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A CASE OF PUERPERAL CONVULSIONS.

BY L. H. HOLBROOK, M.D., OF CHICAGO.

Reported to the Cook County Medical Society, and communicated to this Journal.

APRIL 13, 1867, 2 P.M.—I was called to see Mrs. R., aged 23 years, short in stature, muscular system firm and well developed; previous health good, had been able to do her own work until the present. Found my patient near the close of the eighth month of her first pregnancy, and suffering intensely from dropsy, probably of mechanical origin. The lower limbs were enormously swollen, and widely extended. Her sufferings were due mainly to swelling and inflammation of the vulva, rendering the whole region excessively tender to the touch or pressure. The left external labia was raised up, and lapped over the right, entirely covering the genital orifice, and looked like an enormous blister, extending from the anus to the mons veneris, compelling her to lie on her back, with her limbs flexed and separated as widely as possible. Pulse 50 per minute, and lacking force. Had urinated moderately. Bowels in a normal condition. Prescribed *Ars.* 3rd, *Apis mel.* 3rd, in alternation every hour. Local application of tepid compress to vulva.

6 P.M.—Pain and tenderness increased. Countenance expressive of great distress. Punctured the distended labia with a needle at numerous points, from which exuded, by drops, a slightly

tinged serum, which continued to discharge throughout the night. Prescribed *Apis mel.* and *Digitalis* 3rd.

14th.—Found my patient much better—quite comfortable—could lie on either side, and bring the limbs quite together. The œdema of the vulva much reduced, also a visible change in the limbs for the better; continued same medicine.

Saw her several times during the week. Improvement was constant under the use of the above mentioned remedies. On the 20th, or one week from my first visit, she was able to resume her usual household duties, though some œdema still remained.

On the 23rd of May, twenty-three days from my last visit, was called at 6 A.M. Found my former patient in labor in the first stage. Nearly all trace of dropsy had disappeared. I was, however, fearful she would have trouble when the head came to distend the external genital orifice. Pains commenced about midnight, quite constant, gave her no rest nor sleep. Still she was cheerful and of good courage. Pulse normal.

After examination, diagnosed vertex presentation at the superior strait of pelvis, with face towards the sacrum of mother. Os slightly dilated. Plenty of pelvic capacity. Expected a speedy and safe delivery. She exhibited some nervous agitation. Administered a dose of *Bell.* 3rd, which seemed to quiet her. Subsequent examinations revealed little or no progress.

10 A.M.—Pains very tormenting, but non-expulsive. Os dilating slowly. At 10.30 she was suddenly and fearfully convulsed. Head turned to the left; face not much discolored. A timely introduction of a spoon-handle into her mouth protected her tongue from injury. The spasm continued about 40 seconds, when the muscles relaxed, and she was left in a semi-stupor. Her pains still continued, but without effect. Gave one dose of *Aconite* 3rd. In about half an hour another convulsion occurred. Chloroform was now administered to prevent spasms, but not with complete success, as in the three hours following she had two more convulsions. At this juncture, Dr. Geo. E. Shipman was called in counsel. Examination satisfied that the pains were not expulsive. Membranes ruptured during examination. *Puls.* 3rd administered to promote uterine contraction, and time was allowed in hopes the child would be born by the unaided effort of nature, but without avail. Another convulsion occurring, it was determined to deliver by the forceps, if possible, before another spasm should seize her. She was now quite unconscious.

Being speedily brought into position, she was delivered at 4.30 P.M. of a boy, who, after proper manipulation, was able to speak for himself. No convulsion occurred during the operation, but they returned soon after.

She was now put upon *Aconite* 8th, every two hours, and a weak solution of brandy and water, containing a few drops of *Camphor*; every ten minutes a tea-spoonful, the intervals to be lengthened as the convulsions diminished. They continued, one or two hours apart, until about midnight. Very restless all night. Still unconscious. At 7 A.M. on the 24th another convulsion occurred. Face, neck and hands much swollen. Prescribed *Apis mel.* to be taken every two hours, brandy and water, without the *Camphor*, every half hour.

7 P.M.—Patient has had several more convulsions, but they were lighter in degree. Continued same medicine.

25th.—No convulsions during the night, but restless. Begins to show signs of returning consciousness. Ordered *Apis* every three hours, brandy and water every hour.

5 P.M.—She answers questions correctly, and recognized me as I approached the bed-side. From this time she continued to improve, and got up as soon as most women do. For several days memory of the past was entirely wanting. Gradually, however, it returned to the time of commencement of labor.

July 6th.—Her mental faculties are fully restored. Feels “queer” is the only description she can give. The child is flourishing.

There are several queries suggested by this case, among which are the following:

1st. The pathological relation of the dropsical diathesis to puerperal convulsions?

2nd. In what order should the convulsions in this case be classed?

3rd. What prophylactics might have been successfully employed?

4th. Is it better to deliver immediately, or to wait the action of nature?

5th. The proper therapeutics?

LACHESIS.

BY C. W. BOYCE, M.D.

THAT the value of *Lachesis* in the treatment of the sick is not known to the profession generally, is a common observation by every one who has come to use it, and canvass its merits with his cotemporaries. Indeed, it is not long since the majority of physicians felt at least inclined to doubt the value of *Lachesis* as a remedial agent.* Several causes led to this result. Amongst these were the teachings of Dr. J. C. Hempel whilst professor of *Materia Medica* in the Homœopathic Medical College of Pennsylvania, in which college he taught as follows :

“The provings of the *Lachesis-virus* have been instituted with very small quantities of the poison, mostly with the hundredth up to an infinitesimal portion of a drop. It has, therefore, become questionable with a great many, and, indeed, so far as Germany is concerned, with almost all thinking Homœopathic practitioners, whether the almost interminable array of symptoms which Dr. Hering alleges to have been produced by the *Lachesis* poison is not the work of fancy rather than of actual observation. In spite of every effort to the contrary, the conviction has gradually forced itself upon my mind that the pretended pathogenesis of *Lachesis* which has emanated from Dr. Hering’s otherwise meritorious and highly praiseworthy efforts, is a mere delusion, and that, with the exception of the poisonous effects with which this publication is abundantly mingled, the balance of the symptoms is unreliable. Many of our English and American practitioners will continue to use *Lachesis empirically*; for I venture to assert that the symptoms which have been published as pathogenetic effects of the poison, do not portray existing pathological conditions with sufficient clearness to be of much, if any, therapeutic value.”

And further, the effort to throw doubt upon the efficacy of the potencies or dilutions (whichever they are), which has so strenuously been made of late by certain ones claiming to be of our school, has tended to increase the doubt as to the healing powers of *Lachesis*.† [At this time there is no *Lachesis* lower than the sixth made

* Ten years ago, in a large circle of professional acquaintances, I do not remember one who used this remedy or had confidence in its efficacy.

† Mr. Halsey has just obtained from an old friend of Dr. Hering a part of a vial of the $2 \times$ trit. of *Lachesis*, which has been hermetically sealed since it was put up by Dr. Hering himself, at the time he made his experiments with the remedy. Mr. H. will furnish his customers with the 4 c. trit., so long as it holds out.—Ed.

from the original poison prepared by Dr. Hering.] This remedy is now, however, taking its true place in medicine, and is becoming known as one of the best remedies in our *Materia Medica*.

Knowing the great value of this medicine, I should like to do something towards extending the knowledge of its rare qualities, and induce those who look upon it with distrust to use it. This would be but a slight acknowledgment for the great benefit I have received. *Lachesis* has saved the lives of two of my children, when nothing else did any good, and when, in the best judgment of those in attendance, there was no hope; and now to Dr. Hering, for his untiring industry and care in proving and recording the symptoms of this wonderful remedy, I am under lasting obligations, and to him I bow, not only for this priceless gift, but for many others, as the greatest man of the age.

I have been urged to prepare a monograph on *Lachesis*. To do this well, all the clinical experience to the present time ought to be included, and if physicians generally will take the pains to note down clearly all striking cures made by this remedy, when given *alone*, which have occurred in their practice, and send them either to me or to this journal for publication, it will be a great pleasure to collate and arrange them for the purpose named above. A great many cases have been reported and published, yet there are a great many more unpublished which ought to be added to them.

As a starting point towards contributions for the purpose above mentioned, I give the following cases.

CASE I.—Full twelve years ago, and at the time when no one in this region used *Lachesis*, there came under my care a case of typhoid fever. The patient, a young girl of perhaps thirteen years, came gradually under the influence of the typhus miasm, or poison. Day by day she got weaker and weaker, until twenty-three days had passed, with no approach to a crisis. There was complete delirium with muttering, and complete prostration. The only position was upon the back. If placed on the side, she rolled at once upon the back. The tongue had been dry, black, and cracked for ten days, and the patient was evidently sinking, and in all probability she could not have lasted more than a few hours. The family gave up the case, but asked for counsel. A consultation was arranged for at 10 A.M. of the following morning. In the meantime, after a careful study of *Lachesis*, this remedy was given at 7 P.M., and again at midnight. A part of a drop of the

12th dilution was given each time. At 10 A.M. the consultation was held, and the following changes in the symptoms noted :

Tongue moist and movable. Pulse 20 less than the night before. Sleeps sweetly, and has some perspiration. With these signs of improvement, *Lachesis* was allowed to act for twenty-four hours more, and at the termination of the second day there were such clear signs of improvement that the case was left to get well without further medication, which it did in the regular course of convalescence. Here was a result from *Lachesis* which opened the eyes of two physicians, and induced them to investigate further the medicine under consideration.

CASE II.—This case was not as grave, yet it was conclusive. Mrs. N. C—, a lady of even temper (never put out with any thing), with lymphatic temperament, and who has experienced very great grief, extending through several years. Mrs. C. was attacked May 4, 1865, with all the ordinary symptoms indicating a severe attack of acute disease. Pain in the head, greatly increased by light, noise, and heat. Eyes red and painful. Great pain in the back and limbs, which did not permit the patient to lie, stand, or sit quiet. She had to change position frequently. Fever with dry mouth. *Sore throat* on the right side, with redness and swelling of the right tonsil. The symptoms of the case seemed to point to *Bell.*, and this remedy was given. May 5th, the report was—no change, with the exception that the soreness of the throat had passed over to the *left side*. The pain in the head was equally severe; the pain in the limbs even greater. At this time the left tonsil was red and swollen, whilst the right was less red than on the day before. At 11 A.M. this was the condition, and from the symptom “soreness of the throat, commencing on the *right side* of the throat, and passing from thence to the *left side*, where it becomes fixed,” with the other characteristic, “pain in the limbs,” *Lachesis* was given. One dose, of six pills of the 200th potency of Lehrmann at 11 A.M., and another at 2 P.M. The first dose was followed by an almost immediate amelioration. I found her at 7 P.M. dressed and trying to swallow some tea. The pain in the head and limbs was gone, and the throat much less sore. She had slept and perspired some. The sore throat lasted, in a diminished degree, several days, but the force of the disease was broken in a few hours by *Lachesis*. There could be no mistake as to the agency which *Lachesis* had in this relief. Mrs. C. said that it seemed to

lift her out of the distress as the sun dispels a heavy fog in the morning.

Having already published a long list of cures by *Lachesis*, it will be unnecessary to refer particularly to them here.

If any one else will take the trouble to gather together what I have proposed above, I should greatly prefer, yet shall be glad to do the work, if enough facts can be got together to make the collection valuable; what cases are already reported are so scattered that few can avail themselves of them.

IRIS VERSICOLOR IN PERIODICAL SICK HEADACHE.

BY P. H. HALE, M.D., OF CHICAGO.

Mrs. ———, a lady about 40 years old, had been for *five* years subject to a peculiar headache, occurring every third or fourth day.

SYMPTOMS.—A heavy, dull headache in the temples and over the eyes, also pains shooting downward from the temples into the cheeks and teeth; attended with nausea and vomiting, especially if she partook of food during the headache. The pain usually commenced in the morning, and grew worse in the middle of the day. She had been subject to rheumatism before the headaches appeared. She is habitually constipated. No remedy (allopathic) had ever given any relief.

TREATMENT.—*Iris ver.* $\frac{1}{2}$ was prescribed; *one drop* three times a day. This dose acted on the bowels, causing two stools each day. The headaches now came on every Sunday. The *Iris* was continued, but only twice a week, and one or two extra doses on Sunday. She is now—four weeks from the beginning of treatment—in better health than for years, and the Sunday attacks are very slight, one or two drops sufficing to ward them off.

A NEW MUSCLE.—Bochdalek describes a new, small muscle of the tongue, extending longitudinally in the middle line, between the two genio-hyoglossi. We pass these statements over to *our* anatomists.

ENTROPION AND TRICHIASIS OF THE UPPER LID.

Their Radical Treatment, by an Operation, without division of the Skin.

BY J. S. HILDRETH, M.D., CHICAGO:

Late Brevet Lieutenant-Colonel, and Surgeon U. S. Vols., in charge of Desmarres (U. S.) Army Eye and Ear Hospital; Ophthalmic and Aural Surgeon to Cook County Hospital, Chicago.

THAT abnormal condition of the lid which makes its free border turn inward is called Entropion. Its causes are various: but the operation here proposed is intended to apply, mainly, to that form of the affection resulting from Atrophy, or loss of the mucous membrane, and alterations of the tarsus.

Trichiasis is that condition of the eyelashes which brings them into contact with the globe. Certain modifications are designated as districhiasis and trichiasis, according to the subdivision of the deviated lashes into two or three rows.

These distressing conditions of the lid, so frequently fatal to the eye involved, can be relieved, permanently, by surgical or mechanical means only.

When confined to the lower lid, the procedure is comparatively simple; but the upper lid, from its peculiar mechanism, is much more difficult of treatment.

To relieve that form of entropion referred to above and trichiasis, I either resort to destruction of the cilia, or change their position on the tarsus. The former operation is admissible when but few of them are affected, and on account of extreme age of the patient or other conditions the latter becomes inexpedient. With these exceptions, the operation of "transplantation" is always to be preferred. This consists in dissecting up that portion of the lid which contains the deviated cilia from the tarsus, and then causing it to become so attached to the cartilage that the lashes assume and remain in their proper position.

Before describing the manner in which this may be accomplished, a few words upon the mechanism of some of the parts involved will not be inappropriate.

1st. The position and functions of the orbicularis are such that, when contracting, it tends to draw the ciliary margin of the external integument of the lid *over* the free edge of its cartilage.

2nd. The levator, when contracting, tends to draw the free edge of the cartilage *away* from the ciliary margin of the skin covering it.

Hence two antagonistic forces, *both* tending to produce a projection of the ciliary border of the skin covering the lid over the corresponding edge of the tarsus, and thereby deviating the cilia inward.

This constitutes the principal obstacle to be overcome, and the one which not unfrequently militates against success in the operation of transplantation.

To counteract this difficulty, and at the same time avoid dividing the external integument, the following method of operating suggested itself:

1st. An incision is made in the free edge of the lid, anterior to the orifices of the meibomian glands, and posterior to the deviated lashes.

It may extend from within one millimetre of the lachrymal punctum to the outer commissure, or further, if required.

2nd. The tarsus is to be dissected in its whole breadth, and, as far as practicable, to the length of the incision just made, from the parts external to it, including the skin, orbicularis, etc.

The *former* is now under the influence of the *levator* only, the *latter*, that of the *orbicularis*.

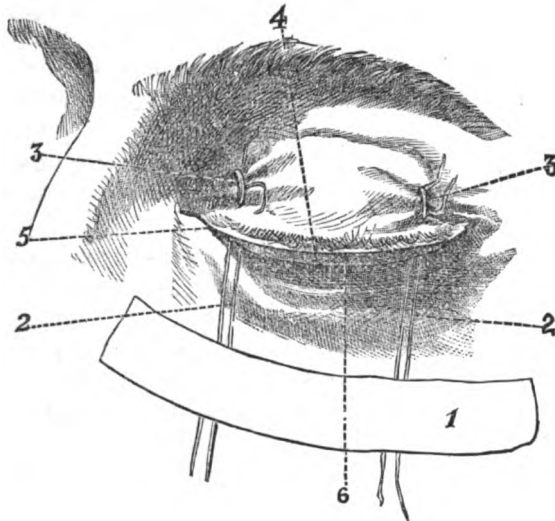
3rd. The lid must next be reversed outward, and the tendon of the levator made to descend, so that a separate coarse silk thread can be passed through it, close and parallel to the superior edge of the tarsus, and near both extremities of its separation from the external integuments. Both strands of each ligature must come through the mucous surface, and each loop should embrace horizontally about five millimetres of the tendon, taking care not to include any of the parts external to it. The four strands of the two cords thus left projecting from the aperture of the lids should be left four or six inches long, in order to insure fastening to the cheek.

4th. Traction on these cords must next be made sufficient to bring the ciliary edge of the tarsus in contact with—in some cases below—the corresponding border of the opposite lid, and then firmly secured to the cheek by strips of adhesive plaster.

The skin and fibres of the orbicularis are now to be drawn upward, and fixed to the tarsus in proper position by two *broad*

stitches, inserted near the junction of the outer thirds with the inner third of the dissection of these parts from the tarsus.

The following cut, sketched immediately after an operation, shows the proper position of the parts :



- 1, Represents method of securing cords which control the levator.
- 2, 2, The cords holding the levator.
- 3, 3, Stitches securing proper position of external integument.
- 4, Ciliary border.
- 5, Lachrymal punctum.
- 6, Border of tarsus, projecting, in this case, about two millimetres below the ciliary margin of the skin.

The strips of adhesive plaster should be numerous enough, and the cords sufficiently long to guard against slipping.

The lower border is made to project a short distance below the ciliary margin of the external integuments, to allow for subsequent contraction. The extent to which it should project must depend upon the condition of its inner and lower edge. If this is well defined, it requires less than when rounded and irregular. In some cases, after adhesion has taken place, it may be well to remove a small portion of the lower border of the cartilage, and thereby restore its normal shape.

The cords holding the levator should always be so arranged as not to rest on the cornea. They can be passed through the upper

margin of the cartilage as well as the tendon, if the operator is fearful of their becoming detached too soon, and may remain in position a week, if desired; but three days, ordinarily, will be sufficient.

The outer stitches can be removed after the third day. But the removal of these, as well as the long cords, must, of course, depend upon the rapidity and firmness with which adhesion takes place.

Both eyes should be kept closed until the cords are removed.

Great care should be taken to so operate as to include *all* the deviated lashes. Should a few escape, they can be destroyed subsequently.

The advantages offered by this mode of operating are:

1st. No wound of the external integument of the lid is required, which always produces more or less deformity.

2nd. The tendency of the transplanted parts to suppurate, to fail to unite well, or of the cilia to subsequently fall out on account of imperfect nutrition, is avoided.

The circulation of the parts being but little interfered with, reunion is rapid, and the result permanent.

The presence of the cords within the lids controlling the levator, like stitches required within the lids in other operations, does not prove to be a practical objection.—*N. Y. Med. Journal.*

EUROPEAN MEDICAL ITEMS.

[The following medical items we gleaned during a private interview with a physician of this city, who has recently returned from an extended tour through Europe.—ED.]

During his absence from America it was his fortune to meet a great many tourists, and he was pleased to learn that the majority of them employed Homœopathic physicians; in fact it was an exception to find an allopathic patron. Among all the adherents of the system, whether physician or layman, he invariably found a very intelligent and influential person.

In London, being quite indisposed, he called on but few of our physicians. In Liepzig the cholera was prevailing, epidemically, (September, 1866,) and his stay was short. He met, however, Drs. Müller and Meyer. The former is a gentleman of ability

and distinction. Dr. Meyer—Editor of the “Allgemeine Homœopathische Zeitung”—is a man of distinguished ability and learning, converses fluently in English, and takes great interest in our affairs in the United States. The editor was busy translating, for the benefit of his readers, an article by Dr. E. M. Hale, from the *Transactions of the New York Homœopathic Medical Society*. Their treatment of cholera was attended with the usual success. The ordinary remedies were employed.

While in Dresden he made the acquaintance of the well known Dr. Trinks, a gentleman of rare qualities, and enjoying a fine reputation and practice in that beautiful city of Saxony. Dr. Hirschell, one of the prominent members of our school in Dresden, is a gentleman of distinguished ability and reputation. Conversant with the English language, he is well informed on American medical matters, and is strong in praise of some, and in condemnation of others of our leading physicians.

While in this city, and suffering from an attack of rheumatism, our tourist thought he would test the famous Turkish bath—a process of roasting, boiling, chilling, and freezing a person. A functional disturbance of the kidneys was the result, which lasted some time. A friend who accompanied him also suffered in the same way. *Bryonia* finally relieved the rheumatic symptoms.

At Nuremburg he became acquainted with Dr. Von Grauvogl, who is a medical officer of high rank in the Bavarian army. Homœopathic surgeons there enjoy the same privilege as those of the other school. In the recent war between Austria and Prussia they stood on an equal footing.

In Naples he met the celebrated Dr. Rubini. He is enjoying a large practice, and is doing a great work to advance Homœopathy in the south of Italy. Dr. Longo, of this city, converses readily in English, and, consequently, is the physician usually consulted here by Americans.

During his stay in Florence he became acquainted with Count de Berryer, a distinguished Homœopathic physician, son of the renowned barrister Berryer of Paris, and a gentleman of great attainments, standing high in the estimation of the profession and nobility, and withal a very successful practitioner.

Dr. Liberali, of Rome, is one of the most genial physicians he met in all his travels. The Dr.'s high, broad, and full forehead, stamps him as a man of superior abilities. His practice is principally among the cardinals, bishops, and nobility of Rome. He

employs a private secretary. The physician to the Pope is a Homœopath.

While in Nice he made the acquaintance of Dr. Montanara, a gentleman distinguished for his ability and learning, a successful practitioner, and a kind and genial man. He entertains the hope of coming to reside in America. Should he conclude to come to this country, we will extend to him a most cordial welcome.

During his stay in Paris he met the well known Dr. Jahr, one of the oldest disciples of Hahnemann in Paris, and author of the manual which has been the text book of the profession for the last quarter of a century. Although it has its errors, still we have no other work that will compare with it. Since the venerable doctor has laid aside his pen, he has a very extensive practice.

He called on Dr. Curie, son of the late Dr. Curie of London, a gentleman of large practice and experience. He has been making some observations on *Drosera* in phtthisis.

Dr. Bønninghausen, son of the venerable Dr. Bønninghausen—the immediate disciple of Hahnemann—is employed by many of the Americans in that city. He resides with his mother-in-law, Madame Hahnemann, relict of the illustrious founder of Homœopathy, at 54 Rue Faubourg, St. Honore.

Madame Hahnemann, despite her advancing years, is still an enthusiastic practitioner. She is deeply interested in the progress and success of Homœopathy in the United States; in fact such is the case with every physician he met. They watch our success with great interest. Especially is this true of English physicians. They look to us for the development of standard Homœopathic literature.

In all his travels he met with but few physicians who alternate their remedies. Most of them use the high, and some of them the higher attenuations. They use principally the small globules, putting them up in powders, and rarely put their medicines in water.

He also made the acquaintance of some leading allopathic physicians in Paris and other cities, and did not mark that antagonism toward our school so observable in this country. An English medical gentleman, of the allopathic persuasion, had the fairness to acknowledge the advancement Homœopathy was making in Europe, and the distinguished ability of many of its practitioners, and spoke especially of the physician to the Czar of Russia and the royal family, of his learning, skill, and deservedly great repu-

tation, in such a manner as to show that an allopathist could sometimes do justice to a great truth, although it was not popular so to treat the adherents of that truth.

SCROFULOUS CARIES.

BY W. D. FOSTER, M.D., HAMILTON, MO.

CARIES being a disorder, the treatment of which may not, perhaps, be entirely satisfactory, any facts looking toward greater efficiency in this direction are seized with avidity, and at once tested as to their practical value. I felt this forcibly, when a case of this kind came under my care some months since, and being of the opinion that some of the points may be equally interesting to others, I am persuaded to make them common property; especially as it seems to throw some light upon the clinical value of certain medicines whose pathogeneses are not well established.

Emma K—, *Æt.* 6, fair complexion, large, brown eyes, light hair, scrofulous diathesis, came under treatment April 16, 1866. About five months previously she was suddenly attacked with pain and swelling of the left foot and ankle, which gradually extended nearly to the knee. The pain continued to increase; soon after an inflammatory fever set in, and the little patient became rapidly emaciated, and the vital powers seemed to be rapidly failing. Some days after, a tumor, dark colored, exceedingly painful, formed on the inner front aspect of the ankle joint, just below the internal malleolus. No medical assistance, it seems, was summoned up to this period. An allopath, the first who saw the case, declined to open the tumor, fearing it to be an aneurism; another, ditto; and a third felt the responsibility of the case so "heavy," that he could not conscientiously proceed without "counsel!" and even hinted at amputation as the only procedure which offered the slightest hope of cure, a procedure far more formidable than the disease. The mother declined his services, and scarcely knew what to do, being, very properly, unwilling to entertain for a moment the question of amputation. Matters continued in this way for some days longer. The little patient in the mean time suffering terribly, became irritable, sleepless, and presented a very forlorn appearance, when the child was seen by a

Homœopath, who at once opened at two points a large tumor, which discharged sanious pus. He directed poultices, and prescribed *Silicea* 6th, and *Mercurius sol.* 3rd, a dose every three hours, alternately. This treatment was pursued for some weeks with decided benefit, when I was requested by my Homœopathic friend to take charge of the case.

DIAGNOSIS.—I found the patient in the following condition:

Emaciated, feverish, exceedingly nervous, considerable swelling and inflammation of the ankle, and extending above the middle of the tibia; ankle joint stiff; two irritable ulcers near the joint, presenting dark, irregular edges, discharging quite freely a bloody, purulent matter; the parts so sensitive as to render it quite impossible to examine the condition of the bone without resorting to anæsthesia, which, under the circumstances, I deemed imprudent. The limb partially flexed; patient unable to leave her bed. I at once diagnosed caries of the tibia.

TREATMENT.—The treatment comprehended two points: 1. To improve the constitutional powers. 2. To allay the local inflammation and nervous irritation. To this end I made two additional openings above, evacuating a considerable quantity of sanious pus. I directed the application of flaxseed poultices, to be renewed every four hours during the day; to keep the limb bandaged at night; substantial diet, wine *ad lib.*, and, internally, *Asa.* 3rd, every four hours.

I saw my patient again, after a period of about five weeks, much improved, cheerful, less pain. Two spontaneous openings had occurred farther up the limb, and continue to discharge quite freely. The swelling and inflammation at the ankle have disappeared. The ulcers healed. The joint still stiff. Above the joint there still remains considerable swelling and inflammation, though the parts are very much less sensitive. The limb can now be fully extended. Three small pieces of bone have been discharged at different periods. The pus is granular, sanious, and still rather abundant. Continue treatment.

July 28th. Improved; has gained in flesh; excellent appetite; no fever; sleeps soundly; takes outdoor exercise, being drawn in a little wagon, and can get around a little with the aid of crutches. No other ulcers have appeared on any part of the limb. The quantity of the discharge considerably diminished. Some small pieces of bone came out with the pus. Pus less granular than formerly. Some inflammation at middle of limb; pain very

slight. Poultice to be applied three or four hours each day, and bandage when the poultice is not used. *Asa.* 3rd, and *Silicea* 6th, alternate, every three hours.

August 20th. Doing well. Can put foot to the ground, but can not support herself without the crutches. Slight motion of the ankle joint. Directed passive motion to be applied to the joint. Continue treatment.

November 10th. Walks without the aid of the crutches. Has made gradual but continued progress since last date. Two ulcers (the uppermost) yet discharge a slight quantity of sanious pus, which has lost the granular condition. Some porous, sponge-like pieces of bone have recently come away. The ankle joint in a perfectly healthy condition, its mobility considerably increased. General health good; does not suffer any pain, and but little inconvenience from the limb. Inflammation very slight. Omit poultices, and keep limb bandaged. Continue *Asa.*

January 17, 1867. The uppermost ulcer still open, having a slight discharge. Patient has been going to school some weeks. Has perfect use of the limb. Continue same.

24th. Attacked with scarlet fever, *anginose* variety, which has prevailed here epidemically for some months. The limb, in the line of ulcers, presents rather a threatening appearance, being dark, and looks irritable, probably resulting from a passive congestion of the parts. No other changes in the aspect of the limb, except a little lameness when walking. Prescribed *Acon.*, *Bell.* 3rd, *Ars.*, alternate, every hour, and gargle of *Hyd. can.* Discontinue *Asa.* Resume poultice once a day, and bandage as before.

February 14th. Patient made a rapid recovery from the fever. The last ulcer has closed.

REMARKS.—The anterior aspect of the limb presents, in the direction of the spine of the tibia, a considerable depression, bordered by irregular edges, showing quite an extensive loss of bony substance, in consequence of the carious ulceration. The ankylosis of the ankle joint was happily overcome, either through the action of the medicines, by an effort of nature, or both combined. Did the medicinal treatment conduce to the recovery, or was it spontaneous? When it is remembered that a spontaneous cure of caries seldom occurs, but that the tendency is to further disorganization—necrosis—the result may be considered suggestive. In the treatment of caries, my rule is, not to interfere with instruments, until nature shall first have a fair chance to evacuate the fragments, or unless especially indicated.

ALOES IN CHRONIC DIARRHŒA.

BY E. A. POTTER, M.D., OSWEGO, N. Y.

SOME two months since, a lady from Iowa, about sixty years old, applied to me for treatment. Case of chronic diarrhœa, of eighteen months' duration, and had had all the time what was called *Homœopathic treatment*: viz., low dilutions, frequently repeated, generally using two or three medicines at a time, all so strong that they had a disagreeable taste; occasionally morphine powders, to make her rest at night, and laudanum injections to check the bowels and ease pain.

Her husband had died with the same disease, after two years of allopathic treatment.

When she came to me she had the following symptoms: (She had taken no medicine for six days.) There was great emaciation, quite weak; much flatulence; soreness of the rectum; great exhaustion of the evacuations; pain and burning in the rectum, requiring her to keep in the horizontal posture for some time (after stool); frequent faintness. She usually had three evacuations per day, sometimes more, when she was taking medicine. She generally had to arise at 2 or 3 A.M. for an evacuation. She would be early driven from bed for an almost involuntary discharge, usually copious and watery, with expulsion of much wind. Another discharge soon after breakfast; no more until 2 or 3 A.M. next day.

I gave her one dose of *Aloes* 6th dilution. After two days, seeing no marked effect, I gave her four small pellets of *Aloes* 45th, at bed time, to be repeated every night (at bed time). In about three or four days she did not have to rise at 2 or 3 A.M., but could lie until 6 or 7 A.M., when she would have an urgent stool, much smaller, and with much less pain in the rectum. Flatulence not diminished. I gave her *Sacchar. lact.* for the four next nights. The flatulence nearly subsided, but the two evacuations in the morning *after breakfast* continued, much less urgent, and never driving her out of bed; she could comfortably wait until *after breakfast*. I repeated the *Aloes* 45th several times, but saw no marked improvement. I now procured *Aloes* 200th, and gave four pellets. From this time, for more than a week, she had but one loose evacuation after breakfast. I repeated

the *Aloes* 200th, since which the bowels have been regular. She has been, for some time, gaining flesh and strength. I have discontinued medicine since the 4th of July, with orders to have her write me if there is any return of the symptoms—she having gone out of the place.

I think I have seen some striking results from the use of the 4,000th of several remedies.

A NEW VAGINAL SYRINGE.

WITHOUT entering into any discussion upon the value of syringes as a curative means, we take pleasure in directing attention to a form of vaginal syringe which has but recently been introduced to the notice of physicians. Wheelock's female syringe (Fig. 1.) is so constructed as to throw a reverse current



FIG. 1.

directly in contact with the vaginal mucous membrane. When the instrument is introduced that mucous membrane is put upon the stretch, and the injected fluid is, therefore, thrown upon every portion of it. The idea commends itself to the practical physician.



FIG. 2.

Figure 2 shows the same principle applied to the male syringe. We understand that by the recommendation of one of our physicians, a similar arrangement is being adjusted to the uterine syringe, with a view to applying medicated liquids directly to the canal of the uterine cervix, without danger of throwing them into the womb.

DROSERA IN WHOOPING COUGH.

BY DR. BAYES, BATH, ENGLAND.

THIS medicine is more useful in whooping cough than is any other in our *Materia Medica*. My experience of the higher dilutions in this disease is that they are powerless. *Aconite* and *Belladonna* should be given during the inflammatory stage of the disease, but as soon as this has subsided, and the spasmodic cough is fully developed, then *Drosera* 1 should be given, a dose after every fit of coughing; if very speedy diminution in the frequency and force of the cough does not follow the use of the first dilution, increase the strength, by giving 1st decimal or the mother tincture. A favorite formula of mine, in this disease, is to add from 12 to 20 drops of the 1st or 1st decimal dilution to half a pint of distilled water, giving an adult a tablespoonful for a dose, and an infant half a teaspoonful. When I use the mother tincture, I add from 9 to 12 drops to half a pint of water. In case of an adult, I should push the dose of the medicine as far as it could be borne. If the dose is too large it induces slight headache and fever, and then should be diminished.

By this treatment I have sometimes cured whooping cough in a few days, usually within three or four weeks; but now and then we meet with children of bad constitution, in whom the disease is more obstinate, and where recourse has to be had to some of the antispasmodics, in order to perfect the cure. I have also seen a few cases where there was excessive vomiting, and where the gastric symptoms so greatly predominated as to require *Tartar emetic*, *Ipecacuanha*, or *Pulsatilla*. I have also seen other cases where the fit of cough induced so much convulsion as to need *Cuprum*, or so much tendency to hydrocephalus as to indicate *Belladonna*. These and other complications we must be prepared to meet by the appropriate Homœopathic remedy; but in pure, uncomplicated whooping cough I have had the most marked and satisfactory proofs of the great power of *Drosera* in low dilutions.

Drosera has a direct Homœopathic relation to some forms of phthisis where the expectoration is profuse, and where there is a great accompanying gastric irritation. I have seen *Drosera*, from 1st Dec. to the 12th, of great service in alleviating the symptoms of such patients; especially in controlling the vomiting of food brought on by coughing.—*Hom. Review.*

REVIEWS AND NOTICES OF BOOKS.

A TREATISE ON HUMAN PHYSIOLOGY. Designed for the use of students and practitioners of medicine. By JOHN C. DALTON, M.D., Professor of Physiology and of Microscopic Anatomy in the College of Physicians and Surgeons, New York; Member of the New York Academy of Medicine, etc., etc. Fourth edition, revised and enlarged, with 274 illustrations. Philadelphia: H. C. Lea. 1867. Pp. 695.

The fact that a fourth edition of this work is required, is sufficient evidence of its merits, and that they are appreciated by the profession. In this edition the sections on the "Nervous System" and "Reproduction," and the chapter on the "Circulation," have received much new and valuable additional matter. It is the design of this work to keep up with the rapid progress being made in physiological science. We are, therefore, surprised to find the function of the spleen still shrouded in mystery, and the origin of the blood globules still unknown; are they looked upon as *permanent* anatomical forms?

Recent physiological research goes to establish the fact that the spleen is one of the manufactories of the blood globules, and that the red blood corpuscles as very perishable.

We had expected to find in this edition a more natural arrangement of "Section One." Why consider subjects in the abstract, and again in their proper connections?

In reference to the spinal cord and base of the brain, many new facts are recorded; but "the hemispheres" are passed over in a very unsatisfactory manner. If it is true that a clot in the *third frontal convolution* of the left hemisphere interferes with the expression of ideas, and that the "Aztec children"—whose anterior convolutions were almost wanting—could not be *taught* to talk, the "mapping out" of the cerebrum merits more attention from physiologists than it has hitherto received.

Aside from its few defects, we consider this work one of the

most practical, available, and valuable books of reference on physiological science we possess.

As a text-book for the student, its style will ever make it popular.

THE CHAIR OF HOMŒOPATHY IN THE UNIVERSITY OF MICHIGAN; OR, HOMŒOPATHY, OR RATIONAL MEDICINE. Open letter to J. F. MINER, M.D., Surgeon of the Buffalo General Hospital, Editor Buffalo "Medical and Surgical Journal." By HEINRICH BÆTHIG, twice graduated at the University of Breslau, Germany, and Homœopathic physician, licensed by the Society of the Homœopathic Physicians of Erie County, N. Y. Pp. 12.

We consider this a waste of "printer's ink." The occasion of the letter is some strictures by the above journal upon the effort to establish a Chair of Homœopathy in Michigan University.

This pamphlet considers "What is Rational Medicine?" and "Whether Homœopathy or 'Rational Medicine' is preferable?" in a most humorous manner, and closes with some knotty facts (the best part of the letter). In speaking of the Buffalo Medical University, we find in a foot-note the following statement, applicable we fear to other medical colleges:

"A strange institution, where a single student, without any classical and literary education, can hear in four months all that all the professors together have to say, and where he next winter has heard the same teachings a second time, and impressed it to his memory, is made a doctor of medicine, and let loose upon suffering mankind!"

PUBLICATIONS OF THE MASSACHUSETTS' HOMŒOPATHIC MEDICAL SOCIETY. From 1861 to 1866, inclusive. Vol. II. 1867. Pp. 571.

Although this is Vol. II., still it is the first publication of the kind this society has given us. Vol. I.—soon to be published—will embrace the history and doings of this organization and its predecessor, for a period of twenty years.

The volume before us is creditable to the society in every respect. It is made up of the proceedings of meetings, addresses,

reports of committees, and voluntary contributions. The proceedings are somewhat meagre in the first part of the volume. This may be easily accounted for, when we consider that the sessions lasted but one day, and then two addresses were delivered. A second—semi-annual—session was finally held, for the discussion of scientific subjects, and then we find the reports all that could be desired. Topics are selected for discussion at a previous meeting, and the members come prepared, and do themselves justice. We would suggest to them the idea of selecting two consecutive days for the meetings. It would be more convenient for distant members—would secure a larger attendance. But, perhaps, the present arrangement tends to keep alive an active interest in the meetings.

The addresses—annual and presidential—show great care in the selection of matter, and are about as practical as such addresses can be. For our part, to say nothing of the waste of time, we can not see the necessity of having an orator, each year, make “a grand flourish of trumpets” over Homœopathy. For whom are these addresses usually intended? For the populace, and, consequently, out of place before a scientific body. But those on “Correct observations in Medicine,” “Clinical Homœopathy,” “Materia Medica,” and “The Common Sense of Homœopathy,” are valuable exceptions.

The president’s counsel and advice is looked for annually.

The “reports of committees” will be read with profit.

The reports on “Clinical Medicine” show that season and locality have a great influence on disease. The committee on “Materia Medica” has given us very fine provings of *Gnaphalium*, *Xanthoxylum*, *Kali cyanuretum*, *Myricin*, and *Physostigma*. The first two may be found in “New Remedies,” but the others we have not met elsewhere. The provings of *Physostigma*—calabar bean—are exceedingly valuable, and will be eagerly secured by those who wish to possess the pathogenesis of this strange drug.

The other contributions are valuable, and many items presented will be found available in practice. In the article on “Medical Expedients,” by Dr. Jackson, we find the following:

“*Burns, and their Treatment.*—Having tried every thing of which I could hear, I have settled down to the conviction that olive-oil and the white of eggs, in equal quantities, beaten up

thoroughly together, and applied with a soft brush or feather, is the best."

"*Wash for sore nipples.*—The best application which I have found for sore or cracked nipples is *Benzoic acid*. in solution."

"*Croton tig.*—In eczema, particularly of the scrotum, and in herpes circinatus, there is no remedy, to my knowledge, like it."

Many valuable extracts from other articles might be given, but we desist, presuming that this volume will find its way into every physician's library.

The medical societies in the East are doing great good, and are adding to our literature valuable works.

PROCEEDINGS OF THE INDIANA HOMŒOPATHIC INSTITUTE.
Together with the Constitution and By-Laws.

This society has given us a very full account of its organization. They are to have the society chartered by the State. With such a corps of officers, and under such a leader as Dr. Baer, this young medical society promises well for the future.

THE AMERICAN JOURNAL OF HOMŒOPATHIC MATERIA MEDICA.
C. HERING, M.D., and H. N. MARTIN, M.D., Editors, Philadelphia. Vol. I., No. I. Pp. 24.

This is not the *same* journal of *Materia Medica* we noticed some time ago, only in name. We hope this one will longer survive the severe ordeal of introduction.

The new edition of the *Materia Medica*, by Hering, so long promised, is to be published here in installments, notwithstanding the protest of many societies and practitioners.

We expected to have a revised and purified text, but the "tares and wheat are to grow together until the harvest!" Supposing lives are lost by using the *tare*-symptoms, who is responsible? Not the one who is quite familiar with the source from whence originated the symptoms which make up our "heavy ordnance?" "Our harvest is practice, and the collection of cases cured." Why not make the separation now, and not pass this duty down to future ages. In the collection of cases, much old literature is

resurrected—a good selection of *brilliant* cures. It is ostensibly the organ of Hahnemann Medical College, of Philadelphia.

ANNOUNCEMENT OF CLEVELAND COLLEGE. For the session of 1867-68.

This institution, which has had uninterrupted progress for the last seventeen years, is still in a very prosperous condition. In its circular we find much promised; if the half is fulfilled, the student should be satisfied.

The qualifications for graduation are: 21 years of age, two courses of lectures of sixteen weeks, good moral character, three years study, a reputable English scholarship, and a satisfactory knowledge of medicine and surgery. Over 450 students have graduated from this college.

We expected this session to find a uniform standard of medical education adopted by our colleges after the "blow" made at the Western Medical Institute,* where three colleges were represented. Why were those committees not appointed?

The following extract from this announcement will, perhaps, throw light on this subject. The italics are our own:

"Believing that the *profession* and the *public demand a yet higher standard* of excellence in the qualification of medical men, it will be the aim of the faculty *in future, in so far as they may be sustained by other medical institutions and the profession at large*, to conform to this demand, by exacting a higher order of acquirements, both in respect to preliminary education and requisites for graduation."

Where rests the blame now? How much has "the profession at large" to do with a college? What is the difference between the "profession" and "the profession at large?"

The *first* one of our medical colleges that raises the standard of medical education to the same grade as that adopted by the best foreign universities, will *receive and retain the respect and patronage* of the best physicians in the country. We imagine that an old institution can take this step better than a younger one, but shall see.

* *Vide.* Vol. IV., p. 185, MEDICAL INVESTIGATOR.

EDITORIAL.

OUR FUTURE.

IN openly assuming the management of this long established organ of the busy practitioner, we are well aware of the peculiar nature of our responsibilities, and of the many wants of those for whom we labor.

As in the past, the MEDICAL INVESTIGATOR will be the exponent of the most liberal principles. It will endeavor to hold its position in the very front rank of medical progress. Bound to no one branch or department, it will present practical items from the whole range of medical science. Staunch in its adherence to the *one law*, its readers will not be bored with polemics—these can be found elsewhere. New, original, and practical ideas will always find a place in its pages, to be substantiated or refuted as future tests may decide.

Recent medical appliances will receive the attention they merit. Communications from physicians in all parts of the country, and upon all medical topics, will find a place in our pages. Whoever throws *some* light on *any* medical topic aids the profession and suffering humanity.

Those who would find fault with some of our subject-matter, should remember that our contributors and readers are many men of many minds. We labor for the benefit of the profession in *all parts* of our common country, and we especially wish it understood that in the selection of "copy" the entire wants of the practitioner are consulted.

The future promises great things for the profession. The medical mind is becoming divided into specialties. Almost every disease, medical topic, and branch are being thoroughly investigated. Although *Similia* has illuminated some of the dark places in medicine, still, more light is greatly needed at other points. How limited is medical knowledge! Of the ultimate structure and the function of various portions of the body, how little do we know! Of the etiology of disease, how meagre is our information! Locality and predisposition have great influence over attacks of disease; but to what extent, and why, who can tell? In pathology we are often in the dark. The lines between idiosyncrasy and disease are usually not clearly drawn. How superficial and imperfect is our knowledge of remedies! Symptoms are caused by drugs—but just *how*, we know not, or imperfectly. *Belladonna* will relieve congestion; but what is the *modus operandi*? Water—hot and cold—heat, light, and electricity are valuable remedial agents. What are the *positive* indications for their use? Prophylactics—when shall they be used? Can they anticipate and prevent disease? Survey the whole field, and how little is certainty, and how much

guess-work! Verily, medicine is yet an undeveloped science. Thousands are at work on these knotty and unexplored points. We imagine there are but few physicians who have not had cases demonstrating some of the unanswered questions in medicine. Almost every physician possesses some practical expedient, item, or idea that is unknown to others. These should be published for mutual benefit.

We have one request to make of our contributors, that they will condense their articles, so that others, perhaps equally as valuable, may not be crowded out. *Short, practical* articles are in great demand.

SOCIETY REPORTS.

COOK COUNTY MEDICAL SOCIETY.

THE society convened pursuant to adjournment. The president in the chair.

DR. DAKE, of Pittsburg, being present, was invited to take part in the deliberations of this body.

SPINA BIFIDA.

In lieu of a report, Dr. R. Ludlam presented a rare specimen of spina bifida, sent to the Museum of Hahnemann Medical College by Dr. Dale, of Oshkosh, Wisconsin. The case was one of interest. The tumor was situated at the lower extremity of the spinal column, and extending below the feet.

DR. LUDLAM—Dr. Dubourg has remarked that the largest one he ever saw reached to the heel. This one reaches below that point. Dr. Sheffield, of Nashville, wrote me recently concerning a case in which the tumor was formed at the base of the skull, and was as large as the head. I had a case three years ago in which the tumor was upon the posterior portion of the head, and as large as the skull. When I was delivering it, I imagined it a double-headed monstrosity.

DR. DAKE—I had a case where the whole top of the head was gone—an encephalous monster.

DR. BEEBE—Had a case where the tumor was at the occiput. It was small at first, but grew rapidly. I passed a seton through it, and a great deal of serum escaped. I gave remedies to prevent inflammation, and although there were no signs of severe inflammation, some little pus formed around the silk, and I concluded to make a free incision, and evacuate the contents. A good deal of fluid escaped. I expected the child would die in from one to three days, but it did not. Suppuration followed, and the child is still alive, and under treatment. I have been wont to look upon this as a fatal disease, but with this success I do not see why it is not amenable to treatment.

DR. HOLBROOK—Had a case where the tumor was located upon the lumbar region, at its junction with the sacrum. It was about two inches in diameter. The child lived about a week, and died in a spasm. The sacrum and hips were not well formed. This was a primipara. Since, had another with imperforate vagina.

DR. LUDLAM—Were your cases males or females? It appears that females are more liable to this affection than males. (It was ascertained that all the cases which the members had seen were females.—Sec.)

DR. HOLBROOK—My case about the third or fourth month got a fall—a sit-down rather suddenly. While the case which I detailed was being delivered there was present a lady who was pregnant. We tried not to let her

see the tumor on the child's back, but she did see it, and when her child was born it had a tumor on the same location, about as large as a strawberry.

DR. DUNCAN—Was this child a male or a female?

DR. HOLBROOK—It was a male.

DR. DODGE—Saw a case of spina bifida in Cleveland, in which the tumor was located just at the junction of sacrum with the spinal column. Child lived some years.

DR. BEEBE—I think this disease somewhat analogous to hydrocephalous. We have a rapid accumulation of fluid. Had a case where one of the vertebrae seemed gone. You could touch the spinal cord. There was no fluid intervening at first, but it began gradually to fill with fluid, and at the end of eight months the child died, seemingly from pressure upon the cord.

DR. R. LUDLAM—I can not see why it is not possible to affiliate remedies in some examples of this disease as well as in some cases of hydrocephalus to which its pathology is so closely allied.

PUERPERAL CONVULSIONS.

DR. HOLBROOK then read a report of an interesting case of Puerperal convulsions. (See page 1 of this number.)

DR. R. LUDLAM—In answer to the queries appended to Dr. Holbrook's paper, I would remark,

1. The dropsy was a premonitory symptom of impending convulsions. Not every case of dropsy during pregnancy is followed by convulsions, but there are few examples of puerperal convulsions without renal dropsy. The urine should have been tested for albumen, and examined with the microscope for tubular casts. This would have established the diagnosis beforehand.

2. This case should be classed as *uramic*.

3. The prophylactics that I would have preferred are *Mercurius corrosivus* and *Apis mellifica*. These should have been given from the first seizure (April 18th) to the period of labor (May 23rd).

4. If the os uteri is sufficiently dilated, or dilatable, and the head is sufficiently advanced, an early delivery by the forceps offers the best chance for saving both mother and child.

5. The special therapeutics concerns the establishment of a free flow of urine, the control of the nervous perturbation, and the medical management of ordinary cases of lying-in.

DR. HOLBROOK—This lady used to tax herself a great deal sewing with a machine.

DR. LUDLAM—I think a great many pregnant women injure themselves with the sewing machines.

DR. BEEBE—About a year ago I was called to a young married lady, whom I found anasarca. The dropsy began at her feet, and finally involved the whole body. The urine was scanty and albuminous. *Apis* and *Ara* did not relieve her. Cerebral symptoms began to show themselves. I put her upon *Apocynum can.*, the decoction, which increased the flow of urine, and relieved the other symptoms. The anasarca did not entirely disappear, but it was reduced more than one-half. She passed through delivery without convulsions. But dropsy soon came on again with the brain symptoms. Her vision became impaired, and she was, finally, totally blind for some time. Her child was well. These symptoms were followed by convulsions, and I put her upon *Chloroform*, and kept her upon it for twenty-four hours, giving her at the same time *Borax*, which arrested the convulsion. Family troubles induced hysteria, and, finally, puerperal mania.

DR. DAKE—How do you explain the action of the *Chloroform*?

DR. BEEBE—It seems to control the muscles' voluntary motion, which are chiefly convulsed.

DR. DUNCAN—Of what temperament was the lady?

DR. BEEBE—She was of a lymphatic temperament.

DR. HOLBROOK—*Chloroform* would control the fit in my case, if we gave it just before an attack, but it would not control it if given during the paroxysm.

DR. DAVIES—I have a patient who has had eight children, all still-born, and she has had general anasarca during each pregnancy. During her last pregnancy, I thought it became necessary for me to induce premature labor. The child was dead. Her urine was scanty in amount, but she perspired freely, and had some diarrhoea. Pulse was feeble. I searched for the cause of the death of the child. There was no albumen in the urine. There was an excess of urea, however, and the cord was fatty. She did not have convulsions, but the last time she had amaurosis.

DR. LUDLAM—There are two facts in the last case that go far to account for her not having convulsions. She had diarrhoea and profuse perspiration, both of which might carry off the urea. According to Braun, of Vienna, amaurosis in such a case betokens Bright's disease. Simpson has observed the same fact. Dropsy of renal origin usually begins in the face, and if of cardiac origin, it begins in the lower extremities. Bright's disease has been considered a fatal disease, but I believe many cases get well. I know I have cured cases of it. In the case reported by Dr. Beebe, the heart must have been affected, while in Dr. Davies' case there was, probably, Bright's disease.

DR. DAVIES—In my case there was no albumen in the urine, only an excess of urea. There was dilation of the heart, insufficiency of the aortic valves, and regurgitation.

DR. R. LUDLAM—Did you examine for casts? Did you examine it with the microscope?

DR. DAVIES—I did not.

DR. LUDLAM—I presume the cause of the death of these children was urea in the umbilical cord.

DR. DAVIES—There was fatty degeneration of the placenta.

On motion, a vote of thanks was tendered Dr. Holbrook for his excellent case, and a copy requested for publication.

On motion, the prevailing diseases were made the subject for discussion at the next meeting; and Dr. Dodge to open discussion.

On motion, adjourned.

T. C. DUNCAN, *Permanent Secretary.*

PERISCOPE.

DOES THE LIVER FORM SUGAR?—It was regarded as a well established fact that the production of sugar was one of the functions of the liver. Prof. Schoff, of Pisa, after sundry experiments, asserts that sugar is not produced in this organ *until after death*. He found that a ligature tightly drawn for forty minutes around the thigh of a rabbit produced a flow of sugary urine, lasting twelve hours, and pressure upon the abdominal blood-vessels of a rabbit, for five or eight minutes, produced the same effects, which lasted two hours. He, therefore, concludes that diabetes is the result of a ferment in the blood.

PULMONARY ABSORPTION.—It is stated in the French journals that seven gallons of water may be thrown into the bronchi of a horse in six hours, and become immediately absorbed, without occasioning any sensible inconvenience to the animal.

TETANUS NEVER OF CENTRIC ORIGIN.—Among 56,775 cases of gun-shot wounds, and 400 cases of injury to the spine, only one case of tetanus occurred; in this was found, however, a contusion of the *anterior crural nerve*, in addition to an injury of the third lumbar vertebra.

NEW MODE OF TREATING THE LIGATURE.—Dr. Morgan, in the London "Lancet," proposes, instead of bringing the ends of the ligature out between the lips of the wound, to pass them through the flap at the nearest point, by means of a needle. The wound will thus remain undisturbed. We commend the plan of passing a *wire suture* through the flap around the vessel, and back again through the flap, and twisting the ends over an elastic substance, as a cork; thus securing the vessel by pressure. It can readily be removed after the vessel has plugged.

MAMMARY ABSCESS.—It is said that enveloping an indurated mamma with oil silk will prevent the development of an abscess.

CAUSE OF DEAF-MUTEISM.—An examination of 296 deaf mutes revealed the fact that 200 were suffering with chronic pharyngitis. If such is the case, we should cure a large number of these cases.

AN ANEURISM MISTAKEN FOR A PARONCHIA.—One of our physicians mistook an aneurism of a phalangeal artery for a felon. Aneurism of these arteries is not often met with.

SLOUGHING PRODUCED BY LOCAL ANÆSTHESIA.—In some cases an unsightly scar follows the injudicious use of this method of anæsthesia.

AMBULANCES.—The American ambulances at the world's exposition attracted the attention and admiration of our foreign neighbors.

NATURAL HISTORY OF THE TAPE-WORM.—Measles in the hog is the encysted stage of the *Tænia Solium*. Measly flesh being eaten, the little cysts, which consist of the future head of the mature animal, inverted, escape from the sacs within the stomach, unless previously destroyed by cooking, and attach themselves by their armed heads to the intestinal walls. From this head are developed, one after another, the joints which make up the body of the tape-worm. The first formed, or oldest joints, when sexually mature, escape from the intestinal canal, and, being eaten by swine, the ova they contain are set free. During digestion the egg shells are dissolved, and the minute embryos find their way into the tissues again, forming measly pork. In this stage the tape-worm is called *Cysticercus cellulose*.—*Am. Naturalist*.

CARBOLIC ACID.—Applied to hemorrhoids, carbolic acid corrugates and obliterates the sac. It will destroy pediculi of all kinds. The full strength is escharotic, but diluted in glycerine (5 drops to the ounce) it forms an agreeable application.

OLIVE OIL ON GALL STONES.—Several reported cases go to show that olive oil has the power to reach and dissolve these calculi, and render their expulsion a matter of no difficulty. Dr. Thayer, of Boston, relies upon *China* in these distressing cases, and considers it a sure prophylactic.

THE VIBRATION OF MATTER.—The deepest note which the human ear perceives as a continuous sound, it is said, is produced by 16 vibrations a second; the most acute by 48,000 vibrations. The extremes of color, it is said, are red and violet, and the former being given by 458,000,000,000 vibrations of light, (matter?) per second, and the latter by 727,000,000,000 vibrations. Is the color of the red-blood corpuscle due to the vibrations of its contents, or to hematin it manufactures?

SUBCUTANEOUS INJECTION.—Dr. Kafka, of Prague, in the "Allg. Hom. Zeitung," details several cases where he administered the indicated remedy by subcutaneous injection. The result was highly satisfactory.

ADVERTISING ON LETTERS.—Some of our physicians condemn the practice of having your card—office hours, etc.—on the corner of the envelope sent through the mails. *Is it unprofessional?*

ERIGERON IN GONORRHŒA.—Dr. Gruber, of Lawrence, Kan., confirms the statement that *Erigeron* is a valuable remedy in some forms of gonorrhœa.

CANADIAN LICENTIATES.—Five Homœopathic physicians—Drs. Job, Clarke, Luton, Henderson, and Hill—were recently licensed to practice medicine in the Dominion of Canada.

ANOTHER DISPENSARY.—A dispensary has recently been opened in Hamilton, Canada.

DISEASES OF THE DIAPHRAGM.—Diseases of this muscle are beginning to receive much attention of late. The prominent symptom that points to fatty degeneration of this organ is, "remarkable disturbance and embarrassment of the breathing as distinguished from signs of failure of the cardiac action." Deep seated pain between the middle of the sternum and the epigastrium indicate myalgia of the diaphragm. Here *Cimicifuga* is the remedy.

BLOTTING PAPER AS A DRESSING FOR WOUNDS.—Prof. Roser recommends blotting paper as an excellent application for absorbing pus, and as a better dressing for keeping the wound dry and clean than charpie.

AGE OF CRITICS AND BOOKS.—It is evident, in looking over our journals, that we are in the age of critics. They ride rough-shod over the best thoughts and points, and turn up to light the slightest error. There was a time when *any* kind of a work, issued from our ranks, was gladly received, and only its "good points" noted. We pity the sensitive author whose work appears in this day. Think of being poised successively on the points of a score of merciless pens! A work must now stand on its merits, if it has any. The flood-tide of books is also upon us. There are, to our certain knowledge, as many embryonic books as there are prominent physicians in the country. Some may miscarry, but others—if born at all—we hope will go on to "*full term*."

A NEW CELL is supposed to be found between the regular columnar cells on the villi of the intestines, with one end connected with the lacteals, and the other open into the intestine. We are inclined to doubt the statement. Where is the necessity for it, when "emulcified fat" can pass directly through the columnar cells into the lacteals.

COOK COUNTY HOSPITAL.—The supervisors of this institution have thrown open its doors to our students. They can attend five clinical lectures each week. Dr. Hildreth, lecturer on ophthalmic and aural surgery, deserves more than a passing notice. As may be inferred from his article on another page, he is an original, practical genius, and withal liberal in his views. Those who wish to "post up" on this branch will find no better instructor. We hope to present, occasionally, for the benefit of our friends, some of his practical ideas.

SIMILE, SIMILIUS, SIMILIMUM.—Dr. Madden has pointed out three interpretations of the law of similars:

1st. *The crude simile*, which is content with a mere general resemblance; which holds that diarrhœa should be treated by purgatives, sweating by diaphoretics, vomiting by emetics, and inflammation by irritants.

2nd. *The Similius*, which requires a physiological accuracy of resemblance between the disease to be cured and the pathogenesis of the drug, which demands an elective affinity in the drug for the organ diseased, and a positive resemblance between the pathological condition to be cured, and that produced by the drug when given to healthy provers.

3rd. *The Similimum*, which requires the closest possible resemblance between the symptoms of the disease and those of the drug; which holds it to be essential to compare the minutest particulars of every case, with the smallest shades of distinction between the actions of analagous drugs.

QUERIES AND ANSWERS.

ETIOLOGY OF CONVULSIONS.—We have been asked if “anæmia of the nervous centres causes convulsions?”

A friend replies as follows: “The experiments of Kussmaul and Tenner on rabbits show that anæmia of the brain, suddenly induced, produces convulsions, closely resembling epilepsy. (They attribute epilepsy to a spasm of the blood-vessels in the medulla oblongata.) But to produce convulsions, the anæmia must be *suddenly* produced. In puerperal women who slowly “flood” to death, you never see convulsions. It is significant that while sudden arterial anæmia causes convulsions, sudden *nervous* hyperæmia causes the same,—and I must add that I think *Acem.* meets the first condition, and *Bell.* the second. But this is too finely spun for the present state of therapeutics.”

LOCAL REPORTS OF DISEASE.

As far as heard from, the country has been quite healthy during the summer months. The fall months, however, promise the physician an “active campaign.”

CHICAGO.—The principal diseases prevailing now are, dysentery, diarrhæa, and typhoid fever. These diseases have been quite mild, and amenable to the usual remedies. We have had less south and south-west wind this summer than for some time, which fact accounts, no doubt, for the extreme healthfulness of the city.

HANNIBAL, MO.—Much sickness here, comprising all the diseases incident to this season and climate. No epidemic, except whooping cough.

W. D. F.

FORT WAYNE, IND.—Have considerable sickness now, mostly bilious, intermittent, and typhoid fevers.

G. W. B.

PHILADELPHIA.—This city was never in a more healthy condition than at present. Contrary to all apprehensions, the cholera has not made its appearance this season, and the only acute diseases are those which ordinarily prevail — typhoid fever and dysentery being the principal ones.

CHOLERA has now quite disappeared from this country. Its visits have been comparatively light. New York records 34 cases, with 14 deaths. A few cases are occasionally recorded occurring upon emigrant vessels. Its visit to Rome is thus described by an eye witness:

“The citizens and strangers were imprudent and defiant, and challenged the destroyer in every way. And, sure enough, one day the atmosphere took on a chill, and before sunset a thick, black cloud came up from the sea, giving out a stench as of putrid insects. Within forty-eight hours two hundred and fifty corpses told that the cholera had arrived, and multitudes were groaning with cramps, or turning blue in collapse. For two days the pestilence raged, and then departed as suddenly as it came. Wise men lay it to the black and offensive odorous cloud, which they say came from the swamps of Sardinia, where clouds of locusts perished not long since.”

OMAHA.—Three or four cases are recorded as having occurred in this city. We presume these were the result of importations of the materies morbi from the plains.

YELLOW FEVER commencing in the West India isles, near the equator, was carried to Galveston, where it is now prevailing epidemically—about

20 deaths daily. At Houston it is also epidemic; about 1,000 deaths have occurred. In New Orleans it is raging fearfully—in two days 103 deaths occurred. This disease has appeared as far north as Memphis, Fort Monroe, New York, and Boston. We hope that our Southern physicians will give us a full record of their success in the treatment of this disease.

PERSONAL.

H. E. BOARDMAN, M.D., has removed from Appleton to Menasha, Wis.

P. H. HALE, M.D., formerly of Hudson, Mich., has removed to this city.

I. S. P. LORD, M.D., so long identified with the profession in the West, has been obliged by our lake breezes to change his location. He will resume practice at Poughkeepsie, N. Y. We hope our good old friend will not lay aside his pen—that we shall hear from him at the next meeting of the N. Y. Medical Society.

J. R. NUTE, M.D., formerly of Boston, has removed to Chicago. We learn that a chronic catarrh obliged him to leave the sea-shore. We welcome this veteran to our ranks in the West.

E. M. HALE, M.D.—It is understood that this popular writer has laid aside his pen for a time. He will be missed by journalists.

PROF. FARADAY.—This celebrated English chemist has gone. Rescued from obscurity by Sir Humphrey Davy, he rose to the first position in the chemical world. His discoveries, like those of his preceptor, will ever be a blessing to mankind.

VELPEAU is no more. This knight of the scalpel has at last passed away. He was "active for duty" to the last. Surgery loses in him one of her brightest disciples. He leaves a lasting monument in his works.

L. KENDALL, M.D.—As we go to press, we regret to be obliged to chronicle the death of one of the physicians our city. He died September 20, at 5 A. M.

SOCIETIES, ETC.

WISCONSIN MEDICAL SOCIETY.—This society will meet in Portage City October 16, 1867. We hope that our Wisconsin physicians will turn out *en masse*. Of course the fraternity from any part of the country will be cordially welcomed. Those unable to be present should send communications.

INDIANA MEDICAL SOCIETY.—This young society holds its first regular meeting in Indianapolis, November 6, 1867. We hope there will be a very large attendance. The topic for discussion will be "Intermittent Fever." Delegates should not fail to be present.

NEW YORK MEDICAL COLLEGE FOR WOMEN.—This institution, on Nov. 1st, will begin its fifth term of lectures, of *twenty weeks*. Dean, Mrs. C. S. Lozier, M.D., 361 West Thirty-fourth Street, N. Y.

OUR COLLEGES, as far as heard from, will have much larger classes this session than formerly.

TO CORRESPONDENTS.—All communications should be addressed to the Editor, 59 Clark St. All business letters to the Publisher, 147 Clark St.

THE
MEDICAL INVESTIGATOR.

VOL. V.—NOVEMBER, 1867—No. 50.

LACHESIS.

BY C. S. WEBER, M.D., CLINTON, MINN.

EDITOR INVESTIGATOR,—I will here add my testimony as to the value of *Lachesis* as a remedial agent. It has relieved some very difficult and obscure cases. I think it a wonderful remedy.

CASE I. In October, 1864, a young man, about 22 years of age, came to me with severe pneumonia. His pulse was very quick, wiry, excited and strong. He had frequent chills and fever, and no appetite; his bowels were constipated; his sputa looked as if mixed with brick dust. He had tried, before coming to me, *Aconite*, *Belladonna*, *Bryonia*, *Phosphorus*, and *Tartar emetic*. I gave him *Ignatia* for two days. This seemed to do no good. He became discouraged, and thought nothing would ever help him. He told me he knew medicines could not help him; and being far away from home, and having been disappointed in love, he was homesick and despairing. I then gave him *Lachesis*, three doses, four globules each, and in two days he was much better, and seemed quite hopeful. Just before he took *Lachesis* he was often acting rather strangely. He covered his head with the bed clothes, and sighed and laughed by turns, and always thought there was something wrong.

Judging carefully, by all the symptoms, I chose *Lachesis*, and found it the right remedy.

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CASE II. In September, 1864, was called to see a girl, nine years of age, who had spasms, or attacks of a peculiar kind, one in every few weeks, ever since she was four years of age. During the attacks she would crawl upon the floor, would spit often, would try to hide, would laugh and be very cross by turns. These attacks continued half an hour to one hour.

The child was always acting strangely, would not play with other children, and exhibited no love for her mother, who was a very kind woman. Often she seemed to hate her mother and all her friends, and would hide from them. She would run away from strangers, and would look at them through her fingers. She would often bite other children, and spit at them.

Her parents had taken her eighty miles, to St. Paul, and many physicians and many remedies had been tried, all in vain, (frustra). Among other things, *Aconite*, *Belladonna*, *Nux vomica*, *Cuprum*, and *Ignatia* had been used. I inquired long and carefully about the child, to find what might be the cause of the difficulty, and whether there had ever been any similar case among the relatives on either side.

I could learn nothing that served to account for it at all, until I asked the father if the child had ever seen any snakes, and been frightened by them. He said that she was badly frightened by a snake once, in his presence, when she was about three (3) years of age.

But he did not seem to think that could have done her any harm.

This fact, however, led me to give *Lachesis*, and the child was soon cured by it. I gave it once a day, in the 6th attenuation.

CASES FROM PRACTICE.

BY H. M. WARREN, M.D., JONESVILLE, MICH.

CASE I.—A lady, 30 years of age, in the seventh month of pregnancy with her fifth child, was attacked one evening with natural labor pains, which gradually increased all through the night, and up to noon of the following day, when I was summoned. The pains at this time were quite severe, of an expulsive character, and I was called only because she thought she was

progressing rapidly, and needed my services, not because she thought there could be any thing done to avert the danger. There was considerable pain and fulness through the forehead; the pains were regular, recurring about every ten minutes; no discharge; the os was slightly dilated. I prescribed five drops of the first decimal dilution of *Cimicifuga* in half a tumbler of water, a teaspoonful to be taken every half hour. The pains were promptly affected by it, and when I called again, in two or three hours, they were rapidly passing off. She has had no recurrence of them, although she is engaged in active exercise.

CASE II.—I was frequently called to visit a young lady, who was pregnant with her first child. After the sixth month she was attacked every two, three or four weeks with profuse uterine hæmorrhage, accompanied with no pain. *Crocus* would always promptly control it. I used ten drops of the third decimal, in half a tumbler of water.

CASE III.—I was called to visit a very small woman, frail and delicate, who was flowing. She was just passing the sixth month. Three days before she over-exerted herself, which produced the attack. Hoping that a quiet day in bed would check it, she refrained from calling me, until the drain upon her system began to affect her seriously. The flow was steady, and without pain, other than a dull aching low in the back. Putting three drops of the second decimal dilution of the oil of *Erigeron* in a goblet half full of water, I gave her a teaspoonful every hour. The next morning she was all right.

In the case of another lady, during three consecutive gestations, I readily controlled a severe and protracted gastric irritation by a few doses of *Kreosote*.

PRACTICAL SUGGESTIONS.

[An Address, by R. LUDLAM, M.D., *President of the Cook County Medical Society, delivered September 27, 1867.*]

GENTLEMEN,—In tendering my sincere thanks for the honor you have conferred upon me, I congratulate you upon the continued success and flattering prospects of this society. As the months come and go, those of us who have watched its career, are the more deeply impressed with the importance and useful-

ness of this organization. Those who are immersed in the cares of daily practice (and we all belong to the working-class), have enjoyed to be present at its meetings, to listen to the reading of medical essays, and to participate in, and glean from the discussions that have followed. Our fortnightly intercourse has served to maintain the most friendly and amicable relations among members of a profession who might otherwise have been in antagonism. Each has contributed from his store to a common fund of information, and each carried hence such additions to his clinical resources as will serve to make him a more useful, acceptable, and honorable member of a noble profession.

How to render this prosperity progressive, is a pertinent question. As it will be my earnest effort to minister to this end during my tenure of office, you will permit me to offer a few remarks upon this subject.

I conceive that one of the most certain and direct means of developing and communicating medical knowledge, consists in the elaboration of essays and reports upon professional topics. The preparation and presentation of these papers is alike valuable to those who write, and to those who hear and read them. They embody the literature of the subject, and include such original observations as may prove serviceable when submitted to the test of experience. They afford the ground-work for thought and discussion. They single out and separate those subjects which can be treated only in a general way in our medical works. They can not be properly and acceptably written without careful study, and study is to the conscientious and competent physician what oxygen is to the flame.

A very important result which accrues from the preparation of these reports is that it keeps the members in the habit of composition. Without almost daily practice, it becomes difficult, if not impossible, for one to write to edification. Perhaps there is no better test of application and ability on the part of the physician than the perspicuity and pointedness of his written language. In order to reach a proper estimate of one of whom we know little or nothing, it is not necessary that we converse with him during a whole day. In the matter of measuring his capacity, ten minutes' talk is equivalent to a years' acquaintance. So a very few pages of a medical essay will tell the story of the author's aptitude for his calling, his zeal for progress, and possibly also his manner

of ventilating his professional claims, as well as his method of prescribing.

We differ in our modes of expression, as in our powers of observation and analysis; but, as all must observe, so each one may communicate.

Suppose every physician was in the daily habit of writing out his thoughts and experience upon the various subjects that claim his attention. Not only would the fund of medical knowledge be greatly increased thereby, but the reflex of this effort would minister largely to the culture of physicians as a class. It would elevate them to the position of producers, real artists, whose very language would serve to distinguish them from the half-breed or the medicine-man of the frontier and less favored communities. Men who think well can, with a little effort, write well; and men who write well can, if they please, talk well. The reason why half our writers are not more useful and acceptable as such is that they try to divorce the necessity of earnest thought, absolute brain-work, from medical composition. Perhaps they have an almost insuperable aversion to mental effort. To such, writing is a task instead of a pleasure. The longer they delay its exercise, the more unfamiliar they become with the proper modes of expression, and the less their essays contain. Reports that are written *currente calamo*—with a rapid pen—are not in general of any particular value.

It is sufficiently easy to find words, and to string them together, but to incorporate ideas into the text,—really to say something, and to say it well, is a faculty deserving of cultivation. It is a plant of slow growth that will not flourish without careful and constant nurture.

I am aware of the propensity of medical writers to rush into print, and personally familiar with the treatment that such men are certain to receive. I know what it is to have one's publisher (who is supposed to have the professional pulse), keep iterating that old maxim of Mather, "Be brief," as if printer's ink were a costly commodity, and words should not be wasted. I am indeed growing morbidly sensitive about meeting an editor of my acquaintance who has a chronic habit of signifying that he is in want of short articles only, and really does not need them.

But, gentlemen, it is one thing to write a great deal, and quite another to consent to the publication of every thing we have written. If a law could be enacted which would prohibit the print-

ing of any medical paper that had not seasoned for six months in manuscript, and then been carefully revised, it would be a great blessing to our literature. If four times more was written, and four times less was printed, we should all be the wiser for it.

There is too much "*padding*" in our journals, and there are too many pages in most of our books. What is most desirable is not less of zeal, but more of caution; not less of labor and its fruits, but less of license and its consequences. The too hasty incubation of clinical data will curse our libraries with a brood of unreliable reports. High-pressure publications are more or less polemical and trashy. Monographs that have grown like mushrooms are neither long-lived nor wholesome. Scientific papers that are written in one hour, and presented by a committee in convention the next hour, are immature, shambling, worthless affairs at the best.

One grand object of the smaller societies like ours should be to correct the bias of which we have spoken, and to cultivate a love and appreciation for a higher order of medical literature. If the physicians of every city, county, and State would contribute carefully and conscientiously to this end, our system would flourish as never before, and its representatives attain their full stature of dignity, respectability, and usefulness.

It is matter for sincere congratulation that the essays which have been read in your hearing, at the meetings of this society, have been so well digested, and so well written, and withal so acceptable to the profession at home and abroad. If past experience in this regard is a safe criterion, you will do nobly in the future.

Under the direction, and with the aid of my excellent friend and predecessor, Dr. Davies, the discussions held upon various topics have been suggestive and valuable. This fact has been owing partly also to the custom of selecting the subject to be considered a fortnight before the discussion was held. The published proceedings of our society, in which a few of us are made to say silly things, and all of us wise ones, reflect credit upon this body. Not only does the certainty that these reports will be sought for and perused by non-resident physicians, stimulate us to be as practical as possible in our remarks, but the effort of the secretary to record our words precisely as they are uttered, and thus preserve their very echo to every body and their posterity, ministers to the same end. It is unfortunate that correct phonographic

reports of our various medical conventions are not always taken and preserved. If physicians were as painstaking and proud that their ideas should be clothed in proper language as most mothers are that their children shall be cleanly and presentable, this labor would be quite superfluous. As it is, we recommend this style of reporting as due to the profession who read, the publishers who print, and above all to the proper culture and improvement of those who share in medical debate.

I am not aware that any other medical society has succeeded in holding its meetings regularly during the summer months. Our numbers have not been large indeed, but you have been prompt and punctual. This I esteem a great merit. Punctuality and reliability are closely related. *Nolens volens* we are apt to question the truthfulness and real value of his clinical conclusions and opinions who is habitually late in keeping his appointments, or in coming to a medical meeting. When a physician permits himself to forget the time and place of such a meeting, you may be certain that his memory has not been called into exercise in retaining the nicer and more necessary particulars relating to disease and its cure.

In conclusion, gentlemen, we may felicitate ourselves upon the fact that our intercourse has not been marred by those disagreements and bickerings which are not unfrequently the disgrace and bane of professional circles. It is pleasant in review to be reminded that no harsh or unkind word has escaped the lips or pens of any member in any of the numerous reports and discussions to which we have listened. Let us hope that the same may be said of the Future, when it also has ripened into the Past.

PRAIRIE ITCH.

BY W. H. BURT, M.D., OF LINCOLN, ILL.

IN the July No. of the "United States Medical and Surgical Journal" there is a prize essay on this, by T. Rowsey, M.D., of Toledo, Ohio. In reading the essay, I was somewhat astonished at the doctor throwing overboard entirely the use of *Sulphur* in the treatment of this disease, and using in its place *a lotion of the lye of wood ashes*. Since reading the article I have tested this lotion in a number of cases, and with the *most perfect satis-*

faction. In one severe case, of seven months' standing, in a young lady from Missouri, where the whole of the arms and hands were one mass of vesicles, and the hands much swollen and deformed with the inflammation attending it, *Sulphur* had been used in large doses, internally and locally, *Mercury* in the same way, and all the domestic remedies that could be thought of, none of which did any good. This was just the case in which to test the *lotion of the lye of wood ashes.* I ordered her to bathe the parts three times a day, wherever there were any vesicles, with the lotion, and gave *Kali c.*, 2nd dec., two grains in a glass of water, one spoonful to be taken three times a day. She made the lye very strong, and kept the parts affected wet with the lotion all the time. The second day, the cuticle of the hands and arms completely peeled off. I then directed her not to use it so strong, and only twice a day. The fifth day every vestige of the disease had left, and the cure was complete. It is now five weeks, and there is no return of the disease.

I, for one, wish to tender Dr. Rowsey my thanks for the valuable information he has given the profession in the treatment of this troublesome disease. I have been compelled to use *Sulphur* in large doses, and locally, to cure this disease. I gladly lay it aside, and put in its place the *lotion of the lye of wood ashes.*

CASES OF MYALGIA.

BY GEORGE STRONG, M.D., OF ROSS, ENG.

It is not only amusing but instructive to an observer of character, to notice the various modes in which practitioners use the *Symptomen Codex.* Some, who are gifted with comprehensive powers of memory, readily commit to its keeping large portions of Jahr's "Manual," and in a consultation astonish you by their display; some have a way of grouping the remedies in classes, according to their sphere of action; others, again, store up in their minds what remedies are good for certain diseases, *e.g.*, they know that *Bryonia*, *Rhus*, *Nux v.*, and *Sulphur* are suitable for rheumatism. There are a few who see at a glance some odd or characteristic feature in the case, which leads them unerringly to the proper remedy. These are the *artistes* of our pro-

fession; and they use their books much as an engraver would his rule or his compasses—to verify the accuracy of their dashing hits.

I venture to assert that fully one-half of the profession who make use of Hempel's *Jahr* pass by without notice those curious marks which impart such a singular appearance to the pages of this work. These neglected symbols are, however, highly valuable, being, in a word, "the good-conduct marks" of each drug or remedy; and the drug that possesses most of them will of course be registered as A 1 upon the books.

The cases that have since been published in this country alone, would enable a laborious compiler to add considerably to the number of these "good marks." An uncommon example of this sort came before me, August, 1866.

CASE I.—C. Edwards, *Æt.* 30, black hair, irritable temper, a blacksmith, on the skirts of the Forest of Dean. Has been pretty healthy, but four years ago he undertook work to which he was not accustomed: viz., wheeling very heavy weights for a fortnight. He felt he was overstraining himself, and soon after threw up some blood. It rose into his mouth at night, or after exertion, and seemed to draw from the right side about the hip.

There is no blood now, but more or less pain has continued in that part ever since, and down into the arm towards the insertion of the pectoral muscle. The breast swells the size of the hand, and is tender to the touch, and when the arm is moved. It has been worse lately. Cold will bring it on; singing too, or a hard day's work. He then feels much depressed, and wishes to lie down and give up. There seems to be nothing abnormal about the lungs or heart. *Ranunculus bulb.* 10-6, nine doses—a dose three times a day.

After a pause of three days, *Ran. bulb.* 10-6, three doses, as before. This was on the 15th of August.

September 3rd. His mother came. The medicine—one dose, even—seemed to take away the pain; and the swelling is much less. But having taken cold, the pain has returned again acutely. He is very low. *Ranunculus bulb.* 10-6, nine doses, three times a day. After a pause of three days, *Ran. bulb.* 10-6, as before.

17th. He came in. Slight return of the pain in the pectoral muscle after he had done work, but not so tender to touch; less swelling too; feels the breath more free, and better spirits since. Repeat *Ranunculus bulb.*, as before.

October 11th. No pain, only a slight swelling of the breast

Depression gone. Can sing now. *Ran. bulb.* 6th, night and morning, for five days. Pause four days, then repeat for five days.

Here, one muscle only, the *pectoralis major*, from its origin to its insertion, seems to have been affected. In looking out a remedy, *Bryonia* and *Rhus* did not come near enough to the requirements; *Ranunculus bulb.* fulfilled them all, however, and by the result is fully entitled to the double mark. Probably this medicine is not very often given in practice, inasmuch as it does not display the decoration of a single star.

CASE II.—Just about the same time, as chance would have it, S. Minton, mason, a fine, powerful man, of 45, came to me after working hours. For about two months has complained of a pain between the shoulders, beginning in the spine. It is most felt *after* a hard day's work with the right arm, as on a Sunday. It is often like deep stabs with a knife in the back, just between the shoulders; probably some part of the *latissimus dorsi*. It is not felt at night in bed. No other complaint. Tinct. *Rhus tox.*, 3 drops of the 3rd dilution; divide into nine doses, a dose three times a day. As soon as finished, repeat the same in the same way.

In a month, Minton called to tell me he was greatly relieved.

These two cases of muscular injury, so alike in their origin, are afterwards well contrasted in their symptoms, and in the remedy required for the cure.—*Review.*

THE INFANTILE PULSE IN HEALTH.

[*This article, from the pen of J. L. SMITH, M.D., which appeared some time ago in the "Medical Times," we think contains too much valuable information to be denied our readers.—ED.*]

SINCE the condition of the pulse is considered so important a symptom, and is one so readily observed, it is strange that its character in the healthy infant is not more accurately known. It is true, that some eminent European observers, as Trousseau and Valleix, have published statistics of the infantile pulse in a state of health, but there is such a disagreement of these statistics that it is uncertain which of them or whether any of them affords a correct standard for comparison. Some are unreliable, from

the small number of observations; some from the fact that the pulse of the infant is grouped with that of older children; and others because the condition of the infant, as regards its activity or its emotions, is not stated. This last is a serious defect, since the pulse of the infant is in a marked degree accelerated by its movements and passions. My own observations have been arranged in three groups, according to whether, first, the infant were asleep; secondly, awake, but quiet, or exercising slightly, as in nursing; or lastly, in a state of active exercise, or of great excitement, as in crying. It is evident that the separation of the third from the second group is arbitrary, but statistics of this sort do not seem to admit of a better division.

At birth the action of the heart is temporarily arrested. There is a momentary stasis of blood at the centre of circulation, while the direction of the current is being changed. In cases which I have examined in reference to this matter, there has been suspension of the movements of the heart during the interval between the expulsion of the head and body of the infant, and there is usually a period of suspended action after the body is expelled. In a large majority of cases the pulsations begin in about one-eighth of a minute after birth, and at first they are so slow that, by the close of the first quarter of a minute, the number of beats does not usually exceed eight or ten. In exceptional cases the movements of the heart commence almost immediately after birth, and then the number in the first quarter of a minute considerably exceeds that mentioned. By the second quarter of a minute the cries are vigorous, and the pulse now is rapidly accelerated, rising commonly above 120, and sometimes above 160 beats per minute. In twelve observations the average pulse in the second quarter of a minute after birth was found to be at the rate of 136 per minute. This rapid action of the heart continues till the crying ceases, and the infant becomes quiet, when the pulse diminishes. In infants feeble at birth, and especially in those who have more or less congestion of the brain, the result of tedious or unnatural labor, this statement does not hold true. In these cases it is often many minutes before the pulse returns, and it does not rise to the normal frequency till the congestion is relieved. In cases terminating fatally, from the persistence of the congestion, or from the occurrence of meningeal apoplexy, the pulse rarely rises above, or, at least, remains above 100 per min-

ute, and before death it falls below the frequency of the normal adult pulse.

The following table contains 57 observations of the pulse in healthy infants during the first half hour of life :

2nd quarter of 1st minute, pulse at rate of 162, 128, 164, 140, 152, 156, 96, 128, 124, 116, 156, 116,	}	124	}	96	}	118		
3rd quarter of 1st minute, pulse at rate of 148, 160, 156, 160, 160, 156, 144, 134,		124		to		100	to	124
4th quarter of 1st minute, pulse at rate of 108, 172, 140, 156, 164, 134,		to		130		to	100	to

2nd minute, pulse, 164, 104, 112, 160, 162 to 164, 140, 108, 122, 120.

3rd to 10th minute inclusive, 160, 140, 162 to 164, 148, 160 to 164, 132, 124, 148, 140, 160, 124.

10th to 30th minute, 156, 100, 132, 136, 124, 148, 118.

“M. Lediberder,” says Bouchut, “could only count the pulse in the first minute of life in six children, and he has observed from 72 to 94 pulsations.” Velleix estimates the pulse between the ages of two and twenty-one days, at 87. Trousseau states that the pulse in the first week of life varies from 78 to 150: and Dr. Gorham’s observations are somewhat similar to Trousseau’s. My observations, as seen from the above tables, do not correspond with the assertions of Lediberder and Valleix. Indeed, if there were no conflicting testimony, there would still be a strong presumption that these authors are in error, for we would not expect that the pulse of the infant, in whom there is greater activity both muscular and visceral, would fall so much below that of the fœtus. It is probable from the expression “could only count the pulse * * in six children,” that Lediberder, and perhaps Valleix, counted the pulse at the wrist. Immediately after birth, there is so little force of the ventricular systole, and the extreme arteries of the system, therefore, pulsate so freely, that neither in the limbs nor at the anterior fontanelle can the pulse be properly enumerated in the majority of infants. It can be readily and accurately ascertained only by auscultation, or by placing the hand on the precordial region, or more easily directly after birth by the pulsation in the cord. The pulse occasionally ceases in the cord almost immediately after birth, but ordinarily it is present for a quarter, and sometimes for half an hour.

The following is the result of 42 observations of the pulse during the first week of life, and subsequently to the first six hours :

<i>Asleep.</i>	<i>Awake (Quiet, moving slightly, nursing.)</i>	<i>During or after active movements, or strong mental excitement.</i>
Extremes 108 and 140	Extremes 104 and 152	Extremes 140 and 160
Mean - - 122	Mean - - 126	Mean - - 149

From the close of the first week till the close of the first month :

Extremes 104 and 144	Extremes 124 and 160	Extremes 146 and 162
Mean - - 118	Mean - - 139	Mean - - 152½

From the close of the first month till the close of the third month :

Extremes 104 and 132	Extremes 112 and 148	Extremes 144 and 176
Mean - - 118	Mean - - 131.75	Mean - - 160

From the close of the third month till the close of the sixth month :

Extremes 104 and 116	Extremes 112 and 146	Extremes 132 and 156
Mean - - 108	Mean - - 129	Mean - - 147

From the close of the sixth month till the close of the first year :

Mean - - 109	Extremes 112 and 144	Extremes 132 and 198
	Mean - - 127.4	Mean - - 156

The average pulse of the healthy infant, according to Trousseau, is 137 in the first and second months, 128 from the third to the sixth month, and 120 from the sixth to the twelfth month. It is seen that his observations agree closely with mine in the second group, and it is probable that he selected only those cases for his statistics in which the infants were awake but quiet. *The pulse does not vary greatly in the different months of the first year.*

The above statistics show a marked diminution of the pulse, in sleep, except in the first week of life. If we take the pulse of the infant when awake, but quiet, as the standard, there is an average reduction of twenty-one beats per minute from the close of the first week till the close of the first month, thirteen and three-fourths from the close of the first till the close of the third month, twenty-one from the close of the third month till the close of the sixth, and eighteen and two-fifths in the last half of the year. These statistics also show that by the emotions, and by active exercise the pulse may become as rapid as in the gravest diseases. The practitioner should be aware of this, for if not, he may often form a wrong idea of the gravity of the disease which he is treating. There is greater acceleration of pulse from the emotions and from movements in feeble than in robust children.

The influence of digestion on the pulse of the infant, under the age of one year, can not be readily ascertained, since, from the frequency of nursing, there is scarcely a moment, during the day, when this function is not actively performed.

“WHAT THEY TEACH IN ST. LOUIS.”

EDITOR OF THE INVESTIGATOR,—We would like to ask if Dudgeon's compliment to Hering had not better be extended to Prof. J. T. Temple? You know he mentions Constantine, “The Great,” as one who “takes up every point of Hahnemann's doctrines where Hahnemann himself judiciously left off, and pursues it beyond the extreme limits of probability, and for some short distance into the domain of absurdity.” In Temple's reply to “T. P. W.,” we think he has done likewise, very “muchly.”

“Our friend,” says Prof. T., “like many other young men, has been falsely taught, and still believes that the basis of Homœopathy is the great Therapeutic Law and not the Dynamic Power.”

“The Ark of Homœopathy never did, and never can rest on the great therapeutic law of *Similia*. Take away dynamic power, and the law of *Similia*, known to Hippocrates and many of the old fathers, would remain utterly useless, as it did from the days of Hippocrates to the days of Hahnemann.”

Had the professor's contemplated visit to Europe turned his head, or is he in the habit of having such “spells?”

It is a fearful thing to be a “Professor,” especially an Homœopathic one, for certainly no other “pathy” presents so seducing a field of the mysterious for idle speculation, or outbursts of wordy legerdemain. If one can only startle a crowd of gaping students, or credulous practitioners, it must be done, although at the expense of Truth, and in defiance of the reputation of the School. We regard the professor's hobby—above quoted—as the legitimate result of this morbid desire for notoriety, for, surely, no sane Homœopath would enunciate such views from any other motive.

We desire to say to Prof. J. T. Temple, that he displays such an ignorance of the Organon as would disgrace an undergraduate, and such a flippant disregard of medical history as should shame

any man who would have the presumption to occupy such a Chair as he attempts to fill.

This is strong language, but our only regret is that it should be necessary. As one of the humblest Homœopaths in the land, we feel it our imperious duty to speak thus plainly; as a disciple of our dead master we can do no less. If Prof. Temple assumes to teach Homœopathy, *that must he teach, and that only*, if he terms *his* teachings by that name. We question not his right to ventilate his own vagaries, but, in the name of Truth, let him not seek to palm off his puny bantlings as the lusty children of Hahnemann. Look at the ignorance this "Professor" displays of the very meaning of "Homœopathy." Does not the word itself define its own "basis?" Look at his transparent ignorance of the word "Dynamic," for even he, its apostle, must write it with the tautological tail-piece, "power," "Dynamic Power!" Look at his logic, too, as it drops of itself into a syllogism:

" All truth is immutable;
 Dynamic power is a truth;
 Therefore: Dynamic power is immutable."

Shade of Aristotle, such a man could reason us out of our national debt! And, to tell the truth, it is such reasoning, served out from professional lips to "Homœopathic" students, that fills the land with those "Homœopathic" physicians who "cure" Phthisis, Cancer, Hydrophobia, and the good Lord only knows what else.

[We may as well now ask if, in the matter of "raising the standard of medical education," it were not well to begin with the Professors? Is it not true, with a few very palpable exceptions, that in *our* School the "Chair" has made the Professor, instead of the Professor making the Chair?]

Seriously, what has this "dynamic" Professor attempted to do? Why, he tells "T. P. W.," and "many other young men"—of whom it is our good fortune to be one—that a theory of Hahnemann's, the tail-piece of his life-work, is the "basis" of a system which was named, illustrated, demonstrated, and promulgated to the world before this theory had entered one single Hahnemannian dream. While over the pages of Cullen's *Materia Medica*—bowed in despondency over the impotence of Medicine—with one lightning-flash the "great Therapeutic Law, *Similia*," illumined the darkness. God's seed fell into the right soil, and

therewith sprang up *recognized* Homœopathy; Homœopathy as Hahnemann saw it, as he taught it, as we received it, as we keep it, and as it will be kept by "many other young men" *not* "falsely taught" by a pseudo-disciple.

In closing, we must remind our "Professor" that while God made the "great Therapeutic Law," Hahnemann made the Dynamic Theory, and we will even add that while the one is demonstrable, the other is not. Perhaps all the *Lepidoptera* of Homœopathy will buzz at us for this assertion. Well, they may take warning by the common fate of their kind, for never one of them yet sought the "light" without, at least, singeing its feeble wings.

Teach Dynamism if you will, but *call* it Dynamism, and leave Homœopathy to those who know what it is.

SAM. A. JONES, M.D. (*Specialis Gratia*).

IODIDE OF ARSENIC.

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

EDITOR INVESTIGATOR,—In the September No. of the INVESTIGATOR I notice an able article, from Dr. Sanford, on *Iodide of Arsenic*, in which he holds that in the atomic blending of two simple elements we have not a *new drug*, endowed with therapeutic properties unlike the primary elements composing it, but one whose pathogenesis unites many symptoms in common with both, and which may be studied by comparing the two simple ones; but that the interposition of another element would form an entirely new drug.

I am not aware that this theory has ever before appeared in print; but it is true that we often find these combinations have a stronger affinity for the tissues—that they are capable of producing speedier and more specific effects—than the parent drugs; and thus many forms of disease are cured that had obstinately withstood the simple remedies. As our works on *Materia Medica* give but meagre accounts of the drug under consideration, I will briefly present its history and therapeutical powers:

Dr. Walshe (*Stille's Mat. Med.*, Vol. II., p. 717), remarks

that Dr. A. T. Thompson introduced this compound, and supplied the earliest evidence of its favorable influence on cancer, and further says that,

1. "Given in doses of $\frac{1}{15}$ to $\frac{1}{12}$ grain, twice daily, two hours after eating, the *Iodide of Arsenic* is well borne, and may be continued without risk for several months.

2. "The system, generally, soon gives evidence of its action—unusual perspiration, with dryness of the fauces, and alimentary tract occur. Sometimes slight headache is complained of, but this is rare, and I have known a most violent periodical headache, which had afflicted a lady for years, to disappear while using this salt.

3. "The pain of the tumor decreases in violence.

4. "The size of the breast generally diminishes, and if the tumor itself does not actually lessen in bulk, I have, at least, found that its enlargement, previously more or less active and apparent, becomes, as far as can be determined, suspended.

5. "The general health improves."

The following are its more obvious effects, as stated by Wilson: (See Diseases of the Skin, p. 288.)

"Quickness and hardness of the pulse, with slight puffiness of the lower eyelids." An over-dose is shown by "Heat of the mouth and fauces, and anxiety at the precordia, with pain at the epigastrium, or griping. If, besides these, there is tension, with an uneasy sensation of stiffness around the eyes, and erythema of the face, thirst, a white tongue, with the edges and tips of a florid, red hue, and a quick pulse, the medicine should be suspended for some days. If nausea, cough, vertigo, or salivation supervenes, it should be left off altogether. The employment of any arsenical remedy is inadmissible if it cause an uneasy sensation in the chest, from the first."

Iodide of Arsenic is incompatible with *Cinchona* in any form. It is very serviceable in the diarrhœa of phthisis, and has been used successfully in diphtheria putrida. When combined with *Mercury* it forms "Donovan's Solution." Homœopathic literature is indebted to Dr. E. W. Beebe (member N. W. Prover's Association), for a valuable contribution to our knowledge of this important drug. (See U. S. Medical and Surgical Journal, Vol. I., p. 335), from which we gather the following *resumé*:

General Symptoms.—General debility, mental carelessness, and lassitude, with emaciation, which lasted for six months or more.

Skin.—An eruption which showed itself at times, on different parts of the body, beneath the skin, of a dark, red, or purple color. A pinched, shriveled condition of the skin, with great emaciation.

Sleep.—Restless, with pain in the head. Awoke in the morning with a bad headache. She was aroused at midnight by a heavy, deep-seated bone-pain in the sacrum, with a feeling as if it would separate from the spine.

Fever.—Very cold and chilly, especially in the extremities. Intensely cold sensation *outside* of the stomach, with great burning *within*. Some fever; pulse strong, 80. Feels as if she had a cold. *Insatiable thirst*.

Sensorium.—Remarkable clearness of the brain. A sense of remarkable lightness from the hips upwards. Unconsciousness. No disposition to talk, or answer questions. Took no notice of her children, or the noise they made. Thought she would recover.

Head.—Pain in the head, extending from the frontal region back to the occiput, and down the spine to the first lumbar vertebræ, which was very protracted. Sensation in the head and nose, like that produced from a bad cold. Bad headache on awaking, which lasted all day, of a dull, heavy character, with pressing from within outwards, and worse on motion, by stooping, or by study. Head seems large and heavy, with pain. Severe attacks of sick headache twice a week. ●

Face.—Face flushed on waking, with eyes injected; lips and nostrils puffy, with dryness of the throat, and hoarseness. Stoppage of the nostrils, with dryness; afterwards, in the morning, he hawked up quantities of thick mucus and clotted blood mixed, which seemed to come from the head, followed by much relief.

Loss of taste.

Stomach and Abdomen.—Intensely cold sensation *outside* of the stomach, with great burning *within*; feeling as though the abdomen was instantly collapsed. Eructations of wind, and a greasy tasting fluid. Unbearable pain and pyrosis, relieved by *Bryonia*. Hiccough for an hour. Chronic indigestion.

Rectum and Stool.—*Tenesmus* in the rectum, as high as the sigmoid flexure. Stool, with great fear that the bowels would be expelled. Involuntary discharge of fæces and urine, the stool of a dark-green color, and tarry consistence, very fætid—continuing for fifteen hours. Great urging to stool, with scanty discharge, and tenesmus with straining, as in dysentery, on rising in the morning, or after sitting a short time. Continual aching in anus, with a seeming inability to keep the sphincter closed. Diarrhœic stools every two hours, mixed with small, black scybalæ. *Tenesmus* for three weeks. Constipation.

Urine.—The urine was passed involuntarily during the whole acute stage. Restricted feeling in the vagina. Great burning and itching just within the vagina, not relieved by cold applications.

Chest.—Darting pains through the cardiac region.

Genitals.—Leucorrhœa, white in color, and very profuse during the whole six months' time, but at the menstrual period there was a little sanguineous appearance.

General System.—Heavy, deep-seated pain in the sacrum, streaking down the thighs, or darting into the groin; sometimes of a boring, tingling character.

The pain leaves the sacrum, and appears in the lumbar region, involving the space of about one vertebra, with a sensation that it was being crushed in pieces. Sharp pain in upper third of right humerus, darting to right hand; after a time, felt the same in shaft of left femur. The pain seemed of a rheumatic character, and confined to the shafts of the bones. Dr. Hale informs me that he highly values its use in scrofulous ozena, and in those diseases where, in addition to the arsenicum symptoms, we find a scrofulous dyscrasia—or, rather, an *Iodine* dyscrasia super-added.

SPIGELIA IN ANGINA PECTORIS.

BY L. KENDALL, M.D., CHICAGO, ILL.

Mrs. — had suffered for about 15 years with attacks of severe pain in the epigastric region. She would be first suddenly seized with severe pain in the left side of the chest—about the region of the heart. The pain seizes her with such violence that it “almost knocks me down,” as she expresses it. It then passes rapidly around the body, from left to right—seemingly on the inside—to the *scrobiculus cordis*, where it remains about 12 hours, and then passes away of its own accord. The pain is spasmodic in character, and often induces vomiting. The vomited matter seems to be the contents of the stomach—food, mucus, etc., but no bile. These attacks recur every few weeks, but with no distinct regularity. They seem to have no relation to the menstrual period.

She had tried many physicians, and all kinds of medicines, but

none of them succeeded in shortening the attacks, or preventing their recurrence. She came to the conclusion there was no help for her, and bore her sufferings with meekness.

After trying without success many remedies that seemed indicated, as *Cactus*, etc., I gave her *Spigelia* 3rd. In a short time she was easier, and in four hours completely relieved. A subsequent attack was cut short at once, which was the last she had to my knowledge. I lost sight of her about eight months thereafter.

[The above interesting case was related to us a few days before the doctor's decease. We give it to the profession, at his suggestion, as it seems to throw "more light" on the action of that valuable drug—*Spigelia*.

The train of symptoms as here given are not met with in its pathogenesis—(we have added them in our Codex)—although the character of the pain would suggest this remedy. In the above case we would infer that the cardiac plexus was at first attacked, the pain then seemed to follow its ramifications about the inside of the thorax—possibly upon the diaphragm—the respiratory symptoms, however, are not given so that we can decide—and the pain finally located in the solar ganglia, sometimes involving some of *its* branches, as was manifest by the vomiting.

The character of the pain of *Cactus* is not spasmodic, but rather continuous and permanent, as we are to infer from "*Sensation of constriction of the heart, as if an iron hand prevented its normal movement, (the first ten days).*"—Ed.]

REVIEWS AND NOTICES OF BOOKS.

DIPHTHERIA as it prevailed in the United States from 1860 to 1866, etc. By C. NEIDHARD, M.D.

In the preface the author says:

"The more I contemplate this disease in all its details, the more I am convinced of its identity with malignant scarlatina and membranous croup, and that these diseases are different manifestations of the same or a similar poison in the blood."

A slight examination of this sentence has convinced us (no "more") that the author not only does not know the meaning of the words he uses, but is incapable of putting them together in a way to express his meaning.

Why is scarlatina maligna singled out and presented as the congener of diphtheria to the exclusion of *S. anginosa* and *S. simplex*?

Is the specific cause (the poison) of simple scarlet fever different from that of malignant? Are there two or three scarlet fever poisons, and only the "same, or a similar," for croup, diphtheria, and malignant scarlet fever? And why say "*similar*" when the author is convinced, "more and more," of the *identity* of the three diseases, or, according to him, the one disease. He says that the diseases are *identical*. Identical is "the same," "not different," and identity is "sameness, as distinguished from similitude and diversity." So, then, as the result of the author's hallucinations, we have three apparently dissimilar diseases caused by the very same blood poison, and yet the poison may be only similar; still the three diseases are identical, or one; and the most singular of all is that other forms of scarlet fever are not identical, though, doubtless, produced by the same poison as the malignant. Truly,

"Errors, like straws, upon the surface flow;
He who would search for pearls must dive below."

It certainly was a very superficial investigation that led the author to decide so important a question on the single fact that pseudo-membranes are common to all three diseases. Aside from the presence of a pseudo-membrane in the larynx or trachea, we can scarcely conceive the existence of two diseases with so few points of resemblance as malignant scarlatina and membranous croup.

Indeed they have nothing else in common, and how any one, after having seen them both, should ever mistake the one for the other, is to us passing strange; and we can hardly imagine any thing more absurd than their differential diagnosis.

We have no difficulty in understanding this apparently intricate subject, and though we may fail to make ourselves understood, yet we shall try; and, first, we object to the terms deposit and exudation, as tending to convey an erroneous idea. The matter in question is an aggregation of cells and cell elements

formed on the spot where they first appear, from living cells, in the same manner as mucous and pus cells, and, for that matter, chyle, or any other immature or imperfect cells.

We know that pseudo-membrane is not dead, and since nothing but cell matter lives, it follows that this must be cell matter, whatever the microscope may reveal. We know also that there is an essential difference between pus and mucous-cells, though the microscope does not enable us to determine what it is. And yet, in the same tissue, and from cells in continuity, both kinds are sometimes simultaneously produced.

