will prove itself as surely a vaccine against Asiatic cholera, and better and safer than inoculation with cholera *virus*, as are those of Jenner, Pasteur or Haffkine sure antidotes to their respective similars. Arsenic should be affixed in plastic form to ivory "points," in quantity not exceeding 1-30 gr. to the "point," or used in hypodermic injections in doses ranging from two to ten *minims* Fowler's or Pearson's solution.

Arsenic is, with but a few exceptions, destructive to animal and vegetable germ life, and is reconstructive and a tonic to the system, yet in lethal doses produces symptoms similar to Asiatic cholera, the same as does cow pox *virus*, at times, produce like symptoms in man to small pox; as does the *rabies canina* produce symptoms similar to hydrophobia; as does also the cholera *virus* of Haffkine effect similar symptoms as found in epidemic cholera.

Arsenic does all this in a like similarity to epidemic cholera, as does Jenner's cow pox *virus* to small pox. For instance: Let me here quote you

from Bartholow, p. 142, where he says: "Arsenic is one of the numerous remedies proposed for the treatment of epidemic cholera;" also from Virchow, who says: "That many cases of arsenical poisoning are not distinguishable by their symptomatology or morbid anatomy from cases of epidemic cholera."

I here call attention of all medical men to the indisputable fact that many patients, before well, vaccinated with cow pox *virus*, have exhibited symptoms so astoundingly like small pox as to question the purity of the *virus*.

I would suggest that all who will acquiesce, especially those in the afflicted districts of Europe, all passengers, officers and sailors from infected ports, and even cholera patients themselves, especially in the first stage, all suspects or associates of suspects, quarantine officers, their assistants and councilors, be at once vaccinated with arsenic as above prescribed or take five-drop doses of Fowler's solution every few hours till slight physiological effect is produced. For the effect of arsenic continues in the system from a few hours to four weeks or longer according to the size and frequency of the dose and with such as prescribed all may safely feel immunity from attack for at least four weeks when for safety all still exposed to cholera should be resubjected to arsenic.

As Koch is under royal favor in his efforts to assist the afflicted, as Pasteur is still recognized as the leader of experiments in medicine and Jenner has at last received the plaudits so long due from his colleagues and the world, I have the temerity at this time, to present my theory to the head of our great nation, when all danger signals are flying and all able minded thinkers at thought to devise some method whereby we may possibly be spared the threatened epidemic of a most loathsome and painful and fatal disease and probably thereby spared a financial panic, the greatest in our history.

With due deference to the opinions of others, but with a firm belief in my own, I present to your honorable attention.

Respectfully submitted.

R. B. LEACH.

Personals.

DR. N. H. HAIGHT has located in Oakland.

DR. A. B. JORDAN has located at 330 Sutter street.

Some of Prof. HELMUTH's impressions of Japan are found on another page.

DR. BOYNTON informs us that the Southern Homœopathic Society had a most successful meeting at Coronado last month. We will meet you there in the spring, Doctor.

PROF. G. H. MARTIN spent a few days in Sacramento last month. He went to testify as an expert in mental and nervous diseases.

DR. G. H. JENKS has removed from Berkeley, Cal., to Twenty-third and Capp streets, this city. Office, as before, at 321 Geary street.

DR. S. E. CHAPMAN, of Watsonville, was in town a few weeks ago. The doctor is working up a good showing for the Materia Medica Bureau of '93.

AMONG the members of the new Board of Directors of the Hahnemann Hospital College are Drs. C. B. CURRIER and WILLIAM BOKRICKE of the old Board, and Dr. W. A. DEWEY.

DR. J. P. DAKE, of Nashville, Tennessee, gave us a call some little time ago. The doctor was accompanied by his son, Dr. W. DAKE, of Hot Springs, Arkansas. They had just returned from Japan.

WE understand that a new journal is to be started in Chicago with C. E. FISHER, M. D., at the helm. It will be a good one, for here Brother FISHER will have room according to his strength. Texas was too small for him in numbers, but we believe Chicago includes a part of that State now.

WE understand that the Allopaths are still endeavoring to get a control of medical matters in this State in the matter of a Board of Examiners. The Homœopaths and Eclectics proposed to accede to their proposition for a single Board provided each school be represented by three members, but they could not see it in that light.

J. B. GREGG CUSTIS, M. D., and ZENO B. BABBITT, M. D., both of Washington, D. C., have been elected to the faculty of the Southern Homœopathic Medical College of Baltimore, M. D. Dr. CUSTIS will fill the chair of Professor of Practice of Obstetrics, dividing the duties with Prof. DRAVE, who will continue as Professor of the Principles of Obstetrics, and Dean of the faculty. Dr. BABBITT will lecture on general pathology and pathological anatomy. Both gentlemen have assumed their duties.

Clinical Items.

Dioscorea—Dr. Shelton, of New York, (*North American Journal of Homœopathy*, June) records three cases of gastralgia of long standing rapidly and permanently relieved by dioscorea given in the first dilution. The symptoms characterizing each were similar. There were paroxysms of cutting

gripping pains in the epigastrium, worse in the morning and on motion. Relieved by hard pressure, warm food and drink and to some extent from lying flat. Relief was very prompt, and in one case it is two years and a half, in another a year, and in the third six months before the medicine was discontinued, and there has been no return of the suffering.

Petroselinum—Dr. Moffat, of New York (*North American Journal of Homoeopathy*), records the successful use of this medicine in a case of incontinence of urine in a woman, aged 69, which, following on a slight attack of hemiplegia, had persisted for several months. The incontinence was both night and day; there was sudden desire with profuse emission, without any control of the sphincter vesicae whatever. After a few doses of pilules saturated with the pure tincture this enuresis disappeared, and had not returned after four months.

Subcutaneous saline injections for gastro-enteritis—The "*Bull. Gen. de Therap.*, May 30th, quotes from medicine moderne a case of gastro enteritis in a child of four and a half months. The child appeared to be in extremis. After the failure of ordinary methods an injection of 120-150 cc. of a six per mille solution of chloride of sodium was made into the thighs. Centripetal massage was used, to facilitate the absorption and diffusion of the fluid. The condition of the little patient immediately improved, and nourishment was once more retained. Antiseptic cleansing of the skin was adopted, and the solution was prepared at a temperature of 42-45° C, (107.6° F—113° F.) to allow for cooling.

Chloride of Sodium in the Sickness of Pregnancy.—Dr. Green, in the *Med. Press*, states that he has recently had two very severe cases of sickness during pregnancy. The first person had been under several physicians, who had tried all kinds of remedies, but nothing stopped the sickness. When seen by the author she was in the seventh month of pregnancy and very much reduced. Before resorting to the induction of premature labor, it was decided to try the effects of small doses of chloride of sodium—common salt. It was given in

five grain doses in one ounce of chloroform water. After the first dose the sickness was lessened, and by the time six doses had been taken, it had entirely ceased. It was found necessary to continue the medicine three times a day up to the time of delivery. The patient had a good labor and made a good recovery. In another case a similar treatment was followed by the same result.

Acetic Acid in Chronic Laryngitis—Dr. J. Scheimmann, of Berlin, reports success in the treatment of cases of chronic laryngitis by means of inhalation of a two per cent. or three per cent. solution of acetic acid for ten minutes, two or three times a day. A little of the same solution was injected into the larynx every day. Under this treatment the thickened membrane in the larynx became softened, and the thickening disappeared.—*Bac. World and Mod. Medicine.*

Lawrocerasus—This drug meets conditions of intense, sometimes sudden vital exhaustion. Clinically, from the collapse of the most sudden form of cholera to the exhaustion of phthisis. There is a strong tendency to spasm (prominently chorea and epilepsy), also a marked tendency to palpitation and cyanosis, with very weak heart and dyspnoea.—*Chironian*, February 2, 1891.

Lithium carb. is most useful in lithæmia; the urine may contain excess of uric acid and urates; it is apt to be bloody and thick and turbid, with a copious deposit of sand, similar to benzoic acid, but not so offensive; there may or may not be an accompanying lithæmia, with its rheumatic pains and its tired and general depressed feeling.—*Dr. E. V. Moffatt*, in the *Chironian*, February 2, 1891.

Stannum—Great accumulation of mucus, scraping cough, producing soreness in chest and trachea, chest weak, chest feels empty, hoarseness.

Zizia aurea—Puerperal convulsions when instead of uterine contractions pains come in head, sometimes in epigastrium.

Thea—Nervous sleeplessness, heart troubles, etc., of old tea drinkers.—*Guernsey*.

Bufo—In panaritum, where the pain runs in streaks all the way up the arm. Also when the fingers have been injured and look black, and pains run in streaks up the arm.—*Guernsey*.

Selections.

TWO VIEWS OF JAPAN.

THE OPTIMISTIC.

The following lines were written with the moonlight shining full upon the Bay of Tokio, after a good dinner at the Grand Hotel. The writer, Dr. William Tod Helmuth, of New York, had just returned from a delightful excursion to Kamakura, on a beautiful day in July:

Oh, fair Japan; Oh, rare Japan!
 Thou land of ancient trees,
 Where lotos blossoms fringe thy paths
 And perfume every breeze.
 Where lilies bend their fragrant heads
 To kiss thy plashing streams,
 And dark-skinn'd Musmees, almond eyed
 Wake long forgotten dreams.

Thy hills, crown-capp'd with sacred groves,
 Inclose thy gilded shrines;
 In grottos where the iris blooms
 Droop sweet wisteria vines.
 Mysterious languor seems to hang
 O'er mountain, plain and rill;
 An unreality of life
 Does all the senses fill.

Thine ancient shrines to Buddha blest,
 With Shinto's gilded spires,
 Proclaim a soul-sustaining rest,
 And ecstasy inspires.
 Oh, sweet it is to dwell with thee!
 "Land of the Rising Sun"—
 Where beauty, age and mystery
 Combine themselves in one.

THE PESSIMISTIC.

