The Western homoeopathic observer

THE WESTERN

HOMŒOPATHIC OBSERVER;

A MONTHLY JOURNAL OF

Homœopathic Medicine and Surgery.

CONDUCTED BY

WM. TODD HELMUTH, M.D.

ASSISTED

In the Department of MATERIA MEDICA, by WM. L. BREYFOGLE, of Louisville, Ky.
In the Department of SURGERY, by L. W. WILLARD, M. D., Alleghany City, Penn.
In the Department of GENERAL NEWS, by G. H. MORRILL, M. D, Saint Louis, Mo.

H. C. G. LUYTIES,
ST. LOUIS HOMŒOPATHIC PHARMACY,
NO 306 NORTH FIFTH STREET, ST. LOUIS.
1870.
Levison & Blythe, Printers, 219 Olive Street.

INDEX.

THE

Western Homœopathic Observer.

JANUARY, 1870.

Surgery.

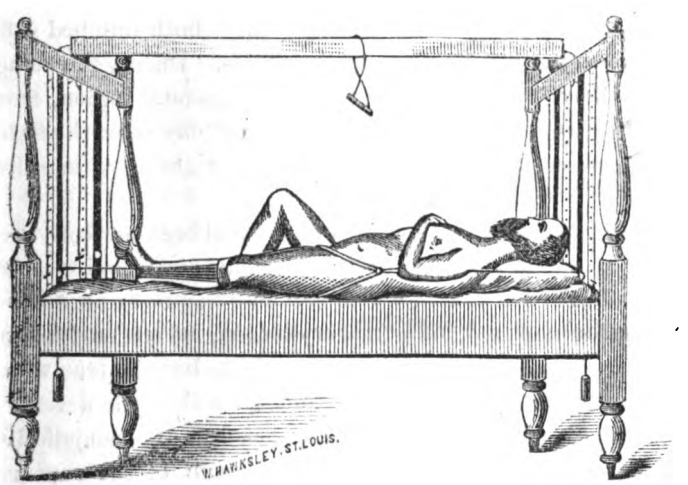
L. H. WILLARD, M. D., EDITOR.

A NEW FRACTURE BED.

Some two years ago there was reported at the American Institute of Homœopathy a paper on the treatment of fractures of the Femur by extension, and counter-extenson similar to that practiced by Swinburne. Since that time I have adhered to the same plan, and with a like result. The doing away with splints and substituting in their place,—to give comfort, and prevent lateral displacement,—bags filled with bran or any other substance of a similar nature, has proved of much value. This arrangement affords also relief to the patient not often experienced with the surgical appliances of the present day. I have treated several cases in this manner. The first, a young man whose leg was broken by the bumpers of a railroad train, recovered in six weeks· During his confinement to bed, which was in summer, he had not one uncomfortable night; neither any pain; he could sit up in bed or lie down at pleasure, and no preceptible shortening occurred. 'Tis true he had to be watched very carefully, and every morning for the first two weeks exact measurement of the limb was taken, and if the broken one did not correspond in length to the sound one when fully extended,

the extending bands were drawn, until the exact length was attained. During the following winter, another case was treated the same way. This patient was about sixty years old; had been run over with a sleigh, thereby receiving a fracture of the Femur, about its middle; he had been exposed to the cold two days after the accident, and before admission to the hospital. On entering, he had pneumonia; pulse high; tongue furred, and delirium. Extension and counter-extension were applied to keep the limb its normal length, and junk bags used to give proper support. In this condition, for the first two weeks, he was treated, when the pneumonia having, by the aid of medicine, improved; a starch bandage was applied, and, at the expiration of the seventh week, he could walk with a cane; the shortening being about one-eighth of an inch, and scarcely perceptible, unless the hips were exposed. The treatment of these cases being so successful, and so free from that trouble which we experience with the splints, and the facility for ascertaining to a certainty the exact length of the broken limb being so great, I was induced to make a fracture bed for applying extension and counter-extension, not only for broken thighs, but for fractured legs, which may be suspended as indicated. The apparatus is useful also for injuries where we fear contraction of the tendons, for excison, and for a variety of cases where the convenience afforded by this bed are manifest. The appliances needed for the patient are adhesive plaster; (that spread on good strong canvass is the best, so that when extenson is made it will neither slip nor stretch. This must be cut to reach from the head of the tibia to a short distance below the heel; in width at the upper part, two inches; each strip having two tails so as to fit accurately the leg). An intervening block of wood, the same width as the distance from the outer side of one malleolus to the other, which is placed between these strips to prevent sores or pressure upon the malleoli; these ends are fastened, and the weight attached; a perineal band, made of soft buckskin, and stuffed with wool, of such a form as to produce no ulceration. This is applied after the manner as illustrated. Junk bags filled with bran, to be placed along side of either limb, reaching from the

anterior superior spinous process of the ilium to the heel on the outer side; on the inner, from the perineum to the heel. These are all the appliances needed. From day to day, the broken leg, or femur, must be compared in length and position with the sound one. The patient may, by means of the piece which runs across the top of the bed-stead, raise himself to a sitting posture, or lie in a horizontal position. The bed-pan can be used with ease, for as long as extenson and counter-extenson is maintained properly there will be no danger of displacement. As the diagram illustrates the bed, and some of appliances, it is scarcely necessary to enter into further explanation. For the treatment of paralyzed limbs the bed is well adapted, the pulley and weights enabling the patients to exercise when they cannot stand in an erect position.



The upright pieces are made in such manner as to slide from one side to the other, in order to get the limb in a straight position without moving the body, Holes are made in these uprights so that the pulley may be elevated or depressed according to the height of the mattrass.

WILLARD.

DISLOCATION OF THE LENS OF THE RIGHT EYE FROM A BLOW ON THE LEFT SIDE OF THE HEAD.

BY DR. C. BAELZ, PITTSBURG.

Mrs. H——, an Irish woman, October 30th presented herself for consultation. Her right eye, the sight of which was lost, gave her great pain.

On examination, there was found ecchymosis sclerotica and a small tumor on the inner aspect of the cornea, causing her a good deal of suffering. The pupil of the affected eye was rather smaller than the left, and she complained of pain on the left side of the head.

On close injury, she confessed that, in company with her husband, she had procured a quantity of "extract of corn," vulgarly called "benzine," of which they both imbibed sufficiently to excite their pugilistic propensities. During the struggle, she received a heavy blow on the left parietal region, from which she had not yet recovered; and, next day after the fight, she felt pain, soreness and pressure in her right eye, together with loss of vision.

The diagnosis seemed obvious; her eye had been perfectly well previous to the blow; she perceived the enlargement and soreness the day after the debauch, which soreness had come on without the precedence of any inflammatory action, which might have suggested slaphyloma. It could be nothing but the lens which had escaped from its attachment, and gone through a rent in the choroid and sclerotica, lodging beneath the conjunctiva. Considering the soreness and pain, the result of the ruptured coats, and pressure thereon by the dislocated lens, I concluded to cut into the conjunctiva and remove the lens at once, and thus stop, without previous medication all cause of uneasiness to the injured organ.

Incising the conjunctiva on the margin of the cornea gave exit at once to the lens, which had already become partially opaque. The inflammation gradually diminished; after which

very little trace of the structural lesion was observed. Sight was very indistinct, and will remain so, as she does not consent to wear glasses.

The interesting point in this case is, that she received the blow on the left side of the head, which dislocated the right lens. Why that, and not the left? Was the effect of the concussion severer on the right side than on the left? From the effect, it seems so.

AMPUTATION OF THE THIGH, LOWER THIRD, RECOVERY.

BY L. GRASMUCK, M. D., WESTON, MO.

On September 14th, of last year, I was called to see a young man in the country. On arriving at the cabin, I found the patient, a slender young man of twenty years, narrow chested, of florid complexion, with weak lungs and a hacking cough, the only son of a very poor widow.

Nine months since he fell from a loaded wagon, one wheel passing over the leg just above the ankle; the other just below the knee. He did not think himself seriously hurt, and continued his work. In a few days the leg began to swell. A "regular physician" was called; pronounced the case one of erysipelas; poulticed it well, and, in due time, lanced it to let out the pus.

On removing the filthy wrappings and salves, with which it was enveloped, I saw at a glance what was the difficulty. A large and deep sulcus extended from the inner tuberosity to the inner malleolus of the left leg, with fistulcus openings every few inches of its extent. It required but a moment to verify these conclusions with a probe, each fistula being examined, and in each one, the bone was felt denuded; the sensation being very much as if the probe passed over a lump of salt, thus indicating extensive caries.

I informed the poor people that this was a bone disease, and not erysipelas, and that in all probability it would require amputation for relief.

I gave him a certificate of admission to the County Infirmary, under my charge, intending to recruit his strength in order to bear the operation.

He gained rapidly, and, on October 19th, in company with my friend Dr. Rubicon, of Atchison, I proceeded to the Infirmary, and, after another examination, we concluded to amputate at once, at the lower third of the femur, by the flap operation.

The preparations were at once made. The instruments all conveniently placed; the patient secured to the table; an assistant given in charge of the diseased leg; the tourniqet carefully applied, and Dr. Rubicon administered the anæsthetic until the breathing became stertorous. I then grasped the flesh on the anterior surface to raise it from the bone, and passed the knife to the bone; carried the point over it; depressed it again, and pushed it through as low as possible, and then, cutting forward and upward, made the anterior flap.

Dr. Rubicon, who stood ready with tenacula and ligatures, very dexterously seized and secured the arteries. The knife was again entered, passed behind the bone, and brought out *well up* on the other side, and directed so as to make the posterior flap a little longer than the anterior. Dr. R. seized the femoral, and secured it with my aid. The other arteries were then secured, and the pressure was suddenly removed from the femoral vessels to ascertain if all was secure; which, being the case, the flaps were retracted, the knife again swept around the periosteum to sever the remaining fibres; the bone was speedily sawn through; trimmed with the bone forceps, and, after sponging the surfaces to arrest the oozing, the flaps were approximated and secured in apposition by several sutures. Adhesive straps were then applied in the usual way, and maintained by a bandage lightly applied, and the patient (who bore the operation well,) was placed in bed, with the stump elevated, and dilute *Arnica tincture* ordered to be applied to the wound as

a dressing. Morphia, ¼ grain. was given to produce rest and sleep.

20th. Found the patient suffering much; had not slept; pulse, 120. *Aconite*, 3d; *Arnica*, 2d, dil. internally, in alternation, every two hours.

21st. Somewhat better; slept a little; pulse, 110; wound looks well.

22d. Had good sleep; pulse, 100; some appetite; ordered beef tea and toast; discontinue medicines.

23d. Pulse, 90; complains of hunger; wound freely discharging; allow better diet; apply *calendula* tincture, 1 x, dil. to the wound with a syringe.

24th. Apply fresh dressing to the wound; discharging freely.

26th. Feels well; good humored; teazing a fellow patient who is suffering with paraphimosis, and laughing heartily at the prospects of an operation for his relief.

28th. Apply fresh dressing; ligatures all off, except the femoral; immense discharge; continue calendula.

30th. Pulse, 70; seems weak; wants a dram; give china 1st. ten drops in two ounces of water; dose every two hours.

October 3d. Wound healing nicely; feels well; order generous diet; plenty of beefsteak; no medicine. From this time the wound healed rapidly, and a good stump is the result.

His health is good; his lungs are strong, and he is fat and hearty. In six weeks he was able to get about the house on crutches.

I have removed the flesh from the bones, and the result justifies the operation, and point of selection. The tibia was fractured from the malleolus to the tuberosity; both extremities were unsound, especially the upper; while almost the whole shaft was a sequestrum, and surrounded by a splint of new bone,—this was Mother Nature endeavoring to remedy the difficulty in a beautiful manner.

I wish, Mr. Editor, herewith to tender my thanks to my friend, Dr. J. A. Rubicon, who kindly assisted me in the above described case, and to render him the acknowledgement that,

but for him and his skillful manipulations, I might not have been so successful. The Doctor is a brilliant young operator, and destined to achieve success in the art of surgery.

ST. LOUIS COLLEGE OF HOMŒOPATHIC PHYSICIANS AND SURGEONS, PRIVATE CLINIC, SEPT. 9, 1869.

BY T. G. COMSTOCK, M. D., PROFESSOR OF OBSTETRICS—REPORTED BY DR. W. C. RICHARDSON.

Strabismus. Patient a young man 19 years of age. Case was one of strabismus convergens affecting the right eye.

The anatomy of the muscles of the eye was explained by Dr. Helmuth, who was present, and exhibited to the class a very beautiful wax preparation illustrating the same. Dr. Comstock then, after examining the students present upon the case in question, requiring them to give the diagnosis, varieties, etc., of the affection, delivered the following remarks:

Definition of Strabismus: A loss of parallelism and want of concordance of the axes of vision.

Causes: The causes of strabismus are frequently obscure. Worms, whooping-cough, convulsions, immitation, etc., may all be indirect causes; but the immediate cause of convergent strabismus is according to the researches of Donders, and others, hypermetropia; a condition of the eye, where the refractory power is too low, and the optic axis too short, so that one eye is forced to squint inwards more than the other, in order to increase its power of accommodation.

The treatment of this deformity is to restore binocular vision, by removing the existing squint, and this, in confirmed cases, can only be done by a surgical operation called strabotomy, which consists in making a section of one of the recti muscles.

History of the Operation: This operation is generally accredited to Stromeyer, of Hanover, who, it seems, operated first about 1838; but it was already known more than a hundred

years earlier. In the *Mercury de France*, for June, 1737, is the following advertisement: "Dr. Taylor, Oculist to the King of Great Britain, has just arrived at Paris, at the London Hotel, Rue Dauphin, where he proposes remaining till the beginning of July, after which he will leave for Spain. He requests us to publish the discoveries he has made of straightening squinting eyes, by an almost painless operation, and without fear of accident." From this it will be seen that the operation was not original with Stromeyer. Even our own countryman, the late Prof. Dr. Wm. Gibson, operated in four cases, as early as 1818, but gave up operation because his senior, the celebrated Prof. Dr. Physic, disapproved of it.

The operation is one that, in well selected cases, is usually successful. In 1859, I operated, I believe, some twelve times, but latterly I have rarely had a case of the kind.

Oftentimes it is exceedingly difficult to decide which eye squints, and in not a few cases the patient will squint in both eyes.

The Operation: This is performed by cutting through the conjunctiva and fasciæ, or capsule of Tenon, about four lines distant from the cornea, with a pair of scissors, slightly blunt pointed, and curved on the flat; and with the assistance of a pair of tooth-pointed forceps, raising the conjunctiva and exposing the tendon of the muscle; then a curved squint-hook is used, which is pressed firmly against the sclerotica, and the hook curved and slid under the tendon. The points of the curved scissors are now to be pushed also under the tendon, so as to raise it a little more, when a piece is to be cut out of the tendon, under the hook, which is held in position until now. But little hemorrhage occurs, which is to be stilled with cold water. In these cases it is better to give chloroform, as the operation is by no means a painless one. The patient was then chloroformed, when Dr. Comstock completed the operation, by making a section through the tendon of the muscle. As soon as the patient recovered from the effects of the chloroform, the eyes were examined by all the class, and parallelism of the axes seemed to be perfectly restored. Dr. Comstock stated that it

was his custom to advise the patient in such cases to cover the *sound* eye with a bandage for at least a week, and require him to use only the eye operated upon.

At the present time, December 10, patient is quite well; vision improved, and squint entirely cured.

[We have seen this patient very recently, and can attest the success of the operation, by the perfect restoration of vision.—ED.

TWO CASES OF DESTRUCTION OF THE EPIGLOTTIS.

BY ALFRED E. REISS, M. D., VIENNA, AUSTRIA.

I herewith transmit to you a brief outline of two interesting cases of rare occurrence; one of which is total loss of the epiglottis; the other, partial.

The first case is that of a married female. She was totally cured of all outward symptoms of a specific infection; for which she was indebted to her husband. When I first saw her at the hospital, where she applied on account of hoarseness, she was in a most deplorable condition. The whole epiglottis was destroyed. The site of attachment of the epiglottis to the tongue was occupied by an ulcer. There was great tumefaction of the mucous membranes and sub-mucus tissues, covering the arytenoid cartilages. There was swelling of the right and left aryteno—epiglottidean folds. Both false vocal cords were swollen and covered with excrescences that looked toward each other. The true vocal cords were partially covered with small ulcerated surfaces, making their borders uneven and rough.

The only troublesome symptom, and that for which she applied for relief at the hospital, was complete aphonia. This was evidently caused by the condition of things presented at the true cords.

Pain was almost absent. It is a noteworthy fact, that the most terrible ulcers of the larynx, be they of syphilitic or tuberculous origin, cause but slight suffering. Even severe out-

ward pressure upon the larynx, in such cases, seldom causes much pain.

There was little difficulty of breathing, as the larynx was large; therefore, the excrescences, in addition to the swelling, did not visibly prevent the easy in and egress of air.

To satisfy himself as to the truth of the patient's statement, which was to the effect that *neither fluids nor other substances produced any difficulty in swallowing*, the First Assistant caused the patient to eat and drink in our presence. The assertion of the patient was found perfectly correct.

During articulation, the excrescences upon the false cords would so well adapt themselves as to make it impossible to see the true cords below. That none of the substances swallowed found their way into the larynx, seemed, therefore, referable to the fact that, during the act deglutition, the larynx also closed, and these excrescences, fortunately, prevented entrance to the air passages.

At the the expiration of two months, the ulcers and œdema disappeared, and the excrescences had become visibly smaller, leaving an opening between the false cords during articulation. As no difficulty of swallowing presented, in seemed proper to assist nature in removing the excrescences, by the direct application of the nitrate of silver. I was permitted to do this. In a short period the excrescences altogether disappeared.

In the second case, the epiglottis was almost totally destroyed; at least over two-thirds thereof. The collateral œdema, resulting from the pathological changes in the larynx, was such as to cause a stenosis, which appeared to demand tracheotomy, which was performed. It is now a month since. The rima is *not perfectly* closed, and still the patient can swallow *without difficulty.*

The prevalent opinion, before the laryngoscope was in use, that the epiglottis was the lid of the larynx, and prevented the entrance of foreign bodies, seems now to be regarded with some qualification by specialists. At any rate, this subject affords good material for a thinking mind. Much could be said on either side.

FISTULA IN ANO.

BY GEO. W. BOWEN, M. D., FORT WAYNE, INDIANA.

With a deeply conscious regard for the success of our school, and its several advocates, I cannot refrain from putting forward my evidence in favor of the compressed sponge for the treatment of the above affliction. I have now treated five cases with perfect success. My first knowledge of the plan was gleaned from the March number of the *Investigator* in the year 1867.

As a valuable aid, I have found it necessary to first get up perspiration, then relaxation of the bowels; then you can operate on the fistula with the best prospects of successful results.

The orifices are then probed to ascertain their depth, direction and openings.

If much ramification is found, I have no confidence in anything but injections of nitrate of silver, diluted with alcohol' (after being dissolved in water). Generally, it has taken three or four days to destroy the lining of the tube or pipe; then the sponge is used only at night.

Before the sponge is wrapped, a strong twine is passed through it lengthwise, and the ends left at the largest part for its removal.

No cerate has been found necessary, preferring that the sponge, (which must be of the softest kind), should come in contact with the mucous membrane, to excite artificial irritation, which will extend to the tube and assist in causing healthy granulation or direct adhesion.

In one case I was obliged to cut the sponge, and insert a piece of a coarser and rougher nature on the side where I wished to cause the inflammation.

Internal medication was not, of course, forgotten.

Where extensive thickening of the membranes or tissues adjacent existed, Silicea (never below the sixth cent.) has always shown its inherent and magical effect.

If there has been an excessive secretion of a watery nature, Causticum has been administered with satisfactory results.

But, if there is evidently a formation of matter, or real ulceration and slow granulation, I have administered Arsenicum morning and noon, and Merc. cor., or Merc. viv. at night.

With intelligent patients, I trust to their wrapping the sponge in the morning, and introducing it at night.

One feature in the use of the sponge I have found very important to observe: If the opening is above the second rectal or constricting muscle, the tent or sponge must extend *above* the opening, so as to press *down* as well as out.

I have generally found a week sufficiently long for the use of sponge.

One more suggestion in regard to diet. If the food is of too watery a nature, granulations or adhesions do not take place so fast; but, under a meat diet, thoroughly cooked, and with a cold water pad applied at night, the best results will ensue.

Nov. 10*th*, 1869.

STRICTURE OF THE URETHRA.

A Surgical Clinic held at the Good Samaritan Hospital before the class of the St. Louis College of Homœopathic Physicians and Surgeons.

BY PROF. WM. T. HELMUTH, M. D.—REPORTED FOR THE OBSERVER BY DR. C. H. GOODMAN.

GENTLEMEN: We have for our consideration to-day an exceedingly interesting case. This young man has been sent to me from a distant city for relief, by my esteemed friend, Dr. Cote. My patient has been subjected to several operations for the cure of the stricture from which he suffers, but thus far his condition has not been bettered; in fact, it is much worse than when the knife was first used in his behalf. You will notice the dark purple color and tumefaction of his penis, the enormous hyper-

trophy of the foreskin, almost completely concealing the glans, whilst on the under surface are two fistulous openings, through which the urine is constantly oozing, much to his discomfort. A free use of dilute calendula has considerably reduced the inflammation and tenderness of the part, which was in a high degree manifest when he first came under my care, a week ago. The stricture is made evident to all, by attempting to introduce an ordinary sized probe. I propose to operate for his relief to-day. Our appreciation of a surgical operation is commensurate in a great degree with our knowlege of the parts operated upon, as well as the difficulty of the various steps of the operation thereof. That you may fully comprehend the obstacles presenting themselves, as well as the probabilities of success, let us briefly review the anatomy of the parts under consideration:

By the term *urethra* we understand a membranous canal, extending from the neck of the bladder to the external opening in the glans penis. It may be regarded as made up of mucous membrane with adjacent and underlying tissues. Its length is a question of some dispute, being differently stated by different anatomists, according to the manner in which the measurements are made. Sir Henry Thompson, who has given this subject of stricture special and extensive investigation, gives the average length of this canal as 8½ inches in a number of bodies he examined, post mortem, 9 inches being the maximum, 7¾ the minimum length. Experiments made on the living subject differ somewhat, as a moment's thought would lead you to suppose; the results of which are, undoubtedly, so far as the surgeon is concerned, of much greater practical utility than those made on the cadaver. In these cases 7 to 7½ inches is regarded as the average length of the urethra. It must be borne in mind that post mortem examinations relate more particularly to the pathology of stricture, whilst those ante mortem, to the treatment of the disease. The length of the urethra during life is modified by various circumstances, being greater when the penis is in a state of erection than when in a pendulous and flaccid condition. The diameter of the canal can be

only approximately given, although five lines is probably as correct an estimate as can be reached, since all measurements only express the capacity the urethra has for dilatation, rather than its actual diameter. In fact, the urethra may be regarded as a closed passage, during a condition of flaciedity and health, since, like the vagina of the female, the walls are constantly approximated, except when in the performance of their natural functions. As you are aware, the urethra has been divided into three portions: prostatic, membranous and spongy, naming from the bladder to the external opening, or from behind forwards. The prostatic portion, receiving its name from its relations with the gland of the same name, is about 1¼ inch in length, and extends from the neck of the bladder to the membranous part. From the uvula vesicæ may be seen a thin bundle of light colored fibres, running forward, and terminating in the caput gallinaginis or veru montanum, just in front of which open the ejaculatory ducts, which are seen in the walls of the sacculated depression, termed the sinus pocularis or utricle. On either side of the crest are found the prostatic sinuses. The membranous portion of the urethra is that part included between the prostatic behind and the spongy in front, and is three-fourths of an inch to an inch in length. Its posterior boundary is the apex of the deep perineal fascia, while its anterior boundry is the anterior layer of the same fascia, and thus being included, it may not inappropriately be termed *the inter-fascial part of the urethra.* You will remember, with the exception of the meatus, it is the narrowest part of the canal. The spongy portion embraced by the corpus spongiosum, is all that part anterior to that just described. It contains the erectile tissue, and is from 5 to 8 inches in length. Its diameter is not uniform, having two enlargements: the fossa navieularis at its anterior free extremity, and the sinus of the bulb at its posterior part. The former is much easier of demonstration than the latter, since the dilatability of the urethea at the latter point is much greater than the former, and which alone has led many anatomists to deny its existence. Towards the central part of the floor of the sinus of the bulb may be found, on care-

ful examination, the openings of the ducts of Cowper's glands, running between the mucous membrane, the distance of one-half to three-quarters of an inch. The mucous membrane of the urethea is continuous with that of the bladder and is studded with lacunæ, their apertures looking toward the external orifice. The largest of these has been termed the *lacuna magna*, and it can be found about an inch behind the meatus. As in the vagina so in the urethra, the mucous membrance is characterized by a series of rugæ, especially in the bulbous part. I would call your attention to the intimate relation between these and the long slender bands of fibrous tissue which can be found immediately beneath the mucous membrane, running in a longitudinal direction, being more fully developed at either end of the canal than at the centre. In the bulbous and membranous parts they are quite numerous, but very delicate, rendering these parts weakest in the canal, a fact to be remembered in the use of instruments: Of the fascias which surround the urethra, none have more importance than the deep perineal, or triangular ligament. You will remember it consists of two layers, an anterior and posterior, closing the trigonal space between the rami pubis; one layer being attached to the anterior face of the rami, having close relations with the muscles of the perineum and beneath the transversus perenei, after junction with the posterior layer, is continuous with the superficial fascia of the serotum and abdomen, and being united laterally to the rami, a sack is formed, shielding the perineum from urethral extravisation, at the same time forcing the fluid over the abdomen; the abdominal fascia and Pouparts ligament preventing its descent on the thigh. The triangular ligament is perforated by the urethra at a distance of ¾ to 1½ inch below the symphysis. Long before actual discovery of them had been made, the character of the uretheal tissues demonstrated to the practical surgeon the existence of contractile fibres around the uretheal passage. To Koeliker, of Wurtzburg, is due the honor of having first published the fact of their existence, and to them he applied the term of *musculi urethralis*. Nor do we find only longitudinal but circular fibres as well, embracing the

urethra. (Here Prof. H. gave a minute description of the muscles of the perineum and those acting on the urethea.)

You will fix in your minds the following points: 1. The urethra is a shut canal maintained in this condition by the disposition of the muscular fibres described. 2. The act of micturition is performed by combined action of the bladder, diaphragm and abdominal muscles, and is under control of the will. 3. The discharge of the seminal fluid, unlike the passage of a continuous stream, is the result of a series of alternate contractions and relaxations of the urethra. Now, the lowest part of the urethra is in direct contact with the anterior layer of the deep perineal fascia, and at this point is the greatest resistance to the passage of the catheter, and may be often mistaken for a stricture. The election of a catheter of the proper curve is an item of no little moment. It corresponds to the arc of a circle three-fourths of an inch in diameter, though various circumstances may modify this curve. Having thus considered, in brief, the parts in which stricture occurs, we turn to the disease itself.

Stricture may be defined: "An abnormal contraction of some part of the urethral canal." Sir Charles Bell, however, regarding the normal condition of the urethral canal to be that of approximation, defines it as "a canal that has lost the power of dilating." These constrictions have been regarded as being of two kinds: Permanent and transitory. The former being due to organic deposit about the walls of the urethra; the latter to the spasmodic action of the muscular fibres, of which I have spoken. John Hunter classifies them into the permanent, spasmodic and imflammatory, whilst Thompson makes use of the term: Linear, annular, irregular or tortuous. By linear stricture we understand, an obstruction of the canal by a membranous diaphragm; by the annular, that in which the contracted part is thicker than the linear, whilst the irregular include such varieties as cannot be classified under either of the above heads. Independent strictures may be found in the same urethra. Hunter records six; Colot, eight. Leroy D'Etiolles mentions a case of eleven. Seldom do we find the

urethra entirely obstructed. A few drops of urine will pass through, except in cases of perineal fistula, when the canal has been known to close entirely. It will most naturally suggest itself to your minds that the change effected by stricture will affect the whole genito—urinary apparatus. This is necessary, and the first occurring to me is cystic hypertrophy, proportioned to the amount of power necessary to overcome it. Sacculi of the bladder, too, are frequent, from the fibral arrangement of its tissues. Some have been found capable of holding from two to three ounces. Nor is this dilatation limited to the bladder alone. Cases are on record of its extending through the ureters to the pelvis and calices of the kidneys, and especially do we find it in the urethra just posterior to the stricture, often of sufficient size to admit the passage of a man's finger. Constant contact of the walls of the urethra with urine will often result in ulceration of that membrane. Abscess and fistula will form from urinary infiltration, and extravasation of urine takes place from breaking down of the urethra, consequent upon prolonged retention. As to the locality of stricture, the urethra is not subject, during its whole extent, to these abnormal contractions. John Hunter says the bulbous portion is most liable. Sir E. Home writes: "Next the bulbous portion, the most frequent place is 4½ inches from the orifice of the glans." Says Mr. Liston, "Most frequent about 4 inches from the meatus." Mr. Shaw, in more than 100 dissections, has never found a stricture posterior to the ligament of the bulb. Vidal observes stricture to be most frequent at the junction of the membranous and bulbous parts. However much they differ in other respects, anatomists generally agree in assigning the most frequent point to be at the *sub pubic curvature.* Strictures are rarely if ever found in the prostatic portion. The earliest symptom premonotory of this affection is a constant desire to urinate, often causing the greatest pain. As it progresses, there is a slight discharge of urine, not unfrequently containing mucous shreds. The presence of long lasting "gleet" should alone arouse the suspicion of the watchful surgeon of the existence of stricture. Then the discharge of

urine is no longer subject to the will; there is a sense of heat and soreness of the part about the bladder; pain during coitus; then retention of urine, followed by engorgement. At this stage we have a condition, simulating incontinence; the urine dribbling away incessantly, drop by drop. As a result of inflammatory action, abscesses are formed and fistulæ follow. This, with the preceding symptom, is especially marked in the case before you to-day. The *causes* may be briefly stated. Chiefest amongst these is that of inflammatory action, whether from any cause, gonorrhea, cauterization, chancres, ulcers, wounds, abuse of instruments, abnormal growths and congenital malformation, of which I have spoken to you before. The first consideration in the treament of stricture is the restoration of the canal to its normal calibre; then to maintain it. How may we do this? We may introduce, from day to day, bougies of increasing diameter, until the contraction is overcome. Or, we may forcibly separate the adhesion at once, or we may make use of caustic. In adopting the method by gradual dilatation, bougies may be used of wax, plaster, softened ivory, gum elastic, whalebone or metal, like those I show you now. The treatment of a complicated case requires the utmost care, patience and skill. It may be days before we can pass the slenderest instrument, and I hold in my hand the twisted bougies of Leroy D'Etcolles, which are made of whalebone or gumelastic, to introduce into the smallest cavities and tortuous canals. I would call your attention to the existence of false passages, which often mislead in endeavoring to use instruments, particularly when exploring. It was thought much could be learned if one could *see* in the urethra. For this purpose I show you an Endoscope, though a properly educated hand will prove as useful and as accurate, in the majority of cases. For the method by forcible and immediate expansion, many instruments have been devised, all acting so as to produce eccentric dilatation without friction. Mr. Luxmoor was the inventor of the first metallic instrument for this purpose. It consisted of four blades, made to expand in four directions, by turning a screw in the handle. Peneve modified this, with one of the blades united at

the extremity. Mr. Holt's instrument, you will see, expands in all directions, by the forcible introduction through the handle of the cylinder, of a larger one, the external cylinder being so constructed as to separate. There are some others I have here, which I cannot take time to describe. But I propose to use to-day Mr. Thompson's dilator. You all see, by turning this screw in the handle, the cylinder is made to expand or separate by a small lever, visible through the openings. A more gradual dilation can be effected with this, and at the same time it has considerable power to break up any adhesions. Of the methods by caustic, external and internal incision, I will speak another day. I show you a number of urethrotomes, Civial's, Charrier's, &c., for cutting from before backwards, and vice versa. Having thus briefly considered the essential points of stricture, the anatomy, causes, results, points of occurrence and methods for relief, we will proceed to the operation.

The patient having been chloroformed thoroughly, the hypertrophied foreskin was freely excised with the scalpel and scissors, including in the parts removed two urinary fistulæ; quite extensive hemorrhage following. This being checked. Thompson's instrumeLt was introduced and the screw turned. The separation of the tissues was distinctly heard by those present in the room. On attempting to pass a needle through the foreskin, the hypertrophy of the part was so dense (it had in fact assumed a cartilaginous character) as to resist all ordinary efforts to this end. It was only after repeated attempts by Prof. H. and his assistants that it was successful, and then not until a brace had been made of a block of wood, which was placed against the head of the needle, and so pushed through. A catheter was then introduced and retained in the usual manner. Six hours after a No. 9 bougie was readily introduced into the urethra, where before it was impossible to pass the smallest size.

January 7, 1870.—Patient carries a No. 13 bougie, and is in excellent condition.

FRACTURE OF THE LOWER EXTREMITIES, TREATED BY SMITH'S ANTERIOR SPLINT.

BY T. G. COMSTOCK, M. D., ST. LOUIS, MO., PROF. OF OBSTETRICS AND DISEASES OF WOMEN IN THE ST. LOUIS COLLEGE OF HOMŒOPATHIC PHYSICIANS AND SURGEONS.

During the past twelve years, in an extensive general practice, we have had no little experience in the treatment of fractures of both the upper and lower extremities.

In the treatment of fractures, the first duty of the surgeon is to make a clear and accurate diagnosis, and to do this a perfect knowledge of general, special and topographical anatomy is necessary. In addition to this, it is requisite to understand well the outlines of the form of the human body; in other words, the surgeon should possess the eye, tact, and all the faculties of a true artist, so that he may, at a glance, discover any and all deviations from the normal standard. His scientific knowledge should be classified, methodized, and arranged in an orderly and systematic manner, so that thereby his experience may prove to him a source of profit, which he may use to advantage in all cases of difficulty and doubt.

Granted, that the surgeon, by hard study and attentive observation, has so methodized his knowledge as to be able to diagnosticate a broken limb, we shall proceed to make a few observations as to the best method of treating fractures, especially of the lower extremities.

Rules of treatment: 1st. As soon as possible after the occurrence of a fracture, the ends of the broken bones should be brought into perfect apposition.

2nd. To maintain them in position.

3rd. To prevent, or relieve inflammation by internal constitutional remedies, or by local applications, if necessary.

In the fulfillment of the second indication for the treatment of fractures, supports have been employed, consisting of splints made from divers kinds of material; these being applied to the broken limb and maintained in place by means of bandages.

In many cases, the apparatus proves cumbrous, requiring the limb to remain at rest in bed, so that it is thereby quite incapable of obeying any of the motions of the human body. As a substitute for all the various and complicated splints and apparatuses for the treatment of fractures of the lower extremity, the object of this paper is to call attention to a splint which, until within the last few years, was but little used, and really unknown to most American surgeons. This splint was first brought into notice in our country by Dr. Nathan R. Smith, of Baltimore, and is now known as "Smith's anterior splint;" but in Mayer's system of surgery,* a splint similar in principal was described, more than thirty years ago. We condense from Prof. Smith's work upon fractures the enumerations of the objects to be attained by the use of his splint, as follows:

1st. To furnish a support which shall be accurately adapted to the surface and form of the limb which reposes in it.

2nd. To adapt the surface of the support so that the limb, sinking into it, shall maintain its form by its own weight.

3rd. To make the limb obedient to all the unavoidable movements of the trunk, so that the fragments may not be displaced by motions of the body.

4th. To obviate the contraction by the employment of an extending force, always uniform in action, not tedious, and at the will of the surgeon.

5th. To arrange supports so that in compound fractures we may have free access to the seat of injury without disturbing the supports of the limb.

6th. To affect these objects by an apparatus simple in construction, one which can be procured anywhere, not expensive and easy of application.

To the above advantages of this splint, we may add, the patients condition while using it is rendered easier than by any other splint. He is not liable to have a *sore heel, which is the case with all other apparatuses.* He can turn in bed, and rest himself at any time by sitting up in bed or by rising up sufficiently

*"Mayers nouveau systeme de delegation chirurgicale," Paris, 1838.

to pass urine, or to defecate. With this apparatus, he might be transported easily upon a railroad car, or steamboat, and incur no danger, difficulty or even inconvenience. The nutrition of the limb is not interfered with, it is never bandaged too tight, the limb is never fatigued, the patient can have no *bed sores*; his bed-clothes can be changed daily, and the fragments are not liable to be displaced; the limb after union has taken place is not liable to be shortened as in the case where many other splints are used. The splint is applicable for both simple and compound fractures of the femur as well as of the tibia and fibula.

The splint is simply a frame work of heavy iron wire, to be applied above the limb; it has an angle to compare with the ankle, one at the knee, more obtuse, allowing the leg to be flexed; and a third corresponding to the hip still more obtuse, so that the thigh will be slightly flexed, upon the pelvis. This wire frame, or anterior splint, is suspended to a pulley in the ceiling above, then let down so as to, as it were, rest upon the anterior surface of the whole leg, the latter is then confined to the splint, and therefore supported by it by applying a bandage along the whole course of the limb, (thereby binding the limb to the splint), so that the whole leg will finally rest in as it were a trough composed entirely of the muslin of a roller bandage.*

We append a few cases.

Case I.—John W——, aged 16, fell from an apple tree in St. Charles County, Missouri, in May 1866, and fractured both tibia and fibula *in their upper third*, a very rare fracture to occur just in this locality, and the only one I have ever met with. Fracture of the lower leg in its middle, or lower third is frequent enough, but in the upper third, just below the knee where the knee is strongest is of exceedingly rare occurrence. Patient was treated in the "Good Samaritan Hospital." The fracture was adjusted, and the fragments carefully co-adapted, the leg then bandaged from the foot to the knee; then the anterior

*For more accurate information consult "Smith upon fractures of the lower extremities," Baltimore, published by Kelly & Piet, 1867.

splint was suspended above the leg and a bandage applied around the leg and splint from the foot to the knee. After the application of this bandage, a coating of starch was applied, so that it might be firm, and no opportunity occur whereby any accident could happen, so as to displace the fragments. The limb now rests (in a trough of muslin) under the splint, which is suspended from the ceiling at a fixed point. In order to create counter extension all that is necessary is to move the bed-stead of the patient "head-ways," so far as to give a slight obliquity to the suspending cord inclined towards the foot. This was done and the patient remained in the apparatus for six weeks, when his leg was taken out and union found to be perfect without any deformity or shortness. At the end of seven weeks he was walking all over the Hospital, and soon after left perfectly cured, and at the present time does not limp or show any indications of the former injury.

Case II.—Cora D——, aged 10 years, January 9th, 1869, while at play on the top of a chicken-coop, fell and fractured her left thigh in the upper third. It was an oblique fracture, and when I saw her, four hours after the accident, the left leg was turned under the right and the angle in the femur at the point of fracture was so marked as to present an unusual deformity seldom witnessed; it was almost a right angle. The child suffered a great deal of pain, so much so, that I was necessitated to give chloroform, and while she was under its influence I reduced the fracture, adjusted the fragments carefully, and then applied the anterior splint, the same as in case I, except that the splint at the knee was a little more bent and its angle more acute, so that the leg was confined in an easy and flexed position. The child recovered from the effect of the chloroform, and found her leg suspended in the anterior splint. I kept it thus suspended for a little over five weeks, when the splint was removed and union found to be perfect. While the leg remained in the splint, the child's condition was always a comfortable and easy one; she could sit up in bed, and play with her sister and other associates, she had no sore heel, or any other excoriation, and I ask could this have been the result by any

other apparatus? This child is at present well, and walks without limping, and the limb shows no shortening whatever.

CASE III.—Capt. T——, a pilot of steamer "Octavia," (a United States government boat), fractured his tibia, above the ankle. The fracture occurred at Cairo, September 15th, when it was reduced by a United States army surgeon, who employed the usual army splint, but unfortunately had applied the bandages too tightly, so that he was suffering a great deal on account of the circulation through the limb being impeded, and of course the nutrition of the same was thereby interfered with, and the veins about the ankle so full and distended as to give the whole affair a very unfavorable and suspicious look! Soon after the injury, the boat was ordered away from Cairo, and arrived in St. Louis September 20, five days after the accident, when I was sent for to examine the case, as he was already feeling very uncomfortable, and in addition to the above described symptoms, considerable pain was experienced from an excoriation at his heel. I immediately loosened the bandage, removed the straight splints, and then applied the anterior splint, which was suspended from a pulley screwed into the ceiling of his stateroom. Patient expressed himself at once entirely relieved, and remarked that his leg seemed so fixed and carefully suspended, that, although on board of a steamboat, he found himself perfectly comfortable. The anterior splint was first suspended from the ceiling, and then fitted to the leg and fastened by means of a roller bandage applied around the splint and leg from the foot to the knee. A good layer of warm starch was then smeared over the whole so as to keep the wrappings firm and in place. The patient expressed himself as greatly relieved, the leg resting perfectly easy in the muslin trough of the splint; his heel was easy, and he was now in a condition to lie down, or sit up in his bed, or even move about a little in the bed. The United States boat being required to leave, I could not follow the case to its termination, but I heard afterwards that he did well and recovered.

I have mentioned this case to show that this splint may be

applied when the patient is on a steamboat or railroad car, just as well as at home.

Injuries to the knee joints, incised, lacerated or punctured wounds about the patella.

Johan H——, a German, aged 19, in September, 1867, while using a hatchet to cut down a sapling, struck himself a severe blow diagonally over the outer quarter of the right knee-pan. The injury was a severe one, he was miles away from home, and was obliged to walk some distance to his wagon, and rode home in a shower of rain He took cold and suffered in a few days from erysipelatous inflammation in the region of the patella, and at the knee joint. The wound was an ugly one, and gave me at first, a suspicion that the patella was cut off, although the ligament of the patella was not severed. I did not see the patient until the third day after the injury, and then he was suffering greatly, and in no position was his limb easy. It immediately occurred to me that I could relieve him by suspending his whole leg in an anterior splint. I accordingly applied it, and he expressed himself immediately after, as wonderfully relieved. Some little suppuration occurred at the seat of injury, which was encouraged (as he had a good deal of pain in that locality) by the use of flax-seed poultices. Mercurius, Rhus-tox., Aconite and Bryonia, were given at different times, according to their several indications, and after one week the erysipelatous symptoms had nearly subsided, the whole region about the patella and knee joint was still sensitive and painful upon motion, so that I kept the limb suspended for ten days longer. At the expiration of this time the splint was removed, but the patient was not allowed to walk for about eight days longer. He recovered entirely, and after the lapse of two months, when I last saw him, could walk about as well as ever. Dr. N. R. Smith says—"in fractures of the patella, I have employed the same apparatus with signal success and comfort to the patient. The apparatus for this purpose must be made *straight at the knee*—the heel kept well elevated so as to flex the thigh."

In case Ist, where the fracture occurred just below the knee, the splint was applied nearly straight at the knee, so that the

leg would remain almost in a straight position. In fractures and injuries of the patella, we apply it in the same way; but in all other fractures of the leg and thigh, the splint is to be bent more at the knee, so that the leg may rest suspended in the splint flexed, which will be far more comfortable and easy for the patient, and keep the parts in the correct and normal position. In the use of this splint the above rule must be remembered. The splint known in St. Louis as "Hodgen's splint" is a modification of Smith's anterior splint, and the only advantage claimed for it is, that it may be applied with a little more facility, and keeps the limb a little more exposed to view; but the great disadvantage of it is, that the patient will be liable in some cases to have a *sore heel*, which never occurs when Smith's anterior splint is used.

The young surgeon will find by experience that one of the most troublesome accidents in the treatment of fractures, is a *sore heel*, and this can be prevented only by the use of Smith's anterior splint.

A case is reported in the *Medical Gazette* of Paris, of a very aggravated and dangerous compound fracture occurring in Switzerland, where this splint was used and the patient transported to her home in a railway car without any derangement or injury to the fracture, and without the patient having suffered the slightest pain, notwithstanding the violent shocks inflicted upon the cars by the twitches of the locomotive.

Western Homœopathic Observer.

ST. LOUIS, MO., JANUARY, 1870.

☞ To insure publication, articles must be *practical, brief* as possible to do justice to the subject, and *carefully prepared*, so as to require little revision.

☞ Readers of the OBSERVER, will oblige the Editor if they will forward copies of local newspapers, or similar matters of importance to the profession, all such will be thankfully acknowledged.

☞ Physicians having changed their locations, or desiring to remove from one portion of the country to another, will please communicate with the Editor, that he may note the same. Records of marriages, and deaths of physicians, and other personal news will also be received and noticed.

☞ All exchanges, books and pamphlets must be addressed to the Editor, No. 1418 Washington Avenue.

Editorial.

IT gives us great pleasure in offering to our readers, in the first number of the seventh volume of *The Western Homœopathic Observer* an array of articles on surgery, written by mem-

bers of our *own* school. The time has passed when we were obliged to cull from allopathic literature surgical details for the perusal of our subscribers. The Profession will bear us witness, that since the first number of our periodical was published, in 1863, our effort has ever been the advancement of Surgical Science among Homœopathic practitioners. Such will continue to be the aim of our paper, and we ask our Surgeons throughout the country to aid us in our efforts. We desire to record surgical cases treated with homœopathic medicines, whether in the low, higher or highest dilutions; we ask for the detail of operations; we request for publication descriptions of new instruments and appliances, and other matters pertaining to Surgery, as well as contributions belonging to medicine and the collateral sciences. We hope our brothers iu the cause will give us their support, and that their welcome papers will come in upon us in profusion.

THE ST. LOUIS COLLEGE OF HOMŒOPATHIC PHYSICIANS AND SURGEONS.

It gives us great pleasure to record the complete success of this new Institution. The class at present numbers twenty-two students, and more are expected before the close of the session. What young Mater can record a more favorable beginning? When the old University of Pennsylvania began its course,

> "Ten was the number of aspiring youth,
> Who, anxious, thirsted for the stream of truth."