The difference between the two kinds of cell depends upon the different specific condition impressed upon each by the cell from which it was formed.

The character of that impression is determined by the peculiar condition of the parent cell; and that peculiar condition of the parent cell, as differing from the normal condition, depends upon the action, or, at least, the presence of some irritant. Now, as different irritants cause differing products (cell elements), as mucous-cells from chewing tobacco or pepper, and pus-cells from the presence of a foreign body in connective tissue, it may be safely assumed that other irritants will produce different and modified cell forms.

It will not be *denied* that one specific poison develops measles, another small-pox, and a third scarlet fever, causing, in the first, a secretion (so called), a proliferation of mucous cells from the epithelial or connective tissue cells of the air passages; in the second, a proliferation of pus cells from the connective tissue cells of the skin, and in the third a proliferation of a peculiar cell form from the epithelial or connective cells of the buccal and faucial cavities. And *we* will concede that the pseudo-membrane in croup, anginosa maligna, and croup are identical, which may or may not be true.

Now, although a specific poison manifestly causes the proliferation of the mucous cells in measles, yet mustard, ginger, pepper, *Mercury*, *Lobelia*, and ten thousand other irritants will produce the same result.

So, in regard to pus cells, a foreign body, *Tartar emetic*, and various other irritants will cause the proliferation of pus cells from epithelial and connective tissue cells, as readily as the poison of small-pox.

And again, not only are mucous, pus, and epithelial cells proli-

ferated from the same unabraded surface at the same instant, as in catarrh, and various abnormal conditions, but the three are sometimes so modified in form and general appearance that it is, in a given specimen, impossible to find a perfect one of either kind.

Now what is true of these cell forms is also true of the diphtheritic cells, the aggregation of which constitutes the pseudo-membrane. And we see no good reason why it should not be formed in a great variety of diseases, and result from the presence of various irritants, as well as the diphtheritic poison.

The author admits, virtually, that there is no great difference between the "exudation" from a blistered surface, that in the buccal cavity in scarlatina, and in the larynx in croup; and we will add, that found on the surface of old ulcers, that seen in aphthous sore mouths, and that caused by the long continued application of certain irritants, as *Bromine*, *Bichromate of Potash*, etc., etc.

Now is it a fact that the identity of the pseudo-membrane is any evidence of identity of cause?

If it is claimed to be sufficient evidence, then it follows that every irritant that will cause the "exudation" is identical with the poison of diphtheria.

So, admit that *Tartar emetic*, *Phytolacca* (?), *Bichromate of Potash*, a blister, or any other irritant will produce pseudo-membrane, and it follows that they are the true diphtheritic poison; deny it, and we will have to "run amuck" against the entire medical fraternity.

There is sometimes every form and degree of cell-proliferation in a single case of scarlet fever or diphtheria, from the firm, thick, leather-like membrane, to a mere film of a lardaceous matter, loosely spread over the irritated surface. And frequently we have pus cells, mucous cells, epithelial cells, blood cells, and diphtheritic cells in a single specimen. Probably we sometimes have all of them at once in a common cold in catarrh, and in bronchitis, and certainly in some forms of influenza.

If this view is correct, then all the experiments in regard to the solvency of the membrane are worthless.

The firmest and most resistant membrane will be found in those cases where there is the most vitality, as in croup, occurring in apparently healthy subjects; and the least resistant in malignant diphtheria, scarlatina, influenza, etc. The prime rea-

son for dissolving the membrane is the danger of suffocation, and this only occurs where the membrane is thickest and strongest, and, of course, has most vitality, and most resistance. So, then, where we most need them, solvents are unavailable; and in the malignant forms of disease, where the immature aborted cells tumble off as soon as formed, like blasted figs, and never accumulate so as to be apparent, we certainly do not need them.

All these, and all other changes of the kind, result from the operation of one pathological law, and merely follow the disturbance of a physiological function. It is useless to seek remedies in solvents or in disinfectants.

The disease, so far as the pseudo-membrane is concerned, is one of the parent cell. Change the condition of the cell, or remove the irritant (poison), that disturbs its function (physiological action), and you cure the disease.

Strip off the membrane, and the disordered cells immediately reproduce it. You only increase the disease.

But we pass, to remark that from the "preface," page 8 to page 56, we have nothing but quotations from various authors (except a "leader" of two pages of "history"), and a line here and there to tie them together.

From page 55 to 144 we have a synopsis, mostly in his own words, of what has been heretofore written by modern physicians on the cause, diagnosis, prognosis, treatment, etc., etc., of the disease.

The remaining 32 pages is his own experience, which we design to examine when we have more leisure.

We will now merely speak of the style and literary merit of the second part, as we have divided it, since we find nothing new in the facts and conclusions. We would remark, however, in passing, that seven pages are wasted in remarks upon vegetable fungi, as connected with the pseudo-membrane, which have about the same relation to the specific diphtheritic disease that the maggots inhabiting an old, neglected syphilitic ulcer have to the specific syphilitic poison. As to the literary merit, there is an inexcusable looseness in the statement of facts, and carelessness in the use of words. There is no excuse for this. If an author has not time to write, he had better not write at all. He should take time.

I. S. P. L.

EDITORIAL.

LOCAL INFLUENCE ON DISEASE AND REMEDIES.

Those who have traveled in different parts of this and other countries, or who are conversant with the "local reports" of disease from different countries, are convinced that locality—latitude, longitude, altitude, etc.,—have much to do in determining the kinds and types of disease. In some localities, whatever the remedy indicated for the symptoms present, this local influence must receive, at least, intercurrent attention. Hahnemann recognized the fact, that diathesis had often much to do in determining the remedy.

The above facts are very manifest in this country, where we are familiar with the types of disease met in the practice of physicians in the different States. The better these local influences are understood, the more successful will we be as practitioners. A few years ago, in certain localities, diphtheritic symptoms were present in almost every case of disease. Dr. Baer, of Richmond, Ind., states that during the cholera epidemic in his locality last fall, cerebro-spinal meningitis complicated almost every case. The latter disease had prevailed quite extensively a few months previously. In many localities nearly every disease becomes intermittent in character. Among the Alps, the Pyrenees, in Derbyshire, and in some other localities, a certain diathesis—an obstruction of the lymphatic system (scrofula, so called),—must receive some attention. Rheumatic symptoms, during certain seasons, in other parts, are often a serious complication. In California, diseases of the heart, and of the arteries, is a common complication.

There are diseases supposed to be strictly epidemic, not confined to one locality, as small-pox, measles, scarlet fever, whooping cough, etc. These diseases, for some local cause or other, rarely pass *completely* over a tract of country, but appear here and there, now at one time, now at another. They seem to leave their impress upon those diseases strictly endemic, which impress is very marked at times. Certain laws, either local influences, or the condition of the atmosphere, incident to the changes going on in our planet, seem to regulate the appearance of other diseases; as cerebro-spinal meningitis, diphtheria, plague, cholera, purpuric fever, etc. The ancients had diseases, marked by peculiar symptoms, of which we know but little. After the lapse of centuries, a few diseases have reappeared. In 1860, diphtheria was presumed to be a new disease. The same idea prevailed some time ago in reference to cerebro-spinal meningitis. Purpuric fever, as it is called in Britain, is said to be a new disease. Attacks of dis-

ease, and often the types—as we all know—are very much influenced by the temperament, diathesis, idiosyncrasy, age, sex, vocation, etc., of the patient.

Just what the genius epidemicus, or endemicus is, its origin, and the conditions and laws that govern it, in many cases, remains to be demonstrated.

We are all well aware that the remedy indicated does not always act to our satisfaction, until an intercurrent has removed the obstruction. In one locality, in one case, it is an antipsoric, in another an antiperiodic, etc. In certain localities *Aconite* is the remedy for the character of the symptoms, in another it is *Belladonna*. The typhoid symptoms in one locality call for *Bryonia*, in another *Rhus*, in still another *Ars.*, or *Baptisia*. When epidemic and endemic symptoms are blended, the controlling remedies will need to be selected accordingly. In certain seasons, one or two remedies are suggested by almost every case, and again, for the same symptoms they are valueless. One temperament suggests one remedy, as *Pulsatilla*, another *Ignatia*, and still another *Aconite*, etc. We know that *Ignatia* seems to act better upon women than upon men, while with *Nux.* it is *vice versa*.

A knowledge of the above facts will harmonize the treatment in many "clinical cases," as reported by physicians in different localities.

How can a physician, practicing in the uplands of Pennsylvania or Vermont, for instance, know which is the most Homœopathic remedy for the totality of the symptoms in a given case reported in the valley of the Mississippi, unless he knows also the genius of the malady, its cause, etc.; also the temperament, sex, age, diathesis, vocation, etc., of the patient?

It has been endeavored to ascertain, from the above apparent confusion, the laws that govern epidemic, endemic, and independent diseases. This is a promising field for some investigating mind. Dr. Lawson sought to establish the occurrence, between 1817 and 1838, of a series of oscillations of febrile diseases following each other over the world with amazing regularity. By the aid of meteorology and climatology the geographical limits of certain diseases are pretty well established. The earth is divided into three great, irregular disease zones. The first, or torrid, is located between the annual temperatures of 77 degrees, Fahr., the third, or frigid, from about 50 degrees, Fahr., to the poles, and the second, or temperate, between the former and the latter. Within the limits of the torrid zone are found the principal miasmatic fevers; as yellow, typhus, typhoid, remittent, and intermittent, with cholera, plague, dysentery, diarrhœa, hepatic affections, and their results. The diseases incident to the polar zones are catarrhal affections, influenza, scurvy, erysipelas, and diseases of the skin. The diseases of the temperate zone are nearly all of the diseases enumerated above, with leprosy, elephantiasis, consumption, rheumatism, cancer, etc.

We believe it will eventually be found that the laws that govern disease are as definite and immutable as the law of cure. If local reports of disease, from all parts of the country, were published, it would not be long ere we could ascertain these laws, or, at least, lay hold of facts that would be of incalculable value to the entire profession.

SOCIETY REPORTS.

COOK COUNTY MEDICAL SOCIETY.

Chicago, September 5, 1867.

THE president—Dr. Davies—in the chair.

A communication was received from Dr. A. E. Small, who was unable to be present, and was read by the secretary. It was a case of arm and funis presentation. Delivery was effected by using the forceps in an inverted position, the patient being up on her knees and elbows.

A vote of thanks was tendered the doctor for his report, and it was referred to the "U. S. Medical and Surgical Journal" for publication. (See October number.)

DR. R. LUDLAM—Several cases have been recently reported, where the patient has been placed upon the face in order to restore the cord and an arm. The patient would afterwards be placed upon her side or back, and the child delivered by the forceps, or retained in position by the hand of the nurse, until the pains would engage the head in the excavation, but no where can I find a case in which the forceps were used upside down, and the patient in this position. These diagrams will illustrate the position of the parts, and the forceps. In the case reported to the society some time ago* we had a foot and funis presentation. Version by the vertex was effected; the forceps were applied inverted, and delivery was speedily accomplished.

DR. DAVIES—In what position was the vertex?

DR. R. LUDLAM—The child was transverse; its spine toward that of the mother, and the head in the right half of the maternal pelvis. The vertex was thrown forward upon the right brim of the pelvis.

DR. DAVIES—Hodge recommends version by the vertex in such cases.

DR. R. LUDLAM—Certainly; but the subsequent application of the forceps, with the patient upon her knees and face, is the expedient which I proposed and practiced.

DR. WOODWARD—Was the child dead?

DR. R. LUDLAM—Yes; the cord was pulseless and flabby.

DR. DAVIES—What is the necessity of putting the forceps on in that position? Why not place the patient upon her back, and deliver in the natural way?

DR. R. LUDLAM—We tried that several times in Dr. Kneipcke's case, but the cord and arm always came down, blocking up the passage. In this case Dr. Small and myself did not change the position of the patient after she had assumed it, for the reason that we could work more efficiently with the patient in this posture.

DR. DAVIES—Could you not bring down the feet?

DR. R. LUDLAM—We could not reach them.

CHELONE GLABRA.

DR. DAVIES then read a partial proving of *Chelone glabra*, communicated to the society by Dr. Graham, of Three Rivers, Michigan. Its pathogenesis confirms its clinical value in intermittents, as the latter manifest themselves in that locality. The doctor stated that Dr. Graham had used this remedy quite successfully in a number of cases of the above disease.

DR. DUNCAN—I have had some little experience with this drug. About ten years ago I prescribed an infusion of this plant for autumnal diarrhœas of a periodical character, with very good success.

DR. R. LUDLAM—Was it in a miasmatic district?

DR. DUNCAN—It was. I presume the diarrhœas were of miasmatic origin.

* See "U. S. Medical and Surgical Journal," No. 7, p. 304.

On motion, a vote of thanks was tendered Dr. Graham for his communication, and Drs. Duncan, Allen, and Hedges were appointed a committee to investigate the powers of the drug.

EMBRYOTOMY WITHOUT CRANIOTOMY.

DR. R. LUDLAM presented the society an interesting specimen. Was called, in consultation with Dr. Miller, to deliver a very large, fleshy woman. She must have weighed 250 lbs. Been in labor some time. The child seemed very large indeed, and the pains were very feeble. After long effort we succeeded in delivering the head, but to get it farther seemed impossible, although the pelvis was very capacious; still the shoulders lodged, and get them through we could not. The child being dead, we concluded to remove the head, push up the body, and bring down the arms. This was accomplished; but now the thorax would not pass. We used all the traction we could, but could not stir it. We then removed the arms, and opened the thorax. It then passed through to the pelvis, and was again immovable, stuck fast. I was obliged to open the abdomen, and insert the blunt hook into the anus, and to use strong traction before we succeeded in delivering the child. It was a monster, as you see, and weighed about 15 to 17 lbs. A curvature of the child's spine very much interfered with delivery. The mother is now doing well. This case shows that embryotomy is sometimes necessary without craniotomy.

DR. DAVIES—I have observed that women who eat largely of animal food have very large children.

DR. WOODWARD—The curvature of the spine, aside from the child's enormous size, would render labor very difficult indeed.

DR. R. LUDLAM—In fleshy and dropsical women the pains are not so efficient as in small women. The latter, as a rule, have easy labors.

ELECTION OF OFFICERS.

The society then proceeded to the election of officers, with the following result:

For *President*—R. Ludlam, M.D.

Recording Secretary—S. P. Hedges, M.D.

Treasurer—A. W. Woodward, M.D.

Board of Censors—H. Allen, M.D., J. Davies, M.D., and E. M. P. Ludlam, M.D.

Publishing Committee—The two secretaries, and John Davies, M.D.

Permanent Secretary—T. C. Duncan, M.D.—Stands over.

The permanent secretary reported that during the preceding six months there had been 12 sessions of the society, 12 papers had been read before this body, several communications received, one address delivered—in all 20 medical subjects had been discussed, and most of the papers and discussions had been published for the benefit of the general profession.* Of the 26 members composing the society, 18 had been in attendance—two having removed in the meantime. Several distinguished physicians had been present, as visitors of the society.

A vote of thanks was tendered the secretary for his report.

On motion, epilepsy was made the subject for discussion at the next session, and Dr. Allen was appointed essayist.

Adjourned.

September 27.

DR. R. LUDLAM—*president*—in the chair.

After the reading of the minutes an able address was delivered by the president (see page 35, this journal), which was listened to with interest.

* The "El Criterio Medico," published in Madrid, Spain, for September 10, 1867, contains a translation of a report of a session of this society, from the *MEDICAL INVESTIGATOR*, April, 1867.

A vote of thanks was tendered the doctor for his address, and it was referred to the publishing committee.

DR. A. E. SMALL announced the death of one of the members of the society—Dr. Lyman Kendall, of this city—and remarked: I have known the late Dr. Lyman Kendall some time. He spent three years in my office, as a student of medicine, and although an old man, he conformed to the regular requirements, and graduated with honors at Hahnemann Medical College. After graduation he went to Waukesha, Wis., and associated himself in practice with Dr. Kendrick. About a year after, he removed to Dixon, Ill, but the duties of a country practitioner were too arduous for him, and he located in this city.

The doctor has for years suffered with chronic rheumatism, which of late affected the heart. It may be said that he died of disease of the heart. He was a Christian gentleman, and was highly esteemed by all who knew him.

DR. COLTON—In my acquaintance with Dr. Kendall, I observed one trait in his character, deserving of particular mention, that was his conscientiousness in the selection of the remedy. Every one with whom he came in contact must have remarked it. I deeply mourn his loss.

DR. R. LUDLAM—I knew the doctor well, both when he was a student connected with the college, and afterwards, when a practitioner. I was led to esteem him highly, as a physician earnestly devoted to his profession, an honest and capable man.

DR. E. M. HALE—I would confirm Dr. Colton's remarks in reference to the late Dr. Kendall's scrupulous exactness in the selection of medicines. He was not altogether satisfied with the usual manner in which tinctures and triturations were prepared. I have known him search a week among the shops of the city for some particular drug, and finally send to New York for it. He made some improvements on Hahnemann's method of preparing medicines, which I urged him to make known to the profession. Some of these facts I presume he has left in manuscript, and some I have in my possession. Those I have I will look up, and communicate to the society.

DR. COLTON—I know they will be valuable.

On motion, Dr. Hale was requested to communicate to the society, in behalf of the late Dr. Kendall, any medical facts which he may have left on record, or which Dr. H. has received.

On motion of Dr. Duncan a committee was appointed—Drs. E. M. Hale, R. Ludlam, and D. A. Colton—to draft resolutions expressive of the sentiments of the society.

The following resolutions were unanimously adopted, and the secretary ordered to transmit a copy to the family of the deceased:

WHEREAS, Our respected colleague, Dr. Lyman Kendall, has been removed from among us by the hand of death, while in the midst of a useful professional life;

Resolved, That this society feel that in his decease they have lost a useful member, a good man, and a conscientious physician.

Resolved, That we tender to the bereaved family of the deceased our sincere sympathy for the irreparable loss they have sustained.

On motion, the society adjourned, without transacting any further business, out of respect for the deceased.

PERISCOPE.

A NEW SYMPTOM OF ACONITE.—In a case of poisoning by *Aconite*, we note the following symptom: "Unable to raise his feet from the ground. They feel like two great weights attached to the body."

ONE ETIOLOGY FOR INTERMITTENT, REMITTENT, AND YELLOW FEVERS. The circumstance of intermittents passing into remittents, and remittents

into malarious yellow fever, and conversely, of remittents and malarious yellow fever, often terminating in intermittent—facts observed, not only in the East and West Indies, but on the continents of America and Africa—demonstrate a *unity of cause* as firmly as the best-established facts in medicine.—*Aitken*.

IGNORANCE OF DISEASE.—The recent cholera riots in Italy is an evidence of the people's ignorance of disease. They believed that wells are poisoned, that the poison is blown in at the key-hole. They burned drug-stores, fired guns out of the windows, and forsook their houses, sacked the houses of the authorities; creating terror, and putting to death many innocent persons.

INFANTILE WORKINGS OF ALLOPATHY.—Such is the heading of an article in the "Herald of Health." It states that in the city of New York, for the week ending July 30, 1867, 677 deaths are reported: of this number 477 (!) are set down as those of children under 5 years of age. This fact ought to be sufficient to startle the community into the inquiry: Why this fearful mortality among our children? It is well known that a very small proportion of this class (foreigners) employ other than old school physicians. It intimates that these practitioners are principally foreigners.

Such facts as the above tend very much to weaken faith in allopathy.

BULLET IN THE HEART TWENTY YEARS.—In 1840 a boy was struck by a rifle-ball in the upper border of the right trapezius muscle, about two inches from the acromion process; it passed downward and inward, and could not be found. In six weeks he was at work. In 1845, during an attack of pneumonia, a tumultuous action of the heart was noticed, which increased up to the time of death, from another attack of pneumonia, in 1860. The subclavian artery, pericardium, and other parts, were found to contain atheromatous deposits. The heart was large, soft, and flabby, having undergone Quain's fatty degeneration. In the wall of the right ventricle, near the septum, at the most pendant part, the ball was found, somewhat flattened and encysted. No wound of the heart or cicatrix could be discovered.—*Etz*.

LOCAL REPORTS OF DISEASE.

APPLETON, Wis.—During the summer months we have had much diarrhoea and dysentery. The principal remedies indicated in the latter disease were *Acon.* and *Mere.* We are having now, principally, typhoid fever and cerebro-spinal meningitis. I have met many cases of the former disease in very young children. The nervous symptoms are very prominent. The latter disease seems to be on the increase. Have had some very severe cases. *Ars.* 3rd, and *Rhus* 3rd, have been the principal remedies indicated, and valuable.

M. F. P.

PURPURIC FEVER.—This disease, which seems to be a severe form of cerebro-spinal meningitis that is prevailing so extensively in Britain, has reached our shores, imported by an emigrant vessel. The health officers at New York are somewhat puzzled over it. They call it an endemic disease, depending upon local and atmospheric causes. It manifests itself in two forms that are quite different in their symptoms and appearance. They think it not communicable. It is very fatal.

Although this may not be a new disorder, and may not prove to be contagious; still the fact that cerebro-spinal meningitis is present in different parts of the country, and on the increase, leads us to fear that the local and atmospheric conditions necessary to the spread of this disorder are already present with us. It may spread over our country as it has over Britain.

We shall watch for its detailed symptoms with interest, and shall publish them for the benefit of the profession at the earliest moment. We ask the profession to be on the outlook for this strange malady.

A London physician thinks that for the occipital headache, spinal-petechia, and rapid prostration, *Secale* is the suitable remedy.

HOBART TOWN, AUSTRALIA.—The fatal case of hydrophobia, reported in this place in February, is believed to be the first case that ever occurred south of the equator.

CHICAGO.—The diseases principally met with just now are diarrhoea, and cholera infantum—relicts of the summer diseases.

DYSENTERY.—Quite a number of cases, but the type is mild. They yield to *Merc.*, *Pod.*, *Colyc.*, etc.

TYPHOID FEVER.—Many cases. Meningeal symptoms have complicated some of the cases, calling for *Rhus*, *Bell.*, or *Bry.*

TYPHUS FEVER.—A few imported cases have occurred among emigrants. As none of them occurred in the practice of our physicians, we can not learn that there was anything unusual about them.

MENINGITIS.—A few uncomplicated cases have occurred. The symptoms suggested *Rhus*.

CASES of small-pox, scarlet fever, whooping cough, measles, diphtheria, etc., are encountered quite frequently.

CHOLERA.—During the last two weeks of September Cholera prevailed in a mild form in St. Louis. October 4th, two cases occurred. In Nicaragua it is still prevailing in the interior. During the prevalence of the epidemic in Italy 32,577 persons were attacked, of whom 12,901 died. The ratio of mortality was highest—60 per cent.—among the better classes. But few young children were attacked. Those between the ages of 20 and 35 were most susceptible. Some cases are reported at Memphis.

YELLOW FEVER.—At Pensacola the disease is rapidly abating. At Galveston the disease has nearly disappeared. At Mobile a few cases are daily reported. In New Orleans the epidemic is now on the decline, influenced, no doubt, by the approach of cold weather.

In Memphis, a few days ago, some cases of this disease occurred, but now it has become epidemic, although the weather is clear, and there was a light frost on the 13th inst.

PERSONAL.

W. EGGERT, M.D.—In our notice of the prizes offered at the Western Institute, we unintentionally omitted to mention the one offered by Dr. Eggert. We are pleased to inform the profession that the project originated with the doctor, and that he will give a prize of \$100 to the writer of the best essay on Nasal Catarrh, and its treatment.

CALVIN C. WAGGONER, M.D., aged 32 years, died at Cedar Rapids, Linn County, Iowa, on the morning of the 24th of September, 1867.

Dr. Waggoner located in Cedar Rapids about six years ago, and was one of the first to raise the banner of "Similia Similibus" in this county. He was a faithful laborer in the cause of Homœopathy, and by his attention to business, success in practice, and kind, gentlemanly deportment, had obtained a lucrative practice. During the past winter his lungs became diseased, and in March last he gave up his practice, and took a trip to California, but receiving no benefit, he returned home to die in the bosom of his

family and friends. For the last two months he was confined to his bed, and was a great sufferer, which he bore with Christian fortitude. He was a devoted husband and kind father, and he leaves behind a faithful wife and an affectionate little daughter, besides a large circle of friends and patrons to mourn his loss.

D. R. H.

Marion, Linn Co., Iowa, September 30, 1867.

SMITH ROGERS, M.D., BATTLE CREEK, MICH.—We regret to be called upon to chronicle the death of so bright an ornament to the profession. We learn he succumbed to that disease against which our armament, we regret to state, is too ineffectual. We refer to cancer. Some time recently Dr. G. D. Beebe amputated one of his limbs upon which the disease was located, with the hope of preventing its further progress. For a time the disease was stayed; but finally, he succumbed. Many friends will mourn his loss.

L. KENDALL, M.D.—We briefly noticed this physician's death in our last issue. On another page we give space to the report of the action of Cook County Medical Society on the death of this one of their members. As far as his health would permit he was a faithful worker in the above society.

Dr. Kendall early in life suffered with rheumatism, which finally implicated the heart. From an examination of his case a few days before death, we inferred there was hypertrophy with dilatation of the heart, insufficiency of the aortic valves, and disease of the diaphragm. In his late illness remedies seemed to afford but little relief.

He leaves a large circle of friends to mourn his loss.

M. RAYER died September 10th, of meningeal apoplexy, with which he had been struck on the 8th. He was one of the first physicians in France, and president of the National Association of French Physicians. Gibert, Jobert, Trousseau, Follin, Velpeau, and now Rayer—what a gap among the leading medical names of France one short year has made.

J. C. PETERSON, M.D., WATERLOO, N. Y.—We learn of the sudden, suicidal death of this well known physician.

SOCIETIES, ETC.

CONNECTICUT MEDICAL SOCIETY.—The semi-annual session of the above society will be held on the third Tuesday of this month.

INDIANA HOMŒOPATHIC INSTITUTE.—This medical society holds its first regular session, November 6th, at Indianapolis. Reports are expected from the following committees: Dr. Eggert, on *Homœopathy and Clinical Medicine*; Dr. Burnham, *Drug proving and New Remedies*; Dr. Boyd, on *Anatomy and Pathology*; Dr. Hutchinson, on *Surgery*; Dr. Waters, on *Obstetrics*; Dr. Compton, on *Chemistry*; Dr. Jennings, on *Medical Diagnosis and Physiology*, and Dr. Baer, on *Potencies and Doses*.

TO CORRESPONDENTS.—*All communications should be addressed to the Editor, 59 Clark Street. Articles for future numbers should be received at least THIRTY DAYS before the date of publication.*

All business letters should be addressed to the Publisher.

BOOK NOTICES.—The long review in this number has crowded out others. We think, however, the space well occupied.

THE
MEDICAL INVESTIGATOR.

VOL. V.—*DECEMBER*, 1867—No. 51.

CHARACTERISTICS FOR DIGITALIS.

BY R. ARNOLD, M.D., CRIGLER'S MILLS, MO.

Miss M., aged 17, of lymphatic temperament, light hair, blue eyes, was suddenly seized, September 7th, with violent diarrhœæ. The discharges were watery, and painful. She complained of chilly sensations, with pain in the back, limbs, and head. Pupils dilated, with great aversion to the light. As soon as she laid down in bed, she fell into a stupid state, with constant muttering, or loud talking. She seemed to be in a quarrelsome mood, and kept calling the family, one by one, by name, telling them to see her feet, that they were covered with spiders, that flies were crawling upon her hands, and wasps were stinging her.

This is, as near as I can recollect, the condition when I was called to treat her, which I objected to do, as other members of the family were bitterly opposed to my practice. I advised them to call their own physician—an allopath—and took my leave. He came, and diagnosed bilious intermittent fever, congestion of the brain, and flux. He gave an enormous dose of *Opium*, then *Calomel*, one dose, with orders to give five grain doses of *Quinine* in four hours. In two days it was reported to me that she was convalescent; still she could not see a person across the room. At the end of four days, I was consulted to cure a mercurial sore mouth, which was readily accomplished with *Kali*

hydriod, in solution (one grain to an ounce of distilled water), used as a gargle. As soon as her mouth was well, all her former symptoms returned. The pain in her head, she said, seemed to start from the eyes, as soon as uncovered, and dart, like electric flashes to the brain. She was troubled with persistent and most distressing nausea, but no vomiting. All this time her pulse was about 40, full, strong, yet easily compressible. Heart's action very slow, but very forcible. I prescribed *Ipecac*, 3rd dilution, three drops in two ounces of water, a teaspoonful to be taken once in two hours, until its effect was perceived; nausea allayed; then *Belladonna*, 6th c. dil., four drops in the same amount of water, same dose once in four hours.

I returned next day, and found my patient more comfortable. Diarrhœa diminished, nausea gone, pulse same, lower extremities cold to the knees, and temperature of the head slightly increased. Pain in the head described as covering the top of the head, like a hat, with dartings from the eyes. When the eyes were exposed to the light, she could not distinguish persons the length of the bed from her.

The case continued, without any change of importance, for a week, in spite of all I could do. (I had no one to counsel with, nor have I had ever since I commenced the practice of Homœopathy.) The case demanded immediate relief, and her friends were growing clamorous. I was riding along, conning over the *Materia Medica*, when I thought of *Digitalis*. Several years ago, when I first commenced practice as an allopath, I had a case of poisoning by *Digitalis*. I remembered it as if but yesterday, the symptoms corresponded precisely. I proceeded to the house, and told the lady I was going to prescribe the remedy which would cure her, so sure was I of its Homœopathicity, and the result justified my expectations.

I prescribed three drops of the 3rd dec. dil. in two ounces of aqua, a teaspoonful once in four hours; and before time came for the second dose, she could see across the room, and bear the handkerchief removed from her eyes. I visited her next morning, and found her *sitting up in bed*, complaining of nothing, except hunger. She made a rapid recovery.

These are the symptoms that guided me in my choice of *Digitalis*: Pulse unnaturally slow, and full; pupils dilated, and great sensitiveness to light; the peculiar delirium; pain darting from the eyes to the brain; coldness of lower extremities.

THEORY AND PRACTICE.*

BY A. E. SMALL, M.D., CHICAGO, ILL.

OBSERVATION teaches that nearly all diseases that originate from morbid sources, are in the onset to be regarded a disturbance of the normal harmony of the vital forces. The first invasion is generally denoted by some specific form or type of fever, which in its progress produces corresponding symptoms. As, for instance, the first noticeable departure from the healthy standard, in one upon whom malarious influences have left an impression, may be a sense of weariness and physical lassitude, followed by yawning, chilliness, and heat.

When the cause is epidemic, and in the atmosphere, although no two individuals, by reason of difference in temperament and constitution, are affected precisely alike—yet it has been observed that there is in the stage of invasion a remarkable sameness. Nearly all experience the malaria and lassitude that precedes the more active febrile reaction.

The same is true of endemic diseases, as shown abundantly during the prevalence of yellow fever at Norfolk, Va., about twelve years ago. It will be recollected that this was one of the most fearful and malignant endemics that has ever visited any single locality in this country. It was observed that nearly all cases presented very similar mental and physical phenomena, when the disease was gradually and almost insensibly fixing itself upon victims. But after the stage of invasion, some sunk by profuse epistaxis, some by bilious diarrhœa, some by vomiting without epistaxis, and some by the consecutive or simultaneous action of both, and also some by the combined action of the whole. The tongue exhibited nearly the same characteristics in all cases, being coated by a dark and filthy coating, which, combined with an exceedingly offensive breath, suggested at once what might be termed an antiseptic treatment.

In variola, the stage of invasion, and also the full development of fever, presents a great sameness in all cases. The pains in the head and back being always an attendant.

The same, so far as can be ascertained, of scarlatina and mea-

* Transactions, Illinois Homœopathic Medical Association.

sles, and all eruptive difficulties. There is in each the type or form of fever, which can only result from the specific morbid action of the malaria or poison.

The febrile nature consequent upon physiological changes—such as occur at the age of puberty—is unlike that produced from any other cause; the severe sufferings of young girls in merging into womanhood, or of boys, when they are compelled to yield their effeminate voices to the past, and exchange the shrill notes of the treble clef for those of the contralto or bass. The febrile difficulties consequent upon these changes, are often the precursors of physical ills—which can not be guarded against by too much care and skill.

That other physiological change of woman, the period of menopause, presents febrile difficulties, as varied as there are differences of constitution and temperament, and so do the febrile difficulties consequent upon old age.

All this is briefly cited, to show the difference of type or form of fevers, with reference to the correct application of remedies.

It is a settled rule in Homœopathic practice, that remedies must be employed that have been tried upon persons in health, that have been the cause of medicinal disease, resembling the morbid disease they are intended to cure. Now as every disease has a characteristic febrile type from the onset, so has every remedy, and very often, if we can decide upon the type of the fever, we can trace its effects in different constitutions, and connect it with a great variety of symptoms. As for instance—in a type of fever characterized by great prostration, rapid and wiry pulse, thirst, indistinct chilliness and heat, we have the type of fever produced by *Rhus tox*. In some constitutions this fever will be accompanied by erysipelas. In both cases the *Rhus tox*. will be found a valuable remedy.

To avoid confusion, then, in selecting remedies for given cases, first inquire into the pathological condition of the patient, and then determine, if possible, the character of the fever that lies at the foundation of the patient's ailments, and then by carefully studying the types of fever produced by certain remedies, when tried upon the healthy, by selecting one whose febrile type is nearly allied to that of the disease, in all probability it will prove an antidote.

The palpable want of success in the treatment of chronic maladies may, in all probability, be traced to the fact, that the inquiring

into the pathological condition of the patient, and the attendant form of fever, has been too much neglected. For when the type of the febrile difficulty is fully made out, and a similar type is found in the pathogenetic chart of some remedy, its administration will prove curative.

In illustration of this theory, a few cases are here detailed for consideration. * * *

CASE I. LACHESIS FOR CLIMACTERIC SUFFERING.—A lady, wife of one of our esteemed citizens, aged forty-two—somewhat worn down by debility, had been several months troubled with uncomfortable sensations of the head—more distressing than the headache. At the same time she was depressed in spirits, and very sensitive to cold. I found, on inquiry, that her menstruation, though regular, had been quite profuse, and that she had experienced an uncomfortable dryness of the throat and fauces each morning for several months, and withal she had been troubled with constipation and hæmorrhoids. From all I could learn of this dryness of the throat, and sensitiveness to cold, with occasional flushes of heat, I recognized the fever that is attendant upon the menopausal period. I found a type of it in *Lachesis*, and I administered *Lachesis*, 12th centesimal dilution, and to her great joy, and our satisfaction, three or four doses removed all the suffering; the spirits revived, appetite returned, and dryness of the throat disappeared.

CASE II. LACHESIS IN TETTER.—A lady, aged forty, and married, but had never had any children. She was of a psoric habit, and had been troubled more or less with tetter upon her hands and arms. About two years ago she felt languid, and experienced some derangement of the function of menstruation, and an augmentation of the tetter, until it covered her arms, face, and parts of her body. She, at the same time, became a sufferer from blind hæmorrhoids, and was obliged to keep her bed day after day. For six months or more she had suffered with little respite—all the time having the dry throat and fauces—the depression of spirits and inappetency which characterizes a specific fever. Under the direction of her physician, she had resorted almost daily to draughts of citrate of magnesia, occasionally changing to Seidlitz powders, and then mild aperients, and still she obtained no relief, and, moreover, she was not promised any, for she was plainly told that such a tetter as her's was incurable. She finally resolved to try Homœopathic remedies in her case. *Lachesis*, 9th,

was prescribed, a dose every day. She began to improve, and was much better for a while, and then she had a relapse, and was much worse. *Lachesis*, 200th, Lehrman's preparation, was then prescribed, in daily doses. She began to improve again, and with the exception of the external use of the *Glycerole of Aloes*, to allay the suffering from cracking of the skin upon the arms and back of the hands, she has taken no other remedy. She is now entirely well from the humor, and free from the fever. Her menstruation ceased about eight months since. * * * * *

CASE III. LYCOPodium IN EMPHYSEMA.—A young woman had been severely attacked with pleuro-pneumonia, and treated until she was pronounced a hopeless case of lung disease. When first called to see her, an extensive emphysema was observed upon the left side, which soon found an opening between the fifth and sixth ribs. From this opening immense quantities of pus escaped, and the air rushed out every time she exhaled from the lungs, and at every inspiration the air rushed in at the aperture, as well as at her mouth. I closed this orifice with a compress of lint and a bandage. She was troubled at the same time with a deep, hollow, bronchial cough, and night sweats. I decided to give a dose of *Lycopodium*, in a tablespoonful of water, every day; the 6th attenuation was used. She seemed to get some better. I continued the remedy in the 200th of Lehrman's, and she entirely recovered, and remains well to this time.

CASE IV. SENECIO IN NEPHRITIS.—A well known banker, of this city, noted for being very restless, and weak about the kidneys and bladder, had a severe attack of nephritis, and the most excruciating suffering, together with the acrid burning in the urethra, near the bladder, was so entirely relieved by *Senecio tincture*, that he has repeatedly sent it to distant friends, whom he believed to be similarly afflicted,—and in all cases characterized by this restless agitation and suffering from irritation of the bladder, both Dr. Hale and myself have found the greatest satisfaction from its use.

I take this opportunity to state further, that in many of the bladder troubles during pregnancy, the *Senecio-aureus* has fulfilled our most ardent expectations.

CASE V. CAULLOPHYLLIN IN THREATENED ABORTION.—A case of threatened abortion was arrested with *Caullophyllin*. We have often read of the effect of this drug upon the uterus, as recorded from Indian tradition. Pains are always produced by

some kind of fever, and when a fever, whether provoked by fatigue, cold, or other cause, becomes manifest in uterine pains, it is confidently believed that *Caullophyllin* will prove an efficient remedy. * * *

LACHESIS.

BY C. W. BOYCE, M.D.

“WHEN Hahnemann was urged to publish cases from his clinical record, he, for a long time, refused to do so, on the ground that the symptoms of the drug, and the therapeutic law, furnish an all-sufficient, and the only safe guide for the selection of the remedy, and that cases from practice would be apt to lead practitioners astray, by tempting them to repeat the prescriptions without accurately discriminating their cases. * * * And that this *is* the *practical* result of the publication of this work, is painfully evident on a perusal of our journals, in which, from the ‘Observer’ up to the ‘British Journal,’ for the last two years, a multitude of cases have been reported,” etc. (Dunham’s Review of Hale’s New Remedies in U. S. Medical and Surgical Journal, Vol. III., pp. 96, 97.)

As Dr. Dunham’s battle-axe is as irresistible as that of the Black Knight at the tournament at Ashly, so graphically described by Scott in *Ivanhoe*, I shall hope not to encounter it, and will beg the doctor to consider me out of the “lists.”

I had supposed that reports of clinical cases were valuable as aids to the study of the *Materia Medica*, in calling attention to particular symptoms, and corroborating them, and in aiding the memory to retain them. With this view, I have reported several cases which have been cured by a single remedy, and if of no use to others for reference, it has been, at least, a great satisfaction to myself, and I had supposed a help to retain the conditions described in the memory. There can be no doubt that when such reported cases are taken as a basis for prescribing, without consulting the pathogenesis of the remedies, it does harm in so far as it prevents a thorough study of the *Materia Medica*. The study of the *Materia Medica* is a serious labor, and, for one, I have found it the most difficult that I ever undertook, and as yet

there has been no method pointed out to make it easy. I am seeking aids to make it so.

To those who are able to individualize each remedy, and know them as they know individuals, and can see and distinguish their features when they meet them, the practice of medicine must be a pleasure; and to this knowledge we ought all to aspire, and never be satisfied until we accomplish it. That each remedy has such characteristics that we may know them when we meet them, I do believe, and that we may learn to recognize them at sight, is equally true. When we possess this knowledge, we may throw aside all considerations of pathology, names of diseases, and all considerations of every thing but symptoms and pathogenesis, and, like the master, *know*, when we prescribe, that it is *right*.

For the use of those who have not yet arrived at this desired point, I submit the following, from the pens of Dr. J. C. Raymond, of Utica, N. Y., and Dr. J. B. Bell, of Augusta, Maine:

“One very troublesome form of disease—nursing sore mouth—has, in several instances, promptly yielded to three or four doses of the 200th potency of *Lachesis*. The symptoms were swelling of the tongue and lips—particularly the lower lip—redness and burning sensation of the tongue and lips; redness of the gums, and swelling of the same; at times, a dry, shining appearance of the inflamed surfaces, at others the parts were moist, with increased secretions from the salivary glands. On the lower lip, small, white spots would appear, soon coalescing, and form a continuous white patch; ulcers on the sides of the tongue. When these symptoms reached their height, there would be nausea and vomiting, followed by a loose state of the bowels; the mouth then, for a time, appeared better, until the same symptoms would again develop themselves. There was a loss of appetite, inability to take food, from the extreme sensitiveness of the mouth and tongue, and distress at the stomach after food had been taken; emaciation, debility, and, at times, profuse perspiration; pale face, with sunken countenance.

“In inflammation of the throat, the third and sixth attenuations of this remedy have effected cures. The symptoms were redness, swelling, and inflammation of the inflamed surface; sensation of pricking, as of needles, here and there; sensation of fullness in the throat, as if a plug were in it; difficulty in empty deglutition, more marked than when swallowing food; difficulty in swallowing liquids; dryness and redness of the affected parts; also ulcer-

ation of the throat, and sloughing of the throat, particularly in that form of the disease called black-tongue.

"In cases of dry, spasmodic cough, worse in the evening, and at night; cough induced by a tickling in the throat-pit (lower part of the trachea), the slightest pressure on the affected part produces violent and long-continued spasmodic cough—the ordinary contact of the clothing about the neck induce the cough, and can not be borne by the patient on that account. These symptoms are among the leading indications for the remedy.

"In peritonitis: Tongue red and dry; burning, aching, cutting pain; tense, distended abdomen, with extreme tenderness of the bowels, with constipation, have been the principal indications for this remedy.

"J. C. RAYMOND, M.D."

The following, by Dr. Bell, will turn even the edge of Dr. Dunham's axe :

"*Mind.*—Despair of recovery, expectation of approaching death. Thinks he is already dying, and will die at sunset.

"*Mouth, etc.*—*Smooth, red tongue.* Pointed tongue, catching upon the lips or teeth when protruding it.

"*Pharynx, etc.*—*Sore throat, beginning on the left (?) side,* with pains extending to ears, *with itching of eustachian tube, extending into the ears.* Feeling of foreign body in the throat (not very frequently met with). Soreness, aggravated *after sleeping,* when swallowing empty; ameliorated, *by eating, by taking something warm.* *Dryness* of the throat on waking. (*Æsc. hip.* closely resembles *Lachesis* in all these symptoms, except location, which is *back part of pharynx.*)

"*Gastric Symptoms.*—Acids occasion diarrhœa, and disagree generally. Desire for oysters, which agree. Pains in the stomach, of a distensive character, appearing a few hours after a meal; relieved by eructation, relieved by eating, relieved by unfastening the clothing, relieved by loud, large, noisy, but scentless discharge of flatus.

"*Larynx, Chest, etc.*—Cough excited by a feeling of tickling or dryness in the larynx; expectoration generally swallowed; *aggravated after sleep,* by touching or pressing the larynx, by *tobacco smoke.* Feeling of suffocation; can have nothing close about the throat, skin, etc. Carbuncles, boils, or any unhealthy condition of the skin, characterized by dark, *blue,* or *purple* color,

and discharging of dark, bloody pus. It has a wonderful effect in such cases, renovating the whole system.

General Symptoms.—Much languor, *like that produced by warm, sultry weather.* Drowsiness in the day time. General aggravation *after sleep, in the spring, in warm weather, in damp weather.*"

Dr. Lippe has promised me a paper on *Lachesis*. From the well known ability of this gentleman, we may expect a rich treat.

All who feel any interest in reported cases, are solicited to send their experience with this remedy to THE INVESTIGATOR, for publication.

VITEX AGNUS CASTUS.

Read by DON IGNACIO OLIVER at the session of the Homœopathic Academy of Madrid, June 18, 1867. His Excellency the Marquis de Nuñez presiding.

(Translated from the "*El Criterio Medico*," VIII. 12), for THE MEDICAL INVESTIGATOR.

(AFTER reviewing the botany and interesting ancient medical history of this shrub, the doctor proceeds:) But leaving exaggeration and extravagances, let us seek real and positive data, therapeutical and pathogenetic, for, without doubt, at the bottom of all pharmacological traditions there is some experimental fact, exaggerated or distorted by vulgar superstition. This drug, at the beginning of the modern era, experienced the same fate as many other drugs, much used before, falling into the most utter oblivion. It has no place among those studied by Hahnemann,* being found neither in the *Materia Medica Pura*, nor in the *Chronic Diseases*. Stapf published its pathogenesis in the "*Archives*," though I do not know but Dr. Karl Helbig, of Dresden, had previously published one somewhat less extensive, in a collection of pathogeneses printed in Leipsic in 1833. The most complete pathogenesis, however, may be found in the *Materia Medica Pura*, published by Dr. Roth, in Paris, in 1851.

* Symptoms detailed by Hahnemann, however, will be found in Stapf's *Archives*, X. 1,177.

At first I will give, for the sake of following the historic order, simply the curative effects, which we may consider empirical, obtained by various practitioners, and quoted by various authors from ancient times.

Pain in the upper part of the head, as from having remained in a close apartment. Sensation of weight in the head on turning the eyes, after having had them fixed upon one point.—*Rd.*

Hypochondriasis or dropsy, depending upon lesion of the spleen.—*Dioscorides.*

Induration of the spleen.—*Lemery.*

Flatulence.—*Bock.*

Cures fissures of the anus, applied externally.—*Dioscorides.*

Useful against gonorrhœa.—*Zwinger.*

Chronic gonorrhœa, with lack of erection and pleasurable excitement.—*Hencke.*

Has a good effect against gonorrhœa.—*Helbig.*

Many persons, having used these seeds, have been much more inclined to amorous pleasures, as some apathetic and relaxed individuals use white mustard. They are only useful, however, in increasing the generative aptitude of those whose genitals are relaxed, and as if lifeless, since to ardent constitutions they are by no means favorable.—*Schuster.*

Disperses induration of the testicles.—*Dioscorides.*

Hastens or promotes menstruation.—*Dioscorides.*

Is useful against leucorrhœa.—*Braüner.*

Accelerates labor.—*Dioscorides.*

Increases the lacteal secretion.—*Dioscorides, Zwinger.*

Operated very favorably in one recently delivered, where the lacteal secretion was wanting.—*Helbig.* * * *

By examining more comparatively and conjointly the curative effects of this drug given us by tradition, and the pathogenetic effects which I have just described, we may sum up in the following terms the pathogenetic characteristics of the *Agnus Castus*, which must serve as a guide for clinical use:

Melancholy and hypochondriac; mental dejection, even to a desire for death; distraction; want of ideas; impossibility or difficulty of forming judgment, and of fixing the attention upon what he hears or reads.

Headache as if having been stifled. Pain in the head, increased by reading. Pain as from contusion, as if he had received a blow upon the temples. Itching, and pricking itching in the

hairy scalp. Tension and coldness of the integuments of the head, which feel hot to the touch.

Sense of heat in the eyes when reading at night. Itching and stinging in the eye-lids. Dilatation of the pupils. Ringing and roaring in the ears.

Smell of musk or herring, from perversion of the sense. Dryness of the mouth; viscid saliva; redness of the uvula and the veil of the palate. Scraping in the throat, which makes him cough, and expectoration of very viscid mucus.

Metallic or coppery taste in the mouth. Increase of appetite. Thirstlessness. Aversion to all kinds of drinks. After eating, fullness and distension.

Distress in the stomach, and then in the bowels, as if all the viscera were pressing down. Pressure in the hepatic region, increasing on being touched. *Borborygmi* in the abdomen during sleep.

Diarrhœic stools. Stools hard and constipated. Burning itching in the perineum. Urine more abundant, and passed more frequently, and with more force.

Debility of the genital organs and functions. Drawing in the spermatic cords. Blenorrhœic flux from the urethra, with lack of venereal appetite and erections. Ready flow of prostatic fluid from exertion at stool or otherwise, or from voluptuous excitement. Alternation of exaltation and depression in the force of the venereal appetite and the erections. Suppression of the menses, with drawing pains in the belly.

Swelling and arthritic drawings in the toes, chiefly when walking. Inclined to twist the feet when walking in the street. Pains as if from dislocation in the articulation of the shoulder, the hand, and the knee.

From this group of symptoms it would not be difficult to point out the class of ailments in which the *Agnus Castus* might be indicated. It seems to me, that if in every good pathogenesis we should find copied the physiognomy of the different morbid states and their varieties. In this drug we find set forth clearly enough the sufferings which at times accompany hysteria, that Proteus of pathology, in some of its forms, and those which follow weakness of the sexual system, produced by debility of the nervous system; thus it has been used sometimes against impotence, suppression of the menses, aglaotia, and sterility. It has a

manifest action upon the mucous membrane of the urinary passage, and hence is useful in gonorrhœa.*

Nevertheless, *Agnus Castus* has been used but very little, and has not, apparently, given satisfactory practical results. Dr. Teste says that he has tried it, and that, in his opinion, it is of so little importance that it might, without loss, be dropped from our *Materia Medica*.

We may partly understand the neglect with which *Agnus Castus* has been treated, by noticing that its analogues are so valuable, and used with such good results; as *Calc.*, *Caust.*, *Chin.*, *Ign.*, *Lyc.*, *Merc.*, *Natr. m.*, *Phosph.*, *Puls.*, *Sep.*, *Sulph.*, with which various groups of symptoms are covered, which are comprised under *Agnus*.

However, it would be a question quite worthy of consideration, to inquire, how a remedy, whose action upon the sexual functions, especially of the male, is so characteristic and indisputable as that of *Agnus*, should fail so utterly in its clinical results. Since there is no uniformity in the results obtained by various experimenters, I would undertake to maintain, desiring upon this point the opinion of this society, that this contradiction depends, 1st, upon the various parts of the plants which have been chosen for the pharmaceutical preparations; 2nd, upon the manner of these preparations, and 3rd, upon the dose in which the drug has been given.

As regards the first point, I think that the virtues of the *Agnus* reside principally in the substance of the seeds, and that every preparation which is not made from them, does not possess all the properties assigned to this celebrated vegetable. As for the second point, I think that the trituration of the seeds would be the most efficacious manner of obtaining a preparation endowed with the virtues which antiquity attributes to the *Agnus*, and which experience has since confirmed.

The third point, or that touching the dose, is not, as it seems to me, the least important, but it may better be considered in a general discussion upon the best method of developing the medicinal virtues of different substances. It is a well known fact that the Homœopathic preparation of drugs modify some properties, and develop others, and this may be the reason why the *Agnus*

* Dr. H. C. Allen has found this a valuable remedy in spermatorrhœa. In the last stage of gonorrhœa, Dr. Beebe has found it useful, also for impotence, and to control the severe nocturnal erections in spermatorrhœa.

Castus, prepared according to the Hahnemannian method, does not give the same clinical results as in times past.

DR. DUBOS remarked that this drug was but little used, and he would only say that he had used it sometimes, with good effect, in case of fissure of the anus, but not in case of impotence, or in affections of the genital organs, for which it seemed indicated.

The PRESIDENT said that the greater part of Homœopaths had abandoned this drug because it did not correspond in practice with that which its sphere of action seemed to require, judging from its pathogenesis, and from the traditions which we have received concerning it.

He added, that he thought with Dr. Oliver, that this arose from the manner of preparing it, since, the seed * being the active part, the whole plant should not be used. * * *

THE INTERNATIONAL (ALLOPATHIC) MEDICAL CONGRESS.

THIS body of medical men, selected from the whole civilized world—from San Francisco to Constantinople, at least—assembled yesterday, August 16th, for the first session. The meetings are held in the Ecole de Medicine, the great school of the Paris Faculty.

The President, Prof. BOULLAUD, who is renowned for having first brought to light the connection between rheumatism and carditis, called the assembly to order. About 700 were present. The President then read a lively and brief address.

After the close of the address, the reading of the papers commenced. The topic of the day was expressed as follows:

"Anatomy and Physiology of Tubercle. Tuberculization in the Different Countries, and its Influence upon the General Mortality." The papers presented, were by Prof. SANGALLI, of Pavia; Dr. VILLEMEN, of Paris; Prof. CROCQ, of Brussels; Prof. LEBERT, of Breslau; Dr. MARMISSE, of Bordeaux; Dr. D. LEE, of London; Dr. LARRAMEA, of Bordeaux; Dr. ULLERSPERGER, of Munich; Dr. HOMAN, of Christiana.

* [We have recently obtained from Mr. Halsey a trituration from the seeds of the *Agnus Castus* that is reliable.—ED.]

Dr. Villemin, who read the first paper, retracts a former opinion, that tubercle is implanted in the epithelium of the lung, and now believes that its seat is the intervesicular connective tissue. He considers tuberculosis as one great morbid unity, and the inoculability of tubercle establishes, in his opinion, a close connection between consumption, syphilis, and glanders. The three diseases though not identical are, he thinks, of the same family. Dr. Sangalli, in a paper read by Dr. Jaccodid, contends that tubercle is of an inflammatory nature. Prof. Lebert presented a paper in which he stated that he had produced tubercle in the lungs by injecting pus into the veins. Dr. Herard considers the grey granulations as the type of tubercle; the consecutive alterations he holds to be of an inflammatory character. Dr. Mongeot regards the granulation of the lungs as a disease entirely different from tubercle. As to the whole question, the impression left upon the mind after hearing all the statements of the several speakers is, that no two micrographers agree fully on the subject, and that consequently science has not yet rendered her final verdict upon it.

At 8 P. M., the second session commenced, there having been no meeting during the day.

The first paper read was on a new operation for opening abscesses of the liver, which had been practiced in Mexico. The second was by Dr. Galezowski, of Paris, on the alterations of the retinæ in the tuberculous diathesis. Some fine colored drawings were shown, displaying the increased vascularity of the retina in tubercular meningitis, as seen through the ophthalmoscope.

Another paper was read on the same topic by Bouchet, the two together being illustrated with some forty colored drawings of diseased retinæ. Two papers were also read on the treatment of tubercle. After each reading, time was allowed for discussion, which was embraced with more ease and skill than is usual in the American Medical Association. Each speaker advanced to the tribune, and addressed the Congress in a seated posture, a rather awkward position for a speaker; however, the remarks were brief, vigorous, and lively. There was less stiffness than in American scientific bodies, wit flowed freely, and the Congress laughed with great hilarity.

The discussion on tuberculosis, brought out very contradictory opinions, which are at present irreconcilable.

MONS. VILLEMIN has made elaborate observations and experiments which lead him to believe that tuberculosis is as much a specific disease as syphilis or variola, and that it may be taken by contagion and propagated by inoculation. MONS. LEBERT, on the contrary, thinks that there is nothing specific about tubercle, and that its elements are purely inflammatory products. He has made a series of experiments, by which he believes he has proved that tubercle may be produced by injecting into the blood various products of disease, and even mineral substances, such as mercury and carbon. These particles being carried to the lungs by the pulmonary artery, become lodged in the capillaries mechanically, and acting as points of irritation produce tubercles, inflammatory in their real nature, and having all the microscopic and pathological characters of the tubercles of consumption.

M. Empis claimed to have been the first to describe *granulitis* as a distinct malady. M. Comil, in an able communication, insisted that the grey granulations were the only true tubercles, and that the process was essentially inflammatory. M. Seco Y Valdor, a Spanish physician, related instances where tuberculous disease had obviously been contagious between married couples. In Spain, he said, they possessed two invaluable *sanatoria* for phthical patients—Malaga and Pentecosta, the latter situated on a mountain 8,500 feet high, and thus combining the advantages of altitude with saline waters for which it is celebrated. In a paper sent by Dr. Bowditch, on consumption in Massachusetts, the author states that the disease prevails in damp situations, and is not found where the climate is dry. M. Dropsy, of Cracow, remarked that he practiced in a country where the soil is fertile and the atmosphere pure; and while the peasants are in general free from tuberculosis, the Jews, who are poor and never eat meat, are cruelly afflicted with phthisis, showing that other hygienic conditions must be taken into account along with climate. M. Jaccoud read a paper for M. Homan, on Tuberculous disease in Norway, in which it is insisted that the influence of climate is even less than that of other hygienic elements.

On the second day, among other topics, came up that of menstruation, as affected by climate, race, etc. Some elaborate statistics were produced upon the subject of the average age at which menstruation commences among different people. M. LAGNEAU gave the following classification of some 15,000 observations:

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<i>Race.</i>	<i>Average age of first menstruation.</i>
North Germans - - - -	16 years, 9 months, 16 days.
English - - - - -	14 " 11 " 2 "
French - - - - -	15 " 1 " 21 "
Southern Asiatics - - -	12 " 11 " 17 "

Mr. ROBERT COWIE, of the Shetland Islands, sent a paper on the "*Prolonged Menstrual Life in the Shetland Islands, and its Relation to Longevity,*" in which he shows that the Shetland women retain that function very late in life, the average time of the turn of life with them being from 50 to 54 years. By comparison with Scotland, he shows that this late retention of the menstrual function is also accompanied with an increased longevity. He asserts that the age of commencing menstruation does not differ from that of other parts of the kingdom.

On the third day, Prof. POLLI, of Milan, known for his experiments on the antiseptic effects of the sulphites in the inferior animals, read a paper on the use of these articles as medicines in septic diseases, and detailed the Italian experience in their use. Both he and the whole Congress seemed to be in blessed ignorance that this matter had been tested and discussed several years ago in Chicago, and that to Dr. FISHER, Dr. DAVIS, and to the "Chicago Medical Examiner," belonged the credit of publicly establishing the practical value of the remedies. If the European savans would regularly take and read some of the American medical journals, they would often find that ideas which are quite new to them have been discussed for years in America.

On the fourth day, was discussed the very important topic of the accidents which follow surgical operations, such as erysipelas, hospital gangrene, and pyæmia.

The great murderous sin of European hospitals is want of ventilation. They are afraid of pure air, and, consequently, pyæmia is a fearful surgical scourge. M. GOSSELIN, at the Hospital de la Pitie, innocently reports that he has an epidemic of erysipelas regularly, almost every winter (at the season when the weather causes the windows to be closed), but seemed to have no suspicion that it might be prevented with ease.

The proceedings of the evening were pleasingly terminated by the exhibition of a dog and a cat illuminated *a giorno*. Merchiliot, of Kew, hopes, by this new process of pathological investigation, to be able to diagnosticate more accurately tumors of the viscera, and other morbid alterations of the stomach, in-

testines, bladder, etc. The method consists in introducing electric light into the interior of the body, by tubes, through the esophagus, anus, vagina, etc., and the process was suggested by the stomatoscope of Prof. Foussagrievs, of Montpellier, invented for the investigation of diseases in the interior of the mouth. The author thinks that the whole human body, within and without, may be rendered transparent by means of his apparatus when it shall have been carried to greater perfection.

On the fifth day, came up the famous question, "Is it possible to propose to the various governments efficacious measures for restraining the propagation of venereal diseases?"

This question received all sorts of elucidations, except clear ones. After the papers were read, verbal discussion upon the subject commenced. The original question was forgotten, and the speakers plunged headlong into a dispute whether syphilitic inoculation was to be commended or not.

The facts brought out before the Congress on the subject of syphilization, may be briefly summed up as follows:

Prof. Boëck, of Sweden, treats secondary syphilis by numerous and long-repeated inoculations of the matter of soft chancre. The plan is this: Several inoculations are made at once upon the patient. When the sores are produced, another set is inoculated, and the first ones destroyed by caustic. Thus crop after crop of chancroids is produced, through a period of several months. At length, after an average of about three hundred and forty-five inoculations, a tolerance is produced, and the patient is found incapable of having any more chancroids. He is then pronounced "syphilized" and cured. During this long treatment, the secondary symptoms generally, or at least frequently, disappear.

Against this treatment, it is urged that some patients have been inoculated to complete insusceptibility to soft chancre, and yet have *failed* to be cured of their secondary symptoms; that thoroughly syphilized women have proved that they were not cured, by bearing syphilitic infants. As to the disappearance of secondary eruptions, it is urged that four months is a long time, and that in such a period these eruptions often recede from view, spontaneously.

In a few instances, the most disastrous results, and even loss of life, have followed the treatment. The discussion showed

that the opinion of the Congress was decidedly opposed to this practice.

At the close of the Congress, the venerable President pronounced a brief farewell address.

[The above valuable report we have gleaned from our exchanges, principally the "Chicago Medical Examiner," and the "Nashville Medical and Surgical Journal;" by the way, two of the most practical Journals published in this country or in Europe. We are familiar with *all* of the former, and many of the latter.—Ed.]

THE INTERNATIONAL (HOMŒOPATHIC) MEDICAL CONGRESS.

THE International Medical Congress commenced its sessions in Paris, August 9th. Dr. Jousset, President of the Homœopathic Society of Paris, opened the meeting by inviting Dr. Arnauld to act as temporary chairman. The meeting then proceeded to the election of officers. Dr. Imbert Goubeyre, Professor of the Medical faculty, at Clermont-Ferrand, was elected President, almost unanimously. He is well known for his excellent provings of *Arsenic*, and for the production of various other scientific papers. First Vice-President, Dr. Hirschel, of Dresden; 2d Vice-President, Professor Rapp, of Rottweil, in Wurtemberg. Secretary General, Dr. Molin, of Paris. Reporting Secretaries, Drs. Landry Chapusot, of Paris, Bernard *fils*, of Mons, in Belgium, and Curie, of Paris. Treasurer, Dr. Dezermaux. Keeper of the Records, Dr. Cramoisy, of Paris.

Many nationalities were represented in the Congress: Germany, France, Belgium, Austria, England, Switzerland, Italy, Spain, Turkey, Russia, and America.

The venerable Marquis de Nuñez, Physician to the Queen of Spain, was unanimously elected *Honorary President*, as an act of homage well merited by his long life devoted to the propagation of *Similia*. He made some appropriate remarks.

The President opened the first session with an eloquent speech, thanking the members for the honor shown him, and remarking upon the favorable influence that would be exerted, by the meeting of so many physicians from various countries, upon science,

and the position of Homœopathy, in relation to the general public, and government.

The announcement of committees was then made, together with the subjects upon which they were to report, and the regular business of the congress was entered upon.

Dr. Ozanam read a short paper, on the use of *Pœonia* in chronic ulcers, with cases. He uses the lower dilutions internally and externally, and considers the principal indication to be a loss of vitality, whether caused by pressure or general debility. Dr. Houst then read a proving of *Flores Acaciæ*, the complex of symptoms showing a striking picture of cholera. He was requested by Dr. Jousset to give a more precise history of his provings, showing the manner in which they had been conducted.

At the evening session of August 10th, much interest was aroused by a paper of Dr. Perry, discussing the question, "Whether infinitesimal doses can not be combined with massive doses, without having their effect destroyed by the latter?" According to his experience, he asserts that the infinitesimal doses are in no manner influenced, in their effect, by any massive remedy, having seen cases of heart-disease treated with large doses of *Digitalis* when intercurrent attacks of pleurisy were quickly removed by minute doses of *Bryonia*. He also called attention to the fact, that very often patients who, in their occupations, are continually exposed to the action of drugs, are still sensitive to minute Homœopathic doses. He was, therefore, of opinion, that there were certain cases where a mixed treatment was necessary. These cases are rare; but their occurrence should be noticed, in order to make their course of practice more comprehensible to our younger colleagues.

As may be imagined, this treatise gave rise to violent opposition. Léon Simon moved that the congress declare whether it was a Homœopathic congress or not; for, if such doctrines as these were to be discussed, he should be compelled, in order to preserve the purity of Hahnemann's doctrine, to leave the meeting.

Jousset declared that a question of this sort should not be ignored. We should remember, first of all, that we are physicians, and that no scientific subject, of value to suffering humanity, should be allowed to pass without consideration. Although he did not coincide in all the opinions of Dr. Perry, still, so much was evident from his paper, that infinitesimal doses do not lose their effect, even under the most unfavorable circumstances.

Dr. Mayo supported Dr. Perry, and spoke of cases where the necessity of immediate relief called for a remedy acting materially.

Dr. Serrand left the meeting in a discourteous manner. Ozanam, Cretin, and others took different sides in the debate, according to their individual ideas, without throwing more light on the subject. At the end of the discussion, Léon Simon still remained a Hahnemannian.

At the same session, Dr. Teste read a paper on poisoning with *Belladonna*; ten girls in a boarding-school having drunk of an infusion of *Belladonna*, instead of a *tisane*. *Opium* was used as an antidote with the best results.

Dr. Hirschel reported on the value of *Petroleum* in diarrhœa and *Iodide of Potassa* in chronic gout. Dr. Desterne read a paper, of but little value, on the possibility of curing ovarian cysts with Homœopathic remedies.

August 12th—Dr. Hirschel as chairman. Dr. Jousset reported his observations on the use of *Drosera* in cough, accompanied by tickling in the larynx, and by vomiting. One hundred and five cases had been observed, including, principally, Laryngitis, Bronchitis, and Phthisis, and excluding Whooping-cough. The remedy was found effectual in all doses, from the tincture to the 200th dilution; but the paper was read principally to show the efficacy of the infinitesimal doses. At this session, there were some lively discussions between the pure Hahnemannians and the followers of Tessier,—who cultivate a more scientific pathology, curiously interwoven with a mixture of Catholic theology,—and Curie who is extreme in the advocacy of massive doses. Fredault, Cretin, Curie, Meyhoffer, and others, joined in the discussion, which was carried on in a cordial and peaceable manner.

Among other papers read at this session, was one by Dr. Le-boucher, on "The Duration of the Effect of Remedies;" by Dr. Cricca, on "The Effects of his Treatment of Cholera, in Smyrna, with *Veratrum* and *Cuprum*; of Scarlatina, with *Belladonna*; and of Diphtheria, with *Hepar Sulph.*" Sentin, of Belgium, reported "On the Success of Homœopathy in the Rinderpest;" Dupuis, "Observations on Urticaria and Catalepsia Hysterica."

August 13th—Dr. Marenzeller, of Vienna, delivered an address on the spread of Homœopathy in Austria, its social position, its influence on the official school, and its results in hospitals. Dr. Cramoisy communicated observations on the surgical and Homœ-

opathic treatment of granulations of the neck of the uterus with *Curette* and *Staphysagria*, and *Thuja*. Dr. Ozanam exhibited a sphygmograph. A donation of five hundred and eighty francs was sent from Spain. It was resolved to increase this by further subscriptions, and make it a nucleus for a future hospital. This ended the session. The President, Imbert Goubeyre, closed the congress with a short and pithy speech, the point of it being that, with perhaps one exception, all members of the congress had acknowledged the efficacy of Homœopathic dilutions, although the propriety of doses of all grades could not be denied.* This was followed by an elegant banquet at Vessour's in the Palais Royal, where toasts were freely offered and speeches made by nearly all the physicians present.—*El Criterio Medico, Review, and Gazette.*

REVIEWS AND NOTICES OF BOOKS.

CHEMISTRY. By WILLIAM T. BRANDE, D.C.L., F.R.S., L. & E. of Her Majesty's Mint, etc.; and ALFRED SWAINE TAYLOR, M.D., F.R.S., etc. *Second American edition, thoroughly revised.* Pp. 764. H. C. Lea, Philadelphia; S. C. Griggs & Co., Chicago.

This new edition of the above work was a necessity to keep pace with the rapid advance made in chemical science. It was the design of these authors to give the profession a work as practical as possible. We think they have succeeded. We find here no egotistical display of *profound* chemical knowledge, but every subject is presented in as plain a manner as the science will admit.

We are pleased to note in the tests given, and in the analysis, the most available manipulations are presented. The authors seemed to bear in mind that the student and practitioner had not always a laboratory convenient, with full supply of chemicals and apparatus.

The chapters on organic chemistry will be consulted with interest by those who desire to refresh their knowledge of the chemistry of many of our drugs; and of the tissues, etc., that compose

* Criticism the most complete, experimental demonstration, and scientific toleration, were the characteristics of the session.

the human body. We present the chemical distinction made between mucus and pus; microscopically there is but little:

“Mucus is heavier than water, and insoluble, but diffusible in this liquid; it is not coagulable by heat, but is *precipitated* by acetic acid and alcohol. Pus—when diffused in water, the serum dissolves, and the white mucus globules subside. The aqueous solution is coagulated by heat, and possesses the other properties of diluted albumen. By this character, and the presence of oil-globules, pus may be distinguished from mucus.”

The analysis of bile and urine, and the tests for their constituents, are available.

As “a plain introduction to the science and practice of chemistry,” it is all that could be desired. Taken as a whole, it is the best text book for the student with which we are acquainted.

CLINICAL LECTURES ON THE TREATMENT OF RHEUMATISM, EPILEPSY, ASTHMA, AND FEVER. By R. RUSSELL, M.D., Author of “History and Heroes of the Art of Medicine,” etc. London. Pp. 400.

This is his last work, and as such will be highly prized, aside from its intrinsic merits. The work is composed of twelve lectures, delivered at the London Homœopathic Hospital, and is dedicated to Dr. Quin—the introducer of Homœopathy into Great Britain. Their design is to carry out one of the “projects” of the British Society, when the latter was organized, twenty-three years ago. These projects were:

“To secure a permanent place to meet; to collect a library; to erect a hospital; to issue hospital reports, and to publish monographs on the treatment of diseases.”

All of these projects have now been completed.

The “introductory” considers “our relations with the old school.” Although addressed to graduates who wish to study and practice Homœopathy in England, still its careful perusal, we think, would tend to shut off the flood of pamphlets, which obstruct rather than help our progress, in this country.

Five lectures are given on “Rheumatism.” It is considered in all of its forms, and with all attendant complications. Of the etiology of rheumatism, quoting from Richardson, he says, it is caused by lactic or some other acid. Its effects upon the heart and brain are clearly given, and the remedies indicated and valu-

able are pointed out. In syphilitic rheumatism he has had good results from *Kali bich.*; *Mezereum* is also sometimes indicated.

In the lecture on dose and alternation we meet the following noteworthy sentence :

“The conclusion I am disposed to come to is, that when we adopt the system of alternation it should be done always under protest. The paramount duty, however, of the physician being to cure, he is bound to employ the measures which seem to him best suited for the particular case under treatment. All other considerations are secondary to this irrevocable and immutable obligation.”

Epilepsy he considers of centric origin, while hysteria is peripheral. Allopathy cures 10 per cent., while Homœopathy cures 20 per cent. of epileptic cases. *Belladonna* is the chief remedy as yet discovered.

Asthma, like phthisis, he notes is often preceded by hæmoptysis. In the latter the sputa is *streaked* with blood, while in the former it is usually pure blood. The remedies indicated—*Cuprum*, *Tart. emetic*, *Nux*, *Acon.*, *Bry.*, etc.—are fully considered. He imagines that asthma has a close affinity to intermittent fever. He attributes the erasing of ague from the fatal-disease-list to the introduction into the country of quinine. From 1629 to 1636 no less than 10,484 persons died of ague in Great Britain.

The fever considered is typhus. The loose way of making no distinction between typhoid, centric, plague, and typhus will not be relished by a correct diagnostician. The remedies chiefly indicated are *Bell.*, *Bry.*, *Rhus*, *Acon.*, *Ars.*, and *Agaricus*.

Take it as a whole, it is the most complete, systematic, and exhaustive work yet issued from our ranks. This volume will be treasured as a *souvenir* by all those who appreciated this instructive writer—Dr. Rutherford Russell.

THE WESTERN JOURNAL OF MEDICINE. Edited by T. PARVIN, M.D., Indianapolis, Ind.

This journal, formerly the “Cincinnati Journal of Medicine,” has now passed into the above editorial hands. Its tone is liberal, Western, and decidedly progressive. It is edited with marked ability. Notwithstanding a profusion of Latin quotations, idioms, and exclamations—no Greek as yet—its aim is to elevate the western profession, and to develop medical science.

We cordially welcome this journal to our *sanctum*.

EDITORIAL.

KNOWLEDGE OF DISEASE.

OUR physicians are essentially students of the *Materia Medica*; and it is apparent that many possess but a vague and superficial knowledge of disease. This is very manifest in discussions and reports, and in our journals and books.

So intent have we been to grasp the pathogeneses of our remedies, that a knowledge of disease—causation, diagnosis, pathology, morbid anatomy, prognosis, sequela, etc.—has been to a great extent neglected. With some, this has been unintentional. The human mind can not well be concentrated on more than one subject at a time. With others, however, this neglect has been willful. Because Hahnemann discountenanced the study of the diseases of his day, must his followers denounce the value of a knowledge of the nosology of our times? The pathology of his day—"inward changes consequent on the generation of disease"—is the morbid anatomy of to-day. The vagaries, fancies and theories of 1790 have been displaced by the positive pathological knowledge of 1867. Hahnemann, and especially the early converts, had no need to devote particular attention to disease, for were they not already adepts in diagnosis, prognosis, etc.? but, with the younger members of the fraternity, it was quite another thing. It was well enough for preceptors and professors in early days to teach simply the application of Homœopathy to medicine, but to do this in our day is to do a great injustice to the profession—present and prospective.

The effect of slighting a part of medicine and its collateral sciences is evident. When called in counsel, or to give a diagnosis, prognosis, etc., perfect familiarity with the natural history of diseases can not be shown. The lack of this knowledge may for a time be concealed from patients. Can such a physician enter with zest into the discussion of general medical topics as they come up in our medical societies? He is necessarily "shy" of such bodies, and especially of "printer's ink;" or there, his "self-esteem" is more noticeable than his judgment and information.

A strong effort has been made to bring about a reaction in these regards. Some, witnessing this, have attempted to split our ranks into symptomatologists and pathologists. This is detrimental to the profession, and no medical statesman—one who weighs the effect of such influences on our future—will be guilty of such an act. It is knowledge—medical and scientific—that ranks physicians. How careful was Hahnemann to learn all about each case of disease. "Study the *Materia Medica*," is the cry of those who prize it most; but they do not mean that we should neglect

anatomy, and physiology — normal and abnormal — and surgery. We are pleased to note that our physicians are now devoting especial attention to all departments of medical science. They do not hesitate to consult any and every work that will give them "light." Experiments are clearing up dark subjects. Complete monographs on various diseases are being issued from our ranks. A marked improvement is already noted in the transactions of our societies and in our journals; they contain much general information.

CORRESPONDENCE.

[The following letter, written to a neighboring physician, has been sent us for publication. We hope the doctor will not object to the change in "form and shape" of this journal, as it gives general satisfaction.]

The writer has not mentioned the *North American Journal*, and the *Gazette*, two as valuable journals as find their way to our sanctum. We would also commend to his notice the *British Journal*, and *Review*; also some of the weekly and quarterly Allopathic medical journals.—ED.]

MEDICAL JOURNALS AND THEIR USES.

DR. J. J. VINALL, Plymouth, Ind. :

MY DEAR DOCTOR—You and others have frequently asked me what journals I take? which I like the best? and do I read them all?

I will endeavor to answer all in one letter, and, as politicians say, place my views on record.

There are now lying before me more than a dozen medical, surgical, and chemical journals, and I only regret that I can not take more. If a book or journal furnishes us with food for reflection, ideas and material which set us to thinking, we can make our own theories. All we need are *facts* and any new discoveries in the laws of nature, and we have all the material we can use in our mental laboratory. We can not take up any one of our medical journals but something of use can be gleaned from it; true, some are richer than others in mental pabulum.

Journals are far in advance of books, and of course must be, for all improvements must be tried in the crucible of professional opinion and experience before they are permanently fixed or placed on file as standard authority, where they may be referred to as law. That physician who does not take journals, but waits for the appearance of books to which he applies for aid or advice, will be from five to ten years behind his associates; and those depending on him for advice or assistance are to be pitied. It is as much a man's duty to keep posted up in regard to the world's progress in his own department, as it is for him to execute or act to the best of his judgment. As yet, we have no weekly medical journal, but the time is not far distant when we must have one, to keep us more fully informed of the progress of medicine and its associate sciences. I feel that a month is too long to wait to know what others have done that may be of use to me, or those depending upon me for assistance. Our monthlies could then come in to discuss the questions more fully, and take a wider range of the world, and bring up subjects of which we can take a more general and philosophic view. Then, as now, our quarterlies can bring us those long dissertations on the advantage of one surgical operation over another; and, through them, we can discuss physiological questions of cell formation, granulation, inflammation, and all those subjects requiring time and experiment.

Journals, like physicians, will succeed in proportion to their merits, and should not expect any thing in consideration of the cause they advocate. I would not ask you to take this or that one because it advocates any peculiar views, or sustains our medical school; but if it furnishes us fresh and valuable information, then is it worth its price, whatever that may be.

The *United States Medical and Surgical Journal*, published at Chicago, I consider the best,—as near perfection as possible, for no time is lost in its perusal. The London *Lancet*, for its general information on all subjects, comes next; of course it shows what poor mankind suffers at the hands of the old treatment. It has in its pages much valuable mental nutriment. The last December number tells us of the raw beef and brandy treatment being used in over two thousand cases of consumption with marked success. I could not spare it. Then comes THE INVESTIGATOR, (Chicago,) one of our oldest monthlies; one of the most valuable papers published. It is not booky or pretentious, but much resembles a familiar friend that we are always pleased to see. I prize it much, and sincerely hope the editor will continue it in the same form and shape, and keep all long drug provings from its pages. I never peruse a number but find in it something that is of positive benefit, and perhaps some suggestion in relation to a case I may have under treatment at the time. There are none better.

The *Western Observer*, of St. Louis, has been, and still is, a mixed affair; devoted partly to *Materia Medica*, and partly to surgery. The earlier numbers of the journal are worthy of preservation as a literary curiosity, (and, by-the-by, I have all my papers bound, to which I can refer at any time.) Sometimes we would get half a page of a long article, and in one or two months another installment of about the same length; occasionally the editors would forget the balance, leaving the reader to draw on his imagination to fill it up to his own satisfaction. In the March number of 1865 we have less than two pages on the proving of *Glonoine*, with the promise of a continuation, but, like the Chicago snake, the continuation has not been seen. Where the advertisements are paged, it makes a larger book; but I object. The surgical talent possessed by the fraternity of St. Louis can not be surpassed by that of any city in the world, and if that journal was mainly devoted to surgery, double the price charged for it would be no equivalent for its value.

The *American Homœopathic Observer*, of Detroit, is rather sensational, but mainly devoted to the extension of our borders in the direction of *Materia Medica*. In the next number we shall probably be "Hale-d" with the "partial provings" of the waters of the Dead Sea.

From Cincinnati I have the *American Homœopathist*, a valuable monthly visitant, (which, with a little more attention to paging, arranging of the leaves, etc., would make it easier to read.) The effort is made to please both laymen and physicians, which of course will prove a failure, for I can not afford, neither will you spare the time, to read what will please your patrons, as we are expected to know more than they. It will be like taking up, in a patient's presence, a Family Medical Adviser, from which to get your prescription. *Home Papers* failed in endeavoring to cater to an educated class, and draw patronage from the laboring portion of the community. The *American Homœopathist*, of Cleveland, died in 1853 from the same cause. Lately a change has been made, which I doubt not will secure its continued existence.

In the *Hahnemannian Monthly*, of Philadelphia, we have a journal that claims to speak from authority, (at least its tone seems to be authoritative.) How any man dare attempt to force dogmatically his views and opinions upon his equals, can only be explained by the fact that the individual so offending does not comprehend the true genius of American freedom of thought and opinion. The minimum dose and single remedy are, as yet, not conceded points, (except by Homœopathicianerests,) whose organ that journal is, and who make this a cardinal principle in their medical creed. By all means take the journal, but allow no one, or party, to bind you to a creed or hobby.

This month we have a new claimant for favor from the same city, a *Journal of Homœopathic Materia Medica*, to which the name of Hering is fixed as editor,—a sure guarantee that the drug symptoms we have recommended to our notice will be worthy of attention, and can be relied upon. I

welcome this to our list with great pleasure, as it will be a very valuable addition to our *Materia Medica*.

The *Ohio Medical and Surgical Reporter* is the best effort of the Cleveland physicians, and seems to be made up mainly of reports of cases. I believe the place it occupies on my table could not be better supplied.

I have the *Detroit Review* (Allopathic,) *Chemical News*, *Journal of Chemistry*, *Medical Record*, and several others of a minor calibre, no one of which has failed to furnish me with something of interest and of practical value.

Of course it is impossible for me to read the half these contain, but I frequently find valuable information in looking over the old numbers. I read what strikes my fancy, or what relates to cases under treatment at the time, and try to remember where to find articles to refer to in the future. Sometimes I get my student to search back and find every thing relating to some troublesome or important case that my books do not aid me sufficiently in. It may be an error, but I deem it almost as important to have reference matter on hand, not in immediate use, as I do to have medicines or surgical appliances for emergencies.

At the present there is a painful sameness in a majority of our journals, as each seems to feel it their duty to give pretty full reports of our medical societies. I believe a synopsis would be better, and have the proceedings in full in pamphlet form.

My dear Doctor, it is your *duty* to take several of our journals, and furnish some items of interest for their pages; for, in your field of practice, you are quite as liable to have some of those rare, valuable or remarkable cases occur as the most favored ones in other places. If each worker would cast in his mite, what a fine field for comparison and observation would be afforded!

I have endeavored to be candid and frank in my opinion of our journals, but please remember that it is mainly owing to the convolutions of our brains, and our habits of association, that we differ in opinions.

Without prejudice *pro* or *con*, I remain,

Yours fraternally,

Sept., 1867.

G. W. BOWEN.

PERISCOPE.

HERING'S RULES.—Morning aggravations of looseness of the bowels, indicate the acids or electro-negative drugs. Evening aggravations of the same, indicate the alkalies or electro-positive drugs. With coughs, the reverse is the case.

If a drug is indicated by three prominent characteristics, it can be administered with confidence of good results.

SYMPHYTUM.—This drug seems to act principally upon the osseous system.

LONDON HOMOEOPATHIC HOSPITAL.—During 1866 this hospital treated 7,177 patients, 1,210 more than in 1865. In three years it has had 59,138 patients. Verily, the poor appreciate *Similia*.

LEGALIZING PROSTITUTION.—The board of health of New York are discussing the policy of legalizing this social evil—to mitigate it. 'Tis a difficult subject to manage.

MATERIALISM.—Dr. Gladstone concludes there is a mutual relationship between the natural sciences and theology. This is as you take it.

NEW FORM OF ENDOSCOPE.—Dr. Warwick, of London, has fitted a lens in the side of this instrument, so that a very feeble light can be used. For examining the bladder, urethra, rectum, uterus, ear, nose, etc., this instrument will prove invaluable.

TRANSLATIONS.—We are pleased to note that the foreign journals are informing their readers upon the status of Homœopathy in the United States, by translating freely from our American periodicals. The transactions of our practical societies are also being given to our foreign friends.

CURARE.—Dr. Houat, in the "El Criterio Medico," gives 473 symptoms of this drug. We hope to meet them in a familiar dress in the "Materia Medica Journal," or in our quarterlies.

WORKING MEDICAL MEN.—The "Medical Record" deplors the scarcity of workers in the American fraternity. Although this may be true in the allopathic ranks, it will not apply to Homœopaths.

CHARACTERISTICS.—Characteristics, key-notes, etc., promise to lead the way to the available use of our ponderous *Materia Medica*. We believe the "key to the position" is at last found. The characteristics of some of the leading new remedies will be found occasionally in our pages. Dr. Hale is now to give us the "key" to his work.

MEDICAL COLLEGES.—There are twenty-one allopathic medical colleges in the United States. Besides Anatomy, Physiology, Surgery, Practice, *Materia Medica*, and Obstetrics, taught in all of them, only seven teach Military Surgery and Hygiene; eleven, Forensic Medicine; Microscopy in six; Ophthalmic and Aural Surgery, three, Pathology, separately, in only two; Histology, one; Diseases of the Regions, twelve. Botany, Practical Chemistry, Dentistry, and Cutaneous Diseases are taught in none. In all the Homœopathic colleges Anatomy, Physiology, Surgery, Practice, *Materia Medica*, Obstetrics, Diseases of Women, and Chemistry are taught. Diseases of infancy and childhood, as a separate branch, is taught in five of them, Surgical Anatomy in three, Pathological Anatomy in one, Microscopic Anatomy in two, Pathology, alone, in one, in the rest it is taught in connection with Physiology or Diagnosis. Medical Botany is taught in only one, Post-mortems in only one, Forensic Medicine in five, Insanity in one, Life Assurance in one, Diagnosis, alone, in only two, Histology in one, and Natural Philosophy in one.

MEDICO-LEGAL SOCIETY.—A society composed of both doctors and lawyers has recently been formed in New York, to discuss all matters relating to forensic medicine. This is a good move, as it will post both parties on questions that usually draw out a mass of ignorance.

FOR POISONING BY RHUS.—Plunge the part affected in hot water—as hot as can be borne—holding it there some time.

A PROPHYLACTIC FOR PYÆMIA.—A French Surgeon has used *Ergotin*, with success, in fourteen cases.

EXSECTION OF NERVES.—Dr. Post has exsected portions of the musculo-spinal nerve with success.

A NEW KIND OF ACARUS.—M. Indée has discovered in a pruriginous complaint among the North Africans, a black acarus, moving about with great energy. M. Rouyer noticed the same disease and parasite among people in France who had handled wheat spoiled by the rains.

ICE IN PUERPERAL CONVULSIONS.—The Pacific "Medical Journal," in detailing a case of this disease, states: While the ice remained on the spine, the sleep became more and more tranquil, the breathing natural, and the pulse slower, falling gradually to 96; but upon its removal all the symptoms were aggravated.

THE HIGHEST MICROSCOPIC POWER IN AMERICA.—Mr. Wales, of Fort Lee, N. J., has succeeded in making a one-fortieth inch, giving 4000 diameters. It is said to be a much better lens than the English one-fiftieth.

THE NEW YORK ACADEMY OF MEDICINE.—This society recently expelled the well known Dr. Gardner for consulting with a Homœopath. A bad stroke for the Academy and allopathy. We make capital by it.

DIABETES.—Bernard ascribes the production of sugar to irritation of the pneumogastric nerve arresting the transformation of starch at the glucose stage. M. Mialhe insists that the entire nervous system, or so much of it as directly concerns the secretions, is at fault. He makes it a "chronic nervous complaint."

SOFTENING OF THE RIGHT ANTERIOR LOBE.—A case of paralysis of the left side was reported at Saltpetriere, where the second and third frontal convolutions were completely destroyed by yellow softening. The left hemisphere was healthy, consequently there was no aphasia. This is an important fact.

NEW SYMPTOM FOR RHUS.—Dr. J. G. Gilchrist states that he found *Rhus* curative for the following symptoms in sprained ankle; it felt as though the tibia was split to the extent of several inches, and, on attempting to use the foot, felt as though the joint opened and closed alternately.

ENORMOUSLY ELONGATED UVULA.—The "Nashville Medical Journal" reports a case where the uvula was elongated to two inches and a half. The patient was an inveterate tobacco smoker.

A NEW TREATMENT FOR LEAD POISONING.—M. Monneret details several cases treated with cold water internally—by stomach and by injection—and locally by means of cold poultices. He cures his cases with great rapidity and permanently.

SYMPATHY FOR BAKER BROWN.—Dr. H. R. Storer, in the "Western Journal of Medicine," comes to the rescue. "Mr. Brown's suggestion was, for certain exceptional cases, a step in the right direction. The gentleman carried his practice (clitoridectomy) too far. As for myself, I have, in several instances, exercised one or both nymphæ, for pruritus and self-abuse, with success. For the Obstetrical Society to have talked of unjustifiable and irreparable mutilation, is alike unscientific and absurd."

SANITARY EFFECTS OF THE AIR OF LARGE CITIES.—It is a well-known fact that intermittents and remittents are not very prevalent in very large cities. It is said that the air of these cities destroys the miasm.

QUERIES AND ANSWERS.

PRACTICAL REVIEWS OF CLINICAL CASES.—Mr. Editor: Seeing that some of our writers are so fond of reviewing polemical articles, that do but little good, why do they not review published clinical cases, and give the profession ideas that will be practical? C.

Dr. C.: We presume the reason is, that the reviewers do not wish to injure professional "self-esteem." But we see no reason why judiciously-written practical reviews of reported cases, bearing on their face the "golden rule," would not be of very great benefit to many a busy practitioner. None are too old to learn.

A case in point: Dr. Pearson reviews "A Case of Puerperal Convulsions" in our October issue as follows: "Read the symptoms as published, then the prescription: *Ars. 3rd, and Apis. 3rd, in attenuation every hour!* What the result? 'Pain and tenderness increased; countenance expressive of great distress.' How could it be otherwise? In the first place, neither of these medicines were indicated. *Canth.* was the remedy. And then the dilution—the 3rd—I would have as much thought of giving a pint of tansy tea. If he had prescribed one dose of *Canth.* 30th, or 200th, it would have effected a greater improvement in twenty-four hours than all the medicine did in a week. When labor set in, why was *Bell.*, 3rd, given? What followed 'puerperal convulsions'? Just what I would have expected, if there was any virtue in the medicine. Certainly I would not think, under such circumstances, of giving a woman any medicine under the 200th, or at most the 30th attenuation."

“WHAT is the difference between disease and disorder?”

There is really none. Some writers, however, restrict disease to structural change, while disorder they apply to functional derangement.

“WHAT are the indications for the proper dose? When a remedy is indicated, how shall I know whether to give the 6th or 200th attenuation?”

Dr. R. : The characteristics for the remedy are now attracting all attention. The characteristics for the dose should also be pointed out. Hahnemann, in his early Homœopathic days, gauged the size of the dose by the sensibility of the patient, but later he directed the 30th to be used. That, however, was before the days of *high potencies*. We believe as yet there is no *rule*. This question is left to experience or the imagination.

LOCAL REPORTS OF DISEASE.

HANNIBAL, MO.—Dysentery, diarrhœa, cholera-morbus, intermittent fever by the hundreds, and typhoid fever prevail. The ordinary remedies frequently fail in dysentery, probably owing to the unusual prevalence of the malarial influence. W. D. F.

SAN FRANCISCO.—The mortality among children has been very great, owing to the rapid changes in temperature, and their general unprotected condition.

LA CROSSE.—This locality has been visited by an unusual amount of typhoid fever. Some of the cases were very obstinate. *Baptisia* has proved a very valuable remedy. The type of the disease at the outset closely resembled that of remittent fever. T. P.

CENTRAL NEW YORK.—This section of country has been visited by a very severe epidemic of dysentery. Why these severe annual visits of this disease? An endemic influence must be the cause.

CHICAGO.—During the past month we have had an unusual amount of very warm weather, and the winds were principally from a southern direction, consequently cholera infantum, typhoid and bilious fevers, dysentery and cholera-morbus have been on the increase. Lately, the cold weather has increased rheumatic and neuralgic affections, and diseases of the respiratory organs, and materially diminished the first enumerated diseases. There is nothing unusual about the types. The usual remedies are indicated.

CHOLERA.—A few cases occurred recently in Philadelphia. We believe the disease has now entirely disappeared from this continent. The course of the disease can be distinctly traced. Early in the summer a few cases occurred on the plains. Produced by some germs that survived the winter, and developed to activity by local causes. After spreading to some extent over the plains, it passed down the river to the gulf islands. Yellow fever prevailing in the eastern islands, it was driven westward to Central America. A few cases were reported in New York and Philadelphia. Centers of infection were left at St. Louis, Omaha, Memphis, and New Orleans. In the latter cities the yellow fever miasm seemed to destroy that of cholera. In the early season cholera prevailed very extensively in Central South America. This disease is still prevailing in Europe, but is gradually receding to its endemic locality—India—to propagate force for another “raid.” What have we learned concerning it by its late visit?

YELLOW FEVER.—This disease has very much diminished in intensity since our last issue. It has quite disappeared from our southern cities. It seems confined to hot latitudes. Any unusual agitation of the air seemed to increase its virulence, as firing at military funerals, and the ringing of bells at civil ones. A thunder-storm, which broke over the city of New

Orleans, is said to have caused the death of eighty-five citizens and eleven soldiers. Why was this? Disinfectants seemed to control it. Of a party of one hundred and twenty who were laying Nicholson pavement, upon which a good deal of pitch is used, only twelve took the disease, and of these only one died.

PHILADELPHIA AND BOSTON.—While the former is a better climate for lung and throat diseases, it is not so favorable to disease operating upon the apparatus of digestion. With the latter it is *vice versa*.

PERSONAL.

J. H. P. FROST, M.D., has been appointed to the chair of "Pathology," recently created in the Medical College of Pennsylvania. Verily, the world moves. The doctor has our best wishes. This is the only one of our colleges that has a separate chair for Pathology.

W. TOD HELMUTH, M.D., we learn, is still in the editorial chair of the "Western Observer." Will the doctor give us a little more Surgery?

D. LOPE ESQUIROZ, vice-president of the Madrid Medical Society. The recent death of this physician is announced in the October (10th) number of the "El Criterio Medico."

J. C. PETERSON, M. D.—We are indebted to our friend, Dr. Lodge, for the following particulars of the death of this well known physician—one of the assistant editors of the "American Observer:"

On Monday, October 8, at a quarter before three o'clock, a citizen of Waterloo called at Dr. Peterson's office, and on opening the door, was horrified at beholding the doctor lying on the floor, in the agony of death, his head in a pool of blood. Near by him was a revolver, with which he had shot himself.

On a desk was found the following note to his wife:

"WATERLOO, October 7.

"MY DEAR GUS:—Oh, with what feelings do I write this! In five minutes I will be a dead man! I am crazy, and will never be sane again. O, my God, I want to kiss you! My God!

"J. C. PETERSON."

"I die by my own hand. Poverty does this."

An epidemic of malignant dysentery had prevailed in his locality, and he had treated one hundred and fifty-seven cases of that disease, working steadily for forty days as he never did previously. For twenty days never going to bed—merely procuring a little sleep while in his carriage. The constant activity of the mind, and denial of natural repose, produced cerebral irritation. The idea of poverty was an hallucination.

REMOVALS, ETC.

R. L. HILL, M.D., formerly of Dubuque, Iowa, has removed to Albany, Illinois.

H. T. COOPER, M.D., has removed from Joliet to Aurora, Illinois, and entered into partnership with Dr. Van Liew.

J. S. BELL, M. D., formerly of Naperville, removes to Joliet, Illinois, to take the former practice of Dr. Cooper.

TO CORRESPONDENTS.—All communications should be addressed to the Editor, 59 Clark Street. Articles for future numbers should be received at least THIRTY DAYS before the date of publication.

All business letters should be addressed to the Publisher.

THE
MEDICAL INVESTIGATOR.

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ABDOMINAL TUMORS.

CÆCITIS TYPHLO-ENTERITIS, INFLAMMATION OF THE
CÆCUM.

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

It is a most remarkable fact that the sequences of inflammatory attacks affecting the viscera of the abdominal cavity, are very imperfectly described by most medical writers. Let us suppose a young physician is called to a patient, who complains of a pain in his bowels, which is pretty constant. He has also nausea and vomiting, with loss of appetite, sleepless nights, tongue coated, bowels constipated. What is the physician's duty in such a case? Is it to ask him "if his symptoms are aggravated after shaving?" and if the poor patient, in his simplicity, should incline to believe that such was the case, shall the physician straightway conclude that he has now the key-note to his disease, and begin to hunt through the *Materia Medica* for a remedy corresponding to such a hair-splitting imaginary symptom? Or should he at once proceed to examine the patient most critically, and give his attention quite as much to the *objective* symptoms of the case as to the subjective symptoms? Certainly the latter. What then shall he do? He should at the first glance decide, in his own mind, whether the patient is seriously ill or not; he should feel of his pulse, examine his tongue, make all due inquiries as to the history of the case, inquiries particularly about his

stool, and all the sensations experienced in the abdomen, then proceed to examine carefully by palpation; perhaps he will find a swelling, more or less circumscribed, with pain, either all over the abdomen, or almost entirely localized in one region. If the latter, he should call to mind the topographical anatomy of the part affected; he can then retain in his memory a perfect picture of the region affected. He should always have a well defined idea of the seat of the disease in question, and its pathology, and this he should retain in his mind until the cure is accomplished. After making out a clear diagnosis, then he should select his remedy. If it does not readily occur to him, he can search for it in the *Materia Medica*. When I first commenced practice, an old experienced physician said to me, at the bed side, in a case where he was called with me in consultation: "Young man, you will find diseases of the abdominal cavity pretty dark and difficult to diagnosticate."

The saying of this physician, who, by the by, was accounted as an "Old Fogy," I have often thought of, and his aphorism is strictly true.

Swellings in the abdomen, appearing in the right iliac region, are rather rare, but nevertheless are observed often enough by physicians in large practice. They are always serious, and their exact nature and diagnosis, which is rather difficult, should be thoroughly studied. That portion of the intestinal tube called the colon is about five feet in length (sometimes a little more); it is divided into the cæcum, caput coli, or blind gut, the ascending, transverse, and descending colon, the sigmoid flexure, and the rectum. The appendix vermiformis is attached to the cæcum; this is a little process of the bowel, about the size of a goose quill, but varying in length, from three to six inches. The uses of this singular appendage are unknown. The cæcum, which is the commencement of the large intestine, is situated in the right iliac-fossa, below the ileum, between the latter and the ascending colon, in which position the peritoneum retains it immovably. The ileo-cæcal valve can shut off all communication between it and the ileum. After the cæcum, in due course, comes the ascending, transverse, and descending colon, the sigmoid flexure (or Roman S.), and the rectum. The cæcum is sometimes diseased, and the rest of the alimentary canal may be in a normal condition. Lodgements in the cæcum of undigested food, such as grape stones, cherry stones, boiled corn, not well

Abdominal Tumors.



done, raisins, green currants, gooseberries, portions of apples, collections of lumbrici, etc., may all give rise to inflammation of the cæcum. In these cases there is generally considerable swelling, sufficient to give rise to the existence of a *tumor*, which may be readily felt externally. When the disease is localized in the cæcum, it is called cæcitis or typhlitis; but when its seat seems to be in the areolar tissue (or mesocolon), which connects the cæcum and the psoas and iliacus muscle, it is called then perityphlitis.

This disease is well named by Dr. Jackson, of Boston, in his "Letter to a Young Physician," as a painful tumor of the cæcum.

Symptoms. These are not always alike, and depend very much upon the localization and seat of the disease.

The attack commences usually with sudden colic pains, especially in the right hypocondriac region. There may be a slight swelling, which can be seen or felt externally; this swelling is, however, not generally perceptible at first, but gradually shows itself as the disease progresses. The bowels are usually constipated, appetite quite gone, the whole abdomen somewhat distended; there is nausea, and sometimes vomiting; in the latter stages of the attack, the vomiting becomes stercoraceous; there is often a decided fever; pulse small and accelerated; tongue is, perhaps, clean, but very soon becomes dry. Patient lies with his right leg usually flexed, and can not conveniently stretch it out without pain. The respiration is laborious, and the countenance of the patient evinces anxiety; face is usually covered with a cold sweat. If the swelling in the right side is well examined, the colon may be felt under the finger, like a sausage well filled.

The treatment of cæcitis or typhlitis is mostly expectative. If the bowels are obstructed, and this is the direct cause of suffering on the part of the patient, and occasions an aggravation of his sufferings, they should be opened, either by enemas of soap and warm water, or it may become necessary to give a dose of castor oil. Such remedies as *Opium* and *Nux vomica* should also be taken, and they are especially related to the constipation. In cases of cæcitis, where the swelling suddenly sets in, and where there is evidently an obstruction in the alimentary canal, *Belladonna*, 2nd, is the remedy, repeated often.

Dr. Trinks* reports one case having been cured by him with *Belladonna* alone.

* British "Journal of Homœopathy," Vol. XXII., p. 7.

Of all remedies, probably more cases are cured by *Mercurius*, 2nd or 3rd triturations, than by any other; it is, perhaps, not so applicable to sudden attacks of cæcitis, as it is in cases of long standing. The remedy most Homœopathic, after *Belladonna*, for such cases where the attack comes on suddenly, is *Oleum crotonis*, 3rd. If any one will take pains to examine the pathogenesis of this medicine, they will find the abdominal symptoms are faithful pictures of inflammation of the cæcum. Clinical experience has abundantly proved the value of *Oleum crotonis*. Hiccough is very apt to be present in cæcitis, and here croton oil will be found to be a most efficacious remedy, in fact, in sleeplessness and hiccough complicating any disease, although seldom prescribed, it is nevertheless one of the best remedies in our whole *Materia Medica*.

Other remedies, such as *Dioscorea villosa*, and *Aconitum tincture*, this last taken internally, and applied externally, will be often required to effect a cure; also the warm bath may be tried in bad cases. The diet should be boiled milk porridge, or milk-why made from rennet, or rennet-wine. The duration of cæcitis is very uncertain. I have seen it last for months, and then suddenly grow better. Patients afflicted with it are unfortunately of a disposition generally hypocondriacal and low spirited, and the nature of the affection is such as to aggravate their tempers, and render them more and more miserable. *Dioscorea villosa*, or colic-root, spoken of above, is indicated when the pains are of a spasmodic character, and intermitting; it should be given in warm infusion (one ounce to a pint of water), and drank freely, a swallow or two every half-hour; a few doses generally relieves. This remedy I have been induced to give in cæcitis, from having used it successfully in acute obstruction of the bowels (ileus or intussusception), I believe, in three cases, it has saved the lives of patients, where all other means had failed. Within the last year, I have treated two cases of painful tumor of the cæcum upon the plan indicated above, and with perfect success. One case was complicated with bloody dysentery, and lasted some three months. It is more frequently met with in hospital than in private practice.

NEURALGIA—TRIFACIAL AND SCIATIC.

BY T. S. HOYNE, M.D.

(Read before Cook County Medical Society, November 14th, 1867.)

GENTLEMEN:—During the month of October, especially the latter part of the month, I had quite a number of cases of neuralgia; and wishing to compare notes as regards the treatment of this severe affection, I have made it the subject of my paper this evening. These “nerve-pains” are frequently very troublesome to relieve, and often exhaust the patience of both physician and patron.