These verses were composed by Dr. Helmuth while lying in bed at Miyanoshita, during the drying of his clothes in the kitchen, after a five hours' exposure in a hurricane of rain and wind (a portion of the typhoon of July 22d), over one of the highest passes in Japan (Otometoge). Discouraged, cold, drenched to the skin, shrivelled and dispirited, he came to the Fugeia Hotel at Miyanoshita, and thought in his misery :

Oh, hang Japan; Oh, dang Japan!
 A land of gnats and fleas,
 Where noisome odors fill the air
 And float on every breeze.
 Where men run naked in the streets,
 Wear spectacles for clothes,
 And old and young and rich and poor
 Eschew the use of hose.

Oh, land devoid of knives and forks,
 Of tables, chairs and beds!
 Where women black their teeth and shave
 Their little babies' heads—
 I've had enough, I have no use
 (A quiet New York man)
 For all this nude simplicity
 Careering round Japan.

I've had enough of cloisonne,
 Of ivory carvings, too;
 Of ancient, rare, Satsuma jugs
 (Which probably are new);
 I hate the sight of Buddha fat,
 He's too infernal calm!
 And temples, shrines, red laquer ware
 And damios, I damn!

Boy, bring my clothes up from the wash
 As quickly as you can.
 Sir Edwin Arnold writes a lot
 Of bosh about Japan.
 I'm shivering cold, I'm wringing wet,
 I've been an idle dreamer;
 To Yokohama let me get,
 And there—thank God—a steamer!

THE RATIONAL TREATMENT OF HABITUAL CONSTIPATION.

By E. M. HALE, M. D., CHICAGO.

In a normal condition, every person is supposed to have one healthy evacuation from the bowels every day. It matters not at what time this evacuation occurs, morning, noon or night, but in the morning after breakfast is the usual time. Yet many persons who seem healthy, have a movement of the bowels twice or three times a day, generally after meals; in such cases, if the stool be normal and healthy and without pain, the condition cannot be considered abnormal. Many persons who seem in perfect health, have their bowels relieved every two, three or seven days, or even every two or three weeks; cases are not rare in which some degree of good health has been maintained for many years, although fæcal evacuations have, during that time, occurred only at intervals of six weeks or two months. In most cases, however, retention beyond the usual period is apt to produce not only local uneasiness, such as tendency to piles and flatulence, but also some degree of general disturbance, indicated by foul breath, loss of appetite and dyspeptic symptoms. There is a form of constipation that is apt to be mistaken for looseness; the person may have several watery evacuations a day, yet an examination of the abdomen shows that the colon, and rectum even, is full of irregular masses of impacted fæces which cause an irritation with watery stools, while the hard masses are retained in the folds of the large intestines. Habitual constipation leads to permanent hypertrophy and dilatation of the rectum, rendering the tube less efficient for the performance of its expulsive duties. The whole of the large intestine may become dilated by its contents and hypertrophied, the mucous surface may be fretted into ulcers, and perforation may ensue; the dilatation may be so great that the colon measures twelve inches in circumference; this dilatation is greatest in the rectum, sigmoid flexure and cæcum.

When not mechanical, constipation arises temporarily from change of diet, scene or habit, or from anything that inter-

feres with the regular performance of defecation. Riding on railway cars is a common cause, as is a change from active to sedentary habits. It is a symptom of chlorosis, of diabetes and is caused by dread of defecation, owing to pains at the annus from piles or fissure. The purely mechanical causes are: cicatricial stricture, thickening of the walls of the rectum, compression from without by tumors, or traction of the bowels from their normal position by adhesion, torsion, strangulation, invagination, and finally from the impaction of foreign bodies. But these are conditions for the surgeon and do not come within the scope of this article. One of the chief causes of constipation and one leading to the worst consequences if not attended to, is inaction of the liver; I mean partial or complete arrest of the normal flow of bile into the intestines. Bile is the natural aperient of the human body; if too much is poured out, there is bilious diarrhoea; if too little, sluggish action. The liver is the crematory of the system where the poisons generated by the processes of elimination are burned and destroyed. Of these poisons the most deleterious are the ptomaines that are formed in the intestines; if these are not burned or carried out of the body, they are absorbed and cause a host of symptoms indicating poisoning of the brain, nervous system and glandular organs. Next to the general blood poisoning, the injurious effect of constipation on the heart is the most important. The poisonous ptomaines affect the heart, as do digitaline, miscarine, veratrine and other heart poisons. Many of the cases of cardiac disorder which we are called upon to treat are due to constipation and its resultant ptomaine poisoning, aggravated by the mechanical irritation and the pressure of an overloaded colon. The treatment of chronic constipation should be more dietetic and hygienic than medicinal. The following rules, if faithfully carried out, will cure nearly all cases not due to mechanical obstruction.

1. Take three simple but liberal meals daily; a small cup of coffee at breakfast if its use has been habitual, and at lunch, tea, steeped not over five minutes. Avoid pickles, spices, curries, salted or preserved provisions, pies, pastry, cheese, jams, dried fruits, nuts, and all coarse, hard, indigesti-

ble food taken with a view to move the bowels. This eating of coarse, cracked wheat, oatmeal bran, graham bread, and other grains *prepared with the hulls on*, is as reprehensible as is the taking of cathartics; they act by irritating the coats of the bowels just as cathartics do, and are as injurious in the end. All cereal grains and leguminous seeds can be prepared, divested of their indigestible envelope, and are much more palatable and nutritious. The various "Health Food Companies" are doing good work in introducing such preparations.

2. On first waking in the morning and also on going to bed at night, sip slowly, a quarter or half a pint of water, hot or cold; it is more than probable that one of the causes of constipation is the small quantity of water taken into the stomach by many persons.

3. On rising, take a cool or tepid sponge bath, rubbing the bowels thoroughly, giving a general friction with the towel afterwards.

4. Clothe warmly and loosely, see that there is no constriction around the waist just over the hips.

5. Walk at least half an hour, three times daily.

6. Avoid sitting or working long in such a position as to compress or constrict the bowels.

7. Solicit the action of the bowels every day after breakfast; (in some cases where there are piles, fissure, or proctalgia after stool, it is better to solicit the action of the bowels at night just before going to bed); if relief is not obtained the first day wait until the following day, then renew the effort at the same time, but without straining; percussion of the anal orifice with the fingers will aid better than straining. Continue these daily efforts until the fourth day, when, if no result appears, an enema or laxative should be taken to unload the rectum and colon, when the daily effort should be resumed. The enema should not be large not over half a pint, or a pint, unless there be impacted feces high up in the cæcal region, when, "colon flushing" with warm water or glycerine may be necessary; but to empty the rectum a teacup full of soap and water or glycerine and water, or even a spoonful of each, will act promptly. Glycerine suppositories act just as well and quickly as enemata; a little boric acid placed just inside

the sphincter by means of a powder blower or the finger, is often quickly followed by a stool.

Before having recourse to laxative drugs try massage; on rising in the morning rub the bowels from right to left along the course of the colon with the palm of the hand oiled, or employ a masseur; I have known many most intractable cases cured in a few weeks through this method applied by one who understood the proper manipulations.

There are certain kinds of food that are directly beneficial in constipation, namely: pearled and granulated oats; pearled and granulated wheat; bread made of pearled wheat flour; which contains all the gluten and starch without the hulls; gluten flour; ginger bread (in some cases better without ginger; mush, or gems made from wheaten or "wheat germs," granola; baked sweet apples, bananas, figs, prunes, dates, peaches, grape-fruit and oranges; baked beans and peas, sliced tomatoes; veal and lamb, tender steak and mutton chop, bacon and butter; crackers, boiled milk, *fine* wheat flour, arrow-root and cheese, pears and preserved fruit—all aggravate constipation. We will suppose for a week or two the patient has been under the above diet and *regime* with no satisfactory stool: the colon is found impacted and distended with fecal matter; large enemata are of no avail; we have given several of the most approved homœopathic remedies without effect: what shall we do? We must not resort to active cathartics; it will only make a bad matter worse. We must give a medicine that will, by its mild physiological action, restore the natural function of the bowels. One of these is *hydrastis*; for it is a powerful tonic to the muscularcles of the intestines, and will usually enable the colon to contract.

The next is *Nux*, which acts on the bowels, acting on the bowels, often in a dose of 10 grains of granulated fecal matter. *Nux*, dose of 10 grains, best sa

supper and at 9 P. M., will generally give a natural stool the next morning. If the colon is distended by an accumulation, a larger quantity of *aloin* may be required. One-half a grain will remove the most obstinate impaction if no organic obstruction exists. After the contents of the colon have been evacuated, continue the same regimen recommended above. *Aloin* acts by increasing mucus, stimulating the expulsive muscles to action, and by exciting the torpid circulation in the blood-vessels of the intestines. At one time, in common with most physicians, I feared that *aloin* would cause piles and irritation of the rectum, but I am now satisfied that its careful use for a long period of time will not do so. I have given *aloin* to pregnant women for a constipation that would not yield to anything else, for six or eight months, one-fifth to one-quarter grain every night or second night, without causing a single symptom of haemorrhoidal trouble. There are various combinations of *aloin* with other medicines, which sometimes act better than *aloin* alone. It is combined with *podophyllin* with *belladonna* and *strychnine*, with *nux* and *hydrastin*, and with *ipecac*. Each has its advocates, and each acts well in certain persons. *Cascara sagrada* has been widely advertised and used very extensively, but I have never been satisfied with its effects; it seems to me to act like crude *aloes* or *podophyllum*. There are cases, that, owing to neglect, and the serious symptoms of the head and heart, need very prompt and immediate relief. There has not been an evacuation of any amount for a week, the abdomen is distended, there is a sense of great weight in the left hypochondrium, the breathing is oppressed, the head feels full, heavy and confused, there is vertigo, the patient is gloomy, cross and nervous; perhaps no conveniences for giving an enema are at hand; in such cases there is no drug that can compare with *castor oil* for promptness and thoroughness of action. One, two or even four ounces can be given without danger; in emergencies there is no drug so safe; it acts best when given in strong, black coffee.