When Jefferson College was inaugurated, the number was, we believe, but one dozen students. The Board of Trustees and Faculty of the St. Louis College of Homœopathic Physicians and Surgeons determined *that all the advantages which were published in the annual announcement should be* faithfully given to the class, and so they have, thus far. The clinics at the *Good Samaritan Hospital* are regularly held; at the *Sisters Hospital* the eye clinics of Dr. Pollack have elicited the admiration of all. The use of the ophthalmoscope and many of the most important operations are thus thoroughly studied and appreciated. The students have regular hours for bandaging

at the *Private Lecture Room*, and the friends of Homœopathy will read, with pleasure, the following official record, taken from the proceedings of the City Council of the city of St. Louis:

No. 7013.

An Ordinance providing for the admission of The Faculty and Students of the St. Louis College of Homœopathic Physicians and Surgeons into the "City Hospital."

Be it ordained by the City Council of the city of St. Louis, as follows:

Section 1. The Board of Health of the city of St. Louis are hereby authorized and instructed to make all necessary provissions for the admission. into the City Hospital, of the Faculty and Students of the St. Louis College of Homœopathic Physicians and Surgeons.

Sec. 2. The admission of the Faculty and Students of the said St. Louis College of Homœopathic Physicians and Surgeons into the said City Hospital shall be upon the same conditions and under the same rights, immunities and privileges by which other medical colleges of the city are admitted.

Approved November 3rd, 1869.

When we add to these significant facts, the numerous testimonials which have been received, both from Physicians in this country and in Europe, and the steps which are now being taken to place the Institution permanently on a basis to honorably compete with other colleges now in existence; we believe we are in a position to report a most favorable and healthy condition of the new school. For the benefit of all interested in this great work, and for the purpose of placing before the profession our *legal authority* for granting our diplomas, we insert here our "documents."

IN THE CIRCUIT COURT OF ST. LOUIS COUNTY—JUNE TERM, 1869.

TUESDAY, JULY 13TH, 1869.

State of Missouri }
County of St. Louis. } ss.

WHEREAS, Nathan Cole, John Grether, N. H. Clark, F. Hafkemeyer, Geo. P. Plant, T. G. Comstock, John Hartmann, E. O. Stanard, Silas Bent, D. R. Luyties, John T. Douglass, John N. Pritchard, William Tod, Helmuth, H. C. G. Luyties, and Robert S. Voorhis, have filed, in the office of the clerk of the Circuit Court of St. Louis county, within and for the county of St. Louis, their Articles of Association, in compliance with the provisions of an "Act Concerning Corporations," approved March 19th, 1866, with their petition for incorporation under the name and style of the

"*St. Louis College of Homœopathic Physicians and Surgeons*," they are, therefore. hereby declared a body politic and corporate, with all the powers, privileges and immunities granted in the act above named.

By order of the Circuit Court.

Attest: JNO. LEWIS, Clerk.

STATE OF MISSOURI,
OFFICE OF SECRETARY OF STATE,
CITY OF JEFFERSON, JULY 28TH, 1869.

WHEREAS, Silas Bent, Nathan Cole, John Grether, and others, have filed, in the office of the Clerk of the Circuit Court within and for the county of St. Louis, their Articles of Association in conformity with the provisions of Chapter 70 of Title xxiv of the General Statutes, and

WHEREAS, A copy of said Article of Association has been filed in this office, on the Twenty Eighth day of July A.D. 1869, as required by section two of chapter 62 of Title xxiv of the General Statutes aforesaid,

Now therefore I, Francis Rodman, Secretary of State of the State of Missouri, by virtue of authority in me vested by law, do hereby certify, That the said parties, their associates and successors, have become a body corporate and politic, under the corporate name of the "St. Louis College of Homœopathic Physicians and Surgeons," and by that name have the right to sue and be sued, purchase, hold and convey real and personal property, and to have and enjoy all the rights and privileges granted to corporations formed under the provisions of Chapter Twenty of Title xxiv of the General Statutes of the State, subject to their Articles of Association, and all legal restrictions and liabilities in relation thereto.

SEAL. In testimony whereof I have hereunto set my hand and affixed the Great Seal of the State of Missouri.

Done at the City of Jefferson this Twenty Eighth day of July A.D. 1869.

FRANCIS RODMAN,
Secretary of State.

The articles of association of the College aforesaid were prepared with great care and deliberation, and allow to those availing themselves of the benefits of the Institution rights, privileges and immunities equal to any medical school in the country.

General News.

G. H. Morrill, M. D., St. Louis, Editor.

Sudden Cure.—An Indiana man, who had been deaf for twenty years, was suddenly cured the other day by a fall from a hay mow.

Professor Bœhm, of Berlin, died recently from a wound received while dissecting.

Small pox is quite prevalent in St. Louis, twenty deaths from this disease being reported for the week ending December 10th. It is most fatal among the negro population.

To Tobacco Consumers.—To counteract the supposed deleterious effects of nicotine in tobacco, a Frenchman, M. Armand, proposes to moisten the leaves while undergoing the various preparations and fermentations, previous to delivery, with a strong infusion of water cresses, since he has discovered that this plant contains principles that destroy the poisonous nicotine without altering the peculiar aroma of the tobacco.

Absorption and Exhalation.—French chemists have proved that fruits,—as apples, cherries, currants, etc.,—after being gathered, begin to absorb oxygen and give off carbonic acid. They give many details of their experiments; as, for instance, that 5 apples, weighing together 348 grammes, yielded, between the 10th of January and the 15th of July 6,648 cubic centimetres of carbonic acid.

Curiosity.—There is in Detroit a young man who has, on the right side of his face, a heavy black beard, and has also a mustache, while his left cheek is, and always has been, entirely beardless. He is now nineteen years of age, and his beard, upon this one side, began to grow luxuriently when he was a mere infant.

Cuprum.—At a recent meeting of the Clinical Society, Dr. Clapton read a paper upon the Effects of Copper upon the system. Several noteworthy phenomena were described; as the presence of distinctly marked green stains on the gums, bluish-green perspiration, hair of a greenish hue in old workmen, and green discharge from old ulcers. Investigations have also elicited the remarkable fact that workmen engaged in copper factories have always escaped cholera and even choleraic diarrhœa, while the neighborhood suffered severely during the great epidemic.

Amputation of the Tongue.—Dr. Demarquay, of Paris, has recently performed the difficult operation of removing the greater part of the

tongue. The patient had suffered from a disease in this organ for more than twenty years. The operation was perfectly successful, and the patient is now able to articulate quite easily and correctly, notwithstanding the loss he has sustained.

Regeneration of Limbs.—Milne Edwards has recently communicated the following as the result of his experiments: If the limbs of a newt be cut off, the scapula or ilium being left behind, the limbs will be produced; but if the scapula be removed, the limb is never reproduced. So, also, in the fish, if the fin rays be cut off they will be reproduced, but if the part corresponding with the scapula be removed, no reproduction will take place.

A Fœtus of 4½ Months Born Alive, and Lives ¾ of an Hour.—Mrs. W. menstruated last time on the first of May. On the 23d of September, after unusual exertion, the membranes gave way, followed by a large flow of water. On the morning of the 25th, pains commenced. Was called to the patient at 4 o'clock P. M., found the os partially dilated, and the head of the fœtus presenting. Called again at 9½ P. M., and was told that the fœtus had been born *alive* some twenty minutes previously, and was *still living*. Upon lifting the clothing, found a female fœtus, evidently of not more than 4½ months, making active movements of the legs and arms, opening its mouth and making a *feeble squeaking noise*. After dividing the cord these movements gradually ceased, yet signs of life were visible for full three-quarters of an hour after the birth. The mother had never felt motion. The specimen may be seen in the museum of The Hahnemann Medical College. A. B. Thomas.

A Needle in a Living Man's Heart.—At one of the late meetings of the Academy of Science at Milan, Italy, Dr. Serafin Bissi exhibited the heart of an insane nobleman, who died lately, and who at various times attempted suicide, after he had killed his father in one of his insane fits. The unfortunate man died of cancer of his tongue, which he had bitten off during one of his excesses of lunacy. When he was dissected a needle of three inches in length was found in his heart. The coroner's court was informed that twenty-two months before his death he had told his parents that he had pierced his heart with a needle. They, of course, did not believe it because no change in the functions of this organ could be remarked. He never complained of any pain in the chest or in the heart. Scientific men regarded this case as being of most extraordinary interest to surgeons and anatomists.

THE

Western Homœopathic Observer.

FEBRUARY, 1870.

Original Articles.

MEDICINE.

A FEW OF THE PRINCIPAL PHYSICAL SIGNS OF THE INSUFFICIENCY OF THE SEMI-LUNAR VALVES OF THE AORTA.

BY A. E. REISS, M. D., VIENNA, AUSTRIA.

Much has been said and written upon valvular disease of the heart, nevertheless there are many signs which we cannot place and from which we, at the present state of the knowledge of heart diseases, are not able to draw the correct conclusions. Therefore to a busy practitioner, "reading up" on this subject, seems but a false light, that leads into a labyrinth of confusion of ideas and opinions.

The reader will see that this is only a short epitome of practical prominent facts, which enable the physician to diagnose the condition in question, without being necessitated to call to mind the thousand and one different theories, opinions, probabilities and possibilities bearing upon this subject.

By insufficiency of the semilunar valves of the aorta is understood a morbid condition of these valves, allowing a regurgitation of aortal blood into the left ventricle, during its diastole.

In health the closure of these valves is based simply upon a physical principle.

During the systole of the left ventricle, the blood is thrown into the aorta, thereby pressing the valves against the walls of this vessel. During the diastole of the left ventricle, the column of blood in the aorta tends to flow black again into the ventricle, and it is just this tendency that proves the preventative; for by seeking its place in the ventricle, the blood presses upon and drives back the valves; thus closing them.

Now to the point, with but a remark upon the auscultation of the aortal valves, as this bears directly upon the case. To auscultate the sounds as heard over the aortic opening, it is necessary to apply the ear or stethoscope, not upon the region corresponding to the aortal opening, but upon the lower part of the second rib, upon the second intercostal space, or upon the upper part of the third rib, a little to the right of the sternum.

The reason for auscultating at the one place and not at the other, cannot be given here.

In insufficiency of the semilunar valves, the blood instead of being shut off in the aorta,regurgitates from this vessel into the left ventricle, at a time when the second or diastolic sound is heard over the aorta. The result will be an indistinct sound, a murmur, which takes place of the normal diastolic sound. This murmur originating at the semilunar valves, of course must best be heard over the aorta. The murmur may be so strong as to be heard by transmission over the pulmonary artery, and right as well as left ventricle. This, however, must not lead to false conclusions. The source of the murmur must be the great landmark wherefrom to judge.

The murmur is produced in several ways: partly it is the result of the friction of the blood in passing through the opening left by the valves; partly by the meeting of two opposing currents of blood, the one going from the aorta into the left

ventricle, the other going from the left auricle into the corresponding ventricle, while another etiological momentum is to be found in the irregular vibrations of the valves, which may be thickened, indurated and rough.

When the number of the heart's contractions is much increased, it may be very difficult to know whether it is a systolic or diastolic murmur. This can be obviated by feeling the carotid pulse, or placing a few fingers over the apex of the heart, while listening attentively to the murmur. It is a case of rare occurrence, when it cannot be ascertained whether the phenomenon in question belongs to the systole or diastole.

The regurgitation of blood into the ventricle cannot continue long without showing its effect upon this cavity. The ventricle now receiving its contents from two sources, must dilate, from the increased pressure, in order to hold all the fluid which is poured into it. Nature, in her good design to restore the equilibrium and return to health, is not idle here, and shows herself—as always—equal to the emergency, and puts additional labor upon the left ventricle. It will contract more forcibly to get rid of the increased contents. This increased labor on the part of the ventricle results in an hypertrophy of its walls. If now the ventricle is thus dilated and hypertrophied, the apex of the heart can no longer be found in its normal position. It must find another locality, and it is found a little more to the left, in the sixth and even seventh intercostal space.

This action of the ventricle cannot but be manifest in the pulse, which often is so markedly characteristic that this alone will tell the experienced practitioner the disease he has to cope with.

The blood being driven with such decided vehemence into the aorta, must necessarily give the pulse the impress of the action going on in the heart. The pulse must be sudden, full, vigorous and resisting. At times, the smaller arteries (not well perceived in health) are as strong in pulsating as the radial in health. The pulse may be so strong as to make the patient, lying in bed, think he hears the stroke of a hammer. I have seen a patient, who, from this cause, was robbed of many an

hour's sleep. Another momentum is brought to bear upon the pulse. This completes the characteristic picture.

The column of blood sent into the aorta is not shut off there, it has an outlet behind, whereby to flow into the left ventricle. Part of the blood suddenly flows back again into this cavity, making the pressure in the aorta only very momentary. This retrogade movement on the part of the blood produces a sudden collapse of those arteries, which but a moment before were so inordinately filled.

This quick disappearance of the pressure in the vessels is very distinctly conveyed to the examining fingers. This condi tion is also well perceived by the eye. The arteries of the head can be seen suddenly and boldly presenting themselves, and as suddenly disappearing.

That the reparatory attempt at nature's hands may for a long time paralyze the disease, without untoward symptoms it is useless to state. Should the pathological changes however become so great, that the left ventricle can no longer preserve the balance of power, the patient will fast go to his grave.

To recapitulate: In order to diagnose insufficiency of the semilunar valves of the aorta, we must have:

1st, A diastolic *murmur* over the aorta, instead of a normal diastolic sound

2d. An eccentric hypertrophy of the left ventricle, which manifests itself in a lengthening of the heart, so that its apex is found a little more to the left than is normally the case, and as low as the sixth and even seventh intercostal space.

3d. A sudden, vigorous, full and resisting pulse, which almost in an instant recedes from under the fingers.

4th. A strong systolic action of the heart at its apex, indicating the condition of the ventricle, and the phenomena as presented by the smaller arteries.

Without exception, these signs will invariably be present, which, together with the anamnesis of the case, will render the diagnoses of "insufficiency of the aortal valves" of much less difficulty.

KAOLIN IN CROUP.

BY C. A. JAEGER, ELGIN, ILLINOIS.

Dr. Landesmann calls attention in Allg. Hom. Ztg., vol. 79, pages 105 and 106, to a new—or rather old—remedy in croup, *Kaolin* (Porcelain earth)=Al 3, Si 3+6 H. He made use of it for the first time in 1857, having a desperate case of croup to treat, and where Acon., Hepar., Spong., Brom., Phos. and Jod., after several days administration had not produced the slightest effect, he searched in various works for a remedy to be of benefit in the case, and found in *Jahr's Handbuch der Haupt Anzeigen fuer die richtige Wahl der homœop. Heilmittel, 4th Edition,* 1851, amongst the remedies for the Croup, *Kaolin.* It is not to be found in any other work of Jahr's, not even in the large symptom codex. Dr. L. administered this remedy at once in the 6 dil. moistening globules with the same and giving it every half hour. After the second dose, his patient began to breathe better, the cough was less hoarse, and all the next day the child which was considered beyond recovery, was out of all danger.

The Doctor has during the past twelve years, in about 150 cases of Croup, made use of *Kaolin* only 20 times, for the reason that he has never given it at the onset of the disease, and has generally had good success with the ordinary remedies. Where however they did not accomplish the desired effects then he had recourse to *Kaolin,* and in all cases but one was successful.

Kaolin is especially indicated and acts most promptly when the croupy inflammation is confined to the lower portion of the larynx or to the upper portion of the trachea, which is readily ascertained by the *sawing-like* inspiration caused by the obstruction in those parts. Our author relates a case that had been under allopathic treatment, and the attending physician pronounced it hopeless, unless relief could be brought by means of tracheotomy. The day and hour for the operation was set, the physician arrived at the house of the patient with instruments for operation, &c., when in a

moment it occurred to the father that Dr. L. was coming on that day to the city to meet an appointment, and he requested the family physician to postpone the operation until the next day, without giving any special cause for his request. The physician assented, and promised to call on to-morrow. The father hastened at once to the hotel to see Dr. L., to whom he related the case, &c. The Doctor considering the case hopeless, and the more so, as he knew the allopathic adviser to be a man of high standing in the profession, and one who would not advise the operation if it was not the only means by which the life of the child might possibly be saved, and having also many engagements during the brief time he was at G——; he informed the father of the child that there was but little hope, and if any homœopathic remedies should possibly be of avail, they--the remedies—would act as well without seeing the child; as the diagnosis was certain. Dr. L. gave the father two remedies in globules, Brom. 3, and Kaolin 6, with direction to give Brom. first, every half hour 5 pellets, and if during six hours even the least improvement appeared, to continue the remedy; but if during this period,no improvement in respiration and cough was manifested, to give then Kaolin in the same manner, and as soon as the patient was relieved to prolong the intervals, whether it was from Brom. or Kaolin. This was on Saturday, and on next Tuesday the father brought the cheering news that the child was better. Brom. had been given as directed, but without benefit. Kaolin was now substituted, and after the second dose, the breathing began to be freer and the cough less hoarse. The medicine was continued at longer intervals during the night. In the morning, when the family physician came to operate upon the child, he found the little fellow in full convalescene and was greatly astonished at the change. He asked what had been done during his absence; upon which the father made full confession, and showed him the globules. The physician looked at them, smelled and tasted the same, and finally remarked that he had to acknowledge that the Homœopathists had remedies which were unknown to him. The little patient fully recovered.

Surgery.

L. H. WILLARD, M. D., EDITOR.

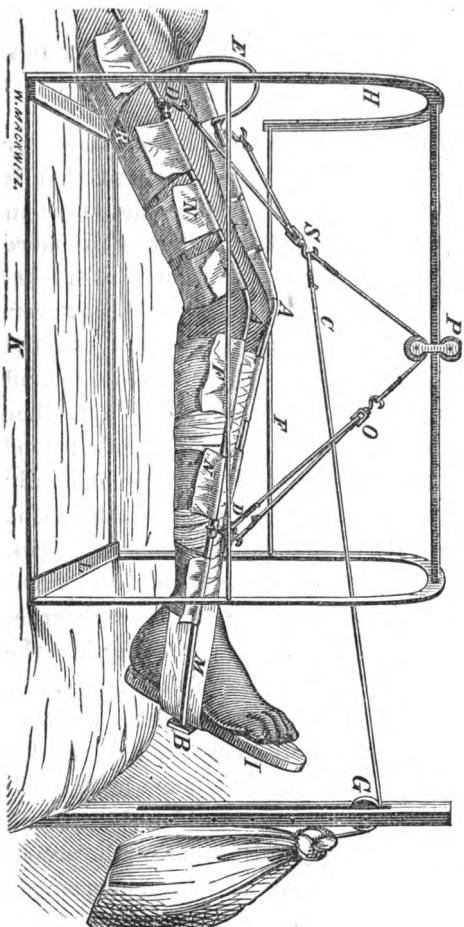
CLARK'S IMPROVED HODGEN SPLINT, FOR TREATING SIMPLE AND COMPOUND FRACTURES OF THE FEMUR.

BY E. A. CLARK, M. D., RESIDENT PHYSICIAN ST. LOUIS CITY HOSPITAL.

In presenting the following apparatus to the profession, for the treatment of fractures of the femur, it is claimed that it posseses advantages not recognized in other appliances now in ordinary use for that purpose. Its practical utility is the more apparent because of its ready adaptation to all varieties of fracture of that bone, whether simple or compound. It is, however in treating the latter form of fracture that the advantages of the apparatus are especially appreciable. The convenience and comfort it affords to the patient cannot be secured by any other mode of dressing now in use. While we do not deny that good results may be secured by all the various appliances generally used in treating fractures of the femur,—even the most ancient methods, not excluding the expectant plan in some instances, —yet we cannot but ignore the long splint of Physic and Desault, with its excoriating perineal band, as being not only cruel to the patient, but uncertain in securing the proper length of the limb, where there is any considerable degree of shortening.

These objections, however, do not apply to all the forms of fixed dressings, and by fixed dressings I mean such as shackle the patient upon his bed without admitting of change in the position of his body. Some of these—such as combine the method of extension by Swinburne—may rarely fail in securing the proper length of the limb, however much it may have been shortened; but with the exception of the starch bandage—which is too unsafe to be used in any case of oblique fracture—all these appliances are objectionable in that they do not allow the patient sufficient liberty of motion, but keep him confined too constantly

to one position, which in many cases materially affects his health, especially where other injuries or complications accompany the fracture; while in no instance can the patient be made so comfortable during the period of his treatment, confined, as he must be, by the ordinary dressings, as when he is permitted to change the position of his body and limb at will, as is the case when dressed upon the apparatus herewith represented.



This apparatus, as illustrated by the accompanying wood-cut, needs but little description to indicate the manner of its application. The arch and pullies upon which the limb is suspended, are exactly the same as those of my splint for treating fractures of the leg, as published in the *Humboldt Medical Archives* for January, 1868. The arch should be turned of iron bars, one-eighth of an inch in thickness and half an inch in width. The top of the arch (H) should stand eighteen inches from the surface of the bed, while the width of the frame at the bottom (L) should be fifteen inches, and its length (K) twenty-four inches. The two arches are braced upon each other by the two slender bars (FF) at either side, and the rail at the top upon which the

pulley (P) glides. This rail, to prevent bending, should be made of steel, three-eighths of an inch in width and one-fourth of an inch in thickness, with its broad diameter placed in the vertical position, and fixed with a thumb screw at one end, so that the rail may be withdrawn to apply the pulley. It will be observed, that the arch at the proximal end is cut away at the inner side below where it joins the lateral bar (F), the object of which is to allow the patient to use the other limb more freely.

The splint of Dr. Hodgen, upon which the limb is mounted, consists of iron rods (AA) one-fourth of an inch in thickness, placed parallel on both sides of the limb, extending its whole length and transversely across the bottom of the foot, much after the manner of Smith's anterior splint. The limb is then adjusted in the splint by placing it in position, and pinning strips of bandage (NN) four or five inches in width, over the bars on either side, constituting the floor of the splint, upon which the limb is allowed to rest in the suspended position; adding, however, as will be seen in the diagram (R) a sheet of paste-board five inches in width, extending from the nates to the knee upon the posterior surface of the thigh, thus giving a more equable support to the limb at the point of fracture. These bars upon which the limb is supported, are prevented approaching too near to each other or to the limb, by an iron bow (E) holding them in position at their upper extremities.

The attachment for extension is by means of the adhesive strips (M), extending to near the knee and passing around the footpiece (I), to which is attached a small bracket (B), which hooks over the lower end of the main splint. Then the limb is suspended by the four hooks (D D.) which are attached to thimbles that slide back and forth upon the bars, and are fixed at the desired point by means of thumb screws in their outer sides. The limb now being suspended, the extension is made by means of the cord (C), attached to the hook in the pulley at (S), passing forward between the cords playing over the pulley at (O), to drop over the pulley (G), fixed in the slender post at the foot of the bed, and then attached to a sandbag of sufficient weight to make the necessary amount of extension. The weight

ordinarily required for an adult will be from 10 to 15 pounds. Now with the limb completely adjusted in the apparatus, the axis of the femur may be changed to any line by sliding the thimbles nearest the foot forward or back, which will elevate or depress the leg, and in doing so will produce just the opposite effect in the position of the thigh. Or again, the same can be accomplished by sliding the thimbles at the thigh back or forth. Or the axis of the femur may be still more conveniently adjusted, by gliding the pulley (P) back or forth upon the suspension rail, which, as will be seen by a glance at the diagram, if the pulley be drawn towards the body, will have the effect of elevating the thigh and depressing the foot, and *vice versa*. Then by means of the lateral movement in the pulleys (S,O), the patient is enabled to rotate the limb sufficiently to allow him to lie upon his side if he desires, or if it becomes necessary. The only counter-extension required with this dressing is the weight of the body, which is quite sufficient in all cases; for even though the patient should gradually slip down in bed, the extension is constantly the same until his foot reaches the post at the foot of the bed, when, without any assistance, he can draw himself up in bed again, the whole apparatus connected with the limb coming back with the pulley (P) upon the suspension rail, when the body is drawn upwards. Thus it will be seen that the patient is enabled to execute many movements of which the sound limb is capable, without in any way modifying the force of extension or changing the axis the of femur. Even though the patient desires to sit up, or lie upon his side, as he is often compelled to do because of bed-sores, or other injuries upon his back, the position of the fracture is not in the least affected or union retarded. Neither does it matter at what point the fracture occurs, whether in the shaft of the bone or the neck, without or within the capsular ligament, the result will be all the same. Though it has been urged and may be thought by some as an objection to this apparatus, that the great degree of motion allowed to the limb will admit of too much mobility in the fracture, such objections are altogether theoretical, for it must be apparent that with any ordinary movement of the limb,

the motion will take place at the point where there is the least resistance, which would of course be at the joint and not at the point of fracture. It will readily be seen that as the weight of the limb is supported as much upon the upper as upon the lower fragment, and the entire limb carried alike in every movement, the whole length of the thigh being supported upon the sheet of paste-board on the floor of the splint, it is impossible for any motion to take place at the point of fracture without direct force being exerted upon the fractured extremities. This apparatus is also peculiarly adapted to the treatment of compound fractures of the femur, as that portion of the limb, not being encumbered by bandages or splints, is always exposed to view, and made convenient for the application of dressings; while the strips of bandage beneath, upon which the limb is supported, can always be readily removed when they become soiled, and replaced by new ones without disturbing the position of the limb. That portion of this apparatus consisting of the iron bars on the sides of the limb, the strips of bandage constituting the floor of the splint, with the adhesive strips attached directly to its lower end, without the intervention of a footpiece, and the lateral pullies, was originally devised by Prof. J. T. Hodgen, some seven years since, but the suspension and extension was made from the ceiling, after the manner of Smith's anterior splint; and though almost universally successful in securing good results with this method, we think our plan of suspension and extension preferable, both for its convenience, and the dangers to success that it obviates. When the extension is made from the ceiling, the cord must be placed at a certain angle of obliquity, to insure the necessary amount of extension to maintain the proper length of the limb. Then, if, as will invariably be the case, the patient slips down in bed, the force of the extension will be diminished just in proportion to the diminution in the angle at which the cord is attached. But with the extension by the sand bag, this danger is entirely obviated by the uniform traction exerted upon the limb, in whatever position the body of the patient may be placed. We have recently treated six cases of fracture of the femur, by this method, with no shortening or

deformity in a single case. Of these, one patient was a delicate female sixty years of age, with an extra-capsular fracture of the neck of the femur, with a contusion upon her back, that required her to lie upon her side most of the time during the ten weeks her limb was kept suspended. In another case—that of a man fifty-six years of age, with a fracture at the middle third of the femur, which from the unnecessary interference was prevented from uniting,—at the end of fourteen weeks (now eight weeks since) I performed the usual operation for ununited fractures, by lacerating the fractured surface with a gorget, and readjusted the limb upon the apparatus as before, and the fracture is now becoming quite firm and will soon be a successful cure, without any deformity or shortening of the limb. I feel confident that a single impartial trial of this apparatus, will satisfy any one as to its practical utility, and that no other apparatus has yet been devised, so fully to obviate the many inconveniences attending the treatment of the class of injuries for which this is especially adapted.

[NOTE.—Through the kindness of Dr. Clark we have witnessed several cases treated with this splint, and have no hesitation in saying, that, so far as our experience goes, for comfort to the patient, facility of application, and the proper fulfillment of all the indications for fractures of the Femur, this splint is superior to any now in use. The leg splint will be shown in our next issue.—ED]

FRACTURE OF THE LOWER THIRD OF THE RADIUS, COMMONLY KNOWN AS THE COLLES' FRACTURE.

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

Fractures of the radius, which occur in the lower third of the bone, say from half an inch to two and a half inches above the calrpal end of the bone are known as "Colles' fracture," after a cetebrated Irish surgeon of Dublin, who first called particular attention to them. This fracture is almost always caused by falling directly upon the palm of the hand.

Case I.—Miss S., Aet. 47. May 1, 1868. From accidentlly falling down stairs, fractured the radius of the left arm. The fracture was in the lower third, about one and a half inches above the lower end of the radius. Some six hours elapsed after the injury, before I saw the case. The wrist was very much swollen, and the deformity was very marked upon comparing it with the other arm; the pain was excessive, so that I was necessitated to give chloroform before I could examine it. Upon examing it, I readily detected a fracture of the radius, but the deformity was so great that I at first feared, in addition, that a dislocation at the wrist might exist. The fracture was reduced and the parts very carefully adjusted, a roller bandage applied to the hand and forearm, and Bond's splint, well padded with cotton, applied to the palmar surface of the arm; a dorsal splint of thick paste-board was now applied, and then a bandage; the forearm was placed at a right angle with the arm, midway between pronation and supination, and in this position supported in a sling. The patient was particularly enjoined to keep quiet until all the severe symptoms of pain had subsided Patient suffered considerably, not only from the shock of the injury, but from pain and swelling, and these symptoms did not entirely subside for three days or more, so that I was necessitated to give Aconite, Arnica and Rhus tox. severally, as they were indicated. After the lapse of three days I removed the bandages, so as to carefully examine the limb, which I found to be in a straight position and everything looked favorable. The arm was examined from time to time, but the splints were kept on for eight weeks. She made a perfect recovery, and at the end of three months was able to use her hand. At the present time she is perfectly well and the limb quite normal.

Case II.—Henry S. Aet 15. Opened a door at the head of a pair of stairs going down cellar, and fell to the bottom, He was severely injured in many parts of his body, but no bones were broken, except the right radius, about one inch above its lower extremity. The patient suffered very much, as is usually the case, having received, apparently, some internal injuries. It was called to him soon after the accident, but did not deem it

prudent to give him chloroform immediately, until symptoms of reaction should show themselves, as the shock from the injury was very marked. After the lapse of two hours I administered chloroform and examined the injury, and found, as above stated, a fracture of the radius. I reduced the fracture and treated it in the same way as in case I. using Bond's splints. After three days I examined the limb, carefully removing the plints, and then, finding the parts in position, reapplied the splints. After this I examined the limb every nine days. At the end of six weeks I removed the splints and found union perfect, but concluded to apply only the palmar splint, (leaving off the dorsal splint), and required him to wear the same for some two weeks longer, as he was disposed to be rather reckless and careless about himself. He recovered the use of his arm in about two months, and at the present time is perfectly well Sometimes these fractures fail to unite without more or less deformity, so that the surgeon should always be rather guarded in his prognosis.

The celebrated late Dr. Valentine Mott said, in a clinical lecture delivered before the class of the University of New York, as follows:*

Fractures of the radius, within two inches of the wrist, when treated by most eminent surgeons, are of very difficult management, so as to avoid all deformity; indeed, more or less deformity may occur in the treatment of the most e minent surgeons, and more or less imperfection in the motion of the wrist or radius is very apt to follow for a longer or shorter time. Even when the fracture is cured, an anterior prominence at the wrist or near it will sometimes result from swelling of the soft parts."

To which the *Reporter*, another eminent surgeon in New York, adds:

"As the above opinion of Prof. Mott coincides with my own observations, both in Europe and in this city, as well as with many of our most distinguished surgical authorities, I hope that it may assist in removing some of the groundless and ill-merited aspersions which are occasionally thrown on the members of our profession by the ignorant and designing."

---

*Hamilton on fractures and dislocations. 3rd Edition, p. 279.

SURGICAL CASES.

BY PROF. WM. TOD HELMUTH, M. D.

TUMOR OF THE FOREHEAD.—A young lady was sent to me by Dr. Lemon, of Jacksonville, with a tumor on the left side of the forehead, which had existed for some time, and was rapidly growing. Upon examing it carefully I found that its base was immoveable but that its projecting portion presented some signs of fluctuation. I diagnosed a sebaceous cyst, supposing its base adherent to the *os frontis*, and immediately prepared to remove it. The external wall of the sac was quite thin, and upon carefully dissecting around it appeared to be firmly attached to a somewhat elevated and sharp ledge of bone I therefore cut into the cyst and evacuated its contents, and found that the whole external table of the skull, which had originally formed the base of the tumor, had been absorbed, together with the diplœ, and that the external surface of the inner table was worn perfectly smooth and presented a highly polished appearance, while the sharp ledge of the external table overhung the cavity. Every portion of the sac was as nearly as possible removed, and to prevent recurrence, the parts were scarified by the bistoury on the internal surface. The wound was thoroughly cleansed and brought together by four points of interrupted sutures. Drs. Goodman and Phelan assisted in the operation.

This case was one of great interest to me, showing what effect a small amount of continued pressure may exert on the osseous system. Rokitansky, Vol. III, page 114, has the following which bears directly on this case:

"Small tumors which exert uniform and very moderate pressure, and even large tumors, when they grow slowly, occasion, first flattening, then excavation of the bone on which they press, but do not disturb the smoothness or polish of its surface. The bone around bulges out, and appears not as if it had sustained any actual loss of substance, but rather as if its substance had been merely thrust aside."

The patient bore the operation well, and the following letter will explain the after treatment by Dr. Lemon.

JACKSONVILLE, ILLS., January 5, 1870.

W. TOD HELMUTH, M. D.—*My Dear Doctor:*—On the Sunday morning after the operation, the pins were removed from Miss Lee's head and adhesive plaster placed over the cut so as to avoid separation of the edges. These were removed in five days afterwards. The cut healed kindly; no fever after the second day; a little Aconite relieved that immediately. A day or two later a neuralgic pain in the neighborhood of the cut was removed promptly by a dose of Belladona. As soon as this passed off, I gave her Aurum Met. 200, and in a week after gave her Silicia, followed in another week by Sulph. This is all the treatment I believe.

I saw her to-day, and she says "the place is a little tender and hurts her sometimes a little." The place has the appearance of a dent surrounded by a ring, though not quite so much as when the dressings were entirely dispensed with. The scar is slight, merely a little seam in appearance. If you have any further treatment to suggest, write by return mail. Shall be pleased to hear from you at any time.

Yours truly,

W. L. LEMON.

A CASE OF DOUBLE VARICOCELE CURED BY LIGATION ON ONE SIDE.

While on my way to the American Institute in June last, I was requested by my friend Dr. P. P. Wells, of Brooklyn, N. Y., to see an interesting lad, aged about fourteen years, who had been suffering from varicocele on both sides, which had given him much pain and inconvenience. The usual symptoms presented and the operation which was originally devised by Dr. Pancoast, of Philadelphia, and which I have practiced with success many times, was performed on the left side. The boy suffered considerably for a day or two, and complained of considerable pain when the cords were tightened. The wounds were dressed with calendula lotion, and I left him in charge of Dr. Wells. In a letter received from the Doctor a few weeks since, he records the entire success of the operation, at the same time stating that the enlargement of the right side has also disappeared. The latter fact is noteworthy, and occasions the record of the case.

Book Notices.

BAEHR'S SCIENCE OF THERAPEUTICS, with additions from Kafka and other sources. Translated by Prof. C. J. Hempel, M.D. Published by Bœricke & Tafel, 145 Grand street, New York.

To our indefatigable co-laborer, Prof. Hempel, the Homœopathic profession is again indebted for another valuable work. With the exception of Raue's most thorough treatise, it has taken ground long needing cultivation and long unoccupied. We would especially commend the agreeable style in which the various subjects comprised in the work are presented, rendering the book readable alike to physician and layman. The etiology, symptoms, progress and termination of each disease are most thoroughly and scientifically treated, whilst the remedies appropriate to each case are discussed in a manner calculated to command respect and attention from those opposed to the Homœopathic system of treatment, without being stared in the face by a mass of symptoms they neither understand nor comprehend the rationale of.

The diet peculiar to the treatment of each disease, with accessory measures for relief, has its place; the value of which the young practitioner can most fully appreciate, as he is left in the majority of instances, to his own crude reasoning and experience—the truth or error of which he must ascertain without any definite rule to guide; where doubt might arise as to the suitable remedy, the differential diagnosis of the most promi nent are given, rendering easy of solution the problem often so puzzling to the Homœopathic doctor. The whole work is enriched by the citation of such cases as seem especially suitable for illustrating the disease under consideration. The two volumes contain many extracts from Hahnemann, Kafka, Hartmann and others, which, with the remarks of Prof. Hempel, make them the storehouse of much valuable experience not found in any previous work on the same subject. The Introduction of the Translator, though not meeting on all points the concurrence of every practitioner, is written in a most scholarly manner, discussing, in detail, the cardinal points of Homœo-

pathic policies. To the publishers, Messrs. Bœricke & Tafel, too much praise cannot be accorded for the elegant manner in which the book is presented to the public and the profession, in point of binding, typography, etc. It is pleasant to open such a work. It cannot fail of being read by all Homœopathic physicians of large and limited experience, as presenting many new ideas in a most agreeable form. C.

Dr. Holcomb's New Work.—Our esteemed friend, Dr. Holcomb, is gaining as elevated a position in the field of general literature as he has occupied in the medical world. His last work on "In Both Worlds," has been read with profound attention and has elicited much discussion. The great peculiarity of his subject, and the method in which he has handled it, indicates a mind of rare and original power, as well as a direction and scope of thought which is rarely possessed by any of the writers of the day. To give an idea of the manner in which the book has been received by many, we take the following from a recent review:

"We are prepared, therefore, to examine this new and extraordinary production purely as a work of art, and, having read it attentively, and been deeply impressed by the genius of the author, we approach it reverentially, as it treats of sacred themes, and with something of the joyous exultation with which we gaze on a perfect painting, or a finished or well-proportioned piece of sculpture by one of the great masters. In conformity to the taste of an enlightened and liberal age, divested of the prudishness which obscured the clear vision of our predecessors, Dr. Holcomb has selected the novel as the most attractive vehicle for the expression of his grave but profoundly interesting views of life and of the "life beyond life." To this mode of approaching society through all its ramifications, there can be no reasonable objection. The best literature of the day, in all the departments of thought and literature, is embodied in works of fiction, and the purest and most eminent minds in Europe and America, who have aimed at accomplishing important results by appeals addressed to the popular heart, or the universal reason of mankind, have adopted this method of writing with signal success."

The Inaugural and Annual Addresses before the Homœopathic Medical Society of the State of New York. By Wm. H. Watson; M.A. M.D., President of the Society.

We have received and placed on file the pamphlet bearing the above title. The author of these addresses has been well known to the profession for years as a scholar and a fluent writer. The Inaugural Address, delivered upon his election as President of the Society, (which has done, and is doing, an immense work in the field of Homœopathy) is concise, digested and appropriate. It gives a brief resume of the status of Homœopathy in New York, and suggest measures for the further advancement of the science. The Annual Address on the duties and responsibilities of the medical profession and "its relation to the Allopathic branch," is most excellent in plan, well digested and agreeably set down. He points out, especially, the the great tendency of modern medicine towards Homœopathy, and thus speaks in unmistakable language:

No union with that antiquated school is, in my judgment, either possible or desirable. (1.) It is not possible; because, believing, as we do, in a *general law for the selection of the curative drug*, we could not affiliate with them until they adopt the principle of *similars*, and make it the basis of their practice. When they do adopt that position, there will cease to be a need for union, for they will be homœopathists like ourselves, and like other educated physicians, who practice upon the principle of *similars*, they will be eligible to our societies. When they renounce the fallacies and imperfections of their mode of practice, that action alone will make them of us and with us, Our system has for its end the entire overthrow of their orthodox faith and practice, a demolition of their theories and a return to the purely inductive method of research in medicine. We cannot, therefore, compromise with them were we disposed so to do. (2.) Such a union is not desirable for us, since by it we should be deprived, to a great extent, of that principle of emulation which has been our greatest aid in striving for perfection in the healing art."

These are words which come from a mind ladened with the convictions of truth. We hope that the Address may have a large circulation, and that it may pass into the hands of laymen as well as physicians.

Directory of Homœopathic Physicians—We desire to call the especial attention of our readers to the "Directory of Homœopathic Physicians," which is under the exclusive charge of Henry M. Smith, M.D., of New York. The following circular explains itself:

DIRECTORY OF HOMŒOPATHIC PHYSICIANS.

It is nearly fourteen years since the last Homœopathic Directory was published in this country, and the vast number of additions and changes in the homœopathic ranks render such a work very desirable. Little help, however, can be gained from the labors of the past, and the correctness and completeness of this Directory will depend upon the aid which Dr. Smith may receive from the different sections.

The Directory will be arranged by States, and, as fully as possible, will include:

1. A brief history of the introduction of Homœopathy into the State, and some notice of the earlier practitioners.
2. A notice of the State Society, its organization, time of meeting, etc., and list of officers.
3. A notice of local or County Societies, times of meeting and principal officers.
4. A description and history of the hospitals, dispensaries, and institutions under homœopathic care.
5. An account of the homœopathic journals published in the State.
6. A list of the Homœopathic physicians. The names which have been sent to the Bureau of Registration will be printed in SMALL CAPITALS. The names of members of the American Institute of Homœopathy will be preceded by an asterisk (*), those of State Societies by a dagger (†), while those whose residence is doubtful by an interrogation point (?).

No pains will be spared to make this Directory as full and correct as possible, and every physician is requested to communicate any information upon either of the above points. They are also especially requested to fill up, at once, the following blank, and send it to

HENRY M. SMITH, M.D.,
107 Fourth Avenue, New York.

My full name is.....
I graduated at.. ....Medical College, in the year.....
My present address is.....county of.....
State of....., where I have resided since .....
Previous to that time I practiced in.....
I began to practice Homœopathy in the year.....at.....

We beg our readers, who have received the enclosed, to fill them at once and forward them at once to Dr. Smith, and those who have not, to *write* out such information as is desired. Let us also urge them to write *plainly* and on *one side* of the sheet only.

THE AMERICAN HOMŒOPATHIC OBSERVER has changed its

name, or rather, adopted a new one. It carries on its title page its *old* and its *new* name, with the addition of "The Medicine of Experience." That experience has very much to do with Homœopathy is true, but that it is *the* medicine of experience we cannot concede. It is far above such classification. It is medicine based upon a principle of nature and of science, a principle which lifts it far above the mere "experience" of its professors, and places it side by side with those sciences which are governed by fixed and immutable laws. It is the medicine which, for its proper elucidation, calls for a proper understanding of the collateral sciences, and requires of its professors a thorough and complete understanding of *medicine.*

The *American Observer* places upon its title some of the best men in our school as co-laborers, and from the wide circulation it already possesses, will do much for the spread of Homœopathy. We wish it great success.

THE NEW ENGLAND MEDICAL GAZETTE comes to us with a new cover and enlarged inside. The ability of its Editor, as well as his perseverance and energy, are appreciated by all the profession, and the success the *Gazette* has met with, is but the natural result of the labors of its contributors and its judicious management. In the beginning, the size of the periodical was twenty-four pages; in 1870 it is enlarged to forty-eight. The healthy, and, we may add, almost plethoric condition of the January number, well indicates the prosperity of our school in the New England States.

Correspondence.

A CASE OF OBSTETRICS.

DECEMBER 1, 1869---9 A. M.---Visited Mrs. ——, aged 23 years Irish---primpara; has been suffering pains since 1 A. M. On examination found os but little dilated, head presenting, occiput anterior, to the left. Being much pressed for time, I left her promising to call early in the afternoon.

2 P. M.—Again visited her. Found her having good pains, os dilating, occiput rotating to the pubis. I was now struck with the puffy appearance of her face and neck. Upon close examination found the upper portion of the body edematous. Upon inquiry as to how she had passed through her pregnancy, found she had been under treatment three times during her pregnancy, each time by a different physician, for congestion of the kidneys. Continued progressing well until 3 P. M., when her face became very livid during pains. During intervals breathing became stertorous; answered correctly when spoken to. Twitching of the limbs now came on with the pains. Finding that convulsions were imminent, the occiput having rotated under the pubis, I applied forceps and easily delivered her of a good sized child; with the effect of immediately relieving all unpleasant symptoms. On the third day after delivery she became feverish, with some tympanitic distension of the abdomen, and considerable tenderness over the uterus. Gave Aconite, and ordered mush poultices to the abdomen. These symptoms of metritis yielded in twenty-four hours to this treatment. I paid no especial attention to the edematous condition, thinking that it would disappear of itself, as its cause was over. On the fourteenth day her dropsical symptoms had increased, and urine was highly albuminous. She was at at once put on Arsenic 6, this, with Apis 3, was continued until February, when she was discharged cured—her dropsy having disappeared, and no albumen in urine.

This is one of the cases in which the old adage that "meddlesome midwifery is bad" does not hold true. That the labor would have naturally terminated in a short time there is no doubt; that it would have terminated with the patient in convulsions, there was to me equally no doubt; by hurrying matters I averted the danger.

For dropsical symptoms in pregnant or parturient women, Arsenic and Apis will do all that physic can do (me, judice.) They have not failed me yet. Four times last year did one or the other remove all dropsical symptoms with albuminious urine, in the latter months of pregnancy, and my patients passed through parturition safely.

A puffed, bloated appearance of face and upper extremities is a condition I especially dread. It does not matter much how greatly the lower limbs may be swollen; but with the former, if the labor is difficult or protracted, the accoucheur may almost certainly predict eclampsia; and he is a fortunate man if they do not occur anyhow.

Western Homœopathic Observer.

ST. LOUIS, MO., FEBRUARY, 1870.

☞ To insure publication, articles must be *practical, brief* as possible to do justice to the subject, and *carefully prepared*, so as to require little revision.

☞ Readers of the OBSERVER, will oblige the Editor if they will forward copies of local newspapers, or similar matters of importance to the profession, all such will be thankfully acknowledged.

☞ Physicians having changed their locations, or desiring to remove from one portion of the country to another, will please communicate with the Editor, that he may note the same. Records of marriages, and deaths of physicians, and other personal news will also be received and noticed.

☞ All exchanges, books and pamphlets must be addressed to the Editor, No. 1418 Washington Avenue.

Editorial.

THE ANIMUS.