Causes.—A few general remarks concerning the causes of neuralgia may not be out of place, before speaking of the treatment. There is no one who doubts, I believe, that this painful disease is increasing year after year—the increase being due to the frequent or more general use of stimulants, (tea, liquors, tobacco, etc.,) and to exposure resulting from the prevailing fashions. Facial neuralgia and eye-affections, especially, are often due to the style of bonnets (“a postage-stamp and two strings”) now worn by the ladies. Their heads are, in fact, entirely unprotected, except behind, where an immense chignon—resembling a placenta more than any thing else—is attached. What influence hoops have exerted in the production of neuralgia, is not as evident; but I think they have increased sciatic neuralgia, a disease seldom occurring in females previous to their use. Other causes of neuralgia are: exposure to cold or damp weather, an anæmic condition of the system, the pressure of a tumor on the nerve, disordered digestion, disease of the bones of the face, and decayed teeth. It is my intention to consider but two varieties of neuralgia this evening, viz.: the trifacial and sciatic.

Diagnosis.—The diagnosis of trifacial or facial neuralgia, or tic douloureux, as it is sometimes called, is, in the majority of cases, readily made, when we remember that the pain is generally referred to the terminal branches; although the morbid condition may exist in the motor track of the pons varolii, corpora olivaria, or any where in the course of the nerve. The trifacial nerve, it will be remembered, has three branches: the first, or ophthalmic, passing through the sphenoidal fissure, is distributed to the con-

conjunctiva, integument of cranium, lachrymal gland, upper eye-lid, and to the mucous membrane and integument of nares; the second branch, known as the superior maxillary, passing through the foramen rotundum, is distributed to the integument of the upper lip, cheek, nose, lower eyelid, conjunctiva, and teeth of upper jaw; and the third, or inferior maxillary branch, takes its exit through the foramen ovale, and supplies the muscles of mastication, the muscles and integument of the lower part of the face, the teeth of the lower jaw, the tongue, the parotid gland, and the temporal region. Having thus briefly glanced at the anatomy of the trifacial, we are better prepared for the diagnosis.

The prominent symptom is pain, continued or in paroxysms, occurring at regular or irregular intervals — dull if continued, and very intense when in paroxysms; with, in many cases, nocturnal exacerbations. There is more or less heat and swelling of the parts affected, with tenderness on pressure, limited to two or more circumscribed spots, situated in the course of the nerve. Currents of air, noise, light, jarring of the house, eating, talking, motion, or directing the mind to the trouble, increases the pain. It is rare we find the three branches affected at the same time, although occasionally we meet with such cases. It is also rare for both sides of the face to be affected at the same time, but common for them to be affected alternately. When the affection is limited to the first branch, we have redness of the eye, increased secretion of tears, and heat of the nose, often accompanied with secretion of nasal mucus. The tender spots are above the orbit, at the point of exit, the upper eye-lid, and the nose. When limited to the second branch, the cheek is red and swollen, frequently also the nose, aching of the teeth of the upper jaw, and the face generally is tender on pressure. When confined to the third branch, which occurs in the majority of cases, the muscles of the lower part of the face are stiff and swollen, the lower teeth ache, and eating and drinking is attended with increased suffering.

Sciatic neuralgia — or, to use a more common term, sciatica — does not differ essentially in its causation and symptoms from the form just described. One additional cause to those above mentioned, might be given; and that is, intestinal accumulation. The pain shooting down the limb is also intense, and is described as burning; or, in a few cases, the patient says it feels as if cold water was running down the limb.

The sciatic nerve is distributed principally to the muscles of the back part of the thigh, and of the leg and foot. Pressure any where over the nerve in its course, aggravates the pain; the chief points of tenderness being on the sacrum, at the sacro-iliac junction, at the sciatic notch, over the trochanter major, in the popliteal space, and at the external malleolus. In aggravated forms of sciatica, the slightest motion of the limb is unbearable.

Treatment. — The treatment of the various forms of neuralgia by the Allopathic school, consists in cupping, blistering, narcotizing, stupefying, sub-cutaneous injections, and excising a portion of the affected nerve; and we give them credit for admitting that in a large proportion of the cases, the affection will return, in spite of their treatment.

The Homœopathic treatment is much more scientific, for the reason that, in prescribing, we take into consideration the cause of the attack, the condition of the patient (plethoric, anæmic, or scrofulous,) the situation of the affection, the time of day of the aggravation, the cause of the aggravation, the character of the pain, etc., etc.

For the facial variety of neuralgia, I have used *Aconite* only in plethoric persons, where the pulse is small and quick, with great thirst; *Nux vomica*, only in persons of sedentary habits, who take little or no exercise, and are addicted to the use of stimulating liquors or tobacco. *Belladonna*, I have found of most service when noise, light, jarring of the house, and currents of air, aggravate the symptoms. The indications which have governed me in the use of *Pulsatilla*, are: aggravation of the pains, after lying down, after rising, and amelioration in the open air. I have used *Conium maculatum* this fall, oftener, perhaps, than any other remedy, and almost invariably with immediate relief. The form of prosopalgia has seemed to indicate it in almost every case. The principal symptoms calling for its use are: heat in the face, with congestion of blood to the head; bluish, swollen face; lacerating in the right half of the face; aggravation at night; soreness of the face, as from excoriation; darting pain in the teeth; and aggravation while eating and drinking. The above symptoms render it applicable especially to neuralgia of the second or third branch of the trifacial. I have also used it empirically in a few cases of sciatica, but not with the same success.

In the treatment of sciatica, I have used principally *Nux vomica*, *Pulsatilla*, *Rhus*, *Sulphur*, and *Zinc*.; *Nux vomica*, as

I stated above, being most useful in those cases occurring in persons of sedentary habits, addicted to the use of stimulants and tobacco. Other indications for its employment, are: aggravation in bed, in the morning and evening, and in cold air. The pain is lessened by warm applications. In such cases, the digestive organs frequently furnish other symptoms, to which *Nux* is Homœopathic.

Pulsatilla will be found of service in treating females, and persons of a mild disposition. The suffering is lessened by cold applications, and by keeping the room cool.

Rhus tox. is indicated when the pain is increased by cold applications, and during repose. The lacerating pain coming on in the evening, is relieved by walking about. *Rhus* is especially suitable, if there is great languor and debility.

Sulphur is applicable in persons of a scrofulous diathesis, when the pain comes on in the evening, or night, on awaking, or when rising from a seat. Any motion of the limb is painful; and warm applications are borne better than cold.

Zinc. I have used but seldom, and for the following symptoms: Worse after dinner, and towards evening; worse from rest; better from motion, and from bathing the limb in tepid water. The pain is felt in the thigh, bend of the knee, calf of the leg, and border of the foot.

Arsenicum, Causticum, Chamomilla, China, Coffea, Colocynth, Hepar, Ignatia, Mercurius, and Veratrum, are all recommended for the various forms of neuralgia; but I have not employed any of them as frequently as the remedies mentioned above.

In conclusion, I wish to state that electricity, as far as my experience goes, will fail, in the great majority of cases, to give permanent relief; it is more apt to increase the suffering. *Chloroform*, also, is only of temporary benefit, and should only be resorted to when we wish to gain time to study our cases. Sub-cutaneous injections, I have never used; but have seen them employed, on several occasions, with permanent relief. External applications of *Aconite, Arnica,* and sometimes *Apis,* are frequently of benefit. Cold applications, as a rule, are not borne well; but now and then I meet with a case in which they are to be preferred.

711 Wabash Avenue.

LACHESIS.

BY C. C. SMITH, M.D.

(Read before the Cook County Medical Society, October 31, 1867.)

IN presenting this paper, on the subject of *Lachesis*, to the society, it is my intention to offer for your consideration a few ideas, while at the same time I give my own experience with this most important, but I fear too much neglected, remedy.

Many physicians after having—as they stated—given this drug a thorough trial, found it wanting, and at once discarded it. How they tried it, I do not know, suffice it to say, that their experiments must have been very imperfect ones, as my own use of it has led me to entirely different conclusions, and I do not hesitate to pronounce *Lachesis* one of the most valuable drugs in the whole *Materia Medica*.

I remember once reading an article in one of our journals, wherein the writer was endeavoring to give the characteristic symptoms of a number of our drugs. When he came to *Lachesis*, he dismissed it, by saying, “All the symptoms of this drug will be found under *Belladonna*, and there is no need of my enumerating them here.” This, truly, was taking a short cut; but had the author understood his business, or been impressed with a proper sense of his duty to his readers, whom he was striving to teach, he would never have been guilty of penning this sentence. It is just this careless way of writing, speaking, and thinking, that has kept, and is keeping our *Materia Medica* in such a miserable and uncertain condition as we now find it.

I admit, as every one must (who is at all familiar with our remedies), that there are points of resemblance between this drug and *Belladonna*, but what of it? We can say this of almost every drug we know any thing about, and yet, after all, no two drugs are alike, nor can one be substituted for another, excepting in a *general* way, which is not the proper way to select remedies, or prescribe them. When we come to arrange drugs side by side, according to provings, as is the case in Dr. Gross' book of comparisons, we will find that the points of difference are greater than the points of resemblance.

It is by knowing thoroughly the differences existing between the mighty array of drugs which we possess, that we become

prepared to scientifically prescribe them in disease, and be able thereby to exhibit that remedy which is the similitum in the case before us, and which is the most loudly called for by the existing symptoms.

It has been stated, and is believed by many, that using alcohol in the preparation of the potencies of this drug, entirely destroys its medicinal powers, and this supposed fact has, I think, prevented many from putting full faith in the drug. Allow me to say, that this statement I believe to be entirely erroneous, as we find in the experiments made by Dr. Wier Mitchell, of Philadelphia (a man of high standing in the allopathic school), with *Crotalus*, that alcohol does not change its poisonous properties in the least. It is natural then to infer, that *Lachesis* is not rendered inert by alcohol.

I pass on to consider some of the characteristic symptoms of this drug.

In the first place, I would state, that in some forms of Parotitis (and I believe I am the first one who ever used it in this disorder), it will be found a highly useful and reliable remedy. In cases of this disease, it is always called for "when the neck, on either side, is *sensitive* to the *least* touch of the finger, or even the bed clothes. The least possible pressure producing severe pain, no matter how lightly applied." I was called one evening to see a child suffering with what parents generally call "mumps." I found, on approaching the child, that she shrank from me, seemingly afraid that I would touch her. Her neck, on both sides, was so badly swollen that the outlines of the jaw were almost obliterated.

The little patient could scarcely swallow, was excessively peevish; throat sore, internally; face red, and somewhat swollen; eyes glassy and wild.

After some persuasion, she permitted me to touch the throat or neck, and though I did it with the greatest gentleness, she screamed loudly, and would not let me repeat the experiment.

Here *Lachesis* was strongly indicated above every other drug, and I dissolved eight pellets of the 200th potency, Dunham's preparation, in a half tumbler of water, administered myself two teaspoonsful before leaving my patient, ordered two spoonsful more in three hours, if the child was awake at that time. I called next morning, and found the child sitting up in bed, playing. I discovered the swelling diminished one-half, at least, and the ten-

derness so completely gone, that I could handle the throat as roughly as I pleased. The mother stated that after the first dose the child slept quietly for several hours; waking up for a moment, she repeated the dose, and it received no more until I saw it.

Another characteristic symptom is the following, which I obtained from my friend Dr. Lippe, of Philadelphia, a short time ago, and by means of which, he assured me, he performed a number of beautiful cures:

“A tormenting, *constant* urging in the *rectum*, *without* a stool; wanting to pass a stool, but the constant pain *increased* by urging, and the patient is obliged to desist.” Meeting, a number of times, with these symptoms, Dr. Lippe has promptly cured them with a single dose of a high potency of *Lachesis*; the patient having a stool, free from all pain, in an *hour*, oftentimes, after the powder was taken.

I have also found this drug highly useful in *threatened gangrene*. I once attended a lad, about six or seven years of age, who crushed the end of his thumb while coasting, by having the member jammed between his sled and the stump of a tree which stood in his way, while rapidly descending a hill. On my first visit, I found the little fellow with his thumb wrapped up, but suffering no pain of any consequence. Removing the bandage, the smell was so sickening, that it was with difficulty I could proceed with the examination. I was, I confess, somewhat alarmed as to the results, but having the indicated remedy, I proceeded to dissolve eight pellets of *Lachesis*, 200th, in half a tumbler of water. Of this mixture, I ordered a dessertspoonful to be given every two hours, until the patient retired to bed. I called in the morning, and, to my astonishment, the thumb was free from smell, and all gangrenous symptoms. The case soon got well, healing up kindly.

Another important indication for the use of this valuable drug, is a “dry, hacking cough (accompanied with severe tickling, or titillation, in the throat-pit); *worse* after *sleeping*, whether the sleep occurs in day time or at night, but if at night, generally after *midnight*.” A powder of sugar of milk, containing five pellets of the 200th of this drug, will, if taken immediately when the attack commences, dissipate the paroxysm, and promote sleep.

For various ailments occurring in women, at the climacteric period, I have found valuable assistance from this potent drug. One of the most important symptoms, at this critical period, and

with which many females suffer, is "sudden flushing of the face, with great heat, coming on suddenly, without the least warning." The last case of this kind I had, was treated by me at a distance, the lady being a former patient of mine in New York City. This individual was of a lymphatic, bilious temperament, and it being the critical period with her, she requested me to prescribe for the symptom above mentioned, accompanied with slight bloating of the abdomen. I sent her some powders of *Lachesis*, 30th, which controlled the difficulty promptly.

In regard to the midnight cough, and the cough which is increased after sleeping, I will speak, just here, of a cure I made with this drug, the doses being composed of powders containing pellets, medicated by contact simply, after the manner of Dr. Fincke. I mention this as something curious, as well as interesting, and being an experience of my own, I can vouch for the truth of it. At the compound word contact-potency, I hope the gentlemen present will not become alarmed. There are strange things in Homœopathy—things that are past finding out—things we can not possibly explain satisfactorily, and, perhaps, never will explain.

Just after reading Dr. Fincke's book, the half of which I do not profess to understand, this case came into my hands. An old lady, of some seventy years of age, had been suffering for a long period with a distressing, dry cough, accompanied with tickling in the throat, worse after midnight, and after sleeping, when she would be seized with a paroxysm of coughing, lasting an hour each time. She stated that she was very sensitive to the action of drugs, and that a Homœopathic physician had attended her faithfully, but his remedies rather aggravated than improved her condition. She begged me not to give her strong medicines, which request, you will presently see, I obeyed to the letter. As the case was a plain one, and as I was fully satisfied that *Lachesis* was the remedy she required, and that she was very sensitive to the action of our drugs, I resolved to make this a test case, and see if there was any medicinal power in pellets prepared by mere contact. I placed eight or ten pellets, medicated with the 200th potency, Dunham's preparation, in a small and perfectly clean vial, and into the same vial about a dozen unmedicated pellets, a size larger, and of an entirely different make, so that I could readily distinguish them. I then shook them vigorously every little while through the day; removed the pellets next

morning, which were thus brought only in contact with the medicated ones, made four powders of them, and carried them to my patient.

She told me that the night before she had her usual coughing-spell, and no relief, until she was exhausted. I told her to take one of the powders, and place it in a convenient place so that she could reach it without getting up, and take it on the first intimation of the paroxysm.

I called next morning, eager to hear the result. My patient met me at her bed-room door, with uplifted hands, and a smile upon her lips, and demanded to know what I had given her in that powder. Did it do you good? "Well," said she, "the cough came on as usual, and I laid there, and tried to stave it off, but finding it useless, I took the powder from under my pillow, put it on my tongue, and had scarcely swallowed it before the cough had ceased, and I fell asleep." She continued these powders each night, until her cough was cured.

I do not, by any means, advocate the manufacture of "contact" potencies, for I do not really see what is to be gained by preparing medicines in this particular way. But as the case just presented is a curious one, and not devoid of interest, and occurring in my own practice, I could not forbear to call your attention to it, as having some connection with the subject of my paper. You will observe, that in each of the cases presented (save one), I have used the high potencies, and my reasons for so doing are, that after a good deal of experience with this drug, I am satisfied that the higher attenuations are more reliable than the lower; I moreover fully believe that this drug requires attenuation to make it a useful medicinal agent. I have known physicians to use, repeatedly, the 9th and 12th attenuations without any benefit, where it was evidently indicated, and these very cases recovered under the 30th and 200th. I have also noticed, that in any given case where this remedy was *indicated*, the 200th, as prepared by Dunham, never yet failed me, and this being my experience, I never give the drug now in any lower attenuation.

Dr. Lippe informed me, in a letter, the other day, that he has the 5th potency of the original preparation, from which were made Jenichen's, Lehrman's, and Fincke's high potencies. He also states that he has never used a lower attenuation than the 30th, and of late, nothing lower than the 42 M., from which, as he states, he receives all the benefit he could desire.

I have never used the *very highest* potencies, recently introduced in this country, and not having used them, I do not decry them. I remember well when I scoffed at the 200th attenuations, I am now oftentimes glad to have them near at hand. I will not, therefore, deride the 42 M., nor those who honestly use them, lest, at some future time, I may be found carrying them in my side pocket, and dealing them out at the bed-side of the sick.

“WHAT THEY TEACH AT ST. LOUIS.”

BY JOHN T. TEMPLE, M.D.

IN the November number of THE MEDICAL INVESTIGATOR, we have this day read an article, signed “Sam. A. Jones, M.D., Specialis Gratia.”

We have read the communication carefully, twice. It is by no means a common production, and we are induced to notice it, not because of its contents, but on account of its vacuity.

In the first place, we are accused of deserting Hahnemann’s doctrines, having gone into the domain of absurdity.

In the second place, he does not tell us what *Dynamics* are, but accuses us of being deranged, for teaching that Homœopathy is based upon a *knowledge of the Dynamic Power*.

In the third place, he does not tell us what the Organon teaches, but accuses us of profound ignorance of its contents.

In the fourth place, he accuses us of ignorance “of the very meaning of Homœopathy,” but does not tell us what it does mean. He asserts that dynamism was a “theory of Hahnemann’s, the tail piece of his life work,” but does not tell us how Homœopathy could exist without it.

In the fifth place, he says, “that while God made the great therapeutic law,” “Hahnemann made the ‘dynamic theory’—that the one is demonstrable, the other is not.”

He recognizes “Homœopathy as Hahnemann saw it, *as he taught it, as we received it.*” But Sam. don’t tell us *how* Hahnemann saw it, or taught it, or *how* he (Sam.) received it. In his conclusion, we are admonished to “teach dynamism if you will, but call it dynamism, and leave Homœopathy to those who know what it is.”

Sam. A. Jones has told the readers of *THE INVESTIGATOR*, that he is a *young man*, and we are convinced from his article that his statement will not be called in question. As it is our business to teach *young men*, we feel it a duty we owe Sam. to give him a short lecture, in hopes that he may learn first principles, and not again expose himself, (“*Specialis Gratia.*”)

As Sam. appears to have great respect for Hahnemann, we shall quote from him, not doubting that he will be received as good authority.

In the three great kingdoms of Nature, the animal, the vegetable, and the mineral, we find the individual members of all the families in these kingdoms possessed of two properties, a visible, material existence, and an invisible, immaterial force or power; the one subject to chemical analysis—the other defying chemical tests and analysis, and only manifesting their properties by the action produced on organized bodies. The chemical elementary composition of bodies gives us no idea of their physiological action; indeed, on the contrary, bodies composed of the same elements, in the same proportions, have not the same action on the organism when they are subjected to experiment, and this fact arises from the dissimilar *dynamic* power possessed by these bodies. It is not surprising that youth and inexperience should oppose, and even deny the principle of dynamization.

In the beginning of the present century, posology was decidedly heroic. “Pharmaceutical chemistry had not yet discovered the essential principles of drugs. The microscope was still a rude and primitive instrument; quantitative chemical analysis had not attained any great development; much less was there any thought of applying, as is now done, the reactive susceptibility of the living organism to detect, through its specific affinities, particles of matter so small as to elude the microscope and the chemist.” Hahnemann proved, to the satisfaction of all Homœopaths, that the first dilution or trituration of any drug contained a more efficient curative power than massive doses. “This demonstration was made long before high dilutions were used, thus showing that the curative power of drugs is not in proportion to their material quantity, and thus *established* the first principle of the dynamic theory.”

“When, furthermore, he showed, to the demonstration of all Homœopaths, that substances, which in their crude state exert no medicinal power, such as gold, charcoal, tin, common salt, etc.,

etc., do, after dilution, trituration, or potentization, come to possess a medicinal power, he demonstrated, in part, the second principle of the dynamization theory."

Prof. Hoppe, of the University of Basle, an allopath, says, "that the two great events in Medicine, since the early ages, have been these discoveries of Hahnemann :

1st. "That for every individual case of disease, the specific remedy—the *individual* specific remedy—must be sought for, and found, and that thus, in every individual case of disease, the process of cure is a process of discovery.

2nd. "The discovery of Hahnemann, that the remedy acts in small, very small doses, in smaller doses than any one has hitherto imagined, and that in these very small doses it may act more powerfully than in large doses. A *discovery which surpasses in brilliancy* all of Hahnemann's *other achievements.*"

We ask Sam. to turn over to the 97th page of the Organon, 4th American edition, paragraphs 9, 10, and 12, and see if he *can not* find something about dynamic power, not as a theoretic suggestion, but as a solid fact. On the 99th page will be found the declaration that "curative medicines possess the faculty of restoring, and do actually restore health, with concomitant functional harmony, by a *dynamic influence only,*" etc., etc.

The great therapeutic law of *similia similibus curantur* was not a discovery of Hahnemann's, and never claimed by him. It was known to Hippocrates, Van Helmont, Stork, Paracelsus, and many of the Old Fathers in Allopathy, but the knowledge of it did not profit them, and could not have profited Hahnemann, without the brilliant discovery of dynamization. Take away the knowledge of Dynamics from the profession, and the great Law of Therapeutics would remain as it did from the days of Hippocrates, until the discovery of dynamization, a useless law, because of the danger of its application; and Homœopathy would have no existence, because it would have no basis on which to rest.

In closing this short notice of Specialis Gratia, we must say that it would be very difficult to find any communication of the same length so full of arrogance and assertion, and so utterly destitute of reason or logic. We will say farther, that for this second attack on our College, through me, the Faculty return sincere thanks, as they ask investigation of all they teach, and every attack on our College tends to notoriety, and the wider dissemination of our doctrines. Finally, let us declare to Sam. A.

Jones, and all others, that our College has never pretended to give brains to any body, and that if the great truths, as taught by Hahnemann, and as we think our College teaches them, can not be comprehended by some young men, surely we should not be held responsible.

The rapid growth of our class, and the success of our graduates in practice, are the best guarantee we can have of the Truth we promulgate.

CHARACTERISTIC SYMPTOMS.

BY E. M. HALE, M.D.

It will be admitted by all that there are certain symptoms to be found in every pathogenesis, which seem to indicate the special genius of the remedy. These symptoms are variously designated. By some they are called "Key-Symptoms"—by others "Special Symptoms," and still others, "Characteristics." They are, however, really "Diagnostic Symptoms;" *i. e.*, they are symptoms which give individuality to the medicine, and make its pathogenesis differ from others.

In giving *characteristic* symptoms, I do not deem it sufficient to present a bald enumeration of them. It will be of great advantage to the student and practitioner, if we place under each characteristic the names of other medicines which have a symptom very nearly resembling the one presented. By this plan, we can see, at a glance, the difference between the similar symptoms of similar or dissimilar drugs. If this differential diagnosis can be carried farther, so as to *compare* these similar *characteristic* symptoms, the result would be more valuable.

DIAGNOSTIC SYMPTOM OF LEPTANDRA. — *Profuse, black, papescent, tar-like, very foetid stools, generally in the afternoon and evening.*

"*Black*" stools are caused by *Podophyllum, Iris versicolor, Aconite, Merc. dulc., Opium, Bromium, China, Calc. carb., Arsenicum, Cuprum acet., Stram.*

Podophyllum, Iris versicolor, Mercurius dulc., Aconite, and *Bromium* are the only medicines which cause stools having all the appearances of *Leptandra*-stools.

A further distinction may be made, thus :

Podophyllum has the *black stools only in the morning*.

Iris versicolor has, with the black stools, fever, with hot sweat, white tongue, and severe headache.

Mercurius dulc. causes the *black stools*, with great epigastric oppression (sinking), etc.

Aconite has, with the black stools, *dry skin*, and fever (see *Iris*); also, despondency, anxiety, etc.

Bromium has "*blind, intensely painful varices*," with the *black stools*.

The *black stools* of *Opium* and *Calc. carb.* are probably due to retention of fœcal matters.

China, *Arsenicum*, *Cuprum acet.*, and *Stramonium*, cause *black stools*, but they are *thin* and *watery*.

China and *Arsenicum*—with *great prostration*; *no pain*.

Cuprum acet.—*black stools*, copious, painful, bloody, and with tenesmus, and weakness.

Stramonium—*black stools* every hour; preceded by writhing pain in the bowels, and delirium.

(The *black stools* of *Ferrum* are of no importance, for that color is a *chemical* effect of the iron. The *black stools* of *Plumbum* are attended by the cholice, with retraction of the abdomen, and obstinate constipation, peculiar to lead poisoning.)

CANCER OF THE BLADDER.

BY E. M. P. LUDLAM, M.D.

History.—Dr. W. C. Barker, of Waukegan, Ill., detailed the following history of the case: He was called to see the case October 2, 1867, died October 10, 1867. The patient had been under allopathic treatment about three months; the physician had diagnosed disease of the kidneys. Patient aged forty-nine years and not quite through the climacteric period. When Dr. Barker saw her, the former attendant had said she could not live three days. Found her with insufferable retching, burning in the stomach, restlessness, no sleep without *Morphine*. She had had suppression of urine four days. At times the urine would flow involuntarily, and in small quantities; but when she arose, and attempted to urinate, there passed a sero-purulent matter, with little or no urine. General anasarca, with bloated, pale features,

limbs, body, and abdomen. Prescribed *Ars. alb.*, and *Nux*, which relieved the nausea and burning, and she became able to take nourishment, and rested nicely. About the third day after using Homœopathic remedies, the dropsy sensibly decreased, indeed almost entirely disappeared. The wrinkles in the features, and the natural feel and color of the skin returned. She had complained, from the first, of local pain in the region of the bladder, and across the loins, Dull, heavy pain, sometimes cutting, with strangury. This latter symptom had been very marked, but was not particularly so after Dr. Barker was called.

On the morning of the 10th, complained of having passed a hard night—felt badly, no special pain. Gave *Bell.*; after it she went to sleep, until about 2 P.M. At 2.30 complained of feeling badly; mind quite clear, pulse good, as usual. Left her at 3 P.M.; at 4 o'clock she was dead. No convulsion, coma, spasm, or any thing of the kind. Two or three days before saw beautiful sights. Knew herself that they were illusory, but saw them plainly and often, nevertheless. I was called to assist the doctor at the *post mortem*.

Post Mortem.—We found the kidneys healthy, but the whole mucous membrane of the bladder was diseased, and about a third of it was quite gone. From careful examination, the disease was pronounced cancerous. We found the ovaries were also affected—scirrhous. The other organs were found to be in a healthy condition.

MICROSCOPY.

THE LARGEST LENS YET MADE IN AMERICA.

EDITOR INVESTIGATOR,—As the tendency in microscopical research, at the present day, is towards the employment of the highest magnifying powers, the opticians have been spurred into attempting lenses of very limited focal distances. It is not long since the $\frac{1}{15}$, of Powell and Lealand, was hailed with delight by the leading microscopists. This glass gave an available power of from twelve to eighteen hundred diameters, and gave marvelous insight into the world of the Little. Dr. Beale, however, was still unsatisfied, and he urged the same opticians into making the first $\frac{1}{10}$ achromatic lens. Theoretically, this lens should give,

with the A, B, and C eye-pieces, 2,500, 5,000, and 7,500 diameters; but in the hands of Drs. Woodward and Curtis, at the United States Army Medical Museum, 2,344 diameters has been found to be the highest practical amplification to be obtained. This famous lens should be seen in order to appreciate the optician's skill. The "front combination" of this objective is just $\frac{1}{8}$ of an inch in diameter; consequently a powerful condensation of light is necessary, in order to illuminate the object, and, even then, such patient and skillful manipulation is required, that only the gifted few can use the $\frac{1}{8}$. This lens costs the American microscopist \$375, and the price must limit its employment to a few. At present there are only two of these objectives in the United States; one at the Army Medical Museum, the other is the property of Dr. W. H. Atkinson, of New York City.

We are happy to add that American art has not allowed itself to be outdone by English. W. Wales, of Fort Lee, N. J., has made a $\frac{1}{4}$, which is a far better "working-glass" than the English $\frac{1}{8}$. It has good definition, and a flat field, and gives 2,000 diameters with ordinary light; while it can be easily illuminated, so as to give the observer 4,000 diameters, available for critical research. This power would make a human blood corpuscle look the size of a silver five-cent piece. The English $\frac{1}{8}$ has a focal distance of $\frac{1}{3}$ of an inch; the American $\frac{1}{4}$ has one of $\frac{1}{2}$ of an inch. This is a tremendous superiority. Another peculiarity of Mr. Wales' lens is that it can be used, not only as an ordinary achromatic lens, but also as an immersion-lens; and as an "immersion" it has an extra large angle of aperture. The price is only \$120. We soon expect to use one of these objectives, and will "make a note on't" for the MEDICAL INVESTIGATOR.

"SAJENSO."

RUPTURING THE MEMBRANES IN IMPERFECT DILATATION OF THE OS.—Dr. Massmann ruptures the membranes in cases where the labor has lasted for twenty-four hours or longer, and where the os uteri, in spite of regular pains, has dilated but to a very small extent, and has maintained for some time the same size. This proceeding is indicated when the os lies in the pelvis axis, when its lips are not swollen, when the head of the child has already passed into the deeper parts of the pelvis, when the pains are regular, but not very strong, when no mechanical obstacle prevents the birth of the child, and, particularly, when no condition can be discovered; accounting for the tardy dilatation, except a deficient amount of liquor amni, and the consequent absence of an efficient bag.—*Leavenworth Med. Herald.*

REVIEWS AND NOTICES OF BOOKS.

THE TREE OF LIFE; OR, HUMAN DEGENERACY—its Nature and Remedy, as based on the Elevating Principle of Orthopathy. By I. JENNINGS, M.D. Miller, Wood & Co., New York.

This work treats of man's spiritual and physical degeneracy. The part on spiritual degeneracy hardly comes within our province to review. Every physician is aware of the influence of a diseased mind upon the physical system. None can read the first part of this work without gaining some light, and being benefitted. It is but the stepping stone to the consideration of man's physical degeneracy. The causes and nature of the latter are clearly shown and accounted for.

In his therapeutics the author occupies a position far in advance of the general profession. He trusts to the "upright, upward tendency of natural law," or orthopathy. He imagines that nature can not be assisted. He does not seem to know that the natural course of disease is very much abridged by the Homœopathic remedies. He admits that "the ruggedness of the road to practical orthopathy has been very much smoothed down by Homœopathy, and more recently, by the allopathic branch of medicine." He, therefore, concludes that "the whole drift of thought and action by physicians on the subject of medicine is in the right direction, and the faculty and the world will soon be ready to make a complete somersault, and land on a solid, scientific basis, with *materia medica* abated, and *materia alimentaria* substituted in its place."

This work contains much original thought, and will repay a careful perusal. The writer is an old-school physician, of much experience and common sense, and, therefore, doubts the value of all medication.

THE LEAVENWORTH MEDICAL RECORD. Edited by C. A. LOGAN, M.D., and T. SINKS, M.D.

This wide awake sheet, "jest out from the Rocky Mountains," is well filled with practical matter. If an exponent of far western medical talent, it will be a success.

GUERNSEY'S OBSTETRICS. F. E. BERICKE, Philadelphia. Pp. 750. 1867.

We received this book with a great deal of pleasure, believing we now possessed a *complete* work on Obstetrics.

The first fifty pages were read with interest, but with a fear that our author was rushing over his subject too rapidly. Here we came to "disorders of the external genitals," these we passed over, wishing to examine the work on its obstetrical merits simply. To our astonishment we had to pass to page 295 before this subject was resumed, if we except ten pages on "ovulation and menstruation." "Reproduction," "gestation," "pregnancy" and its many disorders, are hurried over in the following 175 pages; we then came to "Labor." This, together with "care of the infant," "lochia," "after-pains," etc., are dispatched in thirty-five pages! "Dystocia"—"from failure of strength," "deformity of the pelvis, vulva, vagina, uterus, and fœtus,"—from "prolapsus of the cord," "malpositions," "presentations," etc., are all treated of in fifty-six pages! Post-partum contingencies, "lactation," "mastitis," "hæmorrhages," and "puerperal states"—fifty-one pages—brought us to the *close* of this Obstetrics! 184 pages of obstetrics proper. We were sorely disappointed and grieved. We found fault with the author. We turned to the "title-page," and found that it was our mistake. This is not on Obstetrics simply. We now proceeded to examine the "department" of "disorders peculiar to women." The first chapter—twenty-five pages—includes "disorders of the vulva," fourteen subjects, twelve diseases, and their treatment! Is there condensation or insufficiency? [Condensed thought and small type are not prominent features of this work.] "Disorders of the vagina, displacements, spasms, cramps, neuralgia, inflammations, leucorrhœa, indurations, fistulas, gangrene, morbid growths, tumors, polypi, cysts, and granulations," are all considered in twenty-seven additional pages. The many and complicated displacements of the uterus, with their treatment, are all dismissed in twenty-four pages, six of which are plates. "Disorders of the uterus" merit only twenty-two pages of "printers ink." "Hysteria," alone, covers twelve pages, and is the best chapter in this department. The many forms of "ulceration of the uterus" are "did" in nine pages and a half. "Cancer," that formidable disease, is well considered in nineteen pages—a good chapter. "Dropsy of

the uterus," "physometra," "moles," and "hydatids," are touched upon in the next chapter. "Disorders of the ovaries," including "irritation," "inflammation," "tumors," "cancer," "cancer of the breast"—this is certainly a dislocation—and "ovarian dropsy," make a good chapter of thirty pages. "Amenorrhœa," "dysmenorrhœa," "menorrhagia," and "metrorrhagia," are well considered. "Change of life" closes the scene. Many diseases are only mentioned, and others entirely overlooked.

The multitude of diseases incident to infancy and childhood are hurried over—briefly mentioned—in the remaining 125 pages of this work!

We feel disappointed, and a closer and careful examination only increases it. Some subjects, it is true, are considered as fully as science demands; but with the majority it is otherwise. Our space will not admit of a complete review.

Under "Reproduction" some strange physiology is given. We are told that "the germinating principle passes up *through the walls of the uterus, out through the ovarian ligament to the ovary!*" The author's expedients for "placenta prævia" and "prolapsed funis" are very practical—but suppose they fail? He seems to be shy of instruments of all kinds. The article on "puerperal fever" is the best one in the book. The various diseases are vaguely and superficially considered. This may be well enough in the lecture room, perhaps, but in our libraries it is quite another thing. The therapeutics are clearly presented, and the importance given them strangely contrasts with that given to the "subjects" considered. In fact over one-fifth of the work is composed of the symptoms of the remedies.

Taken separately, this work is very unsatisfactory; as an "obstetrics," it is a failure: that is, if *complete* works on the above departments—obstetrics, diseases of women and of children—are a necessity with us. This work is but a manual on the above topics—the *application* of Homœopathy to them.

THE MEDICAL GAZETTE. L. M. YALE, M.D., Editor. A. Simpson & Co., New York.

This is a new weekly medical journal for the profession. It is well filled with valuable matter. It will be a success, because of its intrinsic merit and low price—two dollars a year. We commend it to our physicians.

LA HOMŒOPATHIA. Bogota, United States of Columbia, S. A. Vol. II., numbers 5, 6, and 7.

This spirited sheet, from away down in the tropics, is an honor to the cause it advocates. It is published by the medical society (Homœopathic) of Columbia. In the July number we note a communication from Dr. Calvo, of Chiquinquirá, to the society, informing them that he has charge of the hospital in his city, and that he is delivering lectures to many young men, who are attracted to the hospital by his wonderful success.

ESSAY ON MAN. By ALEXANDER POPE. Illustrated. S. R. Wells, New York.

This familiar and noble production is reproduced, illustrated, and phrenological comments appended. Much additional interest is added by the foot-notes.

ILLUSTRATED ANNUAL OF PHRENOLOGY AND PHYSIOGNOMY. By S. R. WELLS.

Any work that throws "light" on "man" is welcomed by the physician: "Marriage of Cousins," "Jealousy—its cause and cure," "Mind limited by Matter," "The two paths of Womanhood," and "Bad Heads and Good Characters," are articles that will be perused with interest. Hahnemann, viewed phrenologically, has made many converts to Homœopathy.

PHYSICIAN'S VISITING LIST for 1868. By Lindsay & Blackiston, Philadelphia.

This is a very conveniently arranged memorandum book. Such books have become a necessity. No physician should be without one.

PHYSICIAN'S VISITING LIST AND POCKET DIARY. C. S. Halsey, Chicago. Price \$1.

The advantage of this diary is, that it is adapted to any year, and may be used until filled, whether a year or longer. The arrangement is very convenient, and the price very small.

TEMPERANCE IN THE AMERICAN CONGRESS, or Ten-minute Speeches by our most distinguished Statesmen. S. R. WELLS, New York.

To the student of medical geography this work will be perused with interest. The thoughts, expressions, and style, show that *locality* has had a marked influence on the speakers.

EDITORIAL.

PROFESSIONAL RELIABILITY.

THE most reliable physicians are in a respectable minority. In whatever pertains to professional experience, perhaps not more than one in five is really trustworthy. Apart from moral reasons, which are obvious enough, there are educational reasons that account for this fact. Exclusive of the equivocation, direct or implied, that is sometimes thought necessary to secure and retain a practice, there is a proneness so to misinterpret and contort the truths of experience as to make them teach the most varied and conflicting lessons.

How far the defective system of medical education now extant is responsible for this condition of things, is an important question. No one doubts that if our physicians were more thoroughly educated, the result would be apparent in the improved character of the men themselves, and in that of our literature also. We can not rely upon the therapeutical distinctions made by one who writes upon diseases of the kidneys, if he is so ignorant of renal physiology as not to know that the lithates and urates are identical. The doctor who mistakes follicular tonsillitis for diphtheria may boast of marvelous cures, but his testimony concerning the efficacy of any particular remedy in the latter disease, is invalid and unreliable. When a physician talks glibly of having treated scores of cases of "raspberry ulcer" of the os uteri — which are almost as rare as placenta prævia — we can not depend upon his word. These men sin through ignorance of the collateral sciences, and more especially of diagnosis.

The sources of fallacy in the use of the high potencies are numerous and varied. Many honest inquirers would be induced to place more confidence in their efficacy, if a larger proportion of the older and more reliable physicians should experiment with them, and publish, *in extenso*, the results of their observation and experience. For a doctor, young or old, to declare that a high potency of *Phosphorus* or *Lycopodium* has cured a severe case of pneumonia, when we have every reason to believe that he is not competent to differentiate between this and other pectoral affections, is to give us a clinical item of no possible value. Moreover, if he is as ignorant of the special pathology of pneumonia as Sam Weller was of Sanscrit, it is a piece of unpardonable effrontery to claim such a case for a cure. If he details the symptoms, we discern the error in diagnosis; and if he omits them, his *ipse dixit* is not worth a farthing.

To place great stress upon an abortive system of treatment by those who know less of the premonitions of serious disease than of thunder storms, is to practice a species of fraud upon the profession and the public. It is not honest to claim that because we have "broken up" one paroxysm of fever,

and intercepted another, therefore we have cured a case of typhoid fever in twenty-four or thirty-six hours. It would be equally consistent to claim the cure of a case of scarlatina or of small-pox in the same limited period.

We have chosen too large a subject for our brief space. The design was to indicate to practitioners, and more particularly to those who write for the medical press, one or two weak points that need to be strengthened, and if possible, to stimulate our brethren to cultivate a reputation for being reliable, instead of original and pretentious.

SOCIETY REPORTS.

COOK COUNTY MEDICAL SOCIETY.

OCTOBER 31, 1867.

DR. E. M. P. LUDLAM presented a pathological specimen—a cancerous bladder—contributed to the society by Dr. Barker, of Waukegan, and the history of the case. (See page 114.)

THE CHAIR—The mode of death in this case is worthy of notice. She died, I think, from uræmic poisoning. The urine was secreted, but the diseased bladder could not pass it, and the urea was re-absorbed, poisoning the blood and brain.

DR. R. LUDLAM exhibited a specimen sent to the society by Drs. Ober and Putnam, of La Crosse. The specimen was a portion of bowel and lung, in which tubercles were plenty. The following history of the case was given: While the patient was alive, she was, for a time, under the care of a certain allopathic physician—recently from the army, and rather self-sufficient—who had diagnosed *tuberculosis mesenterica*. He affirmed that the lungs were sound. Dr. Ober had pronounced them diseased. At the *post mortem* he, with considerable assurance reiterated his diagnosis. The bowels were found diseased, and a *large vomica was found in the left lung; the remaining portion was filled with miliary tubercles!*

A vote of thanks was tendered the above medical gentlemen for these interesting pathological specimens.

DR. C. C. SMITH then read an interesting paper on

LACHESIS.*

DR. E. M. HALE—I have listened with a good deal of interest to this paper. I am pleased that the characteristic symptoms are so clearly made out. It would be a good thing for the profession if the characteristics of all our drugs were as well understood. The effect of our drugs upon the outlets of the body should be better defined. Their effect upon the chemical constituents of the urine we should know. This drug affects the outlets of the body in a similar way to *Cantharis*, *Belladonna*, and *Pulsatilla*. I had a case of vesical tenesmus, in which *Cantharis*, *Belladonna*, and *Pulsatilla* were tried without avail. I then prescribed *Lachesis*, 80th, and the case was soon much better. I, last summer, had an attack of hay fever. There was profuse lachrymation. There seemed, at times, a sort of spasm of the eyelids. I tried several remedies indicated, but without relief. A few doses of *Lachesis* soon put a stop to this troublesome symptom.

An old lady complained of a spasm of the throat. Her throat would fill up as large as an apple, which was the characteristic in the case. I gave her many remedies, among them, *Platina*, *Belladonna*, and *Lachesis*, 7th, but with no benefit. Having recently returned from Philadelphia, where I was

* See page 105 of this number.

given a vial of *Lachesis*, 41,000 (Fincke), I resolved to try them in her case. I gave her some blank powders, and told her to return in a week. She came back no better. I then gave her six or eight pellets of *Lachesis*, 41,000, I did not hear from her for some time. I called to see her, and found that she had not a return of the spasm. I think this was a cure with a high potency.

DR. T. S. HOYNE—In cases of diphtheria I have used *Lachesis* for the symptom pointed out by Dr. Smith, "sensitiveness to outside pressure."

DR. HALE—Dr. Guernsey mentions as a characteristic of this drug, that it affects all the outlets of the body. In retention of the menses this drug is often indicated. Hering gives as a characteristic of this drug, "incessant sneezing." This is a sort of spasm.

DR. R. LUDLAM—I once had a case of abscesses in a child—they were a sequela of scarlatina—in which *Lachesis*, 12th, three times a day, was a valuable remedy. In abscesses occurring during typhoid fever, when they are superficial, sensitive to the touch, and indolent, *Lachesis* has proved an efficient remedy.

DR. DUNCAN—Some years ago, while in charge of the dispensary, I was called to see a poor woman, who had a very severe abscess on one of the nates, involving the whole muscular tissues of that region. The condition of the system was low, gangrene had supervened. I tried *Arsenicum*, then *Lachesis*, 7th, to arrest it, but without success. She died of pyemia. Dr. Weber, in the November number of THE INVESTIGATOR, refers to its value in cases of fright by snakes. Dr. Boyce, of Auburn, N. Y., who is busy preparing a monograph on *Lachesis*, had his attention first called to this drug in a certain phase of typhoid fever. I would here state, that any facts concerning this drug sent him will be thankfully received.

DR. WOODBURY was appointed essayist. Adjourned.

CHICAGO, NOVEMBER 14, 1867.

The Society convened. Dr. Hoyne read a paper on

NEURALGIA—TRIFACIAL AND SCIATIC.*

DR. COLTON—I am very much interested in this subject, but more especially in that form of the disease relating to the viscera—neuralgia of the chest, abdomen, genital organs, and of the lumbar region. In the first two, I have used, with the greatest success, *Atropine*. *Belladonna* is good, but *Atropine* seems much better. In gastralgia I have used *Nux.*, *Pod.*, and other remedies, often indicated for this condition; but have had the greatest success from the use of *Atropine*. I have used *Arsenicum*, *Cantharis*, and the other remedies named in the paper. In prosopalgia I have used *Belladonna*, where the early Homœopaths resorted to *Pulsatilla*. In some cachexias, marked by an agueish condition of the system, I have used *Ars.*, with very good results indeed. *Nux.*, taking its general indications, for derangements of the digestive organs I have used with excellent results. (I find myself taking the general indications for a remedy oftener than looking up its minutiae.) *Conium* I have used but little. *Colocynthis* I have used, with good success, for severe pain about the side of the head and face. (*Colocynthis* seems indicated for severe pain almost any where).

DR. DODGE—Am glad this subject came up in the manner it has. I have been interested in studying the avoidable causes of disease. The reference to stimulants—tea, coffee, liquors, etc.,—is a good one, timely. I believe they are the source of much disease. We should give our patients the benefit of such knowledge. I think the duty of the physician will be, ultimately, to direct our patrons how to preserve their health, more than to cure them when ill. I have been as highly esteemed by my best patrons for my advice to them how to preserve their health, as for skillful treatment.

* See page 101.

DR. COLTON—I am also interested in the question of avoiding disease. Hygiene is, as yet, an undeveloped branch of medical science. I think that the reforms recently introduced will have, and have had, a perceptible effect upon health. The wearing of hoops, by the ladies, has done much good, in relieving the abdomen and pelvis of the weight of the skirts. Thick-soled shoes is another reform introduced, that is having a good effect upon the health of the ladies. The same is true of the wearing of woolen, so much in vogue just now. Here, upon the lake-shore, where neuralgias are so prevalent, delicate females must be protected. I have had good success in these cases with such patients from vigorous exercise of the chest. I look upon the cause as essentially one of congestion of the nerve-centres, and vigorous exercise of the chest tends in the same direction. The blood does not circulate properly, and there is really inanition of the parts where the severe pain is located; exercise prevents this. The damp air should be excluded by proper clothing. This exercising of the chest is quite a hobby of mine. I have delicate young ladies resort to light gymnastics, and, in some cases, I have assisted them in rowing a boat, and in this way get up a vigorous action of the chest. I have prescribed exercise of the chest for some of our merchants, who suffer with severe attacks of neuralgia. They sit in the counting-house all day, and have but little exercise of the chest muscles. It is true they ride to and from their business, but do not drive themselves—a very good exercise for the chest. These persons I have entirely relieved of long continued attacks of this disease, by having them drive, or otherwise exercise the chest.

DR. BALLARD—I have treated many cases of this disease. One case I had a week ago may be of interest: An elderly lady, of lymphatic temperament, complained of a dizziness; pain in the eyes, darting, shooting into the brain, producing tears, and excessive itching. Worse at night, preventing sleep. I located the disease in the optic nerve. I tried *Spygelia* and *Iris*. Many of the symptoms called for *Arsenicum*; this was given, high and low, but all without success. Ice water afforded relief, temporarily. *Coccyntus* seemed to mitigate the severe pain; but nothing afforded permanent relief. I prescribed *Kalmia, O.*, five drops in half a glass of water. At 8 P.M. it was as severe as usual. She took the medicine, and obtained much more rest than usual that night. Next day she took it every two hours. The pain was less violent after that; the itching still remained. *Hepar* at times relieved it. Finally, at the inner canthus of one eye, appeared a small ulcer; and there is now left a burning sensation in the eyes as if sand was in them. *Merc.* is often indicated for this itching.

While in Natchez I had another obstinate case. The patient was also an elderly lady. The disease seemed to involve about one-fourth of the right side of the head. I gave her many remedies, among them, *Kalmia*, which seemed to afford relief; but *Platina*, 30th, gave her more relief than any other remedy. Finally she recovered.

I had another case, where the pains were most severe at night. In this case *Calc.* afforded relief.

Where the disease seemed to be located in the kidney, I have prescribed both *Canth.* and *Colech.* I found neither of these remedies very serviceable alone, while in alternation they worked charmingly.

DR. HOLBROOK—Have had many cases. *Belladonna* and *Chamomilla* have been my best remedies. A marked case, where the latter proved of great service, I have already detailed to the society. I have a case now where the pains are located in the mammæ. I gave *Bell.* and *Cham.*; she is better.

DR. DUNCAN—I should like to hear the gentleman's views on the pathology of this disease.

DR. COLTON—I think this disease has a pathology, although it may be difficult to locate. In my treatment of it, I have come to the conclusion that what will cause congestion of the nerve centres, will cause neuralgia.

DR. DUNCAN—I believe, with Dr. Colton, there is a pathology to this disease. It may be true that the scalpel has, as yet, discovered no lesion. I

think the difficulty will be found in the axis-cylinder. As rheumatism is caused by the excess of an acid circulating in the blood, infringing upon the nervous filaments, so may neuralgia be caused by the condition of the circulating nervous fluid.

DR. WOODWARD—I think, in some cases, the cause is reflex. I remember a severe case of tic douloureux, caused by disease of the liver. He tried many physicians; and at death, cirrhosis of the liver was found to be his disease.

DR. BALLARD—I think the trouble often originates in the solar plexus. I have had many cases where I have traced the source of the pain to the solar plexus.

DR. COLTON—What we want to get at is the pathology of the disease. I believe there are many causes for the disease, I also believe there is a special pathology to the disease. As has been expressed, I think the trouble is in the axis-cylinder, and travels along the nerve. But what is it? I think the microscope will yet reveal.

DR. BALLARD—In some cases the disease is located in a very small spot. While in Natchez I had such a case. The spot was very small. He had consulted many physicians, among them, Brown-Sequard. This physician gave him a number of prescriptions to try, one after the other, but none did him any good. I gave him many remedies; Dr. Holcombe, also, tried many, among them, *Iris*, but they afforded no relief. He, finally, went to the hot springs, in Arkansas, and came back relieved; but in two or three months the disease returned.

DR. DAVIES—I do not believe there is any special pathology to this disease. I think it depends upon a correlation of forces. The cause may be material or immaterial. If the latter, it will be external to the body; if the former, it may be local injury, or it may be reflex. I think the real trouble is want of nutrition. Had there been a pathology, Rokytsky would have discovered it.

DR. DUNCAN—A case was recently reported to the Academy of Medicine, New York, by Dr. Post, where a tumor was found in the musculo-spiral nerve, which gave rise to severe neuralgia in the hand. He resected the nerve, with relief and success. I have now a patient who has periodical attacks of neuralgia, and pressure upon the affected nerve—interfering with its circulation—will produce the most severe pain. Dr. Lewis, in the May (1867) number of *THE INVESTIGATOR*, details a case of sciatica, where the pain commenced near the right acetabulum, darted to the uterus, from thence to the stomach, producing severe nausea and vomiting. Nothing would relieve her (our best physicians in Milwaukee failed to cure her). Dr. Lewis gave her *Colocy.*, with the effect of producing immediate relief, and curing the case entirely.

Adjourned.

PERISCOPE.

DISPENSARIES INCREASING.—The laity of Albany, N. Y., have recently opened a public dispensary in that city. Drs. Paine, Cox, Jones, and Horton are connected with the movement. The latter is attending physician.

The Second Annual Report of the Poughkeepsie Dispensary show that good is being done in that city.

The friends of Homœopathy in the West Division of Chicago have also projected a dispensary. Besides the attending physician, there is present each day a physician for one of the following specialities: Diseases of the skin, chest, eye and ear, and women and children; nervous diseases, venereal diseases, and surgery. By this plan the physicians will get good as well as do good.

At Buffalo and Cincinnati dispensaries were recently established. A dispensary epidemic! *Let it come.*

CAUSE OF MEDICAL CONSERVATISM.—The Atlanta "Medical and Surgical Journal" commenting on the past and future of medicine, traces the origin of Thompsonianism, Hydropathy, and Homœopathy, to regular heroism. "Now none of these vagaries ought ever to have had a stage of incubation, much less to have hatched, and grown to power and influence, and certainly they never would have done so, if the profession had been true to itself. The fault lies, not in the profession, but its friends; not in its truths, but the bad use that is made of them. * * All these systems have resulted from haste of some of our brightest men to gain notoriety."

A RESULT OF A BATTLE.—In the course of the first day's battle at Gettysburg, it was noticed that the wounded, who had drawn themselves to a little spring which was on the battle-field, were revived as by some magic power. The doctors heard of it, and a chemical analysis, conducted by an eminent professor of the science, established the following: That it is a bicarbonated spring, and discloses among its ingredients the raw alkali *Lithia*, which is now attracting so much attention as the reputed solvent of stone in the bladder, and of the chalk stones of rheumatism and gout. The cures effected are said to approach the miraculous.

CARBOLIC ACID FOR WOUNDS.—The surgeons in Glasgow are at present rejoicing in the use of carbolic acid. In case of compound fractures and other bad wounds, lint is dipped into a strong solution of the acid, and stuffed into the wound until full; after a day or two it is removed, and a new filling is put in, but with a weaker solution. It is claimed that by this method *all suppuration* is prevented, as well as all decomposition of tissues or secretions; that wounds fill rapidly with new flesh without pus, and that pyæmia, suppurative exhaustion, and erysipelas are prevented.—*Med. Examiner.*

PROGRESS IN SPECIALITIES.—Not to be a specialist to-day is to be behind the age. It is the only way to *develop* medical science. The physicians of the New York Ophthalmic Hospital have established an ophthalmic school.

A course of lectures is now being delivered. Success to you gentlemen.

MEDICINE IN THE FAR WEST.—A medical college, with *nine* professors, is in active operation with a good class in Salem, *Oregon*.

HYGIENE IN GONORRHEA.—Leaving the orifice of the urethra uncovered tends much to lessen the severity of gonorrhœal symptoms.

CORALLIA RUBRA IN SPASMODIC COUGH.—Dr. Hughes thinks *Corallia rubra* indicated—has some value—in spasmodic affections of the upper part of the respiratory tube.

DYNAMICS.—Temple vs. Jones. Having admitted Dr. Jones' communication in a previous issue, it is only fair that Dr. Temple should have a hearing, and be allowed the same latitude.

In future, however, communications on this or other topics must be entirely free from personalities—or we can not give them space.

A SENSATION COMING.—It is feared Dr. Fincke's 100,000th potencies will turn out to be 4th centesimal attenuations!

OUR COLLEGES have all good classes this session. In the aggregate, about 300 students. Make room for about 100 M.D.'s next March.

A NEW MEDICAL JOURNAL is soon to be published in Paris, devoted to *pure Hahnemannism*.

IN CONCUSSION OF THE BRAIN place the head lower than the feet, and keep it there until consciousness returns.

A MEDICAL LAW is to be passed in Missouri this winter. Our friends must look well to their rights.

SENNA IN AZOTURIA.—In a case of oxaluria with excess of urea, after failing with *Nitric acid, Muriatric acid, Nitrate of Silver, Cocculus, Plumbum*, Dr. Drysdale relieved the case with *Senna*.

TWO CLASSES OF PHYSICIANS.—Those who look upon the practice of medicine as a trade, and those who look upon it as an imperfect science, which they must help to develop.

PHENIC ACID is the surgical dressing in Paris.

TETRACHLORIDE OF CARBON, the new anæsthetic, Dr. Andrews, in the "Medical Examiner," considers dangerous.

LOCAL REPORTS OF DISEASE.

PLYMOUTH, IND.—We have had no prevailing epidemic, but more sickness this season than for five years previously. Every case I have had any knowledge of has assumed an intermitting form, dysentery not excepted.

J. J. V.

FARMINGTON, ME.—It has been a healthy season with us; no epidemic; no prevailing disease; only a few cases of so-called typhoid fever and typhoid dysentery in some of the adjoining towns. All of these fell into old-school hands, so I can not give their peculiar features, or the treatment indicated.

O. W. T.

NEW YORK.—Typhoid fever prevails quite extensively throughout the State.

CHICAGO.—Since our last issue, the principal diseases met with have been typhoid fever, measles, small-pox, scarlet fever, pneumonia, influenza, bronchitis, laryngitis, neuralgia, rheumatism, and pharyngitis.

Typhoid fever has been mild. Of measles, there have been quite a number of cases, presenting no complications. Small-pox, a number of cases have occurred in persons who supposed themselves well protected. Revaccination is exciting a good deal of attention. Persons with scars, presenting few "pits," should be re-vaccinated, especially if those persons are of the weaker temperaments, and have been sick or drugged to any great extent in the interim. Scarlet fever has been mild, but, as might be expected at this time, the pharyngeal symptoms have been severe. Pneumonia a few cases; nothing unusual about them. Influenza, the first rapid fall of the temperature induced a few cases of this disease, but not nearly as many as a year ago; bronchitis was oftener a result of these colds. Neuralgia, a good many cases, severe and persistent. (See article Neuralgia, and discussion thereon.) Rheumatism, many cases, chiefly of the muscular variety; but few cases of the inflammatory. *Rhus* and *Bryonia* were the chief remedies. Pharyngitis, a good many cases. There was but little fever. When it was confined to the tonsils, *Merc. bijodat.* or *Kali bichrom.* were the remedies indicated; when to the palate, *Kali hydriod.* and *Coffea*; when to the uvula, *Nux* and *Apis*. Laryngitis, some bad cases. *Acon.*, *Bell.*, *Kali bich.* and *hyd.*; *Merc.*, *Nitric acid*, *Spongia*, and *Hepar*, were the remedies indicated.

Since the recent severe storm (December 11th), these latter diseases have been less frequently encountered, and milder in form. How much have such agitations to do with the cause and cure of disease? Can we trace the effects of these severe agitations amid the forces of Nature? October 9th, gale at Labrador; thirty vessels lost. October 29th, hurricane in Tortola. October 30th, hurricane in San Domingo. November 1st, hurricane in Hong Kong. November 2nd, hurricane at Calcutta. November 3rd, eruption of Vesuvius. November 8th, tornado at Matamoras, Texas. November 14th, volcanic eruption in Nicaragua. November 20th, earthquake at Tortola, St. Croix, St. Thomas, etc. December 1st, earthquake at Porto Rico. December 10th, *et seq.*, severe storm throughout all the Western and Middle states. How has this effected typhoid fever, now in New York.

How little we know of the forces that induce disease! We should give this subject more attention. Let us have "local reports" from all parts of the country.

QUERIES AND ANSWERS.

ETIOLOGY OF CONVULSIONS AGAIN.—In answering this question recently, the "types" made us say, "that arterial anæmia and *nervous* hyperæmia suddenly induced, cause convulsions." For "nervous" read venous.

In convulsions from *arterial anæmia*, nerve-tissue is *starved*; in those from *venous hyperæmia*, it is *poisoned* (*i. e.*, by venous blood).

These experiments of Kussmaul and Tenner are interesting. They learned that: "Anæmia of those parts of the brain situated before the crura cerebri, produce unconsciousness, insensibility, and paralysis in human beings; if spasms occur with these symptoms, some excitable parts behind the thalamic optici must have likewise undergone some change.

"Anæmia of the spinal cord produces paralysis of the limbs, of the muscles of the trunk, and of respiration. When the anæmia suddenly attains its greatest intensity, then only, and even then but rarely, do slight trembling movements of the limbs precede paralysis.

"Arterial congestion of the brain does not seem to be capable of producing any other symptoms than those of paralysis (dizziness and apoplexy).

"Venous congestion of the brain, as well as arterio-venous congestion, brings about conditions which belong more to those of apoplexy than to those of epilepsy, and are characterized by paralysis of the glottis, together with a slower respiration, and slight spasmodic symptoms."

DIFFERENTIAL DIAGNOSIS BETWEEN HEMIPLEGIA FROM SOFTENING OF, AND HÆMORRHAGE INTO, THE BRAIN.—This vexed question Recamier answers as follows: "Whenever hemiplegia, complete and absolute, occurs *suddenly* (and I insist upon this point—the *suddenness of the attack*)—*without loss of consciousness*, softening of the brain may be diagnosed. Whenever, on the contrary, the complete loss of power is attended by loss of consciousness, whenever, especially, the individual has become suddenly comatose, hæmorrhage may be diagnosed, and hæmorrhage to a considerable amount."

PERSONAL.

S. P. HEDGES, M.D., was recently appointed physician to the "Half-orphan Asylum" of this city.

D. A. COLTON, M.D., was recently reëlected physician to the "Home of the Friendless," of Chicago. This institution has long been under Homœopathic treatment.

DR. WOLCOTT, the surgeon of Milwaukee and Wisconsin, we learn has lately openly subscribed to the law *Similia*.

H. L. FOSTER, M.D., aged 42 years, died at Joliet, Illinois, September 10, 1867.

Dr. Foster graduated at the Philadelphia Homœopathic Medical College, in the year 1855. Practiced medicine with his preceptor, Dr. Chamberlain, of Keene, N. H., until 1857, when he removed to Joliet, Ill., and, amid obstacles that would have discouraged one less resolute, built up a large and lucrative practice.

In July, 1865, he was attacked with pulmonary hæmorrhage—his first intimation of an active phthisis. Every attention from friends was given, and the best professional skill employed, a change of climate tried; but all without material benefit.

J. S. B.

REMOVALS, ETC.

E. R. ELLIS, M.D., has removed from Grand Rapids to Detroit, Mich.

NEW YORK MEDICAL SOCIETY meets on the second Tuesday of February. Get ready your communications.

TO CORRESPONDENTS.—All *communications* should be addressed to the Editor, 59 Clark Street. All *business* letters should be addressed to the Publisher.

THE
MEDICAL INVESTIGATOR.

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CASE OF PLACENTA PRÆVIA.

BY F. A. BENHAM, M.D., BRONSON, MICHIGAN.

ON the night of October 29th, 1867, I was called to see Mrs. T., who was supposed to be in labor. I found that my patient had been flowing quite freely, but it had almost entirely ceased on my arrival. On inquiry, the patient told me she was about "eight months along," and that she had had "no pains whatever," nor had she "been doing any thing to bring it on;" but that the "flowing commenced all at once, without any warning."

I came to the conclusion that the "time was not yet," gave *Hamamelis*, and left a supply of the remedy, directing its use in case of a return of the hæmorrhage. On the night of November 14th I was called in great haste to visit the patient, the messenger saying, "taint likely you will find her alive." On arriving at the house, I found her cold and almost pulseless. She was in labor, and at every pain the blood streamed from her. She was frequently fainting. The blood had soaked through the beds, and was streaming upon the floor beneath. *Hamamelis* and brandy were administered internally, and *Camphor* by olfaction. I had never met with a case of placenta prævia, but I suspected such was the nature of the case now in hand. An examination revealed the vagina full of blood clots, and removing which I inserted my hand. My fingers came in contact with a rough, spongy mass, firmer than a blood-clot, surrounding which I could trace the os uteri, dilated to about three inches in diameter. I

was now satisfied that the placenta was presenting. I immediately perforated the mass with the finger, and rapidly tore it apart. Through this opening, I felt the smooth surface of the membranes above, and the head of the child presenting. Fortunately two or three *violent* pains came on immediately in *rapid* succession, which ruptured the membranes, and forced the head of the child down into the cavity of the pelvis. Then, most *unfortunately*, there was not another pain, or *sign* of one, for *three mortal hours*. That of course doomed the child; but *there was no more hæmorrhage*.

My patient rallied well, and with returning animation the expulsive efforts of the uterus returned. In a short time the child, placenta and membranes were expelled together, the placenta surrounding the body of the child, like a band. The perforation was in the center of the placenta, and the child was forced partly through the opening thus made. The placenta was then wholly detached, and expelled as above stated.

No hæmorrhage followed, and my patient is getting along finely. On consulting such authorities on the subject as I have at hand, I find that statistics show that in these cases nearly *all the children* are lost; and also that one in every three of the *mothers perish*. But placenta prævia only occurs about once in five hundred cases.

Query 1st — Would manipulation of any kind have succeeded in saving the child in this case?

Query 2nd — What should be the treatment in cases of placenta prævia?

[The above interesting case was read before Cook County Medical Society, and called out the following discussion.—ED.]

DR. A. E. SMALL—In answer to the Dr.'s first question, I think that had the case been mine, I should have waited a short time after rupturing the membranes, and if no pains followed, should have made an attempt to deliver with the forceps.

DR. BALLARD — I agree with Dr. Small. The prompt delivery with the forceps would have been most likely to have saved the life of the child.

DR. HOYNE — After rupturing the membranes and finding the head of the child presenting, I should have administered *Secale cor.*, and if no expulsive pains followed after an hour, proceeded with the forceps.

DR. R. LUDLAM — I most emphatically should have advised the immediate use of the forceps; for the placenta being detached, the child could only be saved by instant delivery.

In all such cases, I would say, in answer to Dr. Benham's second question, that after the presenting part has come down so as to press upon and close the ruptured vessels of the placenta, and thus stop the hæmorrhage, if the uterus has not expulsive effort sufficient to expel the child, the prompt use of the forceps is strongly indicated. In the present case, their skillful use might possibly have saved the life of the child had it been alive at the time of puncturing the placenta.

In some cases it is advisable to separate the placenta partially, after the manner of Barnes; in others, to detach it entirely, as recommended by Simpson. In passive hæmorrhage, the tampon may be used; where it is sudden and excessive, version by the head or feet (in case of malpresentation), supplementing the uterine powers with the forceps. The suggestion to evacuate the liquor amnii slowly, as for example, by means of a catheter thrust through the placental mass, is a good one.

EDENTULOUS JAWS.

BY HENRY S. CHASE, M.D., D.D.S., ST. LOUIS.

A FEW months since I heard of a man who had the reputation of never having had teeth. I visited him. He was a man of dark complexion and of bilious temperament, about forty-five years of age. I examined his mouth, and found small, dark bits of bone scattered over the borders of both jaws. They appeared like the remains of the worn down roots of the temporary teeth. He declared that he never had *crowns* to these apparent roots; that he never had more teeth than at present, none ever having been extracted.

He told me that two more of the family had mouths precisely like his own. One was a sister; I think one was the *mother* of the two. I endeavored to have an interview with him at my office, and make further inquiries and take a cast of his mouth; but being a *peculiar* person, and a bachelor, he afterwards avoided me.

A brother practitioner, to whom I related the case, told me that he inserted an artificial set for the sister, and that he extracted from both of her jaws, in the preparation of her mouth, what appeared to be *very* short roots of temporary teeth. This lady also declared that there were never any crowns to her teeth. In fact, she considered that she never had teeth.

These cases are remarkably interesting, partly from their rarity, and more for their physiological considerations. We know that the *crowns* of the teeth are first developed and hardened, and afterward the roots gradually lengthen.

In the cases mentioned, mal-nutrition from acute sickness at the proper period of development of the crowns, might have caused a dwarfing of the crowns. But it is my opinion that syphilitic and mercurial disease so impress the germs of the teeth in such cases that non-development is the result. There was here no normal development either of crowns or roots. The shriveled up dental bulbs of the milk teeth were calcified, or dentified, and thus the abortion ended. It is now pretty well understood in the dental profession that mercurial and syphilitic diseases fasten themselves with peculiar tenacity to the osteal and dental tissues, and leave their unmistakable marks on the latter, often for more than one generation.

216 N. Sixth Street.

PODOPHYLLIN IN CHRONIC DIARRHŒA.

BY A. L. LENNARD, M.D., CHAMPAIGN, ILLINOIS.

I WAS called to visit F. K., a returned soldier, whom I found suffering with chronic diarrhœa (that fearful disease in allopathic hands). He was in an almost hopeless condition, both mentally and physically. His bowels moved every half hour, the passages looking like the washings of fresh meat. Severe straining and tenesmus attended each stool, and for ten minutes thereafter a severe burning pain was felt deep in the rectum. He had a severe cough, tongue coated with a thick brown fur, and stomach so weak that rice gruel would not digest. He said he had a large *ball* in his stomach, which if removed he would recover. He had been "plugged" with *Opium* and acids, but as soon as their effects passed off he was worse than before.

Believing *Podophyllin* indicated, I administered it in the first dec. trit., one grain after each passage. In forty-eight hours the passages were changed, and the medicine was taken every two hours. In eight days he was full of hope, and the medicine, in the third trituration, was taken three times each day. At the end of six weeks I discharged him cured.

I have treated over twenty-five such severe cases in the last three years with the happiest results. In certain forms of dysentery, in all of its stages, I have found this a valuable remedy, especially in connection with *Aconite* and *Colocynth*.

I use the different triturations as the symptoms indicate.

INTERESTING CASES OF TÆNIA SOLIUM.

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

Tænia Solium, or *Tape Worm*.—Within the last year I have treated several cases of *tænia*, and I wish to caution the younger members of our profession against the belief in the possibility of ever ridding patients from this parasite by infinitesimal doses. It is both impracticable and impossible to treat tape-worms except by *tænifuge* remedies, and in appreciable doses, sufficient to kill or benumb the beast, so that it may be voided by the bowels.

CASE I.—Mrs. R., aged forty-three years, married and has children; has been in delicate health ever since she left England. She came to America fourteen years ago, and while crossing the sea says she passed an enormous tape-worm. Since then, although often unwell, she has never named the above circumstance to any physician. For the past year, she has never felt well, but had no idea of the cause of her illness. She consulted me April 2, 1867, and informed me that for six months past she had passed at stool pieces of a worm; sometimes several at a time; but none were longer than two or three inches. I required her to bring me a specimen, and found them to be the joints and sections of a tape-worm.

The diagnosis here was certain, because the "*corpus delecti*" was manifest. The symptoms she suffered from were as follows: Irregular appetite; sometimes it would be voracious, but often quite gone; breath bad; flatulency; frequently rumbling in the

bowels, with colic pains; passes restless nights, with bad dreams and low spirits; headache; dizziness; vertigo and impaired vision; countenance of a peculiar cast, indicating some internal disease. As the diagnosis was very clear, I ordered her to fast for twenty-four hours, and at bed-time to take half an ounce of *Kouso*, infused in a pint of warm water. This was to be taken in three or four draughts, dregs and all. A fresh lemon was ordered to be taken before and after swallowing the *Kouso*.

This dose was to be repeated at 6 A.M. the following morning, and at 8 A.M. a tablespoonful of castor oil, twenty-drops of turpentine, and half a drachm of *Ether*, were to be taken, mixed together. After taking the first dose, the patient, at 5 A.M., passed more than thirty feet of tape-worm.

During the day the second dose of *Kouso* was given, as also the oil mixture. Only a few more small pieces were voided. The patient was ill for about one week after, complaining only of weakness; but at the expiration of the week she began to improve, and continued better than for two years previous. At the expiration of five weeks, although she had no unpleasant symptoms, she still imagined that she had a tape-worm. An ounce of *Kouso* was prescribed, and taken in two doses, followed by the oil mixture. Thirty-hours after taking the first dose, she passed the residue of the worm, measuring over twenty-five feet. Since then, up to the present time, she has been in perfect health. I might mention that she took, for two weeks previous to the time I gave the last dose of *Kouso*, about an ounce daily of pumpkin seeds, hulled, and pounded up to a pulp. They were not efficacious, however, until the *Kouso* was administered.

CASE II.—*Insanity, and derangement of the nervous system, caused by the presence of a tape-worm.*—Miss T., a native of Baltimore, aged twenty-one years, a young lady of the highest connections, was sent to St. Louis to spend the winter with some relatives here for the benefit of her health. She had been under the treatment of the first allopathic physicians in Baltimore. She had been for six months in an Insane Retreat, and her physicians never had the slightest idea of the nature of her malady; it was not hereditary, and no cause could be assigned for it.

Her reason partially returning to her, she was removed from the Retreat, and came to St. Louis. When I was called to her, in May last, she exhibited the following symptoms: She was of

a slight and rather frail figure, light complexioned, of a peculiar countenance, looked pale and anæmic, had suffered from amenorrhœa, and the menses were still scant. She was nervous, hysterical, easily frightened, passed restless nights, had frightful dreams, was constantly low-spirited and melancholy, suffered from palpitation of the heart and fainting turns. Her friends considered her weak-minded, and liable at any time to again lose her mind. The young lady herself shared in these fears, and was constantly brooding over her misfortunes, and fearful that she might become hopelessly insane; and what is remarkable, no physician had ever spoken to her about her having a tape-worm, but she would often dream of them, and imagine that she had one. In questioning her, she informed me that recently she had passed small worms, she calling them "pin-worms." I requested her to exhibit to me a specimen, and found them to be pieces of tape-worm. I ordered her at once to fast for one day, and at bed-time to take half an ounce of *Koussou*, in the form of a tea, with lemon juice, as in Case I.; this dose to be repeated in the morning, and followed, in four hours after, with castor oil, turpentine, and *Ether*. In the course of the forenoon she passed over forty feet of tape-worm, and for thirty-six hours after she continued at times to void small pieces of the worm. This young lady returned to Baltimore, and is in perfect health.

A new tæniifuge.—Some two years since, a new remedy for tape-worms was brought to the notice of some physician in Bavaria. A peasant mentioned to him having passed a tape-worm after eating cocoa-nut rind and the contents of the shell, and spoke of it as a certain remedy for tape-worms. Of course the medical man was skeptical, and naturally thought the enjoyment of such a pleasant tropical fruit as cocoa would rather tend to promote the growth of tænia, instead of expelling them. He, however, tried it, and found that it was really effectual in expelling these parasites. A notice of this fact I read in the "*Criminal Zeitung*;" and since that time I have experimented with the cocoa-nut in similar cases. In one case, a lady, aged fifty-two years, had been out of health for years, when at last the existence of a tape-worm was suspected. The cocoa-nut was prescribed and eaten freely for two days, to the exclusion of all other food. The result was the expulsion of a tape-worm fifty-four feet long. The lady enjoyed good health after this. Three other instances came to my knowledge of friends of this lady, who, hearing of

the marvelous effect of the cocoa-nut, took the same remedy, and each one voided tape-worms.

I have prescribed the cocoa-nut for other worms in children. The result has been negative, except in one case, where two lumbricoidi were passed. Other tæniifuges, such as pumpkin seeds, and male fern, are sometimes very effectual, and I have used them occasionally in years gone by with success. I have rarely had the good fortune to see the head of the worm. The worm becomes more and more slender toward the head, which latter is minute and hemispherical in shape, not larger than the head of a pin. The worm is liable to break off near its head; but there is good reason to believe that in most cases the head will die, or be passed off with the evacuations, and perhaps be not perceived. This is, however, not always the case, as it may grow again, unless passed entire. A case recently occurred in Carrolton, Ill., where a man passed a tape-worm three hundred feet long; and one is on record as happening in Italy, where one was passed eight hundred feet long.

GLOSSOPLEGIA.

MR. T., aged forty-five, German, below the medium height, of a nervo-sanguineous temperament, was attacked with aphonia June 25, 1867. I learned the following history of the case:

He retired to bed at 11 P.M., feeling as well as usual. Between 12 and 1 o'clock A.M., he dreamed that he saw his child lying at his side dead. He was very much frightened; he awoke, but could not talk. He was so overcome that he kept his bed for eight days, eating but little. He soon discovered that he could not protrude his tongue. In a few days he felt better, and was able to return to his work, but still could not talk. He began to smoke (a habit he had not acquired before), and he soon discovered that after smoking he could use his tongue a little better — could mumble a few words. October 28, having occasion to converse much with a party, he smoked more than usual (a cigar and a half). To his astonishment and delight he was able to converse quite freely. From that time he has had no return of the difficulty.

He seemed a sensible man. I found his tongue small, rounded and pointed. He protruded it with a slight tremulous motion,

and I imagined there was the least inclination to the left side. He is in full health and strength.

The points of interest in this case are these: He was lying upon his right side, and had a frightful dream; then had "glossoplegia" (paralysis of the ninth pair of nerves); and tobacco cured the case. Was not the lesion, if there was any, in the gray matter of the encephalon? If such was the case, then the roots of the ninth pair must arise *beyond* the medulla oblongata.

This case, taken in connection with aphasia*—resulting from lesion of the third frontal convolution of the left hemisphere, that is just now attracting attention—I think throws some additional light on the physiology of the cerebrum. A friend of mine suggests that the dream was the *result* of the lesion, and not the cause thereof. But if his supposition is correct, would not the dream *have been repeated*?

LACHESIS.

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

IN looking over the Homœopathic journals, there is one thing which attracts attention particularly; and that is, that when one not accustomed to the use of *Lachesis* does use it, and properly, he is generally astonished at the wonderful display of its curative power. Our journals are all witnesses to the truth of this assertion. In a recent communication from Prof. A. R. Morgan, of the Homœopathic Medical College of Pennsylvania, is the following:

* The *modus operandi* of speech is explained as follows: Apparent currents, consisting of stimuli (words or signs) enter by means of the optic, auditory, or general sensory nerves, reaching in all certainty to the thalamic optici and the corpora striata; they are thence transmitted to the gray matter of the convolution. In this gray matter the necessary purely mental operations take place, and the willed movements are sent back through the same track, by means of motor nerves, to the organs of articulation, writing and gesticulation. Dr. Robertson's theory of aphasia (based upon the fact that the white cerebral matter is almost invariably involved) is that the lesion is essentially a *motor*, and not a *mental* one.

Aphasia has been caused by lesion in anterior lobes in five hundred and fourteen cases. In thirty-one cases there was no lesion. Close examination revealed lesion in the third frontal convolution on the left side in nineteen cases. In the corresponding lobe on the right side in only one case.—*Journal of Psychological Medicine.*

“I have always depended upon *Lachesis* (since I first knew any thing about it) as one of the very best and reliable remedies. Indeed, I have been astonished to hear physicians say that they had no confidence in it. My associates, Drs. George F. Foot, Bailey, Cator, Loomis, Seward, Hawley, and others, always esteemed it highly; and really, I believe, before Hempel's egotistical denunciation of it, it was as popular as any other homœopathic medicine. Many of those who scouted at its efficacy were among those *grovellers* who learned that they could not get an attenuation below the 7th, and being in the mire themselves, very naturally threw mud at whatever was above their limited appreciation.”

Dr. D. M. Dake, at the conclusion of a very able article on the use of *Lachesis* in traumatic gangrene, thus reviews the curative powers of this remedy:

“If the reader will examine the similitude between the *syndrome* and *pathogenesis*, he will find, not only in the foregoing statement of its curative action, but in a wider range of facts, ample evidence of the curative power and value of *Lachesis*—evidence which must clearly and fully vindicate its claims to his confidence as an indispensable constituent of the *Materia Medica*.

“That efforts have been made to invalidate its claims, I know, and by those who would have their word taken as authority; but facts must outweigh the *ipse dixit* of any man. The two extremes should be avoided, and due value placed upon each thoroughly tested drug. Other and a vast amount of evidence might be adduced, showing the claims of *Lachesis* to our confidence as a therapeutic agent in a wide range of morbid states. *Lachesis* will not long stand alone; we shall find that, as the confidence of men in potentized drugs declines, under the influence of a *gross* materialism, others will be declared inert, and fare as badly in the hands and esteem of such men. But what is true and supported by facts to-day, will, with the well-balanced mind, be the same to-morrow and forever, despite the caprices of human opinion.”

Dr. George H. Blair, in the “American Homœopathist,” says: “This drug has never, in my estimation, attained the importance it deserves in this affection (erysipelas). This, I apprehend, arises, in part, from the lack of confidence entertained by many physicians as to its purity and strength. Certain it is, that of the several preparations which I have tried, carefully and judiciously,

as I thought, but two or three of them have responded as promptly and beneficially as I could have wished. In these instances, however, I have been more than gratified by its powerful and brilliant effects."

Dr. W. H. Holcombe, in the "U. S. Medical and Surgical Journal," says: "*Lachesis*, also, Müller discards, as having very problematical claims to our attention. I used to think so, too; but the use of the 12th, 30th, and 200th, has convinced me that this is a valuable remedy in some forms of throat disease, tickling cough, ovarian disturbances at the change of life, vertigo, and organic derangement of the circulatory apparatus. Nor can I doubt the power of this and other snake-poisons in yellow fever and malignant bilious fever, where blood-poisoning is evident."

Dr. L. B. Wells, of Utica, N. Y., writes me: "Some ten years since, I had, during the entire summer, a chronic diarrhœa (bilious), from a chronic subacute inflammation of the liver. I had soreness and tenderness in the right hepatic region. Various remedies were used with no effect. Finally, Dr. Cator, then at Syracuse, gave me a single drop dose of *Lachesis*, 18th potency. This was followed by a complete restoration of the healthy tone of the digestive organs without repeating the dose. At any subsequent period, when the soreness, etc., has returned, *Lachesis* has always removed it. I have since witnessed its efficacy in similar cases under the following conditions: diarrhœa in warm weather, aggravated by acid fruits, also worse at night and after sleep."

Either as a contribution to the *Materia Medica*, or a bone of contention, or as a matter for thought, I give the following results of a high potency of *Lachesis* upon myself. I must say that I did not expect any effect from the dose when I took it, and I leave others to digest the matter and draw conclusions.

On the first day of November, 1867, I took ten small pellets of *Lachesis*, 200th potency, at 3 P.M. In less than fifteen minutes I felt pain and swelling of the pharynx, which spread until it involved the whole anterior portion of my neck. The greatest pain was in the submaxillary glands on both sides. The larynx pained me as it has often when I have been riding against the north-west wind, although I had not been out of the room. These symptoms lasted until I went to sleep, sometime in the night. Ten days after, I felt the same symptoms fully as intense as before, with this one additional: pain in the rectum, with inclina-

tion for stool, which compelled me to go to the closet. With the effort for stool, the pain and desire increased, until piles were actually produced. I was unable to leave the closet for one hour, during which time tenesmus and pain were intense. This condition lasted nearly all day, but has not since returned, since which time I have been unable to ride against the wind without carefully protecting my throat.

Whether these symptoms were the effect of *Lachesis* I will not undertake to say, but I feel convinced that they were. I shall try it again as soon as time enough has elapsed to let the effect entirely pass off.

BOSTON HOSPITALS—PROF. STORER'S LECTURES.

EDITOR OF THE INVESTIGATOR:—I left St. Louis last month for the purpose of visiting the "Hub of the Universe," and to spend a little time in studying certain specialties. My principal object was to hear the "Lectures of Dr. Storer upon the Surgical Diseases of Women." Dr. Storer was a pupil and assistant of Prof. Simpson, of Edinburgh, and in connection with Dr. Priestly, of London, has edited and published an American and English edition of "Simpson's Obstetrical Works," in two volumes. Dr. Storer is one of the first masters in this country, as a *specialist* in the treatment of the surgical diseases of women, and he gives a course of lectures in June and December to physicians only, who must exhibit their diplomas before receiving the tickets. His class numbers about twelve, who come from different States. So much progress has been made in the treatment of uterine diseases, within the past five years, that it is really difficult to keep up with the times; for all these advances are not to be found in any one book as yet published. Dr. Storer's lectures, thus far, have been exceedingly interesting, and include all the diseases of the rectum, uterus, vagina, bladder, ovaries, broad ligaments, pelvic fascia, uterine tumors, and also the surgical operations upon the female genital organs. In his therapeutics, thus far, as regards internal treatment, he has advanced nothing whatever which could be objected to by any physician of our school.

The hospital appointments in Boston are probably at present equal to any in the United States. The management of the

“Massachusetts General Hospital” is most admirable; and as for the “City Hospital,” which has recently been opened, it is withal one of the finest institutions I have ever seen, either in Europe or America, not even excepting the far-famed Laboirisiere in Paris. It is my candid opinion that it is far more profitable for students to follow at first the hospitals of Boston, New York, and Philadelphia, and become thorough masters of their profession; then, if they have time and money, they can go abroad and observe the practice in foreign hospitals with some profit. In following the wards of the Massachusetts Hospital, devoted to diseases not surgical, I have not seen any thing very new and interesting in therapeutics. I notice that Dr. Shattuck, professor of theory and practice, seldom prescribes *Calomel*, but seems very fond of ordering rather rare and expensive remedies in a great variety, and in several instances prescribed our *Arnica* and *Aconite*, and in the case of the two last named, not without a good reason. I noticed, however, in several cases, where all remedies had seemed to fail, that he, as a last resort, gave hypodermic injections of *Morphine*. In one instance, a case of rheumatism in an anæmic patient, among a great variety of remedies which he had tried, he had used “hypodermic injections of *Nitrate of silver* as a *counter-irritant*.” This, to me, was a therapeutical resort quite new and novel. In a case of empyæmia, where the operation of paracentesis thoracis had been previously made, he was now injecting carbolic acid into the thoracic cavity (six drops of the acid to a pint of water). In the surgical wards of Dr. D. W. Cheever, at the City Hospital, I saw a great deal of interest. One of the first operations was for orchitis, namely: making several pretty free incisions into the tunica albuginea. This is rather a new operation, and was not long ago accidentally discovered by a surgeon in London, who mistook orchitis for hydrocele. He punctured what he supposed was a hydrocele, and to his chagrin discovered his mistake, but to his surprise found that the opening had ameliorated his patient’s condition, and relieved the tension at once, and very soon the swelling abated, and the case was cured. I saw many cases of ulcerations upon the tibia, and most all are treated with local applications of carbolic acid. This last medicine seems to be a decided favorite in all the Boston hospitals; in the treatment of ascarides it is employed as an injection, ten drops to the fluid ounce of distilled water; and the suggestion is certainly a valuable one. For two years past we have used it

as a local application in the "Good Samaritan Hospital" in St. Louis, to destroy pediculi — one drachm and a half of the acid to the fluid ounce of glycerine — ordering the patients afflicted with these parasites to use this as a hair-oil. The same preparation will be found to be one of the best local applications for chancre, or chancroid.

Our school is here well represented by such men as Drs. Talbot, Thayer, Hoffendahl, Fuller, Woodbury, Gregg, and many others of merit and position. I had the pleasure of spending an evening as the guest of Dr. Talbot, where I met four homœopathic physicians, all of whom had studied in Vienna, in the General Hospital, and under such masters as Skoda, Oppolzer, Rokitansky, Sigmund, Wurbm, Fleischman, Hebra, etc.

Among the Harvard professors of note, I might instance Dr. Bigelow, professor of surgery, the discoverer of rhigoline, and the inventor of the new treatment for ununited fractures. Dr. B. proposes to dissect off very carefully the periosteum, around the end of the bone for an inch up above the end of each one of the bones, where they fail to unite. This periosteum is carefully held back, and a half inch or more is sawed off from each end of the bones; holes are now bored into each extremity of the bones with a bone drill; at about half an inch above each extremity of the bone, a silver wire is inserted from without, inward, and in one end, and inversely entered in the medulla from within, outward, in the other; the two ends are now carefully placed in apposition, and their periosteums brought together and there retained with silver wire, which is allowed to remain for an indefinite time, until union of the bones begins to take place; then all the silver wires are removed. This may seem a difficult operation, but it is much easier of execution than one might suppose, and is almost always successful. *Sulphuric ether* is here used almost exclusively. I have not yet seen *Chloroform* administered in any instance. This change may seem to be a backward turn, but I believe from my own surgical experience that the *Ether* is far safer than *Chloroform*. The latter I would not discard altogether, but would prefer to hold it in reserve, and only employ it where the former fails to produce anæsthesia.

In my next, I will speak of my visit to the United States Marine Hospital, Chelsea, and report more fully some of the details of the peculiar doctrines and treatment advocated by Dr. Storer in his course of lectures. I intend to go from Boston to New York, to visit Bellevue Hospital.

T. G. C.

REMARKS ON ALOES.

BY CARROLL DUNHAM, M.D., NEW YORK.

AMONG the remedies of which provings have been published within the last five years, none has seemed to me more deserving of attention than aloes.

Among the symptoms of the head I am inclined to regard as characteristic of aloes, those which describe a heavy, confused dullness, in the front part of the head, extending to the root of the nose, with inability to think; a pain in the forehead which compels the patient to close the eyes, or, if he wishes to look at any thing, to constrict the eyes, making the aperture of the lids very small. It must be admitted, however, that symptoms so similar to these are found under other remedies, that these symptoms *alone* could not be regarded as a sure indication for aloes.

The following case will show how I have prescribed aloes, and will suggest some reflections upon the mode of selecting remedies in practice.

During the winter season a gentleman, about seventy years of age, applied for relief from a dull, heavy, frontal headache, which incapacitated him from mental labor. He could give me no more definite nor characteristic description of his ailment. It was felt as soon as he waked, and lasted all day. From such a description as the above, it would be impossible to prescribe with any certainty of selecting the right remedy. I set myself, therefore, to investigate the patient's previous history, in the hope of getting some help from the Anamnesis, to which Hahnemann and Bœnninghausen attach so much importance. I learned that this headache was no new affliction. It had for years annoyed this gentleman, rather more during the winter season, whereas during the summer he was comparatively free from it. No peculiarity of diet or regimen could explain this fact.

On the other hand, I learned that during the summer season my patient was very frequently attacked with diarrhœa, the disease coming on suddenly, waking him at 2 A.M., with a pinching, flatulent colic, and so urgent a call to evacuate the bowels that he would be compelled to seek the water-closet instantly, experiencing meanwhile the greatest difficulty in retaining the fœces. From this time till 10 A.M., he would have four or five

stools, pappy, copious, light yellow, great difficulty in retaining the fæces for even a moment after the desire for stool was first experienced. Desire for stool provoked by eating, so that he was compelled to leave the breakfast table. Involuntary stool when straining to pass water. When comparatively free from headache, he was inclined to diarrhœa, and *vice versa*.

I have long been persuaded that a most important condition of success in the treatment of chronic diseases, consists in the practitioner taking such a view of the case as shall combine the various ailments of which a chronic patient may complain at different periods of time and in different organs, even though these periods and organs be remote from each other and apparently disconnected. In no other way, it has sometimes seemed to me, could the characteristic indications of the remedy for such a case be found.

Acting upon this persuasion in the case in question, I regarded the headaches which predominated in winter, and the diarrhœas which predominated in summer, as, in some sort, complementary series of symptoms, and as making up, both together, the "totality of symptoms" for which I was to seek, in the *Materia Medica*, the *similimum*.

The symptoms of the headache—indeed of the entire winter affection—presented nothing that was characteristic of any one remedy to the exclusion of all others. *Carbo veg.*, *Sabadilla*, *Sulphur*, *Aloes*, *Nux vomica*, and several others, might be regarded as about equally well indicated.

When, however, to the head symptoms of the winter, I came to add the diarrhœa symptoms of the summer, regarding the *sum total* as *one* disease, it was then impossible to avoid perceiving that the diarrhœa symptoms were strikingly characteristic of *Aloes*, and could not indicate any other remedy. This furnished the clue to the prescription. On studying the head symptoms of *Aloes*, it was seen that they corresponded to the head symptoms of my patient quite as well as the symptoms of any other drug. *Aloes*²⁰⁰ was given, and it afforded a relief which my patient had sought in vain from other remedies taken on the strength of the head symptoms alone. The headache returned a few times afterwards with very much diminished severity, but yielded at once to *Aloes*. Latterly, my patient has been entirely free from it, nor did the diarrhœa return as it used formerly to do whenever the headache ceased to prevail.—*Trans. Medical Society, New York.*

INTUSSUSCEPTION.

BY C. BUDEN, M.D., JOLIET, ILLINOIS.

NOVEMBER 5th, 1867, was called to see S. S., a little girl aged five years, who had been under allopathic treatment for two weeks, during which time she would frequently lie in a comatose condition five or six hours at a time.

I found her in collapse, pulse one hundred and thirty and wiry, face bloated, breath fœtid, thirst great, palpitation of heart, tympanites, cold sweat. She died in two hours after I was called.

At the autopsy, which was held some two hours after death, we found a great number of lumbrici, rolled into ropes, in various parts of the small intestines, and intussusception in *four different parts* of the intestinal canal.

The first was near the commencement, and the second close by the termination of the jejunum; the third was near the ilio-cæcal valve; and the fourth about four inches below the cæcum. All the intussusceptions were on the arterial portion of the intestinal coil. The fæces were scanty, but the intestines were much inflamed, colored red bluish, were softened and perforated at the first, second, and third intussusception.

The child's father counted two hundred and fifty lumbrici.

AQUA AMMONIA IN CHILBLAINS.

EDITOR INVESTIGATOR,—I have lately used "*Aqua Ammonia*" in the treatment of *chilblains*, with pleasing success, particularly to the patient, as it almost instantly relieves the tormenting, burning pains. Applied externally, every few hours, it reduces the inflammation in a few days, leaving the feet tender, which condition may be removed by *Colchicum*, and proper protection.

I can not find *Ammonia* recommended in any works that I have at hand. If the remedy is *new*, I am glad to publish it; if *old*, I respectfully call attention to it. The Homœopaticity of the drug is apparent. Yours truly, G. S. STEVENS, M.D.

PROVIDENCE, R. I., January 26, 1867.

A NEW ACONITE SYMPTOM.

EDITOR INVESTIGATOR:—Noticing your *new Aconite* symptom, I send you *two* which I can not find in the *Materia Medica Pura* :

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1. "The uvula feels as if elongated and in contact with the tongue." From this we undoubtedly have the *tickling* cough of *Aconite*. I send the symptom because it is so happily worded. Hahnemann and Jahr *point* to a similar affection of the throat; but their symptom is not so nicely worded.

2. "A feeling of *weight*, as if a heavy load were resting on the abdomen, and bearing one down to the bed." Flemming (from whose monograph on *Aconite* I have gotten these symptoms) says: "I have met with this peculiar symptom in five cases. In all of these, it seemed to resemble closely the feeling of oppression experienced in nightmare, and may possibly be owing to the same pathological cause. Dr. Williams ascribes nightmare to congestion of the right side of the heart from accumulation of blood in the venous system, in consequence of a weakened state of the circulation; and in all the cases in which this symptom was observed, the pulse was, at the same time, much reduced, and a similar state of congestion must consequently have existed."

"SAJENSO."

HOW TO READ THE MEDICAL JOURNALS.

MR. EDITOR,—The December number contains an excellent and suggestive letter from Dr. G. W. Bowen, on the merits and demerits of our several medical journals. While I am ready to commend the communication as a whole, you will permit me to suggest an improvement upon some of the ideas he has advanced.

My own plan of reading the journals—whose name is legion—and of making them available for future reference, is, not to fill my time and mind with what old Dr. Rush used to style the "offal of literature," *alias* modern novels, but to recreate myself at night, and in the morning, during office hours, and when I am riding about, visiting my patients, with the perusal of our journals. It is astonishing what one may accomplish in this manner. Old Dr. John Mason Good is not the only physician who has read and learned a great deal while on the tread-mill round of professional duty. Speaking plainly, I think it sheer nonsense for any physician to claim that he has no time in which to read the medical journals. If he can not do otherwise, let him pay a man to drive him about, and take a fraction of his library, periodical or staple, along with him, and see what he will accomplish in a twelve-month. Five years' experience in this matter has

taught me a valuable lesson. Unless the doctor is a gossiping grandmother, he spends more than half his time on the road, and this time may be most profitably occupied with reading and reflection.

In addition to the foregoing, I recommend that every physician should keep an Index Rerum, which can be procured from the book stores, at small cost, for the purpose of indexing all the more prominent articles and items that he finds in his books and journals. By this means, it is very easy to keep an account current with medical literature, and always to find himself abreast of the times. He will know where to find any thing in his library at a moment's notice, without losing time and patience (and, perhaps, *patients* also), in the attempt to learn its whereabouts by proxy. He can post himself for a medical convention, or for the purpose of writing an intelligent, readable, and useful essay; and will, in short, be a methodical, instead of a half-educated physician.

Yours on the wing,

SAM BUCUS.

REVIEWS AND NOTICES OF BOOKS.

SPECIAL PATHOLOGY AND DIAGNOSTICS, WITH THERAPEUTIC HINTS. By C. G. RAUE, M.D., Professor of Special Pathology and Diagnostics in the Hahnemann Medical College of Philadelphia. F. E. Bæricke. Chicago: C. S. Halsey. 8vo. Pp. 660. Price, \$5.00.

Another first-class work from this first-class house.

In using this work, the physician must not forget its object—the place it fills. It is not a therapeutics—a work on practice; neither is it a pathology purely, as the title on the cover would indicate. We find no explanation of disease, death, inflammation, general causes, relations of disease, general history, course, duration and termination—such questions as are discussed in works on general pathology. It deals with special topics—generally local affections. It is not a “diagnosis” simply, for some knowledge of the ailments is presumed. Doubtful cases are not often compared. The differences noted are pathological, not semeiological.

The author first takes up the diseases of the brain and mem-

branes, cranium, eyes, etc.— following Hahnemann's arrangement of the *Materia Medica* — and then considers diseases of the spine, motory apparatus, nerves, conditions of the blood, fevers, exanthemata and skin. The special pathology of all the diseases incident to these different parts of the body, is given with a clearness and conciseness that is at once satisfactory and unmistakable. No speculation is indulged in. Only what is known is given. We are often led to ask: is this all? In some cases, more might be given. Psora he makes out a diathesis.

In the diagnosis of over five hundred conditions and diseases, great definiteness is obtained. The importance of each sign is distinctly stated. General observations on the eye, tongue, etc., are the most practical we have ever met. The physical signs receive the attention they merit. The value of the Thermometer is clearly indicated. But chemical tests and the microscope are not noticed.

The therapeutical hints are "hints to the selection of the drug." Sometimes the author forgets himself: as under "toothache," where fifteen pages of "hints" are given. To this no one will object. Mechanical appliances receive no "hint."

It is difficult to take three distinct branches and do them justice in one work. (We would that the author had taken but one.) He has done his work well. This volume does not take the place of works on general pathology, as Williams, Henlé, etc., or those on diagnosis, as Barclay, DaCosta, Skoda, etc.; or those on therapeutics, as Marcy & Hunt, Laurie, *Chronic Diseases*, etc.; but it stands alone, an indispensable volume to every practical practitioner. It will often be consulted.

The typographical execution is of the first order.

It is in all respects an honor to our school.

THE SCIENCE OF SURGERY, adapted to Homœopathic therapeutics. By E. C. FRANKLIN, M.D. Part II.

Part I. of this great work, we have already noticed.

Part II. continues the subject of "Venereal Diseases" at great length. A good chapter of one hundred and eighty pages. The treatment is that of the most scientific of our school, as far as the author could obtain it. "Morbid Growths" are concisely considered. "Cancer" receives the attention it calls for. Great

faith is placed in *Hydrastis*, both before and after an operation. "Shock" is a valuable article. "Contusions" are of various degrees, and call for different treatment. *Arnica* is not always indicated. "Wounds" is an interesting article. The author here draws largely from his extensive experience. "Diseases of the Nervous System," tetanus, neuralgia, and neuroma, we did not expect to meet in this work, if we except neuroma, operative interference being seldom necessary. "Diseases of the Bones" — a good part — closes the volume. Diseases of the bones seems to have received but little attention from the profession; therefore this article will be hailed with interest — perhaps be considered the best one in the volume.

The principal faults that may be found with the author are: superficiality with some topics; loading the text with unnecessary and confusing authorities; giving principally *general* indication for remedies: and typographically. Notwithstanding these drawbacks, it is *the* best work on this science.

TRANSACTIONS OF THE ILLINOIS MEDICAL ASSOCIATION AT ITS ANNUAL SESSIONS IN 1865-66-67. Chicago.

With the "proceedings" of the above Society, the readers of *THE MEDICAL INVESTIGATOR* are already familiar.

A few of the papers read at these three sessions are here published. Dr. Pratt, on "Retroversion of the Uterus," maintains that the constant predisposing cause is general weakness of the parts. "Pneumonia" is a suggestive article. Dr. Beebe illustrates the value of acupressure in securing arteries. Dr. Coe, in "Attenuated Medicines," concludes that there is no propriety in using the term "potency." "Chemical and Microscopic Investigations in Drug Proving" is a new demand. "Anatomy of the Kidney" is an article that goes into the minutæ of the subject. Dr. Mitchell lends new interest to the study of this important organ. "New Observations and Discoveries in Physiology" is a most valuable paper. Such a *resumé* as this one by Dr. Woodward posts the physician on the progress made during the year. Dr. Lord, on "Materia Medica," deplors the similarity of "stomach symptoms," and calls for provings made, with attenuations, by healthy persons.

This number is worthy of preservation.

THE QUARTERLY JOURNAL OF PSYCHOLOGICAL MEDICINE AND MEDICAL JURISPRUDENCE. Edited by W. A. HAMMOND, M.D., Professor of Diseases of the Mind and Nervous System, in the Bellevue Hospital Medical College, etc. New York: Moorhead, Simpson & Bond, January 1, 1868. Vol. II., No. 1. \$5.00 a year.

Diseases of the mind and nervous system often puzzle the physician exceedingly. Here he may get much "more light" on these topics. "Influence of the Maternal Mind," "Trial of Mr. Northrup," "Law of Rape," "Early Education," "The Aphasia Question," "Proper Use of the Mind," and many other articles that make up this number, are of great practical value.

Those who do not read *this* journal miss a vast fund of practical knowledge. These publishers are doing a good work.

THIRTEENTH ANNUAL REPORT OF THE BOARD OF EDUCATION OF CHICAGO. 1867.

This is a creditable report. We most heartily approve of the suggestion of the president that more attention be given to ventilation. Physical exercise, however well performed, can not stimulate to advantage a nervous system depressed by foul air. Twenty-six thousand children in twenty-one schools, "poorly ventilated." No wonder there is an erratic attendance. Give more attention to "Cutter's Physiology" and building sites. We note the largest per centage of attendance in those schools that afford the most pure air. It is not at all strange that diseases of the mind and nervous system are on the increase in this country.

TRANSACTIONS OF THE NEW YORK MEDICAL SOCIETY. 1867. Albany. Pp. 280.

In some respects, this volume is an improvement over its predecessors. It contains more practical articles, and fewer addresses, articles from non-residents of the State, more unsatisfactory reports of proceedings, and less pages.