In addition to the dietetic and hygienic rules laid down above, we can do a great deal with medicines selected according to the law of similia; this requires good diagnostic skill, for we must know not only the pathological condition present

in the patient, but also the pathological capabilities of the medicine. I will give two illustrations: The patient is an indolent man who eats a great deal and takes but little exercise; he goes out to stool only when obliged to; he has frequent inclination, but the trial is ineffectual; he has dull headache, coated tongue, is morose and irritable; his abdomen is distended and his food digests slowly; there is abdominal congestion and torpor of the intestinal muscles. Two remedies meet this condition: *opium* and *nux vomica*. *Opium* causes such a constipation primarily, *nux*, secondarily. If we give *opium* it should be prescribed in minute doses, *i. e.*, the third dilution, because, if indicated primarily, the dose must be small. *Opium* will often cure such cases, if you change the patients habits. *Nux* is not primarily indicated in such a case, because its primary action is to cause frequent stools, with irregular evacuation, at times knotty, at times thin and small, often with ineffectual urging, since the muscles of the colon are irregular and spasmodic in action, but not parietic. Now, if you give the 1x for these primary symptoms you will aggravate the condition, but if you give the 3x you will cure. The first case above narrated which simulates the primary action of *opium*, also simulates the secondary effects of *nux*, namely, intestinal torpor, with passive congestion of the portal system. Here the 1x of *nux* will remove the constipation in a few days. Each case and each medicine must be studied in this manner if we are to be successful. Every medicine known to materia medica will cause constipation by its primary or secondary action. What a vast number we have to choose from; yet few of these are ever used in actual practice. It is the rare cases that require rare remedies. I will mention but a few drugs that I have found most useful. *Byronia* is secondarily homœopathic in constipation; it is primarily a hydrogogue cathartic. If the constipation has been preceded by a profuse diarrhoea, it will cure in a low attenuation. Its congeners are *podophyllum*, *rheum. colocynth*, *veratrum album*, *sulphur*, *hydrastis* and *mercurius*; all of these I use in low attenuations. *Lycopodium alumenum* and *plumbum*, like *opium*, cause extreme constipation primarily; they act best when administered in the three x or six x. *Æsculus*, *graphites*, *natrum muriaticum*, *silica* and *sepia* are useful in exceptional cases.

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Original Articles.

NATRUM PHOS. IN COLIC.

By ALBERT WHEELER, M. D., SAN FRANCISCO, CAL.

At midnight, October 10th, of the present year, a gentleman was taken suddenly ill with a severe attack of colic in the umbilical region. The character of the pains was described as twisting, and shooting, increasing in frequency and severity, accompanied by frequent eructations and ineffectual desire for stool. At the same time he was afflicted with a constriction and oppression of the chest, the extremities became quite cold, and this coldness quickly extended all over the body; the pulse was reduced and thready, great prostration followed, the features became quite pinched, and great fear of death came over him, he was terror stricken and almost dumb. All this occurred in about two hours. I at once ordered hot water bags to feet and sides, gave him *nux vom. 6x*, five minims in a teaspoonful of water, and at five minutes interval after, which was apparently well indicated, but without any relief, In fact it seemed only to increase the evil. It was clear the case was a desperate one and relief must soon come or my

patient would be beyond the reach of all human aid. I prescribed some *magnesia phos.* in a glass of hot water, immediately upon drinking it, a large quantity of viscid watery matter was ejected, with an acid taste and smell, after which perfect freedom from pain was experienced, for a short time only, when it returned with the most distressing nausea, and frequent turns of vomiting. I then prescribed *natrum phos.*, feeling quite sure I had the right remedy. In a few minutes or so he exclaimed: "My God! that is wonderful! I feel so much better." The nausea and vomiting was gone in five minutes afterwards, within twenty minutes the spasms were all gone, heat and strength were returning, pulse gained in force and fullness, and he soon fell into a profound sleep, which continued until 8 A. M., when he awoke, complaining only of weakness, and feeling quite sore about the abdomen. In conclusion, I conceive it my duty to say, that this patient has always been a faithful devotee of the dominant school, (?) he has thoroughly detested homœopathy, and done all he could to oppose it. After much persuasion and the utter helplessness of allopathic remedies, he at last consented to send for me. Yesterday he called to pay his bill, said he: "No matter from what source it comes, anything, which has for its object the mitigation of human suffering and the lessening of mortality, should be honestly and dispassionately tested." Henceforth he is a homœopath.

THLASPI BURSA PASTORIS. (Shepherd's Purse.)

Dr. J. Eckfelt (*Medical Standard*, Chicago) writes of this remedy, which has been at least partially proven by Homœopathists as being an active renal stimulant and tonic, with marked diuretic influences and hæmostatic action; in fact, scarlatinal nephritis, and with success. In chronic diarrhœa with profuse mucous discharges, and in enteric hemorrhages, or in dysenteric attacks when hemorrhagic tendency is prominent. In renal hemorrhage; in pulmonary affections with oedema of mucous tract, hæmoptysis. The happiest effects are had in uterine hemorrhages, where hypertrophied mucous

membrane exists, and in bleeding associated with uterine polypi, before or after removal. Excessive menstrual discharges are mitigated and approach to hemorrhagic condition, cured; and in many cases may be substituted for ergot in labor. (He does not tell us that it is chiefly indicated in plethoric individuals.—Writer.) Bleeding piles are often benefited. Frequent doses arrest epistaxis rapidly. In nervous cough can be highly recommended. As a gargle in pharyngitis, and a wash in leucorrhœa, has been of much avail. The writer's experience has been confined to use of Shepherd's Purse, in cases of hemorrhage of dark blood, accompanied by oedema of mucous membranes, and in full plethoric subjects, ordinarily suggesting Belladonna, but no dryness nor dilation of pupils.

TENICRUM.

Same writer calls attention to Wood-sage, and claims it to be anti-spasmodic, useful in nervous coughs, to relieve paroxysms of pertussis; hysterical conditions dependent upon reflex action from, or of, uterine nerves. In all low conditions of system, amenorrhœa and protracted menstruation. "Its principle power is in the treatment of enlargement of the prostate gland, and hemorrhoids." Has found the remedy rapidly efficacious in reducing the tension of the blood-vessels and size of the hypertrophied gland. In suppository the effect is more promptly induced, causing subsidence of the frequent *itching* so troublesome in hemorrhoids.

So you see they learn from our provings, and some of their suggestions may prove useful to ourselves as well; but to our school belongs the credit of proving upon the healthy, and thus their uses in diseases.

J. L. C.

VERTIGO.

By WILLIAM BOERICKE, M. D., SAN FRANCISCO, CAL.

The word Vertigo comes from vertex or vortex, a whirlwind which is derived from verto, I turn. It is a sense of swimming of the head, or of undulating motion, or of falling or illusory movements of surrounding objects. The sensation is felt either

by the person within himself or external objects only seem to whirl or move. Both forms may occur separately or they may be combined.

This curious sensation is apt to occur whenever the circulation within the cranium is disturbed, and is connected with our space sensations.

Raue considers vertigo to be the feeling of an undue commotion of the blood within the sinuses and holds the arachnoid responsible for this state of affairs. This separate disharmonial motion affects the sensory nerves and is perceived by the sensorium, from which again, by reflex action, motor nerves are excited, hence the tottering, reeling, or grasping for something, or the falling down.

The arachnoid membrane, like all serous membranes, is a shut sac. Its functional action may be compared to a suction pump. When excited, it draws a greater amount of blood into the cranial cavity than when in a state of relaxation. It is thus one of the principal means by which the circulation in the brain is regulated. The more healthful its action, the more readily it will regulate the circulation and check any undue commotion, while during a relaxed state the slightest functional or mechanical cause may bring on perturbation, and this explains, according to Raue, why some persons do not feel dizzy from turning, etc.

Vertigo is generally defined as the consciousness of disturbance in equilibration. It implies a loss of proportion between the efforts to maintain the erect posture—whether real or imaginary. This generally depends on a conflict of impressions received. It seems that at least four senses—touch, sight, muscular sense and the sense of equilibrium, perhaps also that of hearing, all employed in maintaining the erect posture, and if one of these contradicts the others, inco-ordinated impulses may be sent out, from which giddiness follows. Thus a person feels giddy on looking over a precipice, for the sight of the void beneath contradicts his muscular sense and irregular efforts follow, producing giddiness.

Based mainly on etiology, we have various kinds of vertigo, the principal of which are the following:

OCULAR VERTIGO.—This is a form of Vertigo liable to be misinterpreted. It is due to weakness or a paretic condition of the ocular muscles, occurring especially in persons with some error of refraction of their eyes. Vertigo due to such causes ceases on closing eyes. This muscular insufficiency is often congenital, very often acquired, resulting from exhausting diseases, such as fevers, diphtheria, anemia. (The remedies to be remembered for this form are Caust., Gels., Euphras., Paris quad., Physostigma, Senega.)

AUDITORY or AURAL VERTIGO; also called Labyrinthine V. or Meniere's Disease. This is a form of vertigo associated with progressive deafness in one ear and noises. Sometimes with forced movements or even an utter inability to walk steadily. When the deafness is complete, the vertigo ceases. It is due to disease of and injury to the semi-circular canals of the ear, and causes a feeling of giddiness and a tendency to fall. Pallor, faintness, headache, nausea and vomiting, are also frequently associated with it. (China, Kalmia, Rosa, Natrum salicyl.)

GASTRIC VERTIGO.—This is the most common variety. Slight derangements of the stomach and liver account for most cases that come under our notice.

The vertiginous symptoms may so predominate and generally are so violent, that the gastric symptoms may not be complained of, but treatment directed against the dyspepsia cures the vertigo.

A form of this called by Trousseau (Vertigo a Stomacho laeso) of great suddenness and severity, may be recognized in certain cases where there is not much evidence of gastric disorder. Vertigo is most violent, rendering walking impossible, and is not prevented by closure of eyes. With this there may be associated the idea of a yawning abyss at the feet, but the patient can argue correctly as to these illusions. Persons who have had such attacks are liable to their repetition.

This condition is probably caused by a reflex excitation of the cerebral vessels from some visceral irritation.

Stomachic Vertigo is more a condition of middle life and old age than of youth. Occasionally found in young women. Taenia may be a cause. (Apomorph., Nux., Ars., Cocculus, Tabac., Nat. mur., Phosp., Puls., Sep. Sulp.)