At the present era of homœopathic extension, and in the present age of progress and reform, there are examples of higher feelings of scientific liberality being extended between the medical gentlemen of the old school—but they are like angel's visits—few and far between. But the honor and principle which show forth in these examples are bright rays that are now illuminating a twilight, which ere long will burst into an open day. God grant it come soon! But there is yet that feeling of intolerance, that bitter vindictiveness of spirit, that smothering up of all the true principles of social intercourse which has been proverbial in the history of the profession. In this city there has been a case or two in point which are deserving of notice. A young lady of excellent social position, and

above the average in mental qualifications, was attended through an apparently trifling malady by a young Homœopathic physician, (a graduate of honorable mention in the Hahnemann Medical College), and was found dead in her bed early on the morning following one of the Doctor's visits. What was this? How came this so? What did she die of? Send for a doctor! With a hundred such expressions fell from the lips of the excited people. Physicians "came and saw"---what? Why a bottle, a poor little tiny bottle, containing a colorless, tasteless liquid, standing upon the mantel-piece. There lay the body, there was medicine; now, who was the doctor in attendance? A good man, but still a Homœopath. "Now, in the name of all the gods at once" a coroner must come. This vial *must* be saved, and preserved, and locked up, and the law must take its course—to save the Homœopathic physician from blame---notwithstanding the protest of some of the family and the physician, and the opinion of the Board of Health, that after a requisite post mortem examination, a certificate of a legally qualified physician was all that was necessary. The coroner *was* called and came. The post mortem examination was thoroughly made. A jury was called to sit over the dead body of the young lady and see her cut open, brain, thorax, bowels, and no cause of death could be found. Every organ examined was healthy, all but the stomach. That stomach, which was tied and re-tied with strings innumerable, and taken off to have its contents examined. The fluids from the ventricles of the brain were preserved for the analysis of the chemist, and before the jury departed, the attending physician was put upon the stand.

Had he given her any other medicine? Yes, sir. What was it? *Rhus tox*, (Poison Oak), a narcotic stimulus). How does it act? It was prescribed for dryness of the tongue and tendency to Typhoid fever. (This answer was not intelligible) What strength? TWO HUNDREDTH POTENCY.

The jury was discharged, to be recalled as *soon as the chemist* had analyzed the contents of the stomach, brain, bowels, bladder, &c.

The public prints of course got wind of the affair, and they publicly stated that it was believed the poor young lady had been poisoned.

What a blow to Homœopathy! Poison oak and Phosphoric acid---death of the patient--another victim to the unfortunate cause of Homœopathy!

But when the jury had been called again, and the chemists had found *nothing*, absolutely nothing, in the slightest degree poisonous, then to conceal chagrin, to cover up a deep sense of disappointment and endeavor to still throw discredit on the system, it was stated that there was not sufficient medicine to affect the stomach of a musquito.

If ever there was a decided blow struck for Homœopathy; if ever the people were well satisfied as to the contradictions of statements; if ever a crowd of doctors were more "*put to it*" to explain the animus of their action in the case,---then we know not where such may be found.

There were physicians who acted in this unpleasant affair, who would not lend their minds to any intolerance or injustice, and who did all in their power to place the matter in a proper light. These are the men who will be honored hereafter, and are men of high culture. But a great many in the profession were--- what? Most egregiously, and conclusively fooled.

THE NEW INSANE ASYLUM OF NEW YORK UNDER HOMŒOPATHIC TREATMENT.

We have received an extra sheet of the Orange County *Press*, published at Middletown, New York, which gives a detached account of the meeting in that city relative to the location of the new Insane Asylum. Dr. George F. Foote gave an eloquent and pertinent address reviewing the entire subject, after which the following resolutions were passed:

Whereas, The overcrowded condition of the Insane Asylums, together with the deplorable treatment of the hopeless insane at the county poor-houses throughout the State, is a source of great suffering and wholly inadequate to a proper hygienic

treatment of those with mental affections and not in keeping with the spirit of this progressive age; and

Whereas, George F. Foote, M. D., in behalf of the profession and friends of Homœopathy, is now visiting this section of the State with a view to select a proper site and locate an Asylum for the Insane, where the medical treatment shall be Homœopathic; and

Whereas, We have listened with deep interest to the address from Dr. Foote upon the condition of the insane---and the wants of the profession---together with a recital of statistics relative thereto, examined his plans of a proposed Asylum and listened to explanations thereof; now, therefore,

Resolved, That we are in full sympathy with Dr. Foote in this great and good work. and that we will aid with our best endeavors to perfect an organization and to construct an Asylum upon the plans proposed by him.

Resolved, That Middletown, in view of its central position, its accessibility, its salubrious and healthy climate, its superior facilities for water and supplies in general, its fine sites and pleasant scenery is peculiarly adapted as a proper location for an Asylum.

Resolved, That we cordially invite Dr. Foote, and through him the profession he represents, to select from our beautiful environs a suitable site and locate theron the contemplated Asylum.

Resolved, That in consideration of the great good contemplated, and of a compliance with the invitation above mentioned we will raise by subscription and donate the general fund for constructing the same of $50,000.

Resolved, That the Water Commissioners are hereby requested to give a perpetual right to the free use of the Monhagen Water to the said Asylum.

The Resolutions were seconded by Jirah I. Foote, Esq., in a few neat and pertinent remarks.

General News.

G. H. Morrill. M. D., St. Louis, Editor.

Boxing the Ears.—Parents, governesses, and others, who have the care of children, should be aware of an accident very liable to occur from blows on the head, or boxing the ears, namely, laceratiou of the *membra-*

na tympani, a membrane which closes the bottom of the meatus, and is stretched something like the parchment of a drum. The accident may be recognized by a sense of shock in the ear, deafness, and a slight discharge of blood from the orifice.

FAMINE-FEVER.—Famine fever (*Relapsing fever*), or, as the Germans call it, "Hunger-pest," has been present in England now for about sixteen months, and bids fair to become an epidemic. The disease is comparatively a stranger in the country, not having visited it for fourteen years. How it was introduced last year, cannot be discovered; but one thing is painfully certain—it is very contagious, hence its rapid growth in some parts of London. Its contagiousness does not seem necessarily to require that its victims have been ill-fed or impoverished, since those who have most of the comforts of life have been attacked. Dr. Murchison states that:—

"Although a much more *painful* illness than either typhus or enteric fever, the mortality has been remarkably small, varying from two to five, per cent. The attack, however, leaves the patient very weak and anæmic, and predisposes him to suffer from other diseases."

The range of temperature is very great. In some cases which occurred at King's College Hospital, the temperature had risen to 106° Fahr., on the evening of the sixth day, but fell down to 92° in twelve hours; and on the evening of the nineteenth day, the thermometer registered 107° yet within twelve hours only 94° was registered.

Dr. Kidd, who had much experience in treating the disease in Ireland, during the epidemic in 1837, found *Bryonia* most vaiuable.—*Homœopathic World*, *Nov.* 1869.

CAMPHOR POISONING.—Dr. Grasmuck, of Weston, Mo., reports the following interesting case which has recently come to his notice. A young lady—"very stout and hearty"—suffering with chronic ague, having tried various remedies unsuccessfully, was induced by an old woman to try table-spoonful doses of camphor, "saturated tincture." After taking two or three doses she was seized with convulsions, without loss of consciousness, but with gradual destruction of the mind. She has now had them more or less frequently for a year—the time usually averaging from three to five weeks—the menses often bringing them on. She is still a stout woman, but will soon be sent to the lunatic asylum, being uncontrollable during the spells. She tried to commit suicide by cutting and chopping herself in pieces. The spasms at this time commence in the bowels like a cramp and gradually extend over the whole body.

MEDICAL LIBRARIES.—The city of Baltimore has two public medical libraries—the combined number of volumes is 12,000, including pamphlets.

The city of Boston has two public medical libraries; and the combined number of volumes is about 15,000.

Philadelphia has three medical libraries combined, and the number of volumes is about 55,000. The oldest, the Pennsylvania Hospital Library, was founded 1762, and has now over 30,000 volumes, including pamphlets.

The College of Physicians, so richly endowed a few years ago by Dr. Thomas D. Mutter, has nearly 20,000 volumes, including its pamphlets, and is the most complete working medical library in our country.

New York has four public medical libraries, and the combined number of volumes is about 30,000. The last opened in that city was founded by a lady, the widow of Dr. Valentine Mott, who, at a cost of over $30,000, purchased a suitable building for the purpose, on Madison avenue, which she gave, with the Doctor's library to the profession of New York, for a library, under the name of the "*Mott Memorial Free Medical Library.*" This is a much more appropriate and enduring monument to the memory of her husband (one of America's greatest surgeons) than the most lofty and elaborate obelisk money could have erected.

This is not the only instance of great liberality and encouragement given by American ladies to the advancement and diffusion of medical knowledge Want of time prevents the mention of only one or more, although there are others equally deserving. The future may furnish numerous examples of this kind of female philanthropy and benevolence.

Mrs. Sarah Derby, widow of Dr. Ezekiel Derby, by her last will, in 1799, bequeated to Harvard College £1,000, lawful money, its income to be appropriated to the support of a professorship of anatomy and physic, with the view, as she said, "to extend the knowledge of those arts and sciences which have principally for their object the preservation of the animal economy"—her first husband, who died in 1770, having left a similar sum for the same purpose. To her is due the honor of assisting to endow the first medical professorship established in the United States. The library of Congress is now the largest and vastly the most valuable collection of books in the United States. There is in this library a department which contains many valuable works on medicine. The existing copyright law of the United States brings to it all recent medical books published under it.

The Surgeon General, in the few years that he has had the administration of the affairs of that department, has brought its library from about

two hundred to eight thousand volumes, and many of those are of the most rare and costly character.

BILIARY Calculi may be diluted by giving chloroform and a preparation of peroxide of iron.

PROF. VON BRUM, of Tubingen, has received the prize of 20,000 livres offered by Dr. Ributi, of Turin, for the best work on Surgery.

THE London Female Medical College has matriculated eighty students since its organization some six years ago.

THE first course of lectures upon medical subjects in America, was delivered by Dr. William Hunter, on Anatomy, at New Port, in 1754—55—56, and by Dr. Shippen, in Philadelphia, in 1762, upon the same branch, accompanied by dissections, to a class of ten students.

THE first Medical Degree conferred in America, was in 1770, upon Robert Tucker.

A CORRESPONDENT sends us the following item:

"There is a model old lady in Grafton, N. H., 109 years old, who threads her needle and reads fine print without the aid of spectacles.

A LINCOLNSHIRE mother lately administered four drops of laudanum to a child five weeks old, for the relief and disorder of the stomach. The child died next morning from the effects of the dose.—*Lancet.*

CURE for OBESITY.—Dr. Gibb, of London, recommends the use of bromide of ammonium to those who suffer from excess of fat. When taken in small doses it will absorb fat and diminish the weight of the body with greater certainty than any other known remedy.

REMARKABLE FECUNDITY.—"*McCoy—Brown.*—In Carroll Co., Ga., August 8, 1869, to Mrs. Jane S. McCoy, twins; and on the same day, in the same house, to her daughter, Mrs. Ann Brown, twins, all boys. The last named is said to be only 15 years of age; grandmother, 28; great-grand-mother, 48."—*Cincinnati Commercial.*

A PHYSICIAN POISONED BY HAIR-DYE.—From an analysis of the body of the late Dr. J. M. Witherwax, an old practitioner of Scott County, Iowa, who died with peculiar and obscure symptoms, it was found, as rightly surmised, that he died from lead poison. The lead was introduced into the system through the use of hair-dye.

GOITRE CRETINISM.—M. Garrigon, consulting physician at the Mineral Springs of Aix, asserts that epidemics are due to the existence of magnesia, and more especially to the silicate of that earth, in the soil, which modifies all organisms, both vegetable and animal. His docrine is based

upon extensive observations made in the districts of the Pyrenees where such maladies are epidemic, and are coincident with such geological constitution.

Transmission of Hydrophobia.—Two years since a veterinary surgeon of the Imperial Guard, M. Decroix, anxious to clear up the point as to whether the meat of rabid animals was capable of transmitting the malady to man, ate some raw meat from a dog which had died of hydrophobia,and also some cutlets from a mad sheep. Thus far he has escaped any attack of the disease, and will probably escape entirely. His experiment has demonstrated almost certainly that the meat of rabid animals does not transmit the affection, and it has reaffirmed, for the thousandth time, the neutralizing effect of the gastric juice.

The Requirements of a London Medical Student and Practitioner.—Before the London student is ready to practice he is required to show a higher standard of preliminary education, a much longer course of study, than with us. Clinical teaching is now strictly enforced, and in every way more money must be expended before the student is ready to practise than in America. When the course is completed,and diploma obtained, either from the Royal College of Surgeons of London, Dublin, or Edinburgh, without which he cannot be "registered," he must wait about ten years before he can obtain a supporting practice. It pays well when the practice is obtained. The fee of a London physician of any note is not less than one guinea; and two guineas is not considered exorbitant when he is well-established.

The Use of Tobacco.—Professor W. A. Hammond says, in the *American Review*, that to smoke after meals is a perfectly orthodox physiological act, and is another example of coincidence between instinct and science. Many cases of dyspepsia are cured by this simple means. Tobacco, by diminishing the destructive metamorphosis of the tissues, enables mankind to support the effects of hunger with less loss of strength, and less bodily and mental fatigue, than would otherwise result.

A French physican has just discovered that the cultivation of the sunflower neutralizes the influence of malaria from marshes. This fact has long been known to the inhabitants of the Western States, and its benefits fully established.

THE

WESTERN HOMŒOPATHIC OBSERVER.

MARCH, 1870.

Original Articles.

CHARGE TO THE GRADUATES OF THE ST. LOUIS COLLEGE OF HOMŒOPATHIC PHYSICIANS AND SURGEONS.

BY R. S. VOORHIS, B. L.
Professor of Medical Jurisprudence.

[Delivered at the First Commencement of the College, February, 1870.]

Gentlemen Graduates:

You stand to-night between the ideal and the real.

You have long since had a conception, in your ideal life, of something to be acquired, beyond your mere fancyings, lying in the realm of manhood; something tangible, which you can realize with all your senses; something in which shall be bound up all your realizations of happiness this side of the great hereafter.

Your student life has brought you to the edge of that great circle in which you are soon to mingle with elements which throb with such strange, varied and fearful pulses.

Now, whilst you stand here in this narrow neck of suspense, let me look into your countenance, straight into your eye, *right*

into your heart, and I will tell you whether in that moment, when the battle of life grows warm, your arm will grow stronger and your intellect more thorough-edged to part truth from error, or whether, in the hour of trial, you will quail, and ignobly sink under the triumphant tramp of the victor.

Whilst this great circle, comprehending what we call society, seems to team with discordant elements, there is yet a "divinity which shapes" it, and the elements are so controlled and directed by the Invisible, that all things eventuate in accordance with "the eternal fitness of things." The clay only *seems* to mar in the hands of the potter. The marred lump is remoddled or substituted by a better. Do you desire to place the elements of your nature on the ever revolving potter's wheel, to be brought out a vessel of honor in all the relations which bind you? Out of what part of that nature comes the force which impels you. Is it the embodiment of high aimed thought which tells you that you may make your life glorious?

You have chosen as your avocation a profession than which none is more arduous, demanding greater self-denial; none more honorable among men. For antiquity, it invokes the earliest ages of the world; for honorable distinction and true fame, it calls the names of many celebrities on the rolls of scientific renown in all ages; it has not only the divine sanction, but the savior of men and his apostles illustrated its benign influence in their lives; the infirmities of human nature declare its absolute necessity.

You have given full proofs of your learning, and thorough acquaintance with the subjects relating to the science and art of medicine, and the highest mark of literary honor which you can receive in the profession has been conferred upon you, as shown by the parchments which you hold in your hands.

Let us briefly consider some of the more general obligations and duties which attach to your high office.

I can speak generally only of those obligations, for it would be unfitting and presumptuous in me, belonging to another profession, to undertake the task of teaching you the duties of a doctor in daily practice.

First, let me earnestly impress upon you the obligation to sustain the dignity of your profession. And here I assert that there never has been a time in the history of that profession when this admonition should be pressed home with more zeal than at the present. There was a time when all liberal learning was monopolized by the few; when the man of letters claimed, by natural right, the dignities and honors of that privileged class which exercised so much influence in feudal times—the Knights Errant. But when the art of printing, and generous systems of education brought the masses out of ignorance, and the learning of the liberal sciences became attainable by all, the learned professions, if they lost none of their dignity, have had, nevertheless, to share their influence with the departments devoted to physical development. Where the three learned professions, as they are denominated—Divinity, Medicine, and the Law—used to claim *all* the classically educated, they are now divided between those professions and all the departments of industry. Learning is not now confined to the professions. This is the spirit of the age, the spirit of true progress, and we cannot find fault with it.

There is a reflex action in this general diffusion of knowledge, which calls for deeper learning in our professions. And there is where you can support the dignity of yours. You must advance the standard of attainment.

Hitherto you have had aids who have unfolded to you the character and nature of

> "The num'rous ills
> Inwoven with our frames."

and the nature and character of the agencies to be used in their cure. Henceforth you are compelled to rely upon your own resources. I do not mean to say that you are to abandon your books or other authorities, but they can not aid you in every case. You have to be something more than mere book doctors. Here your individuality, feeble or strong, is to assist you, and whatever of professional wisdom or genius and acumen you possess as original endowments, they must be brought boldly out. There is no royal road to high attainments in your

profession more than in any other, nor will you be any better able as doctors, to take up learning by mere absorption. It is all heavy brain-work between your present status and success.

As you owe a duty to the profession of medicine, in the abstract, you also have a *work* to perform in behalf of the system you have chosen. In this your moral courage and fortitude will be put to the test.

The fact of the usefulness of the Homœopathic School of Medicine has been fully demonstrated, and we are prone to believe that it stands as a house built upon a rock.

In this behalf I have only to advise you to take as your guide, or as a central principle upon wich to build, the doctrine of your own school, which you are to apply with an educated reason and profound judgment.' It was left for modern times to develope a principle known to Hippocrates and Galen, the fathers of the medical science. They struck a key note which was never responded to by their immediate followers. Hahannaman took up the theory and gave to it form and comliness, and the wise and good appreciate it as a benificent heritage to the race.

It will be both seemly and proper in you to cultivate in yourselves an abiding, though modest confidence in your abilities, but do not cherish this sentiment to the development of a revolting egotism, or reprehensible selfishness. I adjure you to cultivate the amenities of professional life which liberalize the mind, and stimulate the best impulses of the heart. Without such cultivation, it is impossible for you to become great, good or wise, in that appreciation which gives glorious lustre to character and a name.

Do you now appreciate that close and delicate position in which the distinguiushed Degree this night conferred upon you places you, with relation to the community, and particularly with individuals who may so far honor you as to solicit your professional services? If you are possessed of that *suaviter in modo, fortiter in re,* which instantaneously cleaves through the crust of exclusiveness, you are at once hailed as counselor and friend. But you cannot sustain this relation unless you are honorable men.

I beg you to bear with me whilst I give you one admonition, which seems peculiarly fitting at this time, and which I shall claim the right to impress upon you with affectionate earnestness. You owe to this institution, from which you receive your title of Doctor, a debt of gratitude, which you can repay only by cherishing a warm fillial regard for the parent of your high honor. We send you into the world as the first representatives of a college inaugurated without ostentation, or hollow pretensions, and which has had such an auspicious beginning, that its friends claim for it an honorable standing among the first institutions of the land. This, the birthday of the medical honor which has arisen upon you, may also be esteemed the birthday of this institution, and the horoscope which casts the future of the St. Louis College of Homœopathic Physicians and Surgeons, may foretell alike, your professional destiny. That destiny is bound up with the dignity and honor of the college, consequently there are reciprocal duties in this behalf. Help us to make it a peculiar honor to be a first graduate of this college.

In conclusion, let me say I know of no better incentive, if you would become eminent in your profession, for you to propose to yourselves, than an abiding determination to become useful in this great living and moving society of which you are about try the realities. Such a motive, if backed by a determined will to obtain the accomplishments of the highest learning of the science of medicine, and to add to it something from the learning of the other liberal sciences which will give you breadth and liberality of thought, is sure to gain for you an honorable distinction in the world,and the respect,confidence and affection of your own brethren. More than twenty centuries ago, Hippocrates drafted an "oath" known among medical authors as the Hippocratic Oath, which he prescribed for his disciples, comprehending in its spirit, if not in all the letter, the duties which I have so imperfectly sketched to you, and which was formerly and may now be generally adopted by colleges and schools of physic on occasions like this. But in the free and liberal spirit in which this college was organized, it wishes "to bind its sons and graduates by the ties only of honor and gratitude."

I, therefore, in the name of this college, being commissioned, do now earnestly and affectionately charge you, the eldest sons of the dignitary honors of this institution, in your practice faithfully to "consult the safety of your patients, the good of the community and the dignity of your profession," that your *Alma Mater* may never have cause to regret that the professional birthright has fallen upon you.

MEDICINE.

HOMŒOPATHY AND ALLOPATHY CONTRASTED.

BY C. S. ELDRIDGE, M. D.

The time has come, when these rival schools of Medicine, Homœopathy, and Allopathy, demand and must secure a critical examination and trial of merit. Ridicule, scorn, even governmental and legislative persecution have failed to destroy homœopathy. She is found advancing in every civilized community, and boasts of triumphs in every portion of the habitable globe where education and enlightenment hold their sway. To excite an interest in inquiring minds, and inform the uninitiated of the ground work,—of the claims of the school, we invite a consideration of the following statements, in which the merits of the two systems are contrasted:

1. Homœopathy is a word derived from the Greek *omoios* similar, and *pathos*—suffering. It is the name of the new system discovered by Hahnemann, a celebrated German physician and chemist, A. D. 1790. It consists in the fundamental law of nature, *that a drug or poison which will produce certain symptoms or sufferings upon a healthy organism, will cure similar symptoms found to exist in a diseased condition.* For example, ipecac will *produce* vomiting, mercury bloody stools and acute fever; yet small doses of ipecac will *cure* vomiting, small doses of mercury are

very efficient in dysentery, and aconite will cure those fevers in which the drug is indicated. Allopathy is a word derived from *allos*—another, and *pathos*—suffering. It is the name applied to the old school system, which implies the cure of one disease by substituting another in its stead.

2. The great law that guides the homœopathic doctor is embraced in the following latin sentence: "*Similia similibus curantur*"—similar things by similars are cured—(not identical symptoms, but similar ones.) A drunken man is not to be cured by whisky or wine, but by a drug which would produce symptoms similar to those of drunkenness, *i. e.* haschisch, nux vomica or opium. The law or rule of the old school is comprised in the sentence "*contraria contrariis curantur*"—contraries by contraries are cured.

3. The homœopathic physician has a single, simple, beautiful and purely scientific guide to direct him in his varied prescriptions at the bedside, even if called upon to treat a disease he never saw, heard of, or read about, he would know what to do, viz: Find a drug which would produce a similar train of symptoms, and if the disease was curable at all, he would certainly relieve his patient. The allopath, on the contrary, has no certain guide no settled principle to aid him. He can only follow some great empiric who has gone before him. Hence, we find them following and adopting methods of practice that are wholly the result of experience; but inasmuch as constitutions, habits climates and even the same diseases at different periods differ vastly, past experience often proves valueless for present necessities, and leaves the practitioner no reliable data on which to encounter unknown diseases. Six homœopaths called in counsel would select the same, or a similar drug, for the case in hand, guided by their law, and being acquainted with the effects of their medicine. Six allopaths in counsel would probably *recommend six* different prescriptions for their patients, clearly evincing, as we have stated, that they have no LAW to guide them. This accounts for the fearful fatality attending such hap-hazard practice.

4. The homœopath never gives medicines in combination, but a remedy which has been proved by numerous persons who have taken it to determine its poisonous or toxic effects, and have also experimented with it upon culprits under condemnation of death, so that they are intimately acquainted with its curative virtues. An exhibition of divine goodness and mercy consists in the fact that, while the great Creator decrees that we shall suffer the pangs and torturing influences of innumerable diseases, he has, at the same time, in his benificence, provided us with curative or medicinal agencies sufficient to meet the varied forms of disease and physical woes which flesh is heir to. The allopathic practitioner habitually prescribes from *two to eight or ten remedies* at a time—many unproved—forming chemical combinations, the properties and reactions of which no philosopher upon earth could pretend to determine, leaving the prescriber, if a cure at all ensues, in total darkness and doubt as to which of the many ingredients the curative virtue should be attributed.

5. The homœopath usually administers perfectly pure drugs, and so prepares them by a process termed succussion and trituration, or, in other words, by dilution with absolute alcohol, or by griding with non-medicinal substances, in wedgewood mortars, that the crude particles are broken down and rendered more active and potent, because they can be taken up easily by the minutest absorbent vessels, along the course of the alimentary canal, and thence carried directly to the sensitive and suffering organ for which they are intended, and for which they have an affinity, or elective adaptation. On the other hand, heroic or material doses of medicine, as administered by the allopathic fraternity, when taken by a patient rendered highly sensitive and susceptible by the influences of disease, produce an undue irritation of the stomach and bowels, evinced many times by most distressiug paroxysms of vomiting and purging, so as to cause the patient, with loathing, to deelare "I can not bear that medicine any longer;" thus weakening the system by the direct poisonous effects of the drug, and in case the remedy is ap-

propriate to the disease, a *wretched aggravation* is certain to ensue. The one system is found gentle, pleasant, safe and efficient. The other harsh, painful, disgusting, hazardous, and the result problematical.

6. The homœopath has nothing to do but aid nature in her efforts to relieve the system of some difficulty, or obstruction, propagated by disease, and after the cure, the patient convalesces naturally and rapidly, having lost no strength through the poisonous effects of crude medicinal substances, and having to recover from no *drug disease.* The allopath, when he has got rid of the original disease, finds his patient prostrate and on the borders of the grave, in consequence of the new drug disease introduced into the suffering system. So he has to set to work and correct the *evils* his medicines have produced. Thousands to-day are suffering more from calomel, tartar emetic and the like, than from any natural non-medicinal diseases, whilst we may defy any one to discover a drug disease of twenty-four hours standing, arising from the use of homœopathic medication. So fearful was the mortality, and so pernicious were the effects of calomel and tartar emetic, as administered by surgeons during our late struggle at the South—nearly as many being carried off by the indiscriminate use of these powerful medicines as by the bullets of the enemy—Surgeon General Hammond found it necessary to prohibit his *allopathic brethren* from the use of these medicines altogether. *This is a telling blow upon allopathy,* coming from such a source, and certainly will not be disregarded by a thinking people.

7. Inasmuch as no drug disease is left about a patient convalescing, and inasmuch as hospital reports and tables of mortality reveal the fact that, under homœopathic treament, patients make a more rapid and timely recovery, the homœopathic system must have the preference for economy, mildness, and humanity of treatment, since the time of suffering, absence from business, medical fees, and other accompanying expenses are materially abbreviated.

8. Who can estimate the value of human life? In one sense

it is incalculable, but for purposes of *life insurance,* the rate of mortality, and the value of human life can be estimated with mathematical precision, and perfect accuracy. The annual tables of mortality, as presented by various life insurance companies, can not but be regarded as strictly reliable and authentic, since their actuaries have nothing inducing them to surreptitious or faulty reports; but, on the other hand, everything calculated to popularize and add material benefit to their systems, what they have, by a valuable experience, ascertained, must be predicated upon principles of the most scrupulous honesty and truthfulness. As a commercial or monied investment, the tables of mortality have *forced* the conviction upon capitalists, that they can safely and profitably insure the lives of people who patronize homœopathic practitioners, at from *ten to twenty* per cent cheaper than those who employ physicians of the old school. This is the most unanswerable and searching testimony that could be possibly offered for the superiority, safety, and signal success of homœopathic practice as compared with allopathy.

In consequence of these results and calculations, no less than three large, respectable organizations known as the Homœopathic Life Insurance Companies, have been established in the United States, and one or two in the City of London, England. Let the reader, with unbiased judgment, test the statements, and give to this heaven born system of relief for human woes, a fair, practical and impartical investigation. Judging from the rapid progress which this beautiful humane and philosophic system of medicine has made since the brief period of its disclosure by the learned and gifted Dr. Samuel Hahnemann, we can not but regard the future prospect of this philanthropic science, when prejudice and partizan opposition shall have passed away, but as a glorious triumph of good over bad, of truth over error, causing unparalleled blessings and comforts to our suffering fellow-men throughout the wide world.

ON EFFLUVIA.

BY CIRO S. VERDI, M. D., MT. VERNON, OHIO.

Until the present day, all exhalations either from the animal or vegetable kingdom, have been called miasma, or poisonous exhalations,in accordance with the source from whence they spring. We can not believe that these gaseous exhalations become either destroyed or inert. On the contrary, they are all distributed, agreeably to their peculiar affinities; the *elective* power harmonizes with the process of nutrition, or else performs other functions. God created all things to *live.* From this fundamental law everything is intended to reach a state of perfection, whatever it has been assigned to accomplish.

From this, it follows that the so-called effluvial exhalations, when free to circulate, are directed by terrestrial fluids necessary to their elective power, for the development of special and universal life; they aggregate or are absorbed by those living objects which have not corresponding vital force for their full completion. So these effluvial affinities become non-affinities, and go through the system, always electively, and submit to such *modifications* and chemico-vital purifications till every atom of effluvia is at last rendered thoroughly assimilated, agreeably to its special affinities, either for the membranes, tissue organs, circulation or absorbents, so as to become an indivisible part of them. On the contrary, those effluvial particles which have no power of assimilation, are taken up by the circulation, and carried off by the excretories, or through the emunctories. But if this physiologico-vital process were disturbed by any cause whatever, then these unassimilated atoms become deposited on the tissue. These particles, which were intended for nutritive purposes, become disorganized and excite many morbid affections.

Professor Liebig says: "It is known that heat *increases* or *diminishes* the changing affininities of organic bodies. Therefore the organic force can produce combinations or decomposition

which would not have taken place had it not been for a change of temperature. The normal existence of organic bodies of whatever being, are, as it were, in the midst of two *contrary forces*—the organic and the force of affinity. These two vital forces exist in equal parts and strength, thus, keeping the physicial equilibrium of either the animal or vegetable kingdom. But when such equilibrium is distributed by a prevailing influence of either *force*, life becomes more or less deranged in proportion to the prevailing influence."

Unquestionably it is what the learned professor has so forcibly and beautifully described "the loss of equilibrium of forces, in consequence of which the intended nutritive elements become the destroyers of the human family, or disease. This vital process commences ordinarily in the tissue, where the particles have been deposited, or the atoms have been assimilated. The predisposing influences, however, necessary to the fluids contained in the atmosphere, or in the earth, predominate in changing the natural action and composition of atoms. Thus changed, they become corroding materials, which, acting on the tissue, the organic functions are changed, and consequently the physical equilibrium is lost in proportion to the amount of the prevailing influences which predominate in carrying on the process of disorganization. Hahnemann, our great master, has enunciated the theory of atomical philosophy.

Destruction and reproduction are vital functions, carried on by the same law and elements, only under different conditions. One condition being the nutritive; prepared by the process of assimilation and reproduction; the other being changed from its normal condition by some physical causes forms the elements of destruction. In another word, elements in their primitive and normal condition are the fountains of life; at the same time they may be changed into sources of all bodily infirmities.

There are morbid causes that act independently; others that are united with material and fluid influences, which develop and increase their morbific action. This is observed in the

dynamic functions of organic life, whether it is the result of congenital or acquired disease. The animal body, like many others, by reason of elective harmony, nourishes, grows, and modifies itself to live; living on elements, aliment, and all that exists in nature, be it in kind, in species, material, or organized forms, or under moral or spiritual form." Inasmuch as all that is elementary exists in creation it is, therefore, for the same reason, existing proportionally and relatively in the human body. Man is the *chef d'ouvre* of all creation. The above reasons prove, unquestionably, that effluvia and atoms generally modify physiologically or pathologically the material being, according to the various species and kind to which it belongs. It can not be otherwise, agreeably to the wonderful, harmony with which creation is established. We, therefore, observe in existence those unalterable laws of attraction, repulsion, affinity, and non-affinity, of love, hate, sympathy, and antipathy. In the material being, the laws of nutrition and destruction, of composition and decomposition, give that beautiful harmony and synthetic unity which is so wonderful. Accepting the above statements as correct, we must, therefore, acknowledge the wisdom of Hahnemann, and receive his theories and doctrines with due appreciation of his wonderful genius. He said "that all diseases, except the traumatic, proceed from dynamic principles and causes," therefore, that being the case, the remedies must be brought, as far as possible, to a dynamical development, thus only imitating the physical law which guides all things. Any unprejudiced student of the law of nature must accept this philosophical axiom of our great master as the only true principle which we can reasonably expect to deal with the physical forces, namely, by following their more than wise arrangement and *modus operandi.* Any other mode of action must necessarily be at fault, and fall by its own weight.

Ever since I became a homœopath, I have been frequently struck with the indivisibility of the two, viz; Homœopathy and affinity. The law of affinity, in this sense, is meant an attraction which should exist between the remedy and the disease. Homogeneous bodies, even in atomical composition, though

often, perhaps, under different state of development, nevertheless always attract one another, according to their polarity. This law of polarity being established as a true theory, can we fail to recognize the law of similars in the treatment of diseases as the sure law of polar attraction? Yet there are no specifics, in a special sense, in medicine, for every remedy varies more or less in its properties of attraction and repulsion as well as in its power of taking certain directions. Still, in a general sense, we may be allowed to polarize our remedies according their peculiar attraction, direction or specific influence upon this or that organ or organs, tissue, absorbents, circulation, membranes or solids, etc. Stibium we know has its specific influence upon the gastro-uterine regions, its secondary upon the nervous system; aloes ranges upon the hepatic regions and rectum; cantharis upon the bladder, kidneys, organs of generation, etc.; sulphur upon the absorbents and skin; nux upon the cerebro-spinal plexus, etc.; and for this reason I would call the attention of the profession to the necessity of polarizing our remedies according to their peculiar mode of action and direction.

Surgery.

L. H. WILLARD, M. D., ALLEGHANY CITY, EDITOR.

OPERATION—HYPERTROPHIED UPPER LIP.

Willie S., Æt 6. When an infant, was afflicted with sore mouth. The physician in attendance gave the mother some lotion to wash it with. This, according to her statement, irritated the mouth, made it still worse, when the upper lip began increasing until it not only had become double the natural size, but had formed adhesions to the gums, reaching from the outer commissure, on the left side, to the septum.

It continually grew larger, and, at the time of examination, was about one inch and a half in thickness, owing to the adhesion to the upper jaw. The lip projected in such a manner as to produce great disfigurement. The parent tried bleeding, compresion, etc., as advised by physicians consulted, but without good result.

Recognizing it as a case of hypertrophy, removal was recommended as the only cure. The parents desired the operation to be performed, as the boy was becoming shy and ashamed of his looks.

A plaster cast of the lip was first made, and from this, one made of putty, on which we could cut and model, so as to tell the amount of substance to be removed. The boy was placed under the influence of an anæsthetic, and the operation performed by first dissecting the lip thoroughly from the superior maxillary, then it was raised up and the superfluous substance cut away. Several small arteries were cut, but the hemmorrhage stopped by torsion and a piece of lint between the lip and jaw, with a bandage around the head to keep the lip pressed firmly on the jaw, were all the dressing required. In two weeks the wound was healed, and now, two months since the operation, the improvement is marked and satisfactory. One little incident happened during the operation, which was alarming. In raising the lip to dissect the tissue, a great deal of blood ran down into the stomach, and with the great loss by hemorrhage, made him so weak, that for a few moments he was pulseless, and, to all appearances, lifeless. After rubbing him briskly and placing a few drops of whiskey on the tongue, he revived, and was soon strong again.

CONCUSSION OF THE BRAIN, PRODUCING PERIODICAL HYPNOTISM.

BY C. BAELTZ.

The subject of this case is a a young man twenty-three years

of age, light complexion, tall, slender, of nervous, sanguine temperament, and strong, bony frame. Has always been healthy.

In the latter part of November last, a brick was thrown with great force on his head, cutting through his hat and scalp, producing a wound two and half inches long to the right of the sagittal and across the coronal suture. The wound healed kindly in a short time, under the attendance of a neighboring medical man, without detaining the patient from his avocation as a baker.

A week after the closing of his wound, he was found prostrate and insensible on the floor of his bakery. The restoration to consciousness was followed by a severe pain about the wound and forehead, vertigo, want of appetite, constipation, occasional delirium, and periodical attacks of sleep, with clonic spasms. He was now put under the care of two medical men, who treated him for about five weeks, with no success. The middle of January last he was placed under my care. His condition was as follows: He lay in that periodical sleep that attacked him daily at 3 p. m., which lasted always one hour. Soon after falling into the sleep he was attacked with clonic spasms, and had to be watched by a number of men; respiration very light, scarcely perceptible; face pale; eyes closed firmly, but could be opened, which disclosed thepupil enlarged nearly to the full size of cornea, and which afterwards wouldnot contract his sight was very indistinct; mouth and jaw was also very firmly closed; upper and lower extremities cold; trunk of lower temperature than natural; action of heart depressed, and pulse from fifty to sixty per minute; he would fall asleep every day at the same hour, even when engaged in lively conversation, and not aware of the time; he would then fall back in his chair, or if sitting up in bed, upon the pillows, close his eyes, move his head from side to side; anæsthesia and clonic spasms would follow, and would always end by striking with his fists his head and abdomen with great force, so that the parts had to be protected by pillows; at other times he would spread

out his hands, move them slowly at first, and then quickly to his throat, encircling the same, and compressing it so that only the most persistent efforts of his attendants prevented strangulation. Indeed, at one time, I believed him asphyxiated, when he, unawares, got hold of his throat and held it as in a vise for some time before his grasp could be released. These attacks occurring daily,caused great disturbance and anxiety in the family.

The indications of treatment were, first to relieve his bowels, as there was, besides the pain, great distension of the abdomen. This was accomplished shortly by an enema of warm water, which, with the cathartics previously taken, soon relieved him of the abdominal trouble. Belladonna and opium were exhibited, the former for cerebral congestion and constipation, the latter for the periodical attacks of sleep. Few days showed that the attacks became gradually shorter, and the asphyxia longer. He is now convalescent.

Had the patient been favorably situated, interesting psychological experiments might have been made, as there were sufficient symptoms of that negative electric condition of the brain, that exists in those under the influence of hyprotism—in this case produced by a reflex action of the physical on the nervous system.

ANOTHER VETRAN GONE.

We learn with regret, that Dr. E. Caspari, of Louisville, Ky., died at his residence, near the city, on Friday, February 4th, of Typhoid Pnemonia. An obituary of this distinguished physician will appear in our next issue, from the pen of his successor, Wm. L. Breybole, M. D.

Western Homœopathic Observer.

ST. LOUIS, MO., MARCH, 1870.

☞ To insure publication, articles must be PRACTICAL, BRIEF as possible to do justice to the subject, and CAREFULLY PREPARED, so as to require little revision.

☞ Readers of the OBSERVER will oblige the Editor if they will forward copies of local newspapers, or similar matters of importance to the profession, all such will be thankfully acknowledged.

☞ Physicians having changed their locations, or desiring to remove from one portion of the country to another, will please communicate with the Editor, that he may note the same. Records of marriages, and deaths of physicians, and other personal news will also be received and noticed.

☞ All exchanges, books and pamphlets must be addressed to the Editor, No. 1418 Washington Avenue.

Editorial.

The February number of the OBSERVER was greatly delayed by an "*intesitnal commotion*" in the printing office. This issue is from a new press, and we hope will prove satisfactory.

We have the pleasure of informing our readers that William L. Breyfogle, M. D., of Louisville, Kentucky, has accepted the department of Materia Medica in the journal; an addition to the editorial corps which will, in every way advance the interests of the paper. *The* OBSERVER *has nearly doubled its circulation in the past year.*

THE FIRST ANNUAL COMMENCEMENT OF THE ST. LOUIS COLLEGE OF HOMŒOPATHIC PHYSICIANS AND SURGEONS.

The first annual commencement of this institution was held at the large hall of the Polytechnic Institute, on Thursday evening, February 24th, at 8 o'clock, p. m., and from first to last, was a most interesting and creditable affair. The young college shows a life and vigor beyond its years, and holds out great promise for the future.

Boehm's Silver Cornet Band enlivened the occasion, and the musical selections, under the supervision of Professor Hartmann, an acknowledged musician, were a great feature of the evening. There is more in good music than many, especially doctors, are prone to admit, and fine selections from composers of reputation are always acceptable to the public.

The ceremonies were opened by a prayer by Right Reverend C. F. Robertson, Bishop of Missouri, after which Captain Silas Bent made the following remarks:

Ladies and Gentlemen:

It gives me great pleasure, as President of the Board of Trustees of the St. Louis College of Homœopathic Physicians and Surgeons, to announce to you the success of the institution which was inaugurated in June last, and of which this is the first commencement.

The class consists of twenty-three students and seven graduates—a number almost unparalleled in the history of medical colleges.

It has been the effort of the Board, as well as the Faculty, to afford to those attending upon the lectures of the school, all the facilities for acquiring a thorough and complete medical education, and believing practical instruction to be, above all, the most desirable, steps were taken to secure every clinical advantage possible.

By order of the City Council, the students have had the City Hospital open to them, while they have had opportunity for studying diseases of the eye and ear at the Sisters' Hospital,

which, together with the instructions given at the Good Samaritan Hospital, under the control of our own professors, render the advantages in this department of of the college equal to those of any institution in the country.

As additional incentives to study, prize medals have been offered and awarded to those of the class who have attained proficiency in many of the most important branches of medical science. These will be bestowed this evening.

Another new feature, and one which we believe to be essentially progressive, is in conferring English rather than Latin Degrees. When it is remembered how few physicians and fewer people can properly read the old fashioned Latin Diploma, that even now the effort is being made to prevent prescriptions from being written in Latin, we believe that the Degree of the college in our mother tongue will prove in every way more satisfactory.

Arrangements have been made to render the next course of lectures still more attractive and practical than that which has just closed, and we assure you that it is the determination of both the Board of Trustees, as well as the Faculty, to secure for the St. Louis College of Homœopathic Physicians and Surgeons a reputation for thoroughness and completeness, which shall be equal to any institution of learning in the country.

The degree of Doctor of Medicine was then conferred upon the following gentlemen :

Ambrose S. Everett, Bloomington, Illinois.
Samuel Bishop, Bloomington, Ill.
Ferdinand C. Valentine, New York City, New York.
Frederick Steinmeyer, Farmington, Iowa.
Isaac W. Timmons, Centralia, Ill.
Ch. G. Higbee, Red Wing, Minnesota.
William Wilson, Alleghany City, Pennsylvania.

The charge to the young Doctors was given by Professor R. S. Voorhis, in a most earnest and dignified manner. His remarks we publish in another portion of this journal. After suitable music, Professor Hartmann being professor of clinical

medicine, conferred the *Good Samaritan Hospital Diploma*, in the following words:

Gentlemen:

I desire to make but few remarks in presenting you the *Hospital Diplomas.* The diploma which you have just received from the President of the college, is an acknowledgment that you have been "tried and found worthy" to be honored with the title of "Doctor of Medicine." This Hospital Diploma, which I am now about to bestow upon you, is an additional acknowledgement that you not only have endeavored to perfect yourself by *hearing lectures* on diseases and their treatment, but that you have already *seen patients* with all kinds of diseases, afflictions and injuries; that you have had an opportunity of comparing theory with practice, and that you, therefore, are entitled to judge for yourselves as to the truth or fallibility of what your professors have taught you. At the same time you have had the opportunity of convincing yourselves of the difficulty of making correct diagnosis, and finding the true remedy for disease or its symptoms. This observation must also have taught you the first great lesson that every physician should take to heart. It is, "*be modest.*" While the one Diploma gives you self-consciousness, the other teaches you *modesty*, a virtue which adorns the old practitioner, but especially befits those about to enter upon their professional career. Furnished with these two qualities, I am sure you will find the thorny road which a physician has frequently to travel, often strewn with roses, and the more you understand how to make a proper application of "experience," the great mother of wisdom, the more will you be justly rewarded. I bid you farewell, and wish you the best success in your new career. I have been with you for two sessions, and can, most cheerfully, testify that you have been excellent students, and therefore, I feel convinced that you will be successful physicians Again farewell.

The Comstock Medal for proficiency in obstetrics, was then awarded to Samuel Bishop by Professor Comstock, who spoke as follows:

"Before conferring this medal, for answering the prize questions, it may not be inappropriate to inform the audience how the examination was conducted. After all the gentlemen candidates for graduation, had passed their examination for the degree of Doctor of Medicine, five of them entered their names as competitors for the prize. They were all assembled in one room, and each one requiered to answer categorically in writing, five questions.

The answers to these questions, given by all the gentlemen have shown an unusual proficiency on their part, in their studies, and in deciding who had won the prize I was at a loss, because the replies of two gentlemen—Dr. F. A. Steinmeier, of Farmington, Iowa and Dr. S. Bishop, of Bloomington, Illinois—were so nearly correct and alike, that it was deemed proper to decide it by lot. The lot has fallen on you.

In awarding you this medal, I do it with the most heartfelt pleasure. Its motto, "*Arte non vi,*" was a cherished maxim of Blundell, an old English author, whose work upon midwifery has always been justly celebrated. This branch of medical practice is, of all others, one of the most important; one requiring a thorough scientific knowledge of its principles, as well as experience in its practice.

Remember, therefore, the counsel of this hero of our science, *Arte, non vi,*" which, being liberally rendered, signifies not only that your practice should be governed by the strict rules of art, but especially insists, that when in obstetrical practice you are required to resort to manual or surgical interference, that the operation shall be performed with skill and dexterity, but gently, rather than by rude force."

The Pattison Medal, of gold, surrounded by silver, was given by Professor E.W. Pattison to Chester G. Higbee, of Red Wing, Minnesota, for excellence in surgical examinations during the course. Professor Pattison said:

"I feel especial pleasure in awarding to you this token of your proficiency in surgery. It not only betokens that you have been a thorough student in the science and art of surgery, but evinces

that you are prepared to encounter, with decision and skill, those cases which may fall into your hands. In the treatment of surgical diseases, homœopathy possesses superior advantages, and saves from the terror of the knife many cases which, under other treatment, could have no other alternative. Therefore, sir, I would have you especially remember, that while you may be prepared for any emergency, you will recollect the object of the surgeon is to save, rather than destroy. Take this medal, and may your career be as auspicious at its termination as it has been honorable at its beginning, and may your success in surgery fulfill your highest anticipations."