The address of the president, Dr. Robinson, on education hobbies and the promotion of the science, is a good one. The

report of delegates to other State bodies is a new feature, and one worthy of imitation. The reports of the secretaries of the fourteen county societies are very meagre and unsatisfactory. The statistical results of medical treatment is a valuable exhibit. One fact we observe, that of late but little attention has been given to statistics, perhaps because of the general impression of the superiority of our system of medication. We shall soon have a new battle to fight with statistics, that will be between Homœopathy and "no medicationists."

The practical articles will be read with profit. In one article, p. 202, we note hydatids are called a product of impregnation; but surely he does not mean of the human ovum! Physicians outside of this State should contribute largely to these volumes. Every physician should possess a "file" of them.

A MANUAL OF PHARMACODYNAMICS. By RICHARD HUGHES, L. R. C. P. Ed. (Exam.) M. R. C. S. London: Henry Turner & Co. 12mo. Pp. 550.

This work fills a place hitherto unoccupied. It is designed to bridge the chasm, between crude Allopathy and Homœopathy, for the proselyte — practitioner or student. It is not Homœopathy simplified, or *Materia Medica* simplified, but "first lessons" in the latter branch. It leads the novitiate up the same "first steps" the sages in this branch have trod — steps some of them have forgotten.

The work is a series of letters addressed to the "convert." The writer first arms him with the works necessary to a mastery of this difficult branch. To this list we would add "Lippe's *Materia Medica*," "Gross' Comparative *Materia Medica*," and *all* the American journals from their commencement. Then, after explaining the difficulties of nomenclature and pharmaceuticals, he enters at once the study of the drugs, giving the kind of preparation, the references (very important to those who have not *grown up* with our *Materia Medica*), a general view of each pathogenesis, comparative drugs, and lastly, the dose *usually* prescribed. One hundred and eighty drugs are thus considered. The relative importance of the medicines are carefully stated. Each drug is very briefly considered, but this is in keeping with the object of the work.

Many faults are noted, both of omission and commission. The author stoops too far from pure symptomology, perhaps, but his pupil is supposed to be a crude pathologist. These letters have all the interest of private correspondence.

This work will be considered the first round in the *Materia Medica* ladder. Dr. Lippe's work is perhaps the second. In the United States its demand will not be so great as in Great Britain, where the novice can not attend lectures on this branch.

A SYNOPSIS OF MATERIA MEDICA, WITH GROUPS, GENERAL CHARACTERISTIC AND DIAGNOSTIC SYMPTOMS. This book contains the notes of ———, a student in Hahnemann Medical College, Chicago, from the Lectures of Prof. E. M. Hale, session 1867 and 1868. Chicago. 1867.

We have somewhere read of an author who, having been sorely persecuted by his critics because of the style and language, and especially the punctuation, employed in a former edition of his work, resolved to remedy this complaint in the future. In the preface to the second edition he, accordingly, notified them that he had appended several pages of punctuation marks—commas, colons, etc.—to the volume for their especial accommodation; an arrangement that would allow every man to punctuate the text to suit himself.

Dr. Hale has hit upon a similar expedient. In this neat little Synopsis he has grouped the prominent remedies, classified them, in order to facilitate their study, and left the pages blank for each student to fill up for himself. Thus, at one stroke, he has disarmed his critics, and furnished us with the best work on *Materia Medica* extant. We can not offer any suggestion as to future editions, except, perhaps, that of the thirty groups contained in this excellent and suggestive *brochure*, at least ten might be spared by more thorough inspissation. L.

PATHOGENESIS OF MYRICA CERIFERA. By E. M. Hale, M. D.
Detroit: E. A. Lodge.

Thus far the complete pathogenesis of the above drug. The best one yet given us by this author.

EDITORIAL.

OUR NEIGHBOR'S POSITION.

WE believe every physician should know just the position of the other schools of medicine. That many are not thus informed is evident. The "shots" aimed at the old school as it stood twenty years ago (when many of our best men forsook it), miss the mark completely.

The past eventful year, with its International Medical Congress, new books, reviews, editorials, correspondence, transactions, and the Gardner case, has completely revealed the present position of allopathy.

We read of the "hygienic tendencies of modern medical science," with directions to "support the patient with food, and keep him quiet with *Opium*," while nature does the curing. This they call "restorative treatment." They say with "proper stimulants and proper diet the case recovers in spite of the treatment." "Thoroughly disheartened," one practitioner "resorted to the *hot* bath in remittent and yellow fever." We are informed that "he (Dr. Bennett) is not alone in these views (depending upon 'restorative treatment'),* hundreds of others, the flower of the profession, the world over, daily practice and teach a similar doctrine."

Another class assert that "the time has come to openly oppose a 'dainty therapeutics' to the 'thunderstorm practice' of thirty years ago." One journal emphatically declares that "this is a day of *pleasant* medicine, *small* doses, and *direct* action, and he who desires a permanent success will have to turn his attention in this direction." Another gravely admits that "infinite doses are merely the expression of the skepticism which has grown out of the rash treatment of the last generation." Still another takes up the task of "settling the therapeutical value of blood-letting, *Mercury*, *Tart. emetic*, *Opium*, *Quinine*, and stimulants." The first two it has settled effectually.

A third class calls for a golden mean—"a modified, improved, regenerated practice, based upon common sense and sound clinical observation." They assert that "the lancet will again come into play, moderately and philosophically, and the present terrible system of stimulation can not much longer maintain itself in the confidence and esteem of the reflecting members of a great and learned profession."

The third and largest class we see are still "far in the rear." The people, who have been taught that our distinctive feature is the "dose," believe that the second class are "almost Homœopaths." The "policy-men" of the

* "Restorative medicine" is a name applied to the advanced branch of the old school.

profession belong to this class. They have laid aside *Mercury*, and are repairing damages with *Kali*. They are losing all faith in medicine, and are filling up the ranks of the first and influential class, who style themselves "the front rank—active soldiers of medicine." In one respect this class is abreast of *us*. Neither of us believe in interfering with nature; but they think she can not be assisted. They declare our success lies in this—doing nothing. The people are believing it. They prove it thus: "Dr. Flieschmann, of Vienna, loses one case of pneumonia in sixteen; Dielt (allopathic), of the same city, has about the same result with *no* medicine. This is a fair test of that vain-glorious humbug—Homœopathy. Dr. Bennett does better with 'restorative treatment.' He only loses one case in $34\frac{1}{4}$, out of 125 cases, in 16 years. 20 were complicated, 105 uncomplicated cases. Of the latter *not one died*." Prof. Henderson, with our remedies, does still better, "modifying the course of the disease, and curtailing its duration."

Some may think that the recent Philadelphia conclave, which sought to blend all schools into one, was timely. Not so fast. They still see no direct connection between diseases and their remedies. The third class look upon *Similia* as only a *part* of a truth, therefore its *exclusive* followers are humbugs. The second class think our remedies are *placebos*, and, therefore, we are humbugs for using them. The first class think our "diet" supports the patient, while nature does the curing, and, therefore, we are a "vain-glorious humbug." The latter have proved that "no medicines" cure nearly all cases, and they reason: as Homœopathy cures nearly all cases, therefore Homœopathy is "no medication." They have proved that our remedies have a *negative* value, we are to prove that they have a *positive* value—a much more difficult task. They have quietly been preparing statistics, and marshaling their forces. Their leaders have already taken the field. They are *ready* to prove their assertions to the people. Where are our statistics? Are we ready for this *new* contest?

SOCIETY REPORTS.

COOK COUNTY MEDICAL SOCIETY.

DECEMBER 26, 1867.

THE President, Dr. R. Ludlam, in the chair.

DR. DUNCAN presented a case of

PARALYSIS OF THE TONGUE*

which called out the following discussion:

DR. COLTON—In reference to the origin of the ninth pair of nerves, I would state that the white fibrous matter which passes up through the medulla oblongata, and spreading out, is lost in the gray matter of the cerebrum, undoubtedly conveys nervous impressions.

In the medulla the connection is so close that it might be called a continuation of the nerve fibres. From this communication (we can not call

* See case, page 126.

it anastomosis, as we would in speaking of blood-vessels), it may be said, practically, that the ninth pair arise beyond the base of the brain.

In reference to this case of paralysis of this nerve, I think the state of mind produced the shock, and this produced the paralysis. I think the shock of the dream produced the paralysis.

DR. WOODWARD—Might it not be due to reflex action, caused by a hearty supper?

Another point; where is the location of the emotional sphere? Fright, love, etc., are exhibited by the lower animals that have but little cerebrum. I think such impressions belong to the gray matter of the lower part of the brain.

DR. DUNCAN—He had committed no indiscretion in eating, etc. Retired at his usual hour.

DR. HOYNE—Dreams, I think, arise from external causes, or from internal derangement of the brain. Healthy persons as a rule, do not dream. Dreams mostly arise from overloaded stomachs, or disease of the brain. In cases of impending insanity, the patient has all sorts of dreams. I think in this case, the dream was due to the lesion.

DR. WOODWARD—A functional disturbance cured by the tobacco?

DR. HOYNE—I think an extravasation of blood and the tobacco aided in its absorption.

DR. DUNCAN—In the pathogenesis of *Tabacum* we have the following remarkable symptoms: He dreams that his tongue is too long, that it is hanging out of his mouth, and reaches to the nose (hindering talking and screaming). Frightful dreams, from which he awakes with consciousness, but unable to talk or move. *Jahr's Manual*, Vol. II., p. 941. 1848. I think this was a cure according to the law.

DR. HOYNE—*Tabacum* will not cause such a dream as this patient had.

DR. DUNCAN—Perhaps not. But I think these symptoms show that *Tabacum* acts upon that portion of the brain from whence originate the motor nerves that supply the tongue.

DR. R. LUDLAM—I think the diagnosis is a little mixed. There may be paralysis of the tongue without aphonia. I think we should know whether any of the family have had paralysis, and if he ever had any thing of the kind before.

DR. DUNCAN—He never did.

DR. R. LUDLAM—It is well known that emotional causes will produce paralysis. The same cause will produce aphonia. But a patient may have paralysis so that he is not able to articulate, and still there be no aphonia. This distinction should be made, I think.

I do not see why dreams may not produce effusion, and thus produce the paralysis. It is pretty definitely ascertained that dreams belong to the lower sphere of the brain. We dream while we are asleep—dogs dream.

I should call this a local paralysis, due to effusion in the brain, the effusion being caused by the emotion.

The tobacco might help the absorption of the effusion; but I do not think it would have cured the case if it had been taken immediately after the injury. Such effusions can not be cured at once. It takes time for the serum or clot to be absorbed. The tobacco might possibly have aided its absorption. I think we could not depend exclusively upon tobacco, as a remedy, in such cases.

As I remarked before, a distinction should be made between inability to articulate, as from paralysis, and loss of voice (aphonia). The former may not be a serious symptom, while the latter is usually an alarming symptom when it sets in along with another disease. Aphonia setting in on a case of apoplexy is a very bad symptom.

DR. DUNCAN—From all I could learn concerning this case, I should judge the man could not make a sound at all.

SMALL-POX.

THE CHAIR inquired if the members had had many cases of small-pox recently, and what was their treatment?

DR. C. C. SMITH—Have had some cases. My prescription is *Thuja*, 200th, a dose every three hours. In one case the primary symptoms were those of pneumonia, then the eruption came out. There was no pain in the back.

DR. COLTON—My remedies are *Tart. emetic* and *Merc.* Some years ago *Macrotin* was lauded as a remedy to prevent pitting, but it failed me, and now I do not use it.

DR. WOODWARD—I would ask Dr. Smith the indications for *Thuja* in this disease?

DR. SMITH—I know of none. I use it upon the strength of the recommendation of some German physicians that it would prevent pitting. Dr. Keissig, of New York, never vaccinated his children. Small-pox was around, and they took it, and he cured them with *Thuja*. They were not pitted at all. He thinks much harm is done by vaccination.

THE CHAIR—Some of the Germans have queer ideas. Dr. Wolfe, of *Apis* notoriety, thought that typhoid fever was caused by vaccination.

DR. C. C. SMITH—For the severe pain in the back *Actea* is a good remedy.

DR. R. LUDLAM—I had a case recently in which the severe pain was located in the head. For this I gave *Bell.*, *Ars.*, and *Merc.*, with no relief. I gave her *Tart. emetic*, and the pain left her almost as soon as the remedy was taken. She was soon nicely covered with the eruption. I think *Tart. emetic* the remedy for small-pox. It will produce on mucous membranes an eruption identical to the small-pox eruption. Some years ago I wrote a series of articles for THE MEDICAL INVESTIGATOR on this subject. Dr. Pearson, of Mt. Pleasant, Iowa, found fault with me. He stated that *Apis* was the remedy for small-pox. I do not claim originality in the use of *Tartar emetic* in variola.

DR. WADSWORTH, of Connecticut, being present, stated that Homoeopathy was making good progress in that State. They had about sixty physicians. They tried to get into the State Hospital. Through a misunderstanding \$10,000 was appropriated to them; the legislature supposing that was what was wanted.

He was glad to see the physicians in the West so wide awake, especially those in Chicago.

NORTH-WESTERN PROVERBS ASSOCIATION.

At the third annual session, held November 12, 1867, the following officers were elected for the year: President, Dr. E. M. Hale; 1st Vice-Pres., Dr. T. C. Duncan; 2nd Vice-Pres., Dr. F. Smith; 3rd Vice-Pres., Dr. W. S. Johnson; Recording Sec., Dr. S. P. Hedges; Corresponding Sec. for Ill., Dr. E. Perkins; Iowa, Dr. J. E. King; Minn., Dr. A. Herbert; Mich., Dr. J. D. Taylor; Wis., Dr. J. H. Smith; N. Y., Dr. A. M. Wells; O., Dr. C. S. Fahnestock; Penn., Dr. W. J. Bleakley; Mo., Dr. T. G. Comstock; La., Dr. W. H. Holcombe; Eng., Dr. H. R. Madden. Gen. Cor. Sec., Dr. T. C. Duncan; Treasurer, Dr. S. P. Hedges; one of Publication Committee, Dr. C. S. Fahnestock.

The following drugs were selected for future provings: *Erechthites*, *Stillingia*, *Ostrya*, *Bromide of Ammonium*, *Dioscorea*, *Ptelea*.

S. P. HEDGES, M.D., *Recording Secretary*.

PERISCOPE.

SURGERY IN ST. LOUIS.—On the 17th of October last, Dr. T. G. Comstock performed, at the "Good Samaritan Hospital," the operation of amputation of the right leg, at its lower third, upon a young man, *æ.* about 24. The patient had already had his right foot amputated, some months before (the Chopart operation), for caries, but the disease, however, reappeared in the astragalus, and nothing could be done but to perform a second amputation, higher up. The patient being chloroformed, Dr. Comstock proceeded to make the flap-operation of Fergusson, in the presence of Drs. Helmuth, Parsons, Walker, Vashier, Hartman, and Dr. Beebe, of our city. No ligatures were used, but the bleeding was stopped by acupressure.

Some little difficulty and delay was occasioned in finding the peroneal and posterior tibial arteries, on account of their unusual retraction, but they, as well as the anterior tibial, were all secured by Dr. Simpson's new method of acupressure; the flap was not closed under nearly an hour, until the cut surface had ceased to bleed, as by such a delay union by *first intention* is more certain to take place. The sutures used were metallic sutures (made with the silver wire), which are a great improvement over any others. On the second day after the operation, the acupressure needles were carefully withdrawn; no hæmorrhage followed, and we learn that the result is a beautiful stump, which healed by first intention.

So much for acupressure and silver sutures. Our informant states that there was very little hæmorrhage during the operation, Dr. Comstock having taken the precaution to have the limb elevated for some hours before the operation, so that the blood vessels of that limb might be emptied of blood as much as possible. Dr. Beebe, in a number of operations for amputation, has employed acupressure, and thereby succeeded in having the stump heal by first intention.

ALIMENTATION IN DISEASE.—This subject is receiving much attention from the advanced branch of the old school. Dr. A. Flint read a paper on this subject before the New York Medical Society, that called out very favorable remarks.

A NEW METHOD TO REDUCE HERNIA.—When hernia resists the ordinary application of taxis, place the patient on an inclined plane, the feet higher than the head.

MEDICAL PROPHETS.—The "Medical Record" thinks much harm is done the profession by physicians trying to foretell how a disease will terminate. The rules of prognosis are not invariable.

DIABETIS is often a result of injury to the brain.

OVER-EATING BEFORE OPERATIONS seriously complicate them.

ALCOHOL taken into the system is rapidly decomposed, and appropriated by the organs and tissues, very little escaping as alcohol.

COMPRESSION OF CAROTIDS FOR CONVULSIONS.—M. Favez has found that compression of the carotids will put a stop to convulsions in children. When the right side is affected, compress the left carotid.

SOAP FOR THE SPECULUM, instead of grease, is preferred by some eminent obstetricians, who say that no one will return to grease after using soap.—*Pacific Medical and Surgical Journal.*

TRICHINIASIS has again made its appearance in Germany.

HOT BATH IN THE TREATMENT OF REMITTENT AND YELLOW FEVER.—Dr. J. D. Miller, U. S. N., disheartened by the use of *Calomel* and *Quinine*,

placed his patients in a hot water bath. The result was highly satisfactory to all parties.

CORK CHARCOAL IN EPISTAXIS.—Dr. Wiseman, of Reading, Pa., recommends, as charcoal can not always be obtained, that burnt cork be used instead, in epistaxis.

EXPECTANT TREATMENT.—The expectant plan is becoming quite as popular among American physicians as it is with their European brethren.

GALEN AND CULLEN.—We have always thought, since we knew any thing upon the subject, that two medical men have inflicted more suffering upon mankind than all the political tyrants put together that have disgraced the history of the world. These two men are Galen and Cullen.—*Nashville Journal.*

THE NASHVILLE MEDICAL AND SURGICAL JOURNAL has undertaken the herculean task of "settling the therapeutic value of blood-letting, *Mercury*, *Tartar emetic*, *Opium*, and *Quinine*, in disease."

QUERIES AND ANSWERS.

WHEN does fecundation usually take place? "In the human female," says Bischoff, "the passage of the ovum from the ovary to the uterus, occupies eight or ten days, and intercourse, to be fruitful, must take place within eight or twelve days from the cessation of the menses." Pouchet maintains that "the ovum is fecundated *only* in the uterus, or in the lowest part of the fallopian tubes, for the seminal fluid *never* penetrates so far as the ovary, and *seldom*, if ever, extends beyond the middle of the fallopian tubes." [Supplement to Müller's Physiology of Generation. By Baly, pp. 58, 59, 60.] The above is the opinion of two of the leading physiological microscopists.

"WHY have we no well written articles in the various journals on congestive fever?"—*F. M. Boynton.*

DR. F. M. BOYNTON,—This being a disease incident to a southern latitude where few of the writers of the profession reside, is, we presume, the reason Could not Dr. Holcombe favor us?

LOCAL REPORTS OF DISEASE.

BANGOR, ME.—We have had a very healthy time in this city during the fall and winter months, thus far. W. G.

CRIGLERS MILLS, MO.—No epidemic disease prevailing here, except pertussis. In a majority of cases I have found *Drosera*, X., ten drops in four ounces of water, a teaspoonful, *ter die*, to fill the indications. In most instances cutting short the disease at once. Have had some cases complicated with congestion and inflammation of the lungs. The usual remedies filled every indication. R. A.

PITTSBURG.—Typhoid is more constant and regular than any other disease, and is second only to phthisis in the number of its victims. It begins in July, and ends about January or February, depending on the weather. Cold, freezing weather soon stops it, but if variable, mild, and damp, it is prolonged. In mild winters it remains till the opening of spring. Persons once recovering, appear to enjoy an immunity from it afterwards. Here it appears to result from decomposing animal and vegetable matters; to be more prevalent when the river water is drunk, and to increase with the

drainage from towns, the impurities emptied into the river nearer its source. Average temperature during 1866, 52°; extremes 9° to 88°

A. M. J.

BUFFALO.—Scarlatina is prevailing to a considerable extent in this city.

CHICAGO.—Since the last issue, the principal diseases met with have been: *Diphtheria*—a few very severe cases. The remedies indicated were, *Bell.*, *Merc.*, *Lach.*, *Kali bich.*, and *Kali permang.*

Measles—many cases. With some of them typhoid symptoms were present. These were readily controlled with *Rhus*, and *Bryonia*.

Croup, as usual, this season brings its complement of cases. In some patients the tendency to this disease has been entirely overcome by remedies addressed to the dyscrasia, rather, perhaps, to the lymphatic system. *Calc. c.*, *Hepar. s.*, *Merc.*, *Kali*, and *Spongia*, were the most efficient.

Still a number of cases of pharyngitis and laryngitis. They were quite obstinate during the damp weather about the holidays. Some of the attacks were ushered in with marked biliary derangements (an unlooked for complication in many other diseases this fall; perhaps due to a clear air, and conditions well adapted to vigorous nervous energy).

Colds and *Catarrhs* were plenty. Some easily controlled; others obstinate, depending much upon the diathesis.

During the recent "cold snap" (January 8th, *et seq.*), many cases of pneumonia have been encountered. The high type of fever called for *Aconite*, rarely for *Bell.*, or *Verat. v.*

A number of cases of small-pox. The remedies chiefly used were *Tart. e.*, *Thuja* (see discussion of Cook County Medical Society), and *Macrotin*. The latter has been thought to prevent pitting. It is also claimed as a prophylaxis.

FARMINGTON, ME.—But little sickness. A few cases of sore throat came under my care. *Bell.* and *Gel.* controlled them kindly—one to three days use of 1st to 2nd dec. of the indicated remedy required. A few cases of typhoid fever reported under old-school treatment. My good fortune has been to ward off the fever of those thus attacked coming under my care.

O. W. T.

THE influence of temperature, moisture, etc., are scarcely beginning to be understood. When on duty at the General Field Hospital, near Corinth, Miss. in June and July, very hot, dry months of 1862, where were collected nearly 1,500 patients, almost all of whom were sick with scorbutic fever and diarrhoea, the mortality increased gradually with the continuance of hot dry weather, from an occasional death up to eight a day; and upon the falling of a cool shower of rain, ceased for a day or two; increased gradually to eight a day; and another shower occurring, a day or two elapsed without a death. A suggestive fact, but not yet satisfactorily explained. Meteorology must go hand-in-hand with pathology until these dark places are radiant.—L. D. W., in *Western Journal of Medicine*.

CHOLERA prevails among the negroes in British Honduras.

A Hamburg emigrant ship arrived in New York, January 13th, with eight cases of cholera on board. 105 died on the voyage. Most of the subjects were from the Duchy of Mecklenburg. These facts are significant. We may have this disease this year.

PERSONAL.

E. POTTER, M.D., SPRINGFIELD, ILL.—A dispatch by the Associated Press, dated January 12th, brings us the following sad intelligence:

"This morning, about nine o'clock, Dr. Potter was found dead in his office. A coroner's inquest was held, and a verdict rendered that he came

to his death from *apoplexy of the heart*. The doctor left home yesterday evening in his usual health, and his family supposed he was detained with some patient, until discovered by friends. He was a man of fine attainments in his profession, and was universally respected by all who knew him."

He was found upon the sofa, one hand over the region of his heart. A Bible was near him, open at the 106th and 108th Psalms. He seemed to have had a premonition of his departure. In a letter directed to Colonel J. R. Woods, dated January 9th, is the following :

"For five or six months past I have been under the impression that, about the close of 1867, or the early part of 1868, I should pass from this natural state to the spiritual—to my home in Heaven. And this feeling has pressed itself upon me at all hours, and frequently abstracted me from all that was about me.

"Of course, I know that such feelings would generally meet with ridicule, and this has prevented me from communicating my impressions to any person. The 'New Year' is ushered in, and now I am sure that I have but a few days more to spend in this world. * * * *"

"I have worked hard in my profession for twenty-six years—more than a quarter of a century. Fifteen years of this time was devoted to the murderous allopathic system, and the last past eleven years to the Homœopathic system; which, in the fulness of time, as truth is always to be received, must be the universal practice. Trusting that you may continue your usefulness, and find constant happiness, and that we may finally meet in Heaven.
I am, yours truly, E. POTTER."

SOCIETIES.

NEW YORK MEDICAL SOCIETY.—This ancient and honorable body assembles, February 11th, at Albany, for a two days' (it ought to be four days') session.

There are reports expected from 24 committees, on *three* departments of medical science! Such a society, with such a membership, should divide and subdivide medical science into its many branches, and there should be reports on separate topics embraced in these branches.

This society is doing much for the advancement of Homœopathy; they should do more for the advancement of medical science.

REMOVALS, ETC.

J. M. BLAKESLY, M.D., formerly of Danville, N. Y., to Iowa City, Iowa.

J. N. ANDERSON, M.D., of New York, takes his place.

C. H. THOMPSON, M. D., from Muscatine to Cedar Rapids, Iowa.

B. A. WHEELER, M.D., of Fond du Lac, Wis., removes to Montana, Iowa.

TO CORRESPONDENTS.—All communications should be addressed to the Editor, 59 Clark Street. Let your articles *be short*. We are deluged with papers lengthy enough for a quarterly. Four pages (twelve pages of commercial note) is our usual limit. A good practical article *might* get more, if the writer could not "boil it down." An article condensed into two pages is more acceptable to our readers. They have no time to wade through three or four pages to catch an idea. They want "items" not "words." Articles showing the value of Homœopathy over ancient medicine are out of date—just twenty years.

All business letters should be addressed to the Publisher.

THE
MEDICAL INVESTIGATOR.

VOL. V.—*MARCH*, 1868—No. 54.

CONTACT-POTENCIES.

EDITOR MEDICAL INVESTIGATOR:—Your correspondent under the head of *Lachesis*, page 109, mentions the dynamization of drugs by *contact*, which Korsakoff,* in 1831, called infection. Medicines thus prepared he employed in preference to the usual preparations.

The writer says, "I do not really see what is to be gained by preparing medicines in this particular way."

I think, that by it we avoid the risk of having our preparations influenced by the vehicles which we use in the common mode of dynamization.

Respectfully,

G. H. BUTE, M.D.

P. S.—It is pleasant for me to remember, that I brought the huge reptile from South America, from which we all have our *Lachesis*. It is deposited at the Academy of Natural Science, Philadelphia, where it has been since 1830.

NAZARETH, PA., Jan. 12th, 1868.

G. H. B.

[It is with pleasure we give space to this letter from our venerable friend (one of the oldest Homœopaths in America), as we are sure it will interest all.—ED.]

* (Siehe Archiv für homöopathische Heilkunst.)
11. Band, zweites Heft, Seite 90.

ARUM TRYPHYLLUM IN SCARLATINA.

BY C. C. SMITH, M.D.

THE provings of *Arum tryphyllum* have furnished us with some very valuable symptoms, which direct us to its use in some forms of scarlet fever. It is homœopathic to a group of symptoms we sometimes find complicating the above-named disease, and which, in the absence of the remedy in question, would be difficult to combat with speedy success.

The characteristic symptoms to which I now call particular attention, is set forth in the following case. November 6, I was called to see M. L., a sprightly little girl, aged eight years. I discovered that my patient was suffering with the group of symptoms which go to make up a case of "scarlet fever." The peculiarity about the case, and which at once struck me, was, first: *Complete stoppage* of the child's nose, though the nose was *constantly discharging* at the same time. She had to breathe with her mouth open; *wings* of the nose *ulcerated*, and the upper lip *sore*, and red from the *excoriating* discharges. Added to these symptoms was the one highly characteristic of *Arum*, *stiffness* of the *neck*, about which the child complained. Here, I said to myself, is a complete and unmistakable picture of *Arum try.*, and being guided by the homœopathicity of the drug, I accordingly administered it (the 6th dilution in water), instead of following in the footsteps of the routinists with *Aconite* and *Belladonna*.

The case got well rapidly; convalescence taking place in the following order: First the stoppage of the nose was relieved in about six hours; then the discharge became less profuse and less acid. Next, the soreness of the nose and lip healed completely; and finally, desquamation took place with less itching and irritation than I have ever seen before in this disease, and without the slightest development of any sequelæ during recovery. It must also be remembered that an eruption similar to that which obtains in this disease, is also one of the symptoms elicited during the proving of this drug.

In this connection I would say, my experience teaches me, that where the proper remedy is selected with great care, taking the characteristic symptoms of the disease, and then finding the drug whose characteristic symptoms correspond, the remedy being

given, not too low, nor too often, there will be less danger of troublesome sequelæ, about which there is always so much dread.

CHICAGO, January 4, 1868.

CRUSTA SERPIGINOSA.

BY E. ARNOLD, M.D., CRIGLER'S MILLS, MO.

P. M., aged 5 years, light hair, blue eyes, fair complexion, scrofulous diathesis; had been under treatment (allopathic) four months. Found the head and face a solid mass of scabs, dark and rough, adhering firmly, and when removed a yellowish fluid exuded, which excoriated the parts it came in contact with. Body was completely covered, front and back, and the legs to the knees: the child could scarcely walk. I diagnosed *Crusta serpiginosa*, and prescribed *Sulph.*, 6th dec. dilution (4 drops in two oz. of water, a teaspoonful in the morning), and *Calc. carb.*, 12th dec. dil. (a drop on going to bed). Continued this treatment two weeks, at the end of which time most of the eruption upon the limbs was gone and the appetite and strength had somewhat improved. I now changed my prescription for *Arsen. alb.*, 3rd dec. dil. (one drop twice a day). She improved rapidly for two weeks, when improvement ceased and the patient grew rapidly worse after eating to repletion of fresh pork very fat. I then gave *Puls.*, 3rd dec. dil. (one drop in an ounce of water, a teaspoonful once in four hours), and at the end of two days prescribed *Clemat.*, 6th dec. dil. (four drops in two ounces of water, a teaspoonful three times a day), which rapidly cured the case.

The father shows strong marks of scrofulous degeneration of the glandular system.

This is my analysis of the treatment: *Sulphur* roused the system to throw off the disease-producing cause. *Calc. carb.* and *Arsen. alb.* corrected irritation of stomach and bowels, and *Clemat.* effected the complete cure, or complete destruction of a poison seeking for elimination by the excretent powers of the skin.

Tetter.—I have had another case of chronic eruption on the hands, that I cured with *Clemat. erect.*, 6th dil., five drops in four oz. water, a teaspoonful twice a day. The case was diagnosed malignant tetter.

GINGIVAL PERICEMENTITIS.

BY HENRY S. CHASE, M.D., D.D.S., ST. LOUIS, MO.

THIS is an inflammation of the pericementum (periosteum) at the neck of the tooth.

There are no external appearances of disease; but contact of cold or warm water, of food, of the tooth-brush, a pin, or other substance, causes acute pain. Sometimes the passing breath causes pain also. Patients who know no better, often apply for extraction.

An examination by a stream of cold water on the top of the crown will show that it is *not* pulpitis (inflammation of the nerve); for the pain will not be thereby increased. Tapping on the crown, or pressure, will show that it is not radical pericementitis (root periostitis), for no *soreness* will be perceived.

This is a disease which I have never known described either in books or journals.

It is very different from sensitive dentine located at the edge of the gum, which is usually caused by decay or caries, for although in the latter disease the tooth is sensitive to the touch, yet it does not *ache*.

Gingival Pericementitis is produced by various causes. Sometimes portions of a filling may extend under the gum, external to the cavity of decay, and irritate the delicate tissues at the neck of the tooth. Sometimes it is the decomposition of food at this point, resulting from neglect of cleanliness. At other times, it is inflammation from continuity of substance, when the gums are congested from various reasons. *Mercury*, short of ptyalism, sometimes produces it. *Arsenic, pushed*, is a very common excitant of this disease.

Constitutional remedies may be used for a cure if you choose, selecting your remedies according to the *accompanying* symptoms; but you will not fail to cure *this* disease by the following external local application: every other day take a quill tooth-pick, or a thin and narrow piece of wood; dip the point in *Kreosote*, or *Carbolic acid*, and pass it between the gum and the tooth, rubbing the neck of the tooth just below the free edge of the gum. Draw the instrument back and forth five or six times.

Don't get too much of the medicine on the instrument; it only needs to be wet.

Three days will suffice to cure any case, according to my experience.

216 N. Sixth Street.

"WHAT THEY TEACH IN ST. LOUIS."

EDITOR MEDICAL INVESTIGATOR:—"Our friend, like many other young men, has been falsely taught, and still believes, that the basis of Homœopathy is the great Therapeutic Law, and not the Dynamic Power. The ark of Homœopathy never did, and never can, rest on the great therapeutic law of *similia*. Take away dynamic power, and the law of *similia*, known to Hippocrates and many of the old fathers, would remain utterly useless, as it did from the days of Hippocrates to the days of Hahnemann."

For these dogmatic assertions, we accused Prof. J. T. Temple of ignorance and a disregard for the teachings of medical history. We now have the thankless duty of showing that our accusation is true.

In the Organon, Hahnemann devotes a chapter to "Examples of Homœopathic cures performed unintentionally by physicians of the old school of medicine." The instances therein cited reach, on the roll of *medical history*, "from the days of Hippocrates to the days of Hahnemann." As "Homœopathic cures," they must have been made in accordance with "the great therapeutic law of *similia*;" indeed, Hahnemann declares of them, "These diseases, I say, have yielded, although without the knowledge of the physician, to a Homœopathic remedy—that is to say, to a remedy in itself capable of exciting a morbid state similar to that whose removal it effected." Prof. T. informs us "young men," that the "law of *similia*" remained "utterly useless" "from the days of Hippocrates to the days of Hahnemann." Think you that either the patients "unintentionally" cured, or Hahnemann himself, would accept this assertion?

Prof. T. says "the law of *similia*" is "utterly useless" *when* we "take away the dynamic power." As those "physicians of the old school of medicine" made "Homœopathic cures" by virtue of "the law of *similia*," and as this law is "utterly useless" if we "take away the dynamic power," it follows that those phy-

sicians did not "take away the dynamic power." How happens it, then, that WITH Prof. T.'s *sine qua non*, the "dynamic power," this "law of *similia*" remained "utterly useless" "from the days of Hippocrates to the days of Hahnemann?" Surely, Prof. T. would not have made this assertion had he been versed in either the *Organon*, or medical history.

"The ark of Homœopathy never did, and never can, rest on the great therapeutic law of *similia*. The basis of Homœopathy is the Dynamic Power, and not the Therapeutic Law."

JOHN T. TEMPLE, M.D.

"Observation, reflection, and experience have unfolded to me, that the best and true method of cure is founded on the principle *similia similibus curantur*."

S. HAHNEMANN, M.D.

The reader can choose for himself which of the above teachings he prefers.

"Take away the knowledge of Dynamics from the profession, and the great Law of Therapeutics would remain, as it did from the days of Hippocrates until the discovery of dynamization, a useless law, because of the danger of its application—and Homœopathy would have no existence, because it would have no basis on which to rest."

Here we have an astonishing "change of base." First the "Dynamic Power" was the "basis of Homœopathy:" now a "knowledge of Dynamics" is *the* "basis." This is a judicious change, "because" those "physicians of the old school" had not this "knowledge of Dynamics." But Hahnemann declares that they made Homœopathic cures:" then one of three things is true—(1) either "the knowledge of Dynamics" is not an essential element of Homœopathy; (2) or Hahnemann did not know what Homœopathy is; (3) or Prof. T. does not know what is the "basis of Homœopathy."

Prof. T. also says, in effect, that Hahnemann was not a Homœopath "until the discovery of dynamization," "BECAUSE" ("I thank thee, Jew, for teaching me that word") "Homœopathy would have no existence" until it had gotten a "basis on which to rest." Yet, sir, in the very essay wherein Hahnemann enunciated "the great Therapeutic Law," he endeavored to substantiate it by citing cases which he himself had treated under this "great Therapeutic Law," and with such-sized doses as were given by "physicians of the old school of medicine." Prof. T.'s "basis" of Homœopathy had not then chipped the egg: there-

fore, according to Prof. T.'s statement, we have the sorry spectacle of Samuel Hahnemann endeavoring to foist upon the world a "useless law." This is all the most bigoted Allopath could urge against Homœopathy—isn't it out of place among the "great truths we think our college teaches!" Be it known, then, that Prof. Temple's "Homœopathy" rests upon a posological "basis," while Hahnemann's "is founded on the principle *similia similibus curantur!*"

Heretic as we are, we, too, accept the posological element of our school; but have never deemed as imperative the acceptance of the Hahnemannian theory of dynamization. That infinitesimal quantities of a drug are efficacious in disease-states is proven by experience; but that a "spiritualization" of the drug is *that which* cured, we see no need of believing, if *any* of the drug itself is present in the *curative dose*. In the *last* edition of the *Organon* we find this:

"A *substance* divided into ever so many parts, must contain in its smallest conceivable parts, still some of this *substance*, and the smallest conceivable part, does not cease to be *some* of this *substance*."

In a word, we see no need of a *spirit*, while the *substance* is present; and until a Temple shall demonstrate when and where the divisibility of matter ceases, we leave the shadowy "spiritualization" to such as he. Hahnemann himself did not hesitate to refute his own "spiritualization" hypothesis (*vide* Dudgeon's Lectures, p. 350).

Hahnemann's illustrations of the *quasi* "spiritualization" would do in his day; but the "Correlation of Forces"—which makes such havoc with his argument—was unknown then. To be sure, such a philosopher as the St. Louis Professor laughs at the "Correlation of Forces," while the "youth and inexperience" of a Tyndall lead *him* to believe it.

Schwann, in his Theory of the Cells, says: "An hypothesis is never prejudicial so long as we are conscious of the degree of reliance which may be placed upon it, and of the ground on which it rests. Indeed, it is advantageous, if not necessary for science, that when a certain series of phenomena is proved by observation, some provisional explanation should be conceived that will suit them as nearly as possible, even though it be in danger of being overthrown by subsequent observations; for it is only in this manner that we are rationally led to new discoveries, which either establish or refute the explanation."

Hahnemann undoubtedly entertained a similar opinion of hypotheses, for he says :

“As this natural law of cures is verified by every pure experiment and observation in the world, and the fact is consequently established, it matters little respecting the scientific explanation of the manner in which it takes place, and I do not attach much importance to the attempts made to explain it.”

Dudgeon says :

“Every idea and suggestive hint thrown out by Hahnemann, and still more, every thing bearing the semblance of a new hypothesis, has been greedily caught up by some of his disciples and worked out to that frequently desiderated termination of a mathematical problem, the *reductio ad absurdum*.”

Must we say to Prof. T., “*et tu brute!*”

SAM. A. JONES, M.D. (*Speciali Gratia.*)

GUARÆA TRICHILOIDES.

BY DR. PETROZ.

(*Translated from the Journal de la Societé Gallicane Homœopathique, Vol. V., p. 9, for the MEDICAL INVESTIGATOR.*)

GUARÆA TRICHILOIDES is a tree of medium height. Its vulgar name in the Antilles is Red-wood, Ball-wood. It is considered a violent purgative and emetic.

Guaræa has been successfully used in a case of chemosis, where the pad formed by the conjunctiva was so extended and so thick, that nothing of the eye was seen but the pupil, at the bottom of a veritable tunnel.

In a patient, it has produced, besides a violent itching of the skin, the sensation of a blow upon the head, leaving a sort of stupefaction, with a diminution of the power of thought, for several days.

The first of these two facts furnishes precious indications for the therapeutic use of *Guaræa*; but we shall see from the pathogenesis that there are many others, which clinical facts will no doubt justify.

General symptoms : weakness, chronic weakness, consumption, sensation of distension (ballonnement).

Lancinating and boring pains, drawing and tearing; sensation of excoriation on being touched.

Inclined to talk, hysterical tetanus, convulsions of children; convulsions during vomiting, cramps when touched, cramps in children, subsultus, violent shocks of the whole body, paralysis, with loss of motion and sensation.

Heat of the superior part, and coolness of the lower part (of the body?)

Dysentery.

Relaxation of the muscles, pressure in the limbs, suppuration of the glands, drawing; caries of the bones, pain as if the bones were contused, nocturnal pain in the bones. In the joints, cutting pain; burning heat.

General circumstances and conditions: The symptoms are more marked in the room, from the action of hot water, acids, fresh eggs, after physical efforts; they are relieved on covering up warmly, and by leaving the bed.

Moral: Moral anxiety, indifference, indecision, confusion of thought, fear of losing the reason, agitation in the evening.

Sleep and dreams: Somnolence in the morning, somnolence with dreams, somnolence on alternate days, sleepiness in the open air.

Sleep with horripilation; snoring in sleep. Insomnia before midnight, formication preventing sleep. Frequent waking; anxious, sad dreams full of quarrels; dreams of war.

Fever: Intermittent fever, principally before noon, cold followed by heat; cold followed by heat with sweat; horripilation with flushes of heat; horripilation in the affected parts.

Sweat, principally when eating or after having eaten; sweat of an aromatic odor.

During the fever, anxiety, forgetfulness, pain in the eyes; coated tongue; desire to vomit; oppression of the chest; chest painful.

During the chill, lassitude; respiration labored; hands as if dead.

Skin and its annexes: Itching, eruptions, dry eruptions, eruption of burning vesicles; darts crouteuses, etc. Steatoma, hot swelling, swelling of the parts affected.

Head: Vertigo, vertigo on stooping; turning vertigo; vertigo on seeing objects in confusion (renversés). Immobility of the head, obnubilation, heaviness.

Interior of the head: Compression, constriction, contraction; buzzing, sensation as if the brain were falling forward; headache depressing the eyes; in the occiput, constriction; hammering. Pain in the vertex; formication in the temples, in the forehead, compression, heaviness; shocks; constriction at the root of the nose.

These symptoms are relieved or diminished by motion.

Eyes: Sickly look about the eyes and in the orbits. In the eye-balls, sensation of distension; sensation as if the eye-balls were pushed out; pain as if the eye-balls were torn out; pains as if after having wept; dilatation (of the pupils?); inflammation of the conjunctiva, which is puffed out; chemosis, swelling of the lachrymal glands, lachrymation, quivering of the eyebrows, paralysis of the eyelids; compression of the eyelids; as regards the sight, objects take on a greyish tint.

These symptoms alternated with diminution of hearing; were aggravated during pain felt in other parts, during sleep and when reading by daylight.

Ears: Sensation as if a plug were there, or a worm; pressure outwards.

Behind the ears, an eruption; swelling of the periosteum.

Nose: Suffocation, pain in the nose, coryza; frequent coryza during the day; coryza with indurated excretion; ineffectual effort to sneeze. These symptoms were accompanied with heat.

Face: Pain as if burnt, puffiness below the eyes, swellings which suppurate, yellowish spots on the temples, acne rosacea, an acne rosacea consisting of a kind of suppurating pimples; an ochre-red lupus, received great relief from *Guaræa*.

Twitchings of the mouth; pimples, scabs, chaps on the lips and at the commissures, swelling of the upper lip.

Mouth: Smell of cheese.

Teeth: Compression, corrosive pain. The symptoms of the teeth are accompanied with pain at the zygomatic apophysis; they are induced by a current of air, by the pressure of the tongue upon the teeth; increased by lying down on the painful side; by eating, by warm food, and by walking.

Palate: Roughness; caries of the bone.

Tongue: Sensation of coldness, of dryness. Tearing pain; lacerations; paralysis of the tongue; heaviness, swelling; bleeding, dryness; greyish-yellow fur.

Taste : Sweet taste ; bitter taste of tobacco, insipid taste of food. These symptoms are more marked on getting out of bed.

Thirst : Thirst after having eaten ; absence of thirst with dryness of the mouth.

Appetite : Sensation of satiety ; Bulimia with prompt satiety ; bulimia in the evening, repugnance for milk, for fish, for fat food, for cooked and warm food.

Eruclations : Bitter risings, with distension, with pressure at the stomach ; putrid eruclations. These symptoms are more marked after having eaten onions.

Throat : Sensation of narrowing, of burning heat ; formication, pain as if excoiated, difficult swallowing, swelling of the tonsils. These symptoms are relieved on taking warm drinks, or on coughing.

Vomiting : Vomiting of bitter — of greenish matter.

Stomach : Sensation as if bruised ; itching ; constriction ; sensation of rupture at the præcordial region. These symptoms are aggravated after having taken supper.

Abdomen : Hardness. Hardness at the navel, pressure at the region of the navel, at the flank ; inflation, lancements in the groins and the inguinal rings ; pain as from an ulcer ; tension, pain as if contused in the abdominal walls.

Alvine evacuations : Ailments from flatulence ; chronic constipation ; constipation during dentition ; constriction at the anus and the rectum ; pain in the rectum with the stool ; during stool pain in the belly, desire to go to stool.

Urinary passages : Inflammation of the bladder ; involuntary urination, frequent desire to urinate in the evening ; urine clay-colored.

Female sexual organ : Itching. Flow of blood out of the regular period. Leucorrhœa after the menses, fœtid leucorrhœa. Labor pains too feeble, suppression of the labor pains, lochia too scanty.

Respiratory apparatus : *Cough* : whooping cough with bloody sputa, dry hacking cough ; cough deep, suffocating, violent, with expectoration. The cough is accompanied with sweat, with pain, with excoiation and constriction of the chest ; it comes on after one has cried, at the moment of falling asleep, or after taking cold ; it is provoked by an itching in the throat, by an irritation in the larynx.

Respiration : Asthma of Millar. Attacks of suffocation, burning respiration — sobbing respiration ; intermittent constriction of the

chest; the symptoms of the respiration are more marked on putting the hand to the throat.

Chest : Sense of anxiety; emptiness, distension of the chest, heaviness, digging, lancinations, in the right side of the chest; mucus in the chest; crude tubercles.

These symptoms are increased by inhaling the vapors of *Sulphur*, and by deep inspirations.

Neck : Uneasiness, weight, lancination in the glands, weakness of the muscles, cramp in the nucha.

Trunk : Rigidity of the trunk, constriction of the back, burning in the loins, cutting pain in the sacrum.

Upper limbs : Pains as if in the periosteum, formication of the arms and hands, violent shocks in the arms, the arms are jerked forward briskly, hepatic spots, cramps of the arms, burning heat in the arms, brown spots under the arms, boils on the arms, swelling of the humerus, cracking in the articulations, pressure in the shoulder-joints, paralysis of the metacarpus, trembling of the hands, sweat on the hands, swelling of the hands.

Lower limbs : Cutting pain in the legs, jerking motions; simple pain in the knees. Contraction of the feet and the toes; pressure upon the toes, red spots on the legs.

The symptoms of the extremities are more marked when the extremities are warm; they are increased by bathing the parts affected, and by gaping or resting upon the limb. Finally, they are relieved on rising from bed.

A CASE FROM VETERINARY PRACTICE.

BY W. C. LORD, VETERINARY SURGEON, CAVALRY DEPÔT, CANTERBURY, ENGLAND.

THE following case of cerebro-spinal disease will not only serve as an illustration of the brilliant effects which may be attained by the homœopathic system of treatment, but will also show medical men the difficulty which we (veterinary surgeons) experience in selecting a drug whose pathogenesis is similar to the few objective symptoms which usually present themselves to our notice; and further, will demonstrate the means by which we endeavor to overcome these obstacles.

It is now upwards of three years since the Principal Army Veterinary Surgeon, with a liberality worthy of admiration, not only sanctioned my treating Her Majesty's troop horses homœopathically (which in fact he has permitted since 1858, *at my own expense and risk*), but on the 1st October, 1864, he sanctioned my being supplied with homœopathic drugs at the Government expense, with this proviso: that I should every three months furnish him with an abstract of my treatment, "so that" he "might ascertain as matter of fact what advantage that system has over what is called, in contradistinction, allopathy."

That my treatment has been successful may be learned from the fact that my usual half-yearly requisition for a further supply of homœopathic drugs has this October been sanctioned by the head of the Army Veterinary Department, who, wishing to satisfy himself that our theory and practice agree, has ordered me to furnish him with two illustrative cases each quarter, such as I now present to the reader.

Troop mare, aged nine years.—September 28th. Admitted to hospital for *cerebral congestion* and a neuralgic affection of the muscles of chest and fore extremities.

Cause.—Rearing up and falling back in the stable when being saddled. The injury occurred on the 25th inst., when she fell three times; but although dull since then, and not at work, I did not deem it necessary to subject her to treatment. She was, however, taken out to exercise daily.

Symptoms.—28th September. Hanging her head in the manger and asleep, but every now and then dropping nearly on her knees to the ground, and quite stupid. When turned in the stall she groaned very much, as also when either shoulder was moved,—especially if pulled outwards from the chest; the pectoral muscles also appeared to be tender on pressure. The pulse was 36 per minute, full and labored; respiration natural; pupils dilated. Owing to the pain in the muscles of chest and fore extremities on motion it took several men to shove her along as far as the hospital box, although only a short distance.

Diagnosis.—The lethargic symptoms, with slow, labored pulse and dilated pupils, indicated cerebral congestion, whilst the inability to move the fore legs, and this muscular affection coming on three days after the accident, without any contusion of the muscles or other parts being visible, led me to regard it as a neuralgic or myalgic affection caused by the shock to the nervous system.

Prognosis.—Unfavorable.

Treatment.—Gave every two hours, alternately, *Bell.* tinct. \emptyset , gtt. x.; *Arnica* tinct. \emptyset , gtt. xv.

Sept. 29th. Pulse 36, and full; respiration 12. Kept the eyes closed and the head rested on the manger or sides of the box, but did not lie down. When obliged to move she groaned as from severe pain.

30th. Was able to advance her shoulder, and could walk freely, but from either temporary blindness or stupidity, she knocked her head against the sides of the box or any obstacle that came in her way. On this day she became restless and kept circling round the box, each time as she approached the wall striking her head against it; so I had her tied up, with a man constantly in attendance. Treatment same as on the 28th instant.

Oct. 2nd. Quite sensible; not sleepy; no lameness, and feeding well. Gave *Bell.* tinct. \emptyset , gtt. x., three doses daily.

6th. Cured.—*Homœopathic Review.*

RECENT PHYSIOLOGICAL OBSERVATIONS.

BY A. W. WOODWARD, M.D.

IN the investigations of the nervous system, and the relations of different parts to each other, there have been many valuable observations made recently.

Dr. Emile Flies, of Berlin, has demonstrated the antagonistic influence of the sympathetic and pneumogastric nerves upon the heart. He did this by passing a continuous current of electricity through the vagus; this depressed the heart's action.

By this fact of the antagonistic influence of these nerves, we may account for many phenomena heretofore unexplainable, and also for the action of medicines which act indirectly upon the heart through the eighth pair of nerves, such as *Bell.* and *China.*

In an article upon the nervous system in the "Lancet," Brown-Sequard, that preëminent of all observers in this department of science, gives the following summary of what is now known by demonstration:

That the nervous conductors of *all* the various kinds of sensa-

sations, and all reflex phenomena, as well as for the transmission of nervous force to the muscles, blood-vessels and glands, are absolutely distinct one from the other.

He has ascertained that besides the four distinct kinds of nerve fibres of the higher senses — sight, hearing, taste and smell — there are at least eleven distinct kinds of nerve fibres in the spinal cord and cranial nerves, and that, in their passage through the spinal cord, they occupy quite different locations.

The following is his classification :

- 1st. Conductors of impressions of touch.
- 2nd. Conductors of impressions of tickling.
- 3rd. Conductors of impressions of pain.
- 4th. Conductors of impressions of temperature.
- 5th. Conductors of impressions of contraction.
- 6th. Reflex motor conductors.
- 7th. Reflex nutritive and secretory conductors.
- 8th. Voluntary motor.
- 9th. Involuntary motor.
- 10th. Vaso-motor conductors.
- 11th. Direct nutritive and secretory conductors.

He thinks that it will be demonstrated that there are other nerve fibres serving to the sensations of hunger, thirst and pressure.

With the functions of the excito-motor nerves all are familiar, as being involuntary and distributed to the muscles, excretory ducts of glands and to the blood vessels.

The nutritive and secretory nerves are proved to modify nutrition and secretion, and are antagonistic to the vaso-motor fibres. For, while the vaso-motor nerves, when excited, produce a contraction of the blood vessels, resulting in a diminished quantity of blood, and reducing sensibility and other vital properties, the nutritive and secretory nerves, on the contrary, when in action, occasion dilatation of blood vessels and the phenomena of congestion, increased heat and sensibility. And further, that while reaction from excitement of the vaso-motor nerves may produce a similar condition, it can never produce a change of structure. Thus he shows that the nutrition of a part must become affected through the special nerves of nutrition, before the production of inflammation, suppuration or ulceration. And further, he demonstrates that this may take place through the reflex nutritive and secretory nerves, from irritations in another part of the system.

Thus, these nerves are the channels for the production of meningitis or enteritis from colds, burns, or other visceral affections.

Again, derangements in the functions of remote organs may affect both motor and nutritive nerves by reflex action. Thus follows the intense pain and spasmodic action of muscles of the face in *tic-doloureux*.

CHICAGO, 1867.

RELIABLE COW-POX VIRUS.

EDITOR INVESTIGATOR,—I would like to inquire of your readers, whether they have ever succeeded in exciting the “*kin-pox*” in any one, infant or adult, with the German cow-pox virus, sealed in small glass tubes, as furnished by our pharmacu-
tists. I procured a tube during the present winter, and confidently expected to obtain some reliable vaccine matter, but was doomed to disappointment, being unable to excite the disease in *one* of the four or five healthy infants that I tried it upon. I do not wish to lay the blame upon the importers of the virus, or those who deal in it; the fault may be with those who put it up in the old country.

If we can not procure a reliable article of cow-pox virus, how are we to keep ourselves supplied with pure vaccine matter? As to sending “any where” for it, and using it, I had rather be excused, and, I came very near saying, I would rather run the risk of *variola*. This feeling, of distrust of vaccination, I obtained during my service in the late war, as the regiment to which I belonged had the misfortune to have *variola* break out in it, at several different times, and we received strict orders from the medical director, to vaccinate every man who had not already a well defined scar upon his arm. The first time, the men submitted to the order, without murmuring, but the second time the order was issued, they almost mutinied, and I could not blame them very much. As a result of the first general vaccination of the regiment, many of the men had terrible arms. In one instance that I call to mind, ulceration commenced from the lesion produced by the operation, and spread with frightful rapidity over the arm, until almost the entire triceps muscle was laid bare. The man finally died, of pyemia. In another case, false anchylo-

sis of the elbow joint resulted, and continued nearly a year, resulting, probably, from the burrowing of pus among the muscles and tendons of that arm. Others seemed to be affected with many of the symptoms of constitutional syphilis, and in others, it seemed to excite to full activity the strumous diathesis. It was owing to those pernicious effects of vaccination that the men objected so seriously to the second order, "to have every man vaccinated." The matter, we obtained from the medical department of the army, and whether such results were caused by the matter being impure, or from diseased subjects, I do not know positively. My own opinion, however, is, that some of the bad effects were caused by the partial decomposition of matter that was originally good, starting the ulcerative process, as yeast excites fermentation in other bodies. In other cases, where syphilis seemed to have been transmitted from one patient to another, I am more disposed to think that the results referred to were caused by carrying the blood of a syphilitic subject on the lancet of the physician, rather than to the matter alone. However, this is as yet (I believe), a mooted point, and I must stop, as I only intended to make an inquiry.

PEKIN. *Illinois*.

S. J. BUMSTEAD, M.D.

[We have been more fortunate with the German cow-pox virus. In some subjects, the stage of incubation was lengthy—ten to twelve days.

We have seen frightful results follow the use of virus taken from persons of a syphilitic, strumous, or dartsous diathesis. And we have seen like results follow the vaccination of persons of the above diatheses with pure virus. The virus and its dealer may have been at fault in the first instance, but where rests the blame in the last case?

It strikes us, that the only way to obtain pure cow-pox virus is, for a number of American physicians to inoculate healthy cows with virus from healthy individuals who have confluent small-pox; as was done in Egypt, in 1820. Let us hear from others on this subject.—Ed.]

CHARACTERISTIC COUGH-SYMPTOMS OF SOME OF THE NEW REMEDIES.

BY E. M. HALE, M.D.

IN order to enable the practitioner to readily compare the cough-symptoms of some of the new with those of the old remedies, the following characteristics are presented:

Æsculus hippo.—Dry cough, with hoarseness; aggravated by
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speaking, swallowing, or breathing deeply—(In patients subject to hæmorrhoids).

Apocynum cann.—Cough, short, but with scanty expectoration of white mucus; *with* oppression of the chest, disposition to sigh—(In dropsical, or asthmatic patients.)

Arum tri.—*Moist* cough, with excoriating feeling in the fauces and larynx; *with* an acrid excoriating discharge from the nose—(In patients with scarlet fever, or influenza.)

Asclepias syr.—*Loose* cough, with expectoration of white mucus; burning and tickling in the fauces—(In catarrhal affections.)

Asclepias tuberosa.—(1.) Dry, harsh, spasmodic cough, causing pain in the head (*Bry.*) and abdomen, with stitches in the (left) lung, and soreness in the intercostal spaces. (2.) Dry, hacking cough, *with* sharp pain in the region of the heart, and palpitation. (3.) *Loose* cough, with profuse, tenacious expectoration, oppression of the chest, pleuritic stitches; fever, with hot, moist skin—(In pleurisy, bronchitis, or pericarditis.)

Baptisia.—*Hoarse* cough, with tickling in the throat; the throat feels raw, swollen, but not very sore—(In typhoid fever and diphtheria.)

Cactus.—(1.) *Dry* cough, from itching in the larynx. (2.) *Spasmodic* cough, with copious, viscid expectoration, or thick, yellow, of the consistence of boiled starch—(In bronchitis, or cardiac affections.) (3.) Cough, with profuse hæmorrhage from the lungs.

Cimicifuga.—*Dry* cough; worse at night, caused by a tickling in the larynx, *with* sensation of fulness in the larynx; aggravated by speaking, or coming in out of the cold; sometimes with hoarseness, or stitches in the chest—(In nervous women, and those who suffer from uterine disorders; also, in patients with pleurodynia or rheumatism.)

Cistus.—Cough, with painful tearing in the throat, with stitches in the throat; a sensation as if the windpipe had not space enough.—(In scrofulous persons, with enlargement of the glands of the neck.)

Collinsonia.—Hacking cough, with expectoration of dark coagulated blood, enveloped in viscid mucus—(In incipient phthisis, or cardiac diseases.)

Eryngium.—Cough, with expectoration of thick yellow mucus; with smarting rawness in the larynx; sensation as of a lump in

the throat; inability to bear the clothing around the throat. (*Lach.*, *Hep. sulph.*)—(In croup and laryngitis.)

Eupat. arom.—Cough, from aphthæ on the fauces: or spasmodic cough, in nervous women and children.

Eupat. perf.—Nocturnal loose cough; hoarse, rough cough, with scraping in the bronchia, and soreness in the chest; he has to support the chest with his hands; also, cough, with asthmatic breathing (during asthma).

Gelseminum.—Cough during catarrhal fevers, hoarse, or metallic-like croupy cough; cough, from tickling, and dry roughness of the fauces, with burning under the sternum, and soreness in the chest.

Gymnocladus.—Cough from tickling in the throat, or smarting in the larynx, *beginning in the morning, and increasing until night*, and in the evening it was hard, dry, and racking.

Hamamelis.—Cough from a varicose condition of the throat. (On examination, shows fulness and enlargement of the superficial veins.) Constant inclination to a hacking cough.

Hedeoma.—Cough accompanied by “globus hystericus”—(In women who suffer from uterine congestion, ovarian irritation, and urinary disturbances.)

Hepatica.—Cough from a tickling, itching, and scraping sensation in the fauces; aggravated by speaking, eating, or inhaling dust; with expectoration of thick, creamy, yellowish, and sweet matter.

Hydrastis.—Rough, hacking cough, with scraping sensation in larynx (fever in evening, *debility*), and stringy, tenacious expectoration.

Iris.—Short, dry cough, from a tickling in the larynx (pain in the left side; rawness of the fauces).

Juglans.—Cough, with rattling in the bronchia, but *no* expectoration, or scanty and tenacious—(In old people or children, after eruptive diseases.)

Lachnanthes.—Cough at morning and evening; at night, from great dryness in the throat, on waking.

Lobelia.—(1.) Cough in asthma, violent, racking, in paroxysms of long continuance, followed by profuse expectoration of ropy mucus, which sticks to the pharynx. (2.) Short, hacking cough, from excessive tickling in the larynx, or as if a foreign body impeded breathing or swallowing.

Lycopus.—Cough, with very quick and irregular action of the heart; nervousness.

Myrica.—Cough, very much aggravated by talking. Tickling cough at night, on lying down. Cough, with profuse expectoration.

Phytolacca.—Cough during attacks of *diphtheria*; or cough as from an *ulcerated spot* in the throat; or from *dryness* in the pharynx or trachœa. Cough hard, rough, and dry.

Podophyllum.—Cough in remittent (bilious) fever, dry, or loose, and hacking. Cough, with soreness and fulness in the region of the liver.

Rhus glabrum.—Cough, with ulcers in the mouth and throat; night sweats; expectoration of clots of blood from the throat; diarrhœa, and debility.

Rumex crispus.—Laryngeal and bronchial cough, with tickling and itching behind the sternum, with pain in the head; hoarseness and dryness constant, from *excessive sensibility of the larynx and trachœa*, with rawness and soreness in the chest; aggravated by the slightest motion, cool air, etc. (Compare with *Bell., Lach., Phos., Caust.*)

Sanguinaria.—(1.) Dry cough, after *lying down*. (2.) Cough with sensation of swelling in the larynx, dryness of the throat, and expectoration of thick mucus. (3.) Severe cough, no expectoration, pain in the chest, and circumscribed redness of the cheeks, difficulty of breathing—(In incipient phthisis, or in the second stage of pneumonia.)

Senecio.—Cough from bronchial catarrh, or from suppressed menstruation from a cold. Cough, with rattling in the bronchia; with hæmorrhage from the lungs. Cough at the critical age, with irregular menses.

Sticta.—Coughs in influenza; dry, hacking, commencing in the evening, and continuing all night, preventing sleep. Cough, with excessive dryness of the nasal and respiratory mucous surfaces; worse in evening from 8 to 12.

Urtica.—Cough from retrocession of nettle-rash.

Verat. viride.—(1.) Cough with high fever; oppression of the chest, scanty, bloody expectoration, etc. (In the first stage of pneumonia.) (2.) Spasmodic cough, from spinal congestion, or cerebral irritation, with spasms.

Zizia.—Dry cough, with stitches in the chest, a bruised feeling in the muscles of the chest, dyspnœa; worse in the evening and night.

PRACTICAL ITEMS, CONDENSED

FROM COMMUNICATIONS TO THE MEDICAL PRESS.

Physiological or Pathological.—T. S. Verdi, M.D., ("N. E. Gazette," Jan.), mentions a negro who was black until 23, then the black color began to fade away, and leave the skin white. He is now, at 50, all white, except a strip across the centre of the face. He asks, is this physiological or pathological?

Rachitis.—D. Thayer, M.D., (*Ibid*) says, during the last twelve years, I think I may say that I have never been without a case of rachitis under treatment, and that I have not once failed of a perfect and complete cure. The remedies given are *Silicea*, *Sulph.*, and *Calc c.* And whichever remedy I gave, and of whatever potency, the result has been the same.

Disease of the Heart.—Dr. T. (*Ibid*) says: In cases (of hypertrophy of the heart) in which *Bromine* has failed, *Cactus g.* has been found of so great value that it should be ranked next, and, in the order of their value, *Ars.*, *Digitalis*, and *Staphysagria* should follow. Where anæmia is accompanied with over-action of the heart, the *bruit de soufflet* and anasarca, I know of no remedy comparable to *Bromine*, except *Arsenicum*.

Gall Stones.—Dr. T. has only failed in one case to relieve with *China*.

High-potency Problem.—H. Lehmann, M.D., thinks (Am. Hom., Feb.) that he has cleared up the mystery regarding Dr. Fincke's high potencies. To make the 1,000th dilution, he adds to one drop of tincture 999 drops of spirits wine. To make the 100,000, he adds to one drop of the 100th 999,000 drops of spirits wine.

Prostatic Abscess and Fistula.—G. W. Barnes, M.D., details ("Ohio Medical and Surgical Reporter") this case: S. B., colored man, aged about 35, has been suffering for nearly a month. There was a large fluctuating swelling, occupying the whole perineum, most prominent a little anterior to the anus, with marked irritability of the neck of the bladder; great spasmodic pain accompanied the emission of urine, which was every few minutes; sense of pressure or weight in the region of the prostate gland; *rigors, alternating with heat, especially in the early part of the night*; throbbing in the perineum; pulse frequent and small; tongue *thickly coated white*. The patient was *emaciated and weak, irritable, and easily moved to anger*.

The patient objected to the knife, and *Phos.* was prescribed. The italicised symptoms especially indicating it. On the second day, the abscess opened into the urethra, and on the third day externally. On the twentieth day, the internal opening had closed, and in about four weeks more the fistulous opening near the sphincter ani had closed. *Phos.* 30th and 200th were the attenuations used.

He adds, regarding the use of *Phos.* in fistula in ano, more or less amelioration of the pain and discharge for some time invariably followed the administration of a dose at night. In a fistulous ulcer upon the anterior superior spinous process of the ilium, it was also of much benefit.

Varicose Ulcer.—W. Tod Helmuth, M.D., on the treatment of these ulcers, lectures ("West. Hom. Obs.," Jan.): Purely medical means will, according to my experience, fail in the majority of instances, unless accompanied with those surgical manipulations, which I wish you to bear in mind: First, a horizontal position of the limb; second, *an even* support given by a roller applied from the foot to the knee; and third, in cases where the sore is rather of an indolent character, the application of adhesive straps.

This patient, from the indolent nature of the sore, will be put upon *Calc. carb.*, two doses per day, the bandage be re-applied every second day, and the straps twice a week. I may remark here, that there are very few ulcers of this class which I here show you, but will be, at least, very materially benefitted, in a very short space of time, by this method of treatment. In fact, since I have adopted this apparently simple procedure, and made the patient persist in it, I have succeeded very much better than while using merely medical means.

PHARMACEUTICAL ASSOCIATION.

[THE following communication is of general interest, and we gladly give space to it. Mr. H. informs us that he heartily endorses the movement.—ED.]

MR. C. S. HALSEY, CHICAGO:

DEAR SIR,—There is evidently a strong desire on the part of most of our colleagues, that there should be formed an association of the homœopathic pharmacutists in this country, a kind of apothecaries hall.

I have conversed since last fall on this topic with most of our pharmacæutists, and have hoped and waited for some one to take the initiatory step. As this, however, has not been taken, so far, I thought I would give form to this matter, and issue a call:

To meet in St. Louis, four days before the meeting of the American Institute, to form a preparatory meeting, exchange views, and devise plans; and, if possible, form an association or institute of this kind. To come, with some kind of understanding, together, and to be prepared to act in a certain measure, I would propose:

That you give this matter your early attention, and reply, whether it meets your approbation or not, and to give any suggestions you wish to make, in writing, during the next sixty days. All the replies I shall have copied, and sent to each one on the first of May, and, from the nature of such replies, every one can see how far a proposition of this kind will be favored by our craft.

As the most pressing objects for the action of such an institute, I would suggest a unity of signature, of preparation, and of weights and measures, and I am certain that the whole homœopathic profession will heartily endorse our proceedings.

Yours cordially,

F. E. BERICKE.

PHILADELPHIA, February 4, 1868.

REVIEWS AND NOTICES OF BOOKS.

PLASTICS: A NEW CLASSIFICATION, AND A BRIEF EXPOSITION OF PLASTIC SURGERY. By DAVID PRINCE, M.D. Philadelphia: Lindsay and Blakiston. Chicago: W. B. Keen & Co.; C. S. Halsey. 1868. \$1.50.

This modest work is one of great practical value—one that a busy profession will appreciate. The classification given of the different expedients resorted to in Plastic Surgery are: I. Sliding in a direct line. (a) As in approximating a wound without under-cutting. (b) By cutting under the edges. (c) By parallel incisions. (d) By transverse incisions (French method). (e) By the slow process of granulation and cicatrization. II. Sliding in a curved

line. (a) The flap having curved borders. (b) The flap having angular borders. III. Jumping (Indian method). (a) Without a twist of the pedicle. (b) With a twist in the pedicle. IV. Inversion or eversion. (a) Resulting in plain surfaces. (b) Tabulation. V. Taliacotion—the part being obtained from a distance. VI. Grafting. These six general methods are made clear, by cases from practice, and illustrations.

Dr. Prince, in this monograph, of 100 pp., has certainly made this branch of surgical science easy of comprehension. This work will be consulted with interest by all who have the least taste for these operations.

THE HALF-YEARLY ABSTRACT OF THE MEDICAL SCIENCES, Vol. XLVI., July to December. Philadelphia: Henry C. Lea. Chicago: C. S. Halsey. 1868. \$2.50 per annum.

Here we have a digest of British and continental medical literature on Practical Medicine, Pathology, Therapeutics, Surgery, and Midwifery, for the last six months. In these 300 pages we are treated to the cream of the European medical press. All those who are not “too fossil” will appreciate *this* volume.

TRAVELER'S GUIDE for the use of twelve principal Homœopathic Remedies. By E. A. LODGE, M.D. 32mo., 32 pp.

THE GUIDE for six Homœopathic remedies. By E. A. LODGE, M.D. 32mo., Detroit, Michigan.

HOMŒOPATHY: An explanation of what it is. By F. H. ORME, M.D. E. A. Lodge, Detroit.

Here we have this subject all argued over again. We ask the necessity for this? We see it in the vast accumulation of recent facts, statistics, etc., here incorporated. The subject is ably handled by the writer. This pamphlet, extensively circulated among his Southern friends, will do great good.

THE ECLECTIC MEDICAL JOURNAL. Vol. XXVII. J. M. SCUDDER, M.D., Editor.

This journal is a valuable exponent of the system of practice it advocates. This branch of the medical profession has done good service in medical reform. It is, however, being rapidly swallowed up by the progressive branch of the allopathic school.

EDITORIAL.

THE FUTURE POSITION OF THE PHYSICIAN.

Amid the rush of business and these changing times it will be well for us, perhaps, to look ahead, and comprehend what may be our future position towards our patrons.

From the days of Hippocrates until recently, the physician was only called as a dire necessity—an act to be delayed as long as possible. The physician was looked upon as the lesser of two evils—sometimes, the greater. But the positive influence of homœopathic and progressive medical men generally have schooled the people to send for the physician early. They found that they saved both money and time, and often life, by this course.

Now they are learning another fact : That the avoidable causes of disease are many, and that “an ounce of prevention is worth a pound of cure.” How often are we asked, “Doctor, how shall I avoid having another attack?” or “Can not you give me something that will keep me well?” Some physicians have tried to crush this species of inquisitiveness by informing such persons that our business is simply to cure them when sick—that we only prescribe for present symptoms.

Now, what must be our position as progressive physicians? It is true that, of the three great classes of patrons, the last mentioned are very few in numbers, but daily their ranks increase. Clearly, we must be their leaders—must take the helm of their physical affairs, and pilot them clear of disease, if possible, or anticipate an attack by prophylaxis. With such, the bulk of our prescriptions will consist of advice and suggestions. And these should not be gratis. At a recent meeting of the Association for the Promotion of Social Science (Eng.), a communication was read, which advocated the adoption of the contract instead of the fee system. The plan is already adopted by some practitioners among us, especially the Germans, and is generally highly approved. The Chinese physician is paid for keeping his patron well. Really, is not this the true position of the physician? It will, undoubtedly, be our *future* position, and the people must comprehend and appreciate it.

This change is coming rapidly, and we must be prepared for it. We well know that diseases of the respiratory and digestive tracts, of the nervous system, etc., are on the increase in America. Why is this so? and can not they be prevented? What is the influence of temperature, occupation, locality, temperament, etc., in predisposing to disease in general, and certain diseases in particular? What hygienic and dietetic rules are applicable in one case, and why are they not so in another? When is the proper time for prophylaxis? Facts must be collected, and all these questions answered scientifically. No stereotype directions will do. Each person must have definite, individual rules. (A standard work on these topics is

wanted immediately.) This subject demands the especial attention of some of our best minds.

It may be urged, that although many diseases may be prevented and anticipated, still there are others over which we have but very little or no control. True; but is not the latter class growing smaller year by year. Some of the most fearful epidemics and endemic diseases of the past are now easily circumscribed.

Homœopathy has won laurels, by lessening mortality. Now she must meet the demands of the hour, by lessening disease—a much more difficult task.

SOCIETY REPORTS.

INDIANA INSTITUTE OF HOMŒOPATHY.

THIS Institute met, November 6th, at Indianapolis; Dr. Parker, Vice-President, in the chair.

The minutes were read, and approved.

Dr. Roberts was elected a member.

A letter was received from Dr. T. C. Duncan, delegated from the Illinois Medical Society, regretting his inability to be present; but he sent a very interesting paper on the "Provings of *Cochlearia Armoracia*." After a very interesting discussion, the thanks of the Institute were tendered to Dr. Duncan, for the interest he had manifested in its success, and for his valuable communication.

The committees appointed at the previous meeting not being ready to report, were continued, and the members of each committee were requested to send their reports to the respective chairmen, who will arrange and prepare such reports before presentation to the next meeting of the Institute.

The subject for discussion was then called up :

INTERMITTENT FEVER.

Dr. Eggert—The treatment of these fevers has been a stumbling block to many physicians, and every thing that facilitates more certain results, will be welcome by the profession. Hence, the value of personal experience, if properly arranged, can not be underrated, and every treatment, if well conducted, will teach a lesson to all.

In the treatment of individual cases, we have to individualize. In epidemics, even, certain remedies will be, in one year, principally indicated, while in the following year, hardly any indication may be found. I prescribed, during the last year, mostly *China*, *Sulph.*, *Ars.*, and *Eupatorium perf.* This year I hardly ever had occasion to use either of them. *Nuxum m.*, *Puls.*, and, in some cases, *Phos. ac.*, have done all that could be desired.

Another observation : I prescribed, last year, mostly the lower dilutions, while this year, I have succeeded, almost invariably, with the higher, say the 200th. Perhaps, if I had tried the higher dilutions in former years more persistently, and bestowed the care of to-day upon my cases, I might have been as successful as now, but time will show.

The characteristics of each of the above remedies are too well known to be repeated. Let me direct the attention of the Institute to a remedy hitherto unknown, at least, so far as I know. When traveling last year through Illinois, I visited a relative, who informed me of a remedy, by which he had, for years, cured a large number of cases that had resisted allopathic, eclectic, and homœopathic treatment. The remedy was one teaspoonful of *Cubebe*, mixed with an ounce of whisky, taken as soon as the chill commenced. This will work wonders, providing the following indications are present : (For the sake of brevity, the doctor refers the reader to the trans-

lation of *Cubeba*, by L. T. Houat, from the Dispensaire Hahnemann, found in the "Hahnemannian Monthly," Vol. II., p. 213.) The symptoms under "mind," "head," "face," "ear," "stomach," "hypochondrium," "stool," "urinary organs," "skin," etc., paint a most perfect picture of the worst cases of chronic intermittent, and, for such cases, I find the "*Piper*" a remedy *par excellence*. Dr. Burnham has tried it again and again, with like satisfaction.

There is one strange fact to be mentioned. Every symptom of such a fever can be traced in the proving referred to, but the symptom of "chill," with one exception, symptom 800, reads, "that with cold shivering, with partial perspiration." For some time I was doubtful whether to consider the remedy homœopathic, but, after due reflection, I argued, that a remedy need not cover *all* the symptoms of a given case, to stand in a homœopathic relation to it. If the majority of them, or even sometimes, only a few characteristics correspond, there is no fear of sinning against the Law.

I have the repute of being an adherent of high potencies, as well as the single remedy. Using the high potencies and the single remedy mostly, I find myself occasionally obliged to use the lower attenuations, also, to alternate. And the very idea of prescribing the "*Cubeba*" in teaspoon doses with whisky, has been so repugnant to my feelings, that I at once tried to modify the prescription. I made triturations from the crude, and dilutions from the oil; but was less successful with them. I do not deny their efficiency in many cases, but I had often to return to the original dose. (I promise now to try the higher and highest attenuations, and will report the result at the next meeting.) I feel convinced that the *Cubeba* is homœopathic to a majority of cases of chronic intermittent fever, particularly when *Quinine* has been largely abused, in spite of the proving, in which the chill is hardly mentioned, and, also, in face of the enormous dose. Some may still doubt its real curability, and consider it more of a suppression than a cure. To those, I would say, where the remedy controls the chill, and *cuts* it off, the patients feel like different men; their very features prove that a great revolution for the better has taken place. This fact will never be observed, where a fever, be it acute or chronic, has been suppressed.

Dr. Boyd—I have practiced in malarious regions for the past twenty-two years, and have found that *Quinia*, or some preparation of *Cinchona Bark*, met the cases oftener than any thing else. I have been in the habit of using a pill composed of the pure extract of *Cinchona* or *Cinchonine* and *Ipecac*; half a grain of the former to one-fourth grain of the latter. This pill being sugar-coated, I found very useful with the soldiers during the war, and had them manufactured in large quantities, and supplied several physicians of different schools with the pills, who all speak highly of them. In this disease, I have also used *Arsenicum*, and, in some cases, *Nux Vom.*, with good effect.

Dr. Eggert—I wish to know if there is any provings of *Quinia* and *Ipecac* in combination, and if not, is it homœopathic.

Dr. Boyd—We have not a proving of both these remedies in combination, but I have found them both indicated in the same disease, and although some might call in question the strictly homœopathic nature of the remedies, I have been invariably successful with them, and see no reason, if two remedies are indicated in the same disease, at the same time (as the irritability of the stomach in fever and ague), in place of using the remedies alternately, at short intervals, why not use them in combination. I wish to know if Dr. Eggert has any provings of *Cubeba* that led him to adopt it as a remedy for this disease, but rather had he not been led to its use by being told of its effect by his friend in Illinois.

Dr. Eggert—There is a proving of *Cubeba*, as I already stated, and this proving shows clearly the similarity between the drug and the disorder. If Dr. Boyd can not see any difference in giving remedies alternately and in combination, I must suspect that he is not very conversant with the laws of chemistry. If Dr. B. will try this remedy empirically, as he did the combination of *Quinine* and *Ipecac*, he will probably throw these latter aside.

Dr. Roberts—I succeed best with *Quinia* and *Ipecac*; in a majority of cases both seem to be indicated.

Dr. Stockham—Diseases have different causes; chill and fever is different from intermittent fever—diet has much to do in causing disease. There is a large amount of effete matter in the summer passed off through the skin, but the cold weather of autumn comes on and contracts the pores of the skin, and thus the effete matter is not thrown off, the skin can not perform its duties; hence congestion of the spleen and liver. I use an emetic of *Tart. ant.*, and thus get rid of the effete matter. I also use *Podophyllum*, or *Mercur. dulc.* 2d. I seldom use *Quinia*.

Dr. Burnham—I have treated Intermittent Fever more or less the past fifteen years, and have used remedies in all forms, from the crude drug to the 5000th attenuation. Have used *Piper cubeba*, but succeeded with it only in long standing cases, that had taken much *Quinine*, when the liver and spleen were swollen and very tender to the touch; also, swelling of the abdomen, with hardness, colic and cutting pains in the hypogastric region; with flatulence, weakness in the kidneys and loins, attended with dragging pains and great prostration. In such cases, the effect was very prompt and satisfactory.

To illustrate: A man stated that he had been having intermittent fever almost constantly for two years. Contracted it in Florida; had taken, to use his expression, "My stove full of *Quinine*, *Calomel*, and their various combinations," with no permanent effect. The case presented most of the symptoms above detailed, and I gave him one dose of the *Piper cubeba*, and in two days time he resumed his business, and has not had a recurrence—now several months. I have prescribed the oil and triturations, but with less satisfactory results.

For the past two years I have been studying my cases closely, and depending more on the high potencies, and I have had more permanent and satisfactory results, when the remedy was well chosen; whereas, in the use of the crude drug or low potencies, the fever was more apt to return.

As cases fairly reported from clinical experience are what we want, perhaps it will not be amiss to detail some in point.

During the month of August last, I was called to visit a man who was said to be in a "sinking chill." My patient was a man of sixty, rather fleshy, naturally robust. This was the third paroxysm, which commenced about 10 A. M. The symptoms clearly indicated *Natrum Muriacum*. I gave him a few pellets of the 30th potency, dry on the tongue, and at the expiration of half an hour he had so improved I thought it safe to leave, and dissolved some pills in half a glass of water, ordering it to be given—one teaspoonful every two hours. He had no more chills, and made a rapid recovery. I treated a lady who contracted the fever in Southern Illinois, and has had it nearly all the time for a year; taken the usual allopathic remedies with no relief. Tertian type recurring in the morning. Dirty, sallow complexion, bursting headache, blisters like pearls on the lips, intense thirst, etc.

Gave *Natrum mur.*, 30th, a dose every four hours, for two days. Slight indications of its return at the usual time; gave it only morning and evening. At the expiration of ten days, she was quite well, with the exception of numbness of the left side, with which she had been afflicted a long time. Prescribed *Lachesis*, 12th, one dose, night and morning. She reported entirely relieved in two days, and has been quite well since, in every respect.

Have had very satisfactory results from *Lachesis*, with the 12th, 30th, and 200th potencies, in cases that have taken *Quinine*, and where the paroxysms recur spring and fall. I have succeeded in some cases of fever of the most severe type, where *Quinine* had been taken with only temporary relief, by giving *Lachesis*, 30th, and *Pulsatilla*, 30th, in alternation, when neither remedy would cure, given alone.

Acting upon the suggestions of Dr. Hering, where I find three very prominent or characteristic indications for a remedy, giving it, I have seldom been disappointed.

Dr. Boyd—I believe in the individuality of disease. Chill and fever, intermittent fever, and congestive chill are the same disease, from the same cause, and require the same treatment; whether the chill comes on in the morning, at midday, or in the evening, these different times of the day have little to do with the treatment; so also with the accidental symptoms, produced by some idiosyncrasy of the patient. I sometimes give an emetic of tepid water, to relieve the stomach, if indicated. I have not seen any good effects from the higher attenuations in this disease, but I have seen patients (treated by high attenuations), with chronic gastritis, the hair falling from the head and eyebrows, etc., caused by low attenuations of *Arsenicum* and other accumulative medicines.

The law of "*Similia*" is the guide in the selection of the remedy, but we should depend upon the peculiar pathognomonic symptoms in each case. What we want is rational Homœopathy. The books are filled with symptoms, by drug-provers, that have no relation at all to the disease, and thus the mind of the student or young practitioner is confused, but not instructed.

Imagine a physician, by the bedside of a patient who is suffering with intermittent fever, inquiring "have you had itchings of the right ear, or flatulency, or borborygmus this afternoon; or itching of the great toe last night; or yawning at any time of the day," etc. We should seek for the pathognomonic, or characteristic symptoms of the disease. This tells what the disease is, and then the peculiar, or pathogenetic symptoms of the drug. If these correspond, you have the means that will cure your patient; then use just the quantity that will produce the cure, and no more. There will be no drug symptoms to overcome afterward, as in the case of the Irishman, who was "sick for a month after he got well." In cases of intermittent fever, we may look for congestive chills occurring at any time. Now, shall we experiment with the 20th, 30th, or 200th attenuation of a remedy that *sometimes* cures, and thus let the patient run the risk of a sinking chill, and probably death,

Philosophy, humanity, and our responsibility to God, require that we should use a remedy whose efficiency has been tested, and is established beyond question. We know that the use of *Cinchona* is perfectly homœopathic in the cure of intermittent fever, and it was this remedy that first directed Hahnemann to the perfect law of cure.

Dr. Eggert—Dr. Boyd believes in the individuality of disease, and still chill and fever, intermittent fever, and congestive chill, are all the same to him. A strange way to individualize, indeed! Individual cases require individual remedies, but he applies to them all *Quinine* and *Ipecac*, and to make the prescription a little more palpable, he uses a little *Ars.*, and *Nux.*, occasionally. Surely if I was not in an assembly of so-called homœopathic physicians, the friends of the other side would not fail, after what has been said, to receive some of the members with open arms. Allopathic physicians could not well object to arguments like these; although they would not find any thing new in them, for, in theory and practice, they are very old.

Dr. Boyd does not believe in the importance of subjective symptoms; they are all accidental to him, but the pathological symptoms are his only guide. What does the doctor know, in reality, and for a certainty, about the pathology of intermittent fever?

Dra. Boyd and Stockham's arguments are very much similar in principle, but the former classes chills and fever, intermittent fever, and congestive chill together as one disease, the latter, however, asserts that the above diseases differ. The one uses a compound of *Quinine* and *Ipecac*, with occasionally a little *Nux.* or *Ars.*, and the other needs no *Quinine* at all, but causes vomiting first, and follows it up with *Pod.* and *Merc. dulc.* Such is the result of a reliance on pathology alone.

If I understand homœopathic practice, it is first, if possible, ascertain, with all the science at command, the pathological condition in the case, then to take such symptoms, together with the subjective symptoms, and

then select the remedy. But if the pathological conditions can not be ascertained to a certainty, then, I think, the subjective symptoms should be the only guide. Thus it is that skilled practitioners of our school, although they may differ in regard to the pathology of a given case, find, almost invariably, the same remedy indicated.

The dose, of course, will have a great deal to do with it, but as this question is still an open one, I will say nothing more about it.

Dr. Parker—I think that what we want is practical experience. Theories are good only when they lead to practical results. I have found that the disease yielded to one class of remedies at one time of the year, and to another class at a different time.

When practicing in the South, many years ago, I met with Dr. Davis, an experienced homœopathic physician of New Orleans, who was very successful in treating this disease. He used *Quinine* and *Ipecac*, in a pill, in combination, and had no trouble in controlling the disease. I also use the same remedy, and can bear testimony to its efficiency. I have used *Arsenicum*, from the higher attenuations down to drop-doses of the aqueous solution, with good success.

In some cases, worms seemed to be the exciting cause, I then use *Santonine*, and this also cured the patient. I think that impure gases have much to do in causing this disease, as, for instance, carbonic acid gas.

Dr. Burnham then read the following very interesting letter:

DEAR BRETHREN,—Owing to severe indisposition, I am detained from meeting with you. My whole soul is with the movement, and nothing short of my present feeble health would keep me away. I am very anxious about the present meeting, and do not know how to forego the pleasure of being with you.

There are a few points of interest for the Institute to consider, such as the petitioning of Congress for our legitimate rights as a medical organization in the United States army; the educational standard of our profession; its moral and religious aspects; for truly nothing is better calculated to advance our true interests as Homœopaths, than that of strict moral habits, open confession of Jesus Christ before men, with a firm desire to do good for the sake of godliness, and shunning evils, because they are sins against God. Strictly following these injunctions, will, most assuredly, bring our beloved art prominently before the thinking world, and give us such a position which all allopathic minds could never successfully assail. Enjoin morality on all Homœopaths, and affix penalties for immoralities; also, the States should be districted, if possible, to ascertain all the practicing Homœopaths within its boundaries.

Further, though not least, I noticed lately in the "University Journal," of Philadelphia, that a general convention of physicians was called, and accordingly met, both Homœopaths, allopaths, and eclectic, all in what was called, beautiful *harmony*. At said convention, they sagely concluded to abandon the specific names of Homœopath, allopath, and eclectic, and substitute therefor physician and surgeon. I deprecate all such proceedings with my whole soul, and under no circumstances whatever am I willing to sell out to dying allopathy. It feels the rapid strides of Homœopathy upon its inner chambers, and now, therefore, would effectually wound us to the heart, if possible, and gain laurels by our defeat.

Let me conjure you not to yield one inch, but, upon the other hand, put your homœopathic foot upon it firmly and perpetually, until every allopath is driven into close quarters.

May the good Lord bless the institute, is my prayer.

Yours fraternally,

O. P. BAER, *President*.

On motion, the thanks of the Institute was tendered Dr. Baer for his advice, and the hope was expressed that he may be speedily restored to health, and that he may be able to attend the next meeting of the Institute.

On motion, Drs. Baer, Boyd, and Burnham, were appointed a committee

to petition Congress to pass a law so that the sick soldiers and sailors of our army have the benefit of the homœopathic practice in the United States hospitals.

On motion, the following persons were appointed to attend the homœopathic medical societies of other states:

Missouri, Dr. J. T. Boyd; Illinois, Dr. Stockham; Ohio, Dr. N. G. Burnham; Michigan, Dr. W. Eggert; Wisconsin, Dr. F. H. Roberts.

On motion, adjourned, to meet at Indianapolis, on the second Wednesday in May, 1868. N. G. BURNHAM, *Cor. Sec.*

PERISCOPE.

STRANGE LIBERAL MINDEDNESS.—Dr. H. R. Storer's second class presented him a series of resolutions, and the following preamble:

"Whereas, An unjust prejudice, founded partly on ignorance and professional jealousy, and partly on a false conservatism, exists in the minds of many of our profession against those who give special attention to the diseases of women. * * * In taking a bold stand, as a uterine specialist he (Prof. Storer), has incurred a certain degree of misrepresentation and abuse." In one of the "resolutions" they glory in his act of refusing admittance to an irregular practitioner "*although presenting diplomas from regular schools!*" That is orthodoxy. No more "abuse" for this "specialist."

GALL-STONES.—These products are very frequently met with, especially in patients at the East. Why this frequency?

NEW REMEDIES.—The rage for new remedies has gone East. In the transactions of the Massachusetts Medical Society Dr. Thayer had used successfully, in cases of gonorrhœa, oil of *yellow sandal wood*. Drs. Thayer, Woodbury, and Morrill had used *moose-bush* (*Dirca palustris*) in sick-headache. Drs. Cushing, Shattuck, Thayer, and Scales had treated rheumatism successfully with *Artemisia abrotanum*. Dr. Russell spoke of *Oleum origanum* as an efficacious remedy in spermatorrhœa.

GALVANISM.—If the current is too powerful or too long continued it invariably weakens the strength and tone of paralyzed muscles.

DYNAMOMETER is a new instrument for testing the strength (muscular power) of paralyzed or partially paralyzed persons.

DIGITALIS IN INSANITY.—Dr. Peck, of the Central Ohio Lunatic Asylum, has found this a good remedy in paroxysmal insanity attended with a high degree of delirium.

BROMIDE OF POTASSIUM has proved a good remedy in acute mania, and in some forms of melancholia.—(*Dr. Hammond.*)

CELL DERANGEMENT AND SOFTENING OF THE BRAIN resulting in paralysis or mental aberrations, are liable to occur from using the mind to excess.

SLEEP results from a diminished amount of blood circulating through the cerebral vessels.

A NEW FUNCTION FOR THE BLOOD.—Dr. Hammond thinks that the blood is the means for the transmission of mental impressions from the mother to the fœtus in utero.

PHYSICIANS IN THE BRITISH ASSOCIATION FOR THE ADVANCEMENT OF SCIENCE.—What struck us very forcibly, at this meeting, was the amount of work done in *all branches of science* by the members of our profession. Of the three professions, Law, Divinity, and Physic, the latter only numbers among its followers the "Bees of Science," if the expression may be allowed. For industry, labor, research, a spirit of earnest inquiry, and indomitable perseverance—necessarily engendered by the habits of training for study—are the peculiar characteristics of the medical philosopher.—*Canada Medical Journal.*

LOCAL REPORTS OF DISEASE.

PEKIN, ILLINOIS.—During the month of January we have had scarcely any sickness. The prevailing diseases have been pneumonia, pleurisy, influenza, and last, but not least, quinsy. There has been a number of cases of the latter disease, and some of my patients have almost insisted they had diphtheria, and, perhaps, some physicians would have agreed with them. The remedies proving efficient in all cases are, *Mercurius protiodatus*, 2nd dec. trit., in alternation with *Bell.*, 1st dec. dil., and sometimes the *Iod. merc.*, in alternation with a topical application of *Kali bichromicum*, in solution. I would here take occasion to remark, that the second decimal trituration of *Sanguinaria*, snuffed up the nostrils, is often very efficient in that very troublesome affection, influenza, and in nasal catarrh also.

S. J. BUMSTEAD, M.D.

LA CROSSE, WIS.—We are having an epidemic of sore throat, "Angina maligna," something resembling diphtheria, with the exception of the constitutional symptoms, which are not so severe. Also some fever cases of scarlatina simplex. Remedies used, *Kali bichromicum*, *Merc. Biniod.*, *Bell.*, and *Acon.* Those have been very successful, so far.

T. P.

FARMINGTON, ME.—It still continues healthy—only a canker-rash epidemic, yet so mild that it requires nothing more than domestic treatment, or care—with us. Said our oldest physician, a few days ago, to me, while on our way to an adjoining town, professionally, to one of my patients: "There is nothing a-doing scarcely any where about here." We, of the different schools of medicine, meet, and advise, without let or hindrance, other than ourselves.

O. W. T.

January 28.

FORT WAYNE, IND.—For the last two months we have had catarrh, both bronchial and nasal; now we are having measles, next (judging from the weather), will be erysipelas. The catarrhs have yielded promptly to *Bell.*, *Bry.*, *Merc. viv.* and *Lachesia*. All the cases of measles have been amenable to *Acon.*, *Bry.*, and *Pulsatilla*.

It has, however, been pretty healthy here this winter.

February 4, 1868.

G. W. BOWEN, M.D.

PERSONAL.

DR. M. M. MATHEWS, Rochester, N. Y., died November 23rd

DR. J. M. LUCAS, La Crosse, Wis., died, December 8th, of heart disease and liver complaint.

DR. T. NICHOLS, Belleville, Canada, Prof. of Physiology and Ethnology in Albert Medical College, receives Hale's first prize for the best physiological proving of *Ptelea*. The other prizes have not been awarded.

DR. HAYNEL's likeness and biography (by Hering), will grace the April number of the "U. S. Medical and Surgical Journal," so the editor-in-chief informs us. Dr. Haynel is the only surviving member of Hahnemann's students.

G. W. FOOTE, M.D., has removed from Galesburg, Ill., to this city.

S. P. COLE, M.D., formerly of Janesville, Wis., has removed to the southern portion of this city.

H. C. ALLEN, M.D., having resigned the chair of Anatomy in the Cleveland Homoeopathic College, has, we are informed, been tendered a unanimous call to the same chair in the Hahnemann Medical College of this city.

THE firm of Drs. Small & Hale, of this city, is dissolved. Dr. Small & Sons, and Drs. Hale & Brother, are the new firms.

J. G. MALCOLM, M.D., removed from Holly to Flint, Michigan.

THE
MEDICAL INVESTIGATOR.

VOL. V.—APRIL, 1868—No. 55.

MEDICAL JURISPRUDENCE, AND MEDICAL
EVIDENCE.

HAVING recently been compelled to appear before the Criminal Court, with about twenty other physicians (in a case of charged rape), to answer questions then and there propounded, my attention has been called to the importance of being thoroughly posted in regard to medico-legal matters. The conduct of the attorneys towards medical men is highly censurable, and not what it should be to members of a profession equally as honorable, and more important than their own. Medical men, however, are themselves in a measure chargeable for their want of courteous treatment from the interested attorneys. They frequently go upon the stand with a doubt and distrust of their own abilities, deficient in knowledge of court etiquette, fearing they will be shorn of all the reputation they have, or expect to have, feeling a dread of the terrible Law, and apprehensive of the horrible *cross*-examination to which they must be subjected. All this has a tendency to disconcert and embarrass, in a measure, a physician who may be master of the situation in a sick room, and whose whole life is one of unlimited freedom, untrammelled by no restraint, except his own conscience (and his limited means).

I have seen perhaps fifty medical witnesses on the stand, and very few of them went there feeling at ease, and that they were equal, if not superior, to those around them, as physicians should

feel, if able to bring the benefit of a full store of reading and personal experience to their aid.

My feelings have been excited to pity (in the trial lately pending, which required nearly two weeks to get the medical evidence in), for some of the disciples of Esculapius, who, by their timid and reserved manner, seemed to indicate they were fearful of being devoured alive.

All this should be remedied; and, in my case, after seeing others pass the ordeal, I resolved to be amply qualified on all points at issue, which was easily done by a few hours' review; and when called upon (as I was, by both sides), I felt fully impressed with the belief that I knew more in regard to the medical points in the issue than all the legal gentlemen engaged in the case. My examination was extensive, and so lucid and pointed that, in the summing up of the evidence, my statements were not questioned, but, on the contrary, were highly complimented, by both parties, for clearness and fullness.

Since the rendition of the verdict, I have been frequently congratulated, and great surprise expressed that a Homœopath should be better qualified than an old school physician.

This is a field in which the reputation of our school of medicine can reap a rich reward, and secure a great advance toward a more public recognition; the more so, from the fact that the allopathic colleges are crowding through, in a spirit of rivalry, and with "indecent haste," many poorly qualified men, to go forth and be a lasting disgrace to the college and to the profession.

As Demosthenes, when questioned as to what constituted eloquence, replied, *action*, ACTION; so would I say to all who may be called before a court, *qualify*, QUALIFY. A few works attentively read, more self-confidence, with a respectable show of the gentleman, with a physician's innate politeness, and no one need hesitate to take the witness stand, fearful of the affair resulting to his discredit.

A medical witness is usually allowed the privilege of explaining to the judge, or jury, his reason for his opinion, which he should not fail to do, as he is better conversant with the professional issues than most attorneys. No one need be in a hurry about his answer, but a ready reply shows familiarity. A direct answer, yes, or no, can, if desired, be avoided, by stating the impossibility of comprehending all the surrounding or conflicting

circumstances, or by starting side issues (as we sometimes do in the sick room, to avoid answering a leading question).

I regret being obliged to allude to myself, to point my moral, but hope the younger members of our honorable and rapidly spreading school, may take note, and *qualify*.

FORT WAYNE, *February*, 1868.

G. W. B.

A CASE OF PUERPERAL FEVER.

BY F. RICE, M.D., WASHINGTON, IOWA.

MR. EDITOR,—I was called, February 9th, to see Mrs. ———, aged about twenty-eight years, and the mother of five children. She was confined five days previously, a midwife being in attendance. She had taken a teaspoonful of Epsom salts the next morning after delivery, and twice daily thereafter until I was called.

Two days after delivery she was taken with a chill, followed by fever, thirst, loss of appetite, and pain in the abdomen, very acute in the right iliac region. The tenderness at this locality was very great. The whole abdomen was swollen, and somewhat tender to the touch. The pulse 106. The lochia scanty and pale. The breasts were both hard and swollen, the right one quite painful. Had spasms every few hours. The patient and friends very much alarmed. She imagined there was a large tumor left in the abdomen. She thought the midwife had not done her duty, and therefore the fever. How that was, I do not know, but I detected one thing that should not have been done. A heavy, tight bandage had been put about the abdomen, which I immediately removed, and prescribed *Acon.* and *Bry.*, to be taken in alternation, every hour for a few times, then the interval was to be lengthened to two hours.

February 10th.—The symptoms are all mitigated; pulse 98, pain and swelling of abdomen less, the breasts natural, but the spasms still continue. Gave *Gels.*, a few drops of the strong tincture in half a tumbler of water, to be taken every hour.

February 12th.—Free from pain, fever, and all the other symptoms. Appetite good. Pulse 64. Had but two spasms after taking the *Gels.* Discharged cured.

A MEDICO-LEGAL SOCIETY.

DEAR INVESTIGATOR,—It may interest your readers, if I give you a short account of an association here, called the “Steele County Medico-Legal Society.” I am not aware of there being a similar institution in the country, save one in New York city.

We meet fortnightly, to discuss topics connected with forensic medicine, read essays, and the like. Our officers are one president, one scribe, and two censors. Our censors—in addition to the duties performed by such officers in medical societies—report subjects for essays, and questions on medico-legal topics. The president appoints the essayist for the next evening, and a member to answer the “query”—as we call it. Both essay and query are written on “sermon paper,” of a uniform size, paged continuously, with uniform headings, are indexed, and, at the end of the society year, are bound in separate volumes. There are no fees or dues of any kind, the by-laws providing for special assessments for the purchase of essay paper, and any new books on medical jurisprudence. All *graduated* physicians, of any school, and lawyers in actual practice, are eligible to membership.

Our last meeting was devoted to the subject of “Poisons,” opened by an appointed paper, read by myself. The essay for our next meeting will be “The responsibility of the insane in criminal cases;” and the query, “What is mal-practice.” If the discussion should be of interest I will send you a synopsis of the proceedings.

These societies should be multiplied, and we should have state and national organizations. Let the physicians and lawyers every where give it their attention; apart from the influence that could be exerted on legislation by such means, other benefits to both professions would be the result, and the information we would both win would be of incalculable benefit. I have seen physicians make such humiliating spectacles of themselves in the witness box, that I have got up “quite an excitement” on the subject.

Yours truly,

J. GRANT GILCHRIST.

OWATONNA, MINN., *Feb.* 14, 1868.

PRACTICAL HINTS.

BY O. W. TRUE, M.D., FARMINGTON, ME.

SOAP FOR THE SPECULUM.—In several medical journals this is advised, without any directions or cautions as to its use. Lubricating the speculum in anal or vaginal examinations would be objectionable—subjecting the patient to needless suffering. I have used for more than ten years soap, diluted in water, of the desirable temperature for each particular case, so to give a little lather (a heavy lather is objectionable) on the water, finding it preferable, in many respects, to oil.

IODIUM IN LEUCORRŒA.—Do not wait till you meet with a case where the discharges are such, that, “corroding the linen” is a symptom, as directed in that great work—Raué’s Pathology—page 418, before using this remedy. It is probably a slight mistake.

THE MODE OF THE ACTION OF ANIMAL POISONS.

BY F. A. LORD, M.D.