BILIOUS OR LITHÆMIC VERTIGO.—In hepatic torpor and from constipation, irritant substances may pass into the blood and thence to brain, causing attacks of vertigo, which are usually worse in the morning, often accompanied with nausea. The treatment is obvious, and it is in this form that the mere palliative treatment by mild purgatives often achieves immediate results. (Nux., Bryonia, Sulphur, Podophyl.)

Vertigo is often symptomatic of disease of the heart, brain, liver, kidneys, especially Bright's disease, loss of blood, profuse diarrhoea. A slight, temporary failure of the force of the heart's action may cause marked giddiness and the attacks may recur from time to time, causing much anxiety. A little stimulant relieves this form.

Vertigo from cerebral congestion, or in connection with an impending apoplectic attack, usually appears with pain in the head, sickness or nausea and other cerebral symptoms. Such vertigo may be rendered worse by a full meal, or by dyspeptic disorders, and still the cause is not in stomach. In a person over fifty, affected with vertigo, especially if somewhat persistent, though not violent, guard against apoplectic attack, particularly if numbness in one side or other indications of brain disease, are likewise present.

Iod. 3x, followed perhaps by sulphur, is an admirable remedy for these cases in old people, in which chronic cerebral congestion causes the giddiness, but little or no aching.

Vertigo is common on getting up for the first time after long confinement to the recumbent posture or on going out to the street. If at all persistent, *Calcar. phos.*, *China.*, *Ferr. cit et chin.*, will be the remedies. In influenza and mumps we find exceptionally a tendency to vertigo, and these are just the diseases where invasion of the eustachian tube is very common.

Vertigo is a marked symptom of some cases of insular sclerosis, accompanies Tabetic ataxy, is also found in gouty persons, and here may disappear after an outburst of gouty arthritis.

Violent attacks of coughing in weak persons may occasion severe attacks of vertigo. Patients who have been ailing a long time and those suffering from loss of appetite or dyspepsia are frequently subjects of vertigo, and may often be cured by

judicious dietetic management without medicine. Small quantities of good soup, at intervals of a few hours, and a glass of Burgundy or Port Wine daily, for a short time, may be ordered in such cases and will often cure the giddiness and restore the general health in a week or two.

EPILEPTIC VERTIGO—This may occur at the commencement of an attack, as a precursor, but I've seen it as in obstinate symptoms following an attack. It may coexist with epilepsy or may take the place of the fit. (Amyl nit., Bell., Coccul., Glon., Tarant, Lachesis, Hydrocy. ac.)

MIGRAINOUS VERTIGO.—Vertigo is a marked symptom of migraine. It occurs as a rule after the disorders of sight, and either attends or follows the development of the headache. It may replace the attack of megrim. It is not associated with noises in the ear or deafness, thus differing from aural vertigo. (Argent. nit., Gelsem., Zinc.)

NERVOUS VERTIGO.—Not uncommonly, vertigo is one of the most troublesome symptoms of nervous exhaustion and depression. This occurs in persons unduly taxing their nervous powers, by intellectual strain, especially when combined with anxiety or excess. Also, from the depressing effects of immoderate use of alcohol, tobacco and tea. Nervous excitement in many forms, anger, fear and the presence of unaccustomed surroundings give rise to it. Mere fancy and imagination may give rise to it. Having experienced the feeling of giddiness on one or two occasions, patients often fancy it is continually coming on. In some nervous subjects there occurs a sudden giving away of the legs. The symptom is noted in exophthalmic goitre. It is a stumbling vertigo.

Vertigo, arising from overwork of brain, when at all persistent must make us fear that the organ has begun to soften. In many instances the giddiness is the only symptom of disorder and is present for many years, the patient enjoying otherwise, excellent health.

DIAGNOSIS.—It should be determined whether the affection is subjective or objective, paroxysmal or chronic, accompanied with ear symptoms, nausea, noises, loss of consciousness, etc.

In elderly persons the arteries should be examined. Dyspepsia is by far the most likely cause. Tremor and especially optic neuritis are almost conclusive of brain disease.

The prognosis depends on the cause. Vertigo from organic disease and epilepsy is most serious; other forms more susceptible of relief.

TREATMENT.—besides the remedies already mentioned, do not forget

Digitalis for vertigo from cardiac origin, giving deficient blood supply to brain. In such cases we shall have some palpitation and breathlessness, feeble pulse and a tendency to syncope. For these conditions *Dig.* is our grand remedy. The disappearance of the vertigo is generally the earliest sign of the toning influence exerted by the drug on the muscular tissue of the heart.

China. Vertigo from debility, losses of fluids, &c., heaviness and throbbing of head, ringing in ears.

Phosphor. displays great curative powers in every imaginable case of vertigo, more especially in nervous vertigo. When caused by nervous debility, sexual abuse, hæmorrhoids, vertigo occurring in morning with an empty stomach, with fainting or trembling.

Cocculus. Vertigo worse on motion, noise, smoking, coffee, sitting-up, hands and feet go to sleep, difficult speech, distension of abdomen.

Silica vertigo from severe physical or mental labor, reading, writing, sewing. Vertigo during sleep or when rising.

Arg. nit. Dr. Guernsey speaks of a giddiness on the least mental or physical exertion as under the control of *arg. nit.* Pat thinks the houses will fall on him when walking on the street. Sensation of expansion when looking up. *Debility of limbs and trembling;* drowsiness:

Pulsat. Vertigo from rising from a chair—with chilliness; worse talking and meditating. Vertigo followed by vomiting, worse in the evening.

Bellad. Vertigo caused by rush of blood to head with heat and redness of face, buzzing in ears, dimness of vision, loss of

consciousness, Vertigo with tendency to fall backward or to left side, worse in warm room, better in open air.

Verat. Vertigo from flatulent pressure on solar plexus—cold perspiration on forehead—headache from temples to forehead, worse on stooping, better bending head backwards and *pressing* on head.

Colleges and Hospitals.

WORLD'S CONGRESS NOTES.

Chicago, October 17th, 1892.

As some of the profession may not fully understand the authority of the Congress, the following extracts from public documents will make the matter plain,

“DEPARTMENT OF STATE, Washington, May 23rd, 1892.

One of the accompaniments with the President's invitation to the several foreign governments, issued in accordance with the act approved April 25th, 1890, was the “World's Congress Auxiliary to the World's Columbian Exposition.” The purpose of its organization was fully stated, and among them it was proposed that a series of World's Congresses, to promote the objects in view was to be held in connection with the World's Columbian Exposition in 1893.

The World's Congress Auxiliary, it added has been duly authorized and organized to promote the holding and success of such Congresses. I observe, in conclusion, that a representative of the World's Congress Auxiliary, a few days ago, called at the Department to learn whether it would be possible to send their pamphlets to all foreign governments, with a suitable instruction to our Minister to present them to the Governments to which they were respectively accredited, as supplementary to the original invitation. Assurance was given that the Department would gladly do so upon the receipt of a formal written request to that effect. JAMES G. BLAINE.

Hon. John Sherman, Chairman Committee on Foreign Relations, United States Senate.”

*The Official Invitation to Foreign Governments to appoint
Delegates to all or any of the World's Fair Con-
gresses to be held at Chicago in 1893.*

[CIRCULAR.]

"DEPARTMENT OF STATE,"

Washington, June 13th, 1892.

"To the Diplomatic and Consular Officers of the United States.

Gentlemen:—"The Department is in receipt of a letter from Mr. Chas. C. Bonney, President of the World's Congress Auxiliary, dated Chicago, the third inst. It states that in pursuance of the course indicated in the original announcement of the World's Congress Auxiliary, which was transmitted with the Act of Congress, approved April 25th, 1890, and the President's Invitation of January 14th, 1891, extending to all Foreign Governments a cordial Invitation to participate in the World's Columbian Exposition to be held in Chicago, in 1893, the work of the World's Congress Auxiliary has been organized.

"It is particularly requested that a convenient number of the most eminent representatives of the various departments of human progress be selected as delegates to attend the respective Congress. On receipt of the names of such delegates suitable communications will be promptly forwarded to them."

"I am, Gentlemen, your obedient servant,

"WILLIAM F. WHARTON, Acting Secretary.

Under this authority, Hon. C. C. Bonney, President of the World's Congress Auxiliary, appointed J. S. Mitchell, M. D., Chairman; R. Ludlam, M. D., Vice-Chairman, Committee on a Congress of Homœopathic Physicians and Surgeons.

Julia Holmes Smith, M. D., Chairman; Elizabeth McCracken, M. D., Vice-Chairman Women's Committee on a Congress of Homœopathic Physicians and Surgeons.

P. C. Majumdar, L. M. S., of Calcutta, India, Editor of the "*Indian Homœopathic Review*," who wrote the history of Homœopathy in India for the Atlantic City Congress will personally attend the Chicago Congress, and hopes to be able to give "a very cheerful account of the progress and advancement of Homœopathy in India."

Dr. E. T. Adams, a prominent member of our school, at Toronto, Canada, will attend the Congress and is taking an active interest in its success.

B. N. Bouerjee, who also sent a very interesting account of Homœopathy in India to the last Congress—writes that he will be present at the World's Congress, at Chicago. Both Dr. Majumdar and Dr. Bouerjee are good English scholars and will add greatly to the interest of the Sessions.

Engagements for rooms at the hotel already made, indicate that the profession will be well represented at the Congress. Rooms will be furnished during the week of the Congress at regular rates. Address—Great Northern Hotel, Chicago, Illinois.

ADDRESSES.—The Homœopathic School and Public Health, R. Ludlam, M. D., Chicago; Historic Development of Homœopathy in Germany, A. Von Villers, M. D., Germany; The Further Improvement of our *Materia Medica*, Richard Hughes, M. D., England; Homœopathy and Prophylaxis, P. Jousset, M. D., Paris; The Value of Specialties in Medicine, F. Park Lewis, M. D., New York; Bacteriology, A. Haupt, M. D., Germany; The Value of Efforts to Enlighten the Public on Homœopathy, A. C. Pope, M. D., England; The Relation of Adjuvants to Therapeutics, J. D. Buck, M. D., Cincinnati; Medical Education in the Homœopathic Colleges and Hospitals of the United States, I. T. Talbot, M. D., Boston; The Future of Homœopathy, J. P. Dake, M. D., Nashville; The Selection of the Homœopathic Remedy, T. F. Allen, M. D., New York; The Development of Medical Science through Homœopathy, Martha A. Canfield, M. D., Cleveland; Minneapolis Homœopathic Magazine, Henry C. Aldrich, M. D., Minneapolis.