Professor Read then conferred the Helmuth Prize—a complete post mortem case—to Dr. Ambrose S. Everett, for the best anatomical preparation. The profesor said:

Mr. Everett:

"I was pleased when I saw you,(then to me a stranger),capture your prize on the field of battle, saving many lives by it, winning honor, and gaining promotion.

But on this occasion I am more than pleased, for I feel—I know—that those same qualities that led to the capture of that battery, to the winuing of this prize, will ever animate you while practicing, and upholding the glorious system of homœopathy.

This beautiful prize is the gift of Dr. Helmuth. Take it. May your labors and researches with it on the dead be deep and thorough. May the knowledge gained with it, render you more capable of administering to the living, and in whatever field you labor, always remember that labor, guided by science, approximates Omnipotence."

Dr. Ferdinand C. Valentine was worthy of the prize—a complete medicine case—offered by Mr. H. C. G. Luyties, for excellence in materia medica. Professor Read also officiated as donor, as follows:

Mr. Valentine:

"You have competed for the Materia Medica Prize. How suc-

cessfully you have so done, you present position proclaims. And now, sir, I have the honor of presenting you the prize, the gift of Mr. H. C. G. Luyties—a materia medica case, filled with remedies of highest potencies. May they prove potent for good in your hand, and may you, as you pursue your studies in the future, always keep before you the great truth that homœopathy is a Law of Cure, universally applicable, without any reference whatever to dose."

The valedictory address on the Liberality of Mind which should be cultivated by Medical Men, was then delivered by Professor Helmuth. This we propose to print in a future number of the OBSERVER.

So soon as the music, following the valedictory, had ceased, the benediction was pronounced by the Bishop, and the Trustees, Faculty, students and invited guests, repaired to the College Hall, where an elegant banquet was prepared, and where, amid the bright and beautiful faces and gay dresses of the ladies, the strains of fine music, and the congratulations of friends, the night passed away. Seldom have we seen a happier throng, and seldom have college exercises closed with more satisfaction and more bright promises for the future, those that which finished the first course of lectures of the ST. LOUIS COLLEGE OF HOMŒOPATHIC PHYSICIANS AND SURGEONS.

THE GREEN BOX.

How many students have dreaded that long anticipated season, when they were to enter the green box, to try their prowess for proficiency in medical knowledge?

In the earlier days, each applicant for a degree was expected to appear before the entire faculty, in conclave assembled, to undergo his final examination. After a time, a different method obtained. A class visited the professor, and one at a time, was put through the firery ordeal. This examination, however, was

not at all times satisfactory. An excellent manner of testing the qualifications of students is as follows:

Each professor prepares a number of written questions; the students appear before him, each furhished with paper and pencil; the strictest silence is enjoined, and the first question is read out, each one giving the answer in writing. When the examination is completed, each gentleman signs his name to his paper and hands the same to the professor, who then is ready to compare fully and satisfactorily the status of each student. Sueh and examination will do away with the necessity of a written thesis, as the orthography,grammatical construction, hand writing, and punctuation all appear, and can be carefully examined. We append here the questions of several of the professors of the St. Louis College of Homœpathic Physicians and Surgeons, and we take great pleasure in being able to give them publicity, because it will, we believe, demonstrate as well the thoroughness of the course of lectures, as the fairness of the method of examining the student:

Examination in obstetrics of the candidates for the degree of Doctor of Medicine, at the St. Louis College of Homœopathic Physicians and Surgeons, by T. G. Comstock, M. D., Professor, of obstetrics, February 22, 1870.

1. What is menstruation?
2. What connection has ovulation with menstruation?
3. Define the straits of the pelvis.
4. Which is the greater diameter of the superior strait?
5. Which is the greater diameter of the inferior strait?
6. Define the axis of the superior stait and its direction.
7. Define the axis of the inferior strait and its direction.
8. Give the boundary between the upper and lower pelvis.
9. Give me, also, the different synonyms for the upper and lower pelvis.
10. Describe the plane of the superior strait.
11. Descrbe the plane of the inferior strait.
12. Describe the inclined planes of the pelvis.

13. What influence do the inclined planes of the pelvis have upon the mechanism of labor?

14. Define the floor of the pelvis.

15. Describe Carus' curve.

16. Give the sensible signs of pregnancy.

17. What do yo mean by a natural labor?

18. How would you determine that a woman was actually in labor?

19. How many stages has labor?

20. Define them.

21. Give me the physical signs whereby you could accurately determine a case of labor, a multipara from a primara.

22. What do obstetricians mean by the term presentation of the child, and wherein does it differ from position?

23. How are natural labors classified as to presentations?

24. What do obstetricians mean by the term Vertex?

25. How many cranial positions are there, according to Nægele and Bedford.

26. Is it preferable in labor that the occiput should present towards the anterior or posterior semi-circle of the pelvis?

27. Why towards the anterior?

28. Which of the four cranial positions is ihe most frequent?

29. Which is the second in frequency?

30. Describe the mechanism of labor in the first cranial position.

31. How would you manage a face presentation?

32. Describe the entire management of an arm and shoulder presentation.

33. Give all the conditions requiring podalic version, or turning.

34. What is the difference between accidental and unavoidable hemorrhage?

35. How would you treat accidental hemorhage?

36. How would you treat a case of unavoidable hemorrhage, or Placenta Prævia?

37. What do you understand by puerperal convulsions?

38. Describe the forceps and the indications of their use.

39. How would you diagnosticate a case of prolapsus of the navel cord in the first stage of labor?

40. How would you treat such a case?

41. What is the most favorable period during labor for the operation of version?

42. Why should the bag of waters be preserved from rupture as long as possible in shoulder presentations?

43. How would you effect this?

44. What is the colpeurynter or tampon?

45. Define to me all the indications for its use in obstetric practice?

46. What is the difference between impacted head, and arrest of the head?

47. Describe the treatment of each?

48. What are the indications for craniotomy?

49. What are the indications for the Cæsarean section?

50. What do you understand by abortion?

51. What is the difference between abortion, miscarriage and premature labor?

52. What are the symptoms of a threatened abortion, and the indications for treatment?

53. What is the normal position of the uterus?

54. What supports the uterus in its position?

55. What influence do the round ligaments exert upon the position of the uterus?

56. What is meant by anteversion of the uterus?

57. What is meant by retroversion of the uterus?

58. What is the difference between anteversion and anteflexion?

59. What is the difference between retroversion and retroflexion?

60. Under what other conditions in labor besides prolapsus of the umbilical cord, would postural treatment be applicable?

61. Could you make it applicable in shoulder presentation, before the membranes were ruptured?

62. How would you recognize rigidity of the os uterus?

63. How would you treat it?

Candidates were all required to diagnosticate, upon the manikin, certain presentations of the fœtus; to give the indications for treatment, and also apply the forceps.

The following were the Prize Questions for the Silver Medal. Candidates were all assembled in one room, furnished with pens and paper, and required to answer the questions in writing, categorically.

1. Describe the membranes enveloping the fœtus in utero.

2. What is the use of liquor amnii during gestation?

3. What is its office during labor?

4. May the bag of waters under any circumstances retard a labor; if so, state the circumstances and describe the management of such a case?

5. In a case of labor with either a head or breech presentation, what accidents might arise from an undue quantity of liquor amnii, and a premature rupture of the membranes?

Examination in clinical medicine and pathology, by Professor J. Hartmann, M. D.:

1. What are the different symptoms of pneumonia?

2. What pathological changes take place in this disease, in its different stages?

2. Give me the differential diagnosis of pneumonia, pleurisy and bronchitis.

4. How do we find the pathological changes in the lungs in their different stages?

5. What is the erysipelas?

6. Tell me the different varieties of erysipelas, and the chief medicines recommended for the different symptoms?

7. Give me the names of the best medicines used for chills and fever.

8. What is the cause of intermittent fever, and which organs are primary and secondarily affected by it?

9. What is dropsy?

10. Do you know how to diagnosis the different kinds of dropsy?

1. Give symptoms and treatment of gonorrhœa ?
2. Give the symptoms of the different stages of typhoid fever, l treatment or same ?
3. Give the technical names of the different formations of np-back ?
4. How would you treat dysentery in its different stages ?
5. What is influenza ?
6. Give the different names of the different kinds of phalalgia.
7. What medicines would you prescribe for colica flatulenta, l what for colica nervosa ?
8. How will you find out whether a person has tubercul. s ?
9. Give the differential diagnosis between colica nervosa and ica flatulenta ?
10. What are the best medicines in chronic diarrhœa ?
11. How would you treat a conjunctivitis catarrhalis ?
12. What are the different symptoms of variola, varioloid d varicella ?
13. Give the differential diagnosis of pleuritis and hepatitis ?
14. Which is the best treatment for scabies ?
15. Is inflammatory rheumatism a dangerous disease ?
16. What remedies are the best ?

Questions of examination on anatomy, by Professor J. S. ead, M. D.:

1. What vessels convey the blood to the right side of the art ?
2. Describe its course from this point till it enters the aorta, ving the openings, vessels, valves, etc., through which it sses.
3. Where do you find the apex of the heart ?
4. Where does the aorta commence and end. Give its course d branches.
5. Where do you listen for aortic sounds, mitral, tricuspid, d why ?
6. Describe the trachea, its formation and relations ?

7. What forms the root of the lung?

8. Where is the apex of the lung, what covers it, and in wha triangle do you feel for it?

9. Where is the liver located, describe it, lobes, ligaments?

10. Give the hepatic circulation?

11. What is the portal system of veins?

12. Where does the blood from the kidneys go?

13. Describe the kidney, location, structure, etc.?

14. Describe the perineum, boundaries, muscles vessels an nerves.

15. What, and where is the triangular ligament of the per neum. What do we find passing through it?

16. What bodies form the penis?

17. Name the muscles of the penis?

18. How is the penis attached to the pubis?

19. Name and describe the different portions of the urethra.

20. Name the muscles of the shoulder and their actions.

21. Name the muscles of hip joint, actions?

22. Give the relations of all the tendons of the ankle joint?

23. What is the Pouparts ligament?

24. What are the covering of the testicle?

25. What are the coverings of the oblique hernia?

26. Describe Scarpa's triangle, the vessels, nerves, and rel tions.

Examination in surgery, by Professor Helmuth:

1. Define the term surgery?

2. Give the pathology of inflammation, its terminations an general treatment?

3. Name some of the varieties of inflammation and their trea ment?

Or (*a*) give the symptoms and varieties of erysipelas, wit treatment?

(*b*) Characteristic difference between furuncle an anthrax?

(*c*) Classification of burns and scalds, fatality, result and treatment.

4. Into what varieties are wounds divided; the definition of ch; treatment; the various kinds of sutures employed, and the aterial of which they are made, how may wounds heal; with finitions?

5. Give the diagnostic signs of pus, and with what may they confounded?

6. What varieties of ulcers are there, and what are the charteristics of each kind?

7. Give the differential diagnosis between soft and hard ancre?

8. Define fracture, give the varieties, causes and symptoms?

9. Give the location, cause, symptoms, and the treatment of actured clavicle?

10. Define Colles' fracture, and give the treatment.

11. Where may the femur be fractured, also, give the general eatment for fractures of the lower extremity?

12. What is differential diagnosis between dislocation and acture?

13. How may the humerus be dislocated, give the symptoms d treatment of each variety?

14. How many, and what are the dislocations of the upper d of the femur, and with what may some of them be conunded? Give the treatment?

15. Give the difference between caries and necrosis?

16. What are the varieties of hernia, and the positions of ch?

17. For what may hernia often be taken, and how diagnose?

18. Give the coverings of oblique inquinal hernia, from with t, inwards?

19. Define stricture of the urethra, give the causes, and locally most subject to the disease, with treatment?

20. What are the varieties of amputation?

21. Where would you ligate the femoral, anterior tibial, achial and common carotid arteries?

22. For what diseases and injuries should the question of nputation arise?

23. Describe a resection of the knee joint?

24. What are the methods of operating for strabismus, and what is the after treatment?

25. What is understood by osteo-sarcoma?

26. What is staphylorraphy?

27. Define cancer?

28. What is understood by a fungus haematodes?

29. Wherein is the practice of the homœopathic surgeon different from that of the old school?

30. What is the difference between Hodgens, Smith's anterior, and Clark's splint for fracture of the lower extremities?

31. What is phimosis?

32. Can you define the different forms of rabies canina, and give treament?

33. What do you understand by conservative surgery, and give examples?

34. Name the best disinfectants employed by modern surgeons?

Correspondence.

HIGHLY INTERESTING LETTER FROM LEIPSIC.

LEIPSIC, January 7, 1870.

To the Editor of the Western Homœopathic Observer;

FEBRIS RECURRENS.

In the hospital at Prague, there were seventy cases, which, after the closest examination and observation, confirmed the diagnosis of *febris recurrens,* or relapsing fever.

The disease commenced generally without prodromus,(seldom after several days of languor), with sudden and violent chills, continuing for a number of hours, and in some cases, several days, at times only with slight rigors. Immediately upon the chill followed a continued fever, which was very high from the commencement, with violent headache, and pain in the limbs,

and increased thirst. The patient was still able, in this condition, to be about; the appetite remained, in many cases, good, even during the violence of the fever. With the chills, some patients vomited bile several times, and an icturus, more or less severe, developed itself. Constipation generally was present in these cases, seldom diarrhæa. There was always, soon after the chill, severe pain in the epigastrium, and generally also in the region of the spleen, and frequently also in the hepatic region, so that the patients, on touching these regions, frequently cried loud.

On the 3d, to the 6th day of the illness the weakness and other subjective symptoms had reached a high degree, and the patients sought their beds. There was paleness of face; moderate cyanosis of the cheeks and lips; tongue moist, seldom dry and fissured, considerably coated and swollen; pulse and temperature high, the latter 41, 8°; at times disproportion between temperature and pulse, inclined to perspiration. There were no signs of any characteristic exanthema, yet the skin would scale off; the skin had a well marked yellow hue, even a brownish yellow. Tumefaction and pain of the spleen, and in some cases also of the liver; sufficient quantity of urine in proportion to the febrile state; the sensorium clear; the prostration but slight, so that patient could get alone into bed. These symptoms were, during this period present, the rule, while delirium, catarrh of the lungs and other localities were the exception. The symptoms continued to increase during the next day or two, and reached their acme on the fifth, seventh and eleventh day, seldom on the thirteenth day, or beyond that period. Apparently with suddenness, a profuse perspiration broke out at this period, (the acme of the disease), preceded generally by a chill, or vomiting, and in some cases, severe diarrhæa, lasting several hours. This perspiration occurred generally during the night although it has occurred also at noonday; the patient laid sometimes as if in a bath, so profuse was the sweat. During the next six or eight hours the temperature in the axilla sunk from from four to six degrees, and always below the normal heat. The pulse came down to sixty, and even as low as forty-eight, but its frequency was less rapidly reduced, than the temperature in the axilla.

With the reduction of the pulse and temperature, a sudden change took place, with the exception of the continued debility, all subjective perturbations vanished. The appetite, which during the height of the fever was entirely suspended, became very ravenous in a few hours. The thirst continued. The diuresis was now very limited, but gradually increased, when the perspiration ceased.

In a number of cases the condition was somewhat different. While the patients, from the beginning of the remission up to the second attack, showed a gradual improvement, in others—a small number—there followed no abatement, but rather an increase of the subjective symptoms. They complained of a sense of emptiness; of a leaden heaviness in the extremities, and could not sit up; while, during the fever period, they felt comaratively strong. There was complete loss of appetite, and frequent recurring vomiting. The thread-like pulse, and the temperature gradually decreased for several hours, beginning with the apyrexia, and continued to sink far below the normal status. The pulse became irregular, hardly perceptible; the skin lost its elasticity and could be taken up in folds, and was covered with clammy perspiration; the face, earth colored, and collapsed; the lips pale; the eyes sunken deep; consciousness perfect; diuresis very scant, yet never suppressed, accompanied with violent pain; now cervico-brachial neuralgia, then pain in the region of the spleen. This condition reached, generally on the second day of the fever, its acme; whereupon, after the allowance of wine, spontaneous improvement set in. The course of the disease during the apyrexia, was alike in all cases. Gradually the strength decreased; the face still of an anæmic appearance; spleen still enlarged; appetite and digestion good; continued increase of the unusual copious diuresis for from eight to ten days, and general improvement. Only about one-tenth of the observed cases made a complete convalescence after the first remission. In the other cases there appeared frequently during the apyrexia, from the seventh to the ninth day, headache, which was very severe in the night.

On the seventh, tenth, or thirteenth day, and at times even later, seldom earlier, a violent chill appeared, with great suddenness, lasting from one to three hours; and the other cases

:hout a chill; the temperature of the body, and frequency of pulse arose suddenly: The tongue much coated, yellowish ite, but moist, as was also the skin; conjunctiva injected; een rapidly increased in volume; the nervous symptoms the ne as at the first attack, *and the diuresis remained copious notstanding the high fever, and even increased during the first days he fever,* and this attack assumed the same course as the first t was of shorter duration, and, with the same symptoms, ssed into the apyrexia. The remission now following, carried ne cases into a collapse; others to re-convalescence, and ners again, into a third attack, as described already, but in her milder form. After the last attack there was rapid inease in flesh and strength, tne anæmia and yellow hue of the in, remained for some time.

But seldom were any secondary affections observed. Pneuonia of short duration and good recovery, occurred most equently. Parotitis was not observed. Nephritis in a few cases, d albuminuria in one or two cases occurred also. It was ther remarkable that these local affection accompanied the st attacks, and disappeared with the first apyrexia, whereas, e following relapses were without any localization whatever. he sequel was exclusively confined to a derangement of the erves of motion and sensibility. The number of deaths ere only four.

In all cases, any therapeutical application was entirely gnored, which could be done with pefect calmness, since the housands of English and Russian observations so far, have demonstrated the fact that no therapia has been successful in this lisease.

KRAEHE.

General News.

G. H. MORRILL, M. D., ST. LOUIS, EDITOR.

Scarlet fever and small pox are still quite prevalent in this city.

It is still a matter of doubt whether the death of Honorable E. M. Stanton was due

to asthma or to large doses of the bromide of potassium, "the fashionable remedy for sleeplessness."

The Occidental, for the want of proper support, has gone "where the woodbine twineth."

TUMOR DISSOLVED BY GASTRIC JUICE.—An ulcerating tumor has recently been successfully removed by the application of gastric juice, by Professor Lussana, of Lombardy.

TRANSFUSION OF BLOOD.—Dr. Albanese reports that he has injected warm defibrinated human blood in seven cases, the patients being *in extremis*. Four patients recovered.—*Centralblatt.*

TO PREVENT PITTING IN SMALL POX.—By covering the face with cerate, and sprinkling this with starch, so as to form a paste, M. Bourdon thinks he has succeeded in the pitting of small-pox.

INEBRIATION HEREDITARY.—Dr. Turner, in his "Second Annual Report of the State Inebriated Asylum" states that out of 1406 cases of delirium tremens, which have come under my observation, 980 had an inebriate parent, or grandparent, or both. He believes if the history of each patient's ancestors were known, it would be found that eight out of ten of them were free users of alcoholic drinks.

ANOTHER VICTIM.—A little girl named Gardiner, was found dead in the cradle, at Newark on Sunday, supposed to have been caused from the effects of opium contained in soothing syrup.

ZINCUM OX.—E. M. Hale, of Chicago, recommends the use of this remedy in the treatment of spermatorrhœa. He prefers the first trituration.

Catharine Portugas, a colored woman, died recently at Key West, at the ripe age of 125 years.

ANTIDOTE.—The Messrs. Calvert assert that the best antidote to poison by carbolic acid, is sweet or castor oil.

USEFULLNESS OF SALT.—Dr. Le Saine says that salt increases the fertility of the male, and the fecundity of the female, and doubles the power of nourishing the fœtus.

TYPHOID FEVER.—We clip the following from the British Medical Journal: "As soon as there is abdominal tenderness, give drachm doses of glycerine three times daily." This, it says, acts wonderfully well, causing a speedy abatement of all the systems.

POISONING BY ARNICA.—A woman of thirty-three years of age drank two glasses of infusion made from a handfull of the flowers. The most prominent symptoms were violent vomiting, severe headache, diarrhœa, "very similar to that of cholera," gastro intestinal colic, followed by collapse, cold extremis, and great depression of the pulse. These symptoms continued for seven days.

SECRETORY NERVE OF THE PAROTID GLAND.—Professor Eckhard, in his recently published essays, gives a long paper upon the secretory nerves of the parotid, and by a process of exclusion, as well as by a direct experiment, he has satisfied himself that the secretory nerve of the parotid gland in dogs is the tympanic branch of the glosso-pearyngeal.

THE

WESTERN HOMŒOPATHIC OBSERVER.

APRIL, 1870.

Original Articles.

LEDICTORY ADDRESS TO THE FIRST GRADUATING CLASS OF THE ST. LOUIS COLLEGE OF HOMŒOPATHIC PHYSICIANS AND SURGEONS.

BY WILLIAM TOD HELMUTH.

[Delivered February 24, 1870.]

ntlemen :

The first course of lectures of the St. Louis College of Homœ-
athic Physicians and Surgeons has just closed, and when we
t a retrospective glance over the internal workings of the in-
tution, the difficulties it has overcome, the actual labor of
h body and mind which are always to be associated with an
dertaking of the kind, we have every reason to feel thankful
the success which has, thus far, attended upon our labors.
e foundation of an institution of learning, is neither an easy
r a thankful office. Dangers of every kind beset it; it has
w friends and many opposers; the task is often one of dis-
uragement and dissatisfaction; the labor is immense, and re-
uneration, either in a pecuniary or mental point of view, is

nothing. The arrangement of a curriculum study, which shall prove satisfactory in its completeness, and, at the same time, be *practical*, is, in itself, no easy task. It is only by a combined and mutual effort, steadiness of purpose, and self-sacrifice, that for the first few years of their existence such institutions can be made to prosper. To us, thus far, our new college appears to present a most favorable aspect, and I feel an especial pleasure in standing before you this evening—the evening of our *first* commencement, before our *first* graduating class, on our *first* public ceremonial, to deliver the Valedictory Address.

What then shall we call you, who have to-day assumed the Doctorate?

In the old university of classic Edinburgh, on the walls of the class room of logic and metaphysics, Sir William Hamilton has left inscribed the following words, "ON EARTH THERE IS NOTHING GREAT BUT MAN; IN MAN THERE IS NOTHING GREAT BUT MIND." It is a special knowledge of the relations of both body and mind that are essential to the physician. The more we cultivate in a proper manner these wonderful connections, the more we will be enabled to assume an elevated position among men, the more successfully will we control the disease of the body; the more will we possess that mental ascendancy over our fellows, which will bend them to our will, will mould them to our mind, and will enable us to act to them as physicians in the broadest acceptation of the term. We pass thus, into a higher field of research and inquiry, we begin to observe the correlation between the laws of life and the phenomena of mind, and, as we grasp these relationships, our mental vision becomes more and more clear, we move afar off from the contracted reasoning which only tends to bigotry and charlatanism, and can accept that scientific liberality of thought which raises man so near that Supreme Being in whose image he is created.

How then shall we endeavor to cultivate that scientific liberality of mind which tends to the elevation of the profession? and for the lack of which (though it pains me to acknowledge the fact) medical men are proverbial. It would be a useless,

well as an unsatisfactory task, to enter here upon historical proof of the latter lamentable circumstance. "'Tis true, 'tis pity; and pity 'tis, 'tis true." Our business, as believers in a reformed school of medicine, in a progressive age, is to endeavor to cultivate and expand our branch of medical science in such manner that we may offer an example of liberality that may prove, from its very workings, its innate superiority.

But, gentlemen, let us beware, that as we enter deeply and earnestly upon the work of extending the science of homœopathy, that we fall not into the very same error which we so often lament in the old school. Let us be extremely careful that while we have our minds bent upon the study of the facts and the philosophy that belong to our particular branch of medicine; while we admire the workings of its law, and witness its practical demonstrations; while we see suffering relieved, and the power of medicines developed and tested; while, I say, our daily habits of thought, reading, and experience lie in one particular direction, let us be extremely careful that we do not become narrow minded, nay, even bigoted ourselves. It is this very concentration of thought in one particular direction, for a continued time, that tends so much to contraction of mind. It causes us, after a time, to see objects and mattors with a distorted vision, and we are prone to look upon these objects, not as they really are, but as we chance to view them.

A short season ago, as I stood upon the summit of LaFlegere, and gazed upon the sun as it sank behind the snow capped summit of Mont Blanc; as the golden rays, rosy on the surrounding peaks, were fire on the blue-white caps of that prince of the Alps, and far away in the distance the sparkles of light glinted upon the glistening surface of the *mere de glace*---and then turned to look upon the beautiful villages and enchanting scenery below, I could see nothing but the blackness of night. The eye and the sense conveyed to the brain by the absolute sublimity of a scene, unsurpassed perhaps in the world, became so dazzled and bewildered, that when directed to other scenery—scenery even of surpassing beauty, could not distinguish a single definite outline

or proportion, all being an indistinct and conglomerate mass of darkness. Just so, is it with a mind bent on one single and engrossing study for a continued time, and the lesson to be learned from the simile is, that a varied reading on many subjects tends to that healthy condition of the mental faculties which conduces to the formation of a correct judgment, a condition, to the physician, of most essential import.

Another cause, which would appear to contract the understanding, is *egotism*. We all love ourselves, and I suppose most men, and perhaps women, too, are more devotedly attached to themselves than they would willingly admit; but this self-love, when carried to excess, prevents from proper reflection, prevents from proper practical experience, and puffs up the body and mind to such degree that man, in time, comes to resemble the animal in which trichinæ were first discovered.

Young physicians especially, are prone to egotism. They have looked a little into the varied branches of science which appertain unto medicine; they have passed through a series of examinations, and have been decorated by parchment. Why should they not possess a little self-esteem? They are apt to fancy that they have mastered not only the whole science and art of medicine, but that all they are obliged to do is to appear in person before the most dangerous and malignant diseases, and, with a waive of their magic wands, bid the monsters vanish. Let me say to you, gentlemen, that if any of you possess such feelings, dissipate them in an instant; turn from your self-love, and read the works of the master minds in medicine. See, after years of arduous study and vast experience at the bedside, how they lament that they have not had time sufficient to enter upon the correct study and appreciation of disease, and suffering and death. An egotistical doctor is the one who promises the most and can perform the least, because he fancies himself such a grand receptacle of learning that nothing more can be gotten into his already overflowing brain.

Another preventive of liberality of mind appears to be in the lack of originality, or in a pertinacious adherence to old dogmas, which may have been termed great truths.

Now the iron grasp of preconceived opinion must be relaxed, in order that we can make any great progress. This, perhaps, is a most difficult matter to observe in medicine, and it is this that has caused such unfortunate strife between the new and the old school. A dogma has been handed down from the time of Hippocrates; it has been accepted, from age to age, by many; it has been received and acknowledged as a truth; it has gone unscathed through a thousand years of time. Few think of questioning its veracity. It has grown to be a land-mark for the school men. It is revered. It is almost worshipped. Yet, perhaps, a mind, directed by an unseen power, detects a flaw, which may lead to the splitting of the entire mass. Some fact has followed a new revelation in science which overturns the mountain, and the original thinking mind sifts the matter to the bottom, and dares proclaim the truth. But how is it received? What is the history of the discovery of all great truths in science? What, I ask you, *in reverence,* is to be learned from the history of christianity itself, and its introduction, upon a pagan world—the great, the divine light of Heaven upon the chaos of heathenism? Therefore, it would appear that there exists a great necessity of examining, with an unbiased mind, all the so-called truths in medicine, before they are absolutely accepted as such, and, without being hypercritical, satisfy the mind that the premises are correct and the deductions logical.

Another incentive to expansion of mind is in *the example* of those who have gone before, not so much in the absolute acceptance of all they have promulgated, as in the *manner in which they, with true and genuine earnestness* toiled for the well being of their race, gleaning on every occasion, and on every side, those facts which would tend to the improvement of mankind. It is related of an Eastern monarch, that upon being presented with a magnificent ring, he called his wise men together, and desired them to furnish him with an inscription which would prove true in all the vicissitudes of life, whether in joy or in sorrow, trouble, happiness, or pain. They took from

him the circlet of gold, and in time, returned it with the following wordr engraven upon it:

"This shall also pass away."

This motto is true in the abstract. Our pleasures are fleeting and our sorrows must have an end; our joys are of the hour, our woes must also pass away. Man himself,

"Lord of the wide world and wild watery seas,
Indued with intellectual sense and souls"

must bide his time and die. But there is an after-thought. Great genius stamps itself indelibly upon the age, and influences the actions of posterity. As we pass down the avenues of time; as we wearily climb the rugged pathway of life, and encounter the troubles, uncertainties, and disappointments which beset us on every side, what is it bids us take courage and press on? It is the contemplation of the works that masters have left us as a precious legacy; it is the aspirations aroused by a study of the lives of those who have toiled unceasingly for the well being of our race. It is the light that beams brightly from

"The few, the immortal names
Which were not born to die."

It is very common for young and enthusiastic admirers of either school to imagine that all that belongs to *their* side of the question is perfectly good and true, and all that appertains to the other is equally evil and false. Such ideas, gentlemen, show lack of experience' and lack of knowledge, and are an indication of that narrowness of mind which we are enjoining you to avoid. We believe that the science of homœopathy is decidedly the best known means of curing disease, that it possesses superiority over all other means of relieving suffering humanity, and that both facts and statistics can be adduced in any number and from most reliable sources, to prove the correctness of this assertion. Yet we would not concede, for a moment, all that has been taught by the masters of the old school is necessarily false, and, therefore, to be rejected. In fact it is not sufficiently known by the people that it is absolutely essential for an educated homœopathic physician to thoroughly understand physiology, athology, anatomy, chemistry, surgery and obstetrics, and that

the main difference between the schools exists in the enunciation of a principle, the peculiar study of a materia medica based upon that principle,and the therapeutics depending upon the law and the study of the materia medica aforesaid. It will here be distinctly seen that a mass of information in most of what are termed the collateral branches, is identical in both schools, and to us, the works of all the master minds of the profession are not only available but actually a necessity. The true liberality of mind, of which we speak, allows to others the same rights we reserve for ourselves; it teaches us to respect the opinions of others, and to *examine* before we condemn them. It prevents the application of such odious epithets of *quack* or *charlatan*, or *knave*, or *fool*, to those who may chance to differ from us in opinion, and gives dignified silence rather than a garrulous tongue.

The narrow minded men in medicine, the "little fellows" in the profession, are very apt to apply the term *quack* to every one who dares to differ from their medical faith, and I venture to assert that in the majority of instances the *very definition of the term* is often unknown to those who use it so flippantly. What is a quack? or rather what is understood by *quack cry?* It is a boastful pretention to medical skill which is not possessed, together with the administration of secret medicines, to which are assigned preposterously wonderful power. A quack is a combination of ignorance, prevarication and deception. He is the essence of meanness, coupled with disgusting effrontery; he veils his head behind lying advertisements and fulsome self-laudation; his aim is the deception of the suffering; his God, the graven image of the almighty dollar. Gentlemen, I pray you, beware how you use this word; beware how you apply it to those who may chance to differ from you in medical faith. It shows, as I have already mentioned to you, not only a lack of liberality of mind, but it damages you in the eyes of the world. Society is not blind; society is not a fool; society knows more about the world than the world knows about itself, and society says when one medical man rancorously abuses and villifies another, that something, (perhaps jealously), must be the cause,

and therefore, good old society sits in judgment, calls together its gossips, and says, with the sages of old, *tolle causam*; investigates *in a most genteel manner* the whole subject, and generally establishes a correct diagnosis. Never go before society abusing any one in any school of medicine, or socioty may condemn you to the treadmill, and call upon your abused brother to occupy a favored positien.

But the time allotted me is well nigh spent, the hour has come when the real spirit of the address must be manifest, which is, as the name imparts, to say farewell.

> "And now farewell, a word that must be and hath been.
> A sound that makes us linger, yet,—farewell."

Those of you who have now recieved your diplomas are about to begin your professional lives, about to enter upon the actual pursuits of medicine. What is the prospect? It would be wrong indeed for me here to lay out a fair and unclouded view, to picture to you an easy road to eminence and success, and merely for the sake of encouragement draw upon the imagination at the expense of facts.

In the majority of instances, the first few years in the lives of professional men are not satisfactory. Most of them have a very annoying circumstance with which to contend—a circumstance, or perhaps, I might say, a condition, which, though unavoidable, sometimes causes both wrath and mortification, but which, thanks to Father Time, will certainly be remedied. I mean a youthful appearance. Ah, how many yearling doctors have prayed either for a *little* hair *somewhere* upon their faces; how many of those who have that little, pray that it may be sprinkled with gray, or can say, with the poet,

> "Man wants but little here below,
> 'But' wants that little long."

and I may add, by way of parenthesis, how many "old doctors" after these yearnings for hair, and gray hair, and long hair, too, have been abundantly satisfied, either shave their chins or dye their silver locks some youthful color, I am not prepared to state.

A young physician is often considered, especially by old ladies, to be a *boy*, who *thinks* he is a doctor, but who is, in reality, a fool. Never allow such circumstances to discourage you.

"Time rolls his ceaseless course."

sufficiently fast, and if you progress in knowledge in the same ratio as you increase in years, a long period will *not* elapse before you are high up on the ladder of learning; only be careful that, like the crab, you go not backward.

The next inconvenience which is often experienced, is in the lack of pecuniary means. Few medical men ever become wealthy from the legitmate practice of their profession, and there are many, very many, both gifted and honorable, who toil through life, earning barely a subsistence.

Early in professional life the fees are, from many unavoidable circumstances, few and very *far* between. This is often a source of depression, but toil on, trusting, hoping, believing, and better days will come, when pinching poverty may be exchanged for comfortable affluence. Let me here repeat to you a story of Sir Astly Cooper and his earnings for the first nine years of his professional life. In the first year he netted *five* guineas, $25; in the second, twenty-six pounds, or $130; in the third, sixty-four pounds, or $320; in the fourth, ninety-six pounds, or $480; in the fifth, one hundred pounds, or $500; this was but a small increase over the previous year. In the sixth, two hundred pounds, or $1000; in the seventh, four hundred pounds, or $2000; in the eighth, six hundred and ten pounds, or $3050; and in the ninth, the year in which he received his hospital appointment, eleven hundred pounds, or $5500. After this, for many years, his income exceeded fifteen thousand pounds, or $75,000. Remember this story when you begin to feel the lack of pecuniary emolument.

But; gentlemen, you will have happy hours also, amid the sad ones. You will find warm hearts and devoted friends, and having done your duty, an approving conscience. You will dis-

cover that by energy, study and perseverance, those obstacles which at first appeared insurmountable, will be overcome, that you will be gaining in knowledge and in wisdom; you will be rearing for yourselves a name and reputation that will live long after your bodies have become dust. The profession you have chosen is a noble one, though the life may be beset with obstacles and discouragement. I say to each of you, press on, and in the words of a great homœopathist a and great poet, let me conclude,

> "So live that when thy summons comes, to join
> The innumerable caravan that moves
> To that mysterious realm, where each shall take
> His portion in the silent halls of Death,
> Thou go not, like the quarry slave at night
> Scourged to his dungeon; but sustained and soothed
> By an unfaltering trust approach thy grave
> Like one who wraps the drapery of his couch
> Around him and lies down to pleasant dreams."

NEW REMEDIES AT RANDOM.*

CAULOPHYLLIN.

BY C. A. JAEGER, ELGIN, ILL.

Mrs. A. Campbell, aged forty-four years, residing ten miles from Elgin, has been suffering from indigestion(?) for fifteen years. Her husband makes the following statement:

"Patient has frequent attacks of violent retching and vomiting, accompanied with severe heat, and burning in stomach and abdomen, and in the back—lumbar region; obstinate constipation, so that the bowels do not move for nine days, without having recourse to cathartics. For a number of years patient has taken, at least once a week, some sort of purgative, and insists that

*At the time, 1865, when I prescribed these remedies, I had but a vague idea of their therapeutical application, and in fact, I am honest to confess that up to the present period, I know but little as to their homœopathic indications, therefore, the "At Random" caption.

she must have it. She is mother of several children, the youngest now three years old; the menses have been regular, until within a year, since that time appearing only at periods of from two to four months, with natural flow for three to four days, accompanied, however, with considerable pain in the back, and but little pain and bearing down in front. The attacks of retching, vomiting, etc., have not assumed any regular periodicity; but she is liable to have one at any time. This picture of the disease was, of course not very strong portraiture to arrive at the difficulty, with any satisfaction, but it was the best that could be obtained, under the circumstances.

I sent the patient *arsen* 3d, to be taken in water; but which had no perceptible effect after two weeks. *Arsen* 30th was now given, upon which her husband reported there was less retching and heat. *Arsen* 30th was given for another two weeks. Next report, "*no improvement* in any of the symptoms. Sent *nux vom.* 3d and nux v. 30th alternate every other day. Patient sent word, some symptoms—the pain in the abdomen and back—were better, but she *must have a purgative*, "if Dr. J. can not send me one, another physician must be consulted." The bowels had not moved for nine days. Sent *pdoph.* crude, four powders of one fourth grain each, every four hours a powder, till bowels move and continue *nux.* 3rd and 30th after *pod.* was taken, night and morning.

Of course the bowels moved and the patient was elated, but retching, vomiting, heat, etc., remained the same. At this time I was obliged to visit a patient in the vicinity of this patient's home, and she, learning of it, sent a messenger for me. I found patient in bed, where she had been for several days, retching and vomiting, and suffering much pain; she complained terribly of her back and lower part of abdomen, with continued heat and burning; there was very slight distension of the abdomen below the umbilical region, but it was not extremely sensitive to touch; there was no febrile disturbance; extremities were cold to the touch, but patient did not complain of being cold. The vomit consisted of a dark fluid, not bitter nor acid and as to quantity, it was but a trifle at a time.

On inquiry regarding the pain in back and abdomen, whether they were similar to pains she experienced on or before menstruation, she replied that *"the pains were not the like pain of being unwell,* but it was on account of the bowels being constipated." I surmised some uterine difficulty, but an examinatiou of the uterus was not consented to. I, of course, was somewhat perplexed. Gave patient two doses of *sulp.* 30th a dose every night, and requested to be informed, after forty-eight hours, of the condition of the patient.

Husband came and reported, no change at all, his wife was much discouraged, and wished that he should bring her some "pills" to move the bowels, etc. I concluded to send her *cauloph.* crude, which I bought at one of our druggists, ordering one grain to two ounces of water, and a teaspoonfull to be taken every two hours till relief. A week elapsed, and no report from my patient, and I thought of course she had found some one who would gratify her with "pills" to move her bowels, etc., but at last her husband made his appearance at my office, with happy countenance, informing me that his wife was well, and around the house, attending to her household duties. The last medicine acted like a charm. She took only four doses, when the retching, vomiting, pain in back and abdomen gradually diminished, and after two more doses, all pain, etc., ceased, and the menses appeared as natural as ever, with the exception that the flow at first was very black and fetid, but soon, after twelve hours, the discharge became a bright healthy hue, and since that time she felt entirely well; bowels have moved every thirty-six to forty-eight hours, but rather constipated; had no vomiting and cold eat most anything. He said his wife wished another bottle of the same medicine for future use.

During the next four months I heard from her frequently, and she was "all right"—had taken no medicine, and was feeling well. After that, the patient went on a visit, and I have not, since her return, heard from her.

PODOPHYLLIN.

A genleman sought my advice four years ago, for secondary onorrhœa, with which he was afflicted for a number of months,

and so far he had received no benefit, either from homœopathy or allopathy. When he called upon me he requested me especially to give him something for *biliousness*, and he should like to have some of "those bitter powders," which a physician in Boston used to prescribe for him, and which always "brought him out all right." He complained of dull, heavy headache; had no appetite; a dirty coated tongue, with general lassitude. The gonorrhæal discharge was but slight, and of a greenish hue some burning and painful, but infrequent, erections. *Podoph.* 2d trit. 12 powders, one three times a day. Four days after, he came to the office and reported "better in every respect." No medicine. In about a week he returned and said, as he was going to St. Louis, to be absent a few weeks, he should like to have a package of the powders, in case the discharge should return.

Podoph. as formerly, was given. A month later he called on me, reporting no return of the discharge, and that he was feeling well; in fact, he expressed himself so much gratified with the state of his health, that he remained much longer out west than he at first contemplated.

During the next two months I met the gentleman frequently, there was no return of the old trouble, and he was gaining rapidly his former robust health; assuring me that at no time since the contraction of the gonorrhæa, had he been free from any discharge longer than two or three weeks, and in view of this fact he considered himself *cured*. The gentleman left for his home, (East) and I lost sight of him. Does *podoph.* cure gonorrhæa? That is the question.

THE PULSE IN VARIUOS ANIMALS.

The pulse of the hyena beats from 96 to 124 times per minute; that of the lion (under the shoulder) 40 times, (16 inspirations); tiger 96 times; tapir 44 times; horse 40 times; wolf 45 times; fox 43 times; bear 38; ape 48; ass 42 times. Among fowls, the pulse beats in the goose 100 times; the hen 140; the eagle 160; the hawk 150; the owl 110 times. The frog has 80 beats; the heart of the crab gives 76; the rat and mouse give from 120 to 122 beats; the caterpillar 36, and the buterfly 60 pulsations per minute.

Surgery.

L. H. WILLARD, M. D., ALLEGHANY CITY, EDITOR.

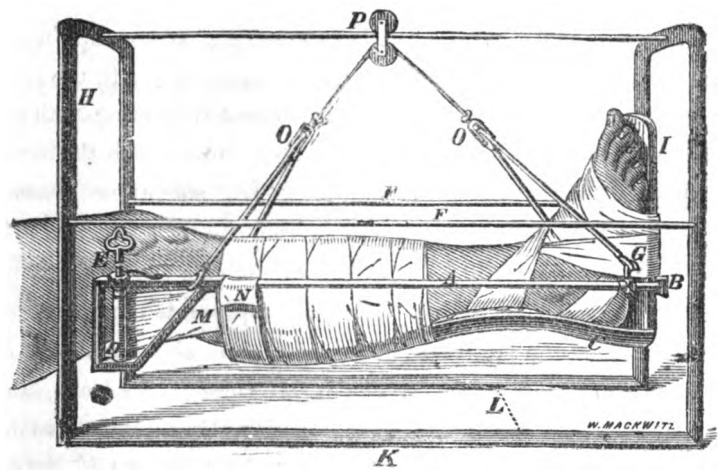
*CLARK'S SUSPENSION RAILWAY SPLINT—A SUSPENSION SPLINT FOR TREATING SIMPLE AND COMPOUND FRACTURES OF THE LEG.**

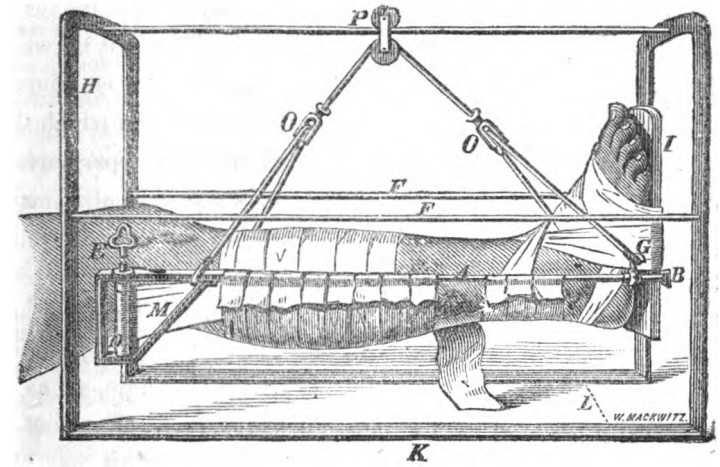
BY E. A. CLARK, M. D., RESIDENT PHYSICIAN, ST. LOUIS CITY HOSPITAL.