As having a bearing upon the important question in regard to the material or immaterial nature of diseases, and their causes, now being so ably discussed in the pages of the “U. S. Medical and Surgical Journal,” by a well known writer, the following extract from the “Australian Medical Journal,” by Prof. Halford, of the Melbourne University, will be of interest: “The melancholy accident which so lately happened with the cobra-di-capella, induced me to make some experiments and observations upon the actions of the reptile’s poison. When a person is mortally bitten by a cobra-di-capella, molecules of living ‘germinal’ matter are thrown into the blood, and speedily grow into cells, and as rapidly multiply; so that in a few hours millions upon millions are produced at the expense, as far as I can at present see, of the oxygen absorbed into the blood during inspiration; hence the gradual decrease and ultimate extinction of combustion, and chemical change in every other part of the body, followed by coldness, sleepiness, insensibility, slow breathing, and death. The cells which thus render, in so short a time, the blood unfit to support

life, are circular, with a diameter, on the average, of one seven-teen-hundredth of an inch. They contain a nearly round nucleus of one two-thousand-eight-hundredth of an inch in breadth, which, when further magnified is seen to contain other still more minute spherules of living 'germinal' matter. In addition to this, the application of magenta reveals a minute colored spot at some part of the circumference of the cell. This, besides its size, distinguishes it from the white pus or lymph corpuscle. Thus, then, it would seem that as the vegetable cell requires for its growth inorganic food, and the liberation of oxygen, so the animal cell requires for its growth organic food, and the absorption of oxygen. Its food is present in the blood, and it meets the oxygen in the lungs: thus the whole blood becomes disorganized, and nothing is found after death but dark, fluid blood; the fluidity indicating its loss of fibrin, the dark color its want of oxygen, which it readily absorbs on exposure after death. It results, then, that a person dies slowly, asphyxiated by deprivation of oxygen, in whatever other way the poison may also act, and so far as the ordinary examination of the blood goes, the *post-mortem* appearances are similar to those seen after drowning and suffocation. I have many reasons for believing that the *materies morbi* of cholera is a nearly allied animal poison. I hope also to show the presence of the poison of our snakes in the blood of bitten and inoculated animals, and to make some experiments on the possibility of saving life."

It would seem from this that here, at least, is a *material cause* of disease, not guessed at, but which can be seen and measured, counted and colored with magenta. How will Dr. Wells dispose of this?

CHICAGO.

PERI-CEMENTITIS.

Peridentitis—Alveolo-Dental Periostitis—Peri-Odontitis.

BY HENRY S. CHASE, D.D.S., M.D., ST. LOUIS.

THIS is a disease which the dentist is often called upon to *treat*, and about which the general practitioner is often called upon for advice. The latter would oftener prescribe for the case than he does, did he know of the means of cure, and were he better acquainted with the disease.

PERICEMENTITIS is an inflammation of the delicate tissue which covers the roots of the teeth. This tissue holds the same relation to the cementum of the root as the periosteum does to bone. It is of a much more delicate structure than periosteum.

This disease is peculiarly frequent among those of scorbutic, scrofulous, and rheumatic diathesis. Also in those who have impoverished their blood by excessive *drink*.

DIAGNOSIS.—The tooth is sore to touch. There is pain on occlusion of the jaws. The tooth seems longer than the rest, and it really does protrude from the socket more or less. There is seldom pain from cold water, either by drinking or by a stream from a syringe. The pain is almost always located in the really offending tooth, which is not always the case in some other forms of toothache.

CAUSES.—Aside from the general causes produced by constitutional conditions, it may proceed from blows; inflammation of the dental pulp; inflammation of the gums; from excessive bodily exercise; over-mental excitement; sexual excitement. From inflammation of the lining membrane of the antrum; from “taking cold.” Excessive mercurial medication is a very common cause, also; but the most common of all is the *death and retention* of the dental pulp in the tooth.

When the pulp (nerve) of a tooth dies from repeated inflammation, it also putrifies, if not removed from the pulp chamber, and as it decomposes, the gases penetrate the forameni of the roots, and excite inflammation in the pericementum. The decomposed fluid remains of the pulp also find their way through the root canals, and produce the same results.

The same thing occurs when an ignorant or dishonest dentist destroys the pulp with *Arsenic*, and leaves it in the tooth to decay, instead of removing it as soon as devitalized.

PATHOLOGY.—Whether it is from one cause or another, there is irritation of the delicate pericementum. The connective cells of which it is principally formed take up undue supplies of food; there is, consequently, swelling of tissue; and as it surrounds a bony substance, and is itself surrounded by the alveolus, there is pressure, causing pain in its nerves, which are abundant. If the shape of the roots render it possible, the tooth is protruded to a greater or less degree from the socket, and this often increases the pain in another way; namely, by stretching the nerve which enters the root canal with the root vessels.

When this is the case, we may have neuralgic pains located in the other tooth on that side of the face.

If the disease continues, there will generally be pus differentiated. If in small quantity, its cells may dissolve, and be absorbed. If abundant, they may force their way out between the root and alveolus, and a weeping of pus take place at the margin of the gum. This is *Suppurative Peri-cementitis*, and is often called alveolar abscess.

If the abundant pus does not exude in this manner, it forces its way out through the solid substance of the alveolus, and finds a temporary home in the loose tissues outside.

When there has been *active* inflammation, this will take place about the fourth day. In chronic cases, this exit of pus may not occur for weeks or months. When it does take place, in acute cases, there is an immediate cessation of pain, and a real alveolar abscess.

In this paper I shall not describe the latter condition, but reserve the subject for the future.

THE TREATMENT must vary according to the causes which produced the disease, and according to the conditions of the constitution. To consider all these would carry me far beyond the bounds proper to a paper suited to this journal.

If the disease is located in a *crowless* root, the latter had better be extracted, unless it is that of a canine or incisor. If either of the latter, it may be important to preserve them, for the purpose of engrafting upon them an *artificial crown*.

LOCAL APPLICATIONS.—If the tooth has a crown with a *cavity of decay*, cleanse the latter by small excavators, and syringe out thoroughly with warm water.

The septum of dentine between the cavity of decay and the pulp chamber (nerve cavity) must be removed with drills or excavators. All debris of pulp or food must be removed. Syringe with warm water, thoroughly, the pulp chamber and root canals; then introduce on a bit of cotton a saturated tincture of tannic acid, and tinct. opii, aa, endeavoring to fill the roots with the medicine. Leave the cotton in the cavity for a day or two, at which time the disease will probably have been cured.

If there is very much congestion of the gums about the tooth, lance them, but not otherwise. I make no dependence on local bleeding.

The feet, in severe cases, should be placed in hot water.

No fomentations or poultices should be used about the face or jaws. They are very mischievous, often causing a greater production of pus, and a diversion of it to the part fomented. Unsightly scars on the cheeks are not an unfrequent result of the practice. Collections of pus are thus formed, and an alveolar abscess the result. Resolution is what is desired.

Patients generally suffer with this disease a day or two, before applying to the medical man, and immediate measures must be taken to cure, otherwise an alveolar abscess will result.

If the tooth is *undecayed*, the only *local* treatment it should have is this: With a smooth probe take up some of the strong tincture of *Aconite*, and pass it around the tooth, at the margin of the gums. Or with any instrument that will hold a bit of cotton wet in *Aconite* do the same. If the tooth has a plug, and no opening into the pulp chamber, use the same local application. If the patient knows that the *pulp* has been destroyed, it is presumable that there are irritating gases in the pulp cavity or root canals, unless the latter have also been plugged.

In this case the plug may have to be removed, or a minute opening made into the pulp chamber by a small drill. I decidedly object, however, to the latter operation, and would not resort to it excepting in extreme cases, which need not here be mentioned.

The removal of the plug, or making an artificial opening, would allow the exit of irritating gases. The odor of them is that of sulphuretted hydrogen. The pain and inflammation often subsides immediately after giving these gases exit.

INTERNAL REMEDIES.—In simple peri-cementitis, I rely on a single medicine, namely, *Mercurius vivus*, 3rd dec. This I have found to cure nineteen out of twenty cases, even when there have been no local applications whatever. In using *Mercurius vivus*, I prescribe two grains every hour, until better. Even in the suppurative stage I know of no remedy equal to this. In that form of peri-cementitis *caused* by *Mercury*, it is needless to say that *Mercurius* should not be used, but rather *Nit. acid*, *Iodine*, *Iod. potass*, *Amm. iod.*, etc. I am rarely obliged to give more than eight powders. The most of cases are relieved by the third dose, and not unfrequently cured by the first.

216 North Sixth St.

QUININE IN NEURALGIA.

BY RICHARD HUGHES, M.D., BRIGHTON, ENG.

Mrs. Des V——, *æt.* about 50, consulted me on December 12th. About a week previously she had had a chill, the immediate effect of which was a cold in the head. With this her appetite had gone off; and, in a day or two, a pain had set in above the left eye, which after wandering about for a little, had become a periodical supra-orbital neuralgia. For the last three days the pain had come on daily at noon, and continued until between 4 and 5 P.M. It shot from the supra-orbital foramen up the scalp on the same side, and one spot over the parietal bone was especially painful, and tender to the touch. The eye did not become bloodshot during the attacks, nor did it water; but the eyelids quivered much.*

I found the appetite quite absent, a clammy taste in the mouth, and the tongue rather thickly coated with a grayish fur. The urine was loaded with lithates; but the bowels were normal. No other symptoms worthy of note were ascertainable.

I prescribed *Kali bich.*, 6th, a drop four times a day. The history of the case, beginning with a catarrh involving the congestive organs, led me to this medicine; and the local symptoms confirmed its choice. "The chief local pains," says Dr. Drysdale in his arrangement of the pathogenesis of *Kali bich.* (Hahnemann *Materia Medica*, part 1, page 10), "seem to have their seat in the interior tissues of the head, especially over the left orbit." In the therapeutic appendix he gives two cases of supra-orbital neuralgia in which it proved curative, and says, "it seems quite specific in many varieties." It is interesting to notice, in connection with the gastric symptoms, that it is in the supra-orbital nerve that some persons experience pain when they take ice into the stomach.

December 14th.—The tongue was cleaner, and the appetite better; but the attacks of pain had recurred, without diminution or variation. Continue *Kali bich.*

16th.—The gastric symptoms now quite removed, but no real change in the neuralgia. The periodicity of the paroxysms, and

* The distribution of the supra-orbital nerve readily accounts for all these phenomena.

the lithate-loaded urine, were the only symptoms upon which I could found my choice of a remedy. They led me to *Quinine*, which I prescribed in the 3rd centes. dilution, a drop four times a day.

18th.—Since beginning the *Quinine* there has been hardly any pain worth mentioning, but during the usual hours of attack there has been an occasional stab in the brow, and quivering of the eyelid. Continue.

21st.—No supra-orbital nerve symptoms have appeared these three days. The urine is much clearer, but not yet normal. To continue the *Quinine* till the lithates have quite disappeared.

I have already (Manual of Pharmacodynamics, p. 224), called attention to the presence of lithates in the urine as constituting *cæteris paribus*, an indication for *Quinine*. The phenomenal fact I derive from Noack's proving of the drug; its pathological significance I do not see my way to.—*British Journal*.

CLIMACTERIC MENORRHAGIA.

BY B. F. PARKER, M.D., PHILADELPHIA.

In the early part of my practice, and for many years, I met with a class of patients, from forty-three to forty-five years of age, who suffered from a constant flow of the menses, about two weeks in every four, a constant draft upon the genital organs, which was accompanied with great disturbance of the nervous system, and of the general health. I examined for polypi, fibrous tumors and cancer, with the greatest care. I found it to be a peculiar menorrhagia, occurring especially at that period of life, when the functions of ovulation and menstruation were about to cease. I could find no organic disease upon which it appeared to depend. I consulted all the works to which I could gain access, both in our own and the French languages, with especial reference to this point; but found nothing satisfactory to aid me in its treatment. I find that, even at this time, none of our most recent authors, as Scanzoni, Bennett, McClintock, West, and Huett, or of the French authors, make any especial allusion to this peculiar type of menorrhagia, which I call the *climacteric menorrhagia*.

Climacteric menorrhagia occurs in the plethoric and the anæ-

mic, and I believe it is no more liable to occur in the one habit of the system than in the other. When this menorrhagia occurs in those of full habit, and continues, as it often does, two, three, or more years, the patient is reduced from a plethoric to an anæmic condition. It frequently renders the condition of the general system such that it is incapable of bearing, with the ordinary normal resistance, the shock of the little accidental injuries which may arise.

It sometimes appears in the form of violent exhausting hæmorrhage, to an extent almost equal to that which may occur in the puerperal state; this to be followed by an arrest of the menstrual function for two or three months, or longer, when a second hæmorrhage takes place, and so on. The system is thus reduced to a condition of anæmia, from which it arises only to be again brought down by this rupture of, and excessive hæmorrhage from, the capillary vessels of the uterus. In other cases the drain is less profuse and exhausting, and occurs much more frequently. These are no fancy pictures, but what I frequently meet with in actual practice.

A few years ago, I came to the conclusion, that this form of menorrhagia was due to no peculiar condition of the general system, was caused or accompanied by no organic lesion, and was uninfluenced by constitutional treatment. I then began to reflect, that the internal surface of the uterus, during the whole period of what is termed menstrual life, is subjected to a constant process of formation and development of the mucous membrane and its follicles; the decidua membrane, its exfoliation and reproduction, occurring, to a certain extent, at each menstrual period, and at each period of gestation and parturition, to a full extent; that this process might be interrupted, and that it was possible, and probable, that these forms of menorrhagia were due to the condition of the internal surface of the uterus. I now believe that this form of menorrhagia is due to an imperfect cicatrization of the lining membrane of the uterus, following the exfoliation which occurs at each menstrual period, and associated with increased vascularity of this membrane. In other words, I believe it is caused by a lesion of the internal surface. I commenced treatment in accordance with this belief, and its success convinces me that the theory is sound.

I have, within a few years past, conversed with certainly the most eminent uterine pathologists now living in different parts of

the world, and when the proposition has been fully stated to them, it has been accepted; and the treatment I propose is now being practiced in Edinburgh, London, and Paris, as well as by many in our own country.

The agent which I have been using exclusively for producing rapid cicatrization of the lining surface, for five or six years, is a solution of sulphate of zinc in glycerine thrown into the uterine cavity.

In regard to this treatment, I could give you a great number of cases in which the patients, in a state of extreme exhaustion, have been subjected to a great variety of constitutional and local treatment, but without effect, until, by means of this simple treatment, the drain upon the system has been arrested. In these cases of menorrhagia, I have not, in a single one, had to apply this method more than twice—*New Orleans Medical and Surgical Journal*.

REPORT AND DISCUSSION ON DYSMENORRHŒA.

Read before Cook County Medical Society, by T. C. Duncan, M.D., June 18, 1887, and communicated to the MEDICAL INVESTIGATOR by the Publishing Committee.

Definition.—The word dysmenorrhœa is derived from the Greek, and signifies a *difficult monthly flow*—menstruation preceded and accompanied by severe pain, either in the uterus or in other parts of the body.

Clinical History.—This disease attacks women of all ages—from the time of the first menstruation up to the climacteric—although it is most commonly met with in women about 30 years of age. It is not confined to one class of females: the married as well as the single suffer with it, but it is stated to occur most frequently in the latter class.

It occurs in women among the poor as well as in those of affluence, but it is oftener met with in the upper walks of life, especially in those women who have a well developed nervous system (encephalic temperament), and who live in luxury and in idleness. The Aborigines, Negroes, and other primitive races, are said to be strangers to the pains of dysmenorrhœa.

Symptoms.—The symptoms of this disease are usually acute, lancinating pain in the region of the uterus or ovaries, that may

be reflected to the stomach, giving rise to anorexia, nausea, and vomiting. The whole of the pain may be located in the mammæ, or in the head, accompanied with a heavy, bearing-down sensation in the uterine region, and numbness of the limbs, while the flow is intermittent. There is a full sensation in the head. The face is flushed, or very pale, and wearing an anxious expression. The patient may be quiet, or she may toss wildly about in a sort of hysterical mania. Hysteria is often a complication of this disease. Actual delirium is recorded as attending severe attacks of dysmenorrhœa. The flow is scanty, or profuse; expelled at intervals, in clots, shreds, or casts.

The symptoms will differ somewhat according to the variety of the disease.

Varieties.—The symptoms of this disease have led writers to divide it into several varieties, as congestive, neuralgic, membranous, rheumatic, and mechanical dysmenorrhœa.

It is not easy to mistake the symptoms of *congestive* dysmenorrhœa. There is usually pain, more or less severe, with bearing down, numbness of the limbs, anorexia, nausea, vomiting, flushes about the face, fever, and full and quick pulse. The discharge occurs in clots only, or there may be a clot at first, followed by a normal flow, or simply a gush, at first, followed by a steady, normal discharge. The pains simulate labor pains—violent, expulsive efforts are used to rid the uterus of the clot or mass. In this form the blood seems disposed to form clots.

As a rule, women of a full habit are most subject to this form of the disease. It is most commonly met with in the middle and lower walks of life, and generally follows the use of some vile drug, a cold, sexual excitement, etc. Inflammation of the ovaries often complicates this form of the disease.

The *neuralgic* form is a very common variety of the disease in this country. Women of a nervous or encephalic temperament—the nervous system, especially the front brain, well developed—young school girls, actresses—those who use the brain inordinately—and persons subject to violent mental emotions, are the victims of this form of dysmenorrhœa.

The approaching menstrual period is announced by shooting, darting pains through the ovaries and uterus. These pains, at times, increase until they simulate true labor pains, and increase with the flow. Hysteria is very apt to supervene, in fact it is a common concomitant. The severity of the symptoms of this

variety of the disease depends very much upon the nervous susceptibility of the patient. The countenance is usually pale, and wears that irritated, nervous look so familiar to every physician. The pain is not always confined to the uterus and appendages, but there may be violent headache instead, or severe pain in the mammæ, or in other parts of the body. The pulse is small and quick. The flow is usually intermittent, and may or may not contain clots. In some cases the irritation and excitation of the nervous system may be due simply to the presence of an extra accumulation of blood in the uterine cavity, and when this accumulation has passed away, all the pains disappear.

The *membranous* variety has recently attracted a good deal of attention, and we think much misunderstanding still exists in reference to it. The symptoms indicating this variety are restlessness, uneasiness, feverishness, weariness of the limbs, weight in the loins, with bearing down pains, and intermittent, violent expulsive efforts when a stringy, tenacious membrane, or a portion of a membranous cast, is expelled. Sometimes the casts are quite thick and well formed false-membranes, or it may consist of an exfoliated mucous membrane.

Some authors maintain that the mucous membrane of the Fallopian tubes and uterus is exfoliated at every menstrual period. Such may be the case with some females—may be physiological with them—but we believe it is the exception, and not the rule. A portion of the superficial cells is stripped off, we admit, but rarely the entire mucous membrane. Shreds of these epithelial cells are found in the discharges.

About the climacteric period this form of dysmenorrhœa is very apt to appear.

The *Rheumatic*.—It may seem like splitting hairs to call this a distinct variety. How does it differ from the neuralgic variety? In the latter variety the nerves themselves are the seat of the disease, while in the former variety the blood and tissues contain the cause—an excess of some acid, as oxalic, lithic, lactic, etc. The attacks of this variety are usually attended by rheumatic symptoms in other parts of the body. The symptoms are: quick pulse, hot skin, pain in the abdomen, back, and hips, bearing down, attended with interrupted spasmodic pains, relieved by the flow. The urine contains a large amount of the acid salts. The peculiar acid smell is present in the perspiration and menstrual secretion as well as in the urine. This blood will not coagulate, is thin, and very fluid.

This form of the disease is not so frequently met with as either of the other varieties.

The *obstructive* variety is a very common form of this disease, and occasions the greatest difficulty in its management. Its symptoms are usually heaviness at the loins, bearing-down pains, increasing as the blood accumulates in the uterus. The uterus is heavy, and as its weight sways it to one side or the other, rectal or vesical tenesmus is induced. This form is often present when there is ulceration of the os or cervix uteri. Flexion and version of the uterus are the most frequent causes of this variety of the disease. There can not be a painless flow when the canal or os is partially occluded. The flow is usually normal in quantity and quality, but flows at intervals. At times it is dammed up in the uterine cavity, loses its serum, and forms a firm, coagulated mass, necessitating strong expulsive efforts to eject it. The pains of this variety simulate labor more closely than any other yet described.

Causes.—The causes of dysmenorrhœa are many, as cold; suppression of the menses; flexions, versions; constriction of the Fallopian tubes, cervical canal, or vagina; constipation, plethora, chlorosis, polypi, hydatids, rheumatism, etc. Among married women, miscarriages, premature confinements, partial rupture of the os, cicatrices following the careless use of instruments, are causes of this distressing disease. Tight-lacing, exposure, diphtheria, malaria, might also be enumerated as predisposing and exciting causes. The history of each case, together with the diagnosis, will usually reveal the cause of the disease.

Diagnosis.—The only disease that dysmenorrhœa is at all liable to be mistaken for is abortion, especially is this true of the membranous variety, and if there has been but a few attacks. If the attacks occur regularly, and there are no other signs of pregnancy, we can set it down as a case dysmenorrhœa. The difference between dysmenorrhœal membrane and true decidua is this: The former is thin, flimsy, and very unsubstantial in texture; of a dirty-white or yellowish appearance when slightly agitated in water; devoid of the soft, rich, pulpy appearance, deep vascular color, and numerous foramen for the reception of the nutrient vessels from the uterus, so distinctly observable in true decidua. In texture dysmenorrhœal membrane more nearly resembles a reflexa than any other structure. There is no trace of the transparent membranes of the ovum within it or attached to it. Should it happen to come away entire in the form of a hollow triangular

bag, we never find within it a duplication of itself, forming an inner pouch or reflex layer, as in the case of the natural envelopes of the ovum.

Sometimes these casts come from the vagina. Careful examination will generally reveal their origin. The microscope is a valuable "court of appeal" in such cases.

The remote location of the pain may mislead the diagnostician, but careful inquiry will usually settle the question.

Pathology.—The pathological condition during an attack of dysmenorrhœa will be found to differ very much in the different varieties of the disease. The mucous membrane, in the congestive variety, is found very much injected—the capillaries filled to distension. The cavity of the uterus, from holding only eight or nine drops, is distended so that it contains even a drachm or more. The pain in such a case is really from distension. In the neuralgic form there is, undoubtedly, a hyperæsthesia of the nervous filaments and plexuses that supply the generative apparatus. The turgid vessels impinging upon the highly sensitive nervous filaments, give rise to the local or reflex pain. Sometimes the seat of the difficulty is the lower portion of the spinal column.

The same condition of the mucous membrane that occasions false membranes in other localities, undoubtedly exists here. That condition Virchow defines as "a secretory inflammation, where an increased escape of fluid takes place from the blood, and conveys the peculiar parenchymatous matters—fibrine, etc.—along with it to the surface." The condition of the blood itself must have much to do with their formation.

The acid condition of the tissues and blood of the generative apparatus explains the pathological condition in the rheumatic variety.

In the obstructive variety there is found an occlusion or plugging up of the cervical canal, or an abnormal constriction of the circular fibres, either structurally or functionally, of the Fallopian tubes, cervix, or of the vagina.

Prognosis.—The prognosis is almost always favorable. We believe there are no cases on record that have terminated fatally from this disease. Some cases are very stubborn, however, and defy our best affiliated remedies.

Treatment.—The treatment of this disease will necessarily vary in the different varieties. When due to obstruction, as occlusion, constriction of the cervix or os interna, etc., the first thing to be

done is to dilate the canal, and permit the dammed up menstrual fluid to escape. Sometimes the simple introduction of a sound or bougie will remove the whole difficulty. In some cases the canal may require to be permanently dilated. This can be accomplished effectually by Barnes' dilators, or by incising the neck of the uterus, as recommended by Dr. Simpson. A remedy homœopathic to the symptoms of the case may obviate the necessity for an operation. There are cases, however, where an operation will alone relieve the patient. When the obstruction is located in the Fallopian tube, mechanical interference is useless. When clots form in the cavity of the uterus, the cervix should be at once dilated sufficiently to permit of their expulsion. When this disease is caused by flexions or versions of the uterus, replacing the organ will almost always remove the difficulty.

The principal remedies found indicated are *Acon.*, *Puls.*, *Bell.*, *Ignatia*, *Secale*, *Cannabis*, *Sabina*, *Platina*, *Ferrum*, *Conium*, *Graph.*, *Nux.*, *Merc.*, *Cyclamen*, *Kali bich.*, *Macrotin*, and *Cactus*. In each case a careful selection of the remedy whose similitum corresponds therewith must be made. Sometimes a sitz bath, or a local application of tepid water will afford speedy relief.

DISCUSSION.

Dr. Ballard—The paper alluded to the fact that old maids were more subject to this disease than other women. This I think is true. While in Natchez, I was called to see an old maid, *œt.* about 30. For the last eight years she had suffered severely with dysmenorrhœa. She was under old school treatment. The menses appeared after an interval of three weeks, and lasted four or five days, the flow being scanty, and appearing only in the morning of each day. The pains were very severe—were labor-like pains—attended with severe vomiting. Her bowels were constipated. I prescribed *Bell.*, 200th, and *Puls.*, 200th, to be taken alternately every evening. In three months I heard from her; she had had no more attacks—was well.

Dr. Dodge—I would ask if there is any difference between menstrual blood and blood from any other part of the body?

Dr. Duncan—The paper stated that the blood may be changed in character by the secretions.

Dr. R. Ludlam—The question propounded by Dr. Dodge properly belongs to the subject of menstruation, and, therefore, out of the province of this paper; but to answer the question, I would

state that recent investigations go to show that menstrual blood does not differ essentially from true blood. When taken directly from the lips of the os, before it comes in contact with the vaginal mucus, it will coagulate like any other blood; but the acid secretion of the vagina makes this blood grumous, and breaks up the fibrin, and then it will not coagulate. The mucus of the uterus is found to be alkaline, and alkaline blood will coagulate; but blood rendered acid will not coagulate.

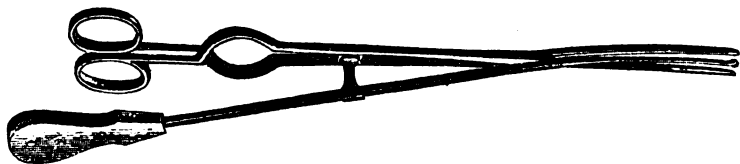
There is a variety of dysmenorrhœa not mentioned in this paper. I do not like to make so many subdivisions, still I think this a practical one. The variety I refer to is ovarian, due to subacute ovaritis, which, during the monthly flow, becomes acute, and is the occasion of severe pain. Next to the neuralgic variety—spasmodic, as I prefer to call it, for I think it really depends upon a spasm of the cervix—the ovarian is the most common. The remedies best adapted to this form of the disease is *Apis*, *Bell.*, *Canth.*, and *Hamamelis*—the latter remedy locally and internally—I have found very efficient in controlling it. I am now treating a case in which *Apis* controls these severe attacks nicely. By giving this remedy during the interval, we may anticipate the attack of ovaritis, and abort the whole thing.

Dr. Ballard—Will acid discharges destroy the blood corpuscles?

Dr. R. Ludlam—The argument used to prove that menstrual blood was not true blood was because the blood cells were found changed, but that change was found to be due to the vaginal acid.

Dr. Ballard—In the Burdell murder case clothes were found with blood upon them, which the physicians pronounced menstrual blood, because the blood-cells were missing.

Dr. R. Ludlam—While we are upon the subject of dysmenorrhœa, I will, with the permission of the society, present some instruments for the cure of the obstructive or mechanical variety. Of course you are all familiar with the sponge tent. Here is Simpson's bougie. (It much resembles the tip of his intra-uterine pessary, with the addition of a shoulder at the lower extremity.) It is introduced into the cervical canal. One end is made of zinc, the other of copper, which arrangement may cause it to act as a sort of battery, and by that means overcome the constriction. It can be introduced on the end of an ordinary uterine sound, there being a hole in the lower end. Here are Simpson's gutta-percha bougies, recently introduced to the notice of the profession. They are to be introduced into the cervix on a director, and



left there to come away of themselves, or they may be withdrawn by this string which you see attached to them. These may be introduced in advance of the menses, and allowed to remain until the flow brings them away. The chief difficulty experienced with these bougies, and with the uterine sound, is to get them through the internal os. To overcome this difficulty, Dr. Atlee, of Philadelphia, has made an instrument much like an ordinary glove-distender. It is a little larger than a uterine sound, and may be introduced up to the internal os, and then the cervix can be dilated as the finger of a glove is stretched. I have had a modification of this instrument made; it consists of a guide or rest attached to one blade, through which a sound may pass. (See plate.) It often happens that you can not get Atlee's dilator through the internal os, but you can always push it close up to this os, and then it is easily dilated; now with and through this guide you can readily pass the sound into the uterus, and thus open the passage, or you may put on the end of a director one of Simpson's bougies, and pass it up, and let it remain in the cervix. Dr. Priestly, of Edinburgh, about five months ago, brought to the notice of the profession an instrument much like an ordinary urethra dilator. There is a screw at the end, turning which, separates the split portion. If you can get this instrument through the constricted internal os, all is right, but, like the sound, it is often impossible to pass it through this constricted canal. I like Dr. Atlee's instrument much the best.

Dr. Dodge—With this instrument of Dr. Priestley's are you not liable to catch the folds of the mucous membrane when withdrawing it?

Dr. R. Ludlam—The folds of the mucous membrane within the cervix are not so well developed that there is any danger.

Dr. Dodge—The walls often change so by congestion that no instrument will dilate them.

Dr. Ludlam—In such cases, section must be resorted to.

Dr. Davies—I have treated many cases of this disease. The French are very prone to divide and sub-divide a disease into a

great many varieties, according to the location, tissues, etc., involved. That is all very nice in an anatomical way, but for practicability it is worthless. I think this disease may be divided practically into two classes—nervous and mechanical. The neuralgic, rheumatic, and ovarian, can all be classed under the head of nervous—the nerves being the seat of the whole difficulty.

I was called to a lady, *æt.* 32, of a nervous temperament, who had not had a child for seven years. At every menstrual period she suffered great pain, and could only be relieved by chloroform. I made a sponge-tent with chloroform and white wax, and inserted it before the flow, using nitrate of silver and *Iod.* locally during the interval, and, with the use of a little *Opium* at the period, she was entirely relieved. When I find the os small, I dilate it. If the attack is due to ovarian irritation, a local application of hops and vinegar will often allay the irritation.

Another case: Had great pain for two days; the os was small and inflamed. Dr. Bennett pointed out the fact, that many cases of menstrual difficulties were due to inflammation of the cervix. I treated this case as I did the one above, with perfect success.

Dr. Ludlam—I would like to inquire if any member has used *Caul.* in this disease, and if it has that power over the os that it is reputed to possess?

Dr. Dodge—I use it. Witnessed good effects from first trituration, but none from any thing higher.

Dr. Davies—I also use *Caul.*, with good effect.

Dr. Ballard—I have used it with very good success. In one case, where there was sharp, shooting pain, accompanied with dizziness, patient would reel and fall, *Puls.* or any of the other remedies did not help the case. I prescribed *Caul.*, 1, six drops in a half tumbler of water, a teaspoonful to be taken every two hours. In a few hours she was well.

Dr. R. Ludlam—I move that the action of *Caul. on the uterus* be the subject for discussion at the next meeting. I should like very much to hear the subject discussed. Carried.

Adjourned.

S. P. HEDGES, M.D., *Rec. Sec.*

A NOVEL CASE—MEASLES AND THE VACCINE DISEASE.

EDITOR OF INVESTIGATOR,—In the course of my practice the last few weeks, one or two cases have occurred which may be interesting to the profession. One of them possesses greater interest, because there has prevailed lately quite an epidemic of measles. The case is as follows:

February 4, 1868, I was called to vaccinate a little boy, 22 months old. The child had never been sick, and was the very picture of health. An older brother, aged about ten years, was complaining of what the mother called a hard cold. Three days later, February 7th, I was called to treat this boy, who had broken out with measles. He had the disease pretty hard. I at once became interested to know how the little fellow I had vaccinated three days before, and who had never had the measles, would be affected. Now could the system accomodate both of these specific diseases at the same time, or only one of them, and if so, which one? These questions I propounded to myself, and watched the case with interest. The third day after vaccination the small scratch upon the arm was almost invisible. On the fifth day a small blister appeared at the place where the virus was applied. This blister enlarged, and followed regularly the various phases of the vaccine pustule. The sixth day from vaccination the child complained much—had the usual symptoms of the vaccine disease. On the eighth day the pustule pitted, the arm being only a little inflamed; yet the child became at this time very sick. There were, superadded to the vaccine disease, all the catarrhal and other preliminary symptoms of measles; besides, there was great prostration, and signs of nervous irritation.

The tenth day from vaccination, and I think the same time from exposure to measles, the eruption of measles showed itself. It was three days coming out, and such an eruption I never saw—every particle of the body was covered. The face was much swollen, in fact the whole body was swollen. The color was a dark purple. The fever was very high, ranging from 120 to 160 per minute for *six days*. At this time the blood became badly poisoned, and much disorganized. The mucous membrane of the mouth and throat was also swollen, and became one large water

blister, which, breaking, left ulcers in every portion of the mouth and throat. The child lay perfectly insensible for four days, and then for two days was so restless as to require constant watching to keep it on the bed at all.

All this time the vaccine pustule was developing, and followed all its stages perfectly. For two weeks the child required careful medical attention and nursing before out of danger.

Through the whole course of the sickness remedies were selected according to their homœopathic indications. These were *Bell.*, *Bry.*, *Rhus*, *Ars.*, *Iod-ars.*, *Proto-iod. merc.*, and *China*, mostly in the 3rd dec. dilution or trituration.

Now, the interesting point is the fact that the child had these two separate and specific diseases at the same time. Each could be traced by its own symptoms, and yet each intensified the other.

S. P. HEDGES, M.D.

915 NORTH CLARK ST., CHICAGO, *March 8, 1868.*

REVIEWS AND NOTICES OF BOOKS.

THE VENEREAL DISEASES; their pathological nature, correct diagnosis, and homœopathic treatment. By G. H. G. JAHR, M.D. Translated, with numerous and important additions from the works of other authors, and from his own experience, by C. J. Hempel, M.D. New York: Wm. Radde. Chicago: C. S. Halsey.

Here is a work that treats its subjects with a thoroughness that is satisfactory. This is not the age for "manuals," and "treatises." "Complete works" will alone satisfy the demands of the profession. What may be found in this volume of 500 pages is thus set forth by the author: "I have considered every fact which has been made public on this subject down to the most recent period; I have considered with logical brevity all the facts which experience has confirmed and demonstrated; I have added my own observations to every statement which I had verified in my own practice; and have not mentioned a single *questionable* point without examining it on all sides as fully as possible." Added to this we have the experience of American physicians (as far as published). The whole brings the work "abreast of the times."

The subjects treated are "gonorrhœa in its various forms," and the "varied phases of primary, secondary, and tertiary syphilis." Hahnemann's sycosis is not here considered a distinct disease. The "aged man's" opinions are handled very reverentially,

In the treatment of gonorrhœa, the author gives his experience very explicitly, then appends that of many practitioners. His principal remedies are *Sepia*, 30th, and *Cannabis*, 3rd. Injections he does not recommend.

In the treatment of syphilis, in its many stages and complications, *Mercurius* in some of its forms is prescribed. His preference seems to be for *Merc. sol.*, *Cinnabaris*, and *Merc. præc. rub.*

The various pathological phenomena manifest by this disease are carefully and scientifically considered.

The work is one, we believe, that will give general satisfaction. The chief faults we note (and what work is without them) are, complicating the subjects unnecessarily; lack of simplicity in the arrangement, ("Franklin's Surgery" on these diseases is much more satisfactory in this regard); and omitting a general index. The latter is a general fault with many of our best works, and one severely felt by the busy practitioner. As a model for our authors, we would point to the index of "Virchow's Cellular Pathology."

SIXTEENTH ANNUAL REPORT of the Directors of the New York Ophthalmic Hospital, for 1867.

This is an interesting report, from the fact that it is the first one of the kind produced by Homœopathy. The profession are already familiar with the change in the medical treatment in this hospital. From January to June 10th it was in allopathic hands, and they treated 524 cases. For the rest of the year 702 cases were treated. Of these latter, 73 were diseases of the palpebra, 229 of the conjunctiva, 128 of the cornea, 32 of the iris, 17 of the corpus ciliare et chorividea, 46 of the retina, 41 of the lens, 29 of the bulbus, 28 of refractio et accommodatio, 26 of muscoli et nervi, 14 of organa lachrymalia. There were 39 operations performed on 31 eyes, all followed by good results. A very gratifying exhibit.

The surgeons write out each case in detail, so that valuable data is being accumulated. Go on gentlemen, ophthalmology and the profession need your labors as well as the afflicted people.

EDITORIAL

CONCERNING OUR YOUNGER BRETHERN.

DURING the past month about 150 newly-made M.D.'s left our college-halls, and are now busy selecting locations in the midst of over 5,000 older physicians.

There is usually much jostling at these times before all get quietly at work. This is, perhaps, more apparent East than where the "far West" is a boundary line. We believe that much petty professional jealousy, envying, and intrigue, is engendered during the first few weeks of their "getting settled." "His choice of a location does not suit us." "He is too near." "A rival has taken him as partner." "He prefers a slow, tedious rising in a large city to a rapid growth in a smaller town (or *vice versa*.)" We would send him South, West, or any where, except near "our ride." All this is puerile. In their selection of a location they usually abide the advice of friends, or the dictate of their own judgment, inclination, or necessity. Many locate temporarily—to see how they will like the place. This is a bad plan, unless they do not know their capacity, or where a suitable location may be found. It requires much knowledge, of one's self, of towns, of peoples, and of physical geography, to enable one to select the locality in which to develop normally.

In our intercourse with them, we are apt to overlook the fact that they are brother physicians, and entitled to professional courtesy. Some lack self-esteem, and require fraternal confidence; others are precocious, and it will require more tact to let them realize their proper position. They do not subscribe to our medical creed. They therefore object to calling us in counsel, for fear our conduct toward them will injure them in the eyes of their patients. We never think of calling them in counsel. Do we not often treat them as inferior, and, at opportune times, ignore them?

In our society-gatherings we are apt to make them feel that they should take "back seats"—be the audience. If, in their earnestness, they present essays, we, by our manner, commend their productions to oblivion. We do not consider the consequences of such a despotism, but *they* feel these things keenly, and our societies suffer. It dampens their ardor, and they withdraw, or conspire together, and treat us as we treated them. We imagine that experience is every thing; *they*, that recent knowledge is of greater value.

If one of these enterprising young men contributes to our journals a new idea, or an interesting case, we are very apt to neglect it, and find fault with the editor for its insertion, forgetting that our first effort was, perhaps, of even less worth. Practical facts are picked up by close information, and a

young mind is usually more on the alert than an older one. The opportunity to observe may, or may not, be as good; still the more facts collected and published, the better for medical science: and, again, this or that "young man" may have made some branch a special study.

Many of them have gleaned the idea that the medical fraternity are eminently selfish and sordid; that the advocacy of high or low potencies, old or new remedies, symptomatology, or pathology, etc., is but a grand scheme to gain popularity, students, or subscribers; and that money is the object and measure of success. Occasionally they realize that the true aim of the physician is to lessen disease, and to develop medical science.

When these annual accessions number 1,500 yearly (the total of allopathic graduates for 1868), we will have learned to receive them more philosophically. Let us now, with true professional dignity, give them the "right hand of fellowship."

COLLEGE COMMENCEMENTS.

THE commencement exercises of Hahnemann Medical College of Chicago* were held February 27th.

The president, D. S. Smith, M.D., conferred the degree on the following gentlemen: Milton H. Baker, Evanston, Ill., *Protoxide of Hydrogen*: William J. Calvert, M.D., Chelsea, Mich., *Carcinoma*: Ed. J. Fox Canny, Minneapolis, Minn., *Hydrocele*: Willard E. Clarke, Appleton, Wis., *Nutrition*: William M. Cooley, Chicago, Ill., *Belladonna*: Charles J. Henshaw, Detroit, Mich., *Abortion*: William S. Johnson, Rockford, Ill., *Ætiology*: Edward H. King, Fairfield, Iowa, *Ostrya Virginica*: John Wm. Koch, Red Wing, Minn., *Apis mellifica*: Thomas J. Merryman, Centre Ridge, Ill., *Frechthites Hieracifolius*: William S. Moffatt, Wheaton, Ill., *Atropine*: Peter Moor, Neenah, Wis., *Clinical Cases*: J. Milton Partridge, A.M., South Bend, Ind., *Theories of Life*: Edgar Perkins, Peoria, Ill., *The Radical Homœopathist*: Charles W. Putnam, Wilmington, Ill., *Clinical Cases*: J. Howard Smith, Grand Rapids, Mich., *Podophyllum in Uterine Diseases*: Frank Smyth, Elk Horn Grove, Ill., *Negative Proving*s: Henry R. Stout, Chicago, Ill., *Assimilation*: John W. Streeter, Union City, Mich., *Scrofulosis and Tuberculosis*—Are they identical? James D. Taylor, Dowagiac, Mich., *Menispermum Canadense*: John B. Vivion, Ursa, Adams county, Ill.; Emory J. Walker, Pontiac, Mich., *Dyspepsia*: Gilbert R. Woolsey, Normal, Ill., *Amenorrhœa*: John J. Wright, Fairburg, Ill., *Bilious Remittent Fever*.

The valedictory address was then delivered by Prof. A. E. Small, M.D. It abounds with valuable hints. W. E. Clarke delivered the valedictory in behalf of the class.

After the benediction, the faculty, students and profession present repaired to Mr. Ambrose's restaurant, where a sumptuous banquet was in waiting. Toasts and speeches followed. At a late hour the company dispersed.

AN EPISODE.

During the evening the venerable professor of physiology was presented the following note. The request and his reply explain themselves.

THE STUDENTS OF HAHNEMANN MEDICAL COLLEGE TO PROF. H. P. GATCHELL, M. D.:

Respected Sir,—Having learned, with deep regret, your intention of closing all connection with this institution at the end of this session, we feel

* This is not the "*Universta Omiopatica de Chicago*," as our Italian cotemporary, the "*Rivista Omiopatica*," has it.

constrained to express our disappointment, and, while we recognize the obstacles that prevent your constant attendance, beg leave to say that we deem it will be a great loss to the profession in general, and particularly to this college, should you withdraw all active interest in its welfare. We feel that by so doing, we shall lose the benefits of a ripened experience and accumulated wisdom, which we can obtain from no other source.

Being convinced of this, we trust that we may be able to persuade you to reconsider your determination, notwithstanding it necessarily be at the sacrifice of your personal comfort and convenience.

We ask it in the name of coming students, for the benefit of our cause, and the welfare of a common humanity. (Signed—unanimously.)

CHICAGO, *February*, 1868.

GENTLEMEN OF THE CLASS.—It is now some twenty years since I first entered on the duties pertaining to a chair of medicine. During that time the relations between myself and the classes that I have assisted to instruct, have been, for the most part, of a very pleasant character; and in several instances I have received the most flattering evidences of their confidence and regard.

But nothing has ever occurred that touched me so sensibly as your kindness to-night. Failing as I have, through feeble health, to do such justice to my themes as I might otherwise have done, I scarcely know how to reply to this, your too generous expression of esteem.

Warned by feeble health and advancing years to contract the circle of my labors, I have, as you are aware, only lingered in my place here until a younger and more vigorous man might be prepared to succeed me.

Gentlemen, if any thing could win me to reconsider my long-cherished and oft-expressed resolution, it would be the flattering request that you have this night made. I can only say at present, that I will take time to consider before a final decision.

But whatever shall be the result of that reflection, I shall still feel interested in the success of Hahnemann Medical College, and whatever the decision shall be, I shall ever regard, as I ever have regarded, it as one of the chief pleasures to my life to receive a friendly greeting from any one to whom I sustained the relation of teacher, and especially will it be gratifying to meet those who have done me so much honor as that conveyed in the address which the dean of the faculty has just read in your behalf.

And now, gentlemen, with tenderest regard, and heartiest wishes for your welfare, I bid you, for the present, farewell.

Adjunct Prof. Woodward was presented with an elegantly bound copy of Muspratt's Chemistry by the class.

There were 57 students in attendance this session.

CLEVELAND HOMOEOPATHIC COLLEGE FOR WOMEN.*

This is a new organization. It originated in this wise: Cleveland College, following the example of the other colleges, shut its doors against lady students. This roused the ire of the lady practitioners of Cleveland, who at once set about organizing a women's college to accommodate the rejected students.

The corporators appointed the following board of trustees: S. Witt, T. S. Beckwith, B. Butts, N. Schneider, M.D., T. S. Lindsey, Mrs. D. R. Tilden, Mrs. F. S. Lester, Mrs. P. Thatcher, Mrs. C. A. Seaman, M.D., Mrs. M. K. Merrick, M.D., Mrs. M. B. Ambler, Mrs. S. D. McMillan, Mrs. L. Crawford, Mrs. H. Chisholm, and Mrs. G. B. Bowers, who elected the following officers: Mrs. C. A. Seaman, M.D., President; Mrs. S. F. Lester, Vice-President; Mrs. M. B. Ambler, Secretary; Mrs. S. D. McMillan, Treasurer.

They secured the use of the college building, apparatus, etc., and a vol-

* It was our design to notice this college long ago, but circumstances prevented. We intend no partiality.—Ed.

unteer corps of 17 professors set about delivering a course of lectures. 143 lectures were delivered to about fifty students. The session closed, February 15th, in grand style. The degree of M.D. was conferred on Mrs. M. A. Ferris, of Polo, Ill., and the honorary degree on Mrs. Dr. M. K. Merrick, and Mrs. Dr. H. P. Ketchum.

We are informed that "steps have been taken to secure the usual college advantages, and that the second session will commence under the most favorable auspices." This young institute is in the best of hands, and where woman wills there is no such word as fail.

HAHNEMANN MEDICAL COLLEGE OF PHILADELPHIA.

The commencement exercises of the above college were held March 4th. The degree of Doctor of Medicine was conferred on 26 gentlemen.

R. A. Adama, Marion, N. Y., *Sleep*: R. C. Allen, Frankford, Pa., *The general causes of diseases of children*: Edwin P. Angell, M.D., Galveston, Texas, *Yellow Fever*: B. Franklin Betts, Hatboro, Pa., *Proving of drugs*: Martin Bradford, Aberdeen, Ohio, *Sleep*: Isaac Cooper, Moorestown, N. J., *The mind in relation to disease*: J. W. Elliot, California, *Abortion*: E. A. Farrington, A.B., Philadelphia, Pa., *Homœopathia pura*: Chas. M. Foss, Winthrop, Maine, *The dose*: John Gantenbien, Switzerland, *Man, the divine breath into dust, and his cure*: Jos. M. Gerhart, Hilltown, Pa., *Dysentery*: N. W. Kneass, Philadelphia, Pa., *Typhoid Fever*: Augustus Corndorfer, Philadelphia, Pa., *Homœopathic surgery*: George Loikes, Marburg, Prussia, *Experiments on the motion of the heart*: M. T. Middleton, Camden, N. J., *Typhoid Fever*: Henry F. Pahl, A.M., Anderson, Texas, *The pathology of Intoxication*: H. C. Parker, M.D., Houston, Texas, *Yellow Fever*: E. H. Phillips, M.D., Trenton, N. J., *The theory and practice of medicine*: Christian P. Seip, Pittsburg, Pa., *Proving of Macrotin*: Scott W. Skinner, Scottsville, N. Y., *Menstruation*: A. M. Stackhouse, Moorestown, N. J., *Onanism*: Benones F. Underwood, Philadelphia, Pa., *The influence of civilization on disease*: G. W. S. Wilson, M.D., Philadelphia, Pa., *Abortion*: Jas. A. West, Geneseo, N. Y., *On the modus operandi of medicine*: O. S. Wood, M.D., Philadelphia, Pa., *Cancer*: Geo. Wright, M.D., Columbus, N. J., *Observations on the pathology of Epilepsy*.

The valedictory was delivered by Prof. O. B. Gause, M.D. It contains some practical observations that we would we had space for.

There were 61 students in attendance this, the first, session. The prospects of this young college are very flattering indeed.

NEW YORK MEDICAL COLLEGE.

The commencement exercises of this college were held in the hall of the Historical Society, February 27th, in the presence of a large audience.

The degree of M.D. was conferred, by Prof. J. Beakley, on the following persons: E. W. Avery, J. S. Beakley, C. D. Belden, L. A. Birdsall, W. H. Bevin, N. Y.; A. Bishop, N. Y.; J. W. Brown, N. Y.; R. G. Bruyn, N. Y.; G. Colton, Vt.; L. Corcoran, Mass.; C. P. Cook, N. Y.; R. B. Covert, N. Y.; J. V. Duggett, Vt.; C. S. Eldredge, A. Eldredge, Mich.; H. Elliot, Canada; E. W. Finch, N. Y.; W. B. Garside, M.D., N. Y.; Jas. Gerrie, Canada; P. A. Gordon, Ky.; N. G. Hamilton, Canada; S. Hasbrouk, N. J.; J. J. Hall, M.D., Canada; E. R. Howie, Canada; H. Hutching, N. Y.; R. B. Jenks, N. Y.; E. R. Lane, N. J.; C. G. Lansing, M.D., N. Y.; A. H. Marks, N. Y.; C. H. Martin, Pa.; J. D. V. Moore, N. Y.; M. V. B. Morse, Mass.; J. C. Otis, N. Y.; L. D. Parkhurst, M.D., N. Y.; G. H. Patchen, Iowa; H. P. Partridge, N. Y.; A. M. Piersons, N. Y.; M. Rerabacker, Mich.; A. Walker, Mass.; E. A. Warcheim, M.D.; E. B. Whitaker, Vt.—42.

E. W. Avery, M.D., delivered the valedictory in behalf of the class.

Prof. S. R. Kirby, M.D., delivered the regular valedictory. He stated that the practice of Homœopathy required all one's brains.

MEDICAL COLLEGE OF PENNSYLVANIA.

The commencement exercises were held Feb. 28th. Prof. A. R. Morgan, M.D., delivered the valedictory. The president conferred degrees on: H. T. Adams, N. Y.; S. F. Burdsall, N. Y.; O. P. Barden, Pa.; C. U. Breyfogle, A. M., O.; W. L. Breyfogle, O.; H. M. Boynton, Texas; C. J. Cooper, N. J.; W. A. Guinn, N. Y.; T. W. Paine, Me.; C. C. Miller, N. Y.; Dr. W. Mitchell, Ill.; W. E. Patch, Me.; D. C. Perkins, Me.; R. S. Richards, N. C.; J. H. Ringus, Pa.; J. Schmidt, Md.; W. M. Sprague, N. Y.; J. F. Senger, Ct.; W. H. H. Sissione, Mass.; A. Vougeart, Md.; J. W. Woods, Me.; Wm. Ware, Pa.; C. J. Wilbank, Pa.; A. Young, Ky.—24.

MEDICAL COLLEGE OF MISSOURI.

The commencement exercises of this college were held, March 3rd, in the Polytechnic Institute.

The degrees were conferred by Prof. J. T. Temple, M.D., on: M. Ayers, Ill.; J. H. Miller, Ill.; J. A. Rubicon, Kan.; E. W. Fish, Mich.; J. A. Aikman, Canada; S. L. Moses, S. C.; W. C. Richardson, Ill.; J. H. Smizer, Ky.; S. C. Baldwin, Ill.; W. V. Bernard, Ky.; T. Shaver, Ill.; R. T. Manning, Ky.; W. C. F. Hanstead, Ill.; C. H. Baker, Ill.; J. P. Millard, Ill.; O. P. Baer, Ind.; F. W. Whitlock, Iowa; O. E. Goodrich, Mich.; F. L. Bartlett.—19.

The Hospital degree was conferred by Prof. Franklin.

Prof. Turrell presented Thomas Shaver a silver medal for proficiency in chemistry. This medal is annually presented the college by Dr. Mayer, of Kansas. Prof. W. Tod Helmuth delivered the valedictory. A banquet closed the occasion. Students in attendance 37.

CLEVELAND MEDICAL COLLEGE.

The eighteenth annual commencement exercises were held February 25th, in the presence of a select audience. The address was delivered by Dr. J. P. Dake. The degree was conferred by the president, Prof. A. O. Blair, M.D., on the following gentlemen: H. H. Baxter, O.; M. M. Catlin, N. Y.; O. B. Spencer, N. Y.; J. A. MacDonald, O.; S. A. Harrington, O.; W. W. Clapp, O.; J. L. Bean, O.; H. L. Bradley, Wis.; J. M. Jenney, O.; T. C. Wallace, Pa.; H. L. Ambler, O.; D. H. Conley, N. Y.; H. C. Carpenter, Mich.; G. A. Tracy, N. Y.; C. S. Nellis, Canada; W. Bailey, Mich.; C. P. Burch, Mich.; A. D. Johnston, Pa.; A. S. Johnson, Mich.; H. W. Booth, Mich.; R. N. Warren, O.; G. T. Blair, O.; W. S. Whitney, Mich.; L. S. Ingman, Mich.; W. H. Thomas, N. Y.

Dr. Lewis Barnes then addressed the Hahnemannian Society. Prof. T. P. Wilson, acting president of the society, conferred the Hahnemannian degree upon the graduates, with brief and appropriate words of parting.

(We should be pleased to notice in our "personal column" the location of any or all of this noble corps of young physicians.—Ed.)

PERISCOPE.

TITANIUM is used by Dr. Sharp successfully in albuminuria.

INTERESTING LEGAL DECISION.—The supreme court of Pennsylvania recently decided that when one physician sells his practice to another, the former can not engage in practice in the same place. The physician so selling must leave the place, if he wishes to practice.

FEMALE PRACTITIONERS.—In Philadelphia, six women physicians return incomes ranging from \$2,000 to \$10,000 a year. In Orange, N. J., there is another, whose annual income ranges between \$10,000 and \$15,000. In

New York, there is one whose income is rarely less than \$20,000 a year. Some of these physicians are successful surgeons as well as capable medical practitioners.

THE HIGHEST AIM OF THE PHYSICIAN.—Dr. T. P. Wilson says that the highest aim of every physician *should* be the perfection of his art. "So mote it be."

SILPHIUM LACINIATUM (rosin wax) is reported to be specific for asthma.

CAUSE OF CHOLERA.—A French writer claims as a prominent cause of this disease the disappearance of a variety of crocodile, called the gavial. Before the soldiers waged war on this animal it destroyed the bodies thrown into the Ganges.

DISPLACEMENTS OF THE HEART.—A work on this subject is promised. It seems there can be many varieties of displacement of the heart, even to rotation. This subject should be more investigated.

DETECTING BELLADONNA.—The micro-spectroscope shows that the spectrum of *Bell.* is unmistakable. The toxicologist's difficulties are now removed.

PRACTICAL ARTICLES.—We have intimated that the demand of the practitioner is for practical articles. The same seems to be the call across the water. The "British Journal of Homœopathy" for January is a model in this line. Prominent among its articles are the following from the **MEDICAL INVESTIGATOR**: "Ascites," by Dr. Hoffman; "Iodide of Arsenic," by Dr. Sanford; "*Spigelia* in Angina Pectoris," by Dr. Kendall; "Characteristics for *Digitalis*," by Dr. Arnold. Our contributors will see that their articles are appreciated abroad as well as at home.

HOMŒOPATHY VS. ECLECTICISM.—The editors of the "Eclectic Medical Journal" and the "Homœopathist" have each other by the ears—an unprofitable employment. There is one statement of the former's that needs correcting: "The homœopathic treatment of cholera in 1866 was a failure, and we cite the homœopathic journals of Chicago and St. Louis as evidence." Homœopathic physicians treated few cases of cholera in 1866. (Most of the cases that occurred in this city being among the poor.) The success of '49 and '54 attended their efforts. We called attention to the *form of the disease, and the remedies indicated*, not to our success, for that was established long ago.

WHY MEDICINE IS CHOSEN BY YOUNG MEN.—The "Medical Gazette" states, "that the choice of our profession is far oftener due to empty pockets than to empty heads. The young man, desirous of entering one of the professions, but of limited means, naturally turns to that one where the education he has can be most available. He sees that if he chooses the church or the bar he may find himself quickly embarrassed for want of general culture. If he takes medicine, he finds that, though laboring under disadvantages, he can, with what knowledge he has, fulfill his duties in a creditable manner, trusting to the regular course of his professional studies to make up to him that knowledge of the natural sciences which he might have desired. Generally, too, he succeeds." Oftener he does not study, and does not succeed, scientifically. He is, however, up to the "tricks of the trade," and makes money.

DYNAMOGRAPH is an instrument that *writes* down the muscular power and tone of an individual. It is something like the sphygmograph. A person in health will make a straight line, but if the muscles of either arm be paralyzed, even to a slight degree, or if the general condition of the system be weak, the line will be irregular.

COAGULATION OF BLOOD.—Years ago, Dr. Richardson held that blood coagulated when its ammonia was not present. He now holds "that the process of coagulation in albuminous and fibrinous fluids is due to a communication of caloric force to them, and to a physical or molecular change, determined by the condition of their constituent water."

QUERIES AND ANSWERS.

WHAT is the best remedy for retrocession of measles?—W. D. F.

The choice of the remedy will depend upon the cause and present symptoms. *Puls.*, *Bry.*, and *Acon.*, are oftenest indicated.

Why do we not have less polemical and more practical discussions in our journals? H.

We believe that the chief reason practical topics are not discussed is, that many of the journals have a number of lay readers. Such is not *our* position. We invite such discussions. The MEDICAL INVESTIGATOR is strictly *professional*.

LOCAL REPORTS.

EVANSTON, ILL.—The recent damp weather has increased the number of cases of parotitis. There is quite an epidemic of this disease. Will some one clear up the etiology of this disease?

FARMINGTON, ME.—A few cases of pleurisy and pneumonia, and more cases of colds and sore throats—without membrane formation—with threatenings of diphtheria since February 15th. No rain this winter, and but little snow; no thaw days till the above date. Cases, so far, mild.

O. W. T.

CINCINNATI.—Quite a number of cases of typhoid fever still prevail in this city. Nothing unusual in the type, except more severe.

LA CROSSE, WIS.—February 15th, the artesian well had reached the depth of 280 feet, when a sudden explosion occurred, and a stream of *boiling water* began gushing with mighty force from the bore. The upward pressure of the water is very great—not less than 200 lbs. to the square inch. The mean temperature is about 183° (Reaumur). The snow has disappeared from about six acres. Dr. Percival, late State geologist, was of the opinion that far beneath the bed of the Mississippi there existed another stream, flowing in the same direction, of much greater magnitude, and of much higher temperature. We are anxious to know the effect this will have upon the health of the city.

WESTON, CT.—Diphtheria prevails to such an extent that people fear to attend the funerals.

RUTLAND, VT.—During the fall and winter months we have had diarrhoea, dysentery, typhoid fever, bilious fever, diphtheria, pneumonia, pleurisy, and influenza. I observe a marked difference in the types of typhoid and bilious fevers from the forms of these diseases as they prevailed in northern Illinois. Here typhoid fever is much more severe, while bilious fever is much milder.

C. WOODHOUSE.

SPOTTED FEVER, of a very fatal type, is prevailing in portions of Orange, Washington, and Harrison counties, Indiana. In one family, in the north-east part of Harrison county, five deaths occurred within a week.

CHOLERA still prevails at St. Thomas, West Indies, and at Tangier, Morocco.

CHICAGO.—Since our last report, much of interest has transpired to interest medicists. Aside from the diseases mentioned in our last, we have had quite an epidemic of pharyngitis. We learn that this disease has visited nearly all parts of our country—more severe in northern localities than in situations farther south. The disease usually commenced in the “wings of the palate,” and spread rapidly in every direction, rarely, however, involving the trachea. From the location and rapidity of attack, we suspect the cause atmospheric. This disease has been much worse in damp weather. About February 9th, many cases. The thermometer was 88° above zero, while in Hartford, Conn, it was 27 below, in Albany, N. Y., 24 below. The

remedies chiefly indicated were *Merc.*, *Bell.*, *Kali*, *Nux.*, *Apis*, *Lachesis*, *Nitric acid*, and *Hepar*.

During the same time measles have prevailed epidemically. The chief remedies were *Puls.*, *Bry.*, *Acon.*, *Ars.*, and *Lachesis*. Measles seems to prevail in preference during those months which favor catarrhal affections.

March was ushered in here with a terrible snow storm, and, as a result, an endemic of influenza. *Bell.*, *Puls.*, *Nux.*, *Iod.*, *Sanguinaria*, and *Sambucus*, have proved most efficient as remedies.

A few days subsequently, a seventy-two hours rain-storm followed. The result of this was "colds" and almost all the diseases catalogued arising therefrom—derangement of the intestinal canal being the most common. Recently very pleasant spring weather has developed biliary and nervous symptoms, indicating *Nux.*, *Merc.*, *China*, *Bell.*, and *Pod*.

CLIMATIC CHANGES ON THE EARTH.—It is pretty well established that the earth has a motion in which, through a long period of years, the poles of the earth are changed, so that the equatorial region in time becomes the polar, and *vice versa*. Through the influence of this motion we are now gradually approaching the equator. The change is so gradual, and so slow, that the longest lived can not perceive it; but that the climatic change takes place is evident, nevertheless. It has been ascertained that up to the year 1248, A. D., the temperature of the Southern hemisphere had been in constant course of diminution. This is an important fact in a medical point of view, for may it not explain the appearance, course, or disappearance of epidemic and endemic diseases?

YELLOW FEVER is reported at St. Thomas, West Indies.

PERSONAL.

W. H. HOLCOMBE, M.D., of New Orleans, is the author of an interesting work, entitled "Our Children in Heaven."

E. G. COOK, M.D., reviews an article of Dr. F. Miner's, in the "Buffalo Express," in a very telling manner.

PROF. R. LUDLAM, of this city, has declined a very flattering offer of the post of physician and surgeon to the New York Homœopathic Infirmary for women. The "American Homœopathic Observer's" statement to the effect that Dr. Ludlam had been tendered, and would accept, a position in the faculty of the New York Homœopathic College is not true. He informs us, that his relations to the Hahnemann Medical College in this city will remain unchanged; that he will not remove to New York.

DR. W. A. BARKER has located at Money Creek, Minn.

E. L. COOK, M.D., has removed from Buffalo to Lima, N. Y.

C. WOODHOUSE, M.D., is preparing a popular work, entitled "Home Treatment."

SOCIETIES.

MASSACHUSETTS MEDICAL SOCIETY holds its semi-annual session April 8th. A profitable time is anticipated. A large number of medical meetings will be held the next few months. We should study to reach as many of them as is possible. It pays.

ERRATA.—On page 168, "*et tu brute*" should have appeared "*et tu, Brute.*" We ask the parties' pardon for the blunder of the "types"

THE
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HYDRASTIS CAN. IN UTERINE DISEASE.

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

Read before the Central N. Y. Med. Society, March 12th, 1868.

MAY 2nd, 1866.—Mrs. C, a highly sensitive and nervous lady of 25 years, presented the following condition: She had been four years under medical treatment. For the first two years she had been attended by one of the oldest and best Homœopathic physicians in this section, and for the last two years by a celebrated specialist, who put her through all the grades of caustic, iodine and iron. She was worse at the end of the four years than at the commencement. Whilst under Homœopathic treatment, there was no examination of the internal genitals, but during the term of the specialist, she underwent a speculum examination two or three times a week. She was said to have had ulceration of the womb, of course, and all other ills woman is heir to. So far, she got no relief from medication of any kind.

At the commencement of her sickness she “spit” up her food by the mouthful, without nausea; at the same time she became despondent and gloomy, thinking she would die. Seeing a funeral, or even a hearse, made her sick.

At this time (May 2, 1866), she still spits up her food, and feels better when she does so. When she retains the food, without spitting it up, she has headache, palpitation of the heart, and ner-

vousness, or restlessness; bad taste in the throat from the breath; mouth very dry in the morning, and tongue thickly coated — she could hardly get it moistened; sour risings from the stomach; great quantities of wind in the stomach, and it creates distress until it is discharged. After eating she must keep entirely quiet, or she becomes feverish and distressed. Pain in the bowels three or four hours after eating, as though they wanted to move; pain and soreness over the liver. After dinner she is nervous and irritable; she can't bear to have her husband speak to her. She gets so very nervous that to hear any one speak becomes unbearable, and the head snaps. When she shuts her eyes she sees sparks and light spots. Pain in the eye-balls and over the eye-balls; hurts to open the eyes. Can not sleep until after midnight. The epigastric region is very tender to the touch, and she has sensations as of a tight band around her, worse at night than in the morning. The hands, feet and limbs are cold all the time, while the head is hot. Very costive; at first the fæces are dry and lumpy, but afterwards it is like white of egg. Very great straining to have the bowels move; she must strain a long time. Has nose-bleed before the menses come on. (When young, nose-bleed took the place of the menses, often.) The menses are always attended, for the first two days, with great suffering, pain in the back and headache — also before the menses come on. Menses delay for a few days. Some leucorrhœa all the time, but profuse ten days after the menses cease. Leucorrhœa acrid — corroding the parts. When on the feet she feels as if "every thing" would fall out from the genitals. Very tender about the vulva. In addition to what she calls "leucorrhœa," she has a discharge like white of egg, coming on immediately after the menses cease (lasting ten days, sometimes longer), profuse, debilitating. Dreadful back-ache in the small of the back; great pain in the back part of the legs; pain in the inside of the legs above the knees. Coition is very painful, yet she has almost constant desire, especially during the time she has "white of egg" discharge, which then certainly fulfills the condition known as "Furor uterinus." During this time she makes heavy drafts on her "other half," who begs for something to relieve the patient of this insatiable desire, yet, being a bountiful provider, he tries to provide for her every want. After coition she feels prostrated, and has distress in the stomach; commences at once to spit up the last meal, or has the taste of it in her mouth, and the result

is she has this taste in her mouth all the time. The "white of egg" discharge winds up with red, bloody fluid. What she calls leucorrhœa, is of a white, milky appearance, and this is acrid and corrosive. As soon as the "white of egg" discharge ceases she becomes irritable and angry with every one, and can not endure the idea of coition; any reference to it makes her angry. She has constant desire to pass water, and when a little is passed she is relieved, and it seems to her that if she could pass a great quantity of water she would feel still better. In the morning this desire is less. Withal, there is, at times, a discharge of hot water from the womb, which is so profuse as to wet the bed and all her clothes.

A vaginal examination revealed prolapsus uteri, with congested and indurated os. Lifting the womb to its place, and holding it there, relieved all the symptoms at once, and she remained comfortable as long as she retained the recumbent position.

Various remedies were tried, with no relief. Indeed, I could expect none after a thorough two years' trial by one of our most able Homœopathic physicians. In this condition, to gain time, a glass globe was inserted in the vagina, which held the womb in place. This allowed the patient to resume the superintendence of her household affairs, and gave her entire comfort, until the hard ball produced irritation of the womb sufficient to send her to bed again. During the interval she was free from all complaints, and ate and slept well. After nearly a year of comfort, she was again prostrated with all of her former sufferings. All her gloomy forebodings returned, and she was about to consult Dr. P., of Syracuse, who has the reputation of treating all female complaints with great success.

No medicine that she had taken had given her the least relief, and I felt that medication would not help her, but as she urged me to try something new, I gave her (the only potency I had) a powder of the one-tenth trituration of *Hydrastis can.*, to be dissolved in a glass of water, and to be taken two spoonful every three hours; also a few drops of *Hydrastis*, to be put in a pint of soft water, and used as an injection three times a day.

At this time her gastric distress was at its height, and the "Furor" was almost unbearable. Her husband begged me to give her something for this latter symptom, as he could *stand* it no longer. In a few hours the gastric symptoms were relieved,

and the erotic condition ceased, together with the "white of egg" discharge.

She has been free from distress for three months, and seems as quiet and correct as any one. She has passed her periods without suffering, and has gained flesh and strength.

NEW YORK STATE MEDICAL SOCIETY.

THE seventeenth annual meeting of New York State Homœopathic Medical Society convened at Albany, February 11th, the President of the Society, Dr. B. F. CORNELL, in the Chair. The President proceeded to read his inaugural address, as follows:

Gentlemen of the Homœopathic Medical Society of the State of New York: In assuming this Chair, to which I have been elevated by your confidence and suffrage, permit me to tender my warmest thanks for the honor conferred.

I believe it is in order, and perhaps not inappropriate, to make such suggestions as occur to my mind calculated to perpetuate our organization, extend its influence, and increase its usefulness.

The result of my observation has been, that we lay out too much work for the time we have, for its successful accomplishment, and that much of the time at our command is frittered away and wasted by idle and uninformative discussion.

The delegates to this Society are many of them from the rural districts and remote villages, where they are the only Homœopathic physicians within a circle of many miles, and hundreds of miles from this place of meeting. While in attendance here, their business must necessarily be neglected at home. Many of us thus situated find it very difficult to leave the field of our labors to spend more than a single day here. That we may all be benefited by our meeting, and be induced annually to return, it is important that as much of the business before the Society shall be attended to the first day of the session as possible. To effect this object, I suggest that all communications, reports of committees, and other valuable papers, shall be read and laid upon the table for future action, till all have been read. If these papers are of importance to this Society, let us have the benefit of them now, and not wait till next year, when the proceedings are published, their value outlawed, and many of them strangled by the

publishing committee. I would not restrain, but invite the fullest discussion, and the closest criticism of all papers to be presented to the public. What I propose is, that discussion be postponed till all the communications are read, then taken up in their order for discussion and further disposition. This is simply for the benefit of those who can not remain through the session. * *

Permit me to call your attention to the published Proceedings for 1867. If this is a fair index of the condition of Homœopathy in the Empire State, we had better give up the struggle, and go into a state of retiracy. A reduction of one hundred and ninety pages in a single year is not to be tolerated. The allopathic proceedings contain five hundred and sixty-three pages, while ours is dwarfed to two hundred and eighty-seven.

The subject of a lunatic asylum in this State to be under the supervision of Homœopathic trustees, and the medical care of Homœopathic physicians, has already been agitated, and circulars sent to the members of this body, by several gentlemen of the profession. I call your attention to this subject, and urge action by the society. I recommend that a committee be appointed to take this matter in charge, and that they be instructed to report some feasible plan to carry the same into operation. The present opportunity should not be lost. The Governor has recommended an appropriation for such an institution, and it is for us to determine its medical character.

Gentlemen, we have besought the ruling powers, in all humanity, for positions in the army and navy; for a representation in the board of health in the city of New York; for a cholera hospital, in which we might test the superiority of our practice in that dangerous disease, but we have been treated with contemptuous rejection. Let us ask once more, and perhaps in the present political muddle we may have justice done us. If not, let us warn ourselves and lawmakers that we are a power in the land; that the time has arrived when we no longer beg for, but openly demand right and justice.

The editor of the *New York Times* never uttered a truer sentiment than (when speaking of the expulsion of Dr. Gardner from the Academy of Medicine, for daring to consult with a Homœopathic friend), "that the Homœopaths were nearly as numerous and quite as respectable as the allopaths."

This is not only true of the profession, but doubly so of our patrons. We have a large portion of the wealth, talent and influ-

ence on our side. In fact, the greatest cause of enmity of the allopaths is owing to the fact that we tie our horses to the best hitching posts. It is only necessary to present this fact vividly before the politicians, and our cause is won. Then let us still press our claims upon the consideration of the legislature, not so much for the influence it will have upon us, the representatives of a principle, as for the benefit of those unfortunate wrecks of humanity for whom the institution is intended. There is no system of medicine that treats successfully a mind diseased but ours, and none other that presents specifics for its cure. I trust the subject may be acted upon and pressed to a successful issue.

The controversy on the subject of dose, that is creating jealousy and enmity, and undermining our strength, should not be permitted to mar our harmony. Leave this to the experience of every scientific physician. It matters not whether we use the high or low attenuations of medicine. If we cure, it is all our patients ask, and we shall have the satisfaction that attends success. It is not the dose that constitutes Homœopathy, but the principle that "Like cures like."

I trust this session of the Society will be pleasant and harmonious, and that we shall coöperate in making it remarkable for the amount of labors performed, business accomplished and benefits received.

On motion, Drs. Searle, H. D. Paine and Holmes were appointed a committee to consider and report on the suggestions set forth in the President's inaugural address.

On motion of Dr. Searle, the usual order of business was suspended for the purpose of considering certain proposed changes in the by-laws. Dr. Searle proposed a change in the order of business so as to provide for sessions of three days' duration. The several suggestions offered by Dr. Searle, after extended discussion, were adopted.

The President appointed Drs. H. D. Paine, A. T. Bull and W. H. Barnes, a nominating committee.

The Committee on Credentials reported the following named gentlemen present :

Dr. H. D. Paine, delegate New York Ophthalmic Hospital.

Dr. F. W. Hunt, del. New York Homœopathic Med. College.

Dr. A. M. Woodward, New York.

Dr. V. Thompson, New York.

Drs. É. K. P. Smith, Auburn, and H. B. Fellows, Sennet, dels. Cayuga County Medical Society.

Dr. E. B. Holmes, Canandaigua, del. Ontario Co. Med. Soc.

Drs. G. B. Palmer, East Hamilton, and D. D. Loomis, Morrisville, dels. Madison County Medical Society.

Drs. T. T. Calkins, Hudson, W. H. Barnes, Spencertown, and P. W. Mull, Ghent, dels. Columbia County Medical Society.

Drs. A. T. Bull, and E. G. Cook, Buffalo, dels. Erie Co. Med. Soc.

Drs. C. H. Carpenter, and W. S. Searle, Troy, dels. Rensselaer County Medical Society.

Drs. W. H. Randell, L. M. Pratt, and H. M. Paine, Albany, delegates Albany County Medical Society.

Dr. B. F. Cornell, President of the State Society.

Dr. F. W. Ingalls, Kingston, del. Ulster County Med. Society.

Dr. T. D. Stow, Fulton, del. Oswego County Med. Society.

On motion of Dr. E. P. K. Smith, regular physicians present were invited to participate in the deliberations of the Society.

The Treasurer, Dr. J. W. Cox, presented his annual report, showing a balance in the treasury of sixty-four dollars.

Drs. Searle, H. M. Paine and E. D. Jones were appointed an auditing and finance committee.

The following named gentlemen, having been previously nominated, were elected permanent members :

Drs. B. F. Joslin, and G. E. Belcher, New York, First district.

Dr. S. C. Handford, Brooklyn, Second district.

Drs. T. T. Calkins, Coxsackie, and M. W. Campbell, Troy, Third district.

Drs. H. Switz, Schenectady, Charles Lowrey, Fourth district.

Drs. W. Henry Hoyt, Syracuse, B. B. Schenck, Plainville, Fifth district.

Drs. G. L. Gifford, Hamilton, H. F. Adams, Canastota, Sixth district.

Dr. E. H. Hurd, Rochester, Seventh district.

Dr. C. G. Hibbard, Springville, G. A. Hall, Westfield, Eighth district.

The following named gentlemen having been previously nominated, were elected honorary members :

Dr. C. Cropper, Cincinnati, Ohio; Dr. B. W. James, Philadelphia, Penn.; Dr. E. R. Heath, Dayton Ohio; W. H. Holcomb, New Orleans, La.; Charles Cullis, Boston, Mass.

Dr. Henry D. Paine, presented and read a protest, having

reference to the publication of an address by Dr. Kirby, in the fifth volume of the Transactions of the Society. Extended discussions followed, participated in by several gentlemen present. Dr. Paine gave notice of an intention to offer a resolution in regard to the publication of papers in the Transactions of the Society.

Dr. H. M. Paine gave notice of the annual address to be delivered, at eight o'clock this evening, by the President of the Society, in the County Court Room, City Hall. Also, informed the members and gentlemen present, that a collation would be provided immediately after the address, at the American Hotel, and extended to them a cordial invitation to be present.

Meeting adjourned to 3 P.M.

AFTERNOON SESSION.

Dr. Stow noticed the death of Drs. Matthews and Potter since the last annual report; the death of Dr. Vanderberg was also mentioned, and a committee was appointed to draft appropriate resolutions.

A discussion then ensued relative to the condition of the Society and the Treasury.

On motion of Dr. H. D. Paine, it was resolved that no paper or document should be printed in the transactions of the Society, without the approval of a majority of the Society.

The Committee on Finance made a report, showing that the indebtedness of the Society amounts to \$371.34, and the amount in the Treasury about \$60.

The Committee also reported a resolution, which was adopted, that thereafter, three dollars shall be due annually from each permanent member and delegate.

The following papers were presented and referred:

Nitrate of Uranium in Diabetes, by Benj. F. Cornell, of Moreau Station.

Mission of Homœopathy, by C. Cropper, of Cincinnati.

Reports of the Madison, Oneida, New York, Wayne, Washington, Warren and Steuben Counties Homœopathic Medical Societies.

Dr. Stow read a report from the Committee on Clinical Medicine.

Recess till 8 o'clock.

EVENING SESSION.

Dr. Cornell delivered the annual address, after which the Society adjourned to the American Hotel, and partook of a collation.

Resolutions of thanks were voted to the several speakers for their addresses, and to Dr. H. M. Paine, for furnishing the collation.

SECOND DAY.

The President, Dr. Cornell, in the chair. Dr. H. D. Paine presented and read a report by Dr. B. F. Bowers, physician to the New York Protestant Half Orphan Asylum. During the first seven years, from 1835 to 1842, this institution was under allopathic treatment. During this period, the deaths were one to every fifty-eight cases. During the next ten years, from 1842 to 1852, under Homœopathic treatment, the deaths were one to one hundred and twenty-one cases. During the next ten years, from 1852 to 1862, under Homœopathic treatment, the number of deaths were one to one hundred and sixty cases. During five years, from 1862 to 1867, under Homœopathic treatment, the number of deaths were one to two hundred and fifty-nine cases. During the first seven years under allopathic treatment, the number of deaths were twenty in one thousand cases, and during the last twenty-five years, under Homœopathic treatment, the number was reduced to a little over six in one thousand.

The Secretary presented and read a report by Dr. S. P. Hedges, of Chicago, Ills., entitled "Hydrophobia."

"A Case of Epulis," by Dr. H. Willis, of Clinton.

"Iodism," by Dr. J. Hawks, of Brooklyn.

"Treatment of Fistula," by Dr. N. F. Adams, of Canastota.

"Surgical Cases," by Dr. G. B. Palmer, of East Hamilton.

"Surgical Cases," by Dr. John Hornby, of Poughkeepsie.

"Tænia Solium," by Dr. C. Judson Hill, of Utica.

"Petroleum in the Treatment of Burns," by Dr. G. J. Jones, of Holland Patent.

The Committee on Credentials reported the following additional names of gentlemen present at the afternoon session :

Dr. J. W. Cox, delegate from the Albany County Medical Society.

Drs. Levi Hubbard, and I. S. P. Lord, delegates from the Dutchess County Medical Society.

Dr. M. W. Campbell, delegate from the Rensselaer County Medical Society.

Dr. E. D. Jones, permanent member.

Dr. T. C. White, delegate from the Monroe County Medical Society.

Drs. S. D. Hand, and George P. Hand, delegates from the Broome County Medical Society.

Dr. H. B. Horton, delegate from the Albany City Dispensary.

Dr. T. D. Stow presented a paper entitled "Clinical Observations."

Dr. F. W. Hunt presented a communication entitled "The Medico-legal Diagnosis of Insanity. The Duties of Physicians as Witnesses before a Commission of Lunacy."

Dr. L. B. Wells reported, verbally, cases cured by high attenuations of remedies.

Dr. Holmes offered the following.

Resolved, That this Society fully realizes the importance to the people of this State, of protection against empiricism and ignorance of pretenders in medicine; also, the importance of the elevation of the standard of medical education; we, therefore, respectfully recommend the Constitutional Convention, now in session for the purpose of revising the Constitution of this State, that the Article proposed by the Committee appointed thereby, be embodied in the fundamental law of the State. [Adopted.]

The report of the committee having reference to the President's Inaugural Address was presented by Dr. Searle. [Accepted.]

In addition to the annual tax of three dollars, on motion of Dr. H. M. Paine, the Treasurer was authorized to levy a pro rata assessment on the County Medical Society for the purpose of providing for the present indebtedness of the State Society, which amounts to more than three hundred dollars.

Dr. Fraser, of Erie, Penn., was introduced by the Secretary. The doctor responded in a few appropriate remarks, giving an account of the status of the medical profession in Western Pennsylvania.

Dr. Searle presented a copy of a bill now before the Legislature, prepared with a view to the elevation of the standing of the medical profession, and offered the following:

Resolved, That the bill now pending in the Legislature, having in view the suppression of empiricism, and the elevation of the standard of medical education, merits our cordial approval and endorsement.

By Dr. H. M. Paine :

Resolved, That we hereby recommend the faculty of the Homœopathic Medical College in the city of New York, to refuse to receive certificates of study given by irregular practitioners.

Resolved, That we cordially approve the proposal having in view the establishment of a new lunatic asylum, under the auspices of the Homœopathic school; and that we earnestly recommend our brethren of the medical profession to extend to this measure all the assistance in their power.

The Secretary read a communication from Dr. H. Doty, Morgansville, Delaware county, having reference to the existence of a private asylum for the Homœopathic treatment of the insane, which he had recently established.

The Committee on Credentials presented the names of twenty new members present, in addition to those previously reported.

The Secretary presented and read by title the names of several reports and communications, which were referred to the Committee on Publication.

The following named gentlemen were elected officers for the ensuing year :

President—Dr. W. H. Watson, of Utica.

First Vice-President—Dr. T. F. Allen, New York.

Second Vice-President—Dr. T. L. Brown, Binghamton.

Third Vice-President—Dr. D. F. Bishop, Lockport.

Recording Secretary—H. M. Paine.

Corresponding Secretary—Dr. E. D. Jones.

Treasurer—Dr. Wm. S. Searle.

Censors—Drs. John Searle, L. M. Pratt, R. D. Bloss, Albert Wright, A. S. Ball, L. B. Wells, H. Robinson, Jr., T. D. Stone, L. M. Kenyon, C. Ormes, Geo. W. Lewis.

Executive Committee—The Officers of the Society, and Drs. Cox, Pratt and Delavan.

Committee on Materia Medica—Drs. C. Dunham, P. P. Wells, W. S. Searle, B. F. Cornell, W. A. Hawley, G. B. Palmer, H. B. Fellows, E. G. Cook.

Committee on Epidemics—Drs. F. W. Hunt, Henry Minton, W. H. Barnes, C. M. Mosher, T. D. Stow, D. D. Loomis, C. W. Boyce, G. W. Lewis.

Nominees for Honorary Membership—Drs. F. R. McManus, of Baltimore; T. C. Duncan, of Chicago; J. C. Morgan of Phil-

adelphia; F. R. Horner, Hull, England; Wm. Henderson, Edinburgh, Scotland; Wm. Bayes, Bath, England.

Nominees for Permanent Membership—Drs. T. F. Allen, E. P. Fowler, A. C. Hull, I. S. P. Lord, C. H. Carpenter, J. W. Cox, A. W. Holden, J. H. Ward, C. J. Hill, G. D. McManus, S. D. Hand, A. E. Wallace, C. B. Holmes, E. P. K. Smith, C. Sumner, E. G. Cook, G. W. Lewis.

By resolution, the President was authorized to appoint committees in the several departments of medical science, delegates to the several State Medical Societies in this country, and the American Institute of Homœopathy.

After adopting resolutions of thanks to the retiring officers, the Society adjourned *sine die*.

H. M. PAINE, M. D., *Secretary*.

EMPIRICISM.

MR. EDITOR,—Much has been said of late, by the so-called “Conservatives” in medicine, about the gradual breaking down of boundary lines, and the ultimate union of all systems; and, from a late Philadelphia journal, we learn an association has been formed in that city, large and liberal enough to include every self-styled “Doctor” and nostrum vender in the United States. “Misery makes strange bed-fellows,” as our step-brother has remarked, and every honest physician will rejoice that the nomadic empiric has at last found a shelter from the tempest in which he has been tost, and a mark by which he may be known.

Within thirty years a radical change has taken place in the treatment of diseases; the effects of small doses, administered in accordance with the law *Similia* have been witnessed, and allopathic physicians have been compelled to modify their treatment.

We feel proud of what truth has done all around us, but have to blush at the number of wolves who have stolen into the flock with the leprous mantle of empiricism about their shoulders; “all are not Israel, who are of Israel”—neither do all recognize the law *Similia*, who claim to be Homœopaths. The physician, whatever his claims, who prescribes without law or rule—guided only by the experience of himself or others, is scarcely “almost a Homœopath,” and sooner or later finds he has lost compass and rudder—ready “to destroy life, either by the naked knife,

or by the surer and safer medium of empiricism." From such we pray "Good Lord deliver us." Mongrelism, Empiricism and Quackery are half-sisters, and the sooner we are relieved from them the better. The room of a bad tenant is more valued than his company.

J. S. B.

January 14th, 1868.

THE VALUE OF THE BINDER AFTER DELIVERY.

THERE is as a tendency in certain quarters towards abandoning the custom of applying the bandage to puerperal women. We present the arguments *pro* and *con*. D. Clark, M. D. (*Western Journal of Medicine* Feb. p. 89), thus sums up its advantages: The binder is said to maintain the tonic contraction of the uterus, thus preventing inertia and hæmorrhage; it gives support to the abdominal parietes; it promotes a return to the natural condition of the uterine parietes; it prevents the afflux and stasis of the fluids, the engorgement of the uterine walls, the dilatation of the cavity of that viscus, and it diminishes the after-pains; last, and most important, it prevents syncope. I am by no means oblivious to the fact that it may be arranged so bunglingly and unskillfully as to do harm rather than good. The same is true, however, of bandages in surgery, but bandages are not for that reason banished from surgical practice. Why should they be from obstetrical? The chief danger is that of drawing it *too tight*.

The cases especially demanding the application of the binder according to his opinion are: 1st. Where there has been hæmorrhage, more or less severe, which has been controlled by other means: 2nd. When there is great nervous exhaustion, with tendency to syncope. In this, as in the preceding case, it should not be employed to the exclusion of other means, such as lowering the head, the giving of stimulants, etc., but as an adjunct to them. 3d. Where there has been unusually great distension previous to labor, as in small women with large children, multiple pregnancies, and superabundance of the amniotic liquor. 4th. Where there is marked relaxation and flabbiness of the muscles and skin as frequently seen in multiparæ. 5th. I should not be likely to refuse the request of any patient who should wish to be bandaged. And if the binder increases her

comfort, as is usually the case, I should advise it to be worn. If, however, there is no tendency to hæmorrhage, exhaustion, or syncope, and the patient should be burdened or annoyed by the bandage, I should think there would be little if any risk in removing it.

Guernsey, in his *Obstetrics*, p. 492, sums up the objections to the application of the binder as follows: 1st. It will be evident from a moment's consideration of the natural position of the fundus uteri, inclining forward, that the application of a bandage could not but change this position so as to render the uterus itself nearly perpendicular to the plane of the superior strait. This must, of course, bring the uterus into a line with the axis of the superior strait; this position must evidently be more favorable to prolapsus, and it may even lead to retroversion. 2nd. The great object intended to be secured by the bandage, is to promote the contraction of the parietes of the abdomen, both for the safety of the patient, and for the symmetry of her form. Now, we believe not only that this is better accomplished by nature in her own way, uninterfered with by mechanical and compulsory appliances, but that such appliances actually weaken the walls of the abdomen, and so in reality tend to defeat the very object sought to be secured. 3rd. The omission of the bandage, as we have found by much experience, by allowing free circulation in the adjacent parts, and avoiding unnatural compression of the peritoneum and uterus, in many cases removes much of the danger from peritoneal inflammation, and greatly facilitates the speedy recovery of the patient.

A HOMŒOPATHIC UNIVERSITY.

CHICAGO, *April 5th*, 1868.

MR. EDITOR,—The daily papers announce the final success of our friends in Michigan, in obtaining a legal recognition of the claims of Homœopathy. The Board of Regents of the State University have provided for a Homœopathic branch of that Institution, to be located elsewhere than in Ann Arbor, and have, with great good sense and discretion, placed our excellent friend, Prof. C. J. Hempel, at the head of it.

As it is probable, therefore, that we shall soon have another

Medical School, will you allow me to suggest a plan for its organization and operation?

I apprehend there are Homœopathic colleges enough already in existence in America, unless the plan of teaching and the scope and thoroughness of instruction in the new ones should be made to fill a higher and more pressing professional need. I would, therefore, most respectfully recommend that Dr. Hempel's School be organized and equipped as a higher college, or university, whose lectures all our students and practitioners would gladly attend, and whose diploma they could obtain, by earning it, in addition to those of the other schools. The curriculum might embrace the same branches, but the lectures could begin where our present teachers, for lack of time, are forced to stop. The lecture-season might be so arranged as to commence in April, and close with July. This would allow students from all our colleges, and the allopathic institutions also, as well as practitioners generally, to attend. And more than this, the best talent in our school of medicine might be drawn into the faculty and made available.

I submit that, while it would neither interrupt, supersede, or reflect upon the character and usefulness of the colleges now in existence—whose faculties are self-denying and earnest to the last degree—this plan would contribute amazingly to the character and dignity of our branch of the medical profession.

Yours, etc.,

HOROSCOPE.

CLINICAL OBSERVATIONS.

BY T. DWIGHT STOW, M.D., FULTON, NEW YORK.

(From a paper read before the New York State Medical Society, February 14th, 1868.)

Cephalalgia Migræna. E. D., aged nineteen years; hair dark brown; eyes grey; complexion sallow; height five feet nine inches; weight 133 lbs.; and a moulder by trade, had, when seven years of age, an attack of cephalalgia migræna, which had, up to the time of making my prescriptions, some time in July, or August last, continued with intervals of two or three months, and lasting variedly, from three days to three weeks. He had been treated allopathically for much of that time, but finally becoming disgusted, quit all medication.

Symptoms. Intense pain over right eye, and seemingly through the supra-orbital foramen; pains as though a needle were pushed through into the brain, pressure from without, within, appetite disordered, sometimes mad delirium, nausea and vomiting. Eye red, swollen and protruding.

Characteristics. Coming on in morning, at or near nine o'clock, generally stopping at 2 P.M. Aggravated by noise, washing hands in cold water, dropping the head forward, stepping heavily. Amelioration, by soft pressure, lying on back, heat.

Treatment. Gave *Ign. amara. c.c.*, one dose; *Sac. lac.* 12 powders. Within two hours pain entirely gone, and up to Feb. 6th, 1868, had no return. What is better, he was never so well.

CASE 2ND. February 1st, was called to see Miss E. A., an unmarried lady of nineteen. Complained of soreness in throat, chills, lameness, headache, dysphagia, tongue coated completely, with a thick dirty yellow fur. Had in the onset a heavy chill, and afterwards fever and vomiting. Examining her fauces, found bright redness, with swelling of tonsils, velum pendulum palati, and uvula. Tonsils, uvula, and palatine arch, thickly covered with a tough, greenish yellow diphtherite. Her hands and feet were cold, and inclined to be purple, face deep purplish red. Second and third days breath so offensive as to nauseate bystanders.

Characteristics. Soreness and pains in fauces, commenced in left side and extended to right. Swallowed fluids best, empty deglutition almost impossible. Worse in the morning, and on waking from sleep. Sense of tumor in throat. When swallowing pain extending to left ear.

Treatment. *Lachesis*, 200, cured the case in four days. No other remedy used. Administered it every three and five hours.

PÆONIA OFFICINALIS IN ULCERS.

BY DR. OZANAM, PARIS, FRANCE.

From a Paper read at the International Homœopathic Congress of 1867, in Paris. Translated from the Bulletin de la Soc. Med. Hom. de France, Vol. VIII., No. 7.

EVERY BODY is familiar with the peony, that large and beautiful flower, with its bright color, its arborescent stem, of the family

of *Ranunculaceæ*, the ornament of our gardens. In ancient times some use had been made of this plant in the treatment of epilepsy and eclampsia of infants. This has been abandoned in modern times, but wrongly, for we read in the German journals, that a young soldier could not smell a peony without experiencing syncope and cold sweat, showing the Homœopathicity of the remedy.

The natural method of studying medicines bequeathed to us by Hahnemann, enables us to advance a step further. The observations of Hartlaub and Trinks relative to this drug, have thrown some light upon its action. Still, up till now, the pathogenesis of peony has been very meagre; it scarcely fills a page of the fourth edition of "Jahr's Manual" and has been altogether omitted from the last edition, and yet it is hardly doubtful that the future will reveal to us a store of new and precious qualities among the physiological effects of this little-known plant. The little we know has already furnished us with admirable results in the treatment of *different sorts of chronic ulcers*, and in particular of *those seated on parts of the body below the umbilicus*.

Infundibuliform ulcer of the coccyx.—In August, 1859, I was sent for to the Little Seminary of Paris to see a laundress of the establishment. This woman, *æt.* about fifty, otherwise healthy, never having had any signs of phthisis, fissure of the anus, or fistula, had, six months previous, a small abcess just below the coccyx. This abcess never grew larger than a hazle nut; it soon opened, but the wound in place of healing up remained open. The bottom of the abcess did not fill up, only the surrounding border contracted a little, and there remained a funnel-shaped ulcer, about a centimeter deep, by the same in circumference. The bottom and the walls were of a bright red color, and a purulent secretion constantly exuded. Careful examination with the probe led to the discovery of no fistula of any kind; the wound extended as far as the eye could reach, no farther. Compression, cauterization with *Nitrate of silver* and *Tincture of iodine*, and many other remedies were tried in vain.

Whilst reflecting on the singular position and form of this ulcer, I all at once bethought me of the distinctive character of *Pæonia*, as given in the fourth edition of "Jahr's Manual." Exuding and fœtid ulcers, near the anus, towards the perineum.

In view of this striking similarity I could not hesitate. The indication was precise. I gave *Pæonia* three times a day, both internally and as a lotion, and in eight days cicatrization was complete. It was a curious circumstance that the cure did not take place by the filling up of the bottom, but by the contraction of the circumference, so that in the last days of its existence, when the ulcer was reduced to the size of a pin's head it continued to be of the same depth as at first. Some years have elapsed since then, and the cure has continued perfect.

Hæmorrhoids, with very painful fissures in the anus.—Count de X., of nervous and irritable temperament, had been afflicted for three weeks with piles, not large, but complicated with two fissures in the anus. They are in the middle of the folds of the mucous membrane, swollen by the inflamed piles, and they are so painful that the patient groans all day long with them. But it is especially when he goes to stool, and about half an hour afterwards, that the pains are intolerable. It is a sort of neuralgia, something like tooth-ache. The patient had used *Bell.* in large and small doses, *Laudanum*, *Chloroform*, *Ung. populeum*, as also a number of other ointments applied to the anus.

He was about to put himself in the hands of a surgeon in order to undergo the painful operation of lacerating the sphincter by dilatation. It occurred to me to try *Pæonia*. I employed it externally only, five drops of the third dilution, mixed with a bowl of water, with which he bathed the parts every two hours. I gave at the same time, on alternate days, *Sulphur* 30th, and *Nux vom.*, 12th, to remove the hæmorrhoidal diseases. I had occasion to congratulate myself on this, for the second day the pains commenced to diminish; the fifth day they had completely disappeared; cicatrization was complete, and yet the piles remained more or less swollen for a fortnight afterwards.

Thus, though I was obliged to give several remedies simultaneously in order to meet the complex indications, I have no hesitation in ascribing the immediate amelioration and the cicatrization of the painful fissures to the *Pæonia*, because the action of the other remedies specially indicated for the hæmorrhoidal swelling, required more than two weeks to effect a cure.

Ulcer of the breast.—Since the above was written, I had an opportunity of treating a country lady, aged about sixty, who for four months had had a small ulcer about a centim. in diameter, on the lower part of the left breast. It was the consequence

of an abscess which had been healed. The wound had been dressed with sundry irritating ointments; then Homœopathic treatment had been followed, and lastly it had been cauterized with the perchloride of iron, but the disease remained as before.

I gave on the 25th December, 1866, *Pæonia*, 3rd, internally and externally, and the following month I had the happiness to learn that the cure was complete.

Thus the curative power of *Pæonia* is not restricted to the inferior parts of the body, and I am persuaded that it embraces all portions of the body.—*British Journal*.

[Dr. C. A. Wilbur, of this city, treated a case similar to Count de X.'s, with good results. He used the *Pæonia* tinct. both internally and externally.—ED. MEDICAL INVESTIGATOR.]

ABIES.

I HAVE, since 1849, been more or less engaged in provings, for the most part, of indigenous remedies. None of the provings, however, have been continued long enough to approximate to full and exhaustive tests of their pathogenetic relations. But though incomplete, they have not unfrequently afforded me valuable aid; and I have concluded that it may be advisable to give occasionally to the profession such characteristics as therapeutical experience has appeared to define clearly.

Of *Abies*, I have partially proved four species, *Abies Canadensis*, *nigra*, *americana*, and *balsamea* (otherwise termed *larix Americana*), and I find one marked characteristic common to the four, (but most marked in the *A. Canadensis*, which I consider as altogether the most powerful drug of the four), a tendency to produce a *gnawing, hungry, faint feeling at the epigastrium*.*

This is, with many invalids, a very troublesome symptom, prompting them to eat far beyond their capacity for digestion.

Since using *Abies Canadensis*, I have been much more successful in controlling this condition. I think I have found it most efficient where this symptom has been associated with a torpid liver. This I give as an opinion, the characteristic effect is a well ascertained fact.

* No doubt the faintness produced by chewing the gum of the *A. nigra* is due to this characteristic property of the genus.

Perhaps it may contribute somewhat to a successful use of *Abies* if I add, that one subject, on whom I made two distinct provings of *Canadensis*, complained during the first of a tipsy feeling, and during the second of a swimming of the head. Another subject complained of feeling light-headed. Distension at the epigastrium, and increased action of the heart were also produced.

If others find *Abies* as useful as I have in controlling the troublesome symptom for which I have chiefly used it, then this sketch, slight as it is, will be worth the space it occupies.

KENOSHA CURE.

H. P. GATCHELL.

BRYONIA IN A CASE OF CEPHALAGIA.

BY R. E. BELDING, M.D.

Read before the Central New York Homœopathic Medical Society, March 12, '68.

G. G. M., *æt.* 25, tall, slender, light hair and eyes, nervous temperament, was taken, on February 6, 1868, with the following symptoms: Sticking, jerking, throbbing pains from the forehead, molar bones, and upper teeth, back to the occiput. Soreness of the eye-balls, *hot, scalding* tears, and nasal discharges. Says the internal head feels as if the eyes were removed, and *molten lead* poured in the sockets and nasal passages. Delirium, talking incoherently, distracted with pain; profuse sweat, with chills; dry cough; pains worse from the least motion.

Remembering a remark of Carroll Dunham in the "Homœopathic Review," Vol. VI., page 110, that *Bryonia* was characterized by sticking, jerking, throbbing from the forehead, teeth, and malar bones to the occiput, from before backward, and that there was much dread of motion, *Bryonia*, 200th, three doses, was given, and in two hours the pain was gone, and the patient asleep. Some soreness remained for a day or two, and the next night he had a slight return of the pains from being up nearly all night, and getting chilled, but another dose of *Bryonia* set all right immediately.

These attacks are hereditary, his father being to this day a great sufferer from like attacks. Since the son was four years old, every year has brought him from one to three attacks,

mostly in winter, from the acute pain of which he has never before escaped in less than seventy-two hours, and sometimes it lasts nine days, leaving him very much prostrated.

You will observe one or two symptoms in the case which you would not expect to find under *Bryonia*, such as the intense burning in the eye sockets and nasal passages, with the profuse, watery, burning discharge from the nose and eyes; but these were the first to disappear.

These attacks commenced with sneezing, and a stuffed feeling of the nose and whole head, and arise from taking cold, and from severe mental exertion.

If this may help to impress on your minds a characteristic of this remedy, and you be thereby enabled to relieve some of these distressing cases, my object in writing this paper will have been accomplished.

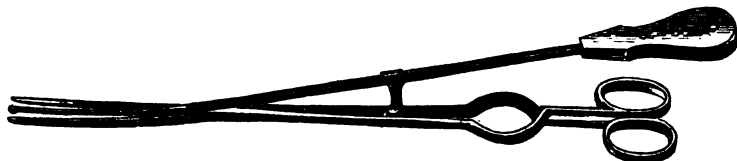
DIGITALIS IN VICARIOUS MENSTRUATION.

BY WM. HENRY HOYT, M.D.

Read before the Central N. Y. Homœopathic Medical Society, March 12, 1868.

Mrs. R. R., *æt.* 26, blonde, good physique, pulmonary tendencies hereditary. Coming up Lake Ontario last summer was seized with a peculiar cough and strangulation, which seemed almost to choke her to death. The paroxysm lasted an hour or more, and resulted in the expectoration of a liver colored mass of sputa. These attacks repeated themselves frequently, and usually came on before the catamenia, with pains in the chest, difficulty of using the arms; pain in the hepatic region, and through the back, and extending to the knees. Pain in the scapular region and hand of right side, with paralytic sensations. Cough at night, choking and spasmodic, compelling her to jump out of bed, with attacks of choking, and a valvular constriction in the throat before discharging the sputa. *Expectoration of a solid, bloody mass of mucus*, which, when discharged, affords immediate relief. Occasional leucorrhœa before catamenia, also nasal hæmorrhage. Changes of weather bring on the attack, followed by the expectoration of tough, ropy mucus at night. Cough at times like whooping cough. Sore throat, and soreness of œsophagus. Great difficulty in detaching the mucus; oftentimes presenting a rusty, black, and clot-like appearance. Cured with *Digitalis*, 12th.

LUDLAM'S MODIFICATION OF ATLEE'S UTERINE DILATOR.



By an inadvertence, this cut, printed in our last issue, was inverted. In order to do justice to ourselves, and to give a more correct idea of the instrument, we reproduce it. In using the modified dilator, the rest through which the sound is introduced may be lifted out, and all of the instrument except the sound itself removed. This makes it of use in the diagnosis of certain uterine displacements, as well as in the treatment of dysmenorrhœa.

WHAT IS IT?

READERS MEDICAL INVESTIGATOR.—Mrs. T——, *æt.* twenty-three, dark hair, black eyes, bilious temperament, experienced a feeling of soreness, as if she had taken cold. Forty-eight hours thereafter, a crop of small pimples or pustules, which she described as little boils, made their appearance. The joints and muscles became very sore, especially the elbows and shoulders.