SECTIONS.—Gynecology, O. S. Runnels, Chairman, Indianapolis; *Materia Medica*, A. C. Cowperthwait, Chairman, Chicago; Clinical Medicine, Chas. Catchell, Chairman, Ann Arbor; Obstetrics, T. G. Comstock, Chairman, St. Louis; Surgery, H. C. Van Lennep, Chairman, Philadelphia; Ophthalmology and Otology, A. B. Norton, Chairman, New York; Pædology, Emily V. Pardee, Chairman, Hartford; Mental and Nervous Diseases, Selden H. Talcott, Chairman, New York; Laryngology and Rhinology, H. F. Ivins, Chairman, Philadelphia.

ALUMNI ASSOCIATION.

The fifth regular meeting of the Alumni Association of the Hahnemann Hospital College of San Francisco, was held on December 5th, 1892, at Dr. Amy G. Bowen's office, 834 Sutter street, Dr. Amy G. Bowen, Chairman of the Executive Committee, in the chair. Members present: Bowen, Guild, Button, Lynch, Townsend and Dankroeger.

Minutes of the last regular meeting, held on October 30th, 1889, read and approved; as were also the minutes of one special meeting and two meetings of the Executive Committee.

Drs. Waterhouse, Martin, Jaffa, Detrick, Bowen, Jr., Swallow, Finch, Dawson, Atkins, Auker and Nevins were elected to membership.

A motion was made and carried that the Society meet every three months.

Dr. Atkins kindly offered the Society the use of his office for the next meeting, to be held on March 13th, 1893, and Drs. Button and Guild, of Oakland, kindly offered their offices for the next following meeting. Both offers were accepted.

The following named were elected officers for the ensuing term: President, Dr. Amy G. Bowen; Vice-President, Dr. Guild; Treasurer, Dr. E. F. Martin; Secretary, Dr. M. H. Atkins. Members of the Executive Committee—Waterhouse: Button, Finch and Auker.

A motion was made and carried that the Executive Committee supply refreshments at the next meeting, and otherwise make the meeting interesting.

Adjournment.

HENRY DAMKROEGER,
Secretary Executive Committee.

All alumni of the Hahnemann Hospital College not members of the Association are urgently requested to join.

All communications are to be forwarded to the Secretary, Dr. M. H. Atkins, 608 Geary street, San Francisco.

MEETING NOTICE.—The next regular meeting of the Association will be held on March 13th, 1893, at Dr. Atkin's office, 608 Geary street.

Editorial Notes.

WITH this number, THE CALIFORNIA HOMŒOPATH closes its tenth volume. Since its inception, when homœopathic practitioners on this western coast were comparatively few, and these mainly around San Francisco bay, great changes have taken place. Everything pertaining to Homœopathy on this Coast has had a wonderful development and growth. To-day we number over four hundred in the States of California, Oregon and Washington; our college has never been in a more prosperous condition so far as patronage is concerned; our dispensaries increasing in number and extent of work; our influence in the community is felt, and recognition of our claims for representation in some of the public institutions is so pronounced that soon the unjust discrimination against us will be a thing of the past. We are aware that THE CALIFORNIA HOMŒOPATH alone has not kept pace with this general growth of homœopathy, and it gives us pleasure to announce that with the new volume a distinct step in advance will be taken. It will be the endeavor of the publishers to give to the homœopathic profession a journal adequately representing Pacific Coast homœopathy, a journal not merely Californian, as hitherto, but one with scope wide enough to take in our whole territory. It seems advisable, therefore, as indicating its larger sphere, to change the name with the beginning of the new volume to that of "*The Pacific Coast Journal of Homœopathy.*" The new journal will be enlarged, and various other important changes, editorial and otherwise, will be introduced—all calculated to place *The Pacific Coast Journal of Homœopathy* in the front rank of medical publications.

WITH the present number, Dr. W. A. Dewey retires from the business management of the journal, and this is assumed by the publishers, Messrs. Boericke & Runyon. All subscriptions, advertisements, and business communications should be sent to them.

THE Ninth Annual Commencement Exercises of the Hahnemann Hospital College of San Francisco, took place on Thursday evening, December 1, 1892, at Odd Fellows' Hall. An excellent order of exercises had been prepared by the Committee, and a large and fashionable audience favored the College and students with its presence. The musical part of the entertainment was very enjoyable and the addresses, especially that of Professor Martin, interesting and appropriate.

The following graduates received the Degree of the College: Ibanisina C. Anker, San Francisco; Joseph G. Crawford, San Francisco; Joseph D., M. D., Vallejo; Elise McC. Detrick, San Francisco; Arthur A. Finch, San Francisco; Eleanor F. Martin, San Francisco; Mary A. Morgan, San Rafael; Rev. Robert Swallow, Ningpo, China.

Personals.

DR. SIMPSON, of San José, gave us a call recently.

DR. CLARKE, of Arroyo Grande, also paid us a visit last month.

DR. E. V. VAN NORMAN, of San Jose; DR. J. T. MARTIN, of Woodland; and DR. J. M. SELFRIDGE, of Oakland, were in town a few days ago.

DR. E. M. P. LUDLAM, for many years a practicing physician in the city of Chicago, has recently located in Oakland, Cal. The doctor has our best wishes in his new field.

DR. M. W. HILL, of Redlands, Cal., says there is no section of the State so beneficial to asthmatics as the upper part of San Bernardino county. The doctor has been located in Redlands about four years and is doing a good practice.

A SUCCESSOR to a homœopathic practice amounting to \$3,500 in the past year is wanted in the town of Sonora, Cal. The party practicing there will probably leave the city. Further information can be had by addressing the publishers of this journal.

AMONG the personal notices in the September issue, mention was made that there was no dispensary on the North Beach of this city. This is a mistake, DR. D. ALBERT HILLER, is conducting such an institution at No. 220 Montgomery Avenue.

DR. A. P. WILLIAMSON, has resigned the Superintendency of the Minnesota Homœopathic Insane Asylum, and located in Minneapolis, where he attends to mental diseases exclusively.

DR. H. N. CROSS, of Stockton, has moved into elegant offices in the new Yosemite Block. The doctor has given particular attention to surgery, and this, together with his versatile knowledge of microscopy, ought to insure him a large practice.

OUR co-laborer, DR. WM. A. DREWY, left the last of November for his home in Vermont, on account of the death of his father. The doctor will return for a season by January 1st, but will probably locate permanently in New York city later on.

DR. JOHNSON, of the firm of Drs. Johnson & Stiles of San Bernardino, Cal., is quite clever with the use of the telegraph. He has an instrument in his office connected with his home, and can hold communication with members of his family, thereby making himself quite independent of the telephone monopoly.

WE have heard a good many comments on the delightful poem by DR. WM. TOD HELMUTH, which appeared in our November number. We are indebted to our friend DR. J. N. ECKEL, of this city for the original manuscript. We hope the doctor will soon furnish us another article of similar nature.

IN the last number of THE CALIFORNIA HOMŒOPATH appeared among "Selections," DR. HALE's admirably practical article on constipation taken from our esteemed cotemporary *The Medical Era*. We neglected to credit the source simply from oversight, and are glad to express now our indebtedness to both the author and *Era*.

WE frequently have an inquiry, "where is a good location for a homœopathic physician." We would suggest Hollister or Salinas. There is no homœopathic physician in that section, and to the right sort of a man who has perseverance and nerve a good practice could be built up. The locality however, is no place for a physician who is not willing to work hard and with patience.

THE attendance at the recent base ball match between Harvard & Yale of this city, was quite a success. The Hahnemann Hospital shared in the benefit. This together with a recent benefit at the Grand Opera House ought to encourage the ladies who have this noble undertaking in charge, to continue on in their good work. San Francisco certainly should have one of the finest Homœopathic Hospitals in the United States, and it will have one if the physicians of this State will do all in their power to encourage such good work as these ladies are doing.

Book Reviews.

Tuberculosis of Bones and Joints. By N. SENN, M. D., Ph. D., Professor of Practice of Surgery in Rush Medical College; Professor of Surgery in the Chicago Polyclinic; Attending Surgeon Presbyterian Hospital; Surgeon-in-Chief St. John's Hospital; President of the American Surgical Association; President of the Association of Military Surgeons of the National Guard of the United States; Permanent Member of the German Congress of Surgeons, etc. Illustrated with 107 engravings (seven of them colored). In one handsome royal octavo volume. 520 pages. Extra cloth, \$4.00 net; Sheep, \$5.00 net; Half-Russia, \$5.00 net. Philadelphia: The F. A. Davis Co.

In this volume the author presents the modern ideas on tubercular disease of bones and joints, as he was able to collect them from recent literature and add thereto his own large experience. A full discussion of the Bacillus tuberculosis and results of the employment of tuberculin injections in certain cases are given and form interesting reading. The volume is of especial value to surgeons; but cannot fail to interest the general practitioner, since much depends on the early diagnosis of these affections. It is fully illustrated and published in Davis & Co.'s best art. We cordially recommend it to all our readers.

Text Book of Nervous Diseases, being a Compendium for the Use of Students and Practitioners of Medicines. By CHARLES L. DANA, A. M., M. D., with 210 Illustrations. New York: Wm. Wood & Co., 1892.

A very attractively gotten up volume, one inviting to study and reading. It presents the science of neurology both in a concise and yet complete form by one whose training as a teacher and original investigator make him specially adapted for preparing such a compendium. For the physician in general practice, we know of no single volume on Nervous Diseases that gives him the necessary information so clearly, concisely, correctly and helpfully as this and we therefore take pleasure in recommending it to our readers. Homœopaths can supplement this work with Hart's Therapeutics of the Nervous System and thus possess the latest and best on the subject in both schools of medicine.

All Around The Year 1893. Entirely new design in colors by J. PAULINE SUNTER. Printed on heavy cardboard, gilt edges, with chain, tassels, and ring. Size, 4¼ x 5¼ inches. Boxed. Boston: Lee & Shepard.