The great necessity for a well adapted apparatus in treating fractures of the leg,suggested the utility of the instrument Ihave designed in the following wood cuts, which not only answers every practical purpose in treating this class of fractures, but also contributes very much to the comfort of the patient, who, while he is enabled to execute every movement of which the sound limb is capable, yet, cannot displace the fracture or modify the force of extension. In presenting this appartus, I claim an advantage over those invented by Hutchinson, John Neill, Crandall and Salter, not only for the means of extension and counter-extension, but also its adaptation to the treament of compound fractures of the leg, as represented in figure No. 2. And, considering the simplicity of the instrument, with its cheapness and application to every variety of fractures of the leg, will certainly give it the precedence with those who may venture to use it in a single case. The apparatus is such as may

*The above article appeared in the Richmond and Louisville *Medical Journal*, for June, 1868. By permission of the author, we take pleasure in offering it for the perusal of our readers.—H.

be made by any blacksmith, or, indeed, by any ingenious surgeon in case of necessity, when a wooden frame and two hoops, with a common iron pulley, will answer quite as well as the instrument which I have made of iron, on the following plan:





The two arches represented by the letter (H), at one end, are

made of iron bars one-eighth of an inch in thickness, and three fourths of an inch wide. These arches are continuous with th bottom pieces (K), which support them upon the bed, and mea sure twenty-two inches in length, making the distance betwee the two arches, which are also supportd on the sides by the tw slender bars (FF). While the bar extending across top, upo which the pulley (P) glides, should be made flat, with the lon diameter perpendicular so as to prevent it bending with th weight of the leg. The width of the arch under which the leg i suspended as indicated by the letter (L), should be fifteen inches, and the arch eighteen inches from the surface of the bed

This description will be sufficient to indicate the proportion of the exterior apparatus. The bars represented by the lette (A), in which the leg is suspended, should be about two feet i length—unless when the fracture is too close to the knee, an it may be necessary to attach the adhesive straps (M), above th knee, then the bars may extend to near the perineum if neces sary. The cross-bar passing beneath the bracket at (B), an upon which the foot rests, should be flattened, and five inches i length, so as to allow ample space for the limb to rest betwee the bars. The space between these bars at the upper end shoul ordinarily be about six inches. The splint (C), upon which the leg rests in figure No. 1, should be fluted upon its upper surfac so as to conform to the shape of the leg, while it is also mad oval upon its under surface, so that both the leg and the splint may be included in the bandage shown in figure No. 1, by which means any displacement may be corrected in the fracture, an the bones kept in perfect apposition. The foot piece (I), shoul be attached to the posterior splint at an obtuse angle, so as t correspond with the natural position of the foot. The foot i bound to this piece by means of adhesive strips, which may em brace the whole of the foot, extend partially over the ankle, bu

not so as to arrest the circulation as by the figure of eight bandage formerly used round the ankle for making extension. The leg then as seen in figure No. 1, is supported upon the cross-bar passing under the bracket (B) attached to the foot-piece and by resting upon the strap (N), pinned over the bars (A) on either side, while the extension and counter-extension is effected by means of the bar across the foot-piece below, and above by means of adhesive straps, three inches in width, as indicated by the letter (M), which are attached to the sides of the leg, beginning just above the joint of fracture and passing up to be wound around the cylinder (D), which is three and a half inches in length, and turned by means of an ordinary clock key, represented by letter (E). This cylinder is held in any position to which it may turned, by a ratchet and wheel placed upon the upper surface of the bar, as indicated in the diagram. It will be observed in figure No. 2, that there is no posterior splint, as in the other diagram, but the leg is supported entirely by slips of muslin pinned over the bars on either side, which renders this apparatus more appropriate for the treatment of compound fractures in which the wound may be examined and dressed when necessary, by removing one or more of these strips which may be replaced by new ones, without disturbing the fracture. The attachment of the foot-piece in this dressing does not in any particular differ from that of figure No. 1. The means of suspension is the same in both these dressings, which, by means of the pulley at letter (P), the patient is enabled to move his limb, or even his body, forward and back to the extent of the length of the bar upon which it glides, and by means of the cord playing over the under wheel in the same pulley, the patent is able to flex and extend the knee by depressing or elevating the foot, which movement can be executed by a very slight effort on the part of the patient, while at the same time, he can swing the leg from side to side, to any extent within the space of the arches; and by means of the cords playing through the pulleys at (OO), the leg can be rotated to any extent, even to allow the patient to lie upon his side if he desires, without disturbing the

fracture in the least. It will be observed in the diagrams th at the letter (G) there is a thimble, which can be made to sli upon the bar, by means of which the lower end of the leg ca be elevated or depressed at the will of the patient, by slidi this thimble forward and back, and fixing it at any point b means of the little thumb screw attached to this thimble. I developing the utility of this apparatus for the treatment fractures of the leg, I have tried various means of attaching t foot at the bottom, such as the muslin and flannel bandage the form of a figure eight, around the ankle, covering the fo also, as far as the toes, but have always found them objectio able, from the great amount of pressure, and consequent arr of the circulation in the foot, though the flannel bandage much less objectionable than the muslin. But I have been ab to obviate this objection by the use of the adhesive plaster a tached over the front of the foot, and around the foot-piece, shown in the diagram; this I have ordinarily found quite sufficie unless in rare cases, when an unusual counter-extending for is required, it may become necesssary,—as very aptly suggest by Professor Hammer, of this city,—to pass a strip of adhesi plaster beneath the heel, and around the foot-piece, which ad very much to the strength of the dressing. I have recent treated six cases of fractures of the leg with this apparatus, which both bones were fractured, and in which there was mo or less shortening in each case, with excellent results in all them, without allowing the least deformity or shortening, wh the patients were all grateful for the comforts allowed them b this apparatus during their confinement.

REPORT OF SURGICAL OPERATIONS PREFORMED IN CONNECTION WITH CLINIC OF THE HAHNEMANN MEDICAL COLLEGE DURING THE SESSION OF 1869—70.

BY MALCOLM MACFARLAND, M. D., PROF. OF CLINICAL SURGERY.

Resection of the ramus and part of the body of lower jaw	1
Amputation of the thigh middle third	1
Amputation of the forearm, flap operation	2
Amputation of the arm near the shoulder	1
Amputation of the fingers	2
Operation for the radical cure of inguinal hernia	1
Operation for relief of inguinal hernia	1
Operation for relief of femoral hernia	1
Removal of fatty tumor from the side, weighing three pounds	1
Operation for stricture of urethra by internal division	1
Phymosis	2
Fistula in perineo, operation for	1
Fistula on ano, operation for	1
Hypospadias, operations for	1
Operation for stricture of the rectum	1
Fracture of the clavicle	1
Fracture of the radius	1
Fracture of the condyles of the humerus	1
Fracture of the tibia	1
Removal of necrosed bone from the tibia	1
Dislocation of the shoulder	1
Dislocation of the wrist	1
Tenotomy	1
Ganglion of the wrist	1
Paronychia	1
Removal of cancerous breast	1
Rumoval of tumors of the scalp	3
Foreign bodies from the eye	2
Tumors of the eyelids	2
Operation for ptosis	2
Blepharoplasty, operation for	1
Entropion, operation for	2
Ectropion, operation for	1
Operations for obstruction of lachrymal passage	5
Pterygium, operation for	2
Staphyloma, operation for	2
Strabismus, operations for	6
Extirpation of the eyeball	1
Removal of tumors in orbit	1
Von Graefes operation for hard cataract	5

Secondary needle operation on capsule	1
Formation of artificial pupil	3
Removal of the septum of the nose for tumor	1
Simple hare lip operation	1
Complicated hare lip operation	1
Division of the frænum of the tongue	1
Excision of diseased uvula	1
Operation for cleft palate	1
Otoplasty	1
Extirpation of a large fibrous tumor of the neck	1
Total number of operations	77

In addition many cases of a minor character were treated medicinally and otherwise.

Obstetrics.

CAN HEREDITARY SYPHILIS BE PREVENTED BY MEDICINE ADMINISTERED TO THE MOTHER DURING PREGNANCY?

Mrs. O. has had five pregnancies, in all of which she has been under my care. Her husband had syphilis before marriage. Has never, since then, presented any symptoms of the disease. Her first pregnancy terminated at the seventh month by the expulsion of a putrid fœtus. Her second in like manner, at the eighth month. Her third, fourth and fifth went to full term, and she gave birth to live children, puny, weighing about five pounds, with the hoarse voice and eruptions of congenital syphilis. All died with the disease in a few weeks. During her pregnancies she never had the copper colored spots of secondary disease, nor did they ever appear during the intervals. But in every one she suffered with severe attacks of acne about the face, and formations of pus about the body.

In the fall of 1866, I was called to her for an attack of paronychia, which in a few days was relieved by free incision and poultices. She had the usual eruptions on the face. She was

then in her sixth month, and told me she felt the movements of the child. I determined to endeavor to act on the fœtus by medicine administered to the mother. I directed her to take iodide of potash, grains v, night and morning, and to continue it steadily until her confinement. Early in this year,some ten days before she expected her labor, I was again sent for, and found her suffering severely from the symptoms of influenza—the weather being very mild at the time, and the disease not prevailing—I attributed it to the medicine she had been constantly taking, and directed its discontinuance. The influenza rapidly subsided, and at her period she was confined. After twelve hours labor, she gave birth to a child weighing over nine pounds, and showing no signs of syphilis. The child is now past the age at which the others died, and still presents no appearance of the disease. She has herself suckled it.

The choice of a remedy in this case was between mercury and kali iodid. The former had been unsuccessful in the treatment of the other three children. In the first, it was given with mercury. In the second I acted upen the statement of Sir Benjamin Brodie, that mercury was unsuccessful when administered by the mouth, but uniformly successful by inunction,—and used a flannel roller, on which mercurial ointment was spread. In the third I gave mercurius 3d dec. trituratien. I was, therefore, induced to try kali iodid, with the determination if the child was born syphilitic, to administer it to it in half grain doses.

The old adage that "one swallow does not make a summer," is undoubtedly true in medicine, and I cannot say, therefore,that the escape of this child was certainly due to the action of the drug. I think that it was, because when I commenced its use the mother presented the same symptoms, that she did in her former pregnancies. At her confinement, her face was free from the attack of acne, only showing some red spots where the eruption had been.

Thinking the the treatmens worthy of more trials, I send it to you. Whether the syphilitic poison is ever entirely eradicated from the system is an open question. For myself, I am

very doubtful. Many cases have occurred to me, in which syphilitic disease in children could only be accounted for, except on this theory. In this case the father had, for twelve years, to my own knowledge, shown no symptoms of syphilis in any form, and to all appearances is a model of health, and yet he had begotten five children infected with the disease, and as far as I could judge, from the appearance of the mother, a sixth.

Physicians, many times, meet with cases in which a woman will at the same period abort a putrid fœtus. Such cases are also, I think generally, if not entirely, to be attributed to the same infection. At all events, my experience has been, that upon a candid talk with the husband, he admitted having had the disease. In any such case in the future, I shall commence the iodide as soon as pregnancy is known. FORCEPS.

THE NINETEENTH ANNUAL MEETING OF THE NEW YORK STATE HOMŒOPATHIC MEDICAL SOCIETY.

The society met on Tuesday February 8th, in the City Hall, Albany. The inaugural address was delivered by the president, Dr. Wm. Wright, of Brooklyn. The treasurer and auditing committee then made their reports, after which a number of papers on various medical subjects were presented by Dr. Waldo. An interesting discusion on vaccination was participated in by many of the members. A very important resolution was adopted in regard to rendering the curricula of studies in our colleges more complete by establishing freshman, junior, and sophmore years, after which a collation, prepared by Dr. Swits, was partaken of by the members. On the second day, various committees reported and important bureaux were organized. This society is, perhaps, the most flouishing of our school, not only in this country, but in the world.

Western Homœopathic Observer.

ST. LOUIS, MO., MARCH, 1870.

☞To insure publication, articles must be PRACTICAL, BRIEF as possible to do justice to the subject, and CAREFULLY PREPARED, so as to require little revision.

☞Readers of the OBSERVER will oblige the Editor if they will forward copies of local newspapers, or similar matters of importance to the profession, all such will be thankfully acknowledged.

☞Physicians having changed their locations, or desiring to remove from one portion of the country to another, will please communicate with the Editor, that he may note the same. Records of marriages, and deaths of physicians, and other personal news will also be received and noticed.

☞All exchanges, books and pamphlets must be addressed to the Editor, No. 1418 Washington Avenue.

Editorial.

A HOMŒOPATHIC PHYSICIAN SUES FOR FIVE THOUSAND DOLLARS DAMAGES.

We learn, from one of our dailies, that suit has been commenced by William D. Lemon & Son, of Jacksonville, Illinois, against Dr. David Prince, of that city, for $5000 damages.

The facts, as we have them from the *Missouri Democrat*, are as follows:

"It appears that on Monday, the 14th instant Dr. W. D. Lemon & Son, old citizens and prominent physicians of the homœopathic school of medicine, in this city, published the following:

"'SMALL POX.—We desire to inform our patrons that we have

a small pox preventive that we wish to give to each of ou patrons *free of charge;* also all others wishing the same ma obtain it by payment of one dollar each, the *money to be refunde* if they take small pox while using the preventive.

W. D. Lemon & Son,
Homœopathic Physicians.'

"On Wednesday, the 16th inst., Dr. David Prince, of th Jacksonville Infirmay, published the following in the *Journal*.

"The *Journal* of yesterday morning furnishes another ev dence that, in the estimation of a certain pulpit orator, the hur bug eaters are not all dead yet. The imposition first mentione might find its retribution through the law against obtainir goods or money under false pretences, but this gift enterpri can only be reached the gambling laws. Pay me a dollar, sa the hero of sanctity, and I will give you a charm which wi avert death, but if you should die, you shall have one thousar dollars for your prize in this lottery—a very inviting openir for the exercise of the spirit of adventure and charm. B stop. I have misstated the term. I have charms for sale at dollar apiece. It will protect you against small pox, but, if p adventure, the charm should fail, I will pay board and wa shin and *send medicine.* No, I have still over stated the advantag —it is only the thread-bare device of the charlatan, 'no cure, n pay'—only let the victim first put his money into the hands the necromancer, and take his chances at trickery for gettir his money back again.

"Imagine a pile of one dollar greenbaeks upon a table, th charm dispenser sitting by them, glancing first at the treasu and then at his credulous victim, and piously dismissing the with grace, mercy and peace be upon you from——.

"O, Credulity, blessed are they that follow thee, and curse be he that sayeth aught against thee.'

All of Dr. Prince's article, except the first paragraph, wa universally understood in this community, to refer directly t Drs. Lemon and their 'small pox' notice, and they at once de termined to commence suit for damages."

THE CINCINNATI HOMŒPATHIC DISPENSARY.

The report of this institution shows it to be in a flourishing condition. We have received from Dr. J. A. Cloud, the distinguished surgeon in charge, the following report for the month of February:

Number of cases	treated during the month			224
"	"	discharged cured	"	71
"	"	sent to Hospital	"	3
"	"	visits made during	"	102
"	"	prescriptions made	"	402

COMMENCEMENTS.

THE COMMENCMENT OF THE CLEVELAND HOMŒOPATHIC HOSPITAL COLLEGE.

The annual commencement of this institution took place on 14th of February last, and was highly creditable to all concerned. The following is the list of graduates:

Geo. W. Moore.	E. V. Van Norman.	T. K. Dawson.
A. S. Rosenburger.	W. H. Riley.	B. Sovereign.
A. L. Gardner.	W. A. Whitney.	F. L. Davis.
J. P. Tenman.	Mrs. E. Miller.	George A. Gordon.
C. W. Hoyt.	H. S. Strong.	S. S. Parker.
Charles F. Petsch.	P. S. Duff.	A. F. Worthing.
J. A. Partridge.	O. S. Martin.	C. D. Woodburn.
I. J. Whitfield.	Mr. S. B. Chase.	Wm. F. Lefavor.
H. D. Chase.	J. Pettet.	G. O. Spence.
A. E. Scheble.	O. B. Moss.	E. D. Preston.
B. L. Cleveland.	J. D. A. Pohle.	F. B. Sherburn.
W. B. Van Norman	N. F. Canady.	G. C. McDermott.

—Total, 36.

The diplomas were presented by the president, our good friend, Dr. A. O. Blair, and the valedictory pronounced by Professor Schneider.

HAHNEMANN MEDICAL COLLEGE, CHICAGO.

The exercises of the tenth commencement of this college, were held on February 24th, 1870. The veteran, D. A. E. Small, gave the inaugural. The number of graduates was nineteen. The following is the list:

Mrs. Clara Youmans.	C. G. Higbeee
John H. Bell.	George H. Carr.
J. M. Cunningham.	LaRay Maroin.
Otto B. Poppe.	George B. Sarchett.
Edward B. Beeson.	L. A. Bishop.
George A. Hadfield.	Arthur F. Moore.
G. Shepherd.	H. H. Pilling.
George H. Doane.	David H. Long.
Myron H. Parmelee.	Fred. G. Hunt.

Donald Ferguson.

ANNUAL COMMENCEMENT OF THE HAHNEMANN MEDICAL COLLEGE, PHILADELPHIA, PENN.

The third annual commencement of the above named institution, took place in the Academy of Music, on the noon of March 9th. A brilliant audience filled the spacious and elegant building, manifesting the deepest interest in the exercises, which were of the most entertaining and succesful character. Prof. C. G. Raue, M. D. delivered a most able valedictory to the graduates. It was in every way worthy of him. A most pleasing feature of the commencements of the Hahnemann, is the presentation of boquets to the members of the graduating class by their lady friends. Prior to the exercises, they are sent to the stage with the recipients name attached, to be distributed by some member of the Faculty at the suitable time. The accumulation of floral pyramids is a beautiful sight, perfuming the air in a most delightful manner, besides lending to the whole proceeding that grace of refinement the mind naturally associates

h flowers. A most agreeable surprise to one of the gradu-
ıg class, Mr. H. M. Lewis, was the receipt of an elegant gold
ch from his former preceptor, Dr. H. Minton, of Brooklyn,
Y. Professor H. N. Martin made the presentation with suit-
e remarks. In the evening a company of two hundred invit-
guests—gray haired sages of Æsculapius and new made M.
—sat down to a banquet "fit to serve a king." On which
ısion, according to a prominent daily paper, Hahnemann
ok off the habiliments of the grave, and gracefully responded
irst toast of the evening. We congratulate our sister insti-
on on the presence, *in corpore*, of so distinguished a visitor.
he settle the question of the Dose? We append a list of
graduates:

F. Alexander, Md.	Henry M. Lewis, Nevada.
ron H. Adams, N. Y.	Charles A. R. Moore, Virginia.
n P. Birch, Pa.	Robt. L. McIntire, Pa.
ıry Baething, Jr. N. Y.	Joseph A. Moke, Prussia.
es H. Blake, Texas.	Harry P. Mera, M. D., N. Y.
eman Bery, Jr., R. I.	John Nottingham, N. J.
R. Blackwood, N. J.	Trimble Pratt, Pa.
ediah M. Barton, Mass.	Nelson A. Pennoyer, Wis.
liam H. Crow, Del.	George W. Parker, Pa.
P. Chalker, N. J.	Charles W. Perkins, N. J.
uel H. Colburn, Va.	Amos A. Roth, Pa.
mas S. Dunning, Del.	Joseph M. Rotzell, Pa.
M. Drake, Mass.	Wm. Benj. Reynolds, Pa.
s B. Dickerman, N. H.	Benjamin F. Reich, M. D., Pa.
H. Eisenbrey, Pa.	Hyland W. Rice, Ill.
es M. Frye, N. Y.	George H. Romig, Pa.
ge Tyler Flanders, Vt.	Richard Schulz, Germany.
hard Gardiner, Jr., N. J.	Elhanan Z. Schmucker, Pa.
liam C. Goodno, Pa.	Charles M. Savage, Ohio.
S. Gaskill, N. J.	George R. Spooner, Mass.
red K. Hills, Mass.	Wm. G. Taylor, Pa.
ob Iszard, N. J.	Eugene C. Thompson, Ohio.
muel Kennedy, Pa.	Jeptha W. Tatem, N. J.
gene F. Hoyt, N. Y.	John C. Slay, Del.
ndal M. Lytle, M. D., Tenn.	Total.....49

Special Degrees—James H. Patton of Richmond, Va.

Honorary Degrees—Carroll Dunham, M. D., New York; F. Allen, M. D., New York. G.

Correspondence.

A FINE OPENING FOR A HOMŒOPATHIC PHYSICIAN.

BOLIVAR, Mo., March 6th, 1870.

William Tod Helmuth, M. D., Editor of the Western Homœopath Observer, St. Louis:

DEAR SIR—By the death of Dr. John C. Nodruft, late of th place, we are left without a homœopathic physician, and th patrons of the art are desirous of having another locate amon us, and therefore call upon you, through the means of you acquaintance with the profession, or through your journal, t aid us in getting a good homœopath to locate here. We are the opinion that the practice here will support a first cla physician. Our town contains a population of from eight hu dred to one thousand; is the county seat; is rapidly improving is located on the line of a railroad, the work of construction o which is commenced, and a reasonable expectation that it wi be completed to this place within two years—some say on year will see its completion. The county is large and populou and Dr. Nodruft has, by his success in practice, so far pioneere and introduced the practice, that the people are generally we informed of its characteristics, and the war of objection tha generally follows upon the introduction of anything new o improving, has been fought, and terminated favorably, so tha the new physician would not have all the difficulties of encoun tering the ignorance and prejudices of the people and of the physicians of the old school, that one would meet in introducing the practice for the first time. There are such a number o families in town and the county near about, who will not em

ploy any other physician if they can procure the services of a homœopath, that a man might safely calculate upon a living practice from the commencement.

I will take pleasure in answering all inquiries addressed to me by persons entertaining the idea of locating here, but would advise them to come immediately. A good deal depends upon getting a good start. The small pox prevails here to some extent, in a mild form, and a physician should come prepared to meet that diseases, if he comes soon. There is now no homœopathic remedies here suitable for treating that disease.

Yours respectfully,

W. GALLAND.

General News.

G. H. MORRILL, M. D., ST. LOUIS, EDITOR.

The average weight and height of man is taken from the records of different Universities: Those of Harvard and Yale, as recorded by Dr. Gould, are, height 5,666 feet, weight 139,000 pounds; those of Oxford University, England, as recorded by A. Maclaven, height 5,825 feet, weight 132,970 pounds; those of Amherst College, including all members from 1861 to 1869, height 5,651 feet, weight 139,485 pounds.

The Legislature of the United States of Columbia, South America, have decreed that in every charity hospital, one ward should be under homoeopathic treatment, if such physicians reside in the vicinity. All persons who desire such homoeopathic treatment, or those considered incurable by allopathic treatment, shall be admitted to such ward.

IPECAC IN VOMITING.—The Practitioner calls for more evidence in regard to the action of small doses of ipecacuanha in arresting obstinate vomiting. We recommend the editor to read our provings of the drug.

POISONING BY CARBOLIC ACID.—Dr. J. G. Tinkham gives the following as the usual symptoms from poisoning by this acid. After its absorption, it acts directly upon the nervous centres, causing headache, giddiness, trembling, convulsions, insensibility, tetorous breathing, contracted or dilated pupils, rapid intermittent pulse,

excessive prostration and death. The srface of the body is generally pale and bathed in cold perspiration.

Causes of Consumption.—One-eighth part of the whole mortality in England is due to phthisis. Here, therefore, the acquisition of any knowledge that will increase our powers of prevention is of the greatest value. Now, there are three well known causes, more or less removable, which directly tend to the development of phthisis. First the disease is produced by 'unwholesome conditions of in-door industry,' and in the manufacturing districts this cause, which is partly preventable by law, produces a marked effect upon the death-rate from consumption. Second, it is a well established fact that dampness of soil is a common cause of phthisis to the population living upon it. The death-rate by this disease in ten towns fell on an average 35 per cent. after improved land drainage. Lastly, phthisis is more or less hereditary, and is especially apt to appear in children born of parents suffering at the time from tubercle. Here there is another preventable cause of the disease. It would, no doubt be impossible in the present state of public feeling to legislate with a view to prevent the marriage of tuberculous persons, but we cannot deny that there is a moral obligation upon every one so circumstanced not to marry.

Colorado for Consumptives.—Colorado is recommended for consumptives, not only in summer, but in winter, as the season is declared to be far more favorable than in the East. Denver City stands at an elevation nearly as great as that of Mount Washington, or any higher point, if there is one, in the White Mountain Range. The rare and dry air of Denver is asserted to be a nearly infallible specific for cases of incipient consumption. During the past summer crowds of consumptive people have visited Colorado, some of them deriving great benefit therefrom; while others who were so far gone as to make going so far quite suporfluous, found tho thin air of the mountains to which they resorted (instead of staying in Denver) at once beneficial.

Nux Vomica in Delirium Tremens.—Dr. Denton records two cases of well maked delirium tremens successfully treated by five or ten minim doses of tincturo of nux vomica, repeated every four hours.

Is not this tending towards homoeopathy ?

Ice in Chloroform Accidents.—Dr. Baillie, surgeon to the Calcutta Native Hospital, states that in cases of syncope from inhalation of too large a quantity of chloroform, there is no means upon which he should more rely to restore the movements of respiration than the introduction of a good sized lump of ice into the rectum. This is much more easily effected than one would suppose; a little pressure with the ice being made over the sphincter causes it to relax, and the ice slips in, followed almost instantaneously by a prolonged inspiration, the percursor of natural breathing and restoration of the heart's action. This measure, with but a small bit of ice, would doubtless, answer equally well with still-born children.—[Medical News.

Obituary.

EDWARD CASPARI, M. D.

Died, at his hydropathic establishment, "Rock Spring Water Cure," Pervee Valley, Kentucky, on the 5th day of March, 1870, Edward Caspari, M. D., aged 61 years.

Dr. Caspari was a native of Prussia, and came to this country in the earliest days of homœopathy. He attended the first course of lectures at the first homœopathic college in our country, started at Allentown, Pa., under the auspices of such pioneers as Hering, Wesselhoeft, and their colleagues, and graduated in the first class. He was a student of Dr. Hering's, by whose advice, he supported himself during the progress of his studies, by preparing those homœopathic remedies which were then known to our school, and which had previously been procured exclusively from the old country, he has, therefore, the honor of having been the first to to prepare our remedies in this country.

After graduating, the doctor located in Norfolk, Virginia, where he practiced several years succesfully. He then spent a few years practicing in the Western Reserve, in Ohio, and finally located in Louisville, Kentucky, in 1846. He was a practitioner for twenty-four years in Louisville. In 1867 he formed the idea of building an establishment near Leuisville, where he could use homœopathy and hydropathy together, and in the furtherance of this idea, bought a large tract of land about sixteen miles from Louisville, and commenced his preparations. Having associated with him in his city practice, Dr. Charles W. Breyfogle, he devoted much time to his Cure, and during the past summer, his establishment was crowded with those seeking his aid. In consequence, he sold his portion of his city practice to Dr. W. L. Breyfogle, (brother of his partner), and invested all his means in the enlargement of his Cure. His arrangements, we might say the longings of his whole life, were almost completed, when death removed him from us. After three days illness from pneumonia, typhoid symptoms appeared, and in the brief space of six days from the time of the first attack, death ended his sufferings.

Thus left us a great and truly good man, whom not only his patients and friends, but the whole profession will mourn.

Naturally diffident, he has not urged his claims to high rank in the profession but that position will be accorded to him by all who knew him, and oft and tenderly will his name be whispered by those who have felt the benefits of his companionship and gentle care.

W. L. B.

THE DIPLOMA TRADE.

In the last number of the Philadelphia "University Journal of Medicine and Surgery," we find an affidavit of two medical students who were endeavoring to ferret out the rascally business of diploma brokerage, in which one of them inquires whether he could purchase a parchment from a homœopathic school. The broker stated he could furnish one, but in looking over his wares, informed them that he had sent the last one, on hand, to New York, a few days previous, but requested the applicants to call again, On their return, "the doctor read a note received from a MEMBER OF THE FACULTY of the homoeopathic college, informing him that his application would be considered at the next meeting of the Board." We call attention to this, because we do not believe that any such correspondence took place, and that the faculty of said college may look into the matter, and publicly refute such published slander.

This SELLING OF DIPLOMAS must be brought to an end. We can now place our hand upon men who are decorated with a parchment; who have never entered a medical college; have made no dissection, have attended no hospitals—and the institutions that confer such degrees must be exposed.

Publications Received.

Medical Archives.
Ohio Medical and Surgical Reporter.
Chicago Medical Times.
Rivista Omiopatica, Roma.
Homoeopathic World, London.
Hahnemannian Monthly.
Medical Investigator.
American Observer.
Calcutta Journal of Medicine.
Bibliotheque Homoeopathique.
North American Journal Homoeopathy.
Landmarks of Progress in the History of Homoeopathy during the year 1869, by A. C. Pope, London.
American Journal of Hom. Mat. Medica.
Phil. Evening Bulletin.
Our Dumb Animals.
National Temperance Advocate.
Church Review.
Circular of Long Island College Hospital.
British Journal of Homoeopathy.
Monthly Review, London.
The Clinical Directory of Dr. Ruddock's vade-mecum.
An Essay on the Causes of infant Mortality, by John W. Thrailkill, M. D.
Phil. University Journal of Medicine and Surgery.

THE

Western Homœopathic Observer.

MAY, 1870.

Original Articles.

MALPRACTICE.

A LECTURE DELIVERED BEFORE THE CLASS OF THE ST. LOUIS COLLEGE OF HOMŒOPATHIC PHYSICIANS AND SURGEONS.

BY E. W. PATTISON, A. M., PROF. MEDICO LEGAL QUESTIONS, ETC.

"A doctor who knows nothing of law, and a lawyer who knows nothing of medicine, are deficient in essential requisites of their respective professions." Thus tersely does the author of the "Forum" express a most important truth. Yet few medical students devote any time to the study of law; and the principles of medical science receive scarce a thought from the candidate for the bar. When, therefore, a practitioner in either of these professions is brought face to face with an occasion requiring a knowledge peculiar to the calling of the other, the deficiency is sadly felt. With no preparation, or such only as a cursory examination can afford, he goes blindly on risking

his own reputation, and jeopardizing important interests.

The reasons for the almost universal neglect of the study of Medical Jurisprudence are obvious and various. In the first place, the legal and medical professions are essentially distinct. They are distinct in the objects of study, in the methods of study, in the end to be secured, in the qualities of body and mind necessary for their successful pursuit. In themselves considered they have nothing in common. The one has to do exclusively with man's actions, his motives, his relations to those about him, to his family, to his neighbor, to his business associates, to the general public, to the government. The domain of the other is the physical organization, and if it steps outside of this it is only to note the effects of men's habits, their mental and moral status, and their actions upon the functions of the body. If law and medicine are ever brought face to face, it is only because both have to do with *men;* and all that makes up the man is so wonderfully interwoven, the physical with the mental, and both with the spiritual, that the lawyer and the doctor often find their respective spheres overlapping. But since these two professions are so essentially distinct, the student of one rarely turns his attention to the other. The student of law opening to the first page of Blackstone, sees before him a field vast beyond conception—a field whose bounds ever recede as he advances. Time and energy will fail before he can explore it. So with the medical student. The prize for which he strives is more and more alluring as it seems to elude his grasp, and the goal at which he aims grows ever more attractive as its attainment becomes more difficult. It is not surprising then that the young man in either case should feel it to be almost sacrilege to turn aside from his life's work to gain of another science a knowledge so imperfect as to be but a smattering. Happy is he if he does not become so much engrossed in the one line of study as to neglect even such general reading as is requsite to maintain a mental symmetry.

But if the physician or the lawyer does undertake to acquire such knowledge of the sister profession as will enable him to

eet the exingencies which may arise, he is met at the very
resbold by a most serious difficulty. He looks in vain for the
cessary text books. The student of law cannot stop to mas-
r physiology and anatomy, or to explore the secrets of chem-
try and toxicology. Much less can this be done by the lawyer
the full tide of practice. Yet a profitable study of the works
Medical Jurisprudence requires this. So the medical student
practitioner cannot wade through Kent's Commentaries,
harton on Criminal Law and Greenleaf on Evidence. But
less he does this, I scarcely know what books he will read on
ese subjects. For, with hardly an exception, the works on
neral Medical Jurisprudence tell a physician but little that he
es not already know, and tells a lawyer somuch, that he must,
thoroughly conversant with the science of medicine to un-
erstand it at all.*

And in appearing before you, gentlemen, I myself labor un-
r no little embarassment. I must, in speaking on Medical
risprudence, talk understandingly about poisons and their
fects, wounds, cuts, bruises and fractures, amputations and
sections, surgical operations, abortions and fœticides, and the
seases and operations arising in the daily practice of the phy-
cian. Yet I might well sit at your feet and learn of these
ings. Often, I fear, shall I mispronounce the shiboleth. Still,
owever thorough may be your knowledge of these subjects,
owever lucidly you may he able to discourse upon them among
ourselves, there is a stage upon which you may be called to
ppear, where all will be strange, and where you may be utterly
a loss to make practical use of the knowledge you have ac-
uired. To talk within the quiet of college walls on the mys-
ries of your art, to search out the hidden secrets of anatomy at
e dissecting table, is a pleasurable employment; but to explain
an inexperienced, probably an ignorant jury, the se abstruse
rinciples, or to ferret out before the coroner or in the Court of
riminal Jurisdiction the cause of death, is a task both difficult
nd delicate. And what will add to the difficulty, is the fact

*I ought to except Elwell on Malpractice and Medical Evidence.

that you are not allowed to impart your information with the careless freedom of the class room, but are hedged around and stopped at almost every turn by rigorous technical rules.

It is to do what in me lies in the brief time allotted me to aid you in these trying experiences of the physician's life, and to direct you in the paths of enquiry that I enter upon these lectures on Medical Jurisprudence.

The subject presents two different aspects. First. The physician in his relation to his patient—the duties he owes to them and their reciprocal obligations to him.

Second. The physician in his relation to the public—how he is to use his professional knowledge for the furtherance of justice; and this again is naturally divided into

A. Cases arising between individual and individual — or, where the object is to secure a private right.

B. Cases arising between an individual and the public—or, where the object is to redress a public wrong—popularly speaking, to punish crime.

I propose in this lecture to consider the first of these—the relation of the physician or surgeon to his patients; though in treating of this, I must necessarily trench more or less upon both divisions of the second branch of the subject.

The relative rights of physician and patient give rise to questions of great consequence to the members of the medical profession. This has become increasingly true of late on account of the alarming prevalence of suits for malpractice. In many parts of the country these have become so common as no longer to excite comment. A man meets with an accident. A leg is broken and badly crushed. The surgeon is hastily summoned. On his arrival he hesitates long between the desire to save the limb and fear lest he may lose the patient. A decision is made on the side of humanity, and months of anxious and sedulous care follow. The man finally rises from his bed of suffering to make his way to a lawyer. He sues the surgeon, in case amputation has been resorted to, because he did not save the limb. If the limb has been saved, he claims damages be-

cause it is an inch shorter than the other, or because anchylosis has ensued, or because there has been sloughing of the parts, or because a sore was not healed in three weeks instead of as many months. That this is no overdrawn statement, one or two instances will show.

In Massachusetts a woman cut her thumb while paring apples, making a slight incision from which the blood oozed but did not drop. Next day the thumb, hand and arm began to swell, and the patient was troubled with nausea. A physician was sent for and began at once to treat the patient for felon, opening the thumb, bathing the arm in sugar of lead water, bandaging, etc. The felon proved a serious one and the recovery slow, and the result was a stiffening of the fingers. Some time after her recovery she learned from another physician that it was possible to recover damages from the one who had treated her hand, and forthwith a suit was commenced and the physician was plunged into long and expensive litigation. The plaintiff failed to obtain a judgment, but the trouble and loss of time and money to the physician, and the injury to his reputation, were most serious.

A surgeon in Maine was not so fortunate. A judgment for two thousand dollars was obtained against him because it was proved that an amputation made by him would, as the sequel showed, have been better made two or three inches higher up. The Supreme Court in reviewing the case, observed that the evidence went to show that the limb could not have been saved in any event, and that the removal of the thigh bone, which had been subsequently performed, could not have been prevented, even had the amputation been made at a higher point. Yet the Court refused to set the verdict aside except on the ground of excess of damages; and on the plaintiff remitting $500, affirmed the judgment. So the surgeon was actually forced to pay $1.500 because he didn't do that which there was at the time no reason to suppose he ought to do, and which, if he had done it, would have been unavailing.

To such an extent has this practice grown of bringing civil suits for malpractice against surgeons, that in many places those members of the profession who have property practice

only medicine, not daring to undertake surgery, lest by some suit for malpractice, the accumulations of years should be swept away. For though the suit may be unsuccessfully prosecuted, yet it is never without loss to the surgeon. The cost of litigation, the annoyance and waste of time, the stain upon his reputation, all combine to inflict serious injury upon him.

Of the causes for the prevalence of such suits two are especially prominent. First, the ignorance on the part of the bench as well as the bar of the principles of true surgery. Were the legal profession fully awake to the difficulties of the conscientious surgeon's position; did they consider how much depends upon careful nursing and how much upon implicit obedience by the patient; how anxiously are balanced the probabilities of saving both life and limb, with perhaps but a few short, precious moments in which to make the decision; especially did they appreciate the effect of influences beyond human control, we should much less frequently see eminent and high-toned counsel accepting retaining fees to prosecute these suits.

The second cause is found in the ignorance and prejudice of jurors. To the large majority of men composing our juries the life of the professional man appears to be one of luxurious ease. They see the lawyer write a few lines, or hear him speak a brief hour, and receive sums that they are themselves accustomed to earn by days of hard toil. The physician comes in, feels the pulse, looks at the tongue, scrawls a few characters on a square bit of paper, or pours a little colorless liquid into a tumbler half full of water, and they are unable to understand how he has earned a fee of several dollars. They call a surgeon, witness his rapid and apparently easy operation, and stare in amazement at his bill of a hundred or two dollars. Let a case be submitted for their decision in which the party plaintiff is a poor mechanic, and the defendant one of these rich monopolists, and it does not require a prophet to foretell the verdict. But were the first cause removed the latter would be less fruitful of harm. For if the Court which is to lay down the law, and that which is to review the case, correctly view the surgeon's rights and duties, the chances of an unjust verdict would be very materially lessened. Hence the necessity to the proper administration

of justice for the lawyer to familiarize himself with the principles of medicine and surgery.

In this connection I might refer to a position in which the physician is liable to be placed which is especialy, to one of fine sensibilities, full of embarrassment. I refer to cases where he is called as a witness in a case of malpractice. I can scarcely conceive of a more trying ordeal than this. Love for the profession, sympathy for a brother physician, on the one hand, and on the other the temptation to exaggerate or to unduly depreciate the ability and skill of the one whose services are undergoing investigation, distract the mind and greatly diminish the chances of a calm and dispassionate judgment

From the above suggestions you will readily perceive the importance of knowing what degree of professional skill the law requires, what degree of care must be exercised, what amount of negligence will create liability, and what circumstances will diminish or entirely obviate it.

A professional man, whether lawyer or doctor, does not guarantee success. The lawyer does not guarantee that his client shall in any event win his case, nor the doctor that his patient shall certainly recover. I do not mean that they cannot make their fees dependent upon a successful issue of the case they may take in charge. A man may make any contract he pleases, provided it is not against public policy or good morals—*contra bonos mores.* And if he sees fit to agree that he will charge nothing unless success crowns his efforts, he is certainly bound by such an agreement. In such case he can recover nothing if he fails, even though his want of success is due to causes over which he had no control, even though circumstances should make success an impossibility. For it was his own fault not to have guarded against such contingencies. It would form an exception to this rule, if the failure arose from the wilful act of the client or patient. If the lawyer or doctor could show that but for the wrongful act of the party himself he would have gained the case or effected the cure, he would be entitled to recover at least what his services are worth.

But the professional man, by the mere fact of employment, never guarantees success in that sense which would, in case of

failure, make him liable to an action for malpractice. To u
the language of Chief Justice Tindal, "A surgeon does not l
come an actual insurer."* He is never to be tried by the ever

A person who offers his services to the community general
or to any individual, for employment in any professional cap
ity, contracts with his employer

I. That he posesses ordinary skill and knowledge required
the business or employment which he undertakes. The gene
rule which applies to mechanics, builders, shipmasters, en
neers, etc., is that he who undertakes for a reward to perfo
any work, is bound to use a degree of diligence, attention a
skill adequate to the performance of his undertaking; *i. e.* to
it according to the rules of his art; *spondet peritiam artis.* If
undertake to do a thing for which he has not sufficient skill a
fails, he is at fault. The maxim then applies, *imperitia cul*
annumeratur; for ignorance as for negligence he is responsil
The same rule applies to the professional man. He must ha
that degree of learning and skill, which, to use the language
Judge Bell, of New Hampshire, "is ordinarily possessed by t
professors of the same art or science, and which is ordinar
regarded by the community and by those conversant with t
employment, as necessary and sufficient to qualify him to
gage in such business." † He does not engage for any extra
dinary skill, unless by special contract or guaranty to that
fect. Says Tindal C. J., "Every person who enters into
learned profession undertakes to bring to the exercise of i
reasonable degree of care and skill. He does not undertake
he is an attorney that at all events you shall gain your ca
nor does a surgeon undertake that he will perform a cure; n
does he undertake to use the highest possible degree of sk
There may be persons who have higher education and grea
advantages than he has. But he undertakes to bring a fa
reasonable and competent degree of skill."‡

It follows that differing circumstances may vary the amou

*7 C. and P., 84
† Leighton v. Sargent, 27 N. H., 469.
‡ Lanphier v. Phipos, 8 C. and P., 479

of skill required. A man practicing in a sparsely settled country district, where his opportunities for improvement are small, and where high attainments would not be properly rewarded, cannot be expected to possess skill equal to one whose practice is in a populous city, where every opportunity for improvement surrounds him, and where the exercise of his skill is amply remunerated. In each case the professional man must be master of that degree of knowledge which is reasonably within his reach; unless he pretends to more. For in that case his liability would be measured by his pretensions. But it is not sufficient that he be up to the standard of the members of the profession and the best schools of a quarter of a century ago. Especially, gentlemen, does this apply to the student of homœopathy. The very air of the homœopathic school is filled with progress—it is its life. It may do for one of the old school to read that the drugs which now fill his case were the standard medicines twenty-five years ago; that the practice he follows has been for fifty years considered the best. But for a disciple of Hahnemann to defend his treatment, simply because Hahnemann so treated the same disease, or to insist that the remedies used were the proper ones, because the physcians who lived at the dawn of the homœopathic day used them, or because they were the best ten years ago, ought to bring the blush to his cheek, and brand him as an unworthy follower of a most worthy leader.

There is, however, in the case of the physician and surgeon an element which must always to some extent modify his liability, or, more properly speaking, which must always be considered in determining the degree of skill which he has exercised in any given case; and which distinguishes his liability from that of the artist, and to some extent from that of any other professional man. I take a piece of marble to a sculptor and he agrees to fashion therefrom a statue after a certain model; if he fails he is responsible. So if I employ a builder to erect for me a house, and he fails to build it according to his agreement; or if I engage a lawyer to foreclose a mortgage for me,

and I suffer loss thereby. In all these cases it is reasona certain that with the exercise of proper skill and care the dertaking will be successfully consummated. The party wh I employ has but to apply to inanimate matter or to kno facts, the theoretical knowledge of his trade or profession. I the physician has not merely this to do. He has to cont against a host of powerful and generally latent influences; s as want of vital force, habit of life, hereditary diathesis, clim mental condition, nursing, etc., etc. Such influences are " cult, and no human foresight is able to anticipate them bef they have completely deranged, and materially interfered, bringing about altogether a different result from that confid ly depended upon."

Often have we seen comrades leave the battle-field, sligh wounded, and while expecting daily to greet them on their turn to duty, been stunned with the news of their death. T influences of long and weary marches, improper food, want sleep, of breathing the baneful malaria, of suffering away fr home and friends, have baffled the efforts of the most skil surgeons, and death has gained by strategy what he failed to cure on direct attack. Unless due weight is given to the ef of these influences upon the patient, the physician will be of held to a liability far beyond that which he justly incurs.

In Ohio * an action was brought against one Thompson physician and surgeon, for unskillfully setting the leg of M Gallaher, which had been broken. Thompson attended and duced the limb, but in the cure the ankle joint became an lose, and the foot turned in so that in walking the weight of body fell on the outer side of the foot, near the root of the li toe. There was much evidence as to the kind of treatment stowed upon the limb, some approving and others condemni

The complaint was brought solely on the ground of *unski* treatment.

In reference to failure to cure, the Court said, " When the to be done depends upon the skill of the operator alone,

* Gallaher and wife v. Thompson, Wright's Rep. 466.

law will imply an engagement to use that skill, and to produce the desired result, from the employment of one professing it and holding himself up to the world as having it. Where the result desired, as the cure in the case before us, depends both upon skill and the use of means and the influence of other causes, the law raises no such implied engagement. The retainer of a physician obliges him to the employment of ordinary medical skill in the treatment of the patient; the cure is not with him, but is dependent upon the constitution of the patient, and the influence of causes beyond the control of the physician. The surgeon called to a patient with a broken or dislocated limb, and operating, impliedly engages the ordinary skill of the profession in adjusting the fractured bone, or reducing the dislocation and the subsequent treatment of the patient while he attends; these depend upon himself. He is not supposed to engage to cure or to insure a recovery, because a cure depends not upon him."

II. But not only do the physician and the surgeon contract that they possess ordinary skill and knowledge, but they, in the second place, contract that they will use reasonable and ordinary care and diligence in the exertion of his skill and the application of his knowledge in the conduct of the case which he undertakes. He agrees to use in his employment such care and diligence as men of common care and prudence use in their own business. Of course it is difficult to state just what degree of care this is. That care which in one kind of occupation would be very high in degree, might if exerted in other kinds, be gross negligence. That which would be proper care in laying up a rough stone wall which was to serve simply to keep the roving cattle from trespassing upon a man's cornfields, would be gross negligence if exercised in laying the foundation of a large and costly edifice. Some of the cases have seemingly gone to the length of holding that the doctor is not liable except in a case of gross negligence or manifest fault—*crassa negligentia* or *lata culpa*. Perhaps, however, the most that is held in these cases is that the professional man is not bound any more than any

other man to the exercise of extraordiary care, but only suc care as a prudent man would exercise about such matters. It i not sufficient that he exercises the same care for another that h himself would exercise on himself. For he may be a very care less man in caring for himself. The standard is that of the or dinary care of an ordinarily prudent man. In Godefroy v Dalton, * which was an action against an attorney for so negl gently conducting a cause that the plaintiff was nonsuited Lord Chief Justice Tindal said, "It would be extremely diff cult to define the exact limit by which the skill and diligenc which an attorney undertakes to furnish in the conduct of cause is bounded; or to trace precisely the dividing line be tween that reasonable skill and diligence which appears to sa isfy his undertaking; and that *crassa negligentia* or *lata culp* mentioned in some of the cases, for which he is undoubtedly re sponsible."

Purves v. Landell ‡ was also an action against an attorne and was brought for wrongfully and negligently advising th the plaintiff, whereby he was put to great expense, and wa damaged in the sum of several hundred pounds. The case wa carried to the House of Lords, and Lord Brougham, in openin used this language: "It is of the very essence of this actio that there should be a negligence of a crass description, whic we call *crassa negligentia*, that there should be gross ignoranc that the man who has undertaken to perform the duty of an a torney, or of a surgeon, or an apothecary (as the case may be should have undertaken to perform a duty professionally f which he was very ill qualified, or, if not ill qualified to di charge it, which he has so negligently discharged as to damni his employer, or deprive him of the benefit which he had right to expect from the services."

III. Lastly, although, perhaps, it is implied in the possessio of the requisite skill that a physician or surgeon should exerci a correct judgment, yet it may be well to add that a profession

* 4 M. and P. 161.