At this time I was called, and in addition found the following symptoms. Tongue coated white, breath fetid, pulse 112, thready and irregular—beating about twelve times quick then five slow—bitter taste in the mouth, appetite normal, and bowels regular. Pains worse at night, and on lying down. Dull headache, worse when swallowing. Roaring in the ears; perspiration excessive. On inquiring, found that the menses had been very irregular in time, and excessive in quantity, accompanied with very severe pain across the lower part of the abdomen and loins. She had also dull heavy pain in the temples, causing nausea. The eruption had assumed a character different from any thing I had ever seen. The pimples had increased in size so that many were as large as a dime, of a brilliant scarlet color, resembling large red warts, and containing no fluid of any character. The intervals were of natural color.

Having never seen any thing like it, I prescribed for the symptoms, so far as I could make any thing of them, *Rhus. tox.* 3rd dec., three drops in two ounces of water, to be taken in teaspoonful doses every three hours.

Next morning I found my patient better. The soreness of the joints was nearly gone; in fact, all the symptoms had abated excepting the eruption. It continued unchanged during four days' treatment, in which time I gave her every thing I thought could possibly have any bearing upon the eruption. The case then, in consequence of my own illness, passed into the hands of an allopathic physician. Its termination I do not know.

Please give your diagnosis and the therapeutics.

Yours, fraternally,

R. ARNOLD, M.D.

CRIGLER'S MILLS, MO., *March* 15, 1868.

[We are inclined to the opinion that the disease was of a syphilitic character. Let us hear the opinion of other readers. Have you met with similar cases? We would ask Dr. Arnold if this attack was near the menstrual period? If she had had syphilis? If the eruption was general? Had it caused itching or soreness? If there had been any discharge from the pustules? If she had taken much medicine, especially *Merc.* or *Kali.*, and what, in his opinion, was the cause of the menstrual irregularity.—Ed.]

ON THE DEATH OF DR. MAY.

AT an adjourned meeting of "*The Kings County Homœopathic Medical Society*," held in Brooklyn, N. Y., on Tuesday evening March 11, 1868, the following resolutions were adopted, viz. :

WHEREAS, Since the last monthly meeting of "*The Kings County Homœopathic Medical Society*," we have been called to attend the funeral obsequies of our much esteemed friend and colleague, HORACE MAY, M.D., who has been an honored member of this society since its foundation.

Resolved, That, while we bow in humble submission to Almighty God, who, in his inscrutable providence, has thus suddenly bereft us, we cherish a high respect for the memory of our beloved brother, who, by his untiring devotion to the duties of his profession (for seventeen years in this city), has won the confidence and esteem of a large circle of friends and patrons, who now mourn with us the loss of a beloved physician and dear friend.

Resolved, That, by his sudden death, we who remain are ad-

monished to increased diligence and faithfulness in discharging the duties of that profession to which he was so ardently devoted.

Resolved, That we tender to the family and friends of the deceased our heartfelt sympathies in their affliction, and the assurance that we shall ever cherish in kind remembrance our departed brother's worth.

Resolved, That a copy of these resolutions be handed to the widow of the deceased, and also that they be published in the city papers, and in the medical journals.

A. C. BURKE, M.D., *President*.

B. FINCKE, M.D., *Recording Secretary*.

REVIEWS AND NOTICES OF BOOKS.

ANNUAL REPORT OF THE NEW YORK HOMŒOPATHIC DISPENSARY for 1867.

Although this institution has been in existence but six years and seven months, it has treated 59,075 cases. For the year 1867 there were treated 11,073 cases. Prescriptions 25,375. Visits 5,523.

CHEMICAL NEWS. W. A. Townsend & Adams, New York. A Monthly. \$3 per annum.

To what extent homœopathic physicians take this reprint of sterling value, I know not; but, if they have any love for chemical and physical science, here may be found much valuable information.

O. W. T.

THE GOOD MAN'S LEGACY. An excellent sermon, by REV. SAMUEL OSGOOD, D.D., with portrait and sketch of Dr. R. Rothe, of Heidelberg. S. R. Wells, New York.

JOURNAL OF GEOGRAPHY AND COLLATERAL SCIENCES: A record of Discovery, Exploration, and Survey. By Messrs. Colton & Co., New York. \$1 a year.

This quarterly journal is of interest to the medical man, from the fact that it has a direct bearing upon medical geography.

EDITORIAL

DO MEDICAL SOCIETIES PAY?

To those who have watched the moulding influence that these bodies have had on the progress of Homœopathy in America, this may seem a useless question. All will admit that they are beneficial to us as a body—collectively—but very many seem to think that they are of little avail to them individually. This latter fact is evident by the records of our societies. Take the “list of members” of any state society, and how many of the names of resident physicians will appear therein? Not one-third. Again, at the annual sessions only about one-sixth of the fraternity of the state will be in attendance. The same fact is noted at the sessions of our national organization.

The following are some of the pleas urged by these non-members: “It is too great a distance to go.” “I will lose too much time.” “Am too busy to leave.” “My patients will not let me go just now.” “Can not go unless I steal away.” “If I go away it will cost me a number of patients.” “Dr. —— won’t go, but will try to supersede me.” “I do not see that there is much that is practical presented at these meetings—principally long-winded papers and theoretical discussions.” “If I thought there would be experience given on the treatment of rheumatism, diabetes, bilious fever, dysmenorrhœa, consumption, etc.—diseases that we have to treat every day—why I would willingly leave my practice for a *whole* week to hear it.” “Take all things into account I do not think it will pay *me*.”

There are those who look at the subject differently, who are generally found at these medical meetings, no matter where they are held. They believe it pays them personally. They look at the subject somewhat in this light. “It is such a relief to be away from the cares of practice for a short time—the rest does me good. I generally advertise my patients that I *must* go to this or that medical gathering, to read a paper, to pick up ideas for their benefit, etc.; they generally manage to wait, and seem to think the more of me when I return. I then have a rush of business, and soon make up the slight expense of the trip. Many of the ideas presented in the papers and discussions are valuable indeed. They tend to expand the mind, and make one more observing, scientific and practical. I hear more at one of these sessions than I have time to read in six months at home.

“It is true, counting the absence from business, that one of these annual gatherings costs me from ten to one hundred dollars, and sometimes more; but I generally make it up before the year is out. It is said that every idea is worth a dollar. I have gained some that are worth twenty times

that. It is a very meagre society in which I can not pick up a dozen new ideas at least. Do they pay me? *I only wish I could attend them all.*"

We believe these Medical Conventions pay well. If not, it is generally our own fault. We believe they may be made yet more valuable, and much better attended. This question is being carefully considered by our older state bodies. The Massachusetts Medical Society has lengthened its session to two days, the New York to three, and the American Institute to four days, to give more time to the discussion of practical topics. Subjects for discussion are being selected at a previous session so that all may come prepared to contribute their practical ideas. A particular hour should be designated for certain reports and discussions. Every member should be called upon to participate in the discussions. A few should not monopolize all the time. Rambling discussions should not be permitted. As we have before intimated, condensed reports on the improvements, discoveries, etc., in the different departments of medicine presented annually, would keep us all abreast of the times. All the state societies should shortly become delegated bodies. Their annual sessions should be so held that other state delegates could attend. We observe that Michigan, Connecticut, Maine, and Illinois Societies all meet on the same days. The same is true of Minnesota and Ohio medical organizations; the latter conflicts with the session of Am. Institute. County societies should be tributary to state bodies, and the latter to the Western and American Institutes. The sessions might be held consecutively, so that delegates could visit "all around." If delegates reported back to the societies from which they were appointed, greater good would certainly result, they would perform their duties better. Every county having five physicians, should at once form a society and one of these five should be a delegate. It would certainly pay.

SOCIETY REPORTS.

COOK COUNTY MEDICAL SOCIETY.

DR. MILLER.—I should like to hear some suggestions on the treatment of erysipelas. I have a bad case in a very fleshy child five months old. The vesicular eruption covers one half of its face and head. The child has been sick four days, and my remedies, *Bell.*, and *Rhus.*, do not seem to afford relief.

DR. LORD.—In vesicular erysipelas I have seen grand results from local application of *Bell.* 0, a teaspoonful in a pint of water. The patient is generally well in two or three days. In the vesicular variety *Bell.* and *Rhus.* have been my principal remedies, if deeper, *Apis.*

DR. LUDLAM.—I have found *Canth.* a good remedy in facial erysipelas of the vesicular variety.

DR. BALLARD.—*Anacardium* is said to be indicated in cases of that kind.

DR. E. M. P. LUDLAM.—I had a case recently. A young lady running a sewing machine pricked her finger. It began to inflame, and she went to an old school physician, who painted it with *Iodine*. In a day or two the swelling and redness had extended up the arm, and the hand was covered with vesicles. He then painted, with the *Iodine*, a ring around the arm, above the erysipelatous inflammation. The disease still spread, and she became alarmed and came to me. I dressed the raw vesicular surface with

cloths wet in *Arnica* water, and prescribed *Canth.* internally. The case was well in a few days.

DR. A. E. SMALL.—I but seldom prescribe local applications. I had a case however, some time ago where the local irritation—itching—was most distressing, I then prescribed a lotion of *Urtica* and it allayed the itching and inflammation in a short time. The remedy I prescribe most frequently in these cases is *Lachesis*.

DR. R. LUDLAM.—In what attenuation!

DR. A. E. SMALL.—In the 30th or 200th; I prescribed the latter the most frequently.

DR. BALLARD.—I had a case where the disease commenced on the right shoulder, passed up the neck, over the head and down the other side to the left elbow. It then left there, began again on the right shoulder, and went over the same ground. It went for the third time over the neck, head, etc., desquamation taking place each time. The patient recovered with the loss of the hair.

DR. S. P. HEDGES.—I recently had a case somewhat similar. The disease began in the left knee, passed up the thigh, and down the other limb to the knee. It then left the knee and went to the face. I learned that in two previous attacks the disease traveled over the same ground. I applied very thin cloths saturated in water containing a few drops of *Bell.* The pain was so severe that the thinnest cloths were necessary. I do not know what remedies she had taken during the previous attacks, but she stated that under my treatment she suffered less pain, and was well sooner than previously.

DR. BALLARD.—I have used external applications in only two cases, one was in the case mentioned below, *Rhus.* in glycerine seemed to stay its course. In the other I used *Bell.*, which relieved the burning, and the patient was well in a week. Some time ago, I had a very marked case of phlegmonous erysipelas attacking the face and head. He did not improve, the friends became very much concerned about him. One night I dreamed about the case, thought the disease very much worse, the head enormously swollen, and pus discharging from the ears. In running over the remedies, I excluded them all but *Merc.* and *Ars.* I thought I then excluded *Merc.* and prescribed *Ars.* Just then I was aroused to go and see my patient, who was reported much worse. I found him with the symptoms above enumerated. In running over the remedies, I settled down on *Merc.* and *Ars.*; finally laid aside *Merc.* and prescribed *Ars.* My patient recovered. My dream did not recur to me until some time afterward.

DR. LORD.—I have recently met a few cases of erythema nodosum, so accurately described by Dr. Wilson. A small spot of skin will become very red, and finally changes to a blue, as if bruised. Sometimes there are several of these, but they do not spread. I have met them in young, chlorotic girls. *Bell.* and *Hepar.* have cured the cases nicely. I think these cases liable to be mistaken for erysipelas.

DR. WOODWARD.—I have had a case of erysipelas, in which I prescribed *Canth.*, and the case was much better, when about convalescence, acute inflammatory rheumatism set in, locating itself in the wrist and ankle joints. I gave him various remedies that seemed indicated, but without benefit. At last I prescribed *Canth.* again, and the erysipelas and rheumatism disappeared together.

DR. R. LUDLAM.—Dr. Small, what diet do you prescribe for your patients ill with erysipelas?

DR. SMALL.—I usually consult the condition of the patient, and his appetite for food.

DR. MILLER.—Did any member ever see any bad results following the use of local applications in this disease. I have a prejudice against them.

DR. LUDLAM.—I have not seen any bad results from emollients; I use the slippery elm or cranberry, I prefer the elm. The chief objection to the cranberry is its sanguinary look.

DR. A. E. SMALL.—Did you ever see any good results from their use?

DR. R. LUDLAM.—I confess that I can not say that I have. I use them more to ease the mind of the patient than for any other reason.

DR. A. E. SMALL.—In the case I reported I looked upon the disease as a local one, and therefore prescribed the local application.

DR. MILLER.—I use cotton batting.

DR. SMALL.—I have sprinkled flour over the raw, cracked surface, sometimes with good effect.

DR. E. M. P. LUDLAM.—I have a relative who has an occasional attack, he applies a solution of sugar of lead which dries it up at once.

DR. SMALL.—I knew one case that died from drying up an erysipelatous eruption.

DR. MILLER.—I knew a boy who became idiotic from suppressing this disease with sugar of lead.

DR. M. H. BAKER.—In my own case I have used acetic acid, locally, with good effects—curing it up at once.

DR. L. H. HOLBROOK.—Did any member ever hear of erysipelas kindling up heart disease? I have heard of such a case. The *kind* of heart affection I did not learn.

BY ORDER OF PUB. COMMITTEE.

SOCIETY GATHERINGS.

THE annual sessions of many of our most important societies will be held during May and June. Every wide-awake physician will give his influence, experience, and presence to make these meetings interesting and very profitable. New York and Massachusetts have had valuable society gatherings.

ONONDAGA COUNTY (N. Y.) SOCIETY holds its annual meeting May 5th.

MIAMI MEDICAL SOCIETY meets in Dayton, Ohio, May 7th.

KINGS COUNTY, (N. Y.) MED. SOC. holds its annual session May 12th.

PENNSYLVANIA MED. SOCIETY will meet (May 12th) at Harrisburg, for a two day's session. Reports are expected on *Provinge, Clinical Medicine, Improvements in Surgery, Recent Improvements in Obstetric Science, Dietetics, Statistics, Epidemics and Endemics, and Hygiene*. As the papers are limited to fifteen minutes, a spicy time is anticipated. Reports as well as delegates are expected from other states. Delegates: Ills., Dr. Ludlam; N. Y., _____; Mass., _____; O., _____. Papers may be sent to Dr. B. W. JAMES, Philadelphia, *Recording Secretary*.

INDIANA (MEDICAL?) INSTITUTE meets (May 13th) at Indianapolis. A noisy but profitable time is again anticipated. Delegates: Ills., Dr T. C. Duncan; N. Y., _____; Mass., _____; O., _____.

N. G. BURNHAM, *Recording Secretary*.

ILLINOIS MEDICAL ASSOCIATION holds a two day's session (May 19th and 20th) in Chicago. A very large attendance is anticipated. A number of practical papers are looked for, *one at least from each physician present*. The interesting subject of "Dysmenorrhoea," its treatment, etc., will be fully discussed. Let every one come "loaded," prepared to "tell his experience." Delegates: Pa., Drs. J. C. Morgan, and J. A. Huron; Mich., Dr. J. D. Craig; Ind., Dr. Stockham; Ohio, _____; N. Y., _____; Mass., _____. Delegates that were appointed to other societies are expected to report.

Dr. E. M. P. LUDLAM, *Corresponding Secretary*.

MICHIGAN INSTITUTE unfortunately meets on the same days, at Grand Rapids. Reports are expected on all the departments, and also upon special topics. A large attendance is desired. Delegates: Pa., Drs. M.

W. Wallace, and A. H. Ashton; O., _____; Ind., Dr. W. Eggert; Ill., E. M. Hale; N. Y., _____; Mass., _____.

E. A. LODGE, *Secretary*.

THE CONNECTICUT HOM. MED. SOCIETY holds its annual meeting at New Haven on Tuesday, May 19th. W. W. RODMAN, M.D., *Rec. Sec.*

MAINE MEDICAL SOCIETY will meet at Bangor, May 20.

Dr. G. H. PULSIFAR, *Rec. Sec.*

WESTERN INSTITUTE holds its fifth annual session (May 21st and 22nd) at Milwaukee, Wis. As the Illinois and Michigan societies will be tributary to this one, a very large gathering is unavoidable. Reports are booked on Improvements in Surgery and Obstetrics, on Electricity, Surgical Cases, Conduct of Physicians during Labor, Pessaries, Nephritis, Malaria, Prolapsus Uteri, Medication by Inhalation, Fistula in Ano, Pharmaceutical Preparations, Ophthalmia, Surgical Anatomy, Materia Medica, Trichinæ Spiralis, and Homeopathy—a substantial bill of fare. Medical Education is expected to again come up.

Dr. G. W. BARNES, Cleveland, Ohio, *Corresponding Secretary*.

OHIO MEDICAL SOCIETY meets (June 2nd and 3rd) at Columbus. With regular and voluntary reports, an instructive time is anticipated. A large number of delegates on their way to the American Institute will swell the attendance. Delegates: Ind., Dr. N. G. Burnham; Ill., Dr. L. Pratt.

Dr. A. SHEPHERD, Glendale, *Secretary*.

MINNESOTA INSTITUTE will meet (June 2nd) at Minneapolis. An interesting time is hoped for. A large number of visitors should be present. Delegates on their way to the American Institute should not overlook this young society.

H. WEDELSTAEDT, M. D., *Secretary*.

AMERICAN INSTITUTE OF HOMŒOPATHY. The twenty-first annual session will be held in St. Louis during the first week in June, 1867.

The *preliminary meeting* will be held on Tuesday evening, June 2nd, at 8 o'clock, for the formation and renewal of fraternal relations, and for the purpose of transacting such necessary business as will expedite the organization of this session of the Institute.

The regular session will commence on Wednesday, June 3rd, at ten o'clock, and will continue three days.

On Wednesday evening, the Address will be delivered by Henry B. Clarke, M.D., of New Bedford, Mass. *Alternate*, William H. Watson, M.D., of Utica, N. Y.

Reports will be made by the following Bureaus:

Materia Medica, Pharmacy and Provings:—Drs. Conrad Wesselhoeft, Harrison Square, Mass; Walter Williamson, Philadelphia; Wm. E. Paine, Bath, Me.; E. M. Hale, Chicago, Ill.; Samuel B. Barlow, N. Y.

Clinical Medicines and Zymoses:—Drs. Henry D. Paine, N. Y.; S. M. Cate, Salem, Mass.; D. H. Beckwith, Cleveland, O.; P. P. Wells, N. Y.; J. C. Burgher, Pittsburg, Pa.

Obstetrics:—Drs. Henry N. Guernsey, Philadelphia; S. C. Sanders, Cleveland, O.; S. H. Woodbury, Boston, Mass.; Reuben Ludlam, Chicago, Ill.; Tullio S. Verdi, Washington, D. C.

Surgery:—Drs. Wm. T. Helmuth, St. Louis; Jacob Beakley, N. Y.; Gaylord D. Beebe, Chicago, Ill.; E. C. Franklin, St. Louis; George F. Foote, Philadelphia.

Organization, Registration and Statistics:—Drs. Henry M. Smith, N. Y.; Horace M. Paine, Albany, N. Y.; Bushrod W. James, Philadelphia; Wm. F. Jackson, Roxbury, Mass.; T. Cation Duncan, Chicago, Ill.

Physiology:—Drs. J. H. P. Frost, Philadelphia; C. Vastine, Trenton, N. J.; T. P. Wilson, Cleveland, O.; H. P. Gatchell, Kenosha, Wis.; J. J. Mitchell, New York.

Hygiene:—Drs. Carroll Dunham, N. Y.; George E. Shipman, Chicago, Ill.; T. G. Comstock, St. Louis, Mo.; J. H. Pulte, Cincinnati, O.; C. W. Boyce, Auburn, New York.

Anatomy :—Drs. T. F. Allen, N. Y.; John C. Morgan, Philadelphia; H. C. Allen, Cleveland. O.; Melville Bryant, N. Y.; Jabez B. Holtby New York.

Committee on Medical Education :—Drs. John C. Sanders, Cleveland, O.; George S. Walker, St. Louis; Stephen R. Kirby, N. Y.; Daniel Holt, Lowell, Mass.; D. S. Smith, Chicago, Illinois.

Necrologist :—Dr. Henry D. Paine, New York.

It is requested that communications pertaining to either of these Bureaus or Committees, should be forwarded to one of the members thereof before the 20th of May.

Homœopathic physicians wishing to become members, can obtain blank applications of the General Secretary, which they are requested to return to him, properly filled, before May 15th, or to the President, William Tod Helmuth, M.D., St. Louis, before June 1st, 1868.

It is important that all Homœopathic societies and institutions should be represented by delegates in the following proportion :

Associations of more than fifty members from different States, *two* ; State societies, *two*, with one additional for every twenty members; County or local societies, *one* ; colleges, hospitals, dispensaries, and medical journals, *one* each. When not otherwise appointed, local societies are authorized to appoint delegates for Homœopathic institutions.

This will probably be a large meeting of the Institute, and it is hoped that every member will make a special effort to contribute something to its value and interest.

BOSTON, *Mass.*

I. T. TALBOT, *General Secretary.*

PERISCOPE.

MILK FOR BABES.—Dr. Tracy, of Andover, Mass., states that cow's milk, which retains its color after the cream has been taken off, will sit well upon the stomach; while that which is either bluish or greenish after the cream is taken off, will uniformly disagree with the child.

AN AMERICAN JOURNAL OF OBSTETRICS, and Diseases of Women and Children, is about to be published by that enterprising firm, Moorhead, Simpson & Bond. Drs. Noreggerath and Dawson are to be the editors. It is to be a quarterly of ninety-six pages, at \$3.00 a year.

ARSENICUM IN CEREBRAL CONGESTION, AND IN HALLUCINATION. This remedy is winning favor in mental medicine. Dr. Lisle cured 131 cases of the former disease, and benefitted twenty-seven more, out of 193 cases. For hallucination—a complication of insanity—it is really specific.

ARCTIUM LAPPA — BURDOCK.—Dr. Adolphus (Medical and Surgical Reporter) reports a case of lupus cured with this drug. An obstinate case of ague yielded to this remedy. In cutaneous diseases of children, he thinks it a valuable remedy. We believe this drug well worthy a careful proving.

EQUINE TEA FOR INVALIDS.—Sir Henry Thompson, whose authority on such a point must needs be great, declared recently, at a banquet, that for invalids, equine tea was more nourishing than beef tea. Other medical authorities who were present at the dinner were ready, we believe, to corroborate Sir Henry's statements as to the stimulating properties of the horse when treated in this way.

MICHIGAN UNIVERSITY. The Board of Regents have accepted the terms and will receive their appropriation of \$18,000 by establishing a Homœopathic branch elsewhere than at Ann Arbor. Dr. C. J. Hempel is to be Prof. of Theory and Practice of Medicine. Our allopathic friends do not admire the situation. We hope our friends will take the matter sensibly and adopt the suggestions of our correspondent. (See page 240.)

A DIRE NECESSITY.—We learn from parties "behind the scenes" that it is absolutely necessary to the healthy circulation of some of the most popular allopathic medical journals, that they publish intermittent attacks on Homœopathy. Often, no harm is meant.

EXPRESSION OF THE FŒTUS.—Dr. Kristeller advocates in certain inaction of the uterus, squeezing the uterus between the hands. This stimulates and excites uterine contraction.

SNEEZING.—In severe paroxysms of sneezing, snuffing *Chloroform* will afford instant relief.

FEMALE PRACTITIONERS.—The house physician of Bellevue Hospital, states, "one of the latest sensations was the presence, at one of our hospital Obstetrical Clinics, of a *female colored medical student.*"

FINCKE'S POTENCIES.—A good deal of printer's ink is being wasted between our polemical and youngest contemporaries over Fincke's Potencies. The latter can not satisfy the profession about their genuineness, until the *modus operandi* of their preparation is published.

STRONG COFFEE, it is said, produces, in delirium tremens, a tranquilizing effect, with refreshing sleep.

EXPEDIENTS.—Dr. Bell, of Maine, concludes that the source of the tendency and practice of resorting to expedients is often purely selfish. The results are, Homœopathy is retarded, and science hindered.

BI-MONTHLY.—The "American Homœopathic Observer" comes to us as a bi-monthly. No reason given. A contemporary in making this change states "that the saving in cost (to the publisher) will be one-third, while the change *will be no loss* to the subscribers."

STOVES A CAUSE OF DISEASE.—The cause of a certain epidemic which has broken out in public schools in Paris, is traced to the cast-iron stoves. Red hot cast-iron readily transmits gases.

PHOSPHORUS produces fatty changes, owing to its weakening the nutrition of histologic elements, and being a contra-stimulant of those elements, according to M. Ranvier.

LOSS OF SMELL is due to atrophy of the olfactory nerves.

PROGRESSIVE PARALYSIS, M. Mayer states, is due to chronic encephalitis developing itself in the cerebral as well as in the cortical substance of the brain.

CAUSE OF BRIGHT'S DISEASE.—M. Semmola, of Naples, thinks that this disease is due first, to the arrest of the perspiratory function of the skin, in complete oxydation of the proteic elements of the economy and their elimination through the kidneys; second, to the effect of the flowing back of the blood from the periphery to the visceral capillary parts of the sanguineous system, and in consequence renal hyperemia occurs, which is still farther developed by the exaggerated functions of the renal organ, the passage of albumen, and thus gives rise to disturbance of the nutritive functions.

MENTAL AND MANUAL LABOR.—Two hours of the former produce as great an amount of exhaustion as a whole day of the latter.

PASSPORTS TO SUCCESS—beside medical information—are industry, tact, and knowledge of the world.

INFINITESIMAL.—The microscope detects with a certainty the 100,000th part of a grain of *Arsenic* or *Mercury.*

PHYSICIAN OR DOCTOR.—A cotemporary asserts "it is no easy thing to be a *physician* in the best sense of the word, while to be a "doctor," as the schools create the article, and as people call it, is level with mediocre abilities and modern attainments; nay, we believe the masses of men are

prone to underrate the laborious study which every one ought to pursue in order to become, or to remain a suitable medical adviser."

THE AMERICAN MEDICAL ASSOCIATION meets in Washington, May 5th. The "bill of fare" is excellent.

PERSONAL.

DR. M. D. MARSTON. We are pained to chronicle the sudden death of Dr. Marston, of Clinton, Iowa. He was walking on Sixth avenue, near the Presbyterian church, about noon, March 21st, when he was suddenly taken with hæmorrhage from the lungs, fell to the earth, and soon expired. He had long suffered from consumption, and his fate was known to be inevitable, but so sudden a death was far from anticipated. He was buried with Masonic rites. A fond wife, a little daughter, and a large circle of friends mourn his death.

C. H. COGSWELL, M.D., has removed from Morrison, Ill., to Clinton, Iowa, to take the practice of the late Dr. Marston.

G. H. PATCHEN, M.D., will locate in Burlington, Iowa.

W. S. JOHNSON, M.D., locates at Hyde Park, Cook county, Illinois.

M. H. BAKER, M.D.; J. W. STREETER, M.D.; and H. R. STROUT, M.D., locate in Chicago.

We learn that our notice that E. B. Wolcott, M.D., of Milwaukee, Wis., is a homœopath, was premature.

LOCAL REPORTS OF DISEASE.

NEW YORK CITY.—Scarlatina is prevailing very severely in this city, the rate of mortality is excessive. R.

CRIGLER'S MILLS, MO.—I have treated a large number of cases of pneumonia this winter, in both infants and adults.

Remedies.—*Aconite* 0, *Phosphorus*, 3, *Sulphur*, 30. A peculiar characteristic of pneumonia has been present in every instance, all have partaken of the bilious type. Measles epidemic, have treated none.

March 13, 1868.

R. ARNOLD.

FARMINGTON, ME.—Since my last report, the change from winter to spring weather has given its due proportion of colds, pleurisies, pneumonias, and breaking down of consumptives, etc., otherwise, generally, a full share of healthfulness. O. W. T.

JOLIET, ILL.—General health prevails if we except an epidemic of "mumps" and "measles" which call for little treatment. I just dismissed one case—"measles"—the severest I ever saw, which alarmed the friends to such an extent they would insist on her having "small pox" for two days.—*Acon.* and *Puls.* with a few doses of *Merc. protiod.* brought her out all right. J. S. BELL.

CHICAGO.—The principal diseases met with just now are colds, measles, neuralgia, rheumatism and erysipelas. The recent "cold snap" has increased the number of cases of influenza and bronchitis. A number of severe cases of rheumatic fever have developed themselves. They have proved very obstinate. The principal remedies indicated are *Acon.*, *Bry.*, *Bell.*, *Nuz.*, *Merc.*, *Graph.*, *Cham.* and *Rhus.* Some severe cases of erysipelas have been noted, both of the vesicular and phlegmonous variety. (See Discussion of Cook County Med. Society, Page 250.) The remedies chiefly indicated, *Bell.* and *Rhus.*

ST. THOMAS, WEST INDIES.—There have been no new cases of cholera since March 7th, clean bills of health are now issued to all vessels.

THE

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TREATMENT OF DISEASES PECULIAR TO FEMALES.*

BY WM. A. HAWLEY, M.D., OF SYRACUSE, N. Y.

CONFORMABLY to the request of this society, made at its last meeting, when the subject of Female Diseases was made the order for this meeting, I have prepared the following, which I present, not as embodying any thing new, but as expressing, as concisely as I am able, my own view of the diseases in question. More than this I trust the society does not expect.

If disease is ever purely a local affection, then may it be, both philosophically and successfully, treated by local appliances. As the watchmaker would most carefully scrape off the first particle of rust on the hair-spring of a watch, and apply oil to prevent its further spread, so may the physician cauterize an ulcer, and apply his emollients to prevent its spread, if it is, like the rust, a purely local disorder. But till there can be disease in dead bodies—disease which progresses in dead bodies, and not the mere results of disease—it seems evident to me that there can be no such thing as a purely local affection. What can any local disturbance be, other than the manifestation and result of some force or forces, which, attaching themselves to the vitality, so divert it from its normal direction as to produce the given local disturbance. There may be, it is true, disease as the result of external and local injury,

* Read before the Central New York Homœopathic Medical Society, March 12, 1868.

as a burn, for instance; but if that local injury is not so serious as to involve the vitality in the shock, there can be no disease, and the processes set up for the recuperation of the injury are in no sense pathological, but purely normal and physiological, and will surely result in cure. Whatever appliances are necessary to aid this result belong not to medicine but to surgery.

Hahnemann, in his *Organon*, section 185, *et sequens*, seems to me to have exhausted this question of local disease, and local treatment, and to have left nothing more to be said.

I take it that no man, imbued with the spirit and faith of Hahnemann, would ever so much as think of treating an ulcerated throat or cornea with local applications. Why then resort to them for an ulcerated uterus? Certainly the diseases peculiar to females are no more truly local in their character than those just named. But, perhaps, it will be said the question presented was one of practice rather than of principle. As I understood it, it was, "Are the members of this society, as Homœopaths, in the habit of treating female diseases without local application?" That is, as it seems to me, are they in the habit of treating female diseases homœopathically?

For myself, I can only say, that since I became convinced of the truth of Hahnemann's philosophy of disease and cure, I have not even been tempted to resort to any other than constitutional means for the cure of that class of diseases. Indeed, the longer I practice, and the more I study the system of Homœopathy, the more I am convinced of its truth. Applying its principles, to the best of my ability, in the treatment of female diseases, my success has, in the main, been such as to be satisfactory to myself, and, so far as I know, to my patients. When I have failed, as sometimes I have, it seems to me probable, at least, that the failure has been because I have allowed the local and apparent lesion so to occupy my attention as to divert it from less marked, but more characteristic symptoms. Indeed, the conclusion of the whole matter appears to me to be, that, in the treatment of female diseases, as in all chronic diseases, if we would be successful, we must seek out all the symptoms of the case, that we may know, and cover with our remedy, its characteristics. Doing this, we shall get a cure. My observation, study, and experience, more and more confirms me in the opinion that these characteristics are generally to be sought for, and will be found, among those symp-

toms known as subjective, rather than among the pathological and objective ones.

The question will, perhaps, be asked, "What of those diseases which are attended with displacements of the uterus, and its appendages?" Doubtless some of these call for manual interference, in order to return the organ to its normal position, but even then can only be cured by such constitutional treatment as shall give to the general system such tone as shall forbid the recurrence of the displacement. I have often found a valuable adjunct in the treatment of displacements of the uterus, in certain movements, devised by Ling, a Swedish physician, and made known to the profession in this country by Drs. Taylor, of New York, in their books on the Movement Cure.

ANNUAL SESSION OF THE MASSACHUSETTS MEDICAL SOCIETY.

THE twenty-third annual meeting of this society was held, April 8th and 9th, in Boston. The call to order was made by Dr. I. T. Talbot, President of the society. The proceedings of the last semi-annual meeting of the society, and of the meetings of the Executive Committee since that time, were read.

The President then delivered the introductory address, in the opening of which he alluded to the early history of the society, and to the fact that the first movement for its organization was made by five gentlemen only. Its steady and rapid growth in numbers and influence since that time—the year 1840—was a cheering and auspicious fact, of which the record of its proceedings, now comprising many volumes in manuscript, was also a corollary evidence. These records it was expected would, at an early day, be published in a printed volume. He then entered upon a general vindication of the system of Homœopathy, and deprecated the coldness with which the practice was treated by public institutions, hospitals and the like. The burlesque and satire which were at first visited upon the Homœopathic doctrine, have, however, already been outlived, and the arguments which have been adduced against it have been refuted; and the "beginning of the end" had already been entered upon. The fact that the eminent veteran practitioner, Dr. Charles J. Hempel, had recently been appointed to a medical chair of Homœopathy in the University of Michigan, the largest educational institution in the country, was announced in this connection, and received with applause by the members present. In the course of the address, a warm eulogy was pronounced upon the character and

professional attainments of Dr. Danforth Whiting, of Lunenburg, Mass., deceased during the past year.

After the conclusion of the address, the society proceeded to ballot upon the admission of persons nominated for membership by the Board of Censors. The following names met with no opposition upon balloting: A. F. Squier, M.D., of Boston; W. G. Ware, M.D., of East Boston; H. K. Macomber, M.D., of Jamaica Plain; Charles F. Robinson, M.D., of East Boston; F. H. Underwood, M.D., of Millbury.

THE WOMAN QUESTION.

Before proceeding to vote upon the admission of Mrs. Mercy B. Jackson, a desire was expressed by Dr. F. H. Krebs to discuss the question, and he proceeded to read a protest against the admission of a woman as a member, and quoted various texts of Scripture, going to show that woman was, by divine law, expected to occupy a subordinate place in human society, that she was not to teach or usurp authority, but to keep silence in the churches. Woman, he thought, was deficient in talent for the abstract sciences, and lacked originality and genius. He dilated at some length upon the effeminacy which characterized men when engaged in avocations out of their legitimate sphere, and affirmed that woman, when similarly misplaced, became bold, arrogant, tyrannical and full of folly. He disliked equally an effeminate man and a masculine woman, and, in conclusion, moved an indefinite postponement.

Dr. S. M. Cate, of Salem, denied that there was any thing in the Bible which forbade woman to participate in the practice of medicine, or any impropriety in her taking part in the proceedings of the society, if she has the character and qualifications requisite for membership.

Dr. G. W. Swazey, of Springfield, also dissented from the views of Dr. Krebs, and desired that the question might be discussed and decided upon its merits, and not upon any outside considerations, biblical or otherwise.

The question was then taken upon indefinite postponement, and negatived—13 to 34.

Dr. Nathan R. Morse, of Salem, then took the floor, and advocated the admission of Mrs. Jackson. He affirmed that woman was the equal, if not superior, intellectually, of man, and adduced the fact in proof that in the various high schools and institutions of learning the female members commonly surpassed the male in proficiency.

Dr. Edward P. Scales objected to the course of discussion, as wandering from the point, which was the propriety of membership, not of the practice of medicine by woman, or of her comparative natural qualities of mind.

Dr. Charles Cullis, of Boston, advocated briefly the admission of the applicant.

Dr. G. W. Swazey affirmed the importance of the question, as one of the leading questions of the day, and hoped it would be considered with deliberation, and, for this purpose, moved it be laid on the table.

This was negatived, and the society proceeded to ballot, with the following result: Thirty-one in favor, and thirty-three opposed. Dr. Krebs congratulated the society upon the result.

The report of the Treasurer, Dr. C. H. Farnsworth, of East Cambridge, was next read, indicating that the society was at present about \$400 in debt, owing mainly to expenses of publication during the year. The report was accepted. In accordance with the recommendation of the report, an assessment was made of three dollars on each member.

The report of the Committee on the Library was then presented.

The recommendation of the report that a certain sum be appropriated for the increase of the library was temporarily laid on the table, and the resolution that members be requested to contribute books, was adopted.

After transacting business of minor importance, the session was adjourned.

AFTERNOON SESSION.

The society, upon re-assembling in the afternoon, listened to the annual address, by Dr. G. W. Swazey, of Springfield. In commencing, he said that he designed in addressing them not to be ambitious or dogmatic, but suggestive only. As the foundation truth of the Homœopathic doctrine, he affirmed the familiar maxim, *Similia similibus curantur*. The permeating and pervading principle of life he should not attempt to define. God alone possesses it. It becomes known to man only through organizations visible to the senses. Viewed in the light of a sensuous philosophy, the human being seems to have been the climax and crowning effort of creative power, and has been defined as the microcosm, or little world. The nature of first cause it was in vain to inquire into. The speaker combated the theory, that the human form had its origin in the lower orders of creation, and by development reached its present status. He thought all forms of disease attributable to transgression of natural law, and that old age was the natural method of man's release from the earthly state of being. Disease was in itself a mystery—hence the best definition of it can appear but mystical. The scalpel and microscope do not discover it, but show only the route it took among the tissues. It was intimated that human disease had some corresponding mystical relation to the poisonous elements in nature, and as an illustration was mentioned the fact that *Belladonna*, though a poison to the healthy body, was found invariably to have a sanitary and curative influence upon the poisoned condition of blood known as scarlatina. Given the poison of disease, the problem of the physician was to find the cognate or analogous

poison in the *Materia Medica* which shall neutralize it, thus giving repose to the system, and allowing the recuperative forces of nature to act. Disease could not be driven from the system by medicine, nor was it correct to say that to add poison to poison was to put fuel upon the flame. This might be justly applied to the former system of dealing out poison with a free hand, but Homœopathy had demonstrated that enough medicine was exceeding little. The doctor concluded by predicting the future triumph of Homœopathy.

ELECTION OF OFFICERS.

At the close of the address the election of officers for the ensuing year took place, with the following result :

President, Dr. H. L. Chase, of Cambridge; First Vice-President, Dr. Conrad Wesselhoeft, of Dorchester; Second Vice-President, Dr. H. B. Clark, of New Bedford; Corresponding Secretary, Dr. E. U. Jones, of Taunton; Recording Secretary, Dr. L. McFarland, of Boston; Treasurer, Dr. T. S. Scales, of Woburn; Librarian, Dr. J. T. Harris, of Roxbury; Censors, Drs. Samuel Gregg, of Boston, David Thayer, of Boston, F. H. Krebs, of Boston, C. H. Farnsworth, of East Cambridge, H. C. Angell, of Boston, Daniel Holt, of Lowell.

By invitation, Dr. A. J. Bellows, of Boston, read an essay upon the chemical constituents of the natural food of man, in which he denied that iron, phosphorus, and similar constituents of the human blood, could be there introduced, in their elementary form, through the stomach. Every disorganized substance of this kind was a poison, and the system makes immediate effort to expel it. These constituents could only be introduced when in an organized form as vegetable or animal food. This idea was illustrated by an enumeration of the constituents of a grain of wheat. The starch, he said, was contained in the inner portion of the grain, while the albumen and nitrogenous substances were in the water. In the effort of millers to get white flour by bolting, more than three-fourths of the nitrogenous elements were lost. Phosphorus, which goes to supply the brain and nervous system, exists in the eye of the wheat grain, and this also was, to a great degree, sifted out in the effort to get white flour. Prof. Agassiz was quoted in proof of the statement that mental activity requires the absorption of a large proportion of phosphorus, and the speaker mentioned fish, cheese, barley, and unbolted wheat, as articles of food which phosphorus largely pervaded, and which, therefore, were nutritious and proper aliment for active and intellectual people. At the conclusion of the address, the session was adjourned.

SECOND DAY'S SESSION.

At 11 o'clock the society re-assembled, and was called to order by the President, Dr. I. T. Talbot.

The Annual Report of the Boston Academy of Homœopathy was submitted by the Secretary of the institution, Dr. G. M. Pease. The Academy has now been in existence ten years, and now numbers sixty-two members, an increase of nine during the year. The report was, as a whole, indicative of a very favorable condition of things.

The Secretary of the Bristol County Homœopathic Society, Dr. J. W. Hayward, made a report to the effect that the society was organized in 1866, and numbers at present eleven members.

The subject of the formation of county and local societies was taken into consideration, a resolution favoring such action, offered by Dr. H. P. Shattuck, of Boston, was adopted.

The annual report of the Home of the Angel Guardian was presented by Dr. H. P. Shattuck, which was, like the preceding reports, indicative of a prosperous and successful management. It contains upwards of 300 inmates, all boys, and is a Roman Catholic institution.

The President stated that the Home for Aged Women of Boston and the Young Women's Christian Association had both taken steps to provide Homœopathic treatment for such persons under their care as desired it.

The attending physician of the Winchester Home of Aged Women report that successful and satisfactory results had followed homœopathic treatment in that institution.

Reports were also submitted by Dr. Charles Cullis, of the Consumptives' Home, and Dr. Sullivan Whitney, of the Boston Dispensary, and Dr. A. M. Cushing, of the Lynn Dispensary, all of which were accepted.

Dr. F. H. Krebs, in behalf of the Committee on the Photograph Album, reported that the album had been purchased by himself, and he took pleasure in presenting the same to the society. This announcement was received with applause, and a vote of thanks to the doctor was adopted. About half of the members of the society had forwarded their photographs, and the others were urged to do so.

The Committee on Change of By-Laws reported, through Dr. Krebs, an amendment relative to the mode of nominating officers, which was discussed by Dr. Bellows, of Boston, Drs. Krebs, Swazey, and others. The amendment proposed that a list of the candidates nominated by the nominating committees be enclosed to each member with the notice of the annual meeting. Dr. Bellows favored the plan of nominating officers after the annual convention had assembled, and by a committee of that convention. He submitted an amendment to that effect. Dr. Bellows' amendment was rejected, and the recommendation of the committee was adopted.

The report of the Worcester County Medical Society was now presented by the Secretary, which certified to the favorable results of Homœopathic treatment in pneumonia and typhoid, which have prevailed in that section. It was accepted.

Dr. James Hedenburg, of Medford, made a report on clinical medicine, which consisted mainly of extracts from letters which he had received from various members of the society relating to that subject, and was succeeded by Dr. Wesselhoft, of Dorchester, who read a paper relative to his experience in the treatment of whooping-cough, measles, and dysentery, in his practice during the past year.

Dr. Gregg's report was read by Dr. Hedenburg, and treated of cases of a great variety of diseases, and afterwards a report of Dr. Duncan, of Chicago, upon epidemics, was also read.

A NOVEL CASE.

Dr. James C. Neilson, of Charlestown, called the attention of the society to a very extraordinary, if not unique, case of arrested development, and the child or young woman, the subject of it, was presented upon the platform. She had the appearance of a child of five or six years of age, but in fact twenty-four years of age. Up to the age of five and a half years she was a bright, healthy child, but at that period had a severe attack of brain fever, and recovered after a somewhat prolonged sickness. The consequence of the disease was an entire suspension of development, both mental and physical. She remains precisely as a child of the age mentioned, and is interested only in childish affairs. Within a few years she has shown symptoms of old age, and her habits are, in some respects, like those of an aged woman. She has the temporary teeth, somewhat decayed, but no sign of permanent teeth. Her height is three feet five inches, and weight forty-four pounds. The case excited much comment among those present, and the thanks of the society were presented to the doctor for the interest thus added to the proceedings of the day.

AFTERNOON SESSION.

The society re-assembled in the afternoon, at two o'clock, and entered upon an extensive discussion of the subject, "Uterine Displacements," in which several members participated.

Dr. E. U. Jones, of Taunton, made a statement in behalf of the Publication Committee, of the progress made in the compilation of the past records, and it was voted to authorize them to proceed with the work of preparation and publication.

The Committee on Physicians' Note Books made a report advisory of the best form of note book for practical use.

The thanks of the society were voted to Dr. H. M. Paine, of Albany, for a copy of his work on hydrophobia.

A resolution was adopted expressing the pleasure of the society at the announcement that Dr. E. A. Lodge, of Detroit, was about to publish a homœopathic dispensatory, subject to the revision of the American Institute of Homœopathy.

Dr. A. M. Cushing, of Lynn, called attention to a preparation of mullein oil, *verbascum thapsus oleum*, which he had extracted

from the fresh blossoms of the mullein, by filling a junk bottle with them, and hanging it in the sun after corking it tight. This yielded from one to two ounces of the oil, and he had found it a most efficacious remedy for deafness, and for *eneuresis*, or excessive urination in children. Two drops of the oil in the ear had, in his practice, cured a case of deafness of two years' standing.

The thanks of the society were voted to several contributors of interesting papers, and to the president, and other officers of the society, for their services, which were responded to in a cordial manner by Dr. Talbot.

Dr. Swazey now took the floor, and made some remarks upon the subject of high potencies in the preparation of homœopathic medicines, in which he strenuously opposed what he thought the too prevalent tendency to use such remedies; he desired some scientific and satisfactory reason for this course, and thought low potencies were more judicious.

Dr. Wesselhoeft said that the first question to be decided was whether the highest potencies do actually have any effect or not. In his early experience he began with the lowest, the third or fifth, and by careful observation of the effect, he had been led gradually to rise to the fifteenth or twentieth. He did not see the propriety of using the high numbers, ranging above two hundred, in the way of terminalogy, when numbers ranging from thirty up to one hundred were not employed. In regard to high attenuations, he did not place confidence in them, unless he had confidence in the person compounding them, and knew what process he employed; and, as a rule, he did not use the highest potencies unless he prepared them himself. If the system of numeration be looked at in the proper light, he regarded thirty as a pretty high number.

Dr. Samuel Gregg said that Hahnemann established the principle, that like cures like, by using the ordinary allopathic remedies, and gradually decreased, till he reached the thirtieth attenuation, and Dr. G., in his own practice, had found the lower attenuations the most satisfactory. After a desultory discussion upon this theme, without eliciting any new points, the society, upon motion, adjourned *sine die*.

J. HEDENBURG.

CASES OF REFLEX DISEASE OF STOMACH FROM UTERINE DISEASE AND DISPLACEMENT.*

BY W. M. L. FISK, M.D., ROCHESTER, N. Y.

1865—Mrs. C., widow, age 35, the past three years has had, after each menstruation, vomiting, followed by gastralgia, so intense and persistent as to produce temporary insanity. Her

* Read before the Central New York Homœopathic Medical Society, March 12, 1868.

friends fearing it would ultimately be a permanent disease, as every time seemed longer during her convalescence. Had been under all kinds of treatment, but with no success: in Homœopathy had had high and low potentization. I tried almost every remedy adapted to her case, but found *Atropine*, 2nd, the only one ameliorating the distress in the least. After three or four months treatment, the idea one day entered my head that at the next attack I would make a vaginal examination, though *how* to do it I hardly knew, as she could not keep quiet a minute, her agony was so intense. (I should have said the diagnoses previously given were biliary calculi, *liver complaint*, sub-acute inflammation of stomach, cancer of the same, etc., etc.; as nothing was left for *me* to call it, I *wisely* shook my head, and held my tongue.) The time soon came, I was summoned, gave her to understand she must keep still long enough for me to make a thorough examination. Found the uterus very much congested, prolapsed, and so much retroversion, could hardly reach the os. Stood her as nearly on her head as possible (as my finger was too short to replace and retain "in situ," and I had no sound with me). I replaced the organ very nearly, though not relieving a retroflexion, as I subsequently ascertained. Gastralgia stopped entirely in half an hour; next day up; second day down—took my sound with me; reduced the flexion after an half hour's patient perseverance; left uterus *in situ*, and patient in bed, with instructions to stay there for a week, with hips higher than head. She then got up, walked half a mile every day, a thing not done before in two years.

After next menstruation, the same old story, with this exception, the vomiting occurred but two or three times. When I was summoned, found uterus out of position again, and congested; replaced it, and the gastralgia did not touch her that time. I had but one pessary then in my possession, a simple ring, cracked in two or three places with the coating off, which I filled up with sealing wax; introduced it, and told her when I could would get a perfect one if that succeeded. She got up next day, and no return of trouble. After a few weeks, suggested the removal of the old pessary for a new one, but she said that felt so comfortable, she preferred it, and I never could get my old one back, though I remained in that place six months after.

CASE II.—Mrs. S., age 45, had had turns of bilious vomiting, followed by gastralgia, for about one year; had been treated for "liver

complaint." At my first visit, upon examining the abdomen by palpation, noticed what I supposed to be a four months' pregnant uterus: asked her how far gone she was, replied she did not know she was gone at all; had noticed some enlargement of abdomen, but supposed it was her liver enlarged; had not menstruated regularly for a year and a half, there being severe hæmorrhagia every three or four months—accounted for by the previous physician as change of life. Could get no fœtal heart sounds, or placental bruit, by auscultation; neck soft and patulous, but no ulceration. Treated the symptoms as they arose, but at a perfect loss to account for the abnormal size of the uterus. Vomiting and gastralgia every little while. After four and a half months a sanious discharge appeared, with cutting pains in uterus, and at last, after many perplexing diagnoses, pronounced it scirrhus. But after a week's discharge and pain the os began to dilate, then the pains gradually changed to expulsive; and, after a while, with the help of my partner, Dr. A. R. Bartlett, a blunt hook, and *Chloroform*, got from her a fleshy tumor or mass, weighing six and a half pounds, of a mole and hydatid nature combined. We thought we could in one portion trace a resemblance to a fœtus, though no osseous formation was discernible; very little hæmorrhage followed; a quick convalescence, and perfect freedom from liver complaint and *scirrhus* after.

A case that misled in diagnosis, but imparted a lasting lesson to the blunderer.

CASE III.—Mrs. B., aged 59, for years had been troubled, after a hard day's work, house cleaning, lifting, or gardening, with vomiting and gastralgia; radial pulse sometimes entirely gone; cold, clammy surface; frequently given up to die, but persisted in living, despite prognoses to the contrary; had been treated for years homœopathically; had a leucorrhœal discharge for a long time. Experience with case No. 1 led me to look more closely to the uterine organs. Speculum examination brought to view severe ulceration, with fungus granulations of os. Local and constitutional treatment cured the trouble and the gastralgia, though she never became hearty and robust, as her constitution had become too much undermined, and she had to use a considerable precaution in eating—though never bringing on such severe attacks, simply uneasiness, and a leaden weight in stomach.

CASE IV.—Mrs. S., age 35, menstruates regularly, rheumatic diathesis; has been treated since 18 years old for rheumatism of

stomach, comes on invariably after hard work, running a sewing machine, or walking far. A long time before I could prevail upon her to have an examination, as she insisted it was all in the stomach, so I had to do the best I could, and her husband foot the bills. But one night, being called to see her die, as the family expected, I sat down by the bed side, and before she could say to the contrary, my finger was in her vagina, replacing a prolapsed uterus. The pain soon ceased in stomach. I afterward made a thorough digital and speculum examination. No ulceration or leucorrhœa, but a decided prolapsus when changing from the horizontal to the perpendicular. Gave her instructions to use cold water enemas every day, and when she felt any indication of pain coming on, to lie down, with hips well elevated. She has taken one injection during the year, thinking it too much trouble after the first trial, but she never fails to try the other remedy; consequently has had but two attacks during the past year that required my attention, she avoiding the others by immediate attention to the prodroma.

I have had other cases that were less marked than these, and have never seen a gastralgia in a man in any degree as severe as in woman.

I have a lady now under treatment, with functional disease of heart and kidneys, which, according to my convictions, arise simply from uterine disease, but as she has convulsions every time I try any local measures, it is not a very encouraging case to the physician or patient.

“MEASLES AND THE VACCINE DISEASE.”

MR. EDITOR,—In the case reported on page 214 of the April number of *THE MEDICAL INVESTIGATOR* I fail to see any thing novel or remarkable in the fact that measles and the vaccine disease co-existed. It is a phenomenon of not very unfrequent occurrence, and although, when so co-existing, each disease has undoubtedly some modifying influence over the other, there is nothing in this case as reported to show that “*each intensified the other.*”

It is not long since I had a couple of similar cases, from which it might with equal force be argued that each disease lessened the severity of the other.

January 18th.—I was called to vaccinate two female children of the same family, aged, respectively, twelve years and ten months; the latter having just been weaned from a wet nurse. The operation was successful in both cases, and in just nine days from vaccination the rubeolar eruption made its appearance in the elder of the two; showing that the inception of the two diseases must have been nearly simultaneous. All the symptoms of measles were well marked, and the eruption abundant, though the disease was mild in form, and its course somewhat shorter than usual. *Acon.*, *Bry.*, and *Puls.*, were the only medicines given. The vaccine pustule seemed to come to a stand-still for about two days, while the measles was making its eruption on the surface, and then proceeded, somewhat more rapidly than usual, on its regular course, the scab falling on the sixteenth day. (This, by the way, is still in my possession, and if a favorable opportunity should occur, I mean to find out whether inoculation with it will produce measles, or vaccinia, or neither, or *both*.)

The babe was vaccinated on the thigh, just above the knee, and although the sore was large, and the local inflammation very considerable, little or no constitutional disturbance was produced. Three days before the scab separated, she showed symptoms of measles, and on the eighteenth day from vaccination, and the ninth day from the time of the appearance of the measles eruption in the older sister, the vaccine scab fell, and the eruption of measles showed itself in the younger. The latter disease, in this case, was uncommonly mild. I made but two visits during its course. The child made a rapid and favorable recovery, and has since remained well.

Did the vaccination modify the severity of the measles in these cases? It is impossible to say, though it seems not improbable. It requires a great number of accurately observed cases to determine this and similar questions. You know, Mr. Editor, that "it takes more than one swallow to make a summer." So, in medicine, it requires more than a solitary fact to establish a precedent; more than a single case to prove a cure; more than one coincidence to develop a general principle in pathology or therapeutics.

764 *Michigan Avenue, Chicago.*

F. A. LORD.

CLINICAL OBSERVATIONS.*

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

CASE III.—January 22, 1868, was called to see a lad, C. J., age 16 years; hair light brown, eyes blue, complexion sallow, etc.

Symptoms.—Complains of a lump in left side of throat, and below the tonsil of that side. Much hawking, spitting of mucous and dark glue-like phlegm. When he swallows, a sharp pain runs to left ear. Can not swallow saliva, but swallows water best; swallows solid food better than saliva, but with more pain than water. Fauces bright, red, and dry. No exudation apparent. Slight chilliness, no fever.

Characteristics.—Is worse after sleep, and in the morning; worse after touching the neck over seat of pain. Empty swallowing is perfectly agonizing; and inclines to lie down.

Treatment.—Gave six powders of *Lachesis*, 30th. January 23rd, found a neighboring lymphatic greatly enlarged, more pain when swallowing solids, and more sensitiveness to external touch. Exhibited *Lachesis*, cc., six powders.

January 24th, found my patient in the street, and calling himself "all right." No return of malady, and swelling very much reduced.

CASE IV.—M. A. G., an Irish servant, hair dark, eyes blue, and quite stout and compact; complexion ruddy. Complained, February 4th, of pain in upper throat, and soreness of right tonsil. Had a chill, and then high fever, early this morning. Can not swallow warm drinks; fauces dark-red, and inflamed; large patch of diphtherite on right tonsil.

Characteristics.—Attack first in right side of fauces, and later in left side. Worse when swallowing warm drinks; worse after sleep. Fan-like movements of *alæ nasi*.

Treatment.—Administered *Lycopodium*, 30th, in powders, one every three hours. On the next day found right tonsil looking better, also the left throat, but left tonsil patched; other symptoms lighter. Continue *Lycopodium*. February 6th, found her so much improved that I left *Sac. Lac.* February 7th, continued rapid improvement, and I discontinue the visits.

CASE V.—Sometime in November last, was called to see a girl,

* Continued from page 246, May number.

12 years of age; hair black, eyes black, complexion dark, and the patient very thin. Last April had three attacks of tertian ague, suppressed with *Quinine*. For a year prior her health was poor, and she complained of erratic, drawing pains, with considerable lameness. On or near July 15, 1867, she complained of pain in her left foot and hip. Her foot became œdematous and numb; pain through entire limb, jerking, lacerating. As she expressed it, it seemed as of knives thrust through the flesh, which felt pinched up, pulled up also. Extremely sensitive to touch, jars, and pressure. When her sisters came near her she would cry, and put her hand out to push them off. When sitting, she rested on the fore part of chair, with the left or affected limb drawn back, and flexed upon the thigh. Her appetite very poor, tongue white, thirstlessness, and no good sleep.

Characteristics.—Patient weeps easily. Extremely sensitive to touch. Left side. Gets chilly, and then the greater the pain. Aggravation of all symptoms at night, and before midnight. Amelioration by shifting position, and warmth.

Treatment.—At first gave one dose of *Bryonia*, cc.; but after a few days the father came to me, saying she was no better. Looked over her case, and then gave her one dose of *Puls.*, 6 M., *Sac. Lac.* fifteen or sixteen powders. Since that day she has nothing but *Sac. Lac.*, and from the date of giving *Puls.*, 6 M., she has rapidly and remarkably improved. Brings her feet together, gets up and down without help, has no pain, bears great pressure over the affected limb, plays with her doll, rags, and with the children; sleeps well, has an excellent appetite, etc. etc.

I should say, that she had been dosed for months with *Morphine*, et cætera, and was given up as incurable. All of her surroundings were of extreme poverty, a poor, sick, and pitiful thing.

CASE VI.—Mrs. W., of Palermo, N. Y., aged 83 years, hair gray, and very thin, was attacked, January 23rd, with bronchitis. First, had a heavy chill, followed with inflammatory fever. Pulse full, hard, frequent; thirst, dyspnœa; respiration about 25 to the minute; cough dry, hard, deep; expectoration frothy and sanguineous.

Treatment.—Had *Aconite*, 6th, in aqueous solution, every two hours. January 24th, pulse softer, not so hard or frequent, less fever. *Bry.*, cc., every three hours. January 25th, patient much better, all of the symptoms relieved, but she had a gluey

expectoration, stringing from her mouth to her feet. As this latter is a characteristic of *Kali bichrom*, I gave her a few powders of the 30th. In two days she was convalescent. She entirely recovered.

CASE VII.—Last August, Mrs. B., of Palermo, N. Y., came to me complaining of severe headache. Pain in forehead, with sense of pressure, fullness, vertigo, drowsiness, nausea; eyes red, and glistening; head felt large. Had this headache for a year or more, with intervals of two or three weeks. Had exhausted her patience, and a very large number of remedies (allopathic), in trying to cure it; but grew worse.

Characteristics.—Aggravated by stooping, noise, heat, motion, looking at shining or glistening objects. Amelioration, by pressure, lying down, leaning the head against something, quietude.

Treatment.—Gave six powders of *Bell.*, cc., and ten powders *Sac. Lac.* She was to take the *Bell.*, one powder, on retiring, *Sac. Lac.* during the day. Took three powders of *Bell.*, and has had no more headache. She is better than she has been for two or four years past.

WOMEN'S AND CHILDREN'S CLINIC AT THE HAHNE- MANN MEDICAL COLLEGE, CHICAGO.

BY PROF. LUDLAM.

1. *The Sequelæ of Measles.*—These three children, aged respectively four, six, and ten years, illustrate as many varieties of disease following an attack of measles. No. 1 passed through the eruptive stage without any untoward or alarming symptoms. The rash came and disappeared as it should. The catarrhal symptoms were, however, very troublesome. The cough was severe, and almost constant, with pain in the chest, and dyspnoea after exercise. The fever has returned every night, inducing restlessness. She can not lie upon the right side, without coughing. She coughs as soon as she begins to move about, especially in the early morning. The appetite is fickle and capricious. The pulse 110. She has lost flesh, and wears an anxious, imploring look.

Although lobular pneumonia is reputed to be a frequent concomitant and sequel of rubeola, I am persuaded the opinion needs

qualification. Except where the patient has had inflammation of the lungs before having the measles, and those cases in which the eruption is repelled, or has not appeared, there is good reason to believe that the bronchial capillaries are the real seat of the thoracic affection. This child, we are told, once had "lung fever," and is, therefore, strongly predisposed to pneumonia. Her symptoms, especially the cough, upon lying on the affected side, the regular type of the fever, the character of the cough, and the habitually frequent pulse, support this view of the case. There is dullness on percussion, and absence of the vesicular murmur over the lower lobe of the left lung, with slight rattling of mucus in the bronchii.

This child should be kept from the damp air, especially at evening and in the early morning, and be well fed and nourished. She needs to be fortified with a good, substantial aliment. In all these secondary inflammations, the weaker the patient the greater the degree of fever. She should have beef, mutton, or oyster soup, milk, and good bread. When she is thirsty, lemonade or orangeade will be useful as well as grateful. It would not be well to have her bathed too frequently. Warm baths debilitate, and cold ones sometimes shock such patients beyond re-action.

The remedies most appropriate are *Bryonia*, 3rd, and *Phosphorus*, 6th, to be repeated once in three hours.

No. 2, is a boy of six years. He also passed through the acute stage of rubeola without any serious mishap. The eruption came and went as it should, and all that remains is an attack of ophthalmia. You will observe the eyes appear weak and "watery." The lower lids are swollen, of a bright hue, and constantly exude a muco-purulent fluid, which the mother says is secreted in large amount, and serves to glue the lids together when he sleeps. He never had any disease of the eyes before. His sight is perfect, but there is photophobia, or an intolerance of light.

The catarrhal symptoms incident to the early stage of measles, almost always implicate the eyes, the Schneiderian membrane, and, finally, the respiratory mucous surfaces. Sometimes these are successively, again separately attacked. In certain epidemics of measles, the eyes will inevitably be inflamed. The causes of this form of conjunctivitis are predisposing and exciting. Among the former, the more prominent is scrofula. Of the latter, a lack of care to protect the eye during the eruptive stage from the bad effect of too strong light is the more frequent. In some cases

the affection is induced by want of cleanliness. Purulent ophthalmia following measles is almost always of a scrofulous character.

This boy's eyes should be washed carefully thrice daily with simple rain-water and milk, at a temperature of 85° F. He should be kept in a room on the north side of the house, and which is somewhat shaded from a too strong light. It should not be dark, else his eyesight may be ruined thereby. His diet should be plain and nourishing, but not too stimulating.

Give him of *Pulsatilla*, 3rd, one dose in the morning, and *Hepar sulphuris*, 3rd, a dose at evening of each day.

No. 3. In this case we have a girl, ten years old, who recovered from measles ten days ago, with a troublesome and persistent aphonia. She is not subject to hoarseness, and can not refer this attack to any especial exposure or neglect while ill with the measles, or subsequently. The throat is not sore, but there are occasional transient pains in the larynx, with inclination to cough, especially after talking, or any exercise. There is no expectoration. The aphonia is only partial, as you perceive, and is invariably worse early in the morning. After exercise, she is sometimes troubled with fugitive, lancinating pains in the side, and again in the larger joints. She never remarked these pains before having the measles. Tongue coated with a yellowish fur, bowels torpid, no appetite for breakfast, disrelish of cold water, and headache on rising in the morning.

The diet should be very plain, consisting of toast, crackers, or rice. She should be kept from exposure to the damp air, and not permitted to read aloud, or to sing. Local applications would be neither practicable nor serviceable in this case.

The appropriate remedy is *Bryonia*, 3rd, to be repeated once in four hours.

I may have occasion during the spring and summer months to direct your attention to another troublesome disease that sometimes follows the measles; viz., rheumatism, and will, therefore, defer my remarks upon that affection. The chief clinical point that I wish to make this morning is, that sequelæ, of whatever kind, are more or less modified in their nature by the preceding disease, and to treat them successfully we must not lose sight of this fact. The especial indications for *Bryonia* and *Pulsatilla* in the cases before us, are more clear and emphatic in consequence of their curative relation to the measles also. If the pneumonia was secondary upon whooping-cough, or the ophthalmia or apho-

nia followed an attack of diphtheria, the complexion of things would be essentially changed. It is of the utmost consequence to bear these practical distinctions in mind. Where pathogenetic indications are confirmed by a correspondence between the genius of the original disease and the remedy or remedies called for, the most troublesome sequelæ are seldom difficult of cure.

“HOW WILL DR. WELLS DISPOSE OF THIS?”

THE question is put by F. A. LORD, M.D., of Chicago, Ill. The occasion of it, a paper on the “*Essential nature of Disease, its cause and cure.*”^{*} The “*this*” to be “*disposed*” of, is made up of statements by Prof. Halford, of the Melbourne University, extracted from the “*Australian Medical Journal,*” and communicated by Dr. Lord to THE MEDICAL INVESTIGATOR, of April, 1868. In reply, it is remarked,

First.—There is but one “*disposition*” to be made of *facts* in science and philosophy—to accept them. It is no excuse at all for those who refuse this, that their opinions, theories, or hypotheses, are jostled or set aside by this course; for God made the *facts*, and, for this reason, they will remain, accepted or rejected. *Quasi facts* are made by men, not unfrequently, and heretofore they have not, as a rule, had a long continuance. They are not much to be respected. They have usually no better origin than imagination, ignorance, imperfect observation, and hasty conclusion. Sometimes they are created, because needed, to sustain opinions already entertained, fondness for which will not allow of their being destroyed without some show of defence. The only apology that can be conceived of for such a resort, is, that it is supposed to be better than no defence at all. This is a mistake. It may as well be received, first as last, that whatever in our accepted science or philosophy will not bear the light of a full and fair exposition of facts, had better be laid quietly aside, with as little ado as possible, for to this we must come, and no amount of obstinacy or wasted skill and labor in the defence will save either us or it. To this, ultimately, it must come.

Second.—It is remarked of the first *statement* of Prof. H. that “*When a person is mortally bitten by a cobra-di-capella, molecules of living ‘germinal’ matter are thrown into the blood, and speedily grow into cells,*” etc. We understand the professor to

^{*} Vide U. S. Med. and Surg. Journal, Vol. III., Nos. 10 and 11.

say this injection occurs in the *act* of the *biting*. There are objections to this statement, which must be removed before it can be received as fact. The first is, that, so far as appears in the paragraph in THE MEDICAL INVESTIGATOR, it is not *proved*. It stands a mere affirmation of a man, and is in itself no better than the negation of whoever denies. We challenge the proof. The second objection is, that the *exact* observation of just what occurs *in the act* of this mortal bite, in the microscopic elements of the produced and immediately resulting changes, is, at the outset, met by difficulties apparently insuperable. It is safe to say that the friend who brings his microscope to bear on the point of the deadly fang at the moment of its contact with the living flesh of the victim, will find himself in circumstances not the most favorable to cool and deliberate observation and judgment. He will be very likely to have some personalities, of interest to himself, intruding upon his thoughts and attention, not altogether favorable to that repose of mind so needful to investigations of this importance. It is fatal to our ready acceptance of the affirmation of the professor, that he does not appear to have attempted this. In this, no doubt, he has been quite right. It is the better for us that he did not. He might have incurred accident which would have deprived us of the advantages of the knowledge of the other interesting phenomena which he recorded, and of which there appears better evidence that he has made actual observation. At least, as to these, observation was not wholly impossible.

The second statement of the professor, that the cells, when produced, are rapidly multiplied, "so that in a few hours millions upon millions are produced," is not subjected to the same, or any other very serious difficulty, so far as appears on the face of it. It may, in the absence of any obvious objection, be admitted for the present. The next is, that these "are produced at the expense, as far as I can at present see, of the oxygen absorbed into the blood during inspiration," will stand better when we know *how far the professor saw*, and how he saw it. As it is now, it appears only as sheer *imagination* of the man, for which he claims the place and force of a *fact*. Until the fact be established, the next statement, deduced from this, of the "gradual decrease and extinction of combustion, and chemical change in every other part of the body," may be safely enough set aside, to await this verification of its supposed cause.

The next—the description of these cells, as to size, shape, etc.,

—may be accepted, but not without questioning the hypothesis as to their growth and results. This is only a late repetition of an old resort, in what has passed for *philosophy* in medicine. It has, before this, been too common, and too easy, to *assume* what should rather have been *proved*. The professor presents us no evidence whatever to sustain his assumption that “thus the whole blood becomes disorganized,” *i. e.*, by the presence and efficient action of these millions of cells. He appears to have observed the co-existence of two facts, and assumes, without hesitation, the responsibility of giving to one the position of cause, and to the other that of effect. By what rightful authority does he do this? The falsehood of his proceeding is made at least probable, by the similar state of the blood in cases where there has been no snake bite, and the presence of no similar cells has been demonstrated.

It is thus that the statements of Prof. H. are “*disposed*” of. The remark of Dr. Lord on the above, that “*It would seem from this, that here, at least, is a material cause of disease, not guessed at, but which can be seen and measured, counted and colored with magenta,*” remains. The whole importance of this is in the claim set up by Dr. L., not Prof. H., for these cells to be regarded as a *cause* of disease. Prof. H. only presents them as one of the efficient contributors to the fatal result, by a chemical action, which he first assumes, and then treats as a fact. Dr. L. goes farther, and “it seems,” *i. e.* to him, “that here, at least, is a *material cause of disease,*” *i. e.*, in these cells. It is submitted that it has not been shown they are a “*cause*” of any thing; only that they are present as a constituent element of a state resulting from the bite of a serpent. The *cause* of this state was merely nothing other than the *poison* received from the tooth when the bite was inflicted. That these cells *are* this poison, and not its *result*, is that which is wholly destitute of evidence, and has no shadow of a probability in its favor. The fact, indeed, had not before been “*guessed at,*” and is in no way likely to be again, till a way has been found in philosophy by which a result may be made its own cause, and a single element in a problem may be wisely and logically taken, without proof, as the true and rightful cause of all the others. It has no more been shown that the “*living germinal matter*” from which these cells are supposed to spring (the cells, at most, are but a derivative, not a cause at all), is the poison. Indeed the most that can be fairly claimed

for it, from the statements of Prof. H., is, that it accompanies the injected poison into the living victim. That it is *this* which makes him sick, is the thing to be proved, before the first step can be taken from the premises in favor of a materialistic philosophy of morbid causation. When this is *proved*, it is but the *first* step, and by no means the most difficult one, to be taken before the conclusion can be reached, which sets aside all analogy, and ignores both the facts and the logic which sustains, it is believed irrefutably, the dynamic nature of such causation.

If, for the sake of the argument, it be for the moment admitted that this "living germinal matter" is the poison, and the whole of it, — what then? It will remain to be proved, as of other forms of matter, which have been made the vehicle of morbid cause, that it is the *matter* which makes *sick*, and not the associated active principle which it conveys. When this has been demonstrated, it will be for Dr. W. and all others to accept the fact, whatever of previous opinion it may be found to displace.

P. P. WELLS.

DIPHThERITIC MEMBRANE ON ABRADED, VAGINAL, AND UTERINE SURFACES.

DR. RAUE says that the diphtheritic membrane may be found "in the vagina, or on cutaneous surfaces, when wounded, ulcerated, or abraded."

I have met with two cases where it occurred on the os uteri. On one it was extensive. The lady was 65 years old, and was suffering with a corroding ulcer. She got well. In the other, a young woman, the membrane was much less extensive. Both of these ladies were using cold water injections daily. Was this the exciting cause, the *air* in the water?

Some physicians say the membrane will form only where air has access to, or passes over the surface.

FARMINGTON, ME.

O. W. TRUE.

[We presume that all that is necessary for inoculation is that the diphtheritic poison—fungi, or whatever the *materies morbi* may be — come in contact with a denuded mucous, or epithelial surface. The *materies morbi* may be floating in the air, or swimming in the water. In these cases mentioned by Dr. True it may have been conveyed directly to the ulcerated surfaces by the air and water, or it may have reached the uterus by passing along in the blood-current.

Cases are on record where this pseudo-membrane has been found located in the kidneys and heart. In such cases, the poison must have been conveyed thither by the latter—blood-current method.—ED.]

REVIEWS AND NOTICES OF BOOKS.

ORGANOPATHY, OR MEDICAL PROGRESS. An Essay, by WM. SHARP, M.D., F.R.S. London: H. Turner & Co. Chicago: C. S. Halsey.

Here we have a review of the progress of medicine through the stages of authority, reason, experience, nature, and physical science, up to a principle. Dr. Sharp separates the principle from the dose, and restricts it to drugs only. He urges a study of the local action of drugs; for "drugs, to be remedies, must affect the same organs as the disease affects." This is Organopathy. He thinks this expression more definite than *Similia*. It (Organopathy) recognizes local action; turns diagnosis to better account; helps to remove a difficulty—opposite symptoms; prevents the accumulation of useless symptoms; and is a step in advance.

It is a question whether the fraternity will accept this modification of Hahnemann's system, but a portion of them, at least, will be inclined to profit by the suggestions offered by Dr. Sharp.

We believe the value of this suggestion hinges on the answer to the question, "Are all diseases derangements of the *vital force* or life of the body?"

PUBLICATIONS OF THE MASSACHUSETTS HOMŒOPATHIC MEDICAL SOCIETY, for 1866-67. Vol. III., Part I. \$1.

This work, of 75 pages, gotten up in Boston's best style, is a valuable addition to our libraries. Passing over the addresses—valuable on the occasion, but useless in a work for reference—the other articles will be found of value to every practitioner.

EDUCATION OF THE HEART. The necessity of moral culture for human happiness. By HON. SCHUYLER COLFAX. New York: S. R. Wells.

Some valuable ideas may be obtained from the above production.

PROCEEDINGS AND MISCELLANEOUS PAPERS OF THE TWENTIETH SESSION OF THE AMERICAN INSTITUTE OF HOMŒOPATHY. New Series. Vol. I., No. 1. Pp. 450.

This volume is, by far, the best one yet given us. It contains the most practical matter. It is divided into sections, so that they may be bound separately. Thanks to the Secretary, Dr. Talbot. Section I. contains the proceedings—the best yet given, because reported verbatim; the address, good of its kind, but of no earthly use to posterity; complete code of ethics—to the point; treasurer's report, constitution, list of members, etc. Sec. II. is devoted to the bureau on Mat. Med. Sec. III. is clinical medicine and zymosis. Sec. IV. is the one on obstetrics. Sec. V. on surgery. Sec. VI. contains the report of the bureau of organization, registration and statistics, necrologist's report, etc.

It is evident that this society has turned over a new leaf. This division of the volume will tend to establish a sort of competition among the bureaux. The result will be better—more practical—reports.

THE BOOK BUYER. A summary of American and foreign literature. By Messrs. Scribner & Co., New York. Vol. I., No. 4.

AMERICAN LITERARY GAZETTE and Publishers' Circular. By G. W. Childs, Philadelphia. Vol. X., No. 4.

THE WESTERN BOOKSELLER. By Western News Co., Chicago. Vol. I., No. 1.

Here are periodicals that every person who owns a library should peruse. They keep one posted in literary and scientific publication matters. They supply a want long felt.

THE LAST EVENTS OF 1867. THE TELE-MICROSCOPE, OF GOTTLIEB JUNTZ, AND THE ORGANOPATHY, OF WM. SHARP, M.D., F.R.S. *Dedicated to the young men of this country, our hope, our pride: not written for the incurables, either in the Old or New World.* By CONSTANTINE HERING. Philadelphia: F. E. Boericke.

After wading through this serio-comic pamphlet, of 22 pages, we glean that there was no necessity for the essay of Dr. Sharp, for "local action" was recognized by Hahnemann.

Such a production from such a source! It will doubtless accomplish a mission, if not *the* mission intended.

EDITORIAL.

THE MISSION OF OUR MEDICAL SOCIETIES.

From a study of the spirit of the meetings of our societies, and especially from the published proceedings, we learn that one of the leading ideas—usually *the* leading idea—controlling all our societies, from the “American Institute” down to the “Minnesota State Homœopathic Institute,” has been the “promulgation and advancement of Homœopathy.” In early days, and in pioneer localities, it was, and perhaps is, well to meet with this one end in view. But at this day, with the majority of local and State bodies, and especially with our National Society, it is otherwise. This self-glorification has been indulged in so often, that it has really become insipid. Medical science now requires *all* of our attention and energies.

In looking over the constitutions of our vast array of Medical Societies, we glean that the purported object of organization has been about the same in them all: *i. e.*, “the advancement of Medical science.” Some state it as “the improvement of the science of medicine;” others, as “the improvement of the science and art of medicine and surgery.” Whatever other particular mission these societies may accomplish, they all unite on this one. But where are their contributions to the science or art of Medicine? Among our sixty-one different societies, there are not one-third of them that have contributed any thing to the science and art of medicine and surgery, or even attempted it. As an excuse, it is urged that they are yet young—are consumers, not producers. From past indications, we fear that many of them will remain so. What has the American Institute—the society that contains the flower of the profession, and the most of its scientific minds—done for medicine? Its published proceedings show! Out of the 650 members composing this influential body, how many are workers? Not one-twelfth are even assigned work. How many will report at the session in June? Judging the future by the past, about one-twentieth of the whole number! What might not be done for the improvement of the science and art of medicine, by this large body, with judicious management. What might not be done by the whole membership of all of the societies! There are workers enough in the above society or societies to delve over the whole field of medicine, and its collateral sciences, and not skip a single subject or branch of any department. Where is the master-mind to “lay out the work?” There is much of this work that can be done only by and through State and local societies; such as collecting experience on the treatment of disease, facts in reference to zymotic diseases, experience with new and old drugs, facts bearing on climatology, hygiene, etc., etc.; but the directing body should be a national one.

* See Editorial June, 1867.

Classify the whole membership, then ; have the committees and bureaus arranged as we have before suggested*—the chief to report on the discoveries, improvements, &c., and the others to report on some topic embraced in their branch and department.

Some of the committees of the American Institute should certainly consist of one from each State represented ; as those on materia medica, provings, clinical medicine, hygiene, zymoses, forensic medicine, climatology, organization, registration, statistics, history, etc.

The "reformation" of the materia medica can only be accomplished by a host of observers.* The number of proved and re-proved drugs added each year should not be a few. Complete and concise monographs, containing the experience of the whole profession, on certain diseases, should, year by year, enrich our libraries. Each year should give us more knowledge in reference to the course, etiology, and laws of contagious, infectious, epidemic, and endemic diseases. The influences bearing on public, private, and military health, require a very large committee to investigate. The medical laws of State and Nation all need attention. Climatology is really an unexplored field, and a committee national in scope can alone collect the facts. Upon the Committees of Organization devolves the herculean task of legislating for the harmonious and dependent working of our many societies, for the one great mission—the *improvement of medical science*. While to the Committees on Registration, Statistics, and History, may be left "the glory of Homœopathy."

We urge, not the advancement of Homœopathy less, but the advancement of the science and art of medicine more.

SOCIETY REPORTS.

CHICAGO, March 9, 1868.

REPORT of the Proceedings of the Cook County Homœopathic Medical Society, for the Six Months Beginning September 5th, 1867, and ending March 5th, 1868.

There have been ten regular sessions of the Society, and three sessions without a quorum present. The last election of officers occurred September 5th, 1857. Dr. Duncan, Permanent Secretary, then presented a report of the previous six months.

Since last report, five new members have been added to the Society. Including these gentlemen, there are thirty-one members ; of these, twenty-two were present at meetings of the Society during the last six months. There have been present a number of visitors from a distance.

We regret to record the death of Dr. Lyman Kendall, a member of this Society, since last report. Resolutions were adopted appropriate to the event, published in the papers, and sent to the family of deceased.

There have been nine papers read, upon which discussions have taken place, as follows: "Report on Lachesis," "Neuralgia, Trifacial and Sciatic," "Use of Cold Water as a Therapeutic Agent," "Minute Anatomy of Base of Brain, Demonstrated from Specimen," "Urine in Health and Disease," "Use of Pessaries," "Paralysis of Tongue," "Case of Epilepsy

* See Report of Central Bureau of Mat. Med., Trans. Am. Institute, Vol. 1, p. 11.

Cured by Electricity," "Report on Hydatids." Besides these regular reports, there have been discussions upon seven different topics, as follows: Caullophyllin in Dystocia, Novelty of Hybrida, Characteristic Order in Diphtheria, On the parallel between a particular phase of Cholera Infantum and Uræmic Poisoning from Suppression of the Urea; Congestive Chills, Hooping Cough, and Alternation and Repetition of remedies.

Besides these, there have been twelve clinical cases related and discussed: viz., Preternatural Labor; Embryotomy; Case calling for *Aconite*; Case of Pneumonia, complicated with Diphtheritic Symptoms; Convulsions in a Child; Case where Cholesterine was noticed in Gall Stones; Case of Cancer of Bladder, with Pathological Specimens; Paralysis of Tongue Cured by Electricity; Small-pox, its Treatment; Case of *Echinococcus* Cyst passed off by a woman eight months pregnant—the cyst was exhibited to the Society; Pathological Specimen of Fœtus of eight months, delivered by Craniotomy; Chronic Skin Disease; Psoriasis.

The following communications have been received from a distance: Fragmentary Proving of *Chelone Glabra*, by Dr. Graham, of Three Rivers, Mich.; from Drs. Ober and Putnam, of LaCrosse, Wis., a specimen of Miliary Tubercle in Lungs and Bowels; Case of Placenta Previa, from Dr. F. A. Benham, Bronson, Mich.; Dr. Osborn, Canton, Ill., sent a specimen of Tape Worm; Dr. Kniepcke, of this city, sent in a pathological specimen of stricture of *Æsophagus*. S. P. HEDGES, *Rec. Sec'y*.

SOCIETIES.

AMERICAN MEDICAL INSTITUTE meets in St. Louis, June 3rd, 4th, and 5th. A very profitable time is expected. We hope that every one will make an extra effort to be present. Let our Western physicians turn out *en masse*, as it is not often that the West is favored with a meeting of our National Society. Let every one present labor to make *this* session as practical a one as possible, frowning upon the effort to waste valuable time over polemical questions.

WAYNE COUNTY (N. Y.) MEDICAL SOCIETY holds its annual session June 2nd.

OHIO MEDICAL SOCIETY meets June 2nd and 3rd, at Columbus.

MINNESOTA INSTITUTE meets June 2nd, at Minneapolis.

CAYUGA COUNTY (N. Y.) MEDICAL SOCIETY meets June 9th.

LIVINGSTON COUNTY (N. Y.) MEDICAL SOCIETY, also meets June 9th.

OSWEGO COUNTY (N. Y.) MEDICAL SOCIETY will meet at Oswego, June 9th.

OTSEGO COUNTY (N. Y.) MEDICAL SOCIETY meets June 10th.

WASHINGTON COUNTY (N. Y.) MEDICAL SOCIETY will also meet June 10th.

THE CENTRAL HOMŒOPATHIC MEDICAL SOCIETY of New York will hold its annual session June 11th. An interesting time is anticipated.

CHAUTAUQUE COUNTY (N. Y.) MEDICAL SOCIETY will hold its annual session June 16th.

MADISON COUNTY (N. Y.) MEDICAL SOCIETY meets June 23rd.

VERMONT MEDICAL SOCIETY will hold its annual session, June —, at Newport.

The interest manifested in these societies is steadily increasing. A Boston (Mass.) correspondent writes: "We have just had a glorious two days'

session—*ninety members* present. The social element, which does not appear, was the strongest and best part of the whole. I wish you could have been here."

P. S.—The session of the MISSOURI MEDICAL SOCIETY has been postponed to June 2nd. Visitors remember this.

PERISCOPE.

CLASSIFICATION.—W. Williamson, M.D., remarks (Hahn. Monthly, Jan.) that a full consideration of this subject leads him to these conclusions:

1st. The classification of drug symptoms should be based on the symptoms of disease, both as to kind and character, as they occur in the primitive structures, tissues, and organs of the body, preserving, as far as possible, the combinations, modifications, and course of symptoms, as well as noting any changes from the influence of heat, cold, rest, motion, time of day, season of the year, etc., which may occur.

2nd. A classification based on any other foundation hitherto tried, affords unsatisfactory results, and fails to give a practitioner the aid, in the selection of the proper Homœopathic remedy, which he has a right to expect.

COUGH.—I. S. Hall, M.D., (*Ibid.*) in the case of a lady, *æ.* 30, who took cold, prescribed *Natr. m.*, with marked benefit. The cold commenced in the nose and throat, but passed rapidly to the lungs, presenting the following symptoms: Almost incessant dry cough, day and night; lungs sore and raw; thirst; weak, does not want to move; pulse full and rapid; tongue coated.

ROBINIA.—R. C. Smedley, M.D., prescribed (Am. Obs., Jan.) this remedy, successfully, for the following symptoms: The food, soon after eating, would turn sour; constant feeling of weight in the stomach, with fullness and tension; eructations, accompanied by a sour liquid, with, at times, portions of the ingesta; burning pain in stomach and between scapule; thirst; constant frontal headache; water, taken before retiring at night, would be returned in the morning, green and sour. He adds: "It (*Robinia*) has been more prompt and efficient in my hands, in relieving, or even curing, the sour regurgitations of infants, than any other remedy I have hitherto employed."

NURSING SORE-MOUTH.—J. S. Shepherd, M.D., of California, calls attention (Hahn. Monthly, Feb.) to the value of *Phos.* in nursing sore-mouth. He states: It has never failed of radically curing, no matter in what potency I administered it; but I may say that I give, generally, the 30th potency, once a day.

CHOREA.—J. C. Howard, M.D., Philadelphia (Am. Jour. of Mat. Med.), details two cases of Chorea, cured with 18 powders—three each day—of *Mygale Avicularia*. The first was a boy, of light complexion: constant jerking of head to right side, occasionally drops it suddenly on shoulder, twitching in muscles of back and arms, pains in knees when walking; when he attempts a control, the respiratory muscles are affected so that he can not get his breath (?) until he takes a deep inspiration. 2nd. Girl, *æ.* 15: twitches of muscles of face and upper extremities, puts tongue out with great difficulty, convulsive movements of shoulders, hands in constant motion, gait unsteady, involuntary opening and closing of mouth and eyes, feeding herself very difficult; while sitting, legs in constant motion, drags them when walking. He prepares the remedy by macerating the whole spider in alcohol. [What symptoms decided the choice of this remedy?—Ed.]

In this disease, Dr. Welch, Winchester ("Hom. Review," [British] Mar.), has found an efficient remedy in *Viscum Album* (common mistletoe, growing

on the elm and hawthorn). The symptoms in one case given, were: Convulsive alternate jerking of hands, knees, mouth, eyes and neck; extraordinary grimaces and contortions of face, especially when trying to keep still. Subject, boy, *æ*. 14. General health, good. He was better in two days, and well in two weeks.

CIMICIFUGA IN MELANCHOLY.—T. S. Verdi, M.D., Washington, D. C., details (New England Med. Gazette, March) a case of melancholy: Lady, *æ*. 45, in climacteric period, although with no apparent functional abnormality, general health good; became depressed, despondent, suspicious of her daughter, lived in the most cruel doubts and fears, in constant terror, and in the lowest state of dejection. Concluded to try *Cimicifuga*; prescribed three drops of tinct., three times a day. In three weeks she was happy and well, but her face and body were found covered with an eruption of red patches, very slightly elevated. Attributed this to drug. Examined the article on "Skin," under *Cimicifuga*, in the *Mat. Med. of Hale*, and there found that the eruption was not only *pathological*, but *curative*, thanks to Dr. Hale.

ENLARGED TESTICLE.—Bushrod W. James, M.D., (*Am. Obs.*, March, 1868), states: We have used *Pulsatilla*, in a low potency, internally, with invariable success. Chronic indurations, from gonorrhœa, take a longer time, but are relieved by *Puls.* with as much certainty.

JACARANDA CAROBA.—Dr. Schlusler, of Oldenburg, writes of this drug (*A. H. Z.*, 75, 182): "I know of no better remedy in the treatment of secondary syphilis; its use I learned from Dr. Lippe's Text Book of *Mat. Med.* I use the *Jacaranda* against every form of secondary syphilis, and every time when the patient returns, which generally happens in about fourteen days, I can always notice an improvement. I generally use the 2nd potency, four drops four times a day." Dr. S. is not so clear whether it will answer in a case primary, but details a case in which the prepuce was much swollen, and could not be drawn over the glans; on attempting to do so, there was a copious discharge of yellowish green pus. *Jacaranda* was given as above, and at the next visit, which was eight days after, the patient was much better, and finally recovered, under the continued use of this remedy.

ANTIQUITY OF OUR PRINCIPLES.—Dr. Laville de la Plaique has been delving in antiquity, and finds the law similar in a formula of Paracelsus. Lullius employed infinitesimal doses—dilutions made at a high temperature, and carried up to the 100th, 200th, and even higher. Amauel de Villeneuve recognized the necessity of experimentation on healthy persons, using no mixtures. Dr. P. finds the germs of all the grand truths which Hahnemann unfolded at a more recent date.

A NEW QUESTION TO INVESTIGATE.—As all dilutions are made with alcohol, and all triturations with sugar of milk, would it not be of great importance to know the medicinal powers of those two articles, in order to decide whether the medicinal results are produced by the substances which are incorporated, or merely by the vehicles.—*British Journal*.

ANOTHER METHOD TO REDUCE HERNIA.—Where it resists the ordinary application of taxis, place the patient on an inclined plane, the feet a little higher than the head, then proceed in the usual manner.

BELLIGERENT.—We fear the Gardner affair has again aroused a marked belligerent spirit. The Buffalo Express, of March 18, contains "the Battle of the Pathys." It is a reply to "a drive" of Dr. Miner at "sugar pills—the immeasurable swindle." Dr. E. G. Cook, in a gentlemanly manner, turns the tables on him completely.

ANN ARBOR BREEZE.—The President of the Michigan University delivered a valedictory address to the medical class, in which he maintained

that the code of ethics of the American Medical Association should "be the rule and guide to their conduct." He denounced the term Allopathy, and nailed his colors to the standard—"regular profession." Dr. Harris, in a three-column article in the Ann Arbor Journal, reviews his medical creed severely.

A BLUE PROSPECT.—Dr. Pallen, in an address before the Missouri (Allopathic) Medical Society, stated that public opinion was adverse to them; the press was against them; that presumptuous ignorance has its tentacles around them; and they have been ridiculed and satirized. He sees no hope for them in the future but legislative interference, for "the nineteenth century is as dark as was the first." The object of that convention was "the disenchantment of our profession from the shackles of ignorance and charlatanism." There is hope for our "regular" friends, when they can thus look facts straight in the face.

HAHNEMANN'S BIRTH-DAY IN ST. LOUIS.—The Dispatch informs us that the entire fraternity of St. Louis assembled at the residence of Dr. Comstock, April 10th, and celebrated, in an appropriate manner, the birthday of Hahnemann. It is well thus to remember the man who gave to us the "pole star" in therapeutics.

DISEASES OF WOMEN AND CHILDREN.—With this issue we commence the publication of a series of brief notes, from Professor Ludlam's Clinique. These notes are reported by C. N. Dorion, student in the Hahnemann Medical College, Chicago.

CLINICAL SOCIETY.—Our London Allopathic friends are to have a Clinical Society. Their skepticism of drugs promises strange results.

DECOMPOSITION OF CHLOROFORM.—Dr. Youmans (Dentist Register) has found that *Chloroform* will decompose rapidly (in twenty-five days), if placed in the sun. A greenish colored fluid is found floating on its surface, which responds to the test for *Hydrochloric Acid*. A rather dangerous ingredient.

LIFE IN ITALY.—Twenty-two and one-half per cent. of the infant population die yearly. The average duration of life is 33.43 years only; in France it is 38.33; Geneva, 40.02; England, 39.21. The number of births is relatively smaller than in England and France.

BLOOD GLOBULES IN CHLOROSIS.—M. Duncan, of St. Petersburg, has pointed out the remarkable fact that the blood discs of chlorotic persons yield up their coloring matter more easily than do those of healthy subjects.

GLYCERINE.—Five parts of *Glycerine* with four of yolk of egg, by weight, rubbed together, make a valuable preparation for external use. It has the consistence of honey, is unaffected by exposure, and excludes the air.

TEMPERATURE IN INSANITY.—The temperature of the body runs from 98° to 95° 6'. The lower we get in the scale of insanity, and the farther removed from the commencement of the disease, the lower the temperature becomes.

ELECTRICITY IN THE TREATMENT OF TUMORS.—Dr. Althus (British Med. Journal) has found electricity an efficient means of obliterating vascular growths, as *nævus*, papillary growths, and molluscum. The negative pole is applied to the growth.

NORTH-WESTERN TEXAS FOR CONSUMPTIVES.—Dr. Morse (N. Y. Med. Journal) lauds Berne, Texas (his residence), as *the* place for tubercular patients. He states the climate to be "dry and bracing." Had he added, "warm, and but few sudden changes," it would have just supplied the great climatic want.

SIMPLY BLOOD!—Dr. Salisbury (*Ibid.*) details sixty-seven conditions, states, and pathological products that may be found in the blood. A vast field for valuable study is here exposed.

LAW OF INCREASE.—Dr. Allen (*Journal of Psychological Medicine, etc.*) concludes that the decrease of the American population is due to the development of the nervous, to the neglect of the other temperaments of the body. The most vigorous mothers are those who have the sanguine, lymphatic, and muscular temperaments in excess. The latter he calls "the ground-work of the system."

CARNOMANIA is a condition that has been classed as hysterical. Dr. C. F. Taylor declares that the mind is not at fault; it is the body. False or perverted impressions are sent to the mind. Many cases of hemiplegia, paraplegia, spinal disease, etc., may come under this head. The remedy is, to give the patient clearly to see that perverted impressions are received—that the telegrams are false.

A CHILD WITH THREE ARMS, the "extra" one situated between the scapulae, is reported in the Nashville Times.

TEMPERAMENTS.—Dr. Cowles classifies the temperaments as follows: Sanguine, bilious, lymphatic, and encephalic. The latter term he prefers to nervous, as the encephalon, superior brain, is the foundation of this temperament. The first two he calls vital; the last two, non-vital. He observes, when one of the parents is exclusively vital, and the other more than one-third non-vital, the children are all right; but if both are similar in their temperaments, the children are unfortunate. He makes ten compounds of the above temperaments.

PLANTAGO IN ENURESIS.—In four careful provings of this drug by A. Heath, of London, are only four urinary symptoms. None of them point to enuresis.

PHOS. OF SODA has proved a good remedy in constipation and jaundice of young children.

FAITH IN DRUGS.—The Buffalo Medical and Surgical Journal states, "there is hardly a drug in the whole *Materia Medica* really having the properties they are represented to possess."

BROMIDE OF POTASSIUM is reported to possess "the power of checking the reflex nausea induced by the administration of anaesthetics."

TO ATTACH SPONGE TO METALLIC BOUGIES.—Cover the end of the bougie with sealing-wax; while yet soft, sink it into the sponge until cool.

LIQUOR AMNII.—The organic principle of this liquid is *Albumen*, associated with *Chloride of Sodium* and *Phosphate and Carbonate of Lime*. It is remarkable that the proportion of *Albumen* varies according to the period of gestation. At the fourth month it amounts to 10.77 per cent.; at the fifth, to 7.67; at the sixth, to 6.67; and at the ninth, to 0.82 per cent. In the latter stage of gestation, it contains merely traces of *Albumen* and saline matter.

MEMORIALIZING LEGISLATURES.—This subject should receive greater impetus. Let our State Societies look after the matter.

AN OBLIGATION.—"Every physician is bound, by the most weighty considerations, to maintain a familiarity with the progress of medical science."—*Address before Tenn. Med. Society.*

SENSIBLY SAID.—We are having, now-a-days, a little too much calling of quack whoever has not acquired his knowledge in the orthodox groove; and by far too much endorsement of ignorance and impudence, provided it will swear by the pharisaical interpretation of the code of ethics.—*Western Journal of Medicine.*

THE EFFECTS OF PUTRID ORGANIC SUBSTANCES UPON ANIMALS.—Dr. Schweninger, of Munich, has been experimenting upon Guinea pigs with putrid blood. The effect was similar to pyæmia. No effect was produced by the emanations of putrid gases. Drying up of the fluids did not injure their poisonous properties when redissolved.

OXYGEN IN DIPHThERITIC PARALYSIS.—M. Faucher asserts that the application of *Oxygen* in diphtheritic paralysis of the soft palate in two cases, cured them effectually.

LOCAL REPORTS OF DISEASE.

LYNDON, VT.—Since the autumnal epidemic of *Typhus Gastricus* (1867), no epidemic has prevailed in this section. Pneumonia has been quite prevalent. "Ushers" of a rising generation have taken the lead and place of disease.

April 13, 1868.

C. W. SCOTT.

CHICAGO, April 28.—There has been a marked decrease in the number of cases of small-pox, measles, and, in fact, all of the contagious diseases. Neuralgia and rheumatism are still encountered, the type not quite as severe. Cases with gastric and bilious symptoms are on the increase, the result of rapid changes in temperature and humidity incident to this season of the year. Lenten days have, also, had, undoubtedly, an influence in this direction. *Ars.* and *Merc.* are the chief remedies indicated. Derangements of the alimentary tract proper, attended with prostration, calling for *Ars.*, *Verat. alb.*, *Carbo. veg.*, and *Camph.*, are frequently met with. This fact, taken in connection with that of cholera being south of us, is truly significant.

Cholera is still reported in the West India Isles, and in South America.

FARMINGTON, ME., April 25.—We are having quite a measles epidemic since my last monthly report. It commenced in the State Normal School, consisting of some one hundred and twenty-five students. About one-third—thirty-five—were sick. It is now out among the people, spreading in all directions. At first, it was quite mild, but for two weeks lung complications are severe, in many cases of adults. Several affirm that they have had them before. How this is, I do not know. For the lung troubles, corresponding to the symptoms given in C. Hering's *Am. Hom. Mat. Med.* (now publishing in numbers), for the 1st of December, *Eupat. perf.*, is very satisfactory. Have tried no higher. When uncomplicated, *Acon.*, till the eruption begins to fade, and then *Puls.* closes up the disease. There have been a few cases of rash, and more colds than usual for any month.

O. W. T.

PERSONAL.

WM. C. RICHARDSON, M.D., has located in Springfield, Ill., and is associated with Dr. Kuechler, his former preceptor.

E. W. AVERY, M.D., has located in Brooklyn, N. Y.

E. W. KING, M.D., locates at Clinton, Iowa.

A. C. HOXIE, M.D., and ANNA WARE, only daughter of RUSHMORE POOLE, were married in this city, April 14th, at St. Paul's Cathedral, by Rev. Dr. Shelton.—*Buffalo Commercial Advertiser.*

J. B. SMITH, M.D., locates in Lowell, Mich.

O. H. MANN, M.D., has removed from Ottawa to Evanston, Ill.

THE

MEDICAL INVESTIGATOR.

VOL. V.—*JULY*, 1868—No. 58.

AMERICAN INSTITUTE OF HOMŒOPATHY.

THE TWENTY-FIRST ANNUAL SESSION.

THE preliminary meeting of the Institute was held at the residence of Dr. T. G. Comstock, St. Louis, June 2nd, at 8 P. M., at which about fifty members were present. An agreeable hour was spent in renewal of old acquaintanceship and formation of new.

Dr. Comstock then called the meeting to order. Dr. C. J. Hempel, of Michigan University, was elected chairman of the meeting, and Dr. I. T. Talbot, of Boston, was chosen Secretary.

On motion of Dr. Rush, of Salem, Ohio, a nominating committee, consisting of one member present from each State, was appointed:

Me., —; N. H., —; Vt., —; Mass., Dr. S. Gregg; R. I., —; N. Y., Dr. A. S. Ball; N. J., Dr. J. J. Youling; Penn., Dr. J. C. Burgher; Del., —; Md., Dr. F. R. McManus; D. C., Dr. T. S. Verdi; W. Va., —; Kansas, —; Va., —; N. C., —; S. C., —; Ga., —; Fla., —; La., —; Ala., —; Miss., —; Texas, —; Ark., —; Tenn., —; Ky., —; Cal., —; Mo., Dr. E. C. Franklin; Iowa, —; Ill., Dr. G. D. Beebe; Ind., —; Ohio, Dr. J. H. Pulte; Mich., Dr. F. Woodruff; Wis., —; Minn., —.

On motion, this committee was empowered to fill vacancies.

On motion, the committee was to report at 10 A. M., June 3rd.

It was moved that the committee report two candidates for each office.

This motion gave rise to a good deal of discussion, during which six candidates were suggested instead of two. Pending this unsatisfactory discussion, a motion to discharge the committee prevailed.

The Committee of Arrangements then invited the members to the dining hall, where a bountiful collation awaited them. An hour was spent in a social manner, after which the members dispersed.

FIRST DAY — MORNING SESSION.

The members of the Institute assembled in the Philharmonic Hall, at 10 A. M., June 3rd. Dr. W. Tod Helmuth, President, called the meeting to order.

The following members were ascertained to be present :

Drs. T. F. Allen, G. E. Belcher, New York; G. D. Beebe, Chicago; A. S. Ball, New York; J. C. Burgher, Pittsburgh, Pa.; J. Beakley, New York; A. R. Bartlett, Aurora, Ill.; W. O. Blaisdell, Macon, Ill.; S. J. Bumstead, Pekin, Ill.; H. B. Clarke, New Bedford, Mass.; T. G. Comstock, St. Louis; H. L. Chase, Cambridge, Mass.; N. F. Cooke, Chicago, Ill.; T. C. Duncan, Chicago, Ill.; J. P. Dake, Salem, Ohio; M. Fuller, Boston; J. M. Fuller, Cincinnati; W. D. Foster, Hannibal, Mo.; H. M. Guernsey, Philadelphia, Pa.; S. Gregg, Boston, Mass.; W. T. Helmuth, St. Louis; C. J. Hempel, Grand Rapids, Mich.; John Hartmann, St. Louis; P. E. Johnson, Alton, Ill.; J. E. James, Philadelphia, Pa.; J. L. Keep, Brooklyn, N. Y.; E. M. Kellogg, New York; L. M. Kenyon, Buffalo, N. Y.; R. McMurray, New York; F. R. McManus, Baltimore; B. Munsey, Virden, Ill.; J. C. Morgan, Philadelphia; H. D. Paine, New York; J. H. Pulte, Cincinnati; R. B. Rush, Salem, O.; G. W. Swazey, Springfield, Mass.; D. S. Smith, Chicago; H. M. Smith, New York; A. E. Small, Chicago; R. C. Smedley, West Chester, Pa.; I. T. Talbot, Boston; D. Thayer, Boston; E. B. Thomas, Cincinnati; T. S. Verdi, Washington, D. C.; T. P. Wilson, Cleveland, Ohio; H. Wiescke, St. Louis; P. P. Wells, Brooklyn, N. Y.; L. D. Wilder, New York; F. Woodruff, Ann Arbor, Mich.; J. J. Youling, Jersey City, N. J.—52.