The "All Around The Year" calendar which Mrs. Sunter sends out this year, is as charming a piece of work as anything she has done. Like its predecessors, it is printed on heavy cardboard, gilt edged, with chain, tassels and ring, and is of convenient size. The designs are fresh and delightful, quaint and picturesque little lads and lassies issuing in each month with just the right words, and in the most charming attitudes, while the lines on

the cards combine to form a very pleasing love story. Done in several colors, one can scarcely imagine anything more graceful than the twelve cards, each bearing the dainty design which includes the month's calendar as a part of the picture. The cover shows a pretty little Miss watching a Cupid "warming his pretty little toes" at an open fireplace, while on the last page this same Cupid (or his fellow) is playing sweetly, "Good-bye, my-Lover, Good-bye."

Childhood.—A monthly magazine of all that concerns the welfare of the Child. George W. Winterburn, Phar. D., M. D., Editor; Florence Hull, Associate. New York: A. L. Chatterton & Company, 78 Maiden Lane. One Dollar Year; Ten Cents a Number.

"Childhood" is a high-class monthly magazine, the first number of which has just appeared. It is edited by Dr. George William Winterburn, and covers a field not hitherto occupied. It is addressed to parents, teachers, and all who are interested in the welfare of children, and will endeavor to inculcate the most advanced ideas in regard to the moral, intellectual and physical development of children. Men and women well known in literature, prominent teachers, physiologists and biologists have been engaged to write for it, and the editor will spare no effort to make the magazine interesting, ennobling and instructive. In order to bring it within the reach of all it is put at the small price of ten cents a copy.

A Pocket Medical Dictionary, giving their pronunciation and definition of about 12,000 of the principal words used in medicine and the collateral sciences. By GEO. M. GOULD, M. D. Philadelphia: P. Blakiston, Son & Co., 1892.

A few years ago we welcomed Dr. Gould's new Medical Dictionary. It proved a great success. The present small attractive book is based upon this excellent work. It has been prepared upon the same practical, systematic plan as the larger book, and like it is based upon the most recent medical literature. Very complete tables of the arteries, muscles, nerves, bacteria, bacilli, micrococci, spirilli and thermometric scales and a dose list of drugs and their preparations, in both the English (thank heaven) and metric systems of weights and measures. Its form and size are very practical. Rather smaller than a visiting list, and flexible; it can be slipped into the pocket very readily. We cordially recommend this little Dictionary to every student of medicine.

Diseases of the Lungs, Heart, and Kidneys. By N. S. DAVIS, JR., A. M., M. D., Professor of Principles and Practice of Medicine, Chicago Medical College. No. 14 in the Physicians' and Students' Ready-Reference Series. In one neat 12mo volume of 359 pages, extra cloth, \$1.25 net. Philadelphia: The F. A. Davis Co. 1892.

The justly popular Physicians' and Students' Ready Reference Series, published by the enterprising F. A. Davis Co., has received another addition, and one quite important, treating as it does on diseases of the Lungs, Heart and Kidneys. Any one desiring a concise compendium on this subject, with

especial, full treatment of the modern therapeutics, exclusive, of course, of Homœopathic treatment, can do no better than procure this practical little volume. By adding thereto the indications found in any of our special Homœopathic treatises, the student will have all that will be required of him on these subjects.

The *Cosmopolitan*.—This most popular of monthly illustrated magazines appears in its December number even more attractively than ever. Sir Edwin Arnold contributes a very entertaining article on Japanese Watering Places. The same number contains seven portraits of Tennyson and interesting views of his late home and surroundings. A feature of this number is twenty-four portraits of Parisian journalists with sketches of their work. The *Cosmopolitan* will mark its first edition of 150,000 copies—that for January—by the offer of 1000 free scholarships. In return for introducing the *Cosmopolitan* into certain neighborhoods the *Cosmopolitan* offers to any young man or woman free tuition, board, lodging and laundry at Yale, Vassar, Harvard, or any of the leading colleges, schools of art, music, medicine, or science. They send out a pamphlet on application telling how to obtain one of these free scholarships.

Christmas Number of *Table Talk*.—The merry season is at hand; the season of peace and good-will toward everybody and everything—except the turkey. Poor fellow! His fate is hard, and yet ought to feel flattered. The eyes of the whole Nation are on him, and for the time even her great American eagle is forced to take a back seat in her talk and affections, while turkey and cranberry sauce are the only emblems to stir her heart and warm up her patriotism. Well, we are not disposed to wonder at it. We have a good many highly prized American institutions, among which a tender, properly cooked turkey is not the least important. It isn't our business, however, to place such delights within the reader's reach; the Christmas number of *Table Talk* will do that, together with numerous other things which at this jolly season of the year you are probably not inclined to do without. The magazine is published monthly by Table Talk Publishing Company, 1113 Chestnut street, Philadelphia, \$1.00 a year, single copies 10 cents.

Annual Report of the Homœopathic Hospital, Melbourne, 1892.

This is the 24th Annual Report and shows a most satisfactory state of prosperity. The Dispensary was founded in 1869. It was opened as a Hospital in 1879, and incorporated in 1877. The total number of cases treated to June 30th, 1892, was 38,996.

Bulletin of the Harvard Medical School Association. No. 3. Report of the second annual meeting, held in Boston, June 29th, 1892. Boston: Published by the Association, 1892.

The Sides of the Body and Kindred Remedies by C. VON BOENNINGHAUSEN. Translated for *The Homœopathic Physician*, and issued as a supplement to Vol. XII, by Dr. J. D. Tyrrell. Toronto and Philadelphia.

A classical brochure of inestimable value to every true Homœopath.

Clinical Items.

KALI SULPH. IN MEMBRANEOUS CONJUNCTIVITIS.

This remedy has lately given me more satisfactory results in three or four cases of ophthalmia neonatorum characterized by a closely adherent membrane on the palpebral conjunctiva and a thin, yellowish or sanious discharge. I give two of the cases, the notes of the others were, unfortunately, not preserved.

Baby G., male æt. nine days, began with snuffles and watery discharge from the eye, which had become thin, then thick yellow, and finally, sanious, with membranes on the palpebral conjunctiva. After failure with other remedies *kali. sulph. iii trit.* cured promptly.

Baby F., male, æt. fourteen days. Eyes suddenly discharged yellowish pus. Brushed with nitrate of silver solution, gave *arg. nitr. 3*. Next day worse and membranous, with much swelling of the lids. *Brom. 3* internally and H. O. locally did no good, neither did *comp. tinc. iod.* internally. *Apis* mitigated the swelling, but the discharge became viscid; *kali. bich.* made it more watery, and under *kali sulph. iii trit.* all the symptoms improved rapidly, with vision unimpaired.—*J. L. M. North American Journal of Homœopathy.*

Lauroscerasus in tincture, for severe uterine hemorrhage with extreme prostration, near the climacteria. Nightly tearing in vertex with stupor. Menses too early, too profuse, thin.—*Arndt.*

Magnolia grandiflora has benefited climacteric patients who complained of mental and physical inability, lassitude of mind and body, leading to despondency, confusion, apprehension and dulness of hearing: *Dr. Betts, Hahnemann Monthly.*

Veratrum alb.—Despondency at the climacteric; cold sweats even in a warm room; complains of being bathed in a cold sweat; very nervous; feels as though she must almost fly. Is very much constipated and depressed. *Hahnemann Monthly*

Kali brom. 3x.—Apoplectic attacks whether with or without convulsions, whether uraemic or otherwise. Give it in water at short intervals, until consciousness begins to return—*J. C. Morgan.*

Senecia affects the urinary organs producing tenesmus of the bladder with heat and urging. Frequent, copious flow, pain in loins and bloody urine—Renal dropsy, chronic inflammation of bladder.

Cancer fluviatilis is an excellent remedy for chronic nettle-rash; use the 3rd or 6th potency night and morning.

Selections.

CLIMATE OF NAPA VALLEY, CALIFORNIA.

[Read before the American Health Resort Association, June, 1892.]

DR. T. C. DUNCAN.—*Dear Sir:* I have read with interest your report (in the May number of the *Visitor*) of your tour of investigation, in looking up localities for those suffering from pulmonary diseases. I regret that you could not have spent some time in this part of the State. I wish to report more particularly at this time of Napa County, as being very desirable for any form of lung disease.

Geographically, Napa County must be a natural locality as it has one of the most beautiful valleys in the State, with mountains on either side of the valley, abundant springs of pure water and noted mineral springs. Such is the formation of the mountains, the altitude (temperature the year round being mild) an invalid can exercise in the open air every day, without suffering any inconvenience. I wish to give you Dr. L. F. Dazier's report of Napa City, formerly a physician at the Napa Asylum. The following report was written for the Gift Pamphlet. Mr. Gift made a very correct statement on the climatology of California and especially of Napa County,

as being superior for pulmonary diseases. Dr. Dazier says: "We are prepared to say to those unfortunate persons suffering with serious pulmonary disease and whose cases are not too far gone, beyond relief or recovery, that there is abundant reason for hope; nature furnishes, ready prepared, the three elements of cure, viz: altitude, dryness of soil and atmosphere, and moderation of temperature, and it is my opinion, and I might add, the opinion of many others of ripe judgment, that nowhere on earth can these three prime elements be found in more perfect combination than in California, and in no other locality in the State do they harmonize more perfectly, if, indeed, so well as in the upper part of Napa Valley and especially the mountain ridges, skirting its sides." Many of the physicians of Napa City and Valley went there as invalids, some who had suffered from serious hemorrhages, and recovered. There are many old physicians who can bear testimony to the curative effects of the climate in pulmonary diseases. Mr. Gift, in his pamphlet, who wrote from experience and investigation, reports cases of thirty years suffering from asthma, cured; his own little daughter had serious abscesses of the lungs, realized a cure at an altitude of fifteen hundred feet. Some of these localities in the mountains are called the asthmatic's paradise.