‡ 12 C. and F., 91.

stipulates to use his best judgment in the conduct of his s. Absolute freedom from errors of judgment is never con- ed for by the lawyer or the doctor. If I go to an attorney counsel, and he, possessing the ordinary knowledge and of his profession, advise me to a course which leads to dis- and involves me in great pecuniary loss—a course which mself may when too late perceive to be the wrong one,— y be, too, one that other attorneys would have advised me o take,—still if there were reasonable grounds for a differ- of opinion, and if the advice was given not through careless- and negligence, but through an honest error of judgment, not liable to respond in damages. So if a surgeon brings his patient suffering and deformity, not through ignorance inciples with which he ought to have been familiar, not gh remissness and inattention, but from a mistake of judg- as to which of two courses he ought to take, no action lies st them. This supposes what I have already mentioned, he possesses that degree of knowledge and skill which is arily possessed by those following the same profession. there are certain things which as fixed facts the lawyer the doctor are supposed to know, ignorance of which is in- sable; and an error arising from a want of this knowledge ot be classed as an error of judgment. For example, the er is presumed to know the statute laws of the United s and of his State; the rules of practice of the courts; the s of pleading; those principles which from a long course of ions have become *stare decisis*, &c. So the members of the ical profession are expected to possess a thorough acquain- e with the human frame, with the action of drugs, with the ence of diet, treatment, and perhaps other matters which readily occur to each of you, which from a long course of rvation and experiment have come to be regarded as fixed s. Failure arising from ignorance of these will certainly ort an action for malpractice. But in the application of e principles which are known to the case in hand, if there n honest exercise of judgment, where there is reasonable und for difference of opinion, it will afford no ground for

such an action, that the course pursued was the wrong one.

Nor, as I have already said, will it affect the question tha other lawyers and other doctors would have acted differently or advised another course. On this point Judge Bell remarks:* "The uncertainty of the law is almost proverbial. Probably that of the medical profession is not less. Many sects among them entertain different and almost irreconcilable theories as to the nature and mode of treatment of disease. Among all these it seems to be conceded that the character and symptoms of disease vary in persons of different ages, sexes and habits of life, and of different natural or acquired constitution; and that the treatment of diseases, and that of wounds and fractures, must be more or less varied with the changes of climate and seasons, and with the peculiarity of persons and places. And that cases of sickness and accident apparently similar, may be yet rendered substantially different, by seemingly slight circumstances easily overlooked and sometimes difficult of detection." So Lord Mansfield says, with reference to an attorney: "That attorneys who conduct themselves with honor and integrity ought to be protected when they act to the best of their skill and knowledge. Every man is liable to errors and I should be very sorry to think that it should be taken for granted that an at torney is answerable for every error or mistake."†

*Leighton v. Sargent, 27 N. H. 474

†Pitt v. Yalden, 4 Burr, 2060.

(*to be continued.*)

MAL-POSITION OF THE FŒTUS IN UTERO, AND ITS SPONTANEOUS RECTIFICATION.

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

For several years past, we have noticed in the columns of several homœopathic journals, instances related of the mal-position of the fœtus rectified by administering a dose of Pulsatilla. We at

st treated all such accounts as delusions, but we have noticed
ese statements so often repeated in respectable journals, that
cannot longer consent to pass them over unnoticed. First of all
Dr. Guernsey's Obstetrics, page 536, he says, "If a mal-posi-
n be detected near the close of gestation by means of
scultation or palpation, a dose of pulsatilla, or of some
her remedy may rectify the abnormity." Now our author
es not enlighten the student as to the manner of discovering
nal-position of the fœtus by auscultation and palpation, nor does
mention the very valuable suggestion that such a mal-posi-
n may be often rectified by *external manipulations* of the hands
the accoucheur upon the walls of the abdomen. Dr. Guern-
y, however, touched the "key note," in making the above
tement, and Pulsatilla administered internally, is by a cer-
n class of practitioners now considered as a reliable substi-
e for the operation of version; that is to say, there is a party
the Homœopathic school who have adopted as a part of their
le of ethics this strange dogma; and not unfrequently we
ad wonderful accounts of versions performed by the use of
lsatilla. If we wish to convince the world, and especially
n of science, that homœopathy is founded upon a scientific
sis, we can never do so, as long as we allow such nonsense to
ss unnoticed. It is hard enough for allopathic physicians to
lieve in small doses, but the many ridiculous dogmas
ught to be engrafted upon homœopathy will discourage them
om even investigating the law of similia, the proving of med-
nes upon healthy persons, and the use of the infinitesimal
ses in disease. How any one who would essay to write a
ork upon obstetrics, could give currency to such a statement
Dr Guernsey has about Pulsatilla, and yet fail to teach the
udent (who happened to be without this remedy), a simple
ethod of rectifiying mal-positions, surpasses our understand-
g. The fœtus enveloped with the membranes was aptly com-
red by Dr. Burns, as presenting no more difficulty, in being
rned, than if the operation was performed when it was in a
il of water. Did now our practitioners ever inquire as to the
owers of nature in rectifying mal-positions of the fœtus?

Now if this is proved; would it not be well for the believers the virtues of Pulsatilla to ask themselves if it was not *nat* that rectified the position? *Mal-positions of the fœtus are quently rectified by nature.* In proof of this we refer to such authority as Dr. R. Barnes, who quotes such German autho ties as Crede, Heacker and Valent.

From these authorities we find a change of position of t fœtus in utero may take place in 42 per cent. of cases, and t they are more frequent in multiparae than in primiparae. Barnes says, in speaking of the power of nature to rectify m positions, "*self evolution is a very frequent resort of nature.*" T the fœtus does change its position by the powers of natu alone, influenced sometimes by accidental causes, is a fact th we have learned by experience and observation many ye ago; but that the occurrence is very frequent is a fact fi pointed out to us by Dr. Barnes. Such being the case, it m be possible that certain practitioners have noticed it and have roneously given the credit of the same to Pulsatilla.

In a spirit of candor, we desire to call the attention of profession to the above facts; if nature alone is capable some instances of turning the child, let us not deceive oursel by insisting that a dose of Pulsatilla, 200, given at such a riod, was the agent that produced the result. Every obste cian has observed, that occasionally the head in passing thro the inferior strait may be delayed in properly rotating; in the head may descend a little, and the saggital suture fail to respond with the antero-posterior diameter of the lower str in such a case we might require the vectis or even forceps to sist in the rotation. Would any practitioner here give Pu tilla to complete the rotation? If Pulsatilla acts so v kindly in rectifying the position of the child in the early st of labor, before the waters are broken, why may it not be ministered to assist in rotating the head, in the second sts in case the mechanism of labor should be at fault?

St. Louis, April 3d, 1870.

CONIUM MAC IN CHRONIC DYSENTERY.

BY C. H. GOODMAN, M. D.

Edward S——, a Russian, aged 45, formerly a soldier in the U. S. army and under allopathic treatment, entered the Good Samaritan Hospital, St. Louis, Mo., complaining of dysentery of *four years'* duration, with the following symptoms: His operations, numbering from eight to ten and sometimes as many as fourteen during the twenty-four hours, consisted of slime mixed with greenish substances, and containing bloody specks. They were very small, offensive, with tenesmus and discharge of flatus during the passage, with a weak, trembling feeling after. No pain at all, abdomen bloated, appetite very poor, but with strong craving for salt things, vertigo at times, especially when lying down, with black spots before the eyes, which disappeared on arising, aggravation in the number of operations during the night, as well as in the calls to urinate, which were very frequent, with urine clear as crystal and intermitting in its flow.

From the date of his admission to the Hospital he had received from the attending physician, at various times and in various potencies, Merc sol, Nux vom., Coloc., Bell., Cist. canadensis, Sulph, Rhustox., Petrol. and Carbo veg with little or no improvement. The symptoms, "tremulous and weak feeling after stool, vertigo when lying down, craving for salt things, frequent urging to urinate, especially at night, with *intermittent flow* of urine," more than the character of the stools, pointed strongly to Conium. On March 21st he received *one dose* of this remedy, in the 200 potency (Jenichen), with Sacch lac morning and evening. The result exceeeded all anticipations. The following day, little or no improvement; the second day, but six operations; the third day, but three; the fourth and fifth day, but two and from that time but one daily. The other symptoms disappeared gradually, whilst the operations began to assume a

character and consistency unknown for four years. On April 2d he left the Institution much improved, with a supply of Sacch lac. for one week, promising to send for more medicine in case of return of the disease. As a remedy in Dysentery, Conium is perhaps rarely called for, yet the success with it in the above case, with its wonderfully rapid action, fully warrants its application in this complaint, with the characteristic symptoms as exhibited.

DEPARTMENT OF MATERIA MEDICA.

WM. L. BREYFOGLE, LOUISVILLE, EDITOR.

INTRODUCTORY.

WM. TOD HELMUTH, M. D.—*Dear Sir:* The plans of studying "materia medica" are so widely different, that often the course pursued by one, is directly opposite to that of another. Then, too, experiences vary, the locality, conditions and habits of the patient often requiring entirely different treatment. This to me seems to constitute an objection to the plan adopted by some, of "individualizing" a few remedies and confining themselves within their limits. This practice is far more prevalent than many are willing to admit, and seems to be one great cause of the so-called "Homœopathic" physicians resorting so often to "allopathic" remedies. There is, of course, but one method to prevent this, viz: to apply more study to "materia medica;" to adopt *universally* the "characteristic or key-note system;" and to study the remedies *comparatively*. To this end, and with this aim, then, shall I endeavor to write. I am aware of the disposition of some to apply the term "Symptomatologist" or "symptom hunter," to those who advance the "Key-note" system, and in justice to myself wish to state that, while I by no means ignore Pathology, I do claim that a knowl-

edge of the symptoms, or, if you please, being a "Symptomatologist, gives one a decided advantage over the "Pathologist," in that he is able *to cure more of his patients*.. This seems to me to be one of the greatest distinctions between homœopathy and allopathy, and the less attention paid to it the more difficult to determine which is the better physician of the two. I shall continue the "comparisons," as I think that in this manner we can save space and time, and moreover be better able to retain it.

Enclosed you will please find MSS. of the most important of the "characteristics" of the mind. I have tried to make such comparisons as are necessary to avoid repetition and shall follow in their successive order of head, eyes, mouth, throat, etc., giving from time to time such cases as will prove the efficacy of the "Key-note" system. Yours, respectfully,

WM. L. BREYFOGLE, M. D.

A first glance at the following arrangement of remedies may convince you that it is only partially complete, as under the *headings* are to be found but few of our remedies, but a careful study of the comparison will include all of the prominent characteristics of the mind:

COMPARISON OF THE MORAL CHARACTERISTICS.

ACON. *Fear of death, predicts the day she will die.*

(Fear of death, Agn. c., Ars., Bry., Lob., Nit ac., Plat., Rhus. Tox., Secale, Verat.)

(Longing for death, Creasot, Grat., Ign., Aur., Rhus, Puls.)

ALOES. *Fear of man*, (of strangers, Con.)

(Aversion to company, Clem., Nat c., Rhus tox., Puls., Cinn., Led p.)

(Desire for company, Ars., Con., Caust, Elaps c., Sep., Lyc Mez.)

ANAC. *Desire to curse and swear*, (also Nit ac., Spong. To sing, Teuc.)

Great loss of memory, (in children, Bar. c. Forgets name
Guaj. Forgetful only in day time, Selen.)

AURUM. *Inclination to commit suicide.* (also Puls., Rhus., Secale

APIS. *Jealousy, awkwardness,* (awkwardness, also Nat m., Bov

ARS. *Patient talks very fast,* (also Lach; fast and earnestl
Stram.)

BAR C. *Anxiety for one's family,* (also Sep., Viola tri., Citric ac

BELL. *Visions on closing the eyes,* (on opening the eyes, Acon
Disposition to bite and tear things, (also Secale. To cu
things, Verat.)

BENZ AC. *Omits words while writing,* (also Lyc. ,Graph., Thuja

BORAX. *Great dread of downward motion,* (especially in chil
ren.)

BROMINE. *Desire for mental labor,* (reverse, Nux v., Spig.)

CACTUS G. *Hypochondriasis, especially with heart disease.*

CALC CARB. *Fears she will lose her senses, or that others will o*
serve her confusion of mind, (also Merc viv.)

CANN IND. *The time passes too slow,* (also Nux v., Pall.
(Time passes too quickly, Coce., Therid.)
Oblivious to time or distance, Nux m.)

CHAM. *Child wants things which it repels when offered,* (als
Staph.)
Child wants to be carried, (cries when touched, Ant. c., Ta
ar. em., Cin.)
(*Child cries when spoken to,* Ant c., Nat m., Sil., Ignat. Whe
looked at, Ant c.)
(*Child cries when washed,* Ant c., Sulph.)

COFFEA. *The least pain is unbearable,* (also Colch.)
(Total indifference to pain, Jatropha.)

CON. *Hysteria from too little sexual indulgence.*)
(From too much indulgence, China., Staph., Phos ac., Con

ELAPS C. *Fear of apoplexy,* (also Fluoric ac., Phos. of Cholera
Lach.

ELATERIUM. *Irresistible propensity to wander from home.*
(Desire to flee, Merc v., Hyos.)

GLONOINE. *Loses his way in known streets.*
(Feels as if governed by a stronger power, Lach.)

GELSEMINUM. *The muscles refuse to obey the will,* (also Pinus Syl

vestris.)

(Muscles do act unless the mind is strongly fixed on them, Hell.—n.)

HEPAR S. *Faints at mere trifles,* (see Coffea.)

HYOS. *Amorous frenzy,* (also Phos.)

Fears of being betrayed or poisoned, (see Elaps c.)

IGNATIA. *Inclination to quiet grief,* (also Puls.)

OXALIC AC. *Thinking of his symptoms always makes him worse.*

(Symptoms disappear or are better on thinking of them. Camph., Cicuta v.

PHOS AC. *Great indifference,* declines answering questions, (also Arn., Sep., Stann.)

PETROL. *Thinks some one is lying in bed with him, or that he is double.*

(Thinks he is in pieces and cannot get himself together, Bapt.)

PLAT. *Pride and self esteem predominate.*

PULS. *Full of tears, weeping, despondent,* (also Rhus.)

(*Covetousness,* (also Cyclamen.)

SULPHUR. *Full of religious speculations,* fantastic illusions.

NEW REMEDEIS AT RANDOM.

GELSEMINUM

BY C. A. JAEGER, ELGIN, ILL.

Mrs. M———r, aged about fifty, very fleshy, florid countenance, exceedingly industrious, very neat and particular to a fault in her household affairs, has been sick much in her life, took medicine enough "to kill fifteen women," as she used to say—had three attacks of pneumonia, been bled after the old fashioned way, and blistered to the heart's content of her numerous physicians; she is suffering for years from haemorrhoids, constipation, dyspepsia, leucorrhœa, and for some two years, diabetes mel,—at least her medical advisers diagnosed

the sugar disease. Besides all these, the physicians "dow East," where she resided previous to her coming to this vicin ity, gave it as their opinion that she had "heart disease," an could not live long.

This good woman, who is for the past two years in heaven,- was suddenly attacked during February, 1865, with numbnes and coldness, and insensibility at the right hand, right side o face, and the right half of tongue. She had no power, no fee ing in her right hand; the right half of tongue felt cold an lifeless, articulation was impossible for several minutes, and fo several hours was very difficult. To use a vulgar phrase, he tongue was thick, like that of one who is "beastly drunk," an makes efforts to speak. Otherwise she did not complain o pain, or uncomfortable sensations. The attack occurred at P. M., and at a quarter past five I was at her side. Patient re sided four miles from my office. I found her in bed, and a once observed the peculiarity of her articulation and voice Her son who came for me, gave me the particulars while on the way to her home, and I had but few questions to ask. Gave Gelsem 1st, 10 drops in 12 teaspoonfuls of water, and one spoonfu every five minutes till 3 doses were taken; ordered friction also with dry flannel, and as the patient had cold feet, hot ears o corn were applied. After twenty minutes from the time of the first dose of Gelsem., the patient was able to articulate much bet ter, and said she had more feeling in her hand and tongue. Con tinued Gelsem every fifteen minutes. At 7½ P. M. patient was quite comfortable, and her voice and speech but little abnormal she slept then for half an hour very sweetly, and awoke much refreshed, took a little nourishment and chatted as freely and happily as if the tongue had never lost its customary power.

The husband insisted upon my remaining all night, for fear another attack should occur, to which I consented. From the time of my arrival to the house up to 9 P. M., the pulse was very feeble, with now and then (say every every 15 or 20 pulsa tions) a very strong and tremulous stroke, which, however, was not perceptible after she had slept the second time. Patient rested well all night, while I was writing down notes of

cases treated during the day, and she awoke twice, when medicine was given. Left her in the morning as well as usual, with the exception that she was much prostrated and was obliged to keep her bed until noon. Continued Gelsem. every three hours. Saw her next day, when I learned that no disturbance whatever had occurred and she felt unusually well, &c. The latter part of April (following) the patient had ten similar attacks, but not affecting her tongue and speech so much as the first attack. She took Gelsem. at once, and a few doses gave prompt relief. Since that there were no symptoms of that character observant. Patient died of anasarca of lower extremities under allopathic treatment after I had prescribed for her for several months.

P. S. I should state here that this patient came to me three years previous to the above related attack, with the right angle of her mouth completely drawn down, disfiguring her very much, and affecting her speech very materially. In this condition she was ten days before she called on me. I gave her then Bell. 30 c., a dose every night, and in a week the whole difficulty was removed.

Surgery.

L. H. WILLARD, M. D., ALLEGHANY CITY, EDITOR.

AN EXTRAORDINRY CASE OF OVARIAN DROPSY—TWELVE TAPPINGS—OVER 600 POUNDS OF FLUID REMOVED—OPERATION FOR TRANSFUSION—EXTIRPATION OF TUMOR WEIGHING SEVENTY POUNDS—DEATH.

BY WM. TOD HELMUTH, M. D.

This case, with its varied and perplexing symptoms, was under the care of my friend and colleague, Dr. Hartmann, for a

number of years, and I have been permitted from time to tir to see her in consultation, and perform the surgical portion the treatment as well as to record the case, which is very r markable, not only with reference to the extreme tenacity life which was manifested by the patient, but also as regar the successful nature of the transfusion operation and the in mense size of the tumor.

The details of the case are furnished by Dr. Hartmann in t following letter:

St. Louis, March, 1870.

Dear Doctor :—In the case of Mrs. B., I take pleasure in f nishing you with the following particulars: In Decemb 1865, I was called to see Mrs. B., who, as I was told, had be suffering for almost four years from an ovarian tumor, whi the attending physician declared to be very dangerous, as caused almost constant vomiting; she could retain no food her stomach and consequently failed so rapidly that the l physician attending her announced to her family that she wou die in less than three months. The diagnosis of the physicia previously attending her was, first, "pregnancy;" after t mistake was discovered, "a fibrous tumor of the left ovar After careful examination of the patient my diagnosis differ from that of the others, I found an ovarian tumor filled that time with about twenty pounds of fluid. My first obj of treatment was to stop the vomiting, which I succeed in doing in about fourteen days by giving Nux vom., Macrot Arsen., of which medicines I believe Nux had the best effe After this was accomplished I tried to lessen the accumulati of water by prescribing Apis, Jod., Arsen., Nux, Hellebrous *cetera*; but in spite of all medicines the tumor grew larger, a suffocative paroxyms appeared, and I was obliged to perfo *paracentesis abdominis* which resulted in taking twenty-ni pounds of fluid; after which operation the patient felt great r lief. I then endeavored to stop the accumulation of water a this time with such good success that I almost believed the p tient radically cured. Apis, Jod., Arsen., and Mercur. sol., we

the remedies prescribed, of course always according to the presenting symptoms of the disease. After a year had elapsed Mrs. B. felt an increase in the size of the abdomen, and other symptoms, which satisfied me that there was something else than water, and a careful examination confirmed my supposition that pregnancy existed. Though other physicians differed with me in their opinion of this state of things, I felt positive that there was a pregnancy, and in the beginning of July, 1867, a female baby certified that I was right- With the pregnancy, however, the water returned, and in such quantity that the confinement was one of the most difficult I ever attended. For three days and four nights Mrs. B. was in constant labor pains: the *liquor amnii* had been partially discharged on the second day, but the fœtus was so much pressed against the vertebræ by the weight of water, and it was so entirely impossible to give the patient another suitable position to overcome the said obstruction, that only by using the forceps, and after a great many efforts made by myself, Dr. Helmuth and Dr. Walker, that the latter finally succeeded in delivering the child. Three days later, on the 19th day of July, Mrs. B. was tapped again and 39 pounds of water taken. Before the tapping she measured around the abdomen, from the first lumbar vertebra to the umbilicus, 54 inches; after tapping, 32 inches. From this time paracentesis had to be peformed at different intervals. On the first of October I took 37 pounds, and on the 13th of December, 42 pounds of water. This latter fluid I had analyzed with the following result:

Water	948.54
Albumen	38.57
A substance insoluble in alcohol	2.35
Urea	2.78
Chloride of Natrum and Ammonium	7.05
Phosphate of Magnesia and Lime	15
Free Soda	.56
(An atom of fat)	1000.00

I may here state that the quantity of albumen varied almost

at each tapping, and sometimes even at the same tapping; o
part of the fluid containing more albumen and less ammoniu
and *vice versa*. This showed that there were several cys
connected, a presumption which was verified after an operati
was performed. On the 4th of May, 1868, 47 pounds of wat
were taken, and while on numerous occasions the abdomi
cavity at each paracentesis was almost entirely emptied of t
fluid present, this time a solid substance of a curious shape w
felt on the left side of the abdomen, and the patient stated th
she noticed several months since; symptoms of a similar cha
ter to those of her first pregnancy. In July next, the pati
assured me that she felt life and perfect motion, and on exa
ing her I found that the solid mass we noticed in May had
larged considerably and had entirely preserved the same sha
and form. The ausultation gave a sound perfectly similar
the beating of a fœtal heart, but nevertheless, I was at an
with my diagnosis, and therefore I invited some of my pro
nal friends, to give their opinion. They all agreed in
thing, that they never had seen a case of pregnancy so cle
according to subjective and objective symptoms, as this, b
notwithstanding, they would rather hesitate certainly to
that there was a pregnancy. About the same diplomatic
swer I also gave when questioned by Mrs. B., and we all wai
anxiously for further developments. The water, however,
cumulated as rapidly as ever, and in August I drew 32 pou
of fluid. In the beginning of December next I was called
haste to see Mrs. B., as she was said to be in labor, and the wa
"had already broken." I hurried to her residence and fou
the patient with pains entirely similar to those of labor, beg
ning at intervals in the small of the back and going down
the uterus. The os uteri was dilated to the size of a ten ce
piece, and the vagina, also, showed all symptoms as in lab
Water came in little gushes and was sometimes mixed with
little blood. These symptoms lasted for about three hou
when the intervals between the pains became longer, and
twenty-four hours they had ceased entirely. The os ute
closed again, but the womb still felt as if pregnant, the pulsatie
like the beating of the fœtal heart was present, and ag

nothing could be done but to wait patiently. The water did not accumulate this time as fast as before, and no tapping was done till the 8th of March, 1869, when 54 pounds of water were taken. The solid tumor was, after the tapping felt again as before, and was very painful to the touch. On the next first of June, again 54 pounds of water were taken, and notwithstanding this large quantity of fluid which had been produced in such a short time, Mrs. B. felt, under these circumstances, very strong and lively, and made, by my advice, a trip on a steamboat, to the country where she remained till August. The water had accumulated extensively and 59 pounds of water were taken in the beginning of this month. From this time the paracentesis had to be performed almost every month, and the strength of the patient gave way rapidly. On the 30th of September 46 pounds of water were taken, and on the 9th of November again 56 pounds. Mrs. B. became like a skeleton and hardly could move about the room. During the whole time of my treatment I tried to think of everything by which the patient could be benefitted. So I had used, for instance, the so called "Equalizer," which has the effect of dry cups used on a large surface. My theory in using it was, that by increasing the activity of the capillaries, the separation of serum from the plasma would be lessened, and I now believe that in the beginning of dropsy, especially with younger persons, the use of the Equalizer must be of good effect. At that time, when I over and again considered all the remedies I already had prescribed, and all other means, by which I intended to improve the quality of the blood, a thought struck me whether or not by the process of "transfusion," the result I had always strived for, could be reached.

I had read in a German periodical, the "*Prager Vierteljahrsschrift*," a communication of Dr. Lange, Professor at Heidelberg, wherein he stated that he had cured several cases of *eclampsia parturientium* which were caused, according to his opinion, by Morbus Brightii, (and in which no other remedies had any effect), by "transfusion." I inferred from this statement that the transfusion must have had a beneficial influence on the plasma generally, and on the urinary system especially,

by diminishing the separation of albumen and regulating the natural discharge of urine. In consequence of this reflection I proposed to the patient to have the transfusion made, to which proposition Mrs. B. was the more willing to submit, as her hopeless condition made her life a burden to herself, and therefore she was ready to undergo any operation. After having had a consultation with Dr. Helmuth we agreed to perform the transfusion, and on the 15th of November, after the patient and her family had been made sufficiently acquainted with the danger of the operation, the "transfusion" was performed, and in my belief for the first time in the United States. About the *modus operandi* and the general result you, I am sure, can furnish a better description than I, and I merely wish to state that a month after the transfusion the tapping had to be performed once more and 54 pounds of water were taken."

I am, very truly, yours, JNO. HARTMANN.

This brings the case up to the time of the operation, which was performed in the following manner: Dr. Hartmann having placed his thumb upon the vessel, an incision about one inch in length was made over the *median cephalic* vein. The integument was so thin and the sub cellular tissue so shrunken, that the disseetion had to be made with the greatest care. Having separated the vein and isolated it, I passed an aneurism needle, armed with a double ligature under the vessel, and having brought the ends out, divided the silk close to the instrument, thus leaving two ligatures underneath the vein; one of these was moved upward as far as the upper extremity of the incision, and the other to the lower end of the wound. The ligatures were then tied both above and below. Having now at hand, well oiled and warmed, a canula provided with a well-fitting stop-cock, an incision was made lengthwise in the vein, (in a similar manner as is done in injecting the cadaver from the carotid), of sufficient length to admit the canula, which was gradually slipped under the *upper* thread and there firmly secured by tying the ligature. Dr. Hartmann then prepard Mr. B. (a stout and healthy man), for the bleeding, and I took from him about six or eight ounces of blood. This was

well defibrinated by constant "whipping," and the syringe then was carefully filled. Pushing up the piston of the instrument sufficiently to force the blood to the very extremity of the nozzle to prevent any portion of air from entering the veins, the nozzle was fitted to the canula fastened in the circulation. The stop cock was turned and with gentle and gradual pressure about an ounce and a half of blood was thrown in. The patient stated that she felt as though a warm current was passing directly to the heart, which began to palpitate quite rapidly, and a faint feeling was experienced, which, however, soon passed away. The stop-cock was turned and the syringe removed. After waiting some eight or ten minutes the same process was repeated and about the same quantity of blood injected into the circulation. The operation was repeated five times; at the last, however, so much force was necessary to bring home the piston, that taking into consideration the attenuated condition of the coats of the veins, it was deemed advisable to discontinue. The apparatus was removed and the wound closed by two points of suture. The wound healed kindly and in a day or two after the patient was out visiting her friends. So far as the operation of transfusion was concerned it was a perfect success; there was neither embolism nor the admission of air, and matters looked favorably. But the fluid again accumulated, and Dr. Hartmann again tapped the patient, drawing off 54 pounds of water.

In a short time the fluid reappeared and accumulated rapidly and the patient and friends desired an operation for the extirpation of the cyst and tumor, of whatever character it might be. She had suffered so long and so much, that she prayed to die, and when told of the great hazard of the operation, and that immediate danger was to be apprehended, she, with her friends, actually begged for its performance. She had borne her other sufferings so well, appeared to have such tenacity of life, was such a burthen to herself as she was at present existing, that upon consultation with several physicians, it was deemed advisable to perform this operation.

Accordingly on the 17th of January, Dr. Hartmann, Dr. Comstock, Dr. Read and Dr. Goodman being present, the following

precautions were taken: First, to have the temperature of room to be kept at 70° F. Her bowels were acted upon night before. A kettle of water was kept boiling on the fire insure a certain amount of moisture. The requisite clothing flannel for the limbs was in readiness, and a long, narrow ta of requisite length was arranged with the proper amount sheets, blankets and India-rubber cloths. A tub containing water was also placed near by, flannel cloths were hung to fire, a sufficiency of basins, sponges, and the necessary inst ments —which are few in number—were all in readiness. was concluded to operate by the long incision, to "pocket pedicle," after having divided it with the ecraseur and stitch it with silver wire to the lips of the wound.

The patient was then taken into the adjoining room by Hartmann, and flannel drawers and worsted stockings w placed upon her extremeties, her hands were encased in wo gloves, a bottle of hot water was in readiness for her feet, Dr. Hartmann again performed the operation of paracent drawing off a large amount of heavy, milky fluid. The sac about half emptied, and she was brought into the operating ro and placed under the influence of the anæsthetic. I then ra the integument and divided it upon a director and soon c down upon the sac; then with the two fingers of the left h holding slightly apart the lips of the wound and drawing integumentary coverings away from the sac, the incision made the appropriate length. Having immersed my hand warm water I cautiously introduced it into the cavity of abdomen and proceeded to separate the adhesions. These w very many and very firm and required so much force to separ them that the upper part of the sac was ruptured. This taken then in charge by Dr. Comstock, who raised it from abdomen. After a very trying and difficult manipulation the tire mass was lifted away and held firmly, while a large nee armed with cord was passed through the pedicle, to serve double purpose of steadying it and also to prevent it slipp into the cavity of the abdomen. I then placed the chain of ecraseur around the stalk and divided it with cauti The tumor was thus removed and was perfectly enormous, c

ng, inside the sac, seven or eight masses, some of which larger than the fœtal head at full time. The next step, oughly accomplished by Dr. Read, was the search for and val of all clots, and then the pedicle was brought to the r end of the wound and there stitched with two sutures lver wire and one of strong silk; the remainder of the in- n was brought together by points of interrupted suture, a bandage placed around the patient, over compresses ied around the track of the wound. Through this trying and ewhat prolonged ordeal the patient passed much better than anticipated, although during the operation her pulse, at s, would almost leave her.

s the influence of the anæsthesia disappeared, she became restless and very uncomfortable, and tossed about the bed, was at times very violent in her gesticulations. She then a dose of morphine and gradually became quiet. In the t when I saw her, she had entirely recovered her conscious- , her pulse had come up well, she expressed herself highly fied with the operation, and was far better than we had an- ated, and so she passed a tolerably comfortable night. In morning she was doing well, but towards evening she felt faint and blood was discovered to be oozing from the lower of the wound. She from this sank and died of internal orrage. This was the more remarkable, as during the en- operation, there was little blood lost, not a single artery during the separation of the adhesions, and all bleeding entirely ceased, and all clots had been removed when the nd was closed. This blood may have come from vessels al- t capillary in size, which as reaction returned, poured out blood, which, in her debilitated condition, she was unable to r. The tumor with its contents weighed seventy pounds. are well persuaded that had the patient consented to the formance of the operation, when it was first suggested by Hartmann, she would have survived—and as it was, both the nds of the family and the physicians believe that what was e was for the best. There was no other resource than oper- ve procedure.

WHO IS THE AUTHOR?

We have received an interesting pamphlet of seven pages, on encephaloid disease, illustrated with three well executed engravings representing a case of this malignant disease affecting the eye. The pamphlet has not the authors name attached, and, as we have read it with pleasure, we would like to give credit to the author. There are reports of cases cured by Homœopathic medication, and the remedies are noted which have been used with success. We believe we know personally the gentleman whose case is recorded in the *United States Journal*, and saw him within twenty-four hours walking in the streets of our city, a living, and we may say a speaking, monument to the truth of Homœopathy. Our only regret is, as we before stated, that we know not from whence the pamphlet comes. It has neither title page or cover, and bears no mark whereby we may acknowledge our thanks for its reception.

RETIREMENT OF DR. HIOSCHEL.

Dr. Hioschel, editor of the *Neue Leitschrift fuer Homœopathische Klinik*, will retire from the position which he has so ably filled for the past seventeen years. The doctor is not in good health, and his practice is very extensive, and he must relinquish the editorial duties. It is to be hoped that the *Klinik* will not be suspended, for a journal of such a high character and independence should be sustained by the medical profession in Germany. Dr. Kafka, the author of a new work on homœopathic, and one of the best and most rational contributors to the German homœopathic press, announces himself as ready and willing to assume the responsible position as editor of the *Klinik*, provided he finds co-laborers sufficient to assist him in making the journal the true exponent of the new healing art. We most sincerely hope the doctor will succeed.

SUPPLEMENT

TO THE

Western Homœopathic Observer.

MAY, 1870.

OWING *to the accumulation of matter on our hands We have been obliged to print a Supplement with this number of the* OBSERVER. *Several communications will appear in our next which have been laid over for want of space. Several typographical errors appear on the last page of this number, for which the Editor is not responsible —having corrected them both in "proof" and "revise." They were, however, overlooked by the printer.*

CONGRESS RECOGNIZES HOMŒOPATHY.

We have just received from our energetic friend, Dr. T. S. Verdi, the following brief but pithy communication:

"The battle is won! Congress has recognized Homœopathy! *Our bill has this day passed both Houses without a dissenting voice!* 'THE WASHINGTON HOMŒOPATHIC MEDICAL SOCIETY' is chartered by a special act of Congress, in spite of the heavy doses the allopaths have forced into their ears for the last three months. Yours, fraternally,

T. S. VERDI.

The above communication speaks for itself, and a peculiar expression in the 13th line in the 5th section thus reads, that if candidates upon examination be found worthy "*they shall receive the certificate of membership or the license to practice medicine and surgery.*" This is indeed progression, and too much praise cannot be awarded to Dr. Verdi for his energy and perseverance, as well as his bravery in facing "the whole plateau of allopaths."

DR. BEEBE'S OPERATION AND THE BOSTON MEDICAL & SURGICAL JOURNAL.

In the Boston Medical and Surgical Journal of March 17th, 1870, we find the following: "The Chicago Tribune last summer gave an account of a 'surgical operation' as the 'recent achievement of Dr. G. D. Beebe.' 'The removal of nearly five feet of human intestine.' 'How it was

done.' These were the headings of a long article on the subject. We are informed that the patient died four days after the operation. Whether the heart was or was not flabby or fatty we have not heard."

The above is a specimen of the tone of an enlightened medical journal of our day. The Chicago Tribune *did* give an account of a "new surgical operation" "the recent achievement of Dr. Beebe," of "the removal of nearly five feet of intestine," and recorded an exploit in surgery that the Boston Medical and Surgical Journal has never and perhaps never *will* have occasion to relate. Should it ever have the privilege of placing before its readers an operation of one-fourth the magnitude of the one it so complacently jeers at, it is to be hoped that it will inform its readers "how it was done!" The fact is, the surgical achievement of a fine operator and a brilliant surgeon has rather astounded, not only the public but the profession, and the latter are especially dumbfounded when they are made aware of the fact that Dr. Beebe is a homœopathic physician. If the Boston Medical and Surgical Journal will look over the pages of the New England Medical Gazette, and the United States Medical and Surgical Journal and the Western Homœopathic Observer, it will find—besides other very valuable information, which it will do well to heed—the record of the operation, the ingenious method of restoring a passage *per vias naturales* and other items which will prove the success of the operation, and especially "*how it was done!*" And if the informant who was kind enough to state that the patient *died four days after* the operation, will inquire more carefully, he may find her in the enjoyment of good health and nursing a healthy infant born since the "*achievement*," and also may learn more minutely "how it was done!"

The sarcasm intended to be conveyed in the latter part of the note, viz: "Whether the heart was or was not *flabby* or *fatty* we have not heard"—is lost upon the honest and upright members of the profession, and can only indicate a knowledge of the method employed by "shysters" and mountebanks in the profession to excuse errors of judgment in operating, which we could scarcely have believed to have emanated from the moral sanctity of "the hub."

There *are* degenerations of the heart other than the fatty; and there is a faulty degeneration of mind, that forbids ascribing merit where it is due, which, in this age of the world and in a noble profession, is a disease, we hope not common, though it may be disgusting. The operation of Dr. Beebe *is* an exploit; *is* an achievement in surgery, and opens the door to investigation in an hitherto untried field. Let the fair, honest and upright men in the profession give him the credit, no matter to what school of medicine he may chance to belong; let the operation be chronicled and placed where it should be. Away with the bigotry and narrow mindedness that forbids ascribing "honor to whom honor is due."

For the enlightenment of the *Boston Medical and Surgical Journal* we here insert a letter of Dr. Beebe:

CHICAGO, April 5, 1870.

Dear Doctor:—In answer to your inquiry I take pleasure in stating that Mrs. J. B. Childs, from whom I removed about five feet of the small intestine for strangulated umbilical hernia, made a good recovery from that operation, completed her term of pregnancy (being four months advanced at the time of the operation), and during the last week of December was delivered of a healthy female child, experiencing a more comfortable labor and getting up, than at either of her former seven confinements. The patient is still living and enjoying good general health.

Sincerely yours,

G. D. BEEBE.

A DEPARTMENT OF OPHTHALMOLOGY

Has been opened in the Cleveland Homœopathic Hospital, under the supervision of T. P. Wilson, M. D. Dr. W. has since his return from Europe devoted his entire time to ophthalmic and aural surgery, and the addition of this department to the Hospital will certainly meet the success it deserves.

THE PROGRESS OF HOMŒOPATHY.

To any observer of the tide of progress, it may be apparent that within the past few years the impetus which Homœopathy has acquired, is really astounding. Whether we look over this country, the British Empire, the Continent, or the Eastern Isles, wherever the flood of civilization spreads,there the system promulgated by Hahnemann is extending its usefulness and its beneficial influence not only upon suffering and disease, but upon the methods of heroic dosing. We cannot look over our exchanges without seeing this fact. There is now on foot a project to found a large Homœopathic Hospital in New York, an account of which may be found in the last number of the "North American Journal of Homœopathy," and in the April number of the "New England Medical Gazette" we read with pleasure, that the Boston Homœopathic Hospital is to be established before the summer passes. Again, we read with pride the bulky volumes of transactions of Societies that come to our table. The "Proceedings of the Homœopathic Medical Society of Ohio," for 1869, is a volume of 112 pages. "The Transactions of the Homœopathic Society of the State of Penn.," for the same year, covers 134 pages. The articles are all good, and the surgical details are those of great merit. We find excellent articles on the high potency question, and essays on the lower dilutions; we have records of cases treated successfully with the first, and two hundred and with the very highest dilutions.

There are articles on physiology, gynæcology, hygiene, and therapeutics—all indicating the great effort now being made to raise the standard of acquirement. Let the veterans of our school, time honored and respected, look back over a quarter of a century, and compare the position today, with that when they espoused the cause, and the emotions they must experience will be gratifying in the extreme. We have received from our correspondent some very important foreign notes, which we hasten to lay before our readers:

HOMŒOPATHY IN INDIA.

Almost a year ago the writer of this gave a short history of the organization of a Homœopathic Hospital in Benares, India. At this time we have the pleasure to inform the friends of Homœopathy, that a Dispensary has been opened in Allahabad, India. On the 1st of August last, a meeting of native born citizens took place in the said city, where Baboo Kuma Hall presided. The president and a number of other natives made short speeches, in which the advantage of the Homœopathic treatment was fully described, and it was stated that only within six years, [1848] was Homœopathy known in the vicinity of Allahabad; Baboo Lokenath Mittra commenced at that period the practice in Benares, and has been so successful that a hospital was opened for him some eighteen or twenty-four months since. And now a dispensary is in operation, where Baboo Preonath Bose, will be the medical director.

HOMŒOPATHIC HOSPITAL IN LYONS, FRANCE.

Through the efforts of Drs. Gallavardin and Emery, of Lyons, the projected hospital to be built by private subscriptions, contributed by the friends and patrons of Homœopathy, is in fair progress of being completed soon. The location is nearly in the centre of Lyons, on the left hand side of the Blue Rhone. It was expected that by March, 1870, the building would be under roof. The hospital lot is 2900 English square yards. The building [which is being constructed] is 61 yards long, and contains in the basement, offices, kitchen, baths, &c. On the first floor will be the dispensary and rooms for the medical staff and their assistants and servants. The second floor contains four large rooms, eight beds to each for the patients. The next floor will be similarly arranged for paying patients. Splendid baths and covered walks where the convalescent can enjoy a walk, will be a very important feature in the building and its grounds. A large amount of subscriptions have been paid already, and it is to be hoped that by next fall the building will be ready for the reception of the sick. It is also proposed to add a chair for clinical medicine. Drs. Gallavardin and Emery in all probability will be the lecturers.

HOMŒOPATHIC HOSPITAL—LEIPSIC.

The contributions for the hospital fund in Leipsic still continue, but if the amount subscribed does not increase more speedily, it will be a long time before the young Homœopathic doctors

will have an opportunity to visit a Homœopathic clinic. What a contrast between St. Louis, a city thousands of miles from the cradle of Homœopathy, and Leipsic, where Hahnemann promulgated his new art of healing. Here are hospitals, where but a few years since the red man reigned, devoted entirely to the treatment of the new school, and in Leipsic, where Hahnemann promulgated and practised his new therapeia, and where civilization held authority for centuries past—in that scholarly Leipsic—what has Homeopathy to boast of? A Dispensary, a first class one, certainly, where thousands receive aid and without cost, but a dispensary is not a hospital. May we not affirm that the West is in advance of the East.

NEW LECTURESHIP IN HOMŒOPATHY.

Dr. Heinighe, of Glauchau, has been appointed by the Central Verein of Homœopathic Physicians, as lecturer on Homœopathy, at the Poliklinik in Leipsic. The lectures will begin at once. The *Central Verein* pays Dr. H. a certain amount for his services, and it is anticipated that many students and allopathic physicians will attend these lectures.

THE RINDERPEST.

Dr. Traeger, in a very interesting article on the comparative pathological anatomy of the "Rinderpest," gives it as his opinion, based upon considerable experience, &c., that *acidum nitricum* is the remedy by which this terrible disease can be cured.

THE AMERICAN INSTITUTE OF HOMŒOPATHY.

The twenty-third session of this national body will be held in Chicago, commencing June 7th, 1870, and continuing four days. The preliminary meeting will be held on the evening of June 6th.

It is confidently expected that the approaching session of the Institute will be more largely attended and more fruitful of benefit to the profession than any which has preceded it.

Blank applications for membership, and any desired information concerning the meeting can be had by addressing the General Secretary, R. Ludlam, M. D., 297 Wabash Avenue, Chicago, Ill.

A FINE OPENING FOR A HOMEOPATHIC PHYSICIAN.

A physician of standing and reputation in one of the largest western cities, desires a partner, who shall be well acquainted with the theory and practice of Homeopathy. This gentleman (lately an old school practitioner), will be able to introduce a competent Homeopathic physician to a large circle of friends, and offers a situation where a reputable practice may soon be secured. For further information address the editor of this paper.

THE WESTERN INSTITUTE OF HOMEOPATHY.

This body meets at Chicago on Thursday and Friday, May the 19th and 20th.

THE

WESTERN HOMŒOPATHIC OBSERVER.

JUNE, 1870.

Original Articles.

MALPRACTICE.

—o-o—

A LECTURE DELIVERED BEFORE THE CLASS OF THE ST. LOUIS COLLEGE OF HOMŒOPATHIC PHYSICIANS AND SURGEONS.

BY E. W. PATTISON, A. M.
Professor of Medico Legal Questions, &c.

(Continued From the May Number.)

I cannot help stepping aside here to make a remark, that will apply equally to the members of the legal and medical professions.

We have seen that in each of these professions the practitioner is expected to possess skill and knowledge, to exercise due and correct judgment. This skill and knowledge can only be acquired by intense application. That such care shall be exercised, and that the judgment shall point to the correct line of action, require that the undivided attention shall be given to the subject in hand. Yet I fear it is too often the case

that both lawyer and doctor allow themselves to be diver from their professions by side issues. Some other busin absorbs a portion of their time, their thoughts and their att tion. It has often been said that the law is a jealous mistr I conceive the same to be true of medicine. He who wo woo either must turn a deaf ear to all other voices, howe siren-like, and meet with stolid indifference the blandishme of all rival mistresses. No man can be successful in his p fession—using the word in its highest sense—unless he gi to that profession his life's energies. Wealth, political ho elegance in dwelling, dress and equipage are all pleasing to t possessor and flattering to their pride. But if they must purchased by neglect of one's profession, they will not weigh the very dust in the balance. To be a good lawye a good physician is worth far more than them all.

A brief review of some of the cases of malpractice fo in the Reports will be of interest. Much the larger numbe such cases arise from amputations, or the treatment of fract or dislocations. In a matter of amputation, especially, so v able is a leg or an arm to its possessor, that all the circums ces attending its loss are always critically and often sava reviewed, as soon as relief from pain and danger will per and in proportion to the consequences involved is the dan of subsequent trouble to the Surgeon. Yet how ofte happens that in cases of compound fracture, the questio almost evenly balanced for or against amputation. In case, if amputation is overruled and the patient dies the Su on is blamed. On the other hand the loss of the limb raise the question of its amputation, not at a time when lif death depend upon the answer—not at a time when the suf ing of the patient renders him indifferent to limb and alm to life—not at a time when all the circumstances are fresh mind and all the difficulties are apparent, but when all th are past, and perhaps forgotten, by all except the Surgeon h self.

Two cases in illustration of this, selected from our American Reports, I take from Elwell on Malpractice.

Two surgeons were called to see a Mr. P., whose leg had been crushed by a falling log, while assisting to elevate it in building a log house. The injury was so severe that in their opinion amputation was necessary. They were both old and experienced physicians and surgeons, having practiced thirty or forty years in the locality where the accident happened. The operation was performed after due deliberation and consultation, the patient recovering from the operation in about the usual time. Some years after the events of accident and amputation, the manner and propriety of the amputation was discussed among the friends of the patient, the bones were dug up, cleansed and made the basis of a suit against the surgeons. The damages were laid at $10,000. Eminent counsel were found to undertake and carry on the cause for a portion of the spoils. Several long trials were had, the jury failing to agree in all of them. Depositions were taken in Philadelphia, New York and Washington, involving great expense. No judgment was obtained against the defendants, but the litigation was nevertheless ruinous to them. The accumulation of the labor of years was swept away. Had these surgeons made the hazardous attempt to save the limb and succeeded in a tolerable degree, they would probably have been sued for not performing a perfect cure.