Dr. T. G. Comstock, of St. Louis, delivered an address of welcome, as follows :

Gentlemen, fellow colleagues of the American Institute of Homœopathy: As chairman of the Committee of Arrangements, I have the honor of welcoming you to the city of St. Louis to hold the twenty-first session of the American Institute of Homœopathy. Since the founding of this national medical association, twenty-four years ago, our great city has more than quadrupled her population. At that date St. Louis was considered as an outpost upon the western frontier of civilization, and the journey hither from New York was far more tedious and perilous than a journey at the present time from here to Europe. Corresponding with our rapid increase in population, much has been accomplished in medical science, and not a few changes and improvements in the noble art of healing are due to the discoveries and genius of that renowned philosopher in medicine, Dr. Samuel Hahnemann. Our labors have been pursued amidst most violent opposition; nevertheless our cause flourishes, and from a small beginning we flatter ourselves that the results are most encouraging.

Here you will find a Homœopathic College in successful operation, it being empowered by the same authority to confer the degree of Doctor of Medicine, and with a charter quite as liberal, as the three Allopathic colleges of St. Louis. Here we have also the Good Samaritan Hospital, a charitable institution (as its name indicates), which has been the means of doing a great deal of good, and of demonstrating by statistics the advantageous results of our system of medication. For more than ten years past this charity has been successfully carried on, mainly by the efforts of the director of the hospital, Rev. L. E. Nollau. These statements may be of interest to you, and under the circumstances it gives us great pleasure that you have selected this city, west of the Mississippi, to hold your present sitting. In coming so far west, we greet you as noble devotees to the healing art, and especially for your disinterested efforts and endeavors to advance the science of Therapeutics and improve the *Materia Medica*.

Although the Homœopathic physicians of St. Louis are fewer in numbers than our brethren of the old school, yet their influence is recognized by the latter, and as a consequence the Allopathists have been forced to materially modify their old time practice of giving nauseous drugs in large and oft repeated doses; for now we see them beginning to give medicines in sugar coated pills and granules not unlike our own. This improvement on their part, notwithstanding their open and undisguised hostility, is to us a matter of approval, for which we should not fail to give due acknowledgment.

In your coming deliberations you will have matters of great importance to discuss, and I trust these discussions may take such a range as will bind us together in a spirit of truth, unity and concord, and tend to cement our fraternal relations, so that the

influence of the American Institute of Homœopathy may be constantly felt throughout our whole country.

Gentlemen, I hope your stay in our city will be most agreeable to you, and once more I will say, we give you a most cordial and sincere welcome. [Applause.]

On motion, the calling of the roll was dispensed with.

The first business in order being the election of officers for the ensuing year, the following gentlemen were elected by ballot:

President—Dr. H. D. Paine, of New York.

Vice President—Dr. T. G. Comstock, of St. Louis.

General Secretary—Dr. I. T. Talbot, of Boston.

Provisional Secretary—Dr. H. L. Chase, of Cambridge, Mass.

Treasurer—Dr. E. M. Kellogg, of New York.

Censors—Dr. J. P. Dake, Salem, Ohio; Dr. G. D. Beebe, Chicago, Ill.; Dr. J. C. Morgan, Philadelphia; Dr. J. Hartmann, St. Louis, Mo.; Dr. G. W. Swazey, Springfield, Mass.

Dr. Paine was conducted to the chair, and addressed the Institute as follows:

Gentlemen of the Institute: I can only at this time return my heartfelt and sincere thanks for the unexpected and, I may say, unsolicited honor which you have conferred upon me with so much unanimity. I think privately that you might have made a much better choice. I am not accustomed to presiding in public meetings. I have had very little experience in business of this kind, but without further expressing myself publicly as to my private views of the fitness of your choice, whatever they may be, I will address myself to the duties of the position in which I am placed, and endeavor to fulfill, as far as is within my power, your expectations.

I shall probably need your co-operation, and many times your forbearance. I trust that you will make allowance for my inexperience, and put it down to the best account. [Applause.]

On motion of Dr. Verdi, of Washington, a vote of thanks was passed to the retiring president and other officers of last year, for the capable manner in which they had performed their duties.

Dr. Talbot said that he was preparing a list of fifty applications for membership, which he would submit to the Board of Censors for examination, and thus save time.

The President announced the following committees:

On Credentials.—Drs. L. D. Wilder, of New York; J. C. Burgher, Pittsburgh; D. Thayer, Boston; F. Woodruff, Ann Arbor, Mich.; T. S. Verdi, Washington, D. C.

On Auditing.—Dr. A. E. Small, Chicago; E. C. Franklin, St.

Louis; G. E. Belcher, New York; Samuel Gregg, Boston; and Robt. McManus, of Baltimore.

Dr. T. G. Comstock, chairman of Committee on Arrangements, stated that arrangements had been made for a steamboat excursion Thursday afternoon, at four o'clock, from St. Louis to Alton, on the steamer "Belle of Alton." The proposition was to go up above Alton as far as North Missouri, returning about midnight.

Dr. Small of Chicago, inquired of the Secretary if there was any provisions for the election of honorary members, to which the Secretary responded that there was no such provision.

Dr. Small then moved that Dr. John Moore, of Liverpool, England, who was present, be invited to a seat in the Institute, which was carried.

The Secretary read the business left unfinished at the close of the last year's proceedings, (to be found on pages 80 to 84 of the printed proceedings.)

In connection with one point mentioned by the Secretary, Dr. Cooke, of Chicago, inquired if there was no process by which members who had forfeited their membership by some accident or trivial delinquency could be restored.

The Secretary said there was none; but for the last ten or fifteen years, there always had been a delicacy about cutting off any one from connection with the Institute, and some persons had gone ten or fifteen years without paying any thing. At the last session this matter was referred to a committee of three, and the Secretary had acted under instructions.

The President said he was a member of the committee alluded to. A vast amount of correspondence had been transacted last year in reference to the matter. In many cases the delinquencies were only of a financial character, and had been unintentional. But many valuable and honored names had been allowed, from one cause or another, to drop from the catalogue.

Dr. Cooke, of Chicago, offered the following resolutions:

Whereas, The American Institute of Homœopathy have learned of the affliction which has befallen our respected and venerable brother, Dr. John F. Gray, of New York, in the death of his estimable wife; and

Whereas, The late Mrs. Gray was intimately related by consanguinity and by marriage with some of the oldest and ablest members of our profession; therefore,

Resolved, That the American Institute of Homœopathy regret his loss, and deeply sympathize with him in his bereavement.

Resolved, That the Secretary be instructed to send a copy of these resolutions to Dr. Gray.

The Committee on Necrology made a brief statement of his operations. He presumed his report did not embrace one-third of the cases it should.

Dr. Moore, of Liverpool, being invited to address the Institute, responded as follows :

I thank you, Mr. Chairman, for the honor which you have conferred upon me in electing me a temporary member of your Institute. I looked forward with very great delight, when informed in New York, on my arrival, that you were about to have an annual meeting of this Institute. I have no doubt at all but that I shall receive very much profit and pleasure from my attendance here.

I have simply to inform you that I am a Homœopathist of twenty years' standing. I take a very great interest in the cause of Homœopathy in this country, as well as in my native land. I am sorry to say we can not report any great things, but we are taught by very high authority not to despise the day of small things. Perhaps some twenty years hence, if we are living, we may be able to give a much better report than now. Suffice it to say, we have an excellent dispensary in our town, and at least four stipendiary physicians. All the doctors of the town take an interest in it.

For the last four years we have held meetings, presided over by the Mayor. This is considered a great honor with us, and puts us on a level with the Allopathic institutions. Homœopathy is growing decidedly in popular favor. The only draw back is in the profession. They don't come over in proportion to the people. We have places of 10,000, 15,000, or 20,000 inhabitants over the kingdom, without any Homœopathic practitioners at all. As I say, our great lack is the want of doctors, and not the want of patients.

But I will not take up your time, while you have such an important catalogue of business to transact as I see in the papers. I shall take great pleasure in being a listener, and if any thing has occurred in the old, slow world of mine that will be worth the hearing, I shall be very happy to give it. I was crossing your river last night—that wonderful river of which I have heard so often, and had dreams of in my youth and since my youth—there was a terrible flash of lightning, and I hope this was only a type of those scintillations that will come forth from the various members of this vast, mighty, and free country. [Applause.]

The Auditing Committee, through Dr. Small, reported that they had found the Treasurer's accounts correct.

Dr. Kellogg, the Treasurer, reported that the total expenditures for the year were \$1,734 52, and the total amount of cash

received \$1,644, leaving a deficit of \$90.52. This did not include about \$300 due the Secretary for printing bills, etc.

The report was adopted.

Dr. Smith, of New York moved to appoint a Committee on Finance, consisting of five, and pointed out the necessity of adopting some definite plan for regulating the financial resources of the Institute, which was agreed to.

Dr. McManus, of Baltimore, inquired how many paying members were connected with the Institute at present.

The Secretary said there were 543 names retained, and of these about one hundred were delinquent.

The Chair announced the committee as follows :

Drs. H. M. Smith, New York ; E. M. Kellogg, New York ; I. T. Talbot, Boston ; W. Williamson, Philadelphia ; E. B. Thomas, Cincinnati.

COMMITTEE ON FOREIGN CORRESPONDENCE.

Dr. Verdi, of Washington, D. C., made a report from the Committee on Foreign Correspondence, stating that they had prepared letters in various foreign languages, which had been sent to various parts of the world, including Great Britain, France, Italy, Spain, South America, Australia, and the West Indies, with a view to encourage them to form Institutes of Homœopathy. They had received replies—there are 34 physicians in Santiago and Montevideo, 43 physicians in Spain, 13 physicians in the British West Indies, 3 physicians in Australia and Cape of Good Hope, 178 physicians in Great Britain—all acknowledging receipt of the letters, and expressing hearty co-operation and good will to the cause of Homœopathy.

In Italy the most gratifying results were attained, the circular proving the means of stirring up the activity and energy of the Homœopathic practitioners in that country.

Report accepted and referred to the Publishing Committee.

The following telegram from Dr. Baer, of Indiana, was read :
“Indiana delegation sends greeting. Shipwrecked near Terre Haute. Leave there to-night.”

NEW MEMBERS.

Dr. Dake, from the Board of Censors, reported favorably on the following list of applicants for membership :

G. S. Barrows, Rockford, Ill.; Walter Bancroft, LaSalle, Ill.; I. G. Burchard, Peekskill, N. Y.; H. T. Biggar, Cleveland, O.; H. H. Benton, Newark, O.; G. F. Butman, Boston, Mass.; J. B. Bell, Augusta, Me.; W. P. Baird, Boston, Mass.; T. Bacmeister, Toulon, Ill.; J. C. Budlong, Centerdale, R. I.; Henry S. Chase, St. Louis; H. M. Dayton, Mount Morris, N. Y.; T. A. W. Davis, Natchez, Miss.; C. R. Doran, Hagerstown, Md.; Wm. Eggert, Indianapolis, Ind.; C. W. Fincke, New Rochelle, N. Y.; J. P. Garvin, Alton, Ill.; C. H. Gundalack, St. Louis; J. H. Gallinger, Concord, N. H.; S. P. Hunt, Augusta, Ga.; S. P. Hedges, Chicago, Ill.; A. O. Hunter, Alliance, O.; S. Hasbrouck, New York; W. C. F. Hempstead, Virden, Ill.; David Hunt, Jr., Worcester, Mass.; Richard Koch, Philadelphia; S. A. Jones, Englewood, N. J.; P. E. Johnson, Alton, Ill.; W. M. Jackson, Chicago; D. R. Luyties, St. Louis; E. M. P. Ludlam, Chicago; Fred. A. Lord, Chicago; G. B. J. Mitchell, New York; O. H. Mann, Evanston, Ill.; G. H. Morrill, Augusta, Me.; Martin Mayer, Leavenworth, Kan.; Malcolm McFarland, Philadelphia; Edwin H. Peck, Vincennes, Ind.; S. B. Parsons, St. Louis; R. A. Phelan, St. Louis; G. M. Pease, Boston; A. E. Small, Jr., Chicago; H. N. Small, Chicago; N. Schneider, Cleveland, O.; D. E. Southwick, Ogdensburg, N. Y.; A. F. Squier, Boston; N. D. Tirrell, St. Louis; John T. Temple, St. Louis; Geo. N. Tibbles, Hudson, N. J.; S. C. Whiting, Vincennes, Ind.; J. N. Woods, Nashua, N. H.; D. G. Woodvine, Boston; Chas. Vastine, St. Louis.

The report was adopted, and the parties named declared elected members of the Institute.

Dr. Thayer, of Boston, reported from the Committee on Credentials, that 79 delegates were present, representing independent organizations, as follows:

DELEGATES.

Western Institute of Homœopathy.—Drs. J. P. Dake, Salem, O.; G. D. Beebe, Chicago; L. E. Ober, LaCrosse, Wis.; J. T. Boyd, Indianapolis, Ind.; M. F. Page, Appleton, Wis.; C. J. Hempel, Grand Rapids, Mich.; T. C. Duncan, Chicago; L. Pratt, Wheaton, Ill.

Maine Homœopathic Medical Society.—Drs. W. E. Payne, G. H. Morrill.

New Hampshire Homœopathic Medical Society.—Drs. J. F. Whittle, E. Custer.

Vermont Homœopathic Medical Society.—Drs. G. E. Sparhawk, C. B. Currier, J. H. Jones.

Massachusetts Homœopathic Medical Society.—Drs. S. Gregg, M. Fuller, G. Russell, D. Thayer, I. T. Talbot, H. C. Chase, C. Wesselhœft, H. B. Clarke, G. W. Swazey.

Connecticut Homœopathic Medical Society.—Drs. C. H. Skiff, C. C. Foote, C. E. Sandford.

New Jersey Homœopathic Medical Society.—Dr. J. J. Youling.

New York Homœopathic Medical Society.—Drs. J. Beakley, G. E. Belcher, E. M. Kellogg, H. M. Smith, H. D. Paine, T. F. Allen, R. McMurray, A. S. Ball.

Pennsylvania Homœopathic Medical Society.—Drs. M. Cole, J. C. Burgher, J. C. Morgan, R. C. Smedley, J. E. James.

Ohio Homœopathic Medical Society.—Dr. E. B. Thomas.

Michigan Homœopathic Medical Society.—Drs. E. H. Drake, E. A. Lodge, W. J. Calvert, P. H. Hale.

Illinois Homœopathic Medical Society.—Drs. G. D. Beebe, D. S. Smith, R. Ludlam, J. S. Mitchell, G. S. Barrow, F. L. Vincent, L. E. Ober.

Boston Academy of Hom. Medicine—Dr. L. D. Packard.

Dutchess County, N. Y., Hom Medical Soc.—Dr. H. N. Avery.

Westchester Co., N. Y., Hom. Med. Soc.—Dr. J. G. Burchard.

New York County Hom. Medical Society.—Dr. G. E. Belcher.

Kings County, N. Y., Homœopathic Society.—Dr. J. L. Keep.

Erie County, N. Y., Hom. Medical Soc.—Dr. A. R. Wright.

Philadelphia County, Pa., Hom. Medical Soc.—Dr. J. E. James.

Cumberland County, Pa., Hom. Society.—Dr. J. H. Marsden.

Alleghany County, Pa., Hom. Society.—Dr. J. C. Burgher.

Miami Homœopathic Medical Society.—Dr. E. B. Thomas.

Cuyahoga County, O., Homœopathic Society.—Dr. J. P. Dake.

Hahnemann Society of the Cleveland Homœopathic College.—

Dr. H. H. Baxter.

Homœopathic Society 17th Congressional District of Ohio.—

Dr. R. B. Rush.

Cincinnati Homœopathic Medical Society.—Dr. J. H. Pulte.

Cook County, Ill., Homœopathic Society.—Dr. R. Ludlam.

Homœopathic Society of St. Louis.—Dr. J. T. Temple.

Little Wanderers' Home, Boston.—Dr. O. S. Sanders.

Consumptives' Home, Boston.—Dr. C. Cullis.

Poughkeepsie, N. Y., Homœopathic Hospital and Dispensary.—
Dr. H. N. Avery.

New York Ophthalmic Hospital.—Dr. T. F. Allen.

Hom. Hospital of New York.—Dr. H. M. Smith.

Chicago Nursery and Half Orphan Asylum.—Dr. S. P. Hedges.

Hospital of Hom. Med. College of Penn.—Dr. H. N. Guernsey.

Cleveland Protestant Hospital.—Dr. T. P. Wilson.

Boston Hom. Dispensary.—Dr. G. Russell.

Consumptives' Home Dispensary, Boston.—Dr. G. M. Pease.

Hom. Dispensary of New York.—Dr. R. McMurray.

House of Angel Guardian, Boston.—Dr. H. P. Shattuck.

Bond Street, N. Y., Hom. Dispensary.—Dr. O. Fullgraft.

Prot. Half Orphan Asylum, N. Y.—Dr. B. F. Bowers.

Home for Friendless, N. Y.—Dr. T. Liebold.

Five Points House of Industry, N. Y.—Dr. B. F. Joslin.

Hahnemann College Dispensary, Chicago.—Dr. R. Ludlam.

Gates Av., Brooklyn, Hom. Dispensary.—Dr. J. L. Keep.

Brooklyn, N. Y., Hom. Dispensary.—Dr. J. L. Keep.

Eye and Ear Infirmary of Pennsylvania Hom. College.—Dr.
M. Macfarland.

Hahnemann Medical College, Penn.—Dr. J. C. Morgan.

Dispensary of Penn. Col. Dispensary.—Dr. W. L. Arrowsmith.

S. W. Hom. Dispensary of Philadelphia.—Dr. C. J. Willbank.

Washington Hom. Dispensary—Dr. T. S. Verdi.

Buffalo Hom. Dispensary—L. M. Kenyon.

West Div. Hom. Dispensary, Chicago—Dr. L. Holbrook.

St. Louis Hom. Dispensary—Dr. E. C. Franklin.

Leavenworth Dispensary—Dr. Martin Mayer.

New England Hom. Medical College—Dr. J. Beakley.

Hahn. Med. College of Pennsylvania—Dr. John C. Morgan.

Hom. Med. College of Pennsylvania—Dr. R. A. Phelan.

Medical Dept. of the Michigan University—Dr. C. J. Hempel.

Cleveland Hom. College—Dr. T. P. Wilson.

Hahnemann Medical College of Chicago—Dr. A. E. Small.

Hom. Medical College of Missouri—Dr. E. C. Franklin.

N. E. Medical Gazette, Boston—Dr. H. C. Angell.

N. A. Journal of Homœopathy—Dr. F. W. Hunt.

Hahnemannian Monthly—Dr. T. Moore.

Am. Journal of Hom. Mat. Med—Dr. J. C. Morgan.

American Homœopathist—Dr. E. B. Thomas.

MEDICAL INVESTIGATOR, Chicago—Dr. T. C. Duncan.

Ohio Med. and Surg. Reporter—Dr. T. P. Wilson.
American Hom. Observer—Dr. E. A. Lodge.
Western Hom. Observer—Dr. W. T. Helmuth.
U. S. Med. and Surg. Journal—Dr. G. E. Shipman.

COMMITTEE ON MEDICAL EDUCATION.

The next order of business being the report of the Committee on Medical Education,

Dr. Smith, of Chicago, stated that he had learned for the first time, a few days since, that he was on that committee, consequently he had no report to offer, and the chairman was not present.

Dr. Franklin, of St. Louis, conceived this committee to be one of the most important committees appointed, and hoped the matter would be laid over for the present, until some other members of the committee arrived.

Dr. Smith inquired if there were other members in the city.

Dr. Franklin—Dr. Walker, of this city, is on that committee.

After some further discussion, on motion of Dr. Clarke, of Mass., the matter was laid over until afternoon, to be made the first business of the afternoon session.

On motion of Dr. Swazey, of Mass., the Convention adjourned till 3 o'clock, P. M.

AFTERNOON SESSION.

The Convention met pursuant to adjournment—Dr. Paine in the Chair.

The first business in order being the report of the Committee on Medical Education,

Dr. Smith, of Chicago, stated he had not time to see Dr. Walker about the report, and had no time to write one himself, in view of which circumstances he moved the committee be discharged. The motion was agreed to, and the committee discharged.

Dr. Thayer, of Boston, moved that another committee be appointed, to report on the subject at the next annual meeting.

Dr. Wells, of Brooklyn, wished to know what was expected to be brought out by this committee. The reports of this committee for years had been but a reiteration of platitudes in regard to the importance of more thorough education, which they all

knew before. Unless something new could be developed, he considered it a mere waste of time.

Dr. McManus said he thought it would be as well to continue the old committee. He saw no object in discharging it, if it was the design to continue the matter for future consideration.

Dr. Franklin said he had arrived late, and asked for information from the Chair.

The President explained the position of matters in reference to the report on Medical Education.

Dr. Franklin said he was indebted to the leniency of the Institute. He was not prepared to make a report, but he proposed that such members of the committee as were not present be supplied by new names. He thought it highly probable that Dr. Walker had prepared a report, and, by consultation, a report might be submitted previous to adjournment.

The motion of Dr. Thayer was carried.

The Chair appointed the following as the new Committee on Medical Education :

Drs. C. J. Hempel, of Mich.; D. S. Smith, of Chicago; T. G. Comstock, of St. Louis; H. B. Clarke, of Mass.; G. D. Beebe, of Chicago.

The President said the next business was the report of the Committee on Organization, Registrations and Statistics.

Dr. Smith said he had just received some letters in regard to the matter, and that in half an hour the committee would be ready to report.

The Secretary read the following :

REPORT OF BUREAU OF MATERIA MEDICA.

The activity of this Bureau has in the past year not differed materially from that of the previous year. No circulars were issued, because that method of soliciting co-operation has always failed to elicit any response. It has, therefore, appeared advisable that each member of the Bureau should pursue his own course of observation, and report to this Institute accordingly.

Dr. Walter Williamson has prepared a paper on the "Nomenclature of our Materia Medica and the Preparation of Drugs," etc. Dr. W. E. Payne has continued his provings of the *Lilium Tigrinum*, and Dr. E. M. Hale his investigation of *Ptelea*. I have the *Iris versicolor* as a subject of proving for this year, considering it best for the present rather to improve upon some older drug than

to add a new one. I am happy to be able to say that I have obtained reports from six out of twenty provers, and shall have more from the others, and valuable observations relating to *Iris*, from many other physicians to whom I have applied. These results, added to the valuable observations and compilations of Dr. Hale, will be found to corroborate what is already known in regard to *Iris*.

An article entitled "The Mysteries of Drug Proving—an Appeal to Novices," was prepared and approved by members of the Bureau, and published for the present in the *New England Medical Gazette*. This I offer as a part of my report.

Since the press of business before the Institute generally makes it necessary to dispense with the reading of long documents, I offer for the present this brief summary of the action of the Bureau of *Materia Medica*. The complete elaboration of *Iris* will be ready to be delivered into the hands of the General Secretary whenever called for hereafter.

Respectfully submitted,

C. WESSELHÆFT, M. D.

DORCHESTER, MASS., May, 1868.

In connection with the same Bureau, the papers were read from Dr. S. B. Barlow, of New York; W. E. Payne, of Bath, Me.; E. M. Hale, of Chicago; and W. Williamson, of Phil. The last paper concluded with a suggestion that a committee of five be appointed (located near each other) for the purpose of considering the subjects of Attenuation and Nomenclature.

Dr. McManus moved that the suggestion of Dr. Williamson be carried into effect.

The Chair appointed on the committee the following parties, as suggested by Dr. Williamson:

Drs. W. Williamson, C. Hering, C. Neidhard, Jacob Jeanes, F. E. Bœricke.

Dr. J. C. Morgan, of Philadelphia, stated that he had a diagram illustrative of a new method of classification of medicine, which he desired to explain to the Institute at some convenient time.

Dr. Thayer, of Boston, moved that Dr. Morgan be invited to explain his method to the Institute. Agreed to.

Dr. Morgan briefly explained his method of classification by means of the diagram, and read a short article in reference to the same.

Dr. T. F. Allen, of New York, moved the paper be received by the Institute.

Dr. C. J. Hempel, of Michigan, desired to have an opportunity of examining into the matter. The definitions and classifications presented in the paper were entirely different from any thing he had heretofore seen. There might be a great deal in it. He had studied the *Materia Medica* considerably, but this thing had taken him completely by surprise, and he desired to examine into the matter before taking any action upon it.

Dr. Thayer, of Boston, expressed himself very much pleased with the paper, and desired to see it in print. He moved that it be accepted and referred to Committee on Publication. Motion agreed to.

BUREAU OF STATISTICS.

Dr. H. M. Smith, of N. Y., chairman of the Bureau of Organization Registration and Statistics, made a report recommending various changes in the by-laws.

On motion of Dr. Beebe the recommendations of changes in the by-laws were laid on the table.

Dr. Smith added a supplemental report, giving a list of the members of the Institute, from which it appears there are 545 or 550 members, distributed throughout the various States as follows: Maine 15, New Hampshire 6, Vermont 5, Massachusetts 70 (of which there are 22 in Boston), Rhode Island 6, Connecticut 19, New York 164 (of which there are in New York city 79 and in Brooklyn 21), New Jersey 27, Delaware 1, Pennsylvania 93 (of which 42 reside in Philadelphia and 29 in Pittsburgh), Maryland 8, District of Columbia 6, Virginia none, North Carolina 1, South Carolina none, Georgia 2, Florida none, Alabama none, Mississippi none, Louisiana 2, Texas none, Arkansas none, Tennessee 1, Kentucky 4, Ohio 36, Indiana 3, Illinois 23 (of which Chicago has 16), Michigan 10, Iowa 3, Wisconsin 5, Minnesota 2, Missouri 5, New Brunswick 1, Nevada 1, California 8.

Dr. Chase, of Boston, being called upon for information, reported the cause of Homœopathy steadily progressing in his State.

Dr. Youling, of N. J., also reported that Homœopathy was making rapid strides in his State. There were a great many Homœopathic physicians there who did not belong either to the State Society or the Institute, but they were working hard to get them in, and would succeed very soon. [Applause.]

On motion of Dr. Dake, of Salem, Ohio, Dr. Allen, of the Ophthalmic Hospital of New York, was invited to address the

convention, and made a few remarks with reference to the history of that institution, which was formerly under the control of Allopathic physicians, who were finally displaced by the trustees, and Homœopaths appointed in their place. He represented the Hospital in a most flourishing condition under the new regime, and he trusted ere long the other hospitals of New York city would be in the hands of Homœopathic physicians by conversion.

Dr. C. J. Hempel, of Michigan, stated that this was what they were doing in the State of Michigan. In the State University they had succeeded in converting six out of eight of the Regents, and they trusted they would succeed in converting the rest shortly. [Applause.]

Dr. Franklin, of St. Louis, asked leave to introduce the following resolution :

Resolved, That this Institute views with feelings of pleasure and satisfaction the position of Homœopathy in the University of the State of Michigan as represented by Prof. C. J. Hempel, and that this Institute approves and indorses the action of the Regents in appointing Dr. Hempel to the chair of Homœopathy in the State University.

In presenting the resolution, Dr. Franklin remarked that he hoped the resolution would be approved and indorsed by the Institute, in order to strengthen the hands of those regents who thus boldly stepped out in defiance of the inuendoes of the Allopaths, who had been formerly connected with the institution.

Dr. Beebe, of Chicago, heartily seconded every thing Dr. Franklin had said, but did not consider that his resolution covered the whole ground. He desired to offer the following as an amendment :

Whereas, The members of this Institute have watched with profound interest the progress of the controversy with reference to the teaching of Homœopathy in the Michigan State University; and

Whereas, The exclusion of such teaching has been in violation of the laws of the State of Michigan, and the express will of the people; therefore, as the sense of the Homœopathic profession here represented, be it

Resolved, That the interests of Homœopathy and the welfare of the community demand that the principles of Homœopathy shall be taught in the University of Michigan at Ann Arbor, and that difference of opinions among members of the two schools of medicine ought not to operate to the exclusion of either from a university, founded and sustained by the people for a general diffusion of knowledge.

Resolved, That should any or all of the Allopathic chairs of the medical department of said University be vacated, and the Board of Regents see fit to appoint Homœopathic medical men to fill these chairs, the Homœopathic profession of America will pledge its influence and support to the medical department of that University in sustaining such action.

Dr. Franklin stated he had no objection to the last clause of the resolutions, but that the first portions traveled over a great deal of ground without accomplishing the desired object. He considered the resolution introduced by himself was sufficiently expressive of the sense of the Institute in that matter, and hoped it would be adopted as originally introduced.

Considerable discussion ensued, which was terminated by the matter being referred to a special committee, composed of Drs. Franklin and Beebe, to modify and blend the resolutions offered, and to report to-morrow. Dr. Morgan was added to the committee.

Dr. Franklin then detailed a case of hypospadias. (A similar case he presented to the Western Institute, at its session in 1867, for a detailed account of which see *MEDICAL INVESTIGATOR* for September, 1867.)

At 6, P. M. the Institute adjourned until 8 o'clock.

EVENING SESSION.

The annual oration was delivered in the hall at 8 o'clock, by Dr. Henry B. Clarke, of New Bedford, Mass., the President in the chair. It was a masterly production, and embraced a very wide range of thought. It was a popular, not a professional essay.

On motion of Dr. Helmuth, the thanks of the Institute were accorded to Dr. Clarke for his oration.

Adjourned.

SECOND DAY'S PROCEEDINGS.

The Institute met at 9, A. M., Dr. H. D. Paine, President, in the Chair.

The following new members were admitted :

Drs. Chas. N. Nibelung, St. Louis; Liberty D. Packard, Boston; Will. T. Calvert, Ann Arbor; Geo. Loelkes, Belleville; Edwin P. Angell, Galveston; Henry N. Martin, Philadelphia; Geo. N. Seidlitz, Keokuk; Samuel Alvard, Chicopee Falls, Mass.

HOMŒOPATHY AND MICHIGAN UNIVERSITY.

The Chair announced the first business in order to be the report of the committee to whom were referred the resolutions in relation to the chair of Homœopathy in the Michigan State University.

Dr. Beebe moved that the consideration be postponed for half an hour, until the other members of the committee should arrive.

Dr. McManus proposed the gentleman should make a report himself at the present time, in order to facilitate business.

Dr. Morgan, a member of the committee, stated he had compared views with other members of the committee, and found some things in the majority report which might necessitate a minority report. It would undoubtedly give rise to considerable debate, and as the Board of Censors, of which two of the committee were members, were about to retire for consultation, he seconded Dr. Beebe's motion to postpone for half an hour.

Dr. Wells considered that if the matter were to be postponed at all, it should be postponed until after the transaction of the regular business of the Institute. He moved the matter be laid on the table for the present.

Dr. Beebe remarked there was nothing before the house to go upon the table.

The motion to postpone was lost.

Dr. Beebe. Mr. President, a majority of the committee upon conference, consisting of Dr. Franklin and myself, have agreed upon the following as their report:

Whereas, The members of this Institute have watched with profound interest the progress of the controversy with reference to the teaching of Homœopathy in the Michigan University at Ann Arbor; and

Whereas, Such teaching has been in violation of the laws of the State of Michigan, and expressed will of the people; therefore, as the sense of the Homœopathic profession here represented, be it

Resolved, That the interests of Homœopathy, and the welfare of the people, demand that the principles of Homœopathy shall be taught in the University of Michigan, at Ann Arbor, and that differences of opinion among members of the two schools of medicine ought not to operate to the exclusion of either from a university founded and sustained by the people for the general diffusion of knowledge.

Resolved, That the action of the Board of Regents in appointing Prof. C. J. Hempel to the chair of Homœopathy in the

University of Michigan, receives the hearty and unqualified approval of this Institute.

Resolved, That should any or all of the Allopathic chairs of the medical department of said University be vacated, and the Board of Regents see fit to appoint Homœopathic medical men to fill these chairs, the Homœopathic profession of America will pledge its influence to the medical department of that University in sustaining such action.

It may, perhaps, be proper for me to make a few statements in further explanation of the tenor of this resolution.

For the last twenty years the Legislature of Michigan has been strongly Homœopathic, and it has been urged upon them to pass some law admitting Homœopathic professors to the University. Fifteen years ago, after a good deal of effort, personally, by some members of our profession in Michigan, a law was passed by the Legislature, not privileging Homœopathy in the University, but commanding. The law was mandatory in its provisions, saying that the regents should have power to appoint and remove professors over all the departments of the University, and fix their compensations, provided that there should *always* be at least one professor of Homœopathy in the medical department. Here, then, was a law compelling the regents to keep constantly in that department at least one professor of Homœopathy.

This law the regents hardly dared to execute. They had not the moral courage to step forward and execute this law, fearing that if they introduced Homœopathic teachers, the professors attending the school of Allopathy would withdraw, and that the school, from lack of support, would be broken up. In this state of mind the regents have hesitated, and this hesitation has been constantly kept up by the agitation on the part of the Allopathic professors and the Allopathic profession of that State. Efforts were made to reach the supreme court of the State, and secure a mandamus to compel the regents to fill this chair, but a technicality provided that the attorney general must make a complaint before the mandamus could be obtained, and he not feeling disposed to favor Homœopathy, would not enter a complaint, and so some years expired without action being taken. Of late the attorney general is inclined to favor the Homœopathic side, and has made a complaint to the supreme court, and that court is now considering a motion for the issue of a mandamus.

In the meantime the regents, feeling the law closing down upon them, and that the courts were going to force them into this measure, sought to effect a compromise by the appointment of a Homœopathic professor, and locating a Homœopathic branch of the school some where else than at Ann Arbor—to establish a kind of pocket school for Homœopathy in some other portion of the State.

While all this was going forward an effort was made by the friends of the University to raise a tax of one-twentieth of a mill

upon all the taxable property of the State for the support of the school. This effort was opposed by some of the friends of Homœopathy. A protest was made that no more funds should be appropriated to the support of this school until this law was complied with in good faith, and a professor of Homœopathy appointed, and so the friends of Homœopathy in the Legislature attached to this law a proviso that none of the funds thus raised should be paid over to the University until the chair of Homœopathy was filled in good faith. Then followed this action to have elsewhere a pocket school for Homœopathy, and the regents proceeded to claim this fund of \$15,000 or \$20,000 thus raised, which the treasurer refused to pay until the law was complied with. Thus the regents are brought to a stand still at this point. The regents desire as earnestly as the friends of Homœopathy can that this whole question of law shall be settled. This Board of Regents, all except two of which are Homœopaths, are very anxious to have the support of the courts of the State, and it is to be hoped that the supreme court will decide upon this matter during the present month.

Now, sir, a word as to the facilities offered by this school of medical science. Here is a medical school founded by a public tax upon the State of Michigan. A splendid building has been erected, than which there is no better probably in the United States. A museum has been accumulating for twenty-five years, and no expense has been spared to make it the most complete and splendid museum in the United States. Every facility is offered for the administration of every department of medicine, and the collateral sciences, from papier mache models to the latest improved instruments for the illustration of the mechanical departments of medicine. I suppose it may be safely stated here that no where in the United States are equal facilities offered for the illustration or teaching of medicine in all its departments, as are here presented in this University.

Now, sir, the crowning feature of it all is that this school is free, and open to the public from all States of the Union; and young men are invited to come and receive instruction free of all costs—the State paying the bills. Perhaps I ought to make an exception of the matriculation fee which the student pays upon entering; but that is a small item, and hardly worth considering. The tuition proper is free of all cost, and the State designs to furnish the very best facilities for making doctors that can be had.

Now, here is the first and only instance on this continent where the people have come up through their legislative department and say, "We will educate Homœopathic physicians free of expense for the benefit of the race." [Applause.] Shall we then support these men? [Applause.] Shall we say to these regents, "Gentlemen, you have the cordial and hearty support of the Homœopathic profession of America in carrying out this grand movement in medical progress." [Applause.]

I am a member of the faculty of one of our Homœopathic schools. There are schools as creditable as the one to which I am attached. They are all doing a good work, and have done a noble work. The work that these schools have accomplished has been the gradual stepping stone to reach that position where the people will say, "We will pay the bills for educating these men." [Applause.] They have done very much toward bringing before this nation the importance of having well educated, thoroughly accomplished Homœopathic practitioners.

Now, if it should be found necessary to support this institution, that the school at Chicago should be closed, and our whole class sent there to swell the numbers that fill those benches, so far as my individual opinion would go I should say most heartily would I concur in such a course. [Applause.] I would with pleasure lay down my note book and never deliver another medical lecture, if I could but feel that for the future there is a place where our students may go and receive the very highest degree of qualification and instruction. [Applause.]

But, sir, it may not be deemed best to close these other schools. We are met, perhaps, by the objection that legislation is a little uncertain — that the board of regents may change their opinions — that by and by we may find that we are in turn dispossessed of our position in this school, and then, may be, left without our other schools. We can only point to their record for the last twenty years. For twenty years the Legislature of the State of Michigan have been strongly Homœopathic. The regents for the last fifteen years at least have been Homœopathic, and it is fair to presume that the masses in the State of Michigan who have been loyal to Homœopathy for so many years back will continue to be loyal; and if we can fill the medical chairs of that University with men who are competent to conduct the departments with equal ability and skill as has been shown in the opposite school, that then we shall have no cause to fear that we shall ever be displaced from the institution. [Applause.]

Dr. McManus moved the report be received.

Dr. Morgan stated that as the wording of the resolutions had been changed he would support them.

Dr. Thayer admired those resolutions, as they came from professors of three different schools, and all of them surgeons at that. In Massachusetts they had a charter for a school, but would never set it on foot if this University was manned by Homœopaths.

The resolutions were adopted.

Dr. Phelan stated that he did not approve of both schools occupying the same institution, as Homœopathic students would become tainted with crude ideas, and would always be mongrels and eclectics. He was contending for pure Homœopathy, but was ruled out of order.

THE APPOINTMENT OF HOMŒOPATHIC PHYSICIANS ON BOARDS OF HEALTH.

Dr. Morgan offered the following :

Whereas, In many communities the civil authorities have repeatedly shown a disposition friendly to the claims and rights of Homœopathic physicians to seats on boards of health and other branches of the public service.

Resolved, That such action of public officers is observed with the highest interest and approval by the practitioners and friends of Homœopathy — comprising a large body of the most respectable citizens of the United States.

Resolved, That the friends of Homœopathy will sustain, in all proper ways, such officers as may take action in accordance with the just claim of our school.

The resolutions were offered with especial reference to the action of the board of health of Keokuk. One of our physicians had applied for appointment on the board at that place, and to keep him out they had cut down the board to one member. He would continue his appeals until he was appointed.

The resolutions were adopted.

Dr. Thayer, of Boston, presented a paper containing charges against Dr. Neilson, and asked that it be referred to a special committee of five.

Dr. Gregg, of Boston, moved to postpone the matter indefinitely.

Dr. Cooke, of Chicago, stated that this was a local affair, and had been settled by a local society, and he saw no reason for admitting this case here.

Dr. Hempel, of Mich., asked for light. He knew nothing of the charges. What kind of charges were they ?

Dr. Thayer, of Boston—All I ask is that right be done.

Dr. Franklin, of St. Louis, hoped that this matter would not be submitted to this body.

Dr. Beebe, of Chicago, asked if the character of a member had been assailed. If so, it should be vindicated.

Dr. Thayer, of Boston—This is a matter affecting the character of a member, and must be received.

Dr. H. B. Clarke, of New Bedford, Mass—This quarrel came up before the Academy of Medicine in Boston and was settled. I can not see why it should come up here.

Dr. Thayer, of Boston—I was requested to present these charges, and ask that it be referred to a special committee of five.

It has been called a quarrel, and is not settled? I insist upon my request.

Dr. Smith, of New York, called the members to order.

The motion of Dr. Gregg was lost. The paper was referred to Drs. J. P. Dake, E. B. Thomas, L. M. Kenyon, C. J. Hempel, and E. C. Franklin.

THE BUREAU OF CLINICAL MEDICINE.

The President read the report of the Bureau of Clinical Medicine and Zymoses. The report stated that in response to various appeals for information, they had received favorable responses. They had the satisfaction of presenting to the Institute a very valuable report by Dr. Holcombe, of New Orleans, on the Yellow Fever.

In the department of Clinical Medicine, Dr. Cate, of Mass., furnished an essay on Hydrothorax.

Dr. Cowley, of Pittsburgh, presented an interesting series of cases of tubercle affecting various organs without invading the lungs.

Dr. J. J. Mitchell, of New York, at the solicitation of the Bureau, placed at their disposal a paper full of practical facts and suggestions regarding thermometrical phenomena in disease.

Dr. Belcher reported a case of severe and obstinate obstruction of the bowels.

PATHOLOGICAL ANATOMY.

The chief of the Bureau stated that Dr. Wells had a paper in preparation on Pathological Anatomy. The Doctor would now present a brief synopsis of his paper.

Dr. McMurray presented the following resolutions, for the purpose of eliciting discussion :

Resolved, That it is the duty of Homœopathic physicians to study Pathological Anatomy to its fullest extent, as a means of deriving knowledge of diseases through its effects.

Resolved, That the knowledge derived from the revelations of Pathological Anatomy is, and ever must be, an indispensable assistant in the task of selecting the proper remedy in the treatment of disease.

Dr. McMurray stated his opinion that the revelations of pathological anatomy held an important place in medical science. It was the duty of physicians to learn all that could be learned of the human system. The objections urged against its revelations

were that it gave no knowledge of the disease *per se*. The same thing might be said of a great many other means. There was another objection, that was, they had never been able to find out the effects left by certain kinds of diseases, but to say that they were not there because they had not been seen, was simply begging the question. Their skill depended very much upon the totality of the symptoms, as giving the character of the disease and the basis of prescriptions. Symptoms held precisely the same position and relationship to internal changes that languages did to mind, and it was their duty to learn and fix upon their minds the meaning of every symptom. How else would we have discovered that fatal and destructive disease called Bright's disease of the kidneys? By investigation, nothing else.

As to effects, there were two or three grounds that were simple truisms, and needed only to be stated. First, the elective character of drug effects. It was a fundamental principle in Homœopathy that all medical substances were more or less confined to certain organs or tissues. Another consideration was the susceptibility of the tissue or organ to the effect of drugs — all of which gave its force to the requisition of pathological investigation.

Dr. Hempel proposed an amendment, for the word "effects" to substitute "changes it produces in the tissues."

Dr. McMurray accepted the amendment.

Dr. Cooke desired to have the word "Homœopathy" stricken from the resolution. It was the duty of all physicians to understand these things.

Dr. McMurray replied that he did not propose to speak for the Allopaths. He did not belong to them. [Applause.]

Dr. Cooke—The point is, that it is by implication admitting the ridiculous charge brought against us that we have ignored or ever can ignore pathology.

Dr. Wells stated that he had partly elaborated a paper on this subject, which was not yet completed, but if the Institute would indulge, he would give a brief sketch of it at some future time. As to the subject matter of the resolutions, whatever truth or falsity there might be in the reproach cast upon Hahnemann and his followers, that they were ignorant of pathology, and made no use of it, they of the Institute should now see to it that if cast upon them it should be a falsehood. [Applause.] It was a matter they were bound to know. If they were wise in their

calling they should have a knowledge of pathological anatomy, as they had of other branches of knowledge. If they attempted to put that knowledge where it could not be used, they would lead themselves into abuse, and perhaps their patients into danger. He wished to call attention to the attempted misuse of the disclosures.

He heartily approved of the first resolution, but to the second he took exceptions. It claimed in post mortem dissections authority to control their attempts at prescribing. He claimed the first duty of a prescriber was certainty. He was to stand before his patient positive of his ground and of his man. How was he to judge of the pathological anatomy of the case? The physician knew nothing of a certainty until his patient was dead and dissected, and what ever was supposed as to the pathological anatomy of the case was simply hypothetical, and never could be positive.

The law is not found in pathological anatomy, nor is it to be found in the totality of symptoms, but in the central group. The paper he was to prepare, was in contemplation only; he would give his ideas on this subject in detail.

Dr. Thayer, of Boston, asked if the Dr. would prohibit the teaching of pathological anatomy in our colleges?

Dr. Wells, of New York — He would, if they taught that it could aid in the selection of the remedy.

Dr. Thayer — Would he also banish the chair of Anatomy?

Dr. Wells, of New York — Certainly not.

Dr. Phelan, of St. Louis — Pathology is not necessary to the practice of Homœopathy. Symptomatology is the only necessary study of the profession. Pathology leads to crude doses, while the study of symptomatology leads to pure Homœopathy. He seriously objected to these resolutions, and was sorry that they were introduced. He thought they committed us to what we did not believe. He rejected pathology entirely.

Dr. Verdi, of Washington, suggested that Anatomy, Pathology, and Physiology should not be taught in our colleges, thus carrying out the ideas of the last speaker.

The resolutions were withdrawn.

Dr. McManus asked leave to correct an error in the printed transactions. "*Camphor*" should read "*Canth.*"

(Continued in next number.)

EDITORIAL.

THE SPIRIT OF THE ANNUAL MEDICAL SESSIONS.

THE majority of our societies have held their annual meetings, and our readers will expect a passing notice of the spirit of these medical conventions.

At our state societies we are pleased to record a much larger attendance and greater interest than usual; but of our National Institute we can not say the same. The Western Institute was well attended, and seems steadily growing in scientific interest.

The papers presented were, as a rule, of greater practical value than ever before. They were short, condensed, and to the point. Limiting their quantity has improved their quality. To gain the attention desired a paper must be concise, and the ideas forcibly presented. The major part of the articles were clinical in character: a few were theoretical; others strictly scientific. The latter are being relished much better than formerly. It gives better satisfaction, however, to peruse than to listen to this kind of mental pabulum. Upon no one department of medical science has greater attention been bestowed, by our physicians in the last year, than upon surgery—Physiology, pathology, anatomy, chemistry, jurisprudence, and psychology—departments not having a direct bearing upon Homœopathy—all received much attention.

The discussions were not so lengthy as in the younger days of our societies, but were more to the point—more practical. Many papers were not so thoroughly discussed as some could have wished. The reason was, no doubt, they were either too dogmatical to invite discussion, or the ideas were not presented prominently enough to arrest and hold attention, or they were read by title only, there being no abstract to point discussion. There was one thing we are pleased to record; that was, as soon as read the ideas were handled freely, there not being that reverence for others' opinions that was so often observed in the past. If this same freedom could be carried into our professional journals it would be better for us all. It was interesting to notice how previous drilling aided certain members to handle a discussion to mutual benefit.

There was one thing quite prominent at nearly all of the sessions; that was the desire to obtain legislative enactments. Resolutions were passed with great assurance that their appeals to legislators would be granted. Past successes have certainly given us great confidence in these means. Some complain that our societies are becoming legal instead of remaining medical organizations. Perhaps this is owing to our zeal in flaunting "the glory of Homœopathy." The faithfulness of bureaus, committees, and of physicians generally, to medical science will control this already too prominent tendency.

Delegations were present at nearly all of the meetings. If they were charged with commissions, greater faithfulness to their appointments would be attained. Delegates add much to the interest of these sessions. The American Institute is at last a delegated body; but delegates are assigned a queer position: they can discuss any measure, but can not cast a representative vote. Much confusion is apprehended.

The social element, that incubus that is crushing the efficiency of the Am. Med. Association, is getting altogether too prominent—so prominent that the local physicians can not enjoy the meetings. We remarked to an efficient member of our national society that “the social element must be controlled, or it would seriously injure the scientific.” “Controlled,” said he, “it should be encouraged, as it greatly aids the advancement of Homœopathy.” Persons who travel hundreds of miles to have a “gay time” are not apt to there relish the discussion of practical and scientific matters. A resolution was introduced into the Am. Institute to do away with the popular addresses. See the *furor* it created and the fate it met.

The sessions of next year threaten what was complained of this year: too many of them held simultaneously. If the meetings could be so held that a delegate to eastern societies could visit all around and *vice versa*, more profitable sessions would be the result. It was observed that societies to which others are direct tributaries have the best—we mean most practical—meetings.

PERISCOPE.

VERSIONS WITH PULS.—Mercy B. Jackson, M. D., (*Hahn. Monthly*, Feb.), states: “This is the seventh case in which I have seen the unfavorable position of the fœtus changed by *Puls.*, 30th. Six from breech, and one from trunk lying across the abdomen, were changed to vertex presentation before the water sac had been ruptured. I would remark that in no instance has *Puls.*, 30th, failed me in changing the unfavorable position when given before the waters were evacuated since I first used it for that purpose, now more than six years.”

INTERMITTENT FEVER—CAUSE AND REMEDY.—Dr. R. Koch, of Philadelphia states (*Hahn. Monthly*, March): “I have tried the experiment [producing intermittent fever with *Palmellæ*], and found Dr. Salisbury to be correct.” His remedy is *Sulphide of Soda*, in 3 to 5 grain doses. He is successful in every case. Chancres are treated with the same remedy in 15 grains to an ounce of water—locally.

LOBELIA IN CEREBRO-SPINAL MENINGITIS.—Dr. Hauser (*Med. and Surg. Reporter*) relies on lobelia in cerebro-spinal meningitis to make him “master of the situation.”

LIGATING THE FUNIS.—Dr. King, of Washington, (*Ibid.*) advocates dispensing with ligating the umbilical cord, at least until all bleeding has ceased.

JOB'S DISEASE.—Medical antiquarians are in a quandary over the question, What disease did Job suffer with? One asserts it was scorbutus, another eczema, and another syphilis! We presume a photograph of venerable Job would settle the question.

PREGNANT FIVE YEARS.—A case of pregnancy of five years duration is recorded. Delivery was prevented by the adhesion of the uterine neck above the os internum.

ALCOHOL AS A MEDICINE is being denounced by some of our allopathic friends. What *shall* they prescribe?

CALCAREA IN CANCER.—Dr. Hood (*Lancet*) details cases of cancer cured by the above drug. "Stealing our thunder, Doctor."

PROFESSIONAL SUSCEPTIBILITIES.—Under this heading the *Pall Mall Gazette* complains of medical indignation when general medical topics are considered in leading news journals. Information of the right kind hurts no one. Only the narrow minded object to such articles.

MERCURIALS ON THE WANE.—The Atchison Med. Ass. (Ka.) resolves "That any disease which can be cured by mercurials can be cured by other and safer remedies." So said Thomsonians "just twenty years ago."

PRUSSIC ACID IN CHOLERA.—M. Poznanski, from experiments on dogs and cholera patients, concludes that this acid is well adapted to the cure of cholera.

AN ALLOPATHIC DISCOVERY.—Dr. Leared (allopath) has *discovered* that arsenic is a remedy for gastralgia!

LONDON HOSPITAL BAZAAR realized £2,000 for that homœopathic charity.

PHARMACOPŒIA.—The British Hom. Society are preparing a standard work on this subject.

CURE OR TREATMENT.—Treatment consists in all the means employed to put the patient in the best possible position for *getting well*, while *cure* embraces only such means as actually take a part in the process of getting well. The old school attempts a system of treatment—removal of obstacles. Our aim is to *cure—actually to modify nature's operations.*

MEDICAL MIRROR is the name of a journal that is a mirror of medicine, allopathic and homœopathic. No partiality is shown.

BACHELORS VS. MARRIED MEN.—Dr. Stark, in the Scotch registry, finds among 1,000 men, that, between the ages of 20 and 25 years, two bachelors die to one married man; between 25 and 30, 15 bachelors die to 8 married men; and between 30 and 25, 16 bachelors die to 8 married men. In the Department of the Seine (Fr.), the deaths of bachelors are 35 to 40 per cent. greater in number than those of married men.

THE MEDICAL DEPARTMENT OF VIENNA UNIVERSITY has 46 professors. The same work, in America, is attempted by one-fourth that number, and in less time. Where would you expect to find the graduates most proficient?

FORMIC ACID IN RHEUMATISM.—In the New England *Medical Gazette*, for January, 1868, noticing the rheumatic symptoms of *Urtica*, we suggested that they might be due to the formic acid contained in that drug. It seems that this acid will cure as well as cause rheumatism. Dr. Lessing (*Medical and Surgical Reporter*) states that "the medical properties of the 'formica' are so well understood among the peasantry (Africans) that it is not an unusual occurrence, up to this day, to see rheumatic persons alongside of a 'nidus formicarum,' placing a stick therein, and when such is well covered with that peculiar acid secretion of its inhabitants, to lick it."

CUBEBIC ACID.—The curative power of cubeba has been found to reside in the above acid, and not in the volatile oils or resins.

"OUR NEIGHBORS' POSITION."—The *Eclectic Med. Journal* quotes our February editorial entire, and remarks that *they* must answer the questions there propounded if they would maintain their standing. We are glad our friends can look at facts philosophically.

FUNGI IN THE EAR.—M. Robin described to the Academy of Sciences (Fr.) two new kinds of mushrooms of the *aspergillus* genus growing on the

tympanum. He observed them in ten patients. They exist independently of any morbid affection. They form a pseudo-membrane the size of the tympanum, and are obstinate to remove. *Hydrochlorate of lime* and *Kali ars.* destroy the cells. They can be transferred to the lemon or other fruits.

LANCING GUMS IN CHILDHOOD.—Dr. Thompson (*Glasgow Med. Journal*) states that the gums should not be lanced at the crown, as this will not relieve the engorged blood vessels, but at the base, low down at the reflected junction between the lip and gum. Instantaneous relief follows.

COMPRESSION OF ANEURISMS has proved a very efficient treatment.

STRONG FAITH.—The "Perfectionists" of the Oneida community declare that by faith they can resist and cure cough, nausea, bowel difficulties and catarrh. So says the *New York Post*.

VACCINE MATTER IN GLYCERINE.—Chemically pure glycerine, diluted with an equal amount of distilled water, thoroughly mixed with vaccine matter or lymph by means of a fine pencil, in the proportion of one part of the lymph to ten of the dilute glycerine, secures a good inoculable material. It may be put in an ordinary phial and kept for years.

SANITARY STATISTICS REGARDING INDUSTRIAL CLASSES.—We ought to have reports on the preventable diseases of the laboring classes, founded on inquiries directed to those trades in which the diseases may be traced directly to the work. Certain employments have a marked influence on health. Why so, and to what extent, are questions all are interested in. Here is a field that will well repay attention.

ETIOLOGY OF RABIES.—According to De la Plaigne, the bite of a mole can produce rabies in dogs. The truth of this assertion can be easily tested.

EPILEPSY.—During a paroxysm of epilepsy in a rabbit, there was an emission of semen, which caused the fit to cease instantly.

RELATIONS OF CLIMATE TO PHTHISIS.—Dr. Gatchell (*Am. Obs.*, June) in an article on the above topic, briefly sums up the conclusions thus far established: *Mildness and dryness of atmosphere, combined with altitude of location, are the most favorable to exemption from pulmonary consumption.*

DRUNKENNESS ON CONCEPTION.—Dr. DeMeury concludes that conception during drunkenness is one of the causes of epilepsy and of other affections of the nerve centers, also of monstrosities, malformations, etc.

ELECTRICITY AND CHOLERA.—From observations made at Turin during a cholera epidemic, it was found that electricity almost wholly disappeared. The amount of ozone was about the average. The hygienic nature of electricity is yet to be properly appreciated. As a remedial agent it is yet to receive more attention from the profession. It is perhaps one of the most neglected drugs in the Sympptomen codex.

THE HAHNEMANN PUBLISHING SOCIETY is to be revived. We hope its operations will be successful. Many of our American physicians will undoubtedly join this society. The subscription price is one guinea (\$5), which constitutes membership, and its equivalent is received in printed matter.

INDICATIONS FOR IPECAC, CUPRUM, AND CORALLIUM IN WHOOPING COUGH.—Dr. Cate (*N. E. Gazette*, April) states when we have an idiopathic whooping cough, or one stripped of its complications, *ipecac and cuprum met.* are indicated *when it is worse in the afternoon and first part of the night, and better in the latter part of the night and in the morning; and corallium—* *when it is worse in the latter part of the night and in the morning and afternoon, and better in the forenoon and first part of the night.* As to location, the corallium cures when the larynx and trachea are most involved, and the ipecac and cuprum when the chest is more involved.

CIMICIFUGA IN DISEASES OF MIND.—Dr. Koch (*Hahn. Monthly*, May) states "the characteristic symptoms which lead to the supposition of irregular circulation being the cause of derangement of mind, are: frequent and sudden changes of heat and cold in different parts of the body; sleeplessness on account of frightful dreams, which lead to sudden starting up from sleep; great anxiety about one's self without knowing why; hypochondriasis; alternate empty and full feeling in the head; nervous tremors like a chill, without actually feeling cold; picking with the fingers; small, quick, and irregular pulse; frequent icy-cold hands and feet. The difficulty of managing such cases led me to search particularly for a remedy, and I can now assert that *Cimicifuga* has answered beyond my expectations, so that I would be inclined to call the above symptoms characteristic of that remedy."

OVARIAN TUMOR—REMOVAL.—Dr. S. R. Beckwith (*Ohio Med. and Surg. Reporter*, June) details a case where he removed an ovarian tumor weighing nearly seven pounds, followed with favorable results, which were due, he thinks, to the following conditions: 1st, "the manner of securing the pedicle (passing one of the sutures through the end of the pedicle and inclosing it with the integuments), preventing suppuration in the cavity of the abdomen, though not successful in having it unite with the integument, it was retained in contact with the surface until sufficient deposit occurred around it to prevent any pus finding its way into the abdominal cavity; 2d, to the beneficial effect of carbolic acid as a dressing, that was continued from the first to favor an early union; 3rd, to the superior advantages of homœopathic treatment in preventing peritoneal inflammation.

SEXES AT WILL.—M. Thury lays down the following law for stock raisers: If you wish to produce females give the male at the first signs of heat; if you wish to produce males, give him at the end of the heat. This rule is also applicable to the human species.

MEDICAL WORKS IN 1867.—There were published in the United States, during 1867, seventy medical books.

ALVEOLAR ABSCESS.—In this troublesome affection, *Merc. viv.* has proved itself the remedy.—*Dr. J. E. James.*

OSSIFICATION OF PLACENTA.—The *Pacific Med. and Surg. Journal* details a case of tedious labor caused by "an ossific ring comprising near one-third the entire thickness entirely encircling the placenta."

OVERFEEDING PATIENTS.—Sir James Paget declares that much harm is done patients in these days by over feeding. They can not bear operations well. Our physicians are allowing a much more liberal diet than formerly. Perhaps it would be well for us to look into this matter. Physicians are apt to carry out their own dietetic caprices in the sick room. We should certainly have more light on this point.

NATURE OF OZONE.—The prevailing idea regarding the nature of this mysterious agent is that it is a sort of condensed oxygen—free oxygen consisting of two atoms of oxygen condensed into one molecule, and ozone of three, the formula being O_2 and O_3 respectively. A confirmation of this view is presented by M. Soret, a French chemist, who finds that when 92 volumes of ozonized oxygen are mixed with oil of turpentine, a thick white cloud appears, and 76 volumes of common oxygen remain.—*Ex.*

PREMATURE DECAY OF TEETH.—The cause is attributed to the want of pressure on the socket from eating soft food. The remedy, eat "hard tack."

CHOREA CURED BY MUSIC.—Dr. Peters cured a bad case of chorea in a young lady of seventeen years by playing on the violin. We have known this remedy to cause involuntary movements of the limbs of a room full of young ladies.

POCKETING THE PEDICLE.—This term Dr. Storer applies to the following method of treating the ovarian stump after excision: attach the free end of the divided pedicle in the lower angle of the abdominal incision by means of wire sutures, so that the raw surface of the pedicle will be in contact with the cut surface of the incision.

"REGULAR MEDICINE IS TRULY ECLECTIC."—So says Dr. Holmes. "It stands ready to-day to accept any thing from any theorist, from any empiric, who can make out a good case for his discovery or his remedy." Any thing but *similia*.

HYDROCELE CURED BY FARADIZATION.—The *Richmond Medical Journal* details a case of hydrocele cured by passing a current of electricity, generated by Daniell's pile, through the tumor from front to rear.

SULPHATE OF NICKEL IN NEURALGIA.—This remedy has been found indicated in neuralgias of long standing, paroxysmal in character.

ONE OF THE CAUSES OF BALDNESS is attributed to be due to impeded circulation through the tissues of the scalp, from wearing a tight fitting hat.

EFFECTS OF GAS WORKS ON WHOOPING COUGH.—The Hartford physicians send their whooping cough patients to breathe the air of gas works. They are satisfied with the result.

ELOQUENT DOCTORS.—The *Medical Record* regrets the scarcity of speakers in the medical profession.

MICHIGAN UNIVERSITY.—The decision of the supreme court on the writ for a mandamus will be given July 7 at Lansing. Many are deeply interested in the decision.

SUGAR A CAUSE OF DISEASE.—Dr. Hering says, "at least one half of the diseases of women and children are developed by using too much sugar." A sweeping assertion, certainly. Pray, what *develops* the other half?

ORIGIN OF URIC ACID DEPOSITS.—Herr Franz Hoffmann has ascertained that the presence of uric acid crystals is due to the decomposition of the urates by the acid phosphate of soda. Under ordinary circumstances the deposition of uric acid takes place subsequent to the expulsion of the urine; but should the acid phosphates of soda be in excess, the uric acid may then be precipitated before the urine is voided, and may thus give rise to gravel and calculi.

COPAIVA IN NASAL CATARRH.—We have good authority for asserting that snuffing a solution of copaiva up the nostrils will cure certain forms of catarrh.

SENEGA IN PLEURISY.—Dr. Gallivardin (*L'Art Medical*) writing on the indication of *Senega* for pleural effusion, ascites, hydrophthalmia, and anasarca, remarks that "to the medicines already justly recommended for pleural effusion, *Bry.*, *Canth.*, *Ars.*, *Hepar. S.*, *Sulph.*, *Kali Carb.*, *Merc.*, *Squilla*, *Lachesis*, we must add *Senega*. By what action does *Senega* effect the cure of pleural effusion? By provoking urine or critical perspiration. Dr. Noack has seen produced by this remedy abundant perspiration, which involved a chronic pleural effusion in a patient who had long been deemed incurable and at the point of death. In other cases *Senega* seems to cause the disappearance of pleural effusion by favoring its absorption. *Senega*, like *Canth.*, by its primary action diminishes, and by its secondary effects augments, the secretion of urine. In the pathogenesis of *Senega* are found the symptoms of hydrophthalmia and intra-ocular compression. It cures anasarca, ascites, and hydrothorax; it seems then to have an elective action on effusions of the serous cavities; has it equally so in hydrocephalus, hydrocele, hydropericardium, hydrarthrosis? That question can be answered by the pathogenesis and clinical use of this medicine, both of which are very incomplete. By its elective action on the pleura, *Senega* banishes not

only the hydrothorax but also the false membranes consequent on pleurisy. In fact, by the aid of this remedy Dr. Noack cured a patient who had false pleural membranes in the upper part of one lung."

GELSEMINUM IN GONORRHEA.—Dr. O'Brien (*British Journal*) says—"this disease I have treated with *Gels.*, 1st dec., drop doses every two hours, and out of thirty cases I can not report one unsuccessful; the disease, in the majority of these cases, being cured in about ten days at the farthest."

SPERMATORRHEA.—Dr. O'Brien reports: "I can report two cases successfully treated by *Gels.*, 2nd dec., but where the condition was complicated with diuresis, I found a dose of *Sulphur*, 3rd, at bedtime, a useful auxiliary."

A PROSTITUTE SCHOOL.—We are credibly informed that nearly all of the young ladies who played in "Undine" at the Opera House of this city, last winter, were there seduced, and many of them are now prostitutes. The most of them were virtuous girls.

A NEW LIFE INSURANCE COMPANY.—A new homœopathic life insurance company has entered the field, to be styled "The Hom. Mutual Life Insurance Company." The officers are good and true men, and we wish them success. The medical examiners are Drs. A. Cook Hull, E. M. Kellogg, and J. W. Mitchell.

ANO-SPINAL CENTRE.—Dr. J. B. V. Masius concludes from experiments made on animals: 1st. That there exists in the spinal cord a clearly circumscribed centre, corresponding to the intervertebral disc, uniting the sixth and seventh lumbar vertebrae, which we call ano-spinal; 2nd. That it presides over the tonicity as well as the reflex contraction of the sphincter ani; 3rd. That to this centre proceed antagonistic fibres, which can be followed even into the optic thalami; 4th. That through this centre pass fibres which convey to the sphincter the impulse of the will; 5th. That the second and third sacral nerves supply this muscle.—*Boston Med. and Surgical Journal*.

CINNABAR IN IDAHO.—Cinnabar of a beautiful vermilion color is found in Idaho, being abundantly spread throughout a gauge, so massive, compact, and homogeneous that specimens may be cut and polished like marble.

MEDICAL LAWS IN OHIO.—A medical bill has passed the legislature in Ohio obliging all practitioners to have a diploma or a certificate from a medical society, state or county. Practitioners of ten years standing are exempt.

WOMEN IN THE LEARNED PROFESSIONS.—There are no less than 589,898 women practicing one or other of the learned professions in France. In this country less than ten thousand have, thus far, adopted a professional career. A young Russian lady has just graduated as M. D. at the University of Lubeck.

LOCAL REPORTS OF DISEASE.

VICKSBURG.—Several cases of cholera are reported in Vicksburg.

NORTHERN EUROPE.—The weather has been unusually mild in northern Europe this spring. At Archangel, Russia, on the White sea, the thermometer in April rose as high as 60 degrees Fahrenheit in the shade. A sickly season is predicted.

LABRADOR.—*Consumption among the Indians at the North.*—Dr. Hind, in a recent work on Labrador, states that "consumption appears to be all unknown to the natives living wild in the fastnesses of this desolate region in tents made of spruce branches, imperfectly lined with skins, and more or less open on all sides to the external air, although they are exposed to fam-

ine and every species of hardship. But when these same natives come down to the Saint Lawrence to take a part in the fisheries, occupy well-built houses, and, being well paid, live in comparative luxury, most of them, in the course of a year or two, become consumptive and die miserably. I am fully impressed with the idea that the development of the disease under these circumstances, is the result of their living in closed houses, in a vitiated atmosphere, as it no doubt is in our own towns."

YELLOW FEVER AT KEY WEST.—Dr. Hunt remarks: "I will venture here to introduce a singular and significant observation concerning the characteristic disease of tropical shores. On two separate occasions, when there were cases of yellow fever in the U. S. marine hospital, which building I passed daily and saw almost habitually, I have seen a flock of buzzards circling over and near the roof of the hospital by the hour together, and continuing this day after day. I have never seen them do this except when there were yellow fever cases in progress under the roof. So marked is this fact as to have produced a common belief in town that they only hover over the hospital when there is yellow fever there. I am quite persuaded that such is the fact, and can only interpret what I have myself seen as indicating that an odor is then thrown out on the air which the keen scent of the scavenger bird detects from afar. The material particles, whose diffusion is thus testified to, seem likely to afford the means of transporting the disease on the air, in a manner quite agreeing with the facts of its propagation. The hint thus afforded by the keen-scented buzzards may have value in assisting to comprehend the mode of conveying and diffusing this fatal malady, and the particles scented may indeed be the actual *fomites* so much talked of and so little understood in discussing the controverted questions of contagion and communication."

SOCIETY REPORTS.

WE have always been inclined to give society proceedings a favorable position in our columns, believing that valuable discussions should meet the eye of as many practitioners as possible.

We have in this issue allowed all the space possible for the lengthy proceedings of the American Institute. The general tone and impressions we have endeavored to preserve. There is more in these proceedings than a hurried reading will discover.

A very large amount of valuable matter must stand over.

PERSONAL.

DR. C. G. BOWDISH locates at Shakopee, Minn.

DR. C. A. WILLIAMS goes to Joliet, Ill.

DR. J. A. AIKMAN has removed from Ingersoll, Canada, to Decatur, Ill., and entered into partnership with Dr. J. W. Routh.

THE
MEDICAL INVESTIGATOR.

VOL. V.—AUGUST, 1868—No. 59.

PROLAPSE OF THE UMBILICAL CORD DURING
LABOR.

PHILADELPHIA, June 20, 1868.

To the Editor of THE MEDICAL INVESTIGATOR :

In a recent case of labor the bag of waters broke, and shortly after the pains ceased. On my arrival at this juncture, I found a large portion of the funis lying in the mouth of the womb, compressed by the child's head, and feebly pulsating.

I thought it my duty to try to push it up by means of the linen bag at the end of a whalebone ; but the patient, being very sensitive, could not tolerate my hand, and I was unwilling to risk a perforation of the uterus by thrusting the whalebone up in the dark. Indeed, any one who has seen the extreme tenuity of the uterus of a cow killed while with calf, would also hesitate as I did. I then tried the sponge, and with some difficulty (adopting the position advised by Ludlam, and long a favorite one with me in obstetric manipulations) I passed the cord up and left the sponge *in situ*.

Labor was duly resumed, and the sponge came down—the cord with it—the pulsation having entirely ceased. I now perceived (too late to save this child's life) the feasibility of a plan, very simple and easy of execution, which I immediately, by way of testing it, put in practice : viz., placing my finger on the long loop of the cord, and moving it round and round between the head and os uteri, again and again, pushing it higher and higher every time. This also excited uterine contractions—the head

pressed upon the os, and the cord passed well up into the womb, appeared no more.

Not having, in hastily scanning the literature of the subject, found any mention made of this method, and being convinced of its great superiority over others, I offer it for the consideration of the Homœopathic brotherhood.

JOHN C. MORGAN.

DIABETES—ITS CAUSES.

*Extracts from Hausmann's Causes and Conditions of Disease,
By S. LILIENTHAL, M. D.*

THE great inclination of diabetes to produce in its course necrotizing inflammation of the skin and of the cellular tissue, in the form of furuncles, carbuncles, and sloughing, is generally known; even necrosis of the bones has been found, as in the ears and in the toes; in another case the dissection showed a circumscript furunculous nephritis, and death by gangrene of the lungs is only too frequently the last act of diabetes.

The physicians who made us first acquainted with diabetes had their attention chiefly fixed to the most striking symptom, the increased excretion of urine, and considered, therefore, the kidneys the seat of the disease, where the sugar was made; but pathological anatomy has shown this to be an error, for only in a few cases were the kidneys found to be affected, and opinions vacillated between various organs till Claude Bernard declared the liver as the sugar producing organ, even in its normal state; but it remained remarkable that no characteristic anatomical change was ever found in the liver; the formation of sugar in the liver is under the influence of the nerves, as the well-known experiment has shown that, by wounding certain parts of the nervous central organs, we may produce at our pleasure sugar in the urine. The kidney can therefore be only considered as the excretory organ of the sugar after its passage from the liver in the blood, where, on account of its quantity, it does not get perfectly oxydized. According to our views of the secretion from the kidneys, this organ is only a filter, separating mechanically, by the pressure of the blood, the fluid parts of the blood from the solid ones, and, after making many experiments with diverse substances and solutions, to find out if and how quickly they will

pass through a filter, we came to the conclusion that the sugar in the blood of diabetic patients gets its great diuretic power, like the carbonate of potash, by its celerity in filtering; for our experiments have shown that when we call the quantity of water pressed through a calf's bladder 100, that, under the same pressure, and using the same bladder, we may calculate the filtering celerity of the different sugars or different solutions of the same sugar. For a better synopsis we add the value of the usual urinary salts :

	Distilled Water.	Containing 2 per cent. solution.	Four per cent.	Six per cent.
Grape sugar.....	100	90.37	68.04	55.82
Carbonate of Potash.	100	99.69	75.16	
Carbonate of soda....	100	88.42	76.31	
Sulphate of soda.....	100	68.33	44.44	
Chlor. natrium.....	100	52.631	48.76	
Phosphate of soda....	100	52.630	42.11	

Comparing, now, the different filtering powers, we do not find the grape sugar in the middle of the neutral salts, but we find it among those substances which have shown thus far the highest filtering value, and as we have found in the great celerity of filtering of the alkaline carbonates the cause of their diuretic effect, so we know now the cause of the diuretic effect of the grape sugar in diabetes mellitus. Grape sugar, like all other substances examined, follows the same law, that with the addition of sugar the celerity of filtering diminishes, yet the solution containing two per cent of grape sugar stands in value equal to 90.37, right between the two alkaline carbonates, of which is the kali carb., 99.69, and the natr. carb., 88.42.

Bouchardat has found also in diabetes mellitus another kind of tasteless sugar. Next to grape sugar we find sugar of milk most frequently in the organismus, although it never appears in the urine, being changed in the blood to grape sugar; and should sugar of milk be in large quantities in the blood it would be impossible for it to pass in the urine, being a substance of small filtering power, for experiments gave for milk sugar only the following formula :

	Distilled Water.	Two per cent solution.	Four per cent solution.
Milk sugar..	100	64.70	20.09
whereas, Cane sugar..	100	100	97.22

Cane sugar is, therefore, that body which, next to the alkaline carbonates, shows the greatest filtering celerity, and in fact Lehmann and Uhle have already observed the diuretic power of

cane sugar, for he says: "I injected into a dog two drachms of cane sugar, dissolved in water. The dog lost very little blood during the operation, and drank excessively, and passed a large quantity of sweetish tasting urine, containing the unchanged cane sugar."

We have seen so far that, in diabetes mellitus, the substance not used up—sugar—is discharged with the urine, and this waste is difficult to repair; but probably even this waste of sugar would be of less consequence if only the supply of amylaceous food would be sufficient, for it has been proved that not only during the exclusive use of amylaceous food sugar gets excreted, but also during the exclusive use of animal food, if continued for any length of time, sugar is found in the urine, though in less quantity, but at any rate sufficiently to show that the sugar in the liver is not only produced by amylaceous food, but also by protein combinations. Grievinger, in his meritorious studies on diabetes, has shown that about two-fifths of the weight of the animal food which is taken, or three-fifths of the solid albuminates, pass off again as sugar, and this important consumption of protein substances is more difficult of repair than the consumption of amylaceous substances; and this consumption of protein substances is why, in diabetic patients, the support of the organs flags in such a degree, in spite of the inordinate appetite, and why most diabetic patients succumb to tuberculosis. The dimness of the lens so often found in this disease is only a sequel of the disturbed support which this organ needs. The suppurative and furuncular diathesis of diabetic patients is also a sequel of the threatened cachexia. We find a similar state in nursing women, from whom the babe takes daily a certain quantity of protein, sugar, and water. This loss must be made up every day, and the wet nurse has to consume larger quantities of food than she needs for her own body if she would not suffer and die of tuberculosis of the lungs like the diabetic patient. A better analogue yet is the chronic albuminuria, existing often without any other symptom. Certain quantities of albumen are here daily evacuated with the urine. Daily these quantities must be made good again, and as long as the appetite keeps up, the patient has nothing to fear for his constitution, especially for his lungs. We have seen patients suffering from chronic albuminuria consume as large quantities of food as diabetic patients, although they did not use quite as large a quantity of fluids.

Claude Bernard says it is not the lesion of the pneumogastricus which increases the secretion of sugar, for if we divide this nerve in its course, and pierce it then at its origin, an increased secretion of urine will take place. This now could not be the case if the pneumogastricus governs the secretion of sugar. And, *vice versa*, if we leave the pneumogastricus untouched in its whole course, but divide the medulla oblongata above the origin of the nervous filaments of the sympatheticus, which pass to the liver, we may try to injure in any way then the origin of the pneumogastricus, and no sugar appears either in the blood or in the urine, proof enough that the pneumogastricus does not govern the secretion of sugar. The action of the nerves on the secretion is, therefore, not a direct one, but belongs to the reflex actions, which reflex actions are produced by a ganglion of the sympatheticus.

The injured pneumogastricus conducts the irritation, instead of downward to the liver, upward to the nervous centre; from there it goes through the spinal marrow downward again, and reaches the liver through the sympatheticus.

AMERICAN INSTITUTE OF HOMŒOPATHY.

THE TWENTY-FIRST ANNUAL SESSION.

(Continued from page 312.)

BUREAU OF SURGERY.

Dr. Helmuth said: It gives me great pleasure to announce to the Institute that I have a full and complete report on surgical science; and permit me to say that what we denominate Homœopathic surgery, or surgery as performed by Homœopathic physicians, has made more rapid advances in the past few years than any other of the collateral sciences. If we examine the transactions of this society a few years ago, we find its surgical reports of a meagre and unsatisfactory character; but to-day I have the honor to offer a report of which any society in any country may be proud. I have reports from Dr. Franklin, Dr. Beakley, Dr. Morgan, Dr. Beebe, Dr. Willard, Dr. McClelland, and others, all possessed of much interest, and illustrated by various specimens and photographs. I also have a report and desire to perform an operation, and to present several cases of surgical disease of much importance.

Dr. Franklin, of St. Louis, presented an interesting case of *osteo sarcoma* of the lower jaw. He gave a brief synopsis of the case. Drs. Erichsen and Furgesson had performed the same operation, but their cases had succumbed. His case was presented to the Institute. The operation lasted 45 minutes, and produced great prostration. *Staph.* caused the wound to heal by first intention in 48 hours. *Arnica*, 12, rallied the patient. She was supported 14 days on soup given per rectum.

Dr. Verdi.—Did you use the 40,000 of *Staph.*?

Dr. Franklin.—No sir. I use the tincture.

Dr. Cooke, of Chicago, asked if the rotundity of the face would be restored finally?

Dr. Franklin stated that the contour of the face would be restored in two or three years. A cartilaginous jaw would take the place of the one removed. Upon this base a dentist might fit an artificial one.

Dr. Verdi, of Washington, asked if the splint used by him on Secretary Seward could not have been used in this case?

Dr. Franklin.—That one could have been used if any one could.

Dr. Beebe, of Chicago, presented a report on acupressure, a new method of incising the lip, and on hydrocele.

Dr. Moore, of Liverpool, stated that in hydrocele he had obtained good results from puncturing with a needle.

Dr. McManus, of Baltimore.—With a grooved needle?

Dr. Moore.—With a common needle.

Dr. Morgan, of Philadelphia.—How often do you operate?

Dr. Moore.—Once in two days. The object is not to let the fluid off, but to stimulate its absorption. It is astonishing how soon this simple means will effect that object. On the second day the effusion will be diminished one-half—in a week it will be all gone. Of course, internal remedies, as *Rhod.*, *Iod.*, and *Merc.*, are used as indicated.

Dr. Beebe.—Sometimes I pass a seton of silk through the testicle, and draw off the liquid.

Dr. Moore.—My method is a simple affair, and can be resorted to in very old persons without inconvenience.

The following reports were read by title and referred :

Caries of the *tibia*, the result of a comminuted fracture; operation for the removal of the *tibia*, by L. H. Willard, M. D., of Alleghany City, Pennsylvania.

Rupture of the thoracic aorta, by Dr. Hoffman.

Excision of the cysto-carcinomatous tumor of the right breast, by Dr. L. H. Willard.

Aneurism of the external iliac artery; ligature, by Dr. J. Beakley, of New York.

Strangulated femoral hernia, with suggestions of treatment, by Dr. Beakley.

Acupressure in the case of amputation of the leg, by Dr. T. G. Comstock, of St. Louis.

Amputation for caries of the ankle joint, by Dr. J. H. McClelland, of Pittsburgh.

Dr. Helmuth, of St. Louis, detailed a case which had been diagnosed (caries of the tibia) by certain Allopathic physicians of Leavenworth, and published in the *Leavenworth Medical Herald* as such, proved a case of dislocation and fracture. The adhesions were broken up and the leg set, cured up, and the boy sent home well. He would publish the case, with affidavits, in the *Leavenworth Herald*.

Dr. H. presented a case of gunshot through the *os calcis*, that showed the difficulty of diagnosing wounds of that bone.

Dr. H. presented a case of anastomosing aneurism of the facial artery. He proposed to treat it by acupressure, or passing a needle behind the external carotid. If this was successful, it would certainly be one of the greatest advantages which would be derived by the introduction of acupressure as a means of arresting the flow of blood. The patient was then put in position, and an acupressure needle passed behind the vessel. This is the first operation of the kind which has been performed.*

Recess was then taken to 1.30 P. M. During recess some fine Pathological and Anatomical casts, from Hovey & Nichols, of Chicago, were examined by the members, who expressed themselves highly pleased with these superior works of art.

The society was called to order.

Dr. Morgan presented an abstract of a report of a case of caries of the humerus, resulting from violence in reducing a dislocation. Resection was resorted to.

BUREAU OF OBSTETRICS.

Dr. Morgan, in the absence of Dr. Guernsey, presented a report of the Bureau of Obstetrics, and illustrated several cases.

* An examination of this case next day showed the tumor one-third less, softer, paler in color, and no pulsation was found in the temporal artery.—
ED.

Dr. Ludlam made a report upon the *os uteri*.

The reports were referred to the Committee on Publication.

Dr. Temple announced that omnibuses would be at the door at 3 P. M. to take the members to the College and thence to the boat.

BUREAU OF ANATOMY.

Dr. Allen, of New York, presented the report of the Bureau of Anatomy. It took the same course as the other reports.

BUREAU OF PHYSIOLOGY.

Dr. Frost, of Philadelphia, sent the report of the Bureau of Physiology.

Dr. Chase, of St. Louis, presented a report on absorption of the temporary teeth.

Referred to Committee on Publication.

A report from Dr. James, of Philadelphia, of the proceedings of the International Convention, held at Paris, on the 9th of August last, was presented and ordered to be published. Dr. James suggested that an international convention should be held in one of the large cities of the States, and that delegates be invited to come from all countries wherever Homœopathy was known. The vexed question of dose was introduced at the International Convention, but no decision arrived at.

CODE OF MEDICAL ETHICS.

The report of the Committee on Code of Medical Ethics was called up, and it was moved by Dr. Talbot that they be adopted.

Dr. Morgan offered as an amendment to art. 5, sec. 4, that the word "suggest" be substituted for the word "request." He thought as it stood now it obstructed the way of a young physician. If called to a case he would always be obliged to turn it over to the regular family physician.

The amendment was lost.

The code, as a whole, was then adopted.

On motion of Dr. Youling, a hearty vote of thanks was passed to Dr. Dunham, chairman of the committee, and to his associates, for the ability with which they had drawn up the paper.

Dr. Ludlam, of Chicago, offered the following resolution :

Whereas, In the opinion of this Institute, the necessity for public addresses in favor of Homœopathy in our large cities and communities has passed ; therefore,

Resolved, That in future the annual address to this body shall be upon some scientific subject, and not upon popular medicine.

Dr. Ludlam spoke briefly in support of the resolution. He intended no reflections upon Dr. Clarke or his excellent address the previous evening, but he considered that in the larger cities and communities they had outgrown the necessity for addresses upon popular medicine, and thought an address upon some other subject would be preferable.

Dr. Clarke, of New Boston, agreed with the last speaker in his sentiments, but he hoped the Institute would not pass the resolution. He thought the desired result might be arrived at by allowing the matter to take care of itself. There were times and places where a popular address might be very efficient and useful. He knew that in Pittsburgh, two years ago, the address delivered there by Dr. Helmuth, to a very large audience, had been the means of forwarding the Homœopathic cause in that place, and elevating its character to a very considerable degree. He knew, from personal knowledge, of families who were influenced by that address, to employ Homœopathic physicians. He hoped the matter would be left to be arranged between the speaker for each year and the committee of arrangements, wherever the meeting might be held. When he was invited to come here as an orator, he was told that there would be a public meeting, and he prepared his address solely for the public, but was considerably embarrassed upon arriving at the hall to find an audience composed entirely of doctors and their families, who were usually pretty well instructed in medicine. He hoped the resolution would not pass, as he considered it too formal action to be taken by the Institute upon so trifling a matter.

Dr. Morgan fully concurred with Dr. Clarke. He thought that Homœopathy could not be advertised too much through the medium of the Institute. He thought it the duty of the committee of arrangements on such occasions to use their best endeavors to secure a large attendance of the public, by inviting the city officers and all prominent men to seats upon their platform.

Dr. Wells was sorry to have to dissent from the gentleman who had last spoken, but he considered they had outgrown all necessity for these addresses. When Homœopathy was unknown it might be well enough to advertise it in this way, but now it was known throughout the country, and needed no such advertisement.

The resolution was withdrawn, and on motion the Institute adjourned to nine o'clock, A. M.

The members then visited the college, which they viewed with pleasure. It is a fine building, and well supplied with apparatus.

EXCURSION.

At four o'clock, P. M., the members of the Institute, with ladies and invited guests, went on board the splendid steamer "Belle of Alton" for a trip up the river. The boat was gaily decked with flags, and a band accompanied. About three hundred persons were in the company, and we venture to say a pleasanter or happier party was never gathered upon the deck or in the cabins of a steamer. The committee of arrangements spared neither pains nor expense for the gratification of the distinguished visitors, and were perfectly successful. The trip extended to Alton, and the most cordial sociability was indulged during the entire absence of the party. Soon after leaving Alton to return, a grand banquet was spread in the cabin, at which his Honor, Mayor Thomas, of St. Louis, presided, and after the sumptuous feast, toasts were offered, which were responded to by Mayor Thomas, of St. Louis, Generals McNeil and Shepard, of St. Louis, and Drs. Paine, Thayer, Baer, Cooke, Morgan, Phelan, Helmuth, Franklin, Comstock, Smith, and Moore of Liverpool. The tables were removed, and the dance was indulged in until the boat reached the levee, at a late hour, when the company separated.

THIRD DAY.

The convention assembled pursuant to adjournment, Dr. Paine in the chair.

Report of the Bureau of Hygiene was read and referred to the publishing committee.

Dr. Verdi asked that his name be taken from the report of the chairman of the Bureau of Obstetrics, as he could not believe that the 100,000th of any remedy could perform what was there said to have been performed.

Dr. Ludlam also desired that his name might be withheld from the report, as he could not endorse any such "twaddle."

AMENDMENTS TO THE BY-LAWS.

The amendments to the by-laws recommended by the Bureau of Organization, Registration, and Statistics, were then called up article by article.

The first amendment was to Art. II., making the officers an executive and publishing committee.

Dr. Beebe objected to this tinkering at the by-laws. The officers now have too much power. He objected to this one-man power. The proceedings were now severely garbled. Portions not suiting the publishing committee were suppressed. This had been done with the proceedings of both of the last sessions.

Dr. Talbot denied having done any thing of the kind, and desired to be relieved of the responsibility of compiling and preparing the proceedings for publication if any suspicion of this kind existed.

Dr. Franklin opposed the passage of the amendment.

Dr. Smith, of New York, stated that the amendment proposed to take the power out of one person. It was as democratic as any one could wish.

Dr. Beebe moved that the amendment be indefinitely postponed. Carried.

A CURIOUS CASE, RESULTING FROM THE USE OF NITRATE OF SILVER.

Dr. Chase begged the attention of the Institute for a few moments while he introduced a curiosity, Mr. J. Caffin, of Pleasant Hill, Missouri, whose skin had turned entirely black from the use of nitrate of silver. Mr. Caffin stated that some time since he was afflicted with epilepsy, and under the advice of an allopathic physician residing in Kansas City, Missouri, he had commenced taking nitrate of silver, in doses of one and a half grains three times a day, for three or four months, during which time he had felt no relief from the treatment, but his color began to change gradually until his entire body became perfectly black, which was his present condition.

Dr. Hempel thought it a case for a suit for malpractice.

Dr. Franklin moved that in the opinion of this Institute this is a clear case for a suit for malpractice; but at the suggestion of some of the members, he withdrew his motion.

The Institute then proceeded to consideration of the amendments to Art. IX. These amendments proposed to provide: 1st, for delegates on the basis already indicated; 2nd, corresponding members; 3rd, honorary members; 4th, the annual dues to be five dollars.

Opposition to raising the dues from three to five dollars was made by Drs. Franklin, Beebe, Verdi, and Hempel.

Dr. Talbot thought that five dollars was not too much. "Five" was changed to "three," and the amendment passed.

The amendments to Art. X proposed to add; 1, to the Bureau of Obstetrics "diseases of women and children;" 2, a bureau of jurisprudence and psychology; 3, a bureau of necrology; 4, a bureau of correspondence; 5, the bureaus of materia medica and clinical medicine to consist of one from each state.

Dr. Talbot moved to amend by limiting the number to nine. Carried.

The amendments were passed.

Dr. Talbot moved that the bureaus of anatomy, physiology, and hygiene constitute one bureau.

Dr. Duncan opposed this movement, as he thought it a retrograde one. That instead of less bureaus there should be more—one for each department of medical science. With the present arrangement only about fifty members can work, or at least do work. In the county society of which he is a member every man has work assigned him. That small society covers more ground than this great American Institute. Make provisions for the whole or at least half the members to work. There is material enough in this society to cover the whole range of medical science. Make such provisions, and there would soon be a volume of transactions that would be eagerly sought for and purchased at any price, even ten dollars. The profession demand a volume of great scientific worth.

The motion prevailed.

The Bureau of Registration, etc., recommended the publication, with the transactions, of a triennial directory.

On motion the recommendation was agreed to.

The amendment providing for an executive committee was called up by Dr. Talbot, and was adopted.

Dr. Thomas, of Cincinnati, from the committee to whom was referred certain papers in the case of Dr. Neilson, of Charlestown, Mass., reported back the following resolution :

Resolved, That it is inexpedient for the American Institute of Homœopathy to take cognizance of this case, and we respectfully and earnestly recommend that all such cases hereafter may be settled by the local organizations. [Applause.]

Dr. Thomas offered the following resolution, which was unanimously adopted :

Resolved, That our thanks are due to the general secretary and committee on publication for their great labor and care in preparing, and their good judgment in arranging the materials,

as well as the excellent taste manifested in the mechanical execution of the volume of transactions of the twentieth session of the American Institute of Homœopathy.

Dr. Morgan presented the following resolution :

Resolved, That in the transactions of the Institute, the first business in order after the completion of the annual organization shall be the presentation of the reports of the various bureaus, and of other scientific papers. Miscellaneous business to follow the same.

Dr. Smith, of New York moved to lay it on the table. Lost. Resolution adopted.

Dr. Hempel offered the following :

Whereas, All homœopathic physicians feel the need of a homœopathic dispensatory that will meet with the requirements of our advanced science and the approval of our state and national organizations, and it being understood that Dr. E. A. Lodge, of Detroit, Michigan, has such a work ready for publication ; therefore,

Resolved, That the proof sheets of said work be submitted to a committee consisting of one professor of materia medica from each of the homœopathic colleges on behalf of this Institute, for their approval.

Dr. Smith said the Pharmaceutical association would take this matter into their hands at their meeting June 24.

The resolution was adopted.

Dr. Verdi, of Washington, offered the following resolution :

Whereas, The object of the American Institute of Homœopathy is to increase the professional and social intercourse among all the Homœopathic physicians of this and other countries, to impart mutually the medical experience and knowledge of each for the benefit of all, to infuse cordial and fraternal feeling among them ; and

Whereas, One annual meeting at different places, which, in this vast country must necessarily be so remote from others as to prevent the meeting of many who would joyfully assist at each meeting, and that the absence of so many greatly endangers its purpose, interferes with its utility, by failing to promote the constant intercourse of the physicians, the imparting of knowledge, and unanimity among them ; therefore

Resolved, That the American Institute of Homœopathy shall issue a monthly medical magazine, to be the "Organ of the American Institute of Homœopathy." Adopted.

Dr. Baer offered the following resolution :

Resolved, That Congress be memorialized in relation to the introduction of Homœopathic practice in the army and navy

for those who may desire it; and the American Institute of Homœopathy requests the various Homœopathic societies in the United States to present petitions accordingly.

Dr. Swazey, from the Board of Censors, offered the following resolution:

Resolved, That the thanks of the Institute be presented to the Homœopathic physicians of St. Louis for their very liberal entertainment of the Institute during its session; and also to the press of this city for their courteous notices of our proceedings, and to all who have contributed to the success of our meetings.

Resolved, That the thanks of the Institute be presented to the officers who have served us during the session for the able manner in which they have discharged their duties.

Both of which resolutions were adopted unanimously.

The board also reported favorably upon the names of Thomas J. Vastine, M. D., of St. Louis, and T. J. Bristol, M. D., of Webster Grove, Mo.

Drs. Vastine and Bristol were declared members of the Institute.

Dr. Smith proposed as corresponding member Dr. Moore, of England. Motion agreed to.

ADMISSION OF WOMEN TO MEMBERSHIP.

Dr. Swazey, of Massachusetts—I wish to make a remark or two with reference to a notice for a change in the constitution which was given last year. It was of course expected by certain members that that would be called up. Out of respect to a very respectable minority whom I represented during our last session, it is due that I should take notice of the notice which was given to change the constitution. Previous to this time, we have been under such a pressure of business, I have been unwilling on my part to foist any thing upon this Institute that would create a lengthy discussion, and I have therefore abstained from taking up the notice. I respectfully move that it be continued until a future meeting of the Institute.

Dr. Beebe—The question of the admission of female members into the Institute has been up before us at several of our meetings, and it seems to me the question ought to be disposed of rather than having it hanging over our heads for another year as a sort of incubus. I move you, Mr. President, that this subject of amending the constitution so as to admit female members be indefinitely postponed.

Dr. Swazey—One word by way of explanation. I will occupy your time but a moment. I wish to put myself in position before the Institute.

Dr. Cooke—I object to the gentleman making any further remarks.

The Chair—The question being to indefinitely postpone, it is not debatable.

Dr. Swazey—I do not wish to debate the question—

The Chair—Is it the unanimous consent that the gentleman be allowed to proceed?

Dr. Beebe—If the gentleman's remarks are designed to influence the vote, I object to his making them until after the vote has been taken.

Dr. Swazey—May I make a remark?

Dr. Cooke—I object.

Dr. Swazey—I wish to speak to another question.

Dr. Cooke—I object to the gentleman making his remarks.

The Chair—The question being upon indefinite postponement, debate is not in order.

Motion to postpone was carried; ayes 20; noes 1 (Dr. Swazey).

Dr. Cooke—Mr. President, I move that Dr. Swazey be now heard. [Laughter.]

Dr. Swazey—Mr. President, I will try and contain myself as much as possible. I do not rise to make a speech. I had no intention to occupy the time of the Institute; but the course that has been taken will necessarily induce me to occupy it, under the privilege, two or three minutes longer than I otherwise would have done. And, in the first place, as a somewhat elderly member of the Institute—from 1844—I must confess my utter surprise that there are found here gentlemen who thrust forward their personal feelings, as if there was nothing else to be considered, and as if, could they ply the gag, it would be the height of their ambition. I have no such feelings. I have never entertained any, whatever the subject which may have been up before the Institute. Nor do I want the Institute to understand that I came here to present myself before you in that light. I believe through the stormy debate of last year that I did not claim that privilege. I stand here as the representative of what was a very respectable minority of the Institute last year, and I have executed their will in the notice which was given, and it is very

strange to me that the members here who take this position are not keen-sighted enough to see that the same position must be taken again. So what is accomplished? All I wished and desired was to pass the matter quietly over for such time as the Institute should act upon it. Deliberate upon it, and give a fair vote without throwing so much hatred into a single question, as if nobody else had any right or voice in the matter. That is all I object to.

It will be recollected, Mr. President, that the closest vote ever taken in the Institute, at the largest meeting the Institute ever held, was taken upon this very question. Now I put myself in position merely as the representative of a certain class of feeling, which will, as sure as fate, prevail sometime. My head will have done aching before that time, perhaps, but no matter. In discussing the general question, any persons who keep their eyes upon the signs of the times—no matter how their feelings are to-day—are bound to see this very strange thing brought about. If we were to vote fairly, and fully discuss and ventilate the subject, I am not sure how I should vote upon it. I am no woman's rights man; I am no loose advocate of loose ideas; but it is out of respect to the feelings of most respected members that I am willing to stand in this way, and I shall of course give another notice for next year, and if it is voted down then, I shall give notice for the year following.

Dr. Talbot moved that when the Institute adjourns it adjourn to meet in Boston, on the second Wednesday in June, 1869.

Dr. Franklin desired to substitute the first Wednesday in place of the second.

Dr. Duncan moved as an amendment that the Institute meet on the second Tuesday, and to have a four days session.

Motion as amended was agreed to.

Dr. Swazey renewed his amendment to the constitution, which will come up at the next meeting of the Institute.

The chair then announced the appointments for the ensuing year as follows:

Materia Medica, Pharmacy and Provings—Drs. Wesselhæft, Williamson, Payne, Chase, Barlow, E. M. Hale, Belcher, Dake, and Keep.

Clinical Medicine and Zymosis—Drs. Paine, Cate, D.H. Beckwith, Gregg, Wells, Burgher, Cooke, Holcombe, and Hartmann.

Obstetrics and Diseases of Women and Children—Drs. Lud-

lam, Guernsey, Woodbury, Comstock, Kellogg, Sanders, and Pomeroy.

Surgery—Drs. Beakley, Helmuth, Beebe, Macfarland, Franklin, James, Allen, Liebold, and J. C. Morgan.

Organization, Registration, and Statistics.—Drs. H. M. Smith, Paine, Duncan, Thomas, and Woodruff.

Anatomy, Physiology, and Hygiene.—Drs. Dunham, Allen, Wilson, Mitchell, Boyce, A. R. Morgan, and Kenyon.

Medical Education—Drs. Hempel, D. S. Smith, Comstock, Clarke, and Beebe.

Foreign Correspondence—Drs. Dunham, Verdi, Talbot, and De Gersdorf.

Orator—Dr. Ludlam, of Chicago. *Alternate*—Dr. Kellogg, of New York.

Necrologist—Dr. S. B. Barlow.

Committee on Arrangements—Drs. Thayer, Macfarland, Gregg, Fuller, and H. M. Talbot.

On Publishing a Journal—Drs. Verdi, Franklin, Belcher, Smith, and Hempel.

On Homœopathic Dispensatory—Profs. Dunham, Hering, Lippe, Barnes, Small, and Temple.

Dr. Franklin asked to be relieved from the Bureau of Surgery as he did not think he would be able to do any thing. His first duty was to the Western Institute. He wanted to give that Institute his best efforts. After that, if he had time, he might give a report for this body.

The President stated that he should have to take some time to consider Dr. Franklin's request.

There being no further business, the Institute adjourned, at 12.30 P. M., to meet in Boston, Mass., on the second Tuesday in June, 1869.

WOMEN'S AND CHILDREN'S CLINIC AT THE HAHN-EMANN MEDICAL COLLEGE, CHICAGO.

BY E. LUDLAM, M.D., PROFESSOR OF OBSTETRICS, ETC.

Summer Complaints.—Our clinic is a mirror of private practice. Here we not only see and prescribe for our patients, under the most unfavorable hygienic circumstances, as in his daily rounds the physician is often compelled to do, but we are afforded

an excellent opportunity for studying the diseases that are peculiar to certain seasons of the year. Thus, a number of cases present themselves this morning with affections such as I could by no possibility have exhibited to the class during the winter term. Let me direct your attention to some of the causes that modify the diseases of infants at this period.

1. *Dentition.*—Although some modern authors insist that teething is a physiological process, and that therefore we can not properly speak of it as a disease, neither a cause of disease, it is manifest that authorities are wrong. Every organic process is prone to disease. Any function may be so perverted as to become a predisponent of disease. The teeth belong to the digestive system. Like the stomach and pancreas they are indispensable to health and good digestion. Whatever interferes with their proper growth and irruption will render the little patient liable to disease, and especially to affections of the alimentary and nervous systems. In cool or cold weather, disorders of the stomach and bowels are not prevalent among old or young. But in summer it is otherwise. At this season swelling and inflammation of the gums is a source of irritation to remote portions of the alimentary tract. This irritation creates disorders of secretion, and cholera infantum, diarrhœa, and dysentery are the indirect consequences, especially if to this cause is added the additional one of indigestible or improper food. There is as close a sympathy between the teeth and the glandular apparatus of the intestines as between the skin and the kidneys or the ovaries and the mammæ.

So, too, dentition is a strong predisponent of diseases of the brain and nervous system.

While this process is going on, the brain is the focal point upon which an excess of nervous irritability or abnormal nerve force is concentrated. The persistent application of this irritant predisposes to disease. It may find vent through excess of perspiration, urination, diaphoresis, or other of the secretions or excretions. If not, we shall have meningitis, hydrocephalus, coma, or general convulsions.

This explains the relative frequency of intestinal and cephalic affections during dentition. The same exciting causes that give rise to an increased proportion of alimentary diseases among adults during the summer months act upon children and infants also. But, in case of the latter, the occurrence of teething predisposes them to more serious and dangerous complications. The

influence of this process in modifying the diseases to which infants are subject is illustrated in the fact that after the second summer, when they have a mouthful of teeth, their liability to the diseases of which we have spoken is greatly diminished.

2. *Defective development of the Chylopoietic Viscera.*—Although the natural food of the infant contains all the proximate principles, and might, therefore, be judged difficult of digestion, it is not really so. The possibility of its solution and absorption is provided for by nature in the preparation of the food itself. For we find that different portions of the alimentary apparatus exist for the first few months only in a rudimentary state. The size and shape of the stomach, as well as its susceptibility, differ from those of the older child and of the adult. The secretory apparatus is imperfect, and its products less available than subsequently. The mucous membrane is more delicately organized, and therefore more readily irritated and inflamed.

All these and many other circumstances predispose the young of our species to diseases of the nutritive system especially. How to adjust their food and surroundings, their clothing, the amount of fresh air they shall have, and when they are to take it, how to keep them out of harm's way in the hands of those who know so little of the susceptibilities of their little organisms is the chief lesson of our pupilage. It is a thousand times more difficult—I had almost said more important—to arrange all these preliminaries, to weigh their significance and act accordingly, than to settle upon the appropriate remedy for this or that class of symptoms. It is a fractional part of the duty of a clinical teacher to entertain his class with therapeutical indications merely.