The properties which help to make up an atmosphere that bring relief to any form of lung disease must be largely ozone. Physicians generally consider the eastern side of the mountains more favorable and there is a very good reason why. If any fog, it is dispelled sooner by the rays of the sun, as it comes earlier in the morning, the sunshine is longer, the air must be dry sooner, all of which is necessary to an invalid. The sides of the mountains are occupied, in this valley, mostly by those seeking a location for relief from lung diseases. Some in the advanced stage of pulmonary disease had found relief in a short time, and enjoyed very comfortable health for years, in many cases realized recovery. The formation of the mountains, with the vivifying rays of the sun upon these rock formations, combined with the soil, pure water and altitude, must have the effect to charge the temperature, making it more conducive in bringing relief to irritated and diseased tis-

sues; the altitude and atmosphere relieves the respiration, and also soothes the cough, thus the tissues relieved from a constant irritation have a chance to heal. All the persons whom I have seen that were suffering from pulmonary disease, have expressed themselves as being so much relieved in their respiration, "could breathe without effort." During the session of our State Legislature in 1880, the Senate concurred and adopted Resolution No. 25, to appoint a committee of three members of the State Board of Health to be designated by the Governor of the State, to consider the subject of a State Sanitarium for consumptives and to determine a suitable location. The members of the board appointed were Drs. H. Gibbons, Sr., M. M. Granis and H. W. Hatch; the locations especially examined were Atlas Peak, Verder Mountain, Howel Mountain, Pope Valley, near Etna Springs and Troutdale, all in Napa County, Lakeport in Lake County, the Sierra Madre Range in Los Angeles County, Ojai Valley in Ventura County, San Diego and vicinity, Santa Barbara, etc. Atlas Peak, situated on the ridge of the Coast Range mountains, east of Napa Valley, has for years attracted considerable attention on account of equability of temperature, its freedom from fogs or harsh winds, and the dryness of its atmosphere. The elevation is about 1500 feet at Mr. Evans' place, 2300 feet on the Peak. I understand its mean winter temperature is 74° and its annual relative humidity only 45 per cent, or 51 in winter and 39 in summer and never sultry. The climate of this ridge is remarkable for its healthfulness, no malarial diseases are known there. The soil is equal to any in the valley, well suited to the cultivation of grain, fruits and vegetables. The atmosphere, though sometimes warm in the middle of the day, is never oppressive; the evenings are agreeably cool and invigorating: the winters are mild and excellent for camp life and out-door exercise at all seasons of the year. The scenery is beautiful, the natural location, with abundant springs of pure water, some possessing mineral properties. The mountains are beautiful, the native trees, pine, live oaks, madrone, menzaneta and many other varieties, are always green.

Taking into consideration all the facts presented and inves-

tigated. the Committee felt justified in awarding a preference to Atlas in Peak, Napa County. Mr. Evans, then, as now, owning the property, went there as an invalid many years ago and recovered his health entirely. Has kept boarders and for a time both summer and winter; he can give many testimonials of remarkable cures from lung diseases, many cases of asthma were soon relieved and recovered. Among the number of persons who have been at the Evans' place, some were from Cincinnati, from New Hampshire, and other places in the East, and all have expressed themselves as being more relieved there than at any locality they had visited; lawyers and those who were overworked, mentally and physically, have said they recuperated there in half the time they could in any other locality.

You naturally will inquire why the Commissioners appointed did not complete the object of their investigation. I have been told the session was too near its close to consider and vote upon their report. Our State Legislature convenes every two years and before the time arrived for the next session two of that Board of Commissioners died and there has seemed to have been a lack of energetic effort to push the project. A live, energetic physician could establish a desirable private institution at Atlas Peak, one that would pay financially and be a boon to invalids, a positive need in this part of the state, where those suffering and who come as strangers to a strange land, need the attention of a good physician and all the comforts of an invalid's home.

I have written a long article, but could not write much less and give a clear and true report.

Fraternally and Sincerely yours.

DR. WILSON STOCKHAM.

Oakland, Cal., June 24th, 1892.

Poisoning by Phenacetine.

About two months ago, on a Sunday afternoon, Mrs. N. suffered from a severe, nervous headache. She sent to a drug-store near by for a few doses of *Phenacetine*. An allopathic physician had prescribed the remedy for her previously and

she had taken a few doses of the drug at different times. However, on this occasion it affected her in a peculiar manner. I was called in a hurry and found her in the following condition about two hours after she took the drug. Great dyspnoea; severe vomiting and distressing nausea; pulse rapid, weak and irregular; constant moving of the lower extremities; kicking the bed-clothes all the time; gasping for breath; numbness and tingling in upper extremities; tension and drawing of the constrictor muscles around the mouth. Asked several times whether she was going to die; felt so queer and sick, so very sick. Listening to the heart's action I apprehended that paralysis of that organ might ensue. I viewed the case hurriedly, had no time to go deliberately to work, but had to do something at once. I ordered water and sugar. Put about thirty drops of Camphor, saturated tincture, on a teaspoonful of sugar, dissolved it in half a glass of water and commenced giving teaspoonful doses in rapid succession, a few minutes apart. After about six doses slight improvement commenced and *Camphor* was given at ten minute intervals. After another hour and a half the *Camphor* was discontinued, and as her condition at that time was a good picture of *Gelsemium*, I left her that remedy, 3x potency, twenty drops in half a glass of water, to take two teaspoonfuls of it every hour as long as awake. When I called the next morning she was all right, only felt weak. I continued *Gelsemium* all day and that was the end of the treatment. This was a clear case of poisoning by *Phenacetine*. Moral: "Tis an ill wind that blows nobody good." I had the good and the lady had the experience. A study of these pain-killers and nerve sedatives is required that in cases of emergency we may know how to antidote them.

Bryonia.

As a comparative novelty in therapeutics, "The Hospital" (June 4th, 1892) introduces bryonia to the notice of its readers. "As a medical agent it is," says the editor, "but little used in Europe." He then proceeds to enlighten the minds of medical men by an account of the botanical method

of preparing tincture, and of some of its physiological properties, his facts being derived from the article upon it in the "U. S. Dispensatory." As authorities for its use, Dr. C. D. F. Phillips and Dr. Lauder Brunton are cited. They, we are told, recommend it in "repeated small doses" to follow the use of aconite in the earliest stages of pleurisy. This is succeeded by the statement that it "seems to have a definite action on serous membranes." A piece of information which, in 1892, reads like a somewhat ancient bit of history. Then the gentlemen who have contributed to the "British Medical Journal" during this year are mentioned as testifying to its great value in pleurisy, in bronchitis, and in pleuro-pneumonia. We are told also that "it would seem that bryonia exerts its beneficial action in the early stages of inflammation of the pericardium and peritoneum as well as of the pleura." Some few years ago, some one, writing in a medical journal, seemed to think that he had made a discovery when he announced its value in rheumatism.

Therapeutics never advances so much as when the search for "discoveries" is made by looking into homœopathic literature. Every one of the conditions named, as though they were recently ascertained spheres of usefulness for bryonia, have been familiar to every homœopathic practitioner since 1816. In that year Hahnemann published his record of the pathogenic effects of bryonia. Using these by the light of homœopathic principle, it has been prescribed, in the disorders named in "The Hospital," by homœopathic physicians all over the world from that time to this. It was through the knowledge of homœopathy he at one time boasted that he possessed that Dr. C. D. F. Phillips came to mention it in his book. It was, we doubt not, from the same source that Dr. Lauder Brunton was made aware of its value.

If these writers had vouchsafed the knowledge of the source of their inspiration their teaching would have been received with contempt. As they were mean enough to conceal it, it is accepted, and they themselves are regarded as original observers.

If "The Hospital" desires to get similar credit for making "therapeutic discoveries," its editor will find plenty of oppor-

tunities for doing so by studying Hughe's Pharmacodynamics. The ordinary practitioner of general medicine is so stupidly ignorant of homœopathy that there is very little likelihood of its being found out. Moreover, plagiarism from homœopathy is not regarded as being conduct "infamous in a professional respect" by the members of the "British Medical Association," whatever outsiders may think of it.

EXTRA-UTERINE PREGNANCY—SYMPTOMS.

Dr. H. Illoway, in a paper read before the Obstetrical Society of Cincinnati, gave the following resume of the symptomatology of extra-uterine pregnancy :

1. Paroxysmal pain in the hypogastrium, usually of great violence, lasting for a few hours or a day, is the earliest symptoms. Other paroxysms occur after a longer or shorter period. The pains rarely set in earlier than the first month after conception, and sometimes not until the fourth or fifth. They may disappear after the fifth or sixth month, but may recur again about the end of the pregnancy.

2. A fixed grinding pain may be felt in one of the iliac fossæ, running down the thigh. Both varieties of pain are more common and more severe in the tubal than in the ventral forms of extra-uterine pregnancy.

3. Vaginal hæmorrhage, varying in character from dark-colored, coagulated blood to light-colored and watery discharge, is present in the majority of cases. The vaginal discharge may appear at intervals, or it may be continuous; or there may be profuse hæmorrhage with discharge of deciduous membrane.

4. Abdominal enlargement to one side is more common in the tubal varieties than in ventral pregnancies. In the latter the abdomen usually presents a symmetrical enlargement as in ordinary pregnancy.

5. A deviation of the uterus from its normal position, produced a tumor located on either side, in front or behind. It is exceedingly difficult to recognize this tumor as early as the end of the first month of pregnancy.

6. Ballotement. A careful examination will show the tumor to be an elastic and fluctuating mass, and ballotement will reveal the presence of a solid body floating therein.

7. Vacuity of the uterus, the introduced sound finding it empty.—*Medical Bride.*

POINTS IN THE TREATMENT OF CHILDREN'S DISEASES.

1. Always remember to treat the child, and not the disease.

2. In trivial ailments, children are apt to be wayward and wilful, and so the physician must not yield to their mental condition.

3. In severe illness look out for failure of heart, lungs or nervous function.

4. Stimulants must be given with great discretion, and in as small quantities as possible.

5. Jaundice in the new-born is caused by exposure to cold the carefully nursed seldom suffer, unless they are born feeble or premature.

6. Typhoid fever in children may come on so suddenly and seriously that the doctor is usually called in the first twenty-four hours. The child was probably playing about in the morning, languid in the evening and quite ill by morning.