The other case was that of a young man who fell beneath a wild colt he was attempting to ride. In the fall the foot and leg lay at an angle of 20 to 30 degrees, resting between the hard earth and a thick oak plank, the weight of the horse crushing it into the ground while in this position. The result was a compound comminuted fracture of the tibia and fibula, rupturing the tibial artery, crushing the nerves, brusing the muscles badly affecting the vitality and integrity of the limb to so great an extent that the foot became immediately cold. Notwithstanding these untoward symptoms, the surgeons in attendance adopted the hazardous conclusion of trying to save the limb.

The weather was warm and the constitution depraved. General suppuration took place from the knee to the foot. So low were the powers of life that sloughing supervened at every point about the foot or anclo where the lightest pressure—even that of a light bandage—bore upon it. Extension was out of the question. The lower part of the heel sloughed from the weight of the foot, though resting on the softest cushion. Animalculae would form in twenty four hours, in various parts of the limb after the most perfect cleansing.

After months of watching and the greatest care, adhesion took place, and the patient recovered with a healing ulcer over the instep, and the limb perhaps half an inch shorter than its mate. The surgeon received twenty dollars for his service from the township authorities, for the patient was a pauper. This pauper brought suit against the surgeon because there was an ulcer still remaining, and because the limb was half an inch too short, and set his damages at 5,000. The case after hanging in court for several terms, to the great annoyance and damage of the surgeon, was dropped. But so disgusted was the surgeon at the alarming facility for bringing suits for malpractice that he left the practice of surgery forever, and now confines himself wholly to his practice as a physician.

Another most fruitful source of prosecution for malpractice is that of deformity after fracture. And for these suits the medical profession itself is largely to blame. If I am to judge from the books that I have been able to consult, and from what little I know of the matter, surgeons themselves are much more apt to think a perfect cure possible in cases of fracture than actual experience and observation will warrant. Dr. Hamilton in his Report on deformities after fractures, says: "I am frank to confess that until I commenced these investigations I had not any just notions of the frequency of deformities after fracture. Students will continue to go out from our hospitals with a belief that perfect union of the broken bones is the rule and that the exceptions imply generally unskillful management, and

when hereafter they have themselves occasion to treat a fractured femur, the result falls short of their standard of perfect success, they, taught also by the same instinct of self preservation which actuated their teacher, will conceal the truth from others, and even from themselves, if possible." What wonder then, that, when placed on the witness stand, when called on to testify as to the skill of a brother physician, they should hesitate to acknowledge the liability to failure, and should by implication, if not by direct testimony, give to the jury the idea that a deformity resulting from a fracture is prima facie evidence of a want of skill. What wonder that attorneys are so ready to undertake prosecutions of this kind when they find this idea so prevalent among the members of the medical profession. It is indeed important for the honor and dignity of both professions, and for the peace of society to be able to show to the courts what cannot be accomplished by the best informed and most practical surgeons in the profession; thus saving many from unjust censure and heavy pecuniary damages.

I have, myself, been much interested in reading these reports of Dr. Hamilton, which were published in vols. 8, 9, and 10 of the "Transactions of the American Medical Association," and would earnestly recommend them to the members of this class. They have been of great benefit to me as a lawyer, and while they contain lessons which are probably not so new to you, yet they cannot fail to impress you with the importance of this subject, and the caution that should be used in giving testimony in prosecutions of this kind. The frequent cases in which "doctors disagree," should certainly induce to this caution. One case occurred in New York where a fracture of the humerus, involving the elbow joint, occurred in a boy of slenders tamina, and resulted in the loss of a part of the bone by mortification—the little finger perishing from dry gangrene, and the adjacent parts afterward sloughing by ordinary humid mortification. A prosecution ensued in which two of the best surgeons of Brooklyn gave it as their opinion that these unfavorable consequences were due to the bandages having been applied too tightly;

while five others, of perhaps equal reputation were convi that mortification resulted from causes over which the at ding surgeon had no control.

With a reference to two or three cases of considerable i est I close this part of the subject.

The first is the case of John C. Bassett, v. John B. Co and Anthony Barney—tried in the Circuit of the Sup Court of N. Y. The case was this. John C. Bassett, age in good health, but corpulent, was injured by the upsetti his wagon, and the falling of a box, as was believed, upo thigh. He was shortly attended by Drs. Reed and Carey. careful examination and measurement they concluded th had only received a severe bruise. He remained under care two weeks and was then taken home in a bed. weeks after the accident, defendants were called in, as th was now said to be shortened and turned out. On examin defendants found the left leg in following condition, short one inch and a half—the toes turned out and could not be tu in—the left heel corresponding to the hollow of the right —a bunch in the groin like the head of the femur. The cided that it was a dislocation of the head of the femur the pubis and with pulleys properly adjusted and carefully ated upon, proceeded to attempt its reduction. After tw three minutes extension and counter extension, a sound heard, and a sensation felt by nearly all who were assis which was then described as the sound and sensation us produced when a dislocation is reduced. The patient again laid upon the bed and dismissed as cured. It appe in the testimony, however, that a few days after it was shortened and turned out. It also appeared that the plaintif not get the use of his limb, so as to be able to dispense crutches or a cane for one or two years. The limb was a time of the trial shortened an inch and a half, and moder turned over; but the motions of the joint were free and plaintiff walked with a very slight halt and without incon ence.

The position first assumed was that the limb was sound when fendants took hold of it with the pulleys; that they then frac- red it through the neck and without the capsule. This position as afterward abandoned, and it was alledged that the orignal cident was probably a fracture without the capsule and without splacement, that when examined by defendants, a displace- ent had occurred and that defendants were chargeable with gligence or ignorance in not discovering that it was a fracture, d consequently for subjecting the plaintiff to the useless pain extension with the pulleys, and in not applying subsequent- a retentive apparatus, since through this omission the plain- f had a shortened and crooked leg.

On the defense it was admitted that the original accident s a fracture without displacement. But that it was within capsule and near the head of the bone; that its being within capsule and near the head, could alone satisfactorily count for the bunch in the groin, which disappeared with the luction, and for the subsequent slow restoration of the limb. was claimed also that the signs described by the witnesses re the ordinary signs of a dislocation on the pubis and would likely to deceive the most skillful surgeon, that the exten- n with the pulleys did him no permanent harm, that the bsequent treatment was that which would have been followed l the exact nature of the accident been fully known, and ally that the patient had as good a limb as can ordinarily be pected in this fracture under the most skillful management.

The Court charged the jury that they were to disregard all ere appeals to their prejudices, and especially to reject that unsel which had advised them to look upon the medical pro- sion as an oppressive and aristocratic monopoly, and to de- le the case upon the facts, as drawn from the witnesses on e stand. The jury returned a verdict for the defendants.

This case is important as showing how easy it is for the pa- ent in such cases to underestimate the difficalties in the way the most skillful surgeons; and how recklessly they will sh themselves and drag their medical attendants into suits

involving long and expensive litigation. Did all courts entertain an estimate of the true position of the surgeon in these cases, such as was expressed by the court in this case, litigants would entertain less hope of recovering large damages through the prejudice of juries.

The following case which was in the New York Courts from 1844 to 1848, is important as showihg the opinions of the medical witnesses and their effect upon the jury. A man fell from a roof which he was engaged in shingling and fractured the right femur transversely about its middle. Defendant was called and applied Sir Astley Cooper's double inclined plane, having previously covered the leg with a roller and secured lateral splints to the thigh. At the end of six weeks the dressings were finally removed, the fragments being united firmly. The patient sued the surgeon for malpractice because the limb was bent and shortened *one* inch. Of the witnesses, Dr. T. said that "more or less deformity usually follows a fracture of the thigh bone, even in the best cases." Dr. B. said "it was a difficult bone to heal and make straight." Dr. F. said "fracture of the thigh bone is one of the most difficult to treat—perhaps the most so." Dr. P. said, "In children you may generally get union without shortening; in a well, active man, you may not—it depends upon the power of the muscles."

The Judge in his charge stated that if the jury were satisfied that the defendant had exercised ordinary skill and ordinary care, they were to find for him.

The verdict was for the defendant.

(*to be continued.*)

VARIOLIN.

BY WM. D. LEMON, M. D., JACKSONVILLE, ILL.

I wish to call the attention of the profession to some of my observations in connection with this remedy. Some four years ago I was called to visit a child who had been sick for several

days. On entering the room I found the little patient in the second stage of confluent smallpox. Of course, all were much alarmed at the announcement, and as I had not then on hand any vaccine matter, I gave those who had been and were exposed, some variolin, to be taken night and morning. The case proceeded to convalescence, but the child took cold and died. No other case occurred, although many of the family and neighbors were exposed, throughout the sickness of the child. For some time past, small-pox and varioloid, have prevailed, to some extent in this city. As soon as the disease broke out, I began to distribute variolin among my patrons, and not one of them hitherto has taken the disease—although some—especially one of our aldermen have been unusually exposed.

I vaccinated some children several times, without effect, while they were taking variolin—one of them, in particular, as often as eight times; finally I directed the discontinuance of the medicine, and then vaccinated it again, when the virus took promptly. The same, likewise, occurred with several others. In view of these facts, I think it would be well for the profession to give this remedy, as opportunity presents, such a test as will satisfy all of the nature and extent of its prophylactic qualities.

Surgery.

L. H. WILLARD, M. D., ALLEGHANY CITY, EDITOR.

A LECTURE ON ORTHOPEDIC SURGERY, BY L. H. WILLARD, M. D

Gentlemen :—

That branch of surgery upon which I propose to lecture, has, in this country, only recently become the legitimate property of science. From the hands of empirics and charlatans it has been rescued, by Delpech and Stomeyer, of former times; by

Little and Barwell, of England, Bauer and Sayre, of our own country, together with a host of enthusiastic supporters, who have done much for its advancement, and have placed it on that scientific basis, where the good it has already done, and will ever do—in freeing mankind from horrid deformity—properly entitles it. In no other branch of surgery will it be in your power to render such invaluable relief as in this. In Orthopedic surgery you relieve, and remove, many deformities, which if not relieved, or unremoved, would in some instances, render men misanthropical; and toward their fellow creatures, cruel, oppressive and malicious. For it is a fact worthy of remark, that among the deformed of our race, we often find the most wicked and designing. How great then should be your care, and how earnest your efforts to perfect yourselves in this art, which opens to you almost unexplored regions, where await you, not only honor and the gratitude of your patients, but where you will have the happy consciousness of having alleviated the sufferings of your unfortunate fellow-men.

The lectures I am about to deliver before you have been rather hastily prepared. The subjects of which we will treat do not embrace all those found within the scope of orthopedic literature, but only those pertaining to the feet; where deformities most frequently occur, and where, by the aid of appliances and remedies, we are able, in a majority of cases, to benefit their pitiful condition, thus conferring upon mankind the blessings of our art.

Of other deformities I am not at present prepared to treat, but propose adding them to our next session's lectures. In the meantime I am fully persuaded that your Professor of Surgery will deal with them in a manner highly useful and instructive.

As a practical knowledge of surgery in all its branches is much better than a purely theoretical knowledge, I shall try to give you the most recent improvements, leaving you to read and compare at your leisure, the old theories, which, like those of medicine, are sometimes only intesting on account of their antiquity. The history of deformity is almost as ancient as the

history of the human race—for it has been strangely ordained by an all-wise Creator that with beauty of form and figure, various anomalies should also be presented. Hippocrates described a treatment consisting of splints of different kinds, together with immovable bandages, by the aid of which these deformities might be cured. An improvement upon his method of treatment was afterwards made, and in the year 1784, Thelonius divided the Tendo Achilles by cutting tendons, and making a free incision through the integuments. The patient recovered and the operation proved successful.

The next operation of this kind was performed by Sartorius, the 16th of May, 1806, upon the son of Martin Oust. The proceeding was commenced by making an incision four inches in length over the tendon, which was cut transversely, and the foot, by main force, brought straight, whereat a cracking noise was heard. The third (operation) was in a similar manner performed by Michoelis, in 1809. In performing this operation he differed from the others, by only incising the achilles and rupturing the remaining portions of the contractions. During the year 1816 the next operation was performed by Delpech, and in a different manner. He made no long incisions, but subcutaneous section instead.

The following rules are given by this eminent surgeon, and with some slight variations they are those adhered to at the present day. The tendon which is to be divided must not be exposed; its section should be made by entering the knife at a distance from the tendon and not through an incision of the skin parallel to it. After dividing the tendon, care must be taken that no air enters. The divided extremities should be brought in contact and so held until union is accomplished—as re-union can only take place by an intermediate fibrous substance; gradual and careful extension should be made, to give the required length to the shortened muscles, before solidification takes place. Extension being complete, the limb should be fixed in this position and there kept until the new substance has acquired that firmness of which it is susceptible. Other

surgeons adopted, it is said, these same rules. As in medicine at this time, the recollection of these operations passed into a torpid state, and no attention was paid to them until about 1830, when Stromeyer operated upon G. Eblen. This operation was in all respects successful. Attention was then fully directed to this branch of surgery, and after successful experiments it was published to the profession at large, that a tendon could be divided subcutaneously without doing injury. After this the fever raged until it became an epidemic and as is the case in regard to new things, in many instances it resulted in harm when good should have resulted. As our subject confines us to bones, nervés and tendons, we will first examine the condition of these, in their abnormal state, before proceeding to the special deformities. In club feet of either the valgus or varus variety, we have an impression upon first examining them, that the bones constitute to a great degree the deformity. These casts which you see before me were made and taken from feet in which no deformity existed, to show you to what extent the foot may be made to vary from the normal position, and still the arch of the foot remain perfect. The ligaments and muscles are in a healthy condition and therefore, do not look for this trouble exclusively, when you are asked your opinion of a case of deformity affecting the extremities; but remember that the bones in almost all cases remain to a great degree the same as the Almighty made them. It is only when age has been added to a case of club foot, and the person has been walking, or trying to walk, that the bones becoming accustomed to their unnatural position, grow and become more suited to the weight imposed upon them, that they enlarge in some places, become smaller in others, in order to assist in walking and making amends for the want they feel in being deprived of that contractiblity of muscles, or the want of nerve power, which renders such extremities so different from sound ones. As you then must not consider the bones deformed or out of place, unless the case has been one of long standing, neither must you consider the contracted tendons the sole cause of the trouble, for paraly-

sis of a nerve may be the primary cause of depriving one set of muscles of their power, while the opposing set, not having their natural check, may contract, and remain contracted, thus producing deformity, which may defy all efforts to relieve, however skillfully and perseveringly they may be directed. Thus you have causes for deformity—paralysis, contracted tendons, and malformation of the bones, accompanied with either paralysis or contracted tendons. Of the causes here mentioned, paralysis is the most frequent and I may say, in all cases, it plays an important part. Deficient nervous power has by some, been conceded to be the primary cause of all those cases where we find congenital club foot. Others have endeavored to explain these cases of congenital club feet, by malposition in utero. Cruveilhier, says, it is by the feet of the fœtus pressing on the skin, but when we consider that the liquor amnii surrounds the fœtus, protects it from sudden motions or from outside pressure, and that the deformities occur in monstrosities without any head at all, this idea of his seems wholly untenable; as deformities occur after birth from deranged and imperfect nutrition, owing to want of nerve power, so in the fœtus the growth, development, and form depend upon the same cause. We have frequently heard of cases where nature has performed many curious freaks in giving to the world deformed babies with almost all the imperfections imaginable. And here, as in all cases, an imperfect nervous supply has, been the means of producing these cripples. Very frequently when a case of congenital deformity occurs, other parts of the body present some deficiency. Some with hare-lip and cleff palate, some weak about the spine, deficiency of bones or a redundancy of fingers. These cases sometimes are accompanied with imperfect intellect, which will render your prognosis unfavorable as to the result. A curious case is recorded by Bilroth. The child had pes varus of the highest grade, of the the right foot, and pes varo calcaneus of the left. The patient died from pneumonia, fourteen days after birth, when it was ascertained that the deformity of the right foot, had been

caused by the absence of the entire tibia. Whereas the left presented the ordinary condition. In the right extremity the muscles of the inner side of the thigh, were inserted partly into the capsule of the knee joint and partly into the aponeurosis of the leg, causing thereby permanent flexion of the knee. The patella pressented an oblong form. There was no ligamentum patellæ. The capsule of the ligamentum laterale internum was absent. The fibula partook with a dorsal surface in the formation of the knee joint and was so loosely connected as to allow dislocation. In place of the crucial ligaments, there were but parallel folds of the synoval membrane. The triceps muscle of the calf; tibialis posticus and flexor digitorum longus were considerably shortened; the flexor pollicis lonus, tibialis anticus were entirely wanting. The tibialis posticus and flexor digitorum communis longus, originated from the aponeurosis cruris. The fibula which was of ordinary size was surrounded by nerves and vessels normal in number and course. I merely cite this case as a curiouss one, not that it illustrates the theory already advanced, namely, that the cause of congenital club foot does not depend upon the malformation of bones or contraction of tendons, but upon a want of nerve power in those muscles or tendons, wh.ch are extended to their utmost limit, thereby causing the sound muscles to contract and thus producing deformity. Barwell, an eminent authority upon these conditions of the extremities, says that in all cases he has found this to be the cause. In cases of deformity occuring after birth, the same cause will produce alike effect, unless the deformity in the result of burns, or loss of substances from accident. An arm or thigh kept in position for a short time loses in part that tonicity which is only kept perfect by motion. The ligaments, serving only to keep and protect the joints do never contract, but on the contrary can be distended to a great extent, as is illustrated by dislocation, where the capuslar ligaments are so loose as to permit the the head of the bone to

glide from its position, when the muscles, which are the means of retaining in place the various parts of the body are thrown off their guard. Thus we see with what slight apparant cause a paralyzed limb can be dislocated, and how easily reduced, and again how flaccid a limb becomes when through nervous power is redered dormant by an anesthetic. A case was presented for my examination some time ago, a boy ten years old who had had convulsions when a baby. The flexors of both legs were contracted, and had remained so ever since. The extensors were soft and flabby, the limb almost powerless, but the deformity was produced by deficient nerve supply to the extensor muscles for the flexors retained their tonicity, and would be thrown into movement by a slight galvanic current, whereas it was some time before the opposing muscles would respond to a powerful current.

STRABISMUS—CALCAREA CARB.

BY C. A. JAEGER, ELGIN, ILL.

*Allg. hom., Zeitz, Bd. 80, S. 58.

Alexis W., aged 16 years, pupil of the topographical college in Maskaro, came to Dr. Bojanus, Feb. 2, 1864. When eight years old he had the measles, and being of a scrofulous habitus, he contracted inflammation of the eyes, which continued to trouble him for more than a year after the measles had disappeared. In the left eye, however, which was rather short-sighted, strabismus appeared, which now exists for nearly eight years. All the physicians who had been consulted advised an operation, to which he, however, objected on account of fear. The sight of the left eye is almost obliterated, the bulbus is sharply turned to the inner angle; he can read medium print with great exertion, by bending the head sharp to the right and holding the paper or book close up, so that the point of the nose

touches the object. At a distance of three or four inches objects appear together, and at a greater distance he cannot see anything. There is nothing else abnormal about the eye, except a dullness in its appearance. The patient complains of a headache, which embraces the whole head, and which occurs without any special cause. He says, it is more like a headache caused by vapor, and neither the temperature, the weather, or any other cause or change seems to have any influence upon it. He thinks, however, that too great exertion with the eye might cause the headache. All the other functions normal.

Calcarea carb. 30, every other night was ordered at this time. On the 28th of February the patient reported himself as somewhat improved, and he could read common print quite readily at a distance of three inches. The strabismus was also somewhat less and he was not obliged to turn his head so much to the right; he had no headache since his first call. *Calcarea* was continuad.

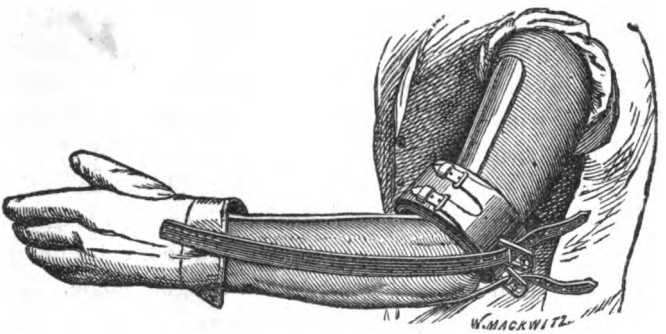
March 17th, he had much improved; he could read at a distance of nearly six inches, as well as he did on the 28th of February at the distance of three inches. The strabismus had considerably diminished, he turned his head but slightly to the right; no headache. *Calcarea* as before. On the 7th of April, he could read, at a distance of a foot, with perfect ease, and hold his head entirely erect. The strabismus also had to a considerable extent diminished. *Calcarea* as before. On May 12th, patient could read at a distance of eighteen inches; strabismus entirely subsided; had no return of headache; feels perfectly well. Medicine was now discontinued. During the following three years, Dr. B. had occasion to see the young man frequently, and during three years following he continued well.

FRACTURES OF THE OLECRANON.

BY E. A. CLARK, M. D., RESIDENT PHYSICIAN, ST. LOUIS CITY HOSPITAL.

I have found all the ordinary appliances in use for treating fractures of the olercanon so deficient in meeting the indica-

tions required, that I have been induced to advise the apparatus represented in the following woodcut, which is sufficiently simple to require but little description.



Fractures of the olecranon, as they usually occur towards the middle or base of the process, are generally attended with such a degree of displacement—especially in muscular subjects—that the ordinary method of applying narrow strips of cotton or cloth around the arm—both above and below the elbow—and approximating them by means of lateral strips, as commended by Sir Astley Cooper and Amesbury, with the view of drawing down the upper fragment in apposition most favorable for bony union, will necessarily require these bands to be so tight around the arm, at both points, as to arrest the circulation. This danger will be the more imminent in cases where there is much contusion and swelling of the soft parts, which as might be expected, from the very nature of the violence or force requird to produce this fracture, is almost always the case. The method of treatment recommended by these gentlemen is also objectionable in that they direct that the arm be kept in the straight position.

The apparatus above represented consists of a band of ordinary sole leather about two inches in width, and of sufficient length to surround the arm, lined with cloth or chamois, and well padded with cotton or hair. In order to give the band additional firmness, and also to secure it around the arm, a strip of common harness leather is stitched upon the outside, to one end of

which two small buckles are attached, while the other end, which extends about three inches beyond the band, is split or cut into two straps to correspond with, and fasten into the buckles. The band is fastened around the arm above the fractured process, and may be drawn to any degree of tightness necessary to bring the broken fragment down when traction is made upon it.

The same band may be used on either arm, and may be adapted to an arm of any size. On the outer side of this band, and one inch apart—one on each side of the olecranon—are two buckles or staples, which should be two inches in length, and three-fourths of an inch in width and clinched on the inside of the leather band, from which they project at a right angle. These buckles or staples also have three bars across them, with two tongues made to turn either way.

In applying this apparatus the arm should be fixed at an angle of forty-five degrees, and a common pasteboard splint bent at that angle placed upon its anterior surface. The leather band is then buckled over this splint, just above the fragment of the olecranon, and the entire fore-arm is covered with a bandage to hold the anterior splint firm to the arm and thus prevent any movement of the elbow-joint, which, if allowed, would be constantly modifying the force exerted upon the fracture. A common buckskin glove is then placed upon the hand, to the anterior or posterior surfaces of which are attached two leather straps, which are to be buckled into the staples on the band. By buckling these straps over the bars at a greater or less distance from the band, and tightening them as required, we obtain the necessary amount of leverage to turn the lower edge of the band in upon the arm, and push the fractured process down before it.

By making traction upon these straps any degree of force may be exerted upon the band, necessary to draw the broken fragment down and hold it in perfect apposition with the head of the ulna.

It may be objected to this method of treatment, that the arm is held in a flexed position, thus increasing the space between the two fragments. But the advantage of this position is apparent for two reasons:

First, by flexing the arm to this extent the point of the olecranon is made more prominent, and consequently, the band more surely adjusted, so as not to slip over it: while, again, the force exerted upon the band by the straps, directed at an angle of forty-five degrees from the axis of the humerus, renders the pressure still more secure above the point of the olecranon and prevents the possibility of it slipping back beneath the band.

The second reason for fixing the arm in this position is to relax the brachialis anticus, the action of which, in cases where the fracture occurs low down, near the base of the olecranon, and especially in a muscular subject, when the arm is held in a perfectly straight position, evidently draws the head of the ulna forward, so that a portion of its fractured surface is in direct apposition with the articular surface of the lower end of the humerus; while if the detached fragment of the olecranon be forced down to its proper position it would not be in complete apposition with the upper end of the ulna, but would leave a space in the articulation to be filled up by callus and thus produce more or less complete anchylosis of the joint.

This apparatus when applied as described, is in no way painful to the patient, the band being padded in the inside and the pressure exerted by it on the anterior surface of the arm bearing upon the pasteboard splint; the only other pressure exercised is directly upon the olecranon, and that upon such a broad surface that sloughing need not occur in any case.

I have treated but one case with this apparatus, and with the following result:

A laboring man, aged 32 years, was admitted to the hospital five days after receiving a fracture of the olecranon near its base. At the time of his admission he had an abcess as large as a hen's egg immediately over the point of the olecranon, resulting from a contusion received when the bone was fractured. The abscess was opened before the dressing was applied, and, notwithstanding all the pressure required to hold the bones in apposition was made upon the point over the abscess, it healed quite readily; and in seven weeks the apparatus was removed,

leaving firm, bony union in the fracture, without the least deformity or displacement; and now—three weeks since—the patient has recovered almost perfect use of his arm.

No passive motion of the joint was allowed at any period of the treatment.—*Medical Archives.*

MATERIA MEDICA.

WM. L. BREYFOGLE, M. D., LOUISVILLE, KY, EDITOR.

COMPARED HEAD SYMPTOMS.

ACONITE. Vertigo on raising the head, (also Bry., on moving the head, Bry., *con.*, aloes.)

Burning as from boiling water in head. (*see* Phos.)

AETHUSA C. Headache as if in a vice, (also *Merc. v.*, Helon., *see* Gelsem.)

AGARICUS M. *Vertigo from the rays of the sun,* (*see* Nat. carb.)

Pain as from a nail driven into the side of the head, (also Ignat., coff., into temple, Arn.)

AGNUS C. Feeling of smoke in the head, (of air passing through the head, Aur.)

ALOES. Stitches in temple at every step, (Headache, Sil., Led. p., Sulph.)

ALUMINA. Vertigo with white stars before the eyes, (fiery zigzags, Spig.)

Headache as if the hair was torn out, (also Mag. m., Mag. c.)

AMBRA G. Congestions of the head from music.

AMMO CARB. Chronic headaches

Hammering in forehead as if it would burst, (on vertex, calc. c.)

ANACARD. Headache from noise and from false stepping.

ANT. CRUD. Headache from bathing, (also Rhus tox.)

(Bad effects of watering places, Puls.)

APIS MEL. Headache better from pressure, (also arg. n.)

Congestion to head with suppressed menses, (also Calc. c., Glon., Graph.)

(Suppressed menses with nose bleed, Bry.)

ARGENT MET. Tearing in bones of head every day at noon.

ARSENICUM. Periodical headaches, (headaches every week, Sil., Gelsem., Sach alb.)

ASCLEPIAS TUB. Headaches from flatulency.

ASAFŒTIDA. Headache ceasing or changing on touch.

BELLADONNA. Congestion to head, with throbbing carotids, (also Glon.)

Headache from having the hair cut, (also Puls., Led. p., Sep.)

Headache arising from the neck, (also *Thuja.*, Calc. c.; rundown into the neck, Spig., Lyc.)

BUFO. Headache after breakfast, (also Nux. m., Lyc.)

BROMIUM. Headache from drinking milk, (*see* Nitrum.)

BRYONIA. Headache worse from least motion, (also Berb. v., Bism.)

Dull, heavy aching in forehead.

CACTUS GRAND. Headache every other day, (also Eupat.) better from pressure, (*see* Apis.)

CALC CARB. *Vertigo on ascending*, (also Euphorb., Sil. On decending, Ferr., Merc. peren.)

Headache arising from the nape of neck, (*see* Bell.)

CAMPH. Headache better on thinking of it, (also Cicuta v., Worse, Oxalic ac.)

CANN SAT. Feeling as from drops of water falling on the head.

CARB. AN. Pain in vertex as if the skull were open, (as if it would open, Caps., Bry.)

CAUSTICUM. Feeling of an empty space in head, (also Cocc., Arg. m., Coral. r., Nat. m.)

Involuntary nodding of the head while writing.

CHAM. Headache even during sleep.

CHINA. Headache from a draft of air, (also Benz. ac., Valer.)

CINA. Headache after attacks of intermittent fever, (after epilepsy, Cup., China.)

CINNAB. Headache, can't raise head from the pillow.

COCCULUS. Headache, with pain, as if the eyes would be tor out at every movement, (*see* Bry.)

COCHLEARIA A. Headache first in one, then the other side of the head, (see Nat. m.)

CONIUM. Vertigo on turning the head, (also Ipecac., Kali. c., Bry.) or in bed, (*see* Paeonia.)

Feeling as from a lump in the brain.

CROCUS SAT. Sudden shocks in forehead and temples.

CROTON TIG. Head sensitive to pressure of the hat, (also Carb. v., Nit. ac., Sil.)

CYCLAMEN. Headache relieved by cold water, (also Fluor. ac., Worse, Sil., Sulph.)

FERRUM. Headache, with fiery red face, (with blindness, Mur. ac., zinc.)

GELSEM. Pain as from a tape around the head, (also *Helon.*, Merc. v., *Sulph.*, Ind., Iod., *Nit. ac.*)

Pain as from a blow on forehead, (*see* Ars. and Psor.)

GLONOINE. Congestive headache, ascending from chest, neck or occiput.

GRAPHITES. Headache running into teeth and neck, (see Apis.)

GYMNOCLADUS C. Headache with desire to lean the head against something.

HEPAR SULPH. Aching in forehead as from a boil.

HIPPOMANE. Weight on vertex inclining the head forward, *see* Nux. v.,)

IGNATIA. Headache as from a nail, pressing from within to without, (reverse, Plat., Nit. ac.)

IRIS VERS. Sick headache with bilious vomiting, (also Sang. Nux. v.)

KALI BICH. Headache in small spots, or from suppressed Ozœna.

KALI CARB. Headache from riding in a carriage, (also *Cocc*, Meph., Nat. m.)

(Headache disappearing on riding in a carriage, Nitric ac.)

KALI HYD. Headache always at 5 a. m., (6 p. m., Coloc.)

KOBALTUM. Vertigo during stool.

LACHESIS. Headache *worse after sleep*, (*see* Bell., Nux. v.)

Headache better from sleep, Pall.)

LACHNANTHES. Pain in the head as if split open by a wedge, (see Ignat.)

LYCOPODIUM. Headache worse from 4 to 5 p. m., (*see* Bufo and Bell.)

MERC. VIVUS. Vertigo as if in a swing, (also Bell.)

Headache as if in a vice, (also Aeth., *see* Gelsem.)

MEZERUM. Headache from anger, (also *Cham.*, Petrol. From fright, Opium.)

MURIATIC AC. Feeling as if the brain were torn, (see Ferrum.)

NAT. CARB. Headache at a certain hour every day, (see Kali hyd.)

Headache in the sun, (also *Glon.*, *Lach.*, Nux. v., *Bell.*, Brom. Vertigo, Agar,. Selen.)

NAT. MUR. Sick-headache first on one, then the other side of head, (also Puls, *see* Coch. a.)

Shooting, hammering in head with or without vertigo.

NICCOLUM. Headache every two weeks, (every week, Sil., Sulph., Sach. alb.)

NITRUM. Headache terminating at the tip of the nose.

Headache from eating veal, (from potatoes, *Alum.*, from coffee, *Nux. v.;* from tobacco, *Paris q.;* from hunger, *Phos.;* from fat food, *Puls.;* from milk, *Brom.;* from tea, *Thuja.;* from lemonade, *Selen.;* from wine, *Zinc.;* from beer, *Kali c.;* from alcoholic liquors, *Nux. v.*, *Ruta. g.*)

NUX MOSCH. Headache with much drowsiness, (see Bufo.)

NUX VOM. Stupefying headache with weight in the occiput, (see Hipp.)

Pain as from a nail driven into vertex, (see Ignat. and Agar.)

Headache from sedentary habits, (see Nitrum.)

OXALIC ACID. Pressing on small spots, worse on lying down, better from stool, (see Camph.)

PAEONIA. Vertigo from slightest motion, (see Bry. and Con.)

PALLADIUM. Head feels as if shaken to and fro, from behind forward.

PHOSPHORUS. Piercing pain over left eye, (aching over left eye, Acon.; right eye, Phos. ac.)

PHOS ACID. Headache on the side on which one lies, (*see* Phos.)
Pain in bones of skull as if scraped, (also Rhus., *see* Rhod.)

PHYTOLACCA. Darting pain from left eye to vertex.

PLUMBUM. Headache as from a ball rising in the head.

PODOPHYLLUM. Headache alternating with diarrhœa.
(Gastric and rheumatic troubles alternating, Kali b.)

PSORINUM. Pain as from a blow on forehead, waking him at night, (see Gelsem.)
Must keep his head covered, also Bell.; uncovered, Glon.)

PULSATILLA. Headache better in the open air, (worse, Sulph.)
Headache better from walking slowly, (from walking fast, Rhus.)

RHODODENDRON. Violent tearing in the bones of the head, (see Phos. ac.)
(Pain in the periosteum of the skull, Ruta. g.)

SABINA. Pain in right temple appearing suddenly, disappearing slowly.
(Comes slowly, goes suddenly, Sulph. ac.; comes and goes suddenly, Bell.)

SAMBUCUS. Swashing in the head, as from water.
Headache inclining the head backwards, (forwards, Ignat., Gelsem., *see* Zinc.)

SANGUINARIA. Sick-headache on right side, beginning in the morning, ending at night, with vomiting or sleep.
(Sick-headache on left side, Sep.)
Headache with rheumatism.

SARSAPARILLA. Sound as from a bell in the head on talking.

SELENIUM. Stinging over the left eye, on walking in the sun, (see Nat. c.)
Headache every afternoon, (also Lyc., Sil., Sepia.)

SEPIA. Headache on left side, often causing cries, (*see* Phos,)
Involuntary jerking of the head, (*see* Ignat.)

SILICIA. Daily headache from noon till evening, (see Selen.)
Better from wrapping head up warmly, (also Phos., Thuja.)
Headache from a mis-step, (see Aloes.) Pressure of hat is painful, (see Croton tig.)

SPIGELIA. Vertigo on looking downwards, (upwards, Puls., *see* Alum.)

Neuralgia on left side, stitches out of the left eye.

Neuralgic headache running downwards into neck, (upwards, Thuja, *see* Bell.)

SPONGIA. Feeling as if the hair were standing on end.

STAPH. Headache from excessive sexual indulgence, (also *China.*, Con., Phos. ac.)

SULPHUR. Vertigo with epistaxis, (also Phos.)

Heat and burning on vertex.

Headache at every step, (also Sil., see Aloes.)

THUJA. Headache ascending from neck, (reverse, Spig., *see* Bell.)

VERATRUM. Headache with icy-cold forehead, or with stiffness of the neck.

ZINCUM. Vertigo inclining head to the left side, (see Samb., and Kerr.)

The "*Melilotus off.* (sweet clover), is very highly recommended in *Nervous Headaches,* especially after the usual remedies have failed. My experience with it is limited; in every instance I have succeeded in producing a marked aggravation, but no beneficial results

Editorial.

MIXED CLINICS.

The subject of admitting women to the clinics in the different medical institutions of our country, is one which is now agitating the public mind to a considerable extent. Very many of the highest and best authorities of the land, while they advocate the medical education of the other sex, deem it improper that the classes be "mixed," in other words, be composed promiscuously of men and women. In our own colleges (Cleveland and Chicago) where female students have been educated, there appears, as far as we can learn, to have been no disturbance whatsoever, but in other Institutions quite serious troubles have arisen, and on the 6th of November last, in the Pennsylvania Hospital, there was an outbreak (most ungallant, uncalled or and disreputable, on the part of the male students), which appeared likely to ead to serious consequences. The matter, however, was thus brought before the public, and it will be interesting to our readers to know what results were ob-

tained from a deliberation on the subject. The following extracts from the proceedings of the meeting of the managers of the Hospital will serve to elucidate the matter:

THE CLINICAL CONTROVERSY.

After the reading of the reports had been concluded, Mr. Lewis offered a resolution to the effect that the question of selling the Woman's Medical College tickets to the Clinical Lectures, should be decided at this meeting by ballot.

As a substitute Mr. Welsh offered the following:

WHEREAS, The managers of the Pennsylvania Hospital have asked the contributors to inform the incoming Board of their wishes in regard to clinical instruction to women, and, whereas, such instruction, when given to large bodies of men and women collectively, is at present, in the minds of many, of questionable expediency; therefore

Resolved, That the managers, after conferring with their medical and surgical staff, shall, if practicable, arrange for appropriate and thorough clinical instruction in the Pennsylvania Hospital, to the students of the Woman's Medical College of this city

In offering this resolution, Mr. Welsh said that he had for a long time noticed that, little by little, encroachments were being made upon this institution; and if it was to become a general clinic-room, he for one was not opposed to allowing women to attend these lectures, but he thought the women should be taken through the wards by the faculty, in the same manner as is done at present with male students.

Dr. Agnew took the floor, and gave his experience while conducting a clinic in the Hospital before a mixed class. He said that frequently he was much embarrassed while giving such instruction by the presence of females. The speaker referred to the fact that one of his colleagues was wrongfully censured by the press for making an unnecessary and indecent exposure of the person of a male patient, upon whom he was operating before a mixed clinic. He asserted that the admission to the hospital had decreased since the addition of the female element into the public clinics and concluded by citing cases where patients had objected to exposure before a mixed clinic.

Mr. Whitall, in a few remarks, endorsed Dr. Agnew's views upon the sublect.

Mr. Welsh again took the floor in support of his resolutions, and said that he asked nothing more than that the physicians of the hospital should only give one-half the time to female students, that they give to their private male students for their own private emolument.

Mrs. Mary H. Brown was introduced by the chairman, and spoke in brief in behalf of the female students, and said that she trusted before the vote was taken, the gentlemen would remember the golden rule "do unto others as you would have others do unto you," and equal rights to all, and that they would vote accordingly.

on said that the profession had been ungenerously charged with throwing obstacles in the way of the advancement of women. This the speaker, in behalf of his professional brethren, refuted. He closed by remarking that the profession would be brought down the very moment mixed clinics were tolerated, as that was merely compromise, and all compromises were equivalent to defeat.

Mr. Frederick Fraley spoke at great length in favor of the resolution, said that the time had come when we should throw off the shams of civilization and put on the new armor. If this matter of public medical instruction of woman be wrong, it will fail, if it be right it will stand. All that he asked was that the same opportunity be

given to woman that was given to mere striplings full of the passions of youth. He said there was another way to get out of this difficulty, namely, to cut loose from the distinguished gentlemen who form the present faculty, and call in a regular paid faculty, and public clinics would then be dispensed with.

Dr. Morris interrupted the speaker, and said that there was a woman's hospital where they could practice the profession without hindrance.

Dr. Wood said that the respectable portion of the profession did not oppose the right of women to receive medical instruction.

A letter from Dr. Pancoast was here read, disqualifying any graduate of a female college to membership in the Medical Society of Pennsylvania.

Mr. Fraley, in resuming, hoped that the contributors, in harmony with their well-known liberal spirit, would vote to allow females to receive instructions in the hospital.

Dr. Wallace said that the matter was not new, as it had been before the people since the 6th of last November, and he did not think that if the matter was voted on at the present meeting, it would be done without due consideration.

Mr. Biddle spoke in favor of the resolution offered by Mr. Welsh, and it was declared adopted by large majority of the members.

THE ALBANY CITY DISPENSARY.

The semi-annual meeting of the Trustees was held Tuesday evening, April 12th, at the Dispensary, No. 7 Plain street.

The attendnig physicians appointed for the ensuing six months are as follows: Monday, Drs. J. W. and C. A. Cox; Tuesday, Drs. L. M. Pratt and P. F. L. Reynolds; Wednesday, Drs. E. D. Jones and J. S. Delevan; Thursday, Drs. H. M. Paine and J. Smithwick; Friday, Dr. J. F. McKnown; Saturday, Drs. W. H. Randel and S. H. Carroll.

The following departments were established for the treatment of special diseases, viz., diseases of the throat and lungs, by Dr. Reynolds, on Tuesday; diseases o women and children, by Dr. Delevan, on Wednesday, and Dr. McKown, on Friday; and diseases of the skin, by Dr. Carroll, on Saturday.

A dental department was also established for such surgical treatment of the teeth as may be required, service to be rendered three days in each week by members of the dental profession.

The resident physician, Dr. Carpenter, presented a report for the months of January, February and March, of the present year. The report exhibited gratifying evidences of the success of the institution, as indicated by the increase in the number of applicants, and of the number of cases treated.

The Treasurer, Mr. S. Moffat, presented a report showing entire freedom of the institution from debt.

A resolution was adopted providing for an increase of the number of rooms and the appointment of an assistant resident physician.

The following was also adopted:

WHEREAS, the Dispensary requires the permanent advantage of greater facilities for lighting and heating the building, the introduction of hot and cold water, and a more convenient arrangement of reception, operating and consulting rooms, and also other improvements which can be economically provided only in a building owned by the Association, therefore

Resolved, That the Finance Committee be authorized to solicit donations to a building fund, to be paid when in the aggregate the subscriptions amount to three thousand dollars.

The attending physicians may be consulted daily, from 1 to 2 o'clock P. M.

The dispensary is open at all hours of the day and night, the resident physcian being in attendance when not otherwise professionally engaged.

WASHINGTON HOMŒOPATHIC MEDICAL SOCICTY.

Under a recent charter granted by Congress a Homœopathic Medical Society was organized in this District a few days since. By the charter the society is authorized to hold property to the amount of $20,000; to examine candidates for membership concerning the practice of specific medicine and surgery, and issue certificates of membership and license to practice medicine and collect fees therefor.

The practising physicians in this branch of medical science in Washington met at the residence of Dr. T. S. Verdi, M. D., No. 1405 G street, and organized by electing the following officers: President Tullio S. Verdi, M. D.; Secretary, C. W. Sonnenschmidt, M. D.; Treasurer, G. W. Pope, M. D; Board of Censors, Prof. J. Brainerd, M. D., J. T. O'Connor, M. D., S. J. Groot, M. D.

The by-laws provide that the organization shall be called the "Washington Homœopathic Medical Society." Its object, "to advance medical science," &c. Any person, without distinction of color, can become a member, and receive a license upon application to the President, passing examination, and paying $10 annually. Monthly meetings are to be held.

SEVERAL highly interesting communications have been laid over for the next number.

FOREIGN CORRESPONDENCE.

LETTER FROM DR. I. MURRAY MOORE.

6. OXFORD STREET, LIVERPOOL, ENGLAND, April 28, 1870.

To the Editor of the Western Homœopathic Observer:

DEAR DR. HELMUTH:—I must plead guilty to great remissness in not writing regularly to the OBSERVER since my first communication to you, but in fact, nothing very new or striking has occurred here to interest Homœopathists, lately. I must thank you for the very punctual delivery of the numbers of your journal, which are read as they arrive by several of our physicians with great interest. I observe that the surgical element in most numbers (I have ten or twelve before me), prodominates. This speaks well for the condition of what we may term "Homœopathic Surgery" at St. Louis. My father, Dr. John Moore, joins with me in thanking yon, also, for the "Ten Cases in Surgery" pamphlet, beautifully illustrated, which has lately come to

and. I shall lend it to one or two of our leading allopathic surgeons, to how them what you can do in that line in America. I am glad to see Acupressure spreading in the United States. There is no doubt that the use of norganic, non-absorbent substances in restraining hemorrhage has immense dvantages over any kiud of organic matter, in the same position. Shortly fter taking my degree of Bachelor of Medicine at the University of Edinurgh, the question of Acupressure *versus* Ligatures was hotly discussed, nd the Professor of Clinical Surgery, (Syme) actually tore up Professor impson's pamphlet [containing the passage you quote] before his class at ne dispensary, and threw the fragments into the saw-dust box, which reeives the amputated feet, fingers, &c.! With such opposition does real progess ever meet! The persecuted Professor Henderson [Homœopath] must ave smiled grimly when he heard of the treatment the writing of his oppoent, Prof. Simpson, had been subjected to. However, Homœopathy is decidldly spreading in Scotland, and especially in the University cities of Edinurgh, Glasgow and Aberdeen.

Here in Liverpool, since I last wrote you, we have had an accession of three hysicians to our ranks—two converts from allopathy, (Drs. Slack and T. impson) and one from Hydropathy, (Dr. E. Haughton). This raises the umber of recognized Homœopathic physicians in this conservative old city o *ten*—positively as many as there are in Manchester! We must, however, ot boast of our littleness in respect to advance in medicine, so to pass on. Ve were all greatly pleased by a visit from Dr. Neidhard, of Philadelphia, hom Dr. Drysdale entertained, and whom we met at his residence. His conersation was most original and instructive, and he narrated several curious ases of cure with "Hale's New Remedies," which set some of us on a new rack.

The meetings of our "Homœopathic Medico Chirurgical Society" held very winter monthly, from October to May, have been of considerable inerest and variety, lately. It may possibly be of interest to subjoin a list of he papers read this winter:

1. Dr. Haywood;—on Medical Statistics.
2. Mr. Proctor;—(Secretary) on Scarlatina.
3. Dr. E. Haughton;—on Beale's Theory of Germinal Matter.
4. Dr. A. Stokes;—on Neuralgia.
5. Dr. Simmons;—on Cough.
6. Dr. Drysdale;—on the Modern Doctrine of Force, (Also read before the Literary and Philosophical Society of Liverpool.)
7. Dr. J. Murray Moore;—on the Analogies of Isomorphous Remedies.
8. Mr. J. Moore;—(President) Valedictory Address,

Each of these papers was followed by a discussion, in which visitors were invited to take part; and frequently the members of the Society enjoy each other's hospitality at the close of the meetings.