In children of scrofulous diathesis, liability to suffer during early infancy from disease of the bowels is manifestly increased. In this class of subjects glandular affections are very frequent. The slightest causes produce them. As a result of tardy development of the intestinal and mesenteric glands these structures are not only more prone to disease but nutrition is deranged, the fluids are perverted, the blood becomes depraved, and all the vital processes run low. In such children, also, the eruption of the teeth is delayed, and the contingents of ill health are greatly multiplied.

"WHAT THEY TEACH IN ST. LOUIS."

BY J. T. TEMPLE, M.D., ST. LOUIS, MO.

AGAIN we are placed under obligations to Sam. A. Jones, M.D., (*speciali gratia*) for calling attention to what we teach in St. Louis. In his last communication to THE MEDICAL INVESTIGATOR he announces that he has convicted us "of ignorance and a disregard for the teachings of medical history." We are induced to notice this article, not because we expect to benefit Sam., but to counteract the influence which his sophistry and misrepresentation might produce.

It seems that the great aim and desire of the writer is to ignore the existence of the dynamic force in medicine. He says, "we see no need of a *spirit* while the substance is present;" and again, "that a spiritualization of the drug is that which cured, we see no need of believing, if any of the drug itself is present in the *curative dose*." Will Sam. say that there is no particle of matter in the 30th or 300th alternation? Can he destroy matter? Will he tell us at what point matter ceases to be divisible? To all well-informed Homœopaths it is a known fact that every atom of a drug is possessed of vitality, or dynamic force, as perfectly as the mass from which it is disintegrated. "Hahnemann's illustrations," says "*Speciali Gratia*," "of the quasi 'spiritualization,' would do in his day, but the 'correlation of forces,' which makes such havoc with his argument, was unknown then." Neither the correlation of forces nor Schwann's theory of the cells, nor Sam.'s infidelity, can remove or affect the stability of a fact. We believe in facts. In order to comprehend the subject fully we think it necessary to ascertain: 1st, the nature of the disease; and, 2nd, the character of the agent given us by a kind Providence for the cure of said disease. Hahnemann says, "by far the greater number of diseases are of a dynamic nature," and, further, "that disease can only be removed by dynamic means." Again he says, "diseases will not, out of deference to our *stupidity*, cease to be *dynamic aberrations which our spiritual existence undergoes in its mode of feeling and acting—that is to say, immaterial changes in the state of health*." Again he says that it is an established fact "that, with the exception of those diseases brought on by the introduction of indigestible or hurtful substances into the alimentary canal, and

other organs, those produced by foreign bodies penetrating the skin, etc., there does *not exist a single disease that can have a material principle for its cause.*” This fact is so generally admitted by Homœopaths that we deem it superfluous to recount the evidences which establish its truth.

As disease is of dynamic origin and dynamic in its nature, how should it be treated unless by a similar agent—a dynamic force? This vital, spiritual, dynamic power is ignored, denied by S. A. Jones, M.D., and, forsooth, because *he* can not see any “need of a spirit while the substance is present.” Suppose it can not be seen by such as Dr. Jones, does that militate against the fact that matter is endowed with force, a vital, active force, which is not material? That remedies act by virtue of this dynamic power in curing disease is now acknowledged by most Allopathic writers of any standing.

Pereira, in his great work on Mat. Med., uses the following language:

“In the inorganic kingdom we have evidences of an influence which can not be denominated either chemical or mechanical. The communication of magnetical and electrical properties to iron by mere contact with another body, without the introduction of any change of form or of composition, either of the iron itself or of the imparting body, is an example of this. Now, to influences of this kind the term dynamical has been applied, and several pharmacologists have employed it to indicate those influences of medicines over the organism which are ascribable to neither mechanical nor chemical causes.”

Baglivi said:

“According to Pliny we are ignorant of what makes us live; but if I dare give my opinion, we are much more ignorant of what makes us sick, for the *infinitesimal* substance that gives the first and immediate impulse to disease is *entirely incomprehensible.*”

But we return to Hahnemann, who truly says that

“As the condition of the organism and its healthy state depend solely on the state of the life which animates it, in like manner it follows that the altered state which we term disease consists in a condition altered originally only in its *vital sensibilities and functions*, irrespective of all *chemical or mechanical* principles, in that it must consist in an altered dynamical condition, a changed mode of being, whereby a change in the properties of the material component parts of the body is afterward effected, which is a necessary consequence of the morbidly altered condition of the living whole in every individual case.”

We stated that without a knowledge of dynamization, the law of similia would be useless. Hahnemann, in speaking of the use of remedies against "pretended general characters of diseases," says:

"There could be none save those termed *specific*—that is to say, medicines whose action is analogous to the morbid irritation (now called homœopathic), and whose application has been *denounced and prohibited* by the old school of medicine as highly dangerous, because experience proved that the use of them in such powerful doses as had been usually administered was pernicious," etc.

Does the fact of an accidental cure being made by a number of remedies mixed together prove that Homœopathy could exist without a knowledge of dynamic action? How could the remedy effecting the cure be known to an Allopath? But suppose it was known it was then "denounced and prohibited," although given in accordance with the law similia. How then could Homœopathy exist even where the great therapeutic law was recognized? Why did our great founder abandon the ordinary dose after he was convinced of the truth of the law similia?

"The ark of Homœopathy never did and never can rest on the great therapeutic law of similia. The basis of Homœopathy is the dynamic power and not the therapeutic law."—*J. T. Temple, M. D.*

"Observation, reflection, and experience have unfolded to me that the best and true method of cure is founded on the principle *similia similibus curantur*."—*S. Hahnemann, M. D.*

"The reader can choose for himself which of the above teachers he prefers."

Hahnemann says the best and true method of *cure* is founded on the principle of similia. We say amen; and we say more, that there is no other law of *cure* known. Does this make "Similia" and Homœopathy synonymous terms? Does Homœopathy consist only of the therapeutic law? Can not Sam. distinguish between a system and a simple law which composes a part of that system?

"Homœopathy is not only a new method, but much more; this method does not rest upon new views, like every other hitherto promulgated, but upon new discoveries, which appertain to the departments of natural philosophy, the natural sciences, physiology, and biology."—*Hering.*

To those who understand Hahnemann's teachings, there can appear no difference of views between the doctrines taught by

him and those we teach. He “taught the efficacy of small doses, and declares that when drugs are prescribed according to Homœopathic law, it is *indispensably necessary* that the doses be small, and that *infinitesimal* doses are more efficacious than large ones.”

Hahnemann says: “Now, because diseases are only dynamical derangements of our health and vital character, they can not be removed by man otherwise than by means of agents and powers which are also capable of producing dynamical derangements of the human health, that is to say, diseases are cured virtually and dynamically by medicines.”

Again he says: “Now, as the power of curing diseases, as also of morbidly affecting the healthy, is met with in inseparable combinations in all medicines, and as both these qualities spring from one and the same source, namely, from their power of *dynamically* deranging human health, and it is hence impossible that they can act according to a different inherent natural law in the sick, to that according to which they act on the healthy, it follows that it must be the same power of the medicine that cures the disease in the sick as gives rise to the morbid symptoms in the healthy.”

In our previous article we said, take away the knowledge of dynamics from the profession, and the great law of therapeutics would remain as it did from the days of Hippocrates until the discovery of dynamization, a useless law, because of the danger of its application, and Homœopathy would have no existence, because it would have no basis on which to rest. Sam. quotes this paragraph, with the following peurile effort at reasoning: “Here we have an astonishing ‘change of base;’ first the ‘dynamic power’ was ‘the basis of Homœopathy;’ now ‘a knowledge of dynamics’ is the ‘basis.’ This is a judicious change, because those ‘physicians of the old school’ had not this ‘knowledge of dynamics.’ But Hahnemann declares that they made Homœopathic cures; then one of three things is true—(1) either the knowledge of dynamics is not an essential element of Homœopathy; (2) or Hahnemann did not know what Homœopathy was; (3) or Prof. T. does not know what is the basis of Homœopathy.” This splendid array of logic needs no comment. In the closing paragraph poor Sam. seems to have fallen as far short of Dudgeon’s ideas as he has shown by his article he does of the teachings of Hahnemann.

Now, as one of the doctrines of our school has provoked the condemnation of several *great men*, we shall be bold to declare

some more of our teachings. We teach the individuality of every remedy and every disease. In strict conformity with these two great facts we teach the use of *one remedy* and the full action of that remedy before repeating it. We teach that the selection of that remedy must be made, not from chemical experience, not from physiological or pathological conditions, but from the symptoms, the every symptom, moral and physical, with all the aid which chemical experience, physiology and pathology can lend us in getting a true picture of the disease. We teach that the man who can not see and does not appreciate the majesty of facts, can not be a Homœopathic physician, because he is blind to the great light of scientific truth, and impotent for progress.

REVIEWS AND NOTICES OF BOOKS.

A MANUAL OF DISSECTION OF THE HUMAN BODY. By L. HOLDEN, F. R. C. S., etc. London: edited, with notes and additions, by E. MASON, M. D. New York: R. M. De Witt. Chicago: W. B. Keen & Co.

We have here the best work on this subject extant. Allen's Practical Anatomist, Wilson's Dissector's Manual, Hodges' Practical Dissections, Heath's Practical Anatomy, and the Dublin Dissector are all excellent works, but must give place to the work before us.

The different steps in the dissections are minutely detailed in a clear and concise manner, at once satisfactory to student, surgeon, or physician. There are some important facts in reference to certain muscles, organs, and tissues that we have not met elsewhere. The additions made by the editor are anomalies of the vessels and muscles, measurement and weight of organs, and occasional reference to some operations the student should practice upon the cadaver.

The work is gotten up in excellent style—good print and clear paper—and as a work of reference will prove invaluable. The only fault we have to find is, with a number of indistinct plates.

EDITORIAL.

THE MEDICO-FINANCIAL QUESTION.

Quite frequently of late we have heard of one and another of the members of the profession leaving medicine for some other business. One invests in real estate, another in stock, another in patent rights, another in fruit-growing, another in insurance, etc. Some endeavor to manage both their professional and their new business; while others leave the professional ranks entirely. This forsaking the practice of medicine has much increased since the Homœopathic life insurance companies came into existence. Now, why should physicians of ability and experience be thus induced to leave the noblest of callings? We believe chiefly for the reason that *professional toil far exceeds professional remuneration.*

The practice of medicine tends to foster "unuttered or expressed" ambition for a high professional and social position. The whole schooling of a professional life is in that direction. There is a desire to contribute valuable matter to societies and to the medical press, to be the author of a book, officer of a society, professor in a college, consulting physician; in fine, to be a medical sage. To reach this professional position naturally and rightfully requires years of study, thought, and practice; although it is sometimes sought for in less time by manœuvering—honorable or otherwise. To attain the social niche demands much outlay in appearances; as dress, horses, carriages, houses, grounds, etc. It may be reached in this country in a few months, or years at most, and then—something else. If a physician is fully imbued with the first ambition, he is wedded to the profession for life; if with the latter, he is the more easily switched from the professional groove. Professional and social position, honorably and conscientiously obtained, is a plant of slow growth.

Financially, the medical profession does not stand well. This is evinced by scanty libraries, empty treasuries of medical societies, poorly supported journals, a slim book trade, the ever ready excuse, "can't afford it," for not attending a distant medical society, and from the non-negotiability of medical bills. Money, in our day, being the criterion of success, this remark is frequently heard: "Had I devoted these years to the mercantile, or some other business, and invested therein the money I have spent professionally, I should now have been in easy circumstances." Coupled with this is usually the following significant observation: "I *make* plenty of money, but can not collect over two-thirds, and can not depend on more than one-half I charge. I can not see how Dr. B. gets on so; I am continually hampered." Dr. B. explains his financial success thus: "In the first place I make it a rule not to attend a poor family of whom I have no prospect of pay. All transient patients I make pay before I leave the house, or as soon as the visit is made, or I send around my collector, whom

I pay ten per cent. as soon as I dismiss the case. I do not under-charge any one, and I always send in my bills promptly once a month, or every three months at farthest. By this plan I get about all I make. I used to send in my bills as I wanted the money, or as I thought I could get the cash. Then I did not get half I made. Working for nothing was very discouraging."

The majority of our profession "book" enough to repay them for all study, toil, anxiety, night visits, and visits in all weathers; but between ledger and cash accounts, there is usually a discouraging discrepancy. There are poor people who can not pay, and who should not expect to pay, excepting, perhaps, a very small fee; but there are many others who do not expect to pay, for a time at least. They look upon the physician as a philanthropic individual, whose bills can be deferred as long as possible, or longer. The profession are very much to blame for this feeling among the people. It is a manifest injustice to all. Certain physicians in a community have a disrelish for financial matters. These should not injure professional finance by their indifference, but should employ a proper person who will see to their interests, and to the rights of the fraternity. Among our patients we meet few thorough business people, but they should be led by us to comprehend the duty of paying the careworn physician fully and promptly.

The secret of financial success lies in promptly demanding payment. A bill promptly presented is usually promptly paid. For the first few times some people may object, but their better judgment will approve rather than disapprove of the plan. Many can just as well pay at one time as another. Others can only pay annually or semi-annually. In the latter cases certain physicians present their bills and take an interest-bearing note. No true business person will object to such an arrangement.

If this plan was faithfully adhered to, and the charges what they should be, equal to both professional and manual toll, we believe the physician would stand higher; our societies would flourish; the medical press would have a living support; and annual publications would find their way to every physician's library. His office would be his wealth, in books, medicines, apparatus, instruments, specimens, etc. He would be able to go where he chose, and get every thing he wanted to make him an adept in all branches of his profession. He would be apt to be a more skillful prescriber, a greater student—familiar with all the sciences—and divorces from the profession would rarely occur.

A TIME FOR PRACTICAL OBSERVATIONS.—The sickly summer season is upon us. The symptoms usually present, the remedies principally indicated, and especially valuable, the hygenic, and dietetic restrictions imposed, and how these differ from those of previous summers, should be matters for close observation, and thorough elucidation. Certain physicians, from their experience, are able to predict the appearance or non-appearance of the Cholera, by the remedies indicated. May we not be able, also, to predict the appearance of any other disease by the same means? Why do we now have a *Natrum. mur.* intermittent fever, and then an

Ipecac or *Ars.* one? Diatheses and idiosyncrasies, and their causes, are surely not always accountable therefor. Valuable facts in reference to these queries and also anomalous and interesting cases, should be carefully recorded for thought and publication.

SOCIETY REPORTS.

(Read before Cook County Medical Society, June 10, by J. W. STREETER, M.D., and communicated to this journal for publication.)

MR. PRESIDENT AND GENTLEMEN: I have the pleasure of submitting the following brief report of the number of prescriptions made, and the number and character of the cases treated at the "Free Dispensary" of Hahnemann Medical College, during the months of April and May, 1868. This period embraces by far the healthiest season of the year, and consequently the number of cases treated has been relatively small.

From April 1st, when I assumed charge, to May 31st, one hundred and eighty-seven (187) different persons were treated; three hundred and sixty-four (364) prescriptions were made at the dispensary, and forty (40) visits were made to "out patients."

From the nature of the case, it has been found impossible to keep as complete a record of diseases treated, and the results of such treatment, as I could wish; but, so far as I have been able to trace the history of the cases, the results have been almost uniformly satisfactory to the patient, and encouraging to the physician.

I find recorded but one instance in which relief, in some degree, was not attained. This was a case of prolapsus uteri et vesicæ, occurring in a patient nearly seventy years of age, and even in this case the general health seemed considerably improved.

During the months of April and May, I vaccinated thirty-five (35) children and treated the following diseases—given in the order of their frequency:

Bronchitis, 11 cases; prairie itch, 10; indigestion, 8; measles, 7; pneumonia, 6; influenza, 6; worms, 6; crusta lactea, 6; pleurisy, 5; conjunctivitis, 5; abscess, 5; intermittent fever, 5; rheumatism, 5; chancre, 4; constipation, 3; eczema, 3; amenorrhœa, 3; nasal catarrh, 3; secondary syphilis, 3; incipient phthisis, 3; hæmorrhoids, 3; facial neuralgia, 3; functional disease of heart, 2; prolapsus uteri, 2; et vesicæ, 1; herpes circinatus, 2; gonorrhœa, 2; otorrhœa, 2; spinal irritation, 2; bilious fever, 2; tonsillitis, 2; colic, 2; gleet, 2; onanism, 2; psoriasis, 1; chronic laryngitis, 1; hy'pt of heart 1; cystitis, 1; hæmorrhage (miscarriage), 1; hysteria, 1; menorrhagia, 1; parotitis, 1; caries of vertebra, 1; ulcer, 1; diarrhœa, 1; cramp, 1; intercostal rheumatism, 1; cankrum oris, 1; orchitis, 1.

The following ten remedies were the ones most often used:

Bryonia alb., 51; *Acon. nap.*, 46; *Rhus. tox.*, 37; *Nux. vom.*, 27; *Tart. emet.*, 23; *Mercurius*, 14; *Nitric. acid.*, 14; *Belladonna*, 12; *Ars. alb.*, 10; *Phosphorus*, 9.

I have found bronchitis quite manageable under the use of the usual remedies.

Two cases of indigestion, accompanied by distressing eructations, and one of them by erythematous eruption, were quickly cured by *Acon.* 3. These cases were both of long standing—one eighteen months, and the other several years—and has been treated by *Nux.*, *Puls.*, *Cham.*, *China*, *Ars.*, etc., without benefit. The chief indication for *Acon.* was the relief which always followed the taking of food.

The pneumonia which we see at the dispensary, is more properly the

result of pneumonia — the impervious lung. In every instance the treatment has been the persistent use of *Turt. emet.* A few doses of *Bry.* or *Phos.* were sometimes given, but *Turt. emet.* always. This remedy seems to go to work as though *it had taken the job,* and the result is always magical. One case of pneumonia was of considerable interest. It occurred in a boy thirteen or fourteen years of age, who presented himself to me with an almost constant cough, some purulent expectoration, inability to lie on the left side, some pain in right side — worse when coughing. No appetite. Upon examination I found the right side the more prominent, and having the appearance of *bulging,* though the intercostal spaces were not notably enlarged or puffed out. I got a dull, solid sound over the middle and lower lobes of the right lung. The normal, auscultatory sounds, were, of course, absent, and I was unable to make out any thing that sounded like the bronchial breathing which is usually heard over a hepatized lung. From the imperfect history of the case, it was hard to decide whether the acute attack had been pleurisy, pneumonia, or both. Favoring the first, I set it down as a case of "pleurisy with effusion," and prescribed *Bry.* and *Apis.* In a few days the patient returned. The pain and cough were, in a measure, relieved, otherwise there was no change. Drs. Ludlam, Hedges and Stout being present, the boy was again examined, when, *presto!* my effusion was changed into the consolidated lung of pneumonia. I introduced a "minority report," in favor of my own diagnosis, with considerable unction, but have been driven to the wall by the result of treatment. The boy was put upon *Turt. emet.*, 1-10, in water (with occasionally a dose of *Bry.*), and his improvement was rapid and satisfactory; his appetite became prodigious — so much so that his mother protested — he gained in flesh and strength, his cough ceased, and we could almost daily trace upon his chest the opening out of fresh air-cells. In three weeks he was discharged, as good as new. One point of interest is that though there was quite a marked lateral curvature of the spine, in the dorsal region, with the convexity towards the *left,* the *right* side was evidently the more prominent. This was one of the chief points upon which I hung my sack of water! When the boy was discharged, this prominence of the right side still existed, though the lung was doing good work.

The almost unvarying prescription for *crusta lactea,* was *Rhus. tox.*, with occasionally a dose of *Sulph.* A lather of tar soap used every second day has seemed to assist in the cure of some cases.

Three cases of conjunctivitis have some interest. The first occurred in a child after suppression of *crusta lactea,* by a skull-cap of tar, etc. The disease affected the right eye only; the lids were considerably swollen — puffed up, the discharge was profuse and purulent, but there was little pain or photophobia. *Hepar sul.* made a good cure.

The second is a case of chronic conjunctivitis (of eighteen months standing), contracted while the patient was at work at a *lime-kiln.* Since February 13th, this patient has been treated at the dispensary, and has taken about all the remedies usually given for ophthalmia, in its various forms, without apparent benefit. I tried some of these remedies the *second time* with no more favorable result. He was then put upon *Kali bich.*, 2, three powders per day, and in two weeks his eyes were quite well.

The third case followed the cure of a chancroid ulcer, and it affected the right eye alone. The discharge was but slightly purulent, the conjunctiva was of a very dark color, there was some chemosis, not a very great degree of photophobia, but the eye was intensely painful. The pain commenced about four o'clock in the morning, but diminished through the day, so that by evening the patient was quite comfortable, and could sleep well until nearly morning. When the pain again set in. *Bell., Sulph., Hepar sul., Euphrasia, Ars., etc.,* were used without benefit. He was then given *Merc. bijodat.*, 2, three powders per day. There was diminution of pain almost immediately, and he was cured by the end of the second week. Had the venereal ulcer any thing to with this case?

One obstinate case of intermittent fever (an importation from Kentucky), after resisting *Chin. sulph.*, *Ars.*, *Gels.*, *Nux. vom.*, *Nitric acid*, yielded gracefully to the first dose of *Natrum*, 30.

Of the four cases of venereal ulcer which were seen, all where of the chancroid variety, and all were treated simply as local diseases. A saturated solution of *Carbolic acid* was used once or twice, then the ulcers were dressed with water or a calendula lotion. No remedies were given. Are there any which, in an uncomplicated case would be of use? I find the ulcer slow to heal after it has lost its specific nature.

Two cases of *eczema impetiginodes* are of a very obstinate nature. I have been able to control the most distressing symptoms by the use of *Crotan tig.*, 3, but have not been able to accomplish any thing like a cure. The same is true of a case of *Psoriasis inveterata*. I should like very much to hear the experience of the members present, in the treatment of these diseases.

In a case of secondary syphilis, in which at least one-tenth of the patient's body was covered by flat, unhealthy ulcers, which exhaled such a fetid odor that it was impossible to remain near him. I are making an excellent cure by the use of *Nit. acid.* and *Hepar sul.*

DISCUSSION.

DR. LUDLAM.—In the case of pneumonia, referred to in the report, the malformation accounted for the increased size of the right side.

DR. O. H. MANN.—In the case of chronic conjunctivitis, what attenuations were used?

DR. J. W. STREETER.—The third attenuations of each remedy.

DR. MANN.—I think it is as important to state the attenuation used, as it is the remedy.

THE CHAIR.—One difficulty in dispensary practice is to make out the diagnosis. In many cases you can not learn the previous history of the case. Again you know nothing of the previous treatment of many cases. Another thing, the remedies you prescribe may find any other destination. If you order fresh air, they will be just as apt to go out at the wrong time as at the right. Then you are apt to lose sight of the case just when it is most interesting. In a hospital practice you are able to control every circumstance. The former is more like private practice, while the latter is too artificial, and, to the physician, is of less practical value.

DR. DUNCAN.—What previous treatment had this case of secondary syphilis?

DR. STREETER.—I do not know.

DR. HEDGES.—What condition were his genitals in?

DR. STREETER.—Had a large inguinal ulcer, which discharged very offensive pus. Could not sleep.

DR. MANN.—How long had he had the disease?

DR. STREETER.—He was an ignorant man, and I could not find out. Said he had discharged at first.

DR. MANN.—How often do you give *Nitric acid* and *Hepar sulph.*

DR. STREETER.—For two weeks he was upon *Nitric acid* alone, then he was put upon *Hepar*, three powders a day.

Should like to hear something on the treatment of eczema. (?)

DR. E. M. P. LUDLAM.—Had a case come into my hands to-day. The head, neck, axillæ, down to the legs and genital organs, were covered with the disease. It began on the head and spread downwards.

DR. MANN.—What is the appearance of the surface?

DR. E. M. P. LUDLAM.—There were first vesicles, then these became pustules, which finally became scabs—the present condition of the body. In the armpits there were no vesicles. The surface is red, smooth, thickened, and the glands are swollen. She can not use the arms, nor bring them to her side.

DR. R. LUDLAM.—Is the menstrual function deranged?

DR. E. M. P. LUDLAM.—It is regular. I have not used *Iris* internally, but have used it locally. Dr. Barker, you will remember, at the State Society, recommended *Sulph. mag.*, 2, and *Borax* locally, to exclude the air. *Benzoated oxide of zinc* has been recommended. In this case an oiled silk cap was used. Washing such cases I do not think good. You all remember the case of eczema, presented to this society by Dr. Ballard. It recovered on *Rhus.*, 30, and 200. That is the remedy this patient is taking.

DR. HEDGES.—Is the disease worse on the head?

DR. E. M. P. LUDLAM.—It is now worse in the axilla.

DR. HEDGES.—Does the surface crack and bleed?

DR. E. M. P. LUDLAM.—It does not bleed.

DR. HEDGES.—In the Half-Orphan Asylum there is a case of eczema. Three weeks ago a small cluster of vesicles appeared on the left cheek; these spread in all directions, leaving the surface raw. Prescribed *Rhus*, 3, one dose. Improvement went on for a week. The fifth day I left one dose each day. After that it appeared on the right cheek, but finally disappeared.

DR. R. LUDLAM.—Did you look upon this as an aggravation of *Rhus*?

DR. HEDGES.—I thought so.

DR. R. LUDLAM.—Did you give the subsequent doses in a low potency?

DR. HEDGES.—They were the 6 to 12.

DR. MANN.—Have you given any medicine since?

DR. HEDGES.—None.

DR. LUDLAM.—What is the experience of the members with *Iris* in this disease? I have not used it for several years.

DR. DUNCAN.—Dr. Belding, at the State Society, stated that he prescribed *Iris* internally as well as *externally*, with success, in cases of eczema. I have no individual experience to relate in the use of the remedy.

LOCAL REPORTS OF DISEASE.

YEAR by year the experienced physician becomes a closer observer of the influence of weather upon diseases, and consequently upon remedies. If the observations of the fraternity could be collected, arranged and presented with the proper deductions, we believe that the facts would convince us that the influences of climate upon diseases—independent, endemic and epidemic—are too slightly comprehended. How much weather has often to do with recovery, it would be well for us to understand and recognise.

The spring months have been cold and wet, thereby deferring our warm and hot weather until late. It has now set in with sultry vigor, prostrating physical energy. As far as our observation goes, people seem to be more depressed now than they should be a month hence, and if this hot weather continues, we argue a large amount of diarrhoea, dysentery, and typhoid fever; in fact a very sickly season.

We hope the attention of the profession will be directed to this subject, and that their observations will be subsequently recorded.

WEATHER UPON SICKNESS.—Dr. Ballard, in his Report on the Health of Islington, for 1867, gives these nine aphorisms on the influence of the weather upon sickness. "1. That an influence of atmospheric temperature is normally associated with an increase of general sickness. 2. That a decrease of atmospheric temperature is normally associated with a diminution of general sickness. 3. That, for the most part, the increase or decrease of sickness, is proportionally in amount to the extent to which the atmospheric temperature rises or falls. 4. That it is an error to suppose (as is popularly held) that sudden changes in temperature are (as a rule) damaging to public health. A sudden change from cold to hot weather is, indeed, very dama-

ging; but a sudden change from hot to cold is one of the most favorable circumstances that can occur when sickness is regarded broadly as respects a large population. 5. That, remarkably enough, these influences are most marked in the directions I have mentioned, in the colder seasons of the year, and more certain in the winter than in the summer. 6. That rises and falls of temperature are more certain and effectual in their special operation upon public health, when at the same time the daily range of temperature is lessened, than they are when the daily range is at the same time increased; rises of temperature increases sickness more certainly and markedly, and falls of temperature decrease it more certainly and markedly. 7. That falls of rain lessens sickness generally, sometimes immediately, after a short interval, and that, as a rule, the deduction of general sickness is greater, when the fall of rain is heavy, than when it is light. 8. That drought, on the other hand, tends to augment general sickness. 9. That wet weather in the summer season operates more certainly in improving public health than it does in the winter season.—*Medical Times and Gazette.*

CLIMATE OF MICHIGAN AND KANSAS, compared.—Though this climate (Michigan) has many unpleasant qualities, it is certain that its atmospheric influences are very much less debilitating than the otherwise more favored climate of Kansas.—*Leavenworth Medical Herald.*

CLIMATE OF COLORADO.—My observation during a five year practice in Denver, has led me to conclude that most of the diseases of the respiratory system, are more difficult to relieve, than in any other climate in any part of the States. There may be other causes operating in Colorado besides the altitude—extreme degrees of the atmosphere, and sudden changes of temperature—but so it is, of more than twenty cases of incipient consumption, none have been benefited, and a large majority have died here, on their way East, or shortly after their arrival home; and my conclusions are that heart and lung diseases are cases which should never be sent to the mountain regions for the purpose of seeking relief.—*Dr. Buckingham, in Leavenworth Medical Herald.*

Will some of our Denver physicians give us the results of their observations?

CLIMATE OF SANTA FE.—Santa Fe is situated at the base of the Rocky Mountains, in fact is almost surrounded by them. Its altitude is 6,846 feet above the sea level; the higher peaks of the range give us a view of eternal snow; it is watered by a torrent call Rio Chequito (little river). The climate is colder than Chicago in summer, warmer in winter, with very few sudden changes. A constant succession of bright, cloudless days tends greatly to exhilarate the spirits, giving vigor to both mind and body. No heavy winds prevail. Of many friends who have lived here since 1851, now in the States, I have never met one does not look back upon his residence here with pleasure. For pulmonary diseases this climate is wonderfully beneficial. I can call to mind many persons who had almost given up all hope of life in the States, who entirely recovered by a few years' residence here. Drs. W. B. Sloan, E. H. Abadie, and many other eminent army surgeons who have been stationed here, will fully corroborate this statement.

The great change in the appearance of the country from that of the States—mountains piled upon mountains; strangely-formed rocky passes; torrents dashing wildly down the rocks; the language, manners, and ancient customs of the people, would richly recompense any one for a visit to New Mexico. No pen can describe the scenery or climate; it must be seen and felt to be appreciated.

YELLOW FEVER.—After disappearing from our southern cities, this disease gradually passed south of the equator, where it prevailed very severe-

ly. It is now diminishing. June 1st, we learned yellow fever had greatly diminished at Lima, and entirely disappeared at Callao. The total deaths by the disease number 10,000. Fever, however, was still increasing at Chinchas and Islay. The English and French Vice Consuls, at Islay, were among the victims.

LATER.—Advices from Lima, Peru, are to June 22. The yellow fever was decreasing, and business becoming decidedly brisk.

The news from Chili is to June 10. The yellow fever has broken out, and severe shocks of earthquake have been felt in Ecuador.

It will thus be seen that this disease again is slowly coming northward.

CHOLERA.—This epidemic disease passed south last fall, with the North-west winds, to the tropics, preceding the yellow fever. It also passed south of the equator, and prevailed very severely among the troops of the allied forces against Paraguay. 40,000 Brazilian soldiers are said to have died from Cholera. Occasionally we hear of its ravages in various parts of South America. Whether it will follow yellow fever North remains to be seen. Cases are reported at Havana, Cuba. The disease is also said to be diminishing in violence and extent there.

MAINE, FARMINGTON, June 30.—This has been a healthy month—no prevailing disease among us.

O. W. T.

INDIANAPOLIS, July 8.—The decrease of intermittent fever, in this locality, is remarkable, when compared with former years. Cases which present themselves, yield mostly to *Natrum. mur.*, *Puls.*, *Eupato. purp.* and *Nux. com.* Chronic cases to *Natrum. mur.*, *Lachesis* and *Cubeba*.

During the past three months we have had a number of epidemics, as scar-tina (measles), mumps, chickenpox, but all of them were, with a very few exceptions, of so mild a character, that medical aid was hardly sought for. At present we have a good deal of summer complaint and dysentery; the brain seemed to become very quickly involved. *Merc. sol.*, *Bry.*, and *Tart. emet.*, are the remedies most required.

Dr. O. P. Baer, of Richmond, Ind., writes me that he had there an epidemic of measles of the severest form he ever saw; but he did not mention the remedies he used.

W. EGGERT.

CHICAGO.—We are just now (July 18) having a very hot time. Not for many years have we experienced so continuous hot weather. From July 1st the thermometer has been but a few times below 90°. Some days it went as high as 102° in the shade. The effect upon the health of the people has been very perceptible. Chronic cases have felt the heat severely, and as a result are much worse.

There have been more cases of *coup de soleil* than ever was known in this latitude. We believe it is not so much from the great heat as from the great prostration noticed above. The principal remedies indicated have been *Acon.* or *Bell.*, after the use of some diffusive stimulant, as *Ammonia*, has been applied. There is much about the disease or condition that is not well understood. Seeing there are so many cases occurring all over the country, will not some of our physicians give an essay on the subject?

A large number of cases of cholera morbus, diarrhœa, dysentery, biliary derangements, and cholera infantum, have occurred. The number of cases of the latter disease is fearfully increased. The form is very severe. The remedies chiefly indicated are *Cham.*, *Bry.*, *Ars.*, *Merc.*, and *Hepar*.

DETROIT, Mich., July 14.—Our Supreme Court has decided the University case adverse to the Regents, holding that the establishing of a school of homœopathy elsewhere than in Ann Arbor is not in compliance with the law, which requires the chair of homœopathy to be established in the Medical Department. This puts the controversy between the parties all at sea again. The Regents will probably rescind their action, and leave the present school untouched, and not accept the aid from the State.

THE
MEDICAL INVESTIGATOR.

VOL. V.—SEPTEMBER, 1868—No. 60.

TYPHOID FEVER.

READERS OF MEDICAL INVESTIGATOR:—I am not oblivious to the fact, that many entertain much doubt, and some serious discussions have been held in regard to the possibility, and propriety, of abbreviating the above named fever.

Living in a malarious district, where for fifteen years I have had opportunity to treat it, and trace its origin (which is almost universally malarial), I can neither doubt the duty, nor the ability of any well-read homœopathic physician, to greatly limit its duration, to his credit and the patient's benefit. True, there may be cases where it would be imprudent to do otherwise than guide it safely on its way until the *morbi causa* has been neutralized by slow medication, or destroyed by combustion in, or eliminated from the system. Three of such cases have occurred in my practice, and now I can not doubt but that "my policy," was the best for my patients. All three occurred after attacks of other diseases, which had prostrated the patient, leaving the vital powers void of their wonted recuperative energies.

Two were delicate girls of about fifteen, the other a child, and the duration was from fifteen to twenty days. Possibly it would be safe to say that one case in fifty (not more), would require a siege of two or three weeks. I treated seven cases in one family (a part of them very small ones), in one autumn, with success, and not one of them required attention more than eight days. This occurred in an ignorant family, on the bank of a stagnant marsh, in the country, poorly fed and cared for; yet I found a

ready response in their systems to the action of my medicines. This seemed a little surprising to me, from the fact, that the same cause still existed to favor its reproduction, but did not.

Our divisions seem to be evidently rational, and meet the endorsement of my allopathic friends, and by them considered preferable to their own. We have the typhoid cerebrials, pulmonalis, abdominalis, and the bilious typhoid; at least in this locality I meet the latter variety. In the first, there is an unmistakable demand for *Aconite* and *Belladonna*, and possibly *Opium*. The first two I have given in alternation, for twenty-four or thirty-six hours, at one or two hour intervals, until the congestion has been controlled, with *Opium*, if needed, to avoid coma or convulsions; then *Bryonia* and *Rhus tox.* seem to act satisfactorily and efficiently.

For the second variety, *Aconite* and *Belladonna*, followed by *Bryonia*, and possibly *Arsenicum*, have on many occasions caused patients, in consideration of their perfect health, to rejoice over their misfortune. Occasionally *Lachesis* has been needed in this form, where there was pleuritic, lancinating, or neuralgic pains through the chest, with occasional faintness.

The third and fourth varieties of the above named fever, have been treated with the same remedies at first, until the violence of the fever pain, or distress, has to a great extent been relieved, then my effort has been to get up action of the bowels. This I have most generally accomplished by *Nux vomica*, sometimes aided by *Bryonia*, *Merc. viv.*, and a few times have called to my aid *Arsenicum* (1st). If the patient has been a good eater, let them move twenty times a day, for two or three days, all the better, provided the congestion of the spleen and liver has been overcome by your *Aconite* and *Belladonna* before. Then *Arsenicum* and *Rhus tox.*, at two or three hours intervals, for one or two days, and you have little left to do, except, as the old tinkers say, "tone up the system."

In a nervous subject, the application of warm water sponging has a most salutary effect, but if not very nervous, but more feverish, cold water is much more agreeable and beneficial.

It is of the greatest importance that the patient have a good nurse, to take charge of and regulate the diet for a few days, as also to insist on out-door exercise, if the weather admits.

I have not attempted to detail symptoms as they are developed in the different forms, but, will suggest that the English physicians

call our typhoid, *typhus*. I have as yet seen in my field of duty but three cases of true typhus. In large cities, where we have a greater aggregation of human beings, and consequently more noxious animal exhalations, there we will find—as also in jails, camps, hospitals and ships—a greater tendency to typhus. But in rural or malarial districts, typhoid finds a more congenial home. In a monograph, which I hope to have the pleasure of laying before my professional friends, I shall endeavor to point out the difference, and cause, of the two fevers.

Some may suggest that it is very easy to theorize and map out a course of treatment for this or that disease, but never having had the misfortune to lose a patient from any form of typhoid fever, although I have been frequently summoned at almost the eleventh hour, and had my efforts crowned with unexpected success, I feel that the above synoptical notes may be an assurance to others that they can do as well, or better.

FORT WAYNE, Ind., January, 1868.

G. W. B.

CLINICAL EXPERIENCE IN STERILITY.*

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

EVERY physician in extensive practice, especially in large cities, has had more or less experience in sterility. It is frequently mentioned in Holy Writ, and was considered as a misfortune, and even disgrace, by the ancients, especially the Lacedæmonians, who, although strict and chaste in their intercourse with the different sexes, permitted peculiar licences to correct this misfortune, and such licences as are at variance with our present obligations to keep the ten commandments, and observe the moral law. Where is the physician who has not seen irreparable misery and unhappiness, in married life, the causes of which are traceable to the fact, that the parties have never been blessed with offspring. An eminent physician, writing upon dysmenorrhœa as a cause of sterility, says, “that a shattered nervous system is a tribute exacted of every childless female in the married state.” “To increase and multiply,” is one of nature’s laws not to be broken, and in the married state, whenever any

* This article was intended for the chapter on Sterility in the 2d edition of “Treatise on Abortion,” by Dr. Hale, but was crowded out.

hindrance exists so that this law can not be carried out, life then becomes a burden—unhappiness, misery, disappointment and despondency, are natural consequences. This is not an over-drawn picture; the experience of every-day life confirms it, and surely if such is the fact, this abnormal condition needs our closest attention. The causes of barrenness are various, and they have been well classified by the author of this work. I shall not have occasion to mention or recapitulate all the possible causes, but merely notice such as are the most common, and especially those that I have met with most frequently in practice.

Dysmenorrhœa and its complications is one of the most frequent causes; also, diseases of the ovaries, fissure and prolapsus of the rectum, immoderate sexual intercourse, anteflexions and retroflexions of the womb, an abnormal cervix (called by Dr. Sims "convoid cervix"), and vaginismus. It is sometimes impossible to discover the real cause, but in my own experience I have, in the majority of cases of sterility, been able to trace the cause to one of the above mentioned.

If time would permit, I could relate examples of unfruitfulness from nearly all of the above causes, which have been successfully treated by removing the cause. In making this statement, I wish to add, that sterility caused by ovarian disease, is the most difficult to cure.

Physicians have frequently noticed obstructive dysmenorrhœa as an accompaniment, but diseases of the anus and rectum are not particularly noticed by any author that I have consulted, except Baker Brown, of London. Dr. Thomas, in his recent work upon diseases of females, in the chapter upon Sterility, in enumerating its causes, does not even mention diseases of the rectum; and even Graily Hewitt, in the last edition of his elaborate work, merely remarks that "diseases of the rectum have been known to be associated with sterility." As such complications have been overlooked, I will here relate a case in point. Several years since, I treated a young woman who had been married over three years without issue, and who suffered from what her former physician supposed to be piles, but which proved to be prolapsus of the rectum. This ailment caused her a great deal of suffering, especially sympathetic affections of the bladder and womb. She had suffered several years from dysmenorrhœa, and an examination with the speculum showed the

womb to be congested and enlarged, with its lower portion very much retroflexed.

The patient menstruated irregularly, but, in lieu of her menses, would have a profuse hæmorrhage from the rectum; at times, however, the catamenia would appear, and then, to use her own language, her "sufferings would be intense, and the hæmorrhage from the rectum did not cease at such times, but would be almost as profuse as when affected with amenorrhœa." This patient informs me that she would never have consented to undergo any treatment, except that she was very anxious to have offspring. After examining the case, I directed my attention more particularly to the prolapsus of the rectum. At times this was so painful as to require to be replaced. In the treatment of this case (which lasted off and on for two years), I prescribed rest and quiet, as far as practicable, and gave such remedies as *Ignatia*, *Nux vom.*, *Merc. sol.*, *Hamamelis*, *Collinsonia*, *Sepia*, *Bell.*, *Sulphur*, *Ferrum chlor.*, and *Aconitum*. The patient's symptoms changed a good deal during the treatment, and during the two years that I attended her, she passed five months at a water-cure, which also proved very beneficial, and certainly seemed to have some influence in regulating the catamenia, as they returned upon her, and the prolapsus of the rectum did not annoy her. During the last six months of my treatment of this case, I inserted one of Meigs's smaller sized ring-pessaries, which was intended to rectify the retroflexion of the cervix uteri. Soon after the insertion of the pessary, the hæmorrhage from the rectum became less, and finally ceased altogether. At the expiration of two years after treatment, conception followed, and the lady was delivered, in 1866, prematurely, of a child, which, although very delicate, is now alive and healthy, and the woman at the present time is again pregnant.

LAGER BEER AND HEART SYMPTOMS.

EDITOR INVESTIGATOR:—About the 1st of December, 1867, a gentleman consulted me for relief from the following annoying affection or symptom. The case was as follows:

Some four months before he began to be troubled with the sensation, when he came to lie down at night, as though his

“heart stopped.” This was so severe as to prevent sleep. It lasted usually for about two hours, when he went off to sleep. At other times he could not sleep all night long. Often he was compelled to get up, the sensation was so painful.

When the trouble first commenced, it was felt only at night, and when he lay down. Subsequently it came on after tea, or about 6 P. M. He never felt it during the day. His appetite was good and bowels regular. He should consider himself in perfect health were it not for this sensation, as though his “heart stopped.” He said he never had any pain in the cardiac region—never any palpitation. Did not know what indigestion meant from personal experience, and never was troubled with dyspepsia.

I examined him carefully, and questioned him closely, that I might ascertain the cause, if possible. He was rather fleshy, and it was difficult to find the apex of the heart. For the same reason it was not easy to determine the outlines of the heart. Still, by the utmost care in auscultation and percussion, I could not find any disease, either structural or functional, to account for the sensation. When he was suffering most acutely, there was an intermitting of the pulse at every 5th, 9th, 13th, 17th and 21st beat. Sometimes there was no intermitting of the pulse even when he was suffering from the feeling as though the heart “stopped.”

His respirations were 17 per minute, and pulse 76. He drank coffee and tea, and sometimes beer and brandies. But he had stopped both tea and coffee to see if either or both of them might be the cause; but he was not relieved. He had tried many physicians, but with no good result. He had tried what he called the “starvation cure,” with like result. He was always worse when he had eaten fat meat, otherwise no change of diet affected him for better or worse. He was in good spirits all day, but towards evening became fearful and low spirited. He thought he must have “the heart disease.”

I was led by the intermitting in his pulse to prescribe *China*, 3rd. He came back the following day no better. I questioned him more closely and found that just before this sensation began, he had been troubled with nausea and vomiting, every morning after breakfast. At times now he was troubled by slight nausea, when one of these attacks came on. Indeed he often felt slight nausea to be the precursor of one of these attacks.

I gave him some pellets of *Ipecac*, 3rd. He came back “entirely

cured," as he said. He wanted more of "that medicine." This did control the attacks for about two weeks, and he never felt the sensation during that time but what one dose of *Ipecac* would relieve him. I considered him as permanently cured, when behold he came back suffering as badly as before, and *Ipecac* would do him no good. Nothing in fact that I tried had any effect upon him.

I found that he was accustomed to drink about three glasses of lager beer every day, and often more than three. He never thought the lager could be the cause of his trouble. However, as I knew of nothing that would relieve him, I prescribed *no lager beer*. Finally he agreed to drink no more lager, and see if he was better. And he *was* better. He has had no return of that troublesome sensation of the heart up to this time, except once when he drank a few glasses of lager.

The case is a strange one, and may be interesting and of value to some brother practitioner.

S. P. HEDGES, M. D.

915 N. Clark Street, Chicago.

MAINE MEDICAL SOCIETY.

This society held its second annual meeting in Bangor, May 20th. There was a good attendance of members present from the various parts of the State. The meeting was called to order by the President, Dr. E. Clark, of Portland, and opened with prayer by Rev. Mr. Fay.

Dr. Bell presented the names of Dr. D. C. Perkins, of Clinton, Dr. I. S. Hall, of Hallowell, and Dr. G. H. Morrill, as candidates for membership.

After due examination and approval by the censors, these gentlemen were elected.

Dr. Gallupe, of Bangor, reported some interesting clinical cases, which report was followed by some discussion.

Dr. Jeffers introduced a patient afflicted with an aneurism under the left clavicle.

Dr. F. W. Payne, of Bath, reported interesting cases from practice.

Dr. Blaisdell, of Bangor, reported a very important case of puerperal convulsions and attached placenta.

Dr. Bell, of Augusta, made a verbal report on the use of the calcined-plaster dressing, in the treatment of fractures.

Drs. W. F. Payne, of Bath, and G. H. Morrill, of Augusta, were chosen delegates to the American Institute of Homœopathy.

During some informal discussion on scientific subjects, Dr. E. Clark related some severe cases of membranous croup, cured by *Sang.*, 3rd.

AFTERNOON SESSION.

The Committee on *Materia Medica*, consisting of Drs. Boynton, of Skowhegan, Savage, of Wiscasset, and F. W. Payne, of Bath, was continued.

Dr. Burr, of Portland, Chairman of the Committee on Clinical Medicine, read a report concerning the proper mode of observing and treating the sick, department of the physician, etc., and described the treatment and cure of a case of Asthenopia.

The society then adjourned to the City Hall to hear the annual address of the President. Though of a scientific character, the public were invited to be present, and a very appreciative audience was gathered. The address consisted chiefly of an exhaustive and able analysis of "Temperament, as affecting Prognosis and Treatment." The society then returned to the Council Rooms.

On motion of Dr. Williams, it was voted that all members of the society preserve records of all cases treated, and report the results to the Chairman of the Committee on Clinical Medicine.

Drs. Bell, Burr and Williams, were appointed to prepare a blank form for the above purpose.

Dr. Bell, Chairman of the Committee on Surgery, read a report consisting of surgical cases, and embracing many major and minor operations, performed with success. A section of the lower jaw, removed for sarcoma, was shown. He dwelt much also on an improved method of producing union in wounds by first intention.

The President appointed the following committees for the ensuing year:

Clinical Medicine—Drs. W. E. Payne, W. L. Thompson, N. G. H. Pulsifer.

Surgery—Drs. D. P. Flanders, C. H. Burr, and F. W. Payne.

Obstetrics—Drs. G. P. Jefferds, M. Dodge, J. M. Blaisdell.

The following are the officers for the ensuing year:

President—Dr. C. H. Burr, Portland.

Vice Presidents—Drs. E. B. Eaton, Bucksport, and R. R. Williams, North Vassalboro'.

Recording Secretary—C. A. Cochran, Winthrop.

Corresponding Secretary—Dr. J. M. Blaisdell, Bangor.

Treasurer—Dr. F. W. Payne, Bath.

Censors—Drs. Gallupe, Hinks, Savage, Graves and G. P. Thompson.

Delegates to Mass. Hom. Med. Society—Drs. W. L. Thompson and Blaisdell,

On motion of Dr. Burr, a vote of thanks was passed to the Committee of Arrangements, and the physicians of Bangor, for their thoughtful kindness and genial hospitality, and on motion of Dr. Bell, a vote of thanks to the City Council for the use of their room.

Voted that the next annual meeting be held at Bath the fourth Tuesday in May, 1869, at 3 P. M.

The society was pleasantly entertained in the evening at the house of Dr. Blaisdell.

J. H. BELL.

CENTRAL (N. Y.) MEDICAL SOCIETY.

THE Central Homœopathic Medical Society met June 18th, at the Syracuse House, in Syracuse, Dr. Wm. Henry Hoyt in the chair.

The Secretary's report was then read as follows :

The average membership of the Society for the year has been 40, composed of Homœopathic physicians from the counties of Broome, Cayuga, Chenango, Cortland, Madison, Monroe, Oneida, Onondaga, Ontario, Oswego and Wayne.

There have been four sessions of the society during the year, at which have been read about thirty papers on medical subjects, of which twenty have been published in the Homœopathic journals, viz : The U. S. Medical and Surgical Journal, THE MEDICAL INVESTIGATOR, and Hahnemannian Monthly. Communications from our society are solicited by all the Homœopathic journals.

There have been also twenty-five cases reported verbally with their homœopathic treatment. In addition, there have been several subjects for discussion which have taken up a large share of the time of the society.

One medicine has been proven by about twenty members, and

the symptoms produced are singularly uniform. Only three reports have been handed to the Secretary.

The society has mourned the loss of two active members during the year, Dr. E. A. Potter, of Oswego, our President, and Dr. H. C. Hubbard, of Scott. Appropriate obituary notice has been taken on each of the above deceased members.

C. W. BOYCE, M.D., *Secretary.*

Several clinical reports were read, and also the pathogenesis of several new remedies. A lengthy discussion followed upon the treatment of Female Diseases. Delegates were present from Cayuga, Cortland, Tompkins, Monroe, Oswego, Oneida, and Onondaga counties.

The following officers were elected for the ensuing year :

Dr. Wm. Henry Hoyt, President ; Dr. T. Dwight Stow, Vice President ; Dr. C. W. Boyce, Secretary and Treasurer.

This is the third year of the society, and the attendance and interest increases with each year.

AMERICAN INSTITUTE OF HOMŒOPATHIC PHARMACY.

A MEETING of Homœopathic Pharmaceutists was held in Philadelphia, June 24th, 1868, in accordance with circular.*

There were present: Wm. Radde, of New York ; John T. S. Smith, of John T. S. Smith & Sons, New York ; F. E. Bœricke, M.D., of Philadelphia ; G. W. Smith, of Smith & Worthington, Cincinnati ; A. J. Tafel, of Philadelphia ; Henry M. Smith, M.D., of John T. S. Smith & Sons, New York ; M. Seavey, of Portland, Me. ; John J. Boone, of Baltimore.

The meeting was called to order by Dr. Bœricke, who explained its object, and

On motion, John T. S. Smith was elected Chairman, and Dr. F. E. Bœricke, Secretary.

On motion, Chairman appointed W. Radde, H. M. Smith and A. J. Tafel, Committee on Organization.

The Secretary read communications from the following gentlemen, who expressed themselves in favor of a pharmaceutical organization: J. G. Backofen & Son, Pittsburgh, Pa. ; J. J. Boone, Baltimore, Md. ; Otis Clapp, Boston ; C. S. Halsey,

* See No. 54, page 183.

Chicago, Ill.; E. A. Lodge, M.D., Detroit, Mich.; H. C. G. Luyties, St. Louis, Mo.; J. W. Munson, St. Louis, Mo.; N. C. Peabody, Boston; G. M. von Schlieben, Chicago, Ill.; M. Seavey, Portland, Me.; John T. S. Smith & Sons, New York; M. A. Smith & Co., Brooklyn, N. Y.; Smith & Worthington, Cincinnati, O.; W. Sommer, New York; S. Whitney, Boston.

Dr. W. Williamson, Chairman of the Committee on Nomenclature of the American Institute of Homœopathy, was invited to a seat in the Convention. Dr. Williamson spoke of the benefits that would arise to the physicians, pharmacutists and the cause of Homœopathy, from the co-operations of all connected with our school, and congratulated the members of the convention on their proposed organization. The committee which he represented would be glad to confer with, assist and receive suggestions from this body.

Dr. H. M. Smith, on behalf of the Committee on Organization, reported the following draft of Constitution and By-Laws, which was received, discussed, and adopted:

PREAMBLE.

We, the subscribers, Homœopathic physicians and pharmacutists, desirous of advancing Homœopathic pharmacy, do hereby form an association for that purpose, and for our guidance adopt the following Constitution and By-Laws:

CONSTITUTION.

ART. I. This association shall be styled the American Institute of Homœopathic Pharmacy.

ART. II. The Institute shall be composed of the pharmacutists present at the meeting of organization, and of such others as may be hereafter duly chosen in conformity with its by-laws.

ART. III. The officers of the Institute shall be a President, Secretary and a Treasurer, to be chosen at such time, in such a manner, and for such a period, as may be designated in the by-laws.

ART. IV. The Institute shall have and use one common seal with a suitable device and inscription.

ART. V. This Constitution may be altered or amended by a vote of two-thirds of the members present at an annual meeting, provided that notice of such alteration or amendment shall have been given in writing, at a previous annual meeting of the Institute.

BY-LAWS.

ART. 1. The Institute shall hold at least one session in each year, at such time and place as may be determined upon from time to time. Five members shall constitute a quorum.

ART. II. The officers shall be elected at each annual meeting by ballot, and shall remain in office until their successors are chosen.

ART. III. The President shall preside at the meetings of the Institute, appoint committees not otherwise ordered, and perform such other duties as pertain to his office.

ART. IV. The Secretary shall keep a record of the proceedings of the meetings, which shall at all times be open to the inspection of members, give notice of meetings, conduct the correspondence, unless otherwise provided for, and perform such other duties as pertain to his office, may, from time to time, by vote of the faculty, devolve upon him.

ART. V. The Treasurer shall collect all money belonging to the Institute, keeping an account of the same, make disbursements when ordered by the Executive Board, and report annually, in writing, the condition of the treasury.

ART. VI. The President, Secretary and Treasurer shall constitute an Executive Board, who shall receive and examine applications of candidates for membership, and report to the Institute for election at any meeting such as may be found properly qualified.

ART. VII. Any Homœopathic pharmacist who prepares and sells Homœopathic remedies, and who presents a written recommendation, signed by three members of this Institute, to the Executive Board, may be elected a member of this Institute, provided he does not prepare or sell secret or patent remedies.

ART. VIII. No one shall be considered a member until he shall have subscribed to the constitution and by-laws, and paid an initiation fee of \$25.

ART. IX. Each member shall pay annually in advance the sum of \$5. Any member who shall be in arrears one year, after being notified of his indebtedness, shall thereby forfeit his membership.

ART. X. These by-laws may be altered or amended by a two-third vote of the members present at annual meeting.

Adjourned to meet on Thursday, the 25th inst., at 9.30 A.M.

Thursday the Institute met at 6.30 A.M., Mr. J. T. S. Smith in the chair.

On motion the Institute elected officers for the ensuing year with the following result:

President—William Radde, New York.

Secretary—Henry M. Smith, M. D., New York.

Treasurer—F. E. Bœricke, M. D., Philadelphia.

Mr. Radde, on taking the chair, made a few appropriate remarks, thanking the members for their courtesy in electing him President, and expressing the hope that the Institute now organ-

ized would be a means of spreading Homœopathy, and promoting fraternal feelings between all the pharmacutists.

Mr. J. T. S. Smith exhibited a French measure, which he had used as a standard for tube-vials, and likewise for globules, etc., and for his own use he had adopted the French millimetre as being smaller and more convenient than the fraction of the English inch. He suggested that globules measuring one millimetre in diameter could be called "No. 1;" if a globule measured two millimetres, it could be called "No. 2," and so on, the number designating the diameter in millimetres.

Mr. G. W. Smith suggested that instead of one globule being measured, ten should be the standard, and the number of millimetres they measured should be the number by which they would be designated.

Mr. Smith thought the suggestion a good one, as thereby intermediate sizes could be measured; as between 20 and 30 we would have 25, instead of $2\frac{1}{2}$ between 2 and 3.

On motion of Mr. G. W. Smith, the French millimetre was adopted as the standard of measurement.

On motion of Mr. J. T. S. Smith it was

Resolved, That in designating the size of *Globules*, the measurement of ten diameters in millimetres shall be the number by which they are called.

Mr. J. T. S. Smith spoke of designating the size of vials by their exact measurement; as for example a vial about the capacity of a drachm would measure about sixteen millimetres in diameter, and forty millimetres in length, this he called 16 40, always giving the diameter first. There could be no mistake in this method, as No. 935 would be understood as nine millimetres in diameter and 35 in length, and not 93 in diameter and 5 in length, therefore

On motion of Mr. J. T. S. Smith it was

Resolved, That in designating the size of vials, the diameter in millimetres shall precede the length in millimetres, and be read as one number.

On motion of Drs. H. M. Smith and Bœricke, a committee, consisting of five members, was appointed on pharmacopœia.

On motion of Mr. J. T. S. Smith and Dr. Bœricke, the committee was empowered to add to its number, and directed to report at the next meeting.

J. T. S. Smith, H. M. Smith, F. E. Bœricke, A. J. Tafel and G. W. Smith were appointed the committee on Pharmacopœia.

Dr. H. M. Smith offered the following preamble and resolutions, which,

On motion of Mr. G. W. Smith, were unanimously adopted.

WHEREAS, several Homœopathic pharmacutists, being unable to attend this meeting, have responded to the circular of invitation, signifying their approval of the movement, therefore be it

Resolved, That the following pharmacutists, from whom communications have been read, and who have expressed a desire to be members of the Institute, shall be considered such on subscribing to the constitution and by-laws, on or before August 1st, 1868, and paying the annual dues.

Resolved, That the Secretary be directed to communicate with these gentlemen as early as convenient.

Names of Pharmacutists: J. G. Backofen and — Backofen, of J. G. Backofen and Son; Otis Clapp; C. S. Halsey; E. A. Lodge; H. C. G. Luyties; J. W. Munson; N. C. Peabody; G. M. von Schlieben; F. P. Smith, of J. T. S. Smith and Sons; M. A. Smith and — Smith, of M. A. Smith & Co.; S. Whitney; — Worthington, of Smith & Worthington.

On motion of Messrs. G. W. Smith and H. M. Smith, it was

Resolved, That in designating the attenuations, the Hahnemanian or centesimal scale shall be understood, unless otherwise specified.

On motion of Messrs. G. W. Smith and Bœricke it was

Resolved, That the next annual meeting of the Institute be held in Cincinnati, on the last Wednesday in June, 1869.

The minutes were read and approved.

On motion of Dr. Bœricke the Institute adjourned to meet at the call of the Executive Board.

HENRY M. SMITH, *Secretary.*

MINNESOTA HOMŒOPATHIC INSTITUTE.

THE second annual meeting of the Minnesota State Homœopathic Institute was held, according to adjournment, at Minneapolis, June 2d, 1868. C. D. Williams, M.D., President, in the chair. Prayer by T. N. Berlin, M.D.

The following persons were elected honorary members:

Horatio Robinson, M.D., Auburn, N. Y.; Horatio Robinson, Jr., M.D., Auburn, N. Y.; J. H. Pulte, M.D., Cincinnati, Ohio; Gihard Saal, M.D., Cincinnati, Ohio; William Sturm, M.D., Cincinnati, Ohio; John F. Gray, M.D., New York; E.

E. Marcy, M.D., New York; Edwin A. Lodge, M.D., Detroit, Mich.; William Eggert, M.D., Indianapolis, Ind.

Diplomas were granted to C. C. Righter, Russell Whiteman, and Carl Weigmann.

The following were elected officers for the ensuing year :

President—Edson Cooley, M.D., Faribault.

Vice Presidents—W. H. Leonard, M.D., Minneapolis; J. T. Alley, M.D., St. Paul.

Corresponding Secretary—T. R. Huntington, M.D., Minneapolis.

Secretary and Treasurer—E. A. Boyd, M.D., New Canada.

Censors—P. L. Hatch, T. R. Huntington, and C. D. Williams.

COMMITTEES.

Materia Medica—Drs. Edson Cooley and W. H. Leonard.

Clinical Medicine—Drs. T. R. Huntington and Z. P. Nichols.

Epidemics—Drs. P. L. Hatch and T. N. Berlin.

Executive—Drs. E. A. Boyd and H. Wedelstædt.

Publishing—Drs. C. D. Williams and E. A. Boyd.

The annual address was delivered by Dr. C. D. Williams, of St. Paul.

The report of the chairman on provings, clinical cases and on Boletus, by Dr. Edson Cooley, was received and ordered published with the proceedings of the Institute.

The following resolutions on the death of Bro. Wm. Caine, M.D., member of the Institute, were reported and adopted :

WHEREAS, Since our last annual meeting death has visited us and removed from our ranks an esteemed brother and co-laborer, Wm. Caine, M.D., of the city of St. Paul, therefore

Resolved, That by the death of our friend we have lost a valuable member of our association, and an earnest and successful advocate of Homœopathy.

Resolved, That we deeply sympathize with the family of the deceased in this, to them, irreparable loss.

It was voted that the next annual meeting be held in the city of St. Paul, on the second Tuesday of June, 1869, at 2 P.M., and hold over the next day.

It was voted that the proceedings of this meeting be sent to THE MEDICAL INVESTIGATOR, Chicago; Ohio Medical and Surgical Reporter, Cleveland, and Homœopathic Observer, Detroit, for publication. Adjourned.

EDWARD A. BOYD, M.D., *Secretary*.

WESTERN INSTITUTE OF HOMŒOPATHY.

THE fifth annual session of this society was held in Milwaukee, May 21st and 22d, 1867. The meeting was called to order at 10 A. M., by the President, Dr. R. Ludlam. Prayer was then offered by Rev. Mr. Pease, of that city.

The Secretary, Dr. Helmuth, being absent, Dr. Pratt, of Wheaton, Illinois, was elected Secretary, *pro tem.*, and Dr. Duncan, Assistant Secretary.

The attendance was large. Representatives were present from all the Western States.

On motion, a committee of three was appointed, consisting of Drs. Franklin, Beebe and Douglas, to engage a reporter, and report immediately. The committee reported that they had engaged one for \$30. Adopted.

On motion, a committee—Drs. Perrine, Boyd and Ober—was appointed to report on the hours for the sessions. The committee reported 8.30 A. M., 2 P. M., and 7.30 P. M. Adopted.

The Board of Censors reported favorably on the following applicants for membership, and they were elected :

C. T. Harris, M.D., Ann Arbor, Mich.; A. R. Smart, M.D., Hudson, Mich.; Alvin Bagley, M.D., Marshall, Mich.; E. Burdick, M.D., Walworth, Wis.; D. T. Brown, M.D., Milwaukee, Wis.; A. R. Bartlett, M.D., Aurora, Ill.; M. F. Page, M.D., Appleton, Wis.; W. S. Moffatt, M.D., Wheaton, Ill.; L. F. Lake, M.D., Milwaukee, Wis.; C. A. Leuthstrom, M.D., Milwaukee, Wis.; W. J. Calvert, M.D., Ann Arbor, Mich.; Henry N. Small, Chicago, Ill.; Alvin E. Small, Chicago, Ill.; John E. James, Philadelphia, Pa.; E. D. Kanouse, Sun Prairie, Wis.; H. S. Benson, Lomira, Wis.; N. A. Fray, Milwaukee, Wis.; A. W. Gray, Milwaukee, Wis.

An address of welcome* was then delivered by Dr. Douglas, of Milwaukee, in which he extended the Institute a hearty welcome to the Cream City. He remarked: "We now have ten practitioners in this city, a city society, and a flourishing State society, which received a liberal act of incorporation by our legislature at its last session." Dr. R. Ludlam, President of the society, responded at length in an earnest manner.

* The addresses—we would that we had room for them—will appear in full in the transactions.

After the credentials of delegates from the various western medical organizations had been received, Dr. Beebe reported an interesting case of removal of the superior maxillary bone.

On motion, all the papers as soon as read were to be referred to the publishing committee, and the discussions deferred until all had been presented.

Dr. Boyd reported on mechanical supports in prolapsus uteri. Referred.

Dr. Perrine presented a report on prolapsus uteri, which was referred. Both of these gentlemen advocated the judicious use of pessaries, the stem variety having their preference.

Dr. Franklin read an elaborate paper on Tumors of the Lower Jaw, pathologically considered. The article treated of exostosis, hyperostosis, osteo-cystoma, osteo-sarcoma, hematoid, medullary sarcoma, and scirrhus. This paper was also referred.

A report was read by the Secretary on fistula in ano, sent the society by Dr. T. P. Wilson, who was unable to be present. Referred.

Dr. Bellows, of Boston, was invited to a seat. Adjourned.

AFTEERNOON SESSION.

The President in the chair.

Dr. Beebe reported a case of occlusion of the vagina, following childbirth, successfully operated in May, 1865.

A communication from Dr. E. Jones, of Oconomowoc, Wis., was read. A lengthy address "To my Allopathic Brethren" accompanied it, and it was referred.

Dr. Patchen, of Fond du Lac, Wis., presented an interesting clinical case for examination by the society.

Dr. Small presented a lengthy report on Medical Education. He insisted that "no one should be allowed to enter any physician's office as a student, who can not furnish satisfactory evidence that he sustains a good moral character and a reputation for being truthful and persevering in his undertakings. He should make it appear that he has received a thorough English education, embracing a knowledge of grammar, arithmetic, penmanship, natural philosophy and chemistry, and be able to read and write the English or American language correctly." He maintained that before graduation, the student should present certificates stating that he had mastered medicine and surgery, and their collateral branches. He closed with a proposition to appoint a

committee on medical education, to report at this meeting on the ideas suggested.

Drs. Ober, Douglas, Chittenden, Bartlett, and Pearce were appointed.

Dr. Chittenden read a report on *Trichinæ Spiralis*. Referred.

Dr. Franklin asked if the license of the New York Medical Society should be recognized by the Board of Censors, as a qualification for membership.

Dr. Small said it was so considered by the American Institute of Homœopathy.

Dr. R. Ludlam reported on the recent improvements in Obstetrics. He exhibited a large number of new instruments. Referred.

Dr. S. B. Parsons read a lengthy report on the Anatomy of the Foot, presenting a pathological specimen. Referred.

Dr. Douglas presented an interesting and rare case of lesion of the nerve-centres. Dr. Boyd related a similar case. Dr. Hempel also presented a case somewhat similar, and an obscure case of cough, due to the presence of a small portion of peanut shell. Drs. Douglas, Small, Pratt and Patchen related similar cases to the last. A full and interesting discussion followed.

The articles of Drs. Bowen, on Malaria, and Duncan, on Nephritis were referred.

EVENING SESSION.

The President in the chair.

Dr. Hale read a lengthy address on *Materia Medica*.

A very interesting and able discussion followed, participated in by Drs. Dake, Franklin, Hempel, Patchen and Douglas. Pending this discussion the society adjourned to the Kirby House to discuss a sumptuous banquet.

SECOND DAY — MORNING SESSION.

Assembled at 8.30 A.M. President in the chair.

Drs. Pearce, Franklin and Barker were appointed a nominating committee.

Dr. Parsons was appointed to solicit scientific committees.

On motion, the speeches were limited to ten minutes, and no person to speak more than once, except by permission.

Drs. Franklin, Beebe and Pratt were appointed to report on the best plan of publishing the proceeding.

The discussion on *Materia Medica* was resumed, participated in by Drs. Boyd, Small, Patchen, Franklin, Dake, Ober and Barker.

The case of patulous foramen ovale, presented by Dr. Patchen, then came up for discussion. Much light was thrown upon the case by the remarks of Drs. Beebe, Craig, Coe, Barker, Patchen, Franklin, Duncan and Parsons. A patulous foramen ovale in a boy seventeen years of age, occurring spontaneously, was looked upon as a rarity.

Dr. Bellows was, on motion, permitted to present a paper on "The Human Body; its Wants and Resources."

Dr. Lodge requested to make a personal explanation in reference to a series of resolutions passed by the Illinois Medical Association, censuring certain parties at Detroit for selling out the interest of Homœopathy in the Michigan University, for a "pocket school" elsewhere. The resolutions lauded Dr. Thayer for his steadfastness in the demand of our rights at Ann Arbor. Dr. Lodge spoke at great length, reading extracts from his *Observer* proving that he had always been for the rights of Homœopathy in the University.

Dr. Beebe replied and proved from Dr. Lodge's own writings and speech, that the charges were true. He then presented the same resolutions as were adopted by the Illinois Medical Association.

Dr. Lodge again replied to the resolutions.

On motion, the whole affair was laid on the table.

The following officers were then elected:

President—J. P. Dake, M.D., Salem, Ohio.

First Vice President—J. T. Boyd, M.D., Indianapolis, Ind.

Second Vice President—P. Worley, M.D., Davenport, Iowa.

Treasurer—G. W. Perrine, M.D., Milwaukee, Wis.

Corresponding Secretary—E. A. Lodge, M.D., Detroit, Mich.

Recording Secretary—T. C. Duncan, M.D., Chicago, Ill.

Censors—Drs. T. J. Patchen, Fond du Lac, Wis.; G. D. Beebe, Chicago; W. C. Barker, Waukegan, Ill.; A. R. Smart, Hudson, Mich., and S. B. Parsons, St. Louis, Mo.

Dr. Franklin, from the Committee on Publication, reported that the papers and full discussions thereon be published, abridging the latter when necessary. Also to publish last year's proceedings, and an abstract of the debates. Accepted.

The committee was continued as Publishing Committee.

On motion, the members were assessed two dollars each.

Dr. Parsons presented the following committees, who will report next year:

Dr. D. H. Beckwith, Longevity—Its Physical Signs; Dr. Craig, General Pathology; Dr. Smart, Diphtheria; Dr. Hempel, Co-relation of Pathogenesis and Pathology; Dr. Harris, Medical Electricity; Dr. Chittenden, Trichiniasis; Dr. Page, Malignant Erysipelas; Dr. Perrine, Fractures; Dr. Kendrick, Diphtheria; Dr. Douglas, Popularizing Homœopathy; Dr. N. A. Gray, Chronic Diarrhœa; Dr. Leland, Asthma; Dr. Boyd, Granular Conjunctivitis; Dr. Franklin, Operative Surgery; Dr. Parsons, Anatomy; Dr. Beebe, Surgery; Dr. Small, Tuberculosis; Dr. Bartlett, Ante-Natal Influences; Dr. Pratt, Clinical Practice, and Dr. Duncan, Bright's Disease.

Dr. Hempel moved that if these several committees did not report, they should be fined \$25 each. Adopted.

The committee on Medical Education reported the following:

Resolved, That no one shall be allowed to enter any physician's office as a medical student who can not furnish satisfactory testimonials that they sustain a good moral character, have received a thorough English education, and that any preliminary education inferior to this shall be regarded an absolute impediment to their admission as students; and

Resolved, That the students shall pledge themselves not to practice as independent practitioners till they have received a diploma from a chartered Medical College in active operation. Also,

Resolved, That it should be compulsory on the Faculty of every Medical College to demand the same testimonials, in addition to the preceptor's certificate, before they allow any candidate to become a matriculant.

The report was accepted and the committee continued.

After the usual vote of thanks, the Institute adjourned to meet in Ann Arbor, Mich., on the Thursday following the third Tuesday in May, 1869.

The members dispersed in the best possible mood, feeling that in a scientific point of view the meeting had been a decided success.

**WOMEN'S AND CHILDREN'S CLINIC IN HAHNEMANN
MEDICAL COLLEGE, CHICAGO.**

BY PROF. LUDLAM.

1. *Cholera Infantum*.—Having called attention to the more commonly recognized symptoms of this affection, I will speak of of a serious complication thereof, which is too frequently overlooked. As in other forms of cholera, to which this is in many respects allied, so in cholera infantum, the urinary function is almost always implicated. Sometimes you will discover that a total or partial suppression of urine is the first symptom noted by the anxious parent. This may occur before there is any sign of gastro-intestinal disorder. The child grows rapidly pale and weak, loses its appetite and interest in surrounding objects, is listless and indifferent, or perhaps morbidly irritable and sensitive. Its skin is covered at times with a profuse perspiration which evaporates so rapidly as to leave the surface, and especially of the extremities, cool and clammy. After a day or more, the vomiting and purging commence, the doctor is sent for, and the diagnosis is not difficult. But, even in such cases, the significance of this renal complication is seldom taken into account. Such attacks are always serious. Like those in which there are obscure lesions of the brain, upon which the bowel affection is secondary, they are grave from the first, and very apt to result disastrously to the little patient. The retention of the urinary elements in the blood serves to poison it. The nervous centres being especially susceptible to the action of this post-organic poison, suffer in the outset, and may never recover from the shock. Not unfrequently the attack is rapidly fatal. The patient may die in a very few hours after the vomiting and diarrhœa have set in, and before it would have been possible for the alvine discharges alone to have carried him off.

At other times, the suppression of urine will take place after the intestinal symptoms are fully developed. The vomiting and purging have been copious and long-continued, the strength is exhausted, the little patient is very ill, and then this symptom is superadded. One, two or three days, or even a week may elapse with scanty flow, or with a total stoppage thereof. The same train of nervous contingencies is lighted. Unless you can restore the flow of urine, the danger is increased fourfold. Not unfre-

quently the bowel and renal symptoms will alternate, but however decidedly the former are relieved in a given case, your prognosis must be guarded, while their remains any disposition to the latter. No case of cholera infantum is entirely out of danger while the urine is scanty, or liable to suppression for any considerable time.

There are cases of this disease in which every trace of the intestinal disorder, excepting, perhaps, a more or less intense thirst, colic, and an impaired appetite, has passed away. Proper inquiry discloses the urinary derangement of which I have spoken. This obscure sequel may continue for days or even for weeks. The child has been declared cured, but he is not well. It will be an exceptional case if he does not have a relapse. And when he comes down again, one of four things will happen: either he will have *another attack of summer complaint, or dysentery, meningitis, or the hydrocephaloid affection.*

I might enlarge upon this subject, and draw a parallel between the symptoms of uræmic poisoning and those of cholera infantum with urinary suppression. Some years ago I took the pains to do this, and set forth the result in a lecture, to which you are referred.* My desire at present is to urge the necessity of care on your part lest this insidious complication be overlooked.

There is a source of fallacy to which I must refer. It doubtless happens that in many cases the bladder and the bowels are emptied at the same time. Hence it is possible that the nurse or mother may be mistaken when she informs you that the little one has passed no urine for a long while. If but a small quantity came away with each stool, and the stools were frequent, it might suffice, and, in the aggregate, amount to as much as natural for the child in health. Some allowance should also be made for the copious loss of fluids by the intestinal and cutaneous surfaces, which would necessarily diminish that eliminated by the kidneys, and render the urine more or less scanty.

Perhaps one-third of the cases of cholera infantum are secondary upon some cerebral affection, as large a proportion upon functional disease of the kidneys, and the remainder upon some intestinal lesion. The first two are extremely apt to be complicated, and are by far the more dangerous. A moment's reflection would therefore suggest that there is great risk in the

* See MEDICAL INVESTIGATOR for August 1st, 1864. *Uremia a concomitant of Cholera Infantum.*

employment of opiates and astringents in this disease. Nor would our better understanding of its special pathology warrant a resort to diuretics to compel the flow of urine. Our resources are more delicate and less harmful, and it will be a blessed day for the lower classes of society in our large cities, when they become as familiar with their good effects as the more wealthy, intelligent and influential are already. For it is a great error to suppose that the children of the poor are so hardened by exposure and neglect as to be exempt from the more dangerous diseases. Thousands of them die annually from anti-hygienic influences, and other thousands from excessive medication.

This more intimate, analytical knowledge of the disease before us, will enable us to treat it more skillfully and successfully. For it will not contravene the choice and operation of the appropriate remedy to be able to recognize the thread upon which the symptoms are strung. By this means we may know which of the symptoms are legitimate and which are accidental.

In these cases of cholera infantum with renal complication, you will find that *Apis mel.*, *Hyos.*, *Merc. viv.*, *Bell.*, *Acon.*, and *Sulph.* are frequently indicated. If either of these or any other remedy is called for by the remaining symptoms, that indication is doubly strengthened when it is also appropriate to the urinary difficulty. In such cases, indeed, you must look for leading, characteristic, key-note indications in the renal and not in the digestive disorder.

REVIEWS AND NOTICES OF BOOKS.

CHOLERA IN THE ORIENT, AND ITS SUCCESSFUL TREATMENT AND PROPHYLAXIS, IN THE EPIDEMIC OF 1865. By DR. CRICCA, Smyrna, *Knight of the Imperial Order of Medjidiee*, etc. Translated by John Davies, M.D., Chicago. C. S. Halsey.

Pamphlets on cholera we have to the number of about a score, but they have all been written far away from the *local* of this fearful epidemic.

One of the objects of writing this work was to assist the *savans* assembled in international conference at Constantinople, to solve this important problem: "What are the prophylactics to be successfully employed in preserving humanity from the blows of this

terrible scourge?" He writes also to show the value of the Homœopathic medication over the Allopathic and "expectant" treatment.

Many interesting observations are enumerated, which will prove valuable to the profession. He observed that there was a marked diminution of animal life, such as winged insects and birds. During two days of the severe epidemic, rain occurred; upon those two days no deaths happened. The prevailing winds were from the south-west. The skies were clear. The barometer indicated a depression, ascending and descending according to the increase or decrease of mortality. With the thermometer it was just the opposite. Very few cases occurred which were not brought on by some exposure to the currents of air, to the dews of evening, or from having eaten fruits, etc. The tobacco merchants suffered exceedingly. The use of immoderate quantities of opium was followed by loss of the patients by cholera, or they subsequently succumbed to typhus fever.

He distributed his prophylaxis to about three thousand people. These were *Veratrum alb.* and *Cuprum*.

Dr. C. treated two hundred and forty-eight cases; ninety-six cases (twenty-five females, fifty-five males, and sixteen children) were fully-developed cases of cholera. He lost eight by death. When we read the details we are not surprised at the result. The percentage of Allopathic losses he gives as from sixty to seventy.

This little work by this Oriental physician is one that will be perused with deep interest, especially by those who have treated Asiatic cholera.

BEAITHWAITE'S RETROSPECT. Part LVII. July. W. A. Townsend & Adams, New York. 1868.

THE HALF-YEARLY ABSTRACT OF THE MEDICAL SCIENCES. Vol. XLVII. January-July. H. C. Lea, Philadelphia, Pa. 1868.

These two valuable semi-annual productions are, as usual, well filled with valuable matter. It is difficult to make a choice between them.

THE MONTHLY MEDICAL REPRINT. J. Hillyer, New York.

This (double column, royal octavo, sixty-four page monthly) reproduction of current British literature, is well worth five dollars a year.

EDITORIAL.

PÆDIATRIA.

WHEN half of our practice is among children, and the success of Homœopathy with this same influential class of society is conceded and commended every where, it is wrong that our journals and societies and colleges give so little consideration to the diseases peculiar to them, and their treatment.

It is rare to find an article, essay, report or discussion upon this subject in any medical periodical. Now and then a clinical article creeps in, but in general there is no "Young Folks' Column," as in non-medical magazines. Their physical needs are slighted by us, while their mental cravings are indulged by others. We read West, or Condie, or Churchill, or Hartmann, and, perhaps one in a thousand, Rilliet, or Barthez, or Bouchut, and then rely on individual experience as a criterion and counselor ever after. Our journals bristle with the bayonets of those fighting the old polemical warfare perpetually; but seldom is a page occupied with the special pathology and treatment of the diseases peculiar to infancy and childhood. All of which is manifestly wrong, and we call upon the profession to aid us in remedying this glaring defect of medical journalism.

Our societies, too, ignore the subject. Out of forty papers presented, and as many discussions held upon any one of them, we shall find that not more than one or two concern this class of patients. As a consequence, many of our physicians entertain the most antiquated ideas upon this subject. Not having conversed with any one, nor read any thing new, they are just where they were years ago, or, perhaps, at the date of their graduation. The professional needs of these little folks are so effectually "tabooed," that their special therapeutics are adrift, and our success is relative and traditional. All of which is deserving of a prompt and effectual remedy. The Cook County Medical Society, we are pleased to note, has taken the initiative. Will others follow?

And we have a rod for the colleges also. It is a sin of omission that many a course of lectures is concluded, and many a graduate sent out to practice, without a word of instruction or a ray of light upon this important subject. In some of the colleges this branch is omitted altogether in their published curriculum. In others, the lectures thereupon, when given, are delayed until the students have either deserted the benches and gone home, or are half dead with "cramming" for final examination, and can not, therefore, listen to their profit. Better omit a thousand irrelevant matters, and give the young doctors more detailed information upon this very necessary subject. Our St. Louis college has a separate lecturer on this

branch. Our college in this city opens its next session Oct. 1st, with a preliminary *course* on Diseases of Infancy and Childhood, etc. To each of our colleges we would say, "Go thou, and do likewise."

A RETROSPECT.

ANOTHER twelve months and another twelve numbers have brought us to the close of another journalistic year. Again we take a retrospective glance to mark the rapid steps of Progress, and to see what has been accomplished.

The various branches of the medical profession are practically not so far separated as they were a year ago. Were it not for a few interested professors and journalists, and also a few belligerent individuals, the outlines of difference would not be so sharply defined. The allopaths boldly assert that they are *true* eclectics. The populace know no difference between them. The progressive and independent "regulars" are rapidly approaching us from the popular—small dose—side. They use our remedies, but are still without a pole-star—they are governed by no law.

Similia has made great advances during one short year. The accessions to our ranks must number about five hundred, while our patronage is already enormous.

In our ranks is a strong movement to a higher plane. The college cry, "higher medical standing," has had its effect upon the whole profession. The year has been a very studious one. As a result, mark the practical and scientific worth of papers presented in all of our societies. Even the medical press bears evidence of greater thought and study, and records more valuable experience. Professionally, we certainly stand higher.

Practical questions now engage professional attention. The "potency" question has been referred to "a committee of the whole." Drug characteristics to match disease characteristics certainly simplifies the art of selecting *the* remedy, and has given a fresh impetus to the study of the *Mat. Medica*. "Provings" have rather been neglected, while "verifying symptoms"—reformation—has engaged attention. The collateral branches are all receiving from our profession the attention they merit. Pathology is *admitted* to be "the servant of Homœopathy!" The time is at hand when we will have adepts in all branches of medicine. The past year augurs well for the future scientific standing of our profession.

Our colleges have taken a higher position. They promise graduates well qualified for "life-long students." These institutions, although they will compare favorably with any other, are not what they will be years hence.

Our literature has had valuable additions during the past twelve months. Raue's *Pathology*, Neidhard's *Diphtheria*, Hughes' *Pharmacodynamics*, and Jahr's *Venereal Diseases* are all valuable works. The additions contributed by our societies are productions of the greatest value. Our current literature is certainly above the average. It contains ideas from the most practical, scientific and progressive minds in our ranks.

Our societies—the bulwarks of our strength—have greatly increased in numbers and efficiency. The contact of mind with mind is having a

marked influence upon the whole profession. We are in an age of scientific doubt and investigation.

Of the worth of Volume V. of the *MEDICAL INVESTIGATOR*, our readers and the general index will attest. We think it an improvement on its predecessors. The profession have so freely contributed valuable practical articles that the introduction of "selected matter" has been difficult. In our special department our motto has been to present the most ideas in the least space possible. Have we succeeded? Valuable as this volume is, we think it can be improved upon. We thank contributors for their indulgence. The articles refused were chiefly too voluminous. Their "length and breadth" exceeded their *solid* contents. Many MSS. have had to await their appropriate season to receive the attention they merited. Others still abide their "turn" and "time."

THE PROSPECT.—We are inclined to briefly outline the future volume. The publisher yields to the pressure, and gives us ninety-six more pages. The reviews will be transferred to the editorial department, giving twenty-four pages in each number to the "Contributor's Department." If each writer remembers to be *brief*, what a mass of matter may be crowded into those pages. In the "Editorial Department" may be found, in addition to full and fair reviews—(1.) the "Periscope." This, as heretofore, will consist of gleanings from all our exchanges, including the gist of the original communications to our *Hom. contemporaries*. (2.) "Local Reports of Disease," from our readers in all parts of the country. (3.) "Queries and Answers." Full and free answers will be given to all the medical questions that may be sent us. Discussions which may arise, and we hope they may, will be transferred to the "Contributor's Department." (4.) "Answers to Correspondents" will include answers in reference to localities, societies, books, colleges, etc.—personal questions of general interest. (5.) "Editorials," in addition to the usual ones on current topics, will appear on the various medical societies, and on the different branches of medical science. These, as far as possible, will be written by earnest members of the professions in these various bodies, departments, etc., and will reflect the views of the whole fraternity. Last, but not least, will be (6.) "The Critic's Corner." Criticisms will appear on diagnosis, pathology, physiology, treatment, surgery, etc.; also on all ideas presented in societies, books, colleges, journals, our own not excluded; in fact, on every thing that can be *fairly* criticised.

We hope to learn much from a free ventilation of ideas. The whole, we think, will make a forty page journal of interest, power and value. We ask the help of all. If you can not write articles or record cases, you can ask questions or criticize.

SOCIETY REPORTS.

COOK COUNTY MEDICAL SOCIETY.

PREVAILING DISEASES—*Cholera Infantum.*—Experience was called for with this disease this season.

DR. MILLER.—There are a great many deaths reported from this disease. I have had but few fatal cases, and heard of but few. Can it be that the allopaths are losing all of these cases? But I have a severe case that I wish to get some "light" upon. The discharges are greenish, attended with pain and tenesmus. The child is restless, seems sinking rapidly, and cold. My remedies, *Ars.* and *Verat.*, do not seem to take hold of the case.

DR. BEEBE.—For that train of symptoms, *Croton Oil* suggests itself to my mind.

DR. MILLER.—In what attenuation would you give it?

DR. BEEBE.—I think about the sixth. Dissolve the oil in alcohol. You will be able to dissolve enough to make the first. Then run it up in the usual way. In some cases, where the buccal cavity is very dry, I have come down to the third.

DR. WILBUR.—I was called to a case at 8 A. M. The child had been taken with vomiting in the night. Sent for again at 3 P. M., and the child was in a collapse and soon died. It had no more diarrhoea or vomiting after it took one dose of my medicine—*Merc. Sol.* The patient resembled one in cholera collapse. This is the first case I lost this year.

DR. DODGE.—Had a case to-day. Had there been cholera in the city, would have called it cholera. There was great thirst, vomiting, rice-water discharges, and cramps.

THE CHAIR.—Was there any bile in the vomited matter, or stools?

DR. DODGE.—There was none. The subject was a boy twelve years of age.

DR. MILLER.—In cases where there is great thirst—will drink a whole glass of water at a draught—*Ar.* is the remedy.

DR. HOLBROOK.—In one respect this season many cases simulate cholera—that is, by the great prostration.

DR. COOKE.—Have had cases look like cholera, and might to be called such. During every summer I have one or more cases much like cholera. Sporadic cases they might be called. Was called to a patient who two years ago had the cholera and thought he had it again. Told him he could not have it if he tried. He recovered.

DR. COLE.—Had case with great prostration; skin looked dark and shrivelled like a washerwoman, and there was a loss of voice. Cured with *Verat.*, but did not call it cholera.

A lengthy and desultory discussion followed on the difference between sporadic and Asiatic cholera, during which it was prophesied we would not see another epidemic for five years. Dr. Miller thought ten or fifteen, making an interval of eighteen years.

DR. R. LUDLAM.—Detailed a case much like a case of sporadic cholera, which was accompanied by hiccough, and terminated in an attack of of rubcola; the hiccough was controlled by *Moschus*. His attention was called to this remedy twenty years ago, by Dr. Wood, of Philadelphia.

DR. COOKE.—Have used *Moschus* with good success for obstinate hiccough. Hiccough is looked upon as an unfavorable symptom when it sets in a severe disease. My experience has proved that it may also be a favorable sign.

CONSTIPATION DURING THE "HEATED TERM."

DR. DUNCAN inquired if the members had treated many cases of obstinate constipation, during and following the "heated term."

DR. R. LUDLAM.—Has prescribed for more cases of scybalous stools during the last month than ever before in so short a period.

DR. COOKE.—Had a case of obstinate constipation in a patient with psoas abscess.

DR. MILLER.—How long may a patient go without stool without danger? Dr. Beck said a patient could go six weeks.

DR. COLE.—I had a case of typhoid fever that went forty-five days without a stool, but I kept the bowels moist with injections of sweetened water and beef tea. The patient took but little food.

DR. STREETER.—Had a case at dispensary. Girl, aged 9, looked well, but would go nine or ten days without a stool, then have colic, and for two days have a good many scybalous stools. The bowels would become greatly distended. I ordered small injections and prescribed *Nux* and *Bry*. In two weeks the bowels moved regularly.

DR. HEDGES.—Had a case in a lady. Would go from nine to ten days, without a stool; then be sick; have fits of crying; not sleep well, and have pain in the head. Gave one dose *Bry.*, 30, and the case recovered.

DR. BEEBE.—In cases of scybalous stools, *Plumbum* has acted well in my hands.

DR. C. C. SMITH.—For that kind of a constipation I have found *Alumina*, 80th or 200th, the best remedy.

DR. COOKE.—I use *Alumina* in obstinate constipation of young children, going by the indication or condition.

DR. HOLBROOK.—Had one severe case of constipation with impacted feces. The best remedy I found was a *Spoon-handle*!

DR. WILBUR.—Had many cases in children during the past four weeks. The best remedy I found was *Merc. dul.*, low.

DR. COLTON.—*Bell.* and *Hell. nig.*, are most frequently indicated in very nervous subjects.

DR. BEEBE.—The "Hahnemannian baptism" is said to be a preventive for constipation in children. That is, to put upon the tongue of the child, soon after birth, one dose of *Sulph.* 80 or 200. In some cases of constipation I have given drop doses of *Laudanum*. I have given this after every thing else has failed, especially with very old people.

DR. HOLBROOK.—Have you tried the attenuations of *Opium*?

DR. BEEBE.—Yes, but sometimes without result. The remedies I have chiefly used are *Alumina*, *Plumbum*, *Opium* and *Nux.* A dose of the latter remedy at night has broken up the tendency to constipation in a number of cases.

DR. COLE.—In very young children where the constipation is attended with some febrile symptoms, I have given *Sulph.* at night, and *Acon.* three or four times a day.

DR. MILLER.—In cases of this kind, the old women use a suppository of soap, taking a small piece of bar soap, and shaving it to an elongated point.

ENEMATA.

DR. HOLBROOK inquired if any of the members had seen deleterious effects from frequent injections of water?

DR. R. LUDLAM.—Have not seen harmful results. When frequently used, however, the system gets accustomed to them, as it will to almost every thing else, and then fails to respond.

DR. COOKE.—There is a belief among physicians, that if cold injections will not move the bowels, nothing else will. But I have found that warm water would sometimes move them when cold failed.

DR. LUDLAM.—I usually recommend warm water enemata as the most agreeable to the patient.

DR. BEEBE.—If I wish to render the feces soluble, I order warm water enemata; if to induce peristaltic action of the bowels, I then order cold water injections.

DR. COOKE.—I prescribed to-day for a patient both warm and cold injections. I had the objects in view referred to by Dr. Beebe. In the evening he was to take a small warm water enema, and in the morning a large one of cold water to increase the peristaltic action. I believe I shall succeed in breaking up his constipated habit.

PERISCOPE.

DORMANT GOUT AND PSORA.—The resemblance of Hahnemann's list of symptoms of dormant psora to those of dormant gout is very striking.

A MONSTER TUMOR.—The *Lancet* states that Mr. Heath, of London, removed an osteo-sarcomatous tumor of the inferior maxillary, weighing 4 lbs. 8 oz. This is the largest one of the kind on record so reported.

PERSONAL.—Dr. T. Bacmeister has removed from Toulon, Ill., to Chicago, to occupy the chair of Mat. Med., *vice* Hale, resigned.

Dr. Griggs' pamphlet on Consumption has been translated into the French.

Dr. Shipman is busy translating Grauvogl, he having obtained the authority from the author, who sent him a copy for the purpose.

THE ST. LOUIS DISPENSARY is a charitable institution recently set on foot. The medical staff are Drs. Parsons, Wadsworth, Skeels, Phelan and Tirrell. The surgical staff are Drs. Franklin and Vastine.

MUCH MILK.—New York city consumes, daily, 403,000 quarts of milk. How much chalk and water?

"CONVENTION OF ALLOPATHS."—A special dispatch to the *Chicago Tribune* states that "the convention of Allopaths adjourned, etc.," referring to an Allopathic Medical Society. When the press gives parties a name there is no use trying to reject it. There will be Homœopaths, Allopaths and Eclectics, to the end of the chapter.

A NEW HOMŒOPATHIC HOSPITAL.—The Cleveland College faculty have purchased the Humiston Institute of that city for \$35,000, and rent part of that massive building to the Cleveland General Hospital for Protestants. This will afford their students splendid hospital facilities. Our friend Dr. Wilson engineered the movement. Success to the new enterprise.

MEDICAL PROGRESS.—Medical men do not all of them see that medical science is developing mainly by *excision*, and not by *accretion*.—*Chicago Medical Journal*.

DELIRIUM TREMENS IN A NEGRO.—Dr. Staats stated before the New York Medical Society (allopathic), that he had never seen a case of delirium tremens. The editor of the *Nashville Journal of Medicine and Surgery*, Dr. Bowling, states that he has. The cases must be rare, however.

MALARIA—ITS PRIMARY EFFECTS.—Dr. J. C. Smith concludes that the primary effects of malaria is upon the nervous system, and not upon the blood. He also thinks that *Arsenic*, *Quinine* and *Opium* act first upon the same system

A CHARACTERISTIC OF LARYNGITIS is expectoration of tough, tenacious sputa, occasionally streaked with blood.

ULCERATION OF THE ŒSOPHAGUS AND LARYNGITIS CURED WITH CRANE WILLOW.—Dr. Washington details in the *Nashville Journal of Medicine and Surgery*, a case of the above affection cured by chewing the bark of the root of crane willow (*cephalanthus occidentalis*, button-brush). The principal symptoms were relieved at once, chronic dryness of the throat, hoarseness at night, frequent cough, and gastric disturbance. These symptoms had followed nine months use of *Merc.*, and had existed about twenty years. This drug should be proved. In dyspepsia, it has quite a Southern reputation.

VESICO-VAGINAL FISTULA TO CURE CHRONIC CYSTITIS.—The *Chicago Medical Journal* says that Dr. Emmett, of New York, cures painful non-curable chronic cystitis, by making a vesico-vaginal fistula, and letting the bladder rest a year! He finds it difficult always to keep the fistula open.

DROSERÀ IN SPASMODIC COUGH.—"According to Hahnemann," observes Dr. Jousset, "*Drosera* causes in the healthy subject a cough, with tickling in the larynx and vomiting of food." Dr. J. cured or relieved 101 out of 107 cases of cough of this character—51 were cases of bronchitis, and 5 or 6 of tubercular phthisis. The medicine was given from the tincture to the 200 attenuation, but the 12 dilution proved superior.—*British Journal*.

MEDICINE A LEVELER.—In medicine, more, perhaps, than in any other branch of knowledge, men, sooner or later, find their true level. There is no way by which a physician can win a permanent place among the learned of his profession, but by labor—persistent labor: the labor that takes no heed of difficulties, but to be spurred on by them to still more determined labor.—*Hammond.*

LOCAL REPORTS.

EVANSTON, ILL.—We are having quite an endemic, perhaps epidemic, of dysentery. There is a great deal of tenesmus and tormina. The discharges are mucous and but seldom bloody. The remedies indicated are *Merc. cor.*, *Col.*, *Puls.*, and *Acon.* The indication, prolaps of the bowels, for which I have found *Pod.* the remedy, has not yet been present.

August 1st.

O. H. MANN.

INDIANAPOLIS, IND.—After an unusual healthy season, we have now much sickness, especially among children. Infants particularly are great sufferers. Summer complaint, cholera infantum, dysentery and the measles are the order of the day. During the very hot season, disturbances of the digestive organs were most violent in their character. The fatality was enormous for this city—ten to fifteen a day.

In regard to treatment (I speak for myself), I can say that I have not lost a case, and I have my share of the practice. Out of ten cases of summer complaint, I gave medicine, perhaps, to one. The medicines required were *Merc. sol.*, *Ars.*, or *Pod.* The most of the cases I put on a course of diet, which acted on cases of the severest form—those with brain affection—like a charm. I have found, after many observations, that the milk, from the mother or cow, was invariably the cause of all the trouble. I dispensed almost entirely with all milk diet—except a little in the morning or at night, when the atmosphere was comparatively cool—and substituted beef, mutton or chicken tea with a little toast or rice in it. It was surprising to see the effects of such a change of food. The vomiting ceased almost at once, the brain symptoms disappeared next, and in one or two days the bowels became natural, the child “picked up,” and all danger was over. If there was great restlessness in the evening, or at night, with want of sleep, I ordered the child to be sponged off with tepid water, in which was put a little whisky. If very thirsty, I ordered a little ice in the mouth. I attribute my success to these hygienic means and not to medicine.

For dysentery, I have used with success *Merc. cor.*, *Aloes* and *Colocynthis*. All the medicines were given in the 200th (Dunham's preparation).

I have just received a letter from my learned friend, Dr. O. P. Baer, of Richmond, Ind., from which I make the following extract: “We have been having a great deal of sickness amongst little children here during the heated term. Diarrhœa and cholera infantum, as you say (referring to what I had written him), entirely from over-heated milk, either from mother or cow. I have ordered mothers to be perfectly quiet, eat cooling food and take but little exercise, save such as could be procured in a passive state, as carriage riding, railroad or boat riding, etc. *Cham.*, *Veratrum*, and, in some cases, *Ars.*,—all of the 30th dil.,—have done well. To the babe I have ordered beef and mutton tea, also meat pulp and loaf sugar, prepared as follows: Take a porter-house steak, pound it to a perfect pulp, then strain it through a wire sieve, then mix it with an equal amount of pure white sugar, and give this to the child to eat. I have yet to find a child that does not love to eat it. I give it perfectly raw, and if I boil meat for a child, I have it rare done, and that quickly. I have seen adults (dyspeptics) perfectly cured by its use. (My experience also.—W. E.) I think raw meat a very great curative agent in cases of irritable stomach.

July 31st, 1868.

W. EGGERT, M.D.

JANESVILLE, WIS.—Generally, healthy here. Some diarrhœa among children, and considerable hooping cough. The homœopathist who shall furnish a *genuine* specific for this disease should have a seat with such medical gods as Harvey and Jenner. Many are suffering more or less from the effects of our heated term—symptoms, dizziness, great lassitude, with pain of a neuralgic character, shifting about in all parts of the body. There have been but two fatal cases of sunstroke in this vicinity; both died before medical aid could reach them. A few partial cases occurred—two only fell into my hands. Both were promptly relieved by *Aconite*, 3, and *Bell.*, 3, with the use of cold water to the head, and frequent frictions of the spine with coarse towel wet in cold water. As this disease has been so common in our large cities, I hope we shall see something of value from some of our medical Solons in forthcoming numbers of our medical journals.

July 27th.

G. W. CHITTENDEN.

OWATONNA, MINN.—We are having a little of all kinds of diseases now; pneumonia, cholera morbus and infantum, some dysentery, typhoid fever, and the invariable rheumatism. An item of interest: A child, one year of age, was stunned by falling on its head at the Angola R. R. accident last year. Result, double internal strabismus. Been treating it with *Hyo.*, 30, one dose a day, and in six weeks have almost made a cure. This is my first attempt with remedies in such cases.

July 30.

J. GRANT GILCHRIST.

CLIMATE OF MINNESOTA.—The climate of this State is valuable for invalids in three particulars—1st. The air is very *dry*, compared with the seashore. 2nd. The climate is far more *equable*; and, 3d. There is a large proportion of *ozone* in the atmosphere—three very important particulars in cases of weak or diseased lungs.—*Boston Journal of Chemistry*.

Dr. Gilchrist, of Owatonna, says: "Our Minnesota climate is quite overrated. All colds run into pneumonia, and consumptives do not improve much. Perhaps I can get up something for your readers on the subject." This, we think, nearer the truth.

NEW YORK.—The scarlatina prevailing in New York is mostly the miliaria and papulosa; but, although a great many cases are all over the city, especially in the tenement wards, yet the *rate of mortality is not excessive*, at least not under homœopathic treatment. *Acon.* or *Gelsem.*, in the fast stage, and *Apis*, *Bell.* or *Rhus*, bring nearly all cases out all right, only we must not expect to cut short a disease, which takes its own time to get well.

May 12th.

S. LILIENTHAL.

CHICAGO.—The principal diseases we are having now (Aug. 7th), are cholera infantum, cholera morbus, dysentery and diarrhœa. The first is very prevalent. No change in the treatment since last month. Change of diet and change of air often work remarkable effects upon these little sufferers. A trip on the lakes to Mackinaw is always attended with good results and generally with complete recovery. There are a large number of cases of dysentery. Several of our physicians have themselves been victims. *Merc. cor.* seems the principal remedy. *Coly.* where the sharp pains are general; *Canth.* when the urinary organs are also involved; *Puls.* when from indigestible food; *Aloes*, when the lower and middle portions of the rectum (last three inches) are involved, especially when there is great tenesmus with bloody stool, and the patient is hurried out of the bed early in the morning; *Pod.* when the upper portion of the rectum is the seat of the disease. This disease seems to be contagious, propagated by the exhalations from the discharges. It is almost an epidemic in the city. Diarrhœa and cholera morbus are mild. Many cases of derangement of the biliary apparatus have been met during and following the heated term. Cases of constipation are many.

OTTAWA, ILL.—It is quite unhealthy here just now. Diseases of a bilious type, with diarrhœa, mainly prevailing.

August 6th.

C. D. FAIRBANKS.

UNIVERSITY OF MICHIGAN



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