7. The great characteristic of typhoid in children is the profound impression produced on the nervous system. We have nervousness, somnolence, wakefulness, headache and changed disposition. Those who were studious and agreeable before are now the opposite. After recovery, they remain nervous, fidgety, shy, while sometimes the unstudious child becomes the reverse after the disease. This unbalancing of the nervous system, in some cases last a number of years.

8. Sudden, momentary and intermittent flushing of the face, accompanied with fever, is a sign of acute cerebral disease.

9. Coryza in the new-born, which produces an obstruction in the nasal fossæ, is often fatal by reason of the difficulty which it presents to nursing.

Nocturnal Enuresis.

The New York Medical Times gives the following differentiations of medicines most commonly homœopathic to this troublesome and often intractable disorder:

“In young children who are restless at night, talk or moan in their sleep, and are inclined to cerebral congestion, *belladonna*, one drop of the tincture at bedtime, will remove the whole trouble. In many cases a fraction of a drop is sufficient. Children are very tolerant of *belladonna* and there need be no fear in administering it. *Benzoic Acid* will be found an excellent remedy when the urine is very offensive. *Cantharis* in doses of a fraction of a drop will be found useful where the secretion burns on being voided, there is strangury and frequent desire to pass water. *Equisetum hyemale* is one of the newer remedies, and it has been much lauded in this affection. It is useful in cases where there is great irritation, the pain and tenderness not being relieved by micturition. There is constant desire, with scanty flow of high-colored urine. *Sepia* is most often indicated in girls, but when there is excessive deposit of urates, it will be found useful in any case. There is frequent desire with a feeling of distress.”

Which Is the Most Certain and Most Rapid Albumen and Sugar Test?

BY DOCTOR BENNO-LAGUER, WIESBADEN.

Notwithstanding the legion of albumen and sugar tests which are being applied in practice and in the laboratory, there are still cases in which the result remains indistinct and doubtful. This is not the place to discuss the several methods critically; this is to be found in any manual of physiology or chemistry. I only wish to call attention to a combined sugar-albumen test which, although known long ago, has not reached general practical application; this test allows to examine in one operation, i. e., the same quantity of urine in the same test-glass without setting it down, with regard to its contents in albumen and sugar, in three to four minutes, with perfect exactitude of the result.

The albumen test (1) is the ordinary one: the clear, i. e., the filtered urine is boiled to ebullition in a test-glass filled to 1-5 of its volume; then 1-10 volume nitric acid is added at once, not in drops, and no more boiling is performed.

The flocculent precipitate eventually produced rest, remaining is albumen.

Should the urine remain clear (IIa), then to the same test-glass is immediately added 1-10 to 2-10 vol. i. e., 10 to 20 drops of Almen's solution, and the urine is boiled for one to two minutes.

In case a deep brown to black coloration takes place, the urine contains sugar.

Should the urine have proved albuminous (IIb), the precipitate is allowed to coagulate in the cold, the urine is filtered and then the same proceeding is followed as in (IIa).

The whole test is, as above stated, easily performed in from two to four minutes of time. Almen's solution (4 grs. Seignette salt are dissolved in one hundred parts alkaline soda solution of 10 per cent. NaHO and digested on the water-bath with 2 grs. bismuth sub-nitre until as much as possible of the bismuth has been dissolved) is to be had in all pharmacies; it is clear and may be preserved in dark bottles without decomposition for years. The test is founded on the property of glycosis to reduce the oxide of bismuth in alkaline liquid and is a modified Bottger test. The modification added by Nylander is immaterial and it is preferable to retain Almen's solution as indicated in his formula. The test shows even a sugar proportion of .05 to .01 per cent. and is consequently sharper and more sensitive while at the same time simpler and quicker, than Trommer's, Heller's and Fehlings tests; at the same time the sources of error, dependent on the presence of uric acid and creatinine in Trommer's test, are eliminated in Almen's test. (Hammarsten.)

It is obvious that a conscientious physician will observe the following two rules:

1. Always to examine a sample taken from the whole quantity of urine collected in 24 hours, (a) because the proportion of sugar depends on ailments ingested, activity, etc.; (b)

because otherwise comparative determinations would be impossible.

2. Never to be satisfied with one single test; on the contrary, to repeat it on some other day and then determine the sugar quantitatively by the polarimetric method or by the fermentation test. (Einhorn's Saccharometer.)—*Deutsche Medicinal-Zeitung*.

MECHANICAL TREATMENT FOR CONSTIPATION.—*The Montreal Medical Journal* reproduces the following from the *Jour. de Med. et de chir.* Dr. Feilchenfeld, of Berlin, believes that by means of a forcible and equal compression of the abdomen considerable improvement may be obtained in cases of constipation, particularly when the intestine is meteorized. The compression first reduces the volume of intestines, and then excites the intestinal muscles to vigorous contraction. Possibly this compression stimulates the nervous plexus in the muscular coats, on this account Feilchenfeld has employed the following method in constipation accompanied by meteorism and relaxation of the walls of the intestines. A cushion is made containing three or four pounds of shot spread evenly between layers of wadding; it is so adapted to the shape of the abdomen that it exercises an equal and vigorous pressure. These cushions are placed on the abdomen morning or evening or even during the whole night, and held in place by tapes. Usually an hour or an hour and a half of this application suffices to bring about a motion of the bowels. During the past year fifteen patients have been treated in this way all of whom are cured. It is enough to employ it for half an hour before rising in order to obtain an excellent result. In some cases of constipation with hemorrhoids, without tympanites, regular action of the bowels was obtained. No doubt the pressure on the abdomen has a beneficial action on the turgid veins of the intestine.—*Jour. de Med. et de Chir.*

The Causes of Bad Breath.

Dr. Kjellman, of Stockholm, Sweden, calls attention to the importance of not neglecting to examine the respiratory tract in treating cases of bad breath, especially in chronic diseases.

The acute affections, accompanied by necrosis of tissue, are not included here. The cause of bad breath generally lies in the respiratory passages, nose, larynx, pharynx, trachea, lungs, or buccal cavity. This is naturally in contradiction to the generally accepted teaching that the chief cause of bad breath is in the stomach. The œsophagus is a tube completely closed, at least in its upper part, and only open when food passes. Chronic stomach diseases, by the consequent changes in the mouth and pharynx, are, of course, to be thought of. The changes in the respiratory tract are due to putrefaction, and in all cases, an examination of this tract is to be recommended.

1. *Scrofulosis in Children with Chronic Catarrh.*—Here an insipid and disgusting smell is observed, which is discovered by the odor of the handkerchief used. The nasal cavity is found filled with a stagnant, purulent, and stinking mucus. The mucous membrane is hypertrophied, and chiefly at its lower part. This may be regarded as the forerunner of ozæna.

2. *Ozæna.*—A strikingly bad breath is a sign of the presence of ozæna, either in the nose, naso-pharynx, pharynx, or trachea. The mucus membrane is generally covered with dried, greenish-yellow, or whitish masses of secretion. It is soft, and dries quickly, and hence cannot be expelled by blowing the nose or coughing. After its removal, atrophy and contraction of the mucus membrane and adjacent parts take place, from which the nasal cavity is apparently enlarged. In ozæna of the nose, the naso-pharynx is also involved. Less frequently the trachea is attacked, or larynx. The secretion from the upper parts of the larynx may be expelled, but those crusts lying beneath the vocal cords persist in their place to give off the characteristic ozæna stink. This is due to the presence of a micrococcus. As soon as the secretion is removed the odor disappears. It is most intense in youthful patients, and less in older ones.

3. *Nasal Syphilis.*—A disgusting odor may be caused by nasal syphilis, especially in old cases with atrophy of the mucous membrane. In cases of ulceration of the bone or cartilage, the secretions stagnate and putrify. The smell is never so severe as in ozæna.

4. *Hereditary Syphilis.*—An especially disagreeable odor of the breath is often seen in the children of syphilitic parents. A diffuse atrophy of the dark gray and moist mucous membrane is observed, which is covered with greenish-yellow crusts. Ulcerations of the cartilage or bone only will appear some years later. The septum is prone to be attacked, by which the diagnosis is confirmed. Only in this case is the ancient term ozæna syphilitica justifiable.

5. *Empyema of the Maxillary Sinus (Antrum of Highmore).*—This gives rise to a disagreeable odor only perceptible in the vicinity of the patient. It is confined to one side; on examination of the nasal cavity the thick, purulent pus is seen to pour out of the under side of the swollen turbinated bone. The odor is like that of the pus of a gum-boil, and is very disagreeable to the patient, who—in contrast with *ozæna*—has his power of smell intact. Carious bicuspids or molars are found on the corresponding side of the mouth, upper jaw.

6. *Carious Teeth.*—When from the mouth the cause is either carious teeth or the epithelial deposits in the mouth from catarrh of the tongue or mouth.

7. *Chronic Diseases of the Stomach.*—These may be indirectly the cause by being associated with catarrh of tongue or buccal cavity.

8. *Bronchiectasis.*—Stagnating secretions in the lungs, due to bronchiectasis, especially when large, give rise to a terrific odor of the breath on expiration.

Many of these affections are accompanied by other symptoms of pain, etc., which will call attention to the true source of the disturbance, yet in all cases of bad breath, one should not neglect to examine the respiratory tract, and above all the nasal cavity.—*Hygiea*, No. 4, 1892.

Operative Treatment of Pott's Disease.

(Contribution à la chirurgie rachidienne du drainage vertébrale dans le mal de Pott. *Revue de Chirurgie*, April 1892, p. 275.) By Vincent.

Vincent advises the drainage of abscesses and the removal of diseased bone in Pott's disease of the vertebræ. The drainage tube is to be passed in U-form, either entirely in front of the vertebræ, or directly through the bodies in front of the spinal canal. The operation is carried out by a vertical incision on each side of the spinal muscles, joined by two others drawn horizontally outward, converting them into T-incisions. One or more ribs are resected to give access to the front of the spine, and then a blunt, curved probe is passed in front of the vertebræ from one side to the other, and the drain drawn through under its guidance, or a curette is made to bore through the body of the affected vertebræ obliquely forward and inward until it strikes an instrument held under the periosteum on the other side. The latter method is employed where the body of the vertebræ is broken down, and a curved drainage tube is drawn directly through the bone. Two cases are given in which the operations were performed with success.