Our public Dispensary is crowded as usual, and is keeping up its position, so far as we can see, in the public favor.

I may mention that I was extremely gratified, in making a flying visit to America last June, to observe and hear from all sources how fast and how solidly our glorious system is spreading in New York and in Philadelphia. I had the misfortune to miss seeing Drs. Gray and C. Dunham, who were away in the country, but Drs. Marcy and White, of New York, and Prof. C. Hering, (that grand old man!) and Raue, received me most cordially. I shall always value the hour's talk with Constantine Hering, as one of the most precious of my (Homœopathic) experiences. I was delighted to see by the OBSERVER that the "Fair" in Philadelphia realized a very large sum for the proposed Hospital.

Your readers have doubtless noticed in our medical journals, that a bill to amend the medical acts has lately been introduced into the House of Lords by the Earl DeGray and Ripon. Its chief object is to establish a general licensing Board of Examiners for the whole of Great Britain, whose qualification shall be the only legal one—other titles and degrees being merely ornamental, and this proposal is meeting with considerable favor. In our Monthly Review the editors boldly claim that Homœopathic Therapeutics should form a compulsory subject for examination, along with the usual Anatomy, Surgery, Medicine, &c. This idea of course will be scouted (even if ever proposed) in both Houses of Parliament. I think that it is certainly too peremptory for justice. But, certainly Homœopathy should be made one of the *optional* subjects —as in Ontario, Canada, where the experiment of a mixed Allo-Homœopathic Board is working successfully.

Probably, with our British prejudices, Homœopathy will not be thus recognized by the State for several years to come. I must conclude my lengthy letter by notifying you that the Homœopathicians of Great Britain and Ireland, will hold a Congress at Birmingham, in the last week of September, 1870 All of us who can possibly leave our practices will do so, and muster as strong as we can to refute the absurd *canard* that "Homœopathy is dying out;" and and to present some united and influential memorial to the Government. I am requested to say that any of our American colleagues who will favor us with their presence on that occasion shall be most heartily and hospitably welcomed. I may be able to give you further details in two or three months.

I am, dear sir, yours, sincerely,

J. MURRAY MOORE, M. D., M. R. C. S., &c.

General News.

G. H. MORRILL, M. D., ST. LOUIS, EDITOR.

A Poetical Materia Medica.—We are having installments of a materia medica poetica in the Hahnemannian Monthly, by Dr. Dulcamara, cousin to Sam Bucus, and uncle to Pete Roleum and Anna Cardium.

Small Pox is still quite prevalent in our city, the death rates averaging from 11 to 19 for the past five or six months.

Chorea.—M. Perrond, of Lyons, reports two cases of Chorea cured by the application of ether spray to the spine. He applies two or three ounces of ether in a fine spray at a sitting.

The Physicians implicated in the case of the Welsh Fasting Girl have been severely censured by the magistrates, and the parents of the child held for trial.

Antidote of Haschisch.—Prof. Polli, of Milan, says that lemon juice and the vegetable acids will entirely remove the bad effects of this drug, but that coffee and tea only increase it.

Collecting Fees.—We find by looking over our journals that much has been said of late about the best manner of collecting medical fees. Many of our leading physicians now send out their bills on the first of every month. This seems to be the best manner of reaching the desired result, and we trust it will soon be adopted by all members of the profession.

Miss Garret has been appointed a member of the medical staff of the East London Hospital. This is the first recognition by medical authorities of lady doctors, and will no doubt give an impetus to the cause of female medical education.

Dr. Ricord has been made a Senator. The Emperor during his late illness also presented him with a gold snuff box ornamented with diamonds, worth 20,000 francs.

Prof. Von Brun, of Tubingen, has lately received the prize of 20,000 livres offered by Dr. Riberi, of Tunis. for the best work on Laryngoscopy.

Cure of Obesity.—Small doses of bromide of ammonia will absorb the fat and diminish the weight of the body.

The American Disease.—A Yankee, writing home from Berlin, says that dyspepsia, neuralgia, and nervous exhaustion are much less frequent in Germany than here

at home, and that a friend of his who consulted a physician was told that he had th "American disease,—dyspepsia."

THE UNIVERSITY OF VIENNA receives at its medical lectures and confers medical di plomas on women.

SUCCESSFUL EXTIRPATION OF ONE KIDNEY.—We find in one of our exchanges th announcement that Simon, of Heidelberg, has extirpated the left kidnev in a woman on whom previously ovariotomy had been performed. During the operation o ovariotomy the left ureter became injured, in consequence of which double fistul constituted itself and resisted every attempt of cure. Simon then extirpated th kidney with complete success, the woman being alive and well. This is the firs successful operation of this kind upon record, and is certainly one of the most re markable in the history of medicine. We trust at some future time to give our read ers a full account of the manner of operating.

VERY OLD LIVING PEOPLE.—Hannah Finnimore, of Delaware, 108 years old on De- cember 10, was 21 years old at the close of the Revolution. She first lived in th kingdom of Holland, eight years from the time of her birth, in 1761 to 1769. The in the British colonies, under the reign of King George, a period of seven years, un til the Declaration of Independence, under which she has ever since resided.

John Kitts, 107 years of age, and a soldier of the Revolution under Lafayette, ha applied to the Baltimore City Council for an appropriation.

WARNING TO MEDICAL PRACTITIONERS.—A pupil of one of the Dublin Hospitals having occasion a few days ago to apply strong nitric acid to a diphtheritic surface employed as the medium a piece of lint which had previously been used with car bolic acid, and which he supposed to have been thoroughly cleansed by subsequen washing. No sooner, however, had the lint been dropped into the nitric acid, than a violent explosion took place, severely burning the operator's face. We cannot be too cautious in dealing with such agents.

HOMŒOPATHY IN HUNGARY.—It gives me great pleasure to record the fact that the Hungarian Parliament, after a long debate upon the subject, voted by a large ma j ority, in favor of a proposition for the establishment of a Professorship of Homœopa thy in the University of Pesth, and of another for the foundation of a Homœopathic Hospital in connection therewith.

The motion was brought forward and ably supported by Mr. Izathmary, who, although not a Homœopath himself, has in this instance worked nobly for the cause. The principal opponent to the measure was Baron Orton, Minister of Education. We clip the following from some remarks upon the subject:

"Allopathy, it was admitted, was a science without a principle. The allopath was still searching for a principle, while the homœopath believed that he had already found one. If clinging faithfully to one method gave a claim to a high degree of confidence, there could be no doubt but that Homœopathy was most trustworthy. The mode of treatment were but two systems of one science. They differed from each other just as the philosophy of Carthesius differed from that of Hegel or Kant—just as one system of philosophy differed from another."

His opposition seemed based principally upon the fact, "as expressed by him,"

that those who stood first among natural philosophers were the men who had most strongly objected to gratifying the desires of the Homœopaths, and therefore he could not support the motion.

INFANTICIDE BY A SLOW PROCESS.—The process appears to be, to feed the infants on "fresh cow's milk, diluted with water—*three parts water*—bolied and mixed with loaf sugar." In a few months the children die from insufficient nutriment, and yet the semblance of feeding and caring for them is kept up, and their board paid by one of their parents until the consummation at which the parties engaged in the business aim at, is accomplished.

CORSETS AND CHIGNONS.—Recent French medical statistics have demonstrated two facts worthy the serious attention of the better half of mankind. The first is, that since women have loosened their corsets, the annual mortality has decreased 18½ per cent. The second is, that since women have loaded their heads with enormous and hideous chignons, cerebral fevers have increased 72¾ per cent.

DIMINUTION OF WEIGHT IN MAN DURING THE COLD MONTHS.—Mr. Miller, of Wakefield (*Am. Jour. of Med. Sciences*), some years since performed a series of experiments with a view of determining the periodical fluctuations in weight, substance and form, which the whole body undergoes. He weighed every prisoner upon his entrance into the convict establishment at Wakefield, and subsequently at the end of every calender month, all of them being subjected to similar conditions of temperance, food, exercise, and ventilation. The number of men weighed exceeded 4,000, and the total number of individual weighings was 44.04. From his experiments it was found that there was a progressive loss of weight in January, February and March, and a gain in April, May, June, July and August, and a loss in September, October, November and December; or, in other words, an increase of weight during the hot months, and a diminution during the cold.

ILLUMINATION OF THE BODY.—Some time ago we drew the attention of our readers to the fact that experiments were being made with a view to so illumine the body that internal organs might be visible. Dr. Milio, a celebrated Russian surgeon, has, by the aid of a concentrated beam of electric light, so far succeeded in this wonderful result as to render a bullet in the closed mouth distinctly visible. While Dr. Milio hopes by this means to discover musket balls when buried in the flesh, we trust this will be one of the least needful purposes the "diascope" will serve, and that much which now sorely puzzles physiologists and pathologists will be, in a double sense, elucidated. It will probably bring to light many points hitherto not dreamt of —*Homœo. World*.

BOOKS AND PERIODICALS FOR THE CURRENT MONTH.

A Treatise on Diseases of the Eye, for the use of General Practitioners, by H. C Angell, M. D.. oculist and aurist. Boston. James Campbell.

The Physical Life of Woman, by Geo. C. Napheys, M. D.

Scarlet Fever, otherwise called Scarlatina, and its Prevention, &c., by Fredk Smith, with an introduction by Alfred C. Pope, F. R. C. S. London.

The Homœopathic Register and Chemists Hand-Book for 1870. London

The Clinical Directory of Dr. Ruddock's Homœopathic Vade-Mecum of Modern Medicine and Surgery. London.

Allopathic Bigotry, by Wm. H. Watson, M. D.

Chicago Medical Times.

Homœopathic World. London.

Medical and Surgical Reporter.

New England Medical Gazette.

Medical Investigator.

Homœopathic Review, London.

British Journal of Homœopathy, London.

American Observer.

Ohio Medical and Surgical Reporter.

At Home and Abroad.

Hahnemannian Monthly.

The American Journal of Hom. Materia Medica.

The United States Medical and Surgical Journal.

St. Louis Medical and Surgical Journal.

The Medical Archives.

Medical Bulletin, Baltimore.

Boston Journal of Chemistry.

North American Journal of Homœopathy.

Phil. University Journal of Medicine.

Magnetic Treatment for the Cure of Chronic Diseases, London.

Rivista Omiopatica Roma.

Bibliotheque Homœopathique, Paris.

La Homœopatia, Bogota,

THE

Western Homœopathic Observer.

VOLUME VII. JULY AND AUGUST, 1870. NOS. 7 & 8.

ORIGINAL ARTICLES.

THE CURATIVE PRINCIPLE:

OR, IN-DWELLING DRUG-FORCE A SPIRITUAL SUBSTANCE.

By W. H. BURT, M. D., of Lincoln, Illinois. Read before the Homœopathic Medical Society of Central Illinois.

Gentlemen:—Having been requested to prepare an article upon the Materia Medica, for the benefit of this Association, and having the privilege of choosing my own subject, I have taken the deep and abstract task of proving to this honorable body that the curative principle, or in-dwelling drug-force of our remedies, is a *Spiritual Substance.*

Probably not more than one physician in twenty believes this, but we hope to so elucidate it that the most incredulous will see it to be one of God's great truths.

This curative principle is generally known as "dynamic power;" but what do we understand by dynamic power? Webster says it means "pertaining to strength or power," certainly this does not satisfy the enquiring mind.

Dr. I. S. P. Lord has tried to explain this power by the "Correlation of Forces." This theory may do very well for the amusement of Dr. Lord's mind, but never the mind of a scientific man.

Prof. Gatchell thinks it would be far better to substitute the

word *catalytic*, and get rid of the unmeaning tautology, "dynamic power;" but what is catalytic power? Chemistry says "that the union of two substances is often effected by the presence of a third body, which remains unchanged during the process. This is termed catalysis, or *contact action*, and its causes are not understood." This is more satisfactory but only half true. The part referring to the care of diseases is true, as I will subsequently show, but that part referring to a remedy as a cause of disease is not true.

Pereira says, "In the inorganic kingdom we have evidences of an influence which cannot 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 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."

Hahnemann says, "As the condition of the organism and its healthy state depend solely on the state of the life that 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 afterwards effected, which is a necessary consequence of the morbidly altered condition of the living whole in every individual case."

Here we see that Hahnemann believed that every individual case of disease, has its first starting point in the spiritual part of man, and the change in the material component parts of the body takes place afterwards.

P. P. Wells, M. D., says, "Disease is a condition or state as immaterial as the forces of life, and *not a material entity* to be seen and handled."

Prof. Temple says, "We believe every drug to be possessed

of a *vital living principle*, which we call the dynamic power. The dynamic school of medicine, to which we are proud to declare allegiance, attributes all the phenomena of nature to an interior or spiritual cause."

All authors who have written on physiology, medicine or philosophy, have believed and said something about this *vital principle.*

Prof. Paine says, "There is not in the whole range of medical literature, one author, however devoted to the physical and chemical views of life, who does not evince the necessity of admitting a governing *vital principle* as a *distinct entity*, distinct from all other things in nature. There cannot be found one author of any consideration, who does not summon to the aid of his discussion a *vital* principle, whenever he touches upon the abstract phenomena of life."

Now, if we cannot find one thoroughly educated man, but that believes there is *a vital principle*, *a distinct entity*, from all other things in nature, it establishes *this fact*, that this vital principle is a *substance*, and if a substance, it *must* have a form, for it is impossible for anything to exist without a form; the mind of man cannot think of anything that has not form. Even his thoughts have form.

Now, if we name this *distinct entity or vital principle*, SPIRITUAL SUBSTANCE, it expresses to the mind at once something that is *real* and *endowed* with *life;* for the organic function of spiritual substance is *power*, and the product of this is *matter*, this matter is but a veil that conceals the *inner* but *real* substance.

This spiritual substance not only exists in everything in nature, but is the *modeling power* and *form* of everything in the mineral, animal and vegetable kingdoms, and without this spiritual substance *nothing can exist.*

Now, as soon as we believe this, we must also believe "that spiritual substances bear the same relations to each other, that natural substances do. They are solid, fluid and aeriform. The solids exist in every possible variety that material solids do. There are spiritual earths, rocks and metals, as gold, silver, iron, &c., in every variety and form. Indeed there is a *perfect mine-*

ral kingdom formed of *spiritual substances.* These substances are also organized into vegetable and animal forms," making a perfect animal, vegetable and mineral kingdom of spiritual substances. The animal and vegetable being based upon the mineral kingdom.

So we find that this spiritual substance is not only the *modelling power of everything*, but that it *governs all life*, in the animal, vegetable and mineral kingdoms. This also teaches us that the *cause of all things* is in the *spiritual world*, and their *effects* in the natural.

This, Hahnemann taught. He says, in writing on the causes of disease, "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." Again, he says, "*there does not exist a single disease that can have a material principle for its cause*," with the exception of those diseases brought on by indigestible substances introduced into the alimentary canal, and by foreign bodies penetrating the skin.

My dear friend and colleague, W. H. Holcomb, M. D., says, "A higher physiology, which is among the better things coming, will discover that all life, sensation, thought and volition occur in the spiritual body, and are manifested outwardly through the natural body as a medium or machine, which has no life in itself but derives its life, moment by moment, from the spiritual form within."

Now, it follows as a *fact*, if all diseases have a spiritual cause, to remove disease we must use spiritual agencies, and these spiritual substances we have in a thousand different forms in our drugs, for every material form is cast into the mould of a spiritual form. "There is no power inherent in matter to form itself into diamonds and granite, into grass and blossoms, and fruit, and the innumerable beautiful objects of the vegetable kingdom. There is no quality in nitrogen, carbon and phosphorus, to combine and assume the form of bones, muscles and flesh. The whole animal kingdom is cast into the mould of the corresponding spiritual kingdom, and the spiritual forces which create" all material objects are constantly present to sustain them, making

the material world a perpetual creation. "Light, heat and magnetism, are only the finer material coverings of spiritual substances, which give them all their force. Wherever there is matter there is spirit; wherever there is a material world there is a spiritual world; wherever there is a germ, a plant, a blossom, or fruit, or any living thing, *there* is a rough cast of a spiritual form."

From this we see it is wrong to say that man is a material being and has a spirit, but we should say that he is a spiritual being clothed with a material body, and his human form is no more affected by the death of the material body, than the material body is by wearing out the clothes that cover it.

Right here I would say, I do not wish to be understood as believing that the spiritual substance of man's body is the same as that of an animal, plant or mineral, but I wish to be understood as saying this, that the oak, basswood, elm, and peach tree are all wood, but differ greatly in texture and chemical composition; as gold, silver, copper and iron, all differ in texture and chemical composition, but still they are all minerals; oxygen, hydrogen, carbon and nitrogen gases, chemically, all differ from each other, but still they are all gas.

Now the spiritual substance in a man, a horse, the root of aconite, or a stone, differ in the same way, but still they are all spiritual substances.

This, you see, makes the spiritual substance, that goes to make up man's spiritual body, differ from all other spiritual substances, but there is something else, that makes man differ from all other spiritual beings; it is the soul—*love and wisdom.* It (the soul) is located in the spiritual body, in other words, the spiritual body is a receptacle for the soul, the same as the natural body is a receptacle for the spiritual body.

But let us return to our drugs. If the active principle of our remedies is a spiritual substance, how can we obtain it to cure disease? I answer, by the aid of Pharmacology. The Pharmacologist has various ways of extracting the in-dwelling drug force, so that we can use it in combatting disease; the principle of which is in the use of alcohol and water as solvents, and the aid of

trituration. By trituration, the actual surface of a drug may be increased from a square inch to several thousand square feet, and by this means the particles of matter that go to make up the drug become exceedingly small, so that the absorbents of the system have no trouble in taking them up. Everything that has life in the mineral, animal and vegetable kingdoms, emits, or gives off constantly from itself a spiritual atmosphere, similar to that which gives it form. This W. H. Holcomb, M. D., most beautifully illustrates in his work, "Our Children in Heaven." Speaking of spheres, he says, "every mineral, every flower, every animal, every human being, every spirit, every object indeed in the universe, from the sun to a dew-drop, has a peculiar atmosphere, composed of infinitesimal particles emanating from itself, embodying its interior nature and proceeding to a certain distance around it. We find it in the magnet, by its attraction; in the rose, by its perfume; in man by his radiating influences of all kinds. By it the faithful dog tracks his master to incredible distances. By it the magnetized person detects the character of another, by the glove or the ring he has worn. Every social circle, every church, every institution has its sphere. The sphere of the sun is the creative force of nature. The sphere of the Lord is the Holy Spirit, which comes from, or is 'given' by the glorified and ascended Person of Jesus Christ."

To this I would add, we can get a most beautiful illustration of what we mean by a sphere, in that of musk, of which a small quantity will fill a room for years with its peculiar odor, without losing a particle of its weight.

Now the greater division of matter, the greater the surface; the greater the amount of spiritual substance emitted, or given off. By trituration and succussion we divide and break down a remedy into extremely fine molecules, so fine that the most powerful microscope fails to show the atomic constituents of the drug. But we must remember we *cannot destroy matter*, and notwithstanding it is impossible for us to see it with the natural eye, or by the aid of the best optical instruments, still these atomic material constituents of the drug exist, and are abundantly large enough to carry the in-dwelling drug force or spiritual substance,

that gives them life, moment by moment, and are their actual principle. Now the finer we get these molecules or atoms of the material drug, the more readily they are absorbed by the system, and in fact before the osseous, cartilaginous, and nervous systems can assimilate it, they must be broken up finer than the most powerful microscope will detect. If we cannot destroy matter, which you all believe to be a fact, this explains how the 30th and 200th attenuations make such miraculous and rapid cures. The 200th attenuation is not only absolutely *swarming* with atomic molecules of the material drug, but the alcohol with which it is prepared is *loaded* with the *spiritual substance* of the drug, which has been given off moment by moment, in a pure state, into the alcohol, which, when taken into the system, passes like electricity to the parts of the body for which it has an affinity.

We are now ready to show how remedies cure disease by catalysis. Each atom or molecule of a material substance introduced into the body has an affinity for that part of the body which is made up with *similar chemical materials*, and in the course of the capillary circulation, as soon as it comes in contact with its *chemical similar*, it is attracted and attached to it by the formative power of the spiritual substance within. Now if this molecule, or atom attracted, contains a spiritual substance not exactly similar to the spiritual substance of the body, it at once acts as an irritant or poison, (cause of disease, and here it is where it is not catalytic in its action), to the parts, and as long as this atom remains there is constantly emitted from it, its peculiar toxic principle, and just so long as this atom or molecule remains, the spiritual substance of the body strives to throw it off, and if it's not able, the result will be complete destruction of the material part of the organism that contained it, which is then thrown off and the spiritual organism becomes freed from it, for it is a law in nature that two substances cannot occupy the same place at the same time. The spiritual substance of the body will free itself from foreign spiritual substances, if, in doing so, the whole material body is destroyed. Now we have introduced a material substance into the organism, that contains a spiritual substance, that acts as an *irritant* or *poison* to the system, and is the cause

of disease. How shall we remove it? why, by introducing an other poison into the system, that has an *affinity* for the *sam organ and tissue-disease.* Now the spiritual substance of thes two poisons are so similar to each other, that the spiritual sub stance of the body *unites them by catalysis*; *this spiritual chemica union of the two, forms an entirely new spiritual substance*, tha has no more affinity for this organ and tissue and the spiritua organism is at once able to throw it off, and build up the natura material organism again. Catalysis is a fixed law in nature we know beyond dispute that a third body will excite the forc of affinity between two other bodies, sufficient to cause their union without itself undergoing any alteration either mechanical o chemical; to apply this to the spiritual substance of the body acting upon two poisons in the body, not identical but very simila to each other, uniting to form another spiritual substance havin altogether another action is no stretch of the imagination at all We have abundant evidence of this fact, both out of and in th body. Wood and Bache say, if we give iodide of mercury an iodide of potassium together, the whole is immediately converte into metallic mercury, and of course will have altogether different effect from what we expected.

My friend and colleague, Prof. F. A. Lord, of Chicago, in letter to me says "The most obvious instances of catalytic actio in the system, is the action of salivin, pancreatine and the intes tinal fluid in the conversion of amylaceous substances into dextrin and sugar, and that of pepsin, in the transformation of the al buminoid elements of food into albuminose.

To these might be added the further action of salivin, o ptyalin, in the transformation of grape sugar into lactic acid i the stomach and intestines; pancreatin also has a further actio upon fat than mere emulsifying it, and in the presence of an alkal as probably happens in the lower portion of the intestinal canal, is capable of causing the transformation of the fat into the *fatty acids* and glycerine, by its catalytic influence.

Nor does it seem to me to be unwarrantable to assume that the reconversion of the albuminose after reaching the general circulation into fibrin, albumin, globulin, &c., is effected by catalysis.

What is assimilation or nutrition but an indefinite expression of the fact, that the fluids and tissues of the body by their mere presence or catalytic action transform unlike substances into the likeness and image of themselves.

In regard to the action of medicines, there is no doubt in my own mind, that all truly curative action of drugs *is catalytic* rather than mechanical, chemical, or dynamic."

Hoping that the few thoughts thrown out upon this great and inexhaustible subject, will not only be received favorably by you, but that they will be the entering wedge for you to drop the use of that unmeaning word *dynamic* and substitute the word *spiritual*, in its place. If so, the end in view for which this article was written, will have been accomplished.

MALPRACTICE.

A Lecture delivered before the Class of the St. Louis College of Homœopathic Physicians and Surgeons by E. W. Pattison, A. M.

[Continued from Page 173.]

I have thus far considered the relation of doctor and patient as between themselves. But there is another phase in which this subject must be considered to make its treatment complete. The surgeon or the physician is not merely answerable to his patient in damages, but may be guilty of conduct which will make him amenable to the criminal law. There are two circumstances which will impart to the malpractice a criminal character. First, where there is the deliberate intent to do that which the law forbids. Second, where an act is *rashly* done which results in injury to the subject—that is, where the operator acts without due circumspection.

The instances where the deliberate intent is present are, I suppose, almost entirely confined to one class of cases—cases which are, indeed, fearfully prevalent, and which are increasing in number with most alarming rapidity. I refer to cases of abortion. Not only is this resorted to in a large number of

cases where the object is to conceal the results of illicit intercourse, but it is practiced in thousands of cases when absolutely no reason exists. Depraved as must be the moral sense when this crime is deliberately committed, yet we can in charity find some little excuse for it when the object is to hide shame. The poor, frightened victim, who in an evil hour has yielded that which is beyond all price, finds herself confronted with a life of infamy. The sin committed is past. That cannot be undone. But before her is exposure, disgrace, the life of the outcast and abandoned. There is no great cause for wonder, then, that she should conceal one sin by the perpetration of another. But what shall be said of those parents who, to use the language of Prof. Hodge, "in this country, where literature and science, morality and Christianity are supposed to have so much influence, where all the domestic and social virtues are reported as being in full and delightful exercise, are continually imbruing their hands and consciences in the blood of unborn infants. Yet it is true that there are educated, refined and fashionable women — yea, in many instances, women whose moral character is in other respects without reproach; mothers who are devoted with an ardent and self-denying affection, to the children who already constitute their family, who are perfectly indifferent respecting the fœtus in the uterus. They seem not to realize that the being within them is, indeed, *animate* — that it is in verity a human being, body and spirit. Hence, in repeated instances, they hesitate not to resort to any and every means which may effectually destroy the unborn offspring."

In too many cases the medical practitioner is not blameless in this matter. From fear of giving offense, dreading lest he may lose a valuable patient, perhaps from a low moral sensibilty, he yields to the entreaties of the parent, and becomes the instrument of perpetrating this "murder most foul." For murder it is, to all intents and purposes. The life which is taken is that of a human being. Tell me, if you can, at what period of gestation the embryo is not a human being? At what point does it cease to be a thing and become a living essence? There is no point where the law does not recognize its existence and guard

its rights. There is no stage at which it is not capable of taking as a legatee or under a marriage settlement; it may take specifically under a devise as a "child," and may even obtain an injunction to stay waste.*

The fœtus has always been, both in law and morals, regarded as an existing being. For *homo est, qui futurus est.* The civil law was to the same effect. "Infans jam conceptus, pro jam nato habetur." The British Parliament, in a recent act, declares conception to be the proper date from which human life in its entire sanctity is to be estimated. To the same effect says Dr. Holcombe: "The true moral position is this—the destruction of the ovum is always homicide; justifiable, perhaps, under a few extraordinary and painful conditions, after the failure of all reasonable medical and surgical means, and then imposing such fearful and solemn moral responsibilities that it should only be accomplished after the mature deliberation and concurrent advice of several respectable members of the profession." Prof. Small says: "The procuring of abortion under all circumstances is a direct violation of the laws of the physical constitution, and almost always a violation of that holy commandment, '*Thou shalt not kill.*'"

This being, therefore, cannot be destroyed by a deliberate act without criminality on the part of the perpetrator. Ten years ago Dr. Storer, of Boston, said: "Whenever, by any operation or other procedure, a physician directly produces abortion, unintentionally though it may be, if in the absence of any precaution that might have been taken, he must be considered, to the extent evidenced by the history of the patient, responsible therefor.

Our own law, as laid down by the Legislature of Missouri, on this subject is as follows (Chap. 200, General Statutes):

SECTION 9. The willful killing of an unborn quick child, by any injury to the mother of such child, which would be murder if it resulted in the death of such mother, shall be deemed manslaughter in the first degree.

SEC. 10. Every person who shall administer to any woman

* Martin's Crim. Law, 537.

pregnant with a quick child any medicine, drug or substance whatsoever, or shall use or employ any instrument or other means with intent thereby to destroy such child, unless the same shall have been necessary to preserve the life of such mother, or shall have been advised by a physician to be necessary for that purpose, shall, if the death of such child or the mother thereof ensue from the means so employed, be deemed guilty of manslaughter in the second degree.

SEC. 34. Every physician or other person who shall willfully administer to any pregnant woman any medicine, drug or substance whatsoever, or shall use or employ any means whatsoever, with intent thereby to procure abortion or the miscarriage of any such woman, unless the same shall have been necessary to preserve the life of such woman, or shall have been advised by a physician to be necessary for that purpose, shall, upon conviction, be adjudged guilty of a misdemeanor.

The statute does not, indeed, call this murder. But though in the eye of the law it may be an offense less heinous than the willful, deliberate killing of the fully developed being, it certainly is no less heinous in the view of morals; especially do I believe it is no less so in the eye of the all-wise God, whose creative power has been exercised in calling into existence that life which is so ruthlessly destroyed.

I beseech you, then, gentlemen, to throw the whole of your influence and to exert all your powers in ridding the community of this terrible crime. Show to your patients the horror with which you view it; check the first tendencies in that direction; in the language of Prof. Hodge, "grasp the conscience of your weak and erring patient, and let her know, in language not to be misunderstood, that she is responsible to her Creator for the life of the being within her."

But it is not alone by a deliberate, unlawful act that the physician may render himself liable criminally. We have already seen that unless he exercise his skill with ordinary care and diligence, he will be liable to his patient in a civil action for any damages that may ensue. But, farther than this, he may act in so rash a manner as to give to an unfortunate result a criminal

character. He may either assume to do that which he well knew he was totally unfit to perform — in that case, if his efforts result disastrously, he is guilty of a criminal act — or he may do that which he knows how to do in such an utterly inconsiderate manner as to become equally criminal as if he attempted to do that which he knew not how to do.

The law requires, however, very strict and clear proof of the existence of one or the other of these before it will imply criminality. But if either are proved, there need be no additional proof of a criminal intent, for the law will imply it. In the words of Mr. Justice Bayley: "I take it to be quite clear that if a person not of medical education, in a case where medical aid could be obtained, undertakes to administer medicine which may have a dangerous effect, and thereby causes death, such person is guilty of manslaughter. He may have no evil intention, and may have a good one, but he has no right to hazard the consequences in a case where medical assistance may be obtained. If he does, it is at his peril. It is immaterial whether the person administering the medicine prepare it himself or gets it of another." The immediate occasion of this opinion of the learned judge was the case of a woman who was tried for manslaughter. The deceased was a sailor, and had been discharged from the Liverpool Infirmary as cured, after undergoing salivation. He was recommended by another patient to go to the prisoner for an emetic "to get the mercury out of his bones." The prisoner was an old woman, and occasionally dealt in medicine. She gave the deceased a dose of the solution of *corrosive sublimate*, which caused his death. The woman said she had received the mixture from a person who came from Ireland, and had gone back again. The prisoner was convicted.

It may, then, be considered as settled, that where intelligent medical assistance can be obtained, an empiric or ignorant person, who recklessly uses the potent agents of the materia medica on human life, should be held to a strict accountability to the criminal law. But if a person has taken the usual and ordinary means to acquaint himself with the theory and practice of medicine, and then bona fide and honestly exercising his best skill to

cure a patient, performs an operation which causes the patient's death, he is not guilty of manslaughter.

One case, tried in England, carries this doctrine as far probably as it ever will be carried. The defendant was indicted for the murder of Mrs. Delacroix. He was about seventy-five years of age; was not a regularly educated accoucheur, but had been in the habit of acting in that capacity among the lower classes of people. The nurse who waited on Mrs. D. testified that the deceased had been delivered by the prisoner of a child on Friday, and that on the Sunday following an unusual appearance took place, which the medical witnesses at the trial pronounced to be a *prolapsus uteri.* This the prisoner mistook for a remaining part of the *placenta*, which had not been brought away at the time of delivery. He attempted to bring away the prolapsed uterus by force, and in so doing he lacerated the uterus, and tore asunder the mesenteric artery, causing the death of the patient. The medical evidence went to establish, what you have all, doubtless, concluded, that there must have been a great want of anatomical knowledge in the prisoner.

Fourteen women appeared as witnesses for the defense, all of whom had been delivered by the prisoner at different times. They spoke of the kindness and attention the prisoner had displayed, and also of his skill, *so far as they could judge.*

Lord Ellenborough said to the jury: "There has not been a particle of evidence adduced which goes to convict the prisoner of the crime of murder; but still it is for you to say whether the evidence goes so far as to make out a case of manslaughter. To substantiate that charge the prisoner must have been guilty of criminal misconduct, either arising from the grossest ignorance or the most criminal inattention. One or the other of these is necessary to make him guilty of that criminal negligence and misconduct which is essential to make out a case of manslaughter. It does not appear in this case that there was any want of attention on his part, and from the evidence of the witnesses on his behalf, it appears that he had delivered many women at different times, *and from this he must have had some degree of skill.* It would seem that, having placed himself in a dangerous situa-

tion, he became shocked and confused. I think that he could not possibly have committed such mistake in the exercise of his unclouded faculties. And I own that it appears to me if you find the prisoner guilty of manslaughter, it will tend to encompass a most important and anxious profession with such dangers as would deter reflecting men from entering it."

The verdict was, "not guilty."

The above case was tried in 1807. I am constrained to believe that had Chief Justice Ellenborough adorned the bench of the last half of the nineteenth century, and had the case been tried by a jury A. D. 1870, the result would have been less fortunate for the prisoner and far more advantageous to the cause of humanity.

The Supreme Court of Missouri, in a case decided in 1844, has declared the law to be as follows: "If a person assume to act as a physician, however ignorant of medical science, and prescribe with an honest intention of curing the patient, but through ignorance of the quality of the medicine prescribed, or of the nature of the disease, or both, the patient die in consequence of the treatment, contrary to the expectation of the person prescribing, he is not guilty of murder or manslaughter; but if the party prescribing have so much knowledge of the fatal tendency of the prescription, that it may reasonably be presumed that he administered the medicine from an obstinate willful rashness, and not with an honest intention and expectation of effecting a cure, he is guilty of manslaughter at least, though he might not have intended any bodily harm to the patient."*

It has been for a long time a mooted question how far intoxication was an excuse for injuries committed by a person acting under its influence. The better law seems to be that drunkenness, instead of an excuse for and a palliation of crime, is an aggravation of it. And it certainly seems to be in consonance with sound sense and morals to hold the physician to an even stricter responsibility for mistakes committed by him while in a state of intoxication than for those occurring while he is sober.

---

* Rice v. The State, 8 Mo., 561.

The statute law of Missouri holds the physician who commits injury under such circumstances guilty of manslaughter. "If any physician while in a state of intoxication shall, without a design to effect death, administer any potion, drug or medicine, or do any other act to another person which shall produce the death of such other, he shall be deemed guilty of manslaughter in the third degree."—[Gen. Statutes of Missouri, Chapter 200, Sec. 16.

I have given you, gentlemen, an outline of the law on malpractice. If I have succeeded in fixing in your minds the principles upon which your obligations to your patients are founded, if I have made your position on the witness-stand less annoying, and have made it easier to prepare for scenes to which you are strange, my time and yours will not have been misspent.

ARE THE FUNCTIONAL OR PATHOLOGICAL SYMPTOMS MORE IMPORTANT TO THE PHYSICIAN IN PRESCRIBING MEDICINE?

By JOHN HARTMANN, M. D., Professor of Clinical Medicine and Pathology in the St. Louis College of Homœopathic Physicians and Surgeons.

The physiological school assert that no remedy can be correctly prescribed without the patient being *physically* examined, and without having first ascertained the nature, and, if possible, the name, of the disease; and only after such examination is it possible to treat the patient scientifically and rationally. The old homœopathic school teaches that the objective symptoms are of no importance at all; that making a diagnosis *secundum artem et scientiam* is like following an ignis fatuus, which leads even the old practitioner into a labyrinth of sophisms, and that, therefore, the only rational way of treatment is to prescribe according to the most prominent *subjective* or *functional* symptoms present, and, of course, with medicines which cover best the complex of symptoms, according to the law of "*similia similibus.*" Between these two parties, representing the different medical schools, there stand in our days those homœopaths who

believe that the physical examination as well as the subjective symptoms of a disease, if *separately* applied, are defective guides, and only a combination of a subjective *observation* and an objective *examination* enable the true physician to prescribe with such a degree of certainty as science and experience can afford.

While the physiologist says, no prognosis without a correct diagnosis, a part of the homœopaths say, we need no diagnosis; give us only symptoms, and we will cure any case which is curable. But as "extremes meet," so it is with these different views of the medical profession; and in the following I propose to show that the application of both the physical examination and subjective observation complete each other, and that *he* is the *true* physician who gives his attention to both, and such an one will be the most successful practitioner. In complaints which mostly are created by a disturbance of the conductive power of the nerves, as, for instance, in nervous headaches or pains appearing periodically, the subjective symptoms are of more importance than the objective. But even then we should not neglect to consider the objective symptoms also, because we may have patients who will simulate suffering. The regular motion of the heart is interfered with by a nervous disturbance; or the innervation of certain organs creates nervous secondary symptoms in those organs, as for instance, vomiting spells from severe headache, or weakness in the legs from intense pain in the back. With a knowledge of these facts we cannot be so easily deceived. A headache, no matter whether it is a nervous or a rheumatic, we may treat with the same good result if we prescribe, for instance, bryonia, sepia, sanguinaria, spigelia, and so forth, without classifying the headache or giving it a name, that is without diagnosticating the disease. But this good result, though it will satisfy the patient, *should not satisfy the practitioner*, because his experience will not be sufficiently enriched to be a true guide in a similar case. The description of symptoms, as given by the patient, is often so far from being clear that if the physician neglects to find the cause of the complaint, the mere symptoms will confuse him; while a correct diagnosis would give him a stronghold by which he would be enabled to make an exact

distinction between similar symptoms, and complete the deficiency in the description of symptoms given by the patient. In diseases where pathological changes take place, and in organs, as liver, spleen, lungs, kidneys, heart, bowels, etc., it is almost impossible to treat a patient without the knowledge of the pathological disorder, and the subjective symptoms are of secondary importance. To prove this let us consider, for instance, "pleurisy," and let us suppose that ignorance had taken it for "pneumonia," on account of many symptoms being similar in both diseases; aconite, bryonia, phosphor, and so on, have been prescribed in a regular order for fever, pain in one side of the chest, aggravated at each trial to take a full inspiration, breathing more with the diaphragm than with the intercostal muscles, etc.; now, could not, in spite of all ignorance, a complete cure be effected? Certainly it could. But let us suppose the either serous or plastic exudation, which in the beginning was entirely overlooked, is by the said treatment not absorbed, on the contrary, the patient at once notices a swelling in the region of the hypochondrium; would he not become alarmed, and lose all his confidence in his physician, because the latter did not know what was the matter, and had prescribed medicines for symptoms only, and not for the disease? And would it not to the physician, also, be very disagreeable to think that he, perhaps, could have avoided such a result if he had prescribed in due time rhus tox., sulphur, nitr. acid, squilla, and other remedies, which have the power to absorb exudation, and which, at the same time, would have surely covered the mentioned subjective symptoms.

Tuberculosis pulmonum is a disease in which, during the different stages, sometimes the subjective and at other times the objective symptoms are of more importance. In the beginning or acute stage of the disease the physical examination can often not discover any trace of tubercles, while the subjective symptoms, as sputa, mixed with blood, heaviness in the limbs, bleeding of nose, profuse perspiration in day time and more in the night, repeated catarrhal affections, burning, red cheeks, give the practitioner immediately the impression that he has to treat

a phthisis, therefore the subjective symptoms are here the main guides for our prescriptions, and the symptomatists have here the advantage of the physiologists. But in the later stages, if we wish to be enabled to make a prognosis, and, at the same time, to prescribe correctly, it is impossible to do so without knowing the pathological changes in the lungs, because in no other disease are the subjective symptoms, as given by the patient, so uncertain as in phthisis; and I myself have seen a patient who pretended to feel so well that he tried the strength of his lungs by singing exercises, and, nevertheless, the next day died. We see from this that a treatment according to symptoms *only*, or otherwise according to the result of a physical examination *only*, is a partiality which cannot be reconciled either with science or with practice.

To give a final illustration of what I have said above, I will detail a ludicrous anecdote which I read not long ago in a journal: A young physician, who had studied in the best universities in Germany, commenced practice in a large city, and was lucky enough to make some "good cures," which gave him soon reputation and many patients. He was one of the "physiological school," who stand at the pinnacle of modern science, and never leave their office without being armed with a stethoscope, with bottles filled with reagents, with pocket thermometers, and other kinds of instruments of examination. Being well posted in anatomy and physiology, he also believed himself gifted with most acute hearing, which enabled him to detect the least abnormity in the palpitation of the heart; the sensation of touch in the points of his fingers was extremely delicate, and the accommodation of his optics so exact that it was almost impossible for *him* to be in the dark with any disease coming under his treatment. Now, this young doctor was one day called in great haste to see a patient at the house of a wealthy citizen, and, upon inquiring, he is told that the only son of his parents, a boy of about twelve years, is suddenly taken sick, is unable to leave his bed, and the parents feel very uneasy. The messenger intended to add something more about the symptoms, but the doctor, who did not want to be prejudiced in his diagnosis, in-

formed him "it is all right," and started immediately to vis the patient. When he entered the patient's room he found very delicate little boy, with a pale face and large eyes, wit which he looked at the doctor with an expression as if h doubted that *he* even could help him. At the first glance th doctor thought the lungs were affected. But a careful examina tion taught him he was mistaken. Then he examined the hear and there it appeared to him that the systolic sound was no much at fault. He continued to examine the whole body, bu could not detect any abnormity. One thing was curious, eac time the doctor touched the left "margo supraorbitalis" th patient started as from pain, and generally his eyes were alway fixed to one corner of the room, as though he noticed somethin horrible in that direction. The doctor then desired him to s up a little while, but he tried it in vain, and apparently the effo to do so gave him great pain. Almost an hour passed in th examination, and the doctor was just as wise as he was when h came, that is, he did not know *what* was the matter. Durin this time the mother was standing at the bedside of her belove child, waiting anxiously for the verdict of the physician, an was not a little surprised when he told her that he could no prescribe anything, because he did not know what to make ou of the disease. When the mother told him, in addition to all h had already heard and seen, that the boy came home from schoo a day or two before with a severe headache; that she brough him to bed, from which he did not care to arise next morning and that his father not being at home, she had hesitated in send ing for a physician; and that this morning, to her greatest grief the boy was already unable to move in his bed. The doctor be came more and more confused, and being against his conscienc to order an innocent medicine or placebo merely to satisfy th mother, he left, with the promise to call again next morning The next day the doctor saw and examined the patient again but with the same result. So several days passed on; the doc tor studied all the books in his library to find a case similar t this, and to learn something about the treatment which woul be sanctioned by an authority; and the mother each day becam

more desponding. At last the doctor desired a consultation, and recommended a young practitioner who had gained a reputation by a work on physiology. The second doctor came, heard all necessary specialities from doctor number one, and again commenced a thorough examination. He discovered something that the first doctor had entirely overlooked, namely, that the pupil of the right eye was more dilated than the left, that the pulse was a little accelerated, and the breathing somewhat faster than usual, which latter symptom could partially be explained by the exhaustion the patient evidently felt from being often turned around to different positions during the examination. They at last agreed upon a diagnosis, and declared the disease to be a "want of a sufficient nutrition of the central organs of the nerves," an explanation which was fully sanctioned by the exact science of our days, and which has the preference over other explanations, as it can be adapted to almost every disease. The mother was very happy when they told her of the result of their consultation, because she knew what was the disease, and was satisfied that the prescribed medicines would produce good results. The first remedy prescribed was strychnine, which was continued for three days. The symptoms present did not disappear, but the effect of the "heroic medicine" was very distinct, as convulsions in longer intervals threatened the patient dangerously.

In the mean time the father of the boy arrived, and having been notified by his wife of the dangerous state of affairs, he brought with him a well known physician from a neighboring city to consult with the others. Soon after entering the patient's room, this last physician, who from reading so many horrible reports of trichinæ, had surely "trichinæ" on his brain, declared this was nothing else than a beginning of this disease, and soon the news spread all over town that there was a genuine case of "trichinæ." Luckily for the patient the first two physicians convinced the latter of his mistake, and now the treatment went on very harmoniously, and quinine, ferrum iod., and other remedies were prescribed with the same success; that is to say the medicines had effect on the patient, but did not cure him.

On the advice of a family friend, and with the consent of th consulting physicians, who convinced themselves more and mor that they were at an end with their wisdom, an old retired phys cian, who during the time of his practice, had gained a wid spread reputation as a practitioner and an author, was invited t see their wonderful case, and though the old man did not desir to have any practice, his curiosity was aroused by a lively descrip tion he received from one of the attending physicians, and h concluded to look at the case. At his arrival at the patient room, he stared at the patient for a while, drew then a stethe scope out of his pocket to which he secured a long flexible tube it being, as he said, more convenient for an old man, and the commenced his examination. To the greatest astonishment o the bystanding doctors, he put the stethescope, instead of on th region of the heart to hear the abnormal sound which the other noticed, right on the shoulder over the clavicula, and during th time that he seemingly listened to something, he pressed han around the supra orbital of the left eye and all over the ches After a time he declared he was ready for consultation. Th four physicians now retired to an adjoining room and with a ver grave face the old doctor looked at the others for a while and a last he asked them what their prescriptions were. They tol him they prescribed strychnine, chinin, ferrum iod., &c., but t each medicine they mentioned he shook his head and said "thi will not do," or "that could have no effect," or "good for noth ing," and with such short and terse remarks he so excited on of the physicians that he could not help asking him sharply wha he would prescribe. Here again the old man made a very grave face and with a deep low voice he said: "Gentlemen, ther is only one remedy in which I have any confidence whatever and that is— a weak solution of chamomile tea." The wise tri thought at first that they had misunderstood him, and again they asked, "what would you prescribe?" "Matricaria chamo milla, in a weak decoction, to be given every two hours, one tea spoonful," the old man responded with the same grave face "But, doctor," said the one again, "did not you understand wha medicines we already have ordered, is it not ridiculous to give

chamomile?" "Never mind," the old man answered, "follow my advice and if the patient should ask to-morrow to be dressed and to go to school, let him do so."

With the remark that he had forgotten to ask something, he went again to the patient's room, having his whip in his hand, and after a few minutes he returned remarking, "it is all right, now," and with a stiff bow to his colleagues he left the house.

Next morning one of the physicians came pretty early to see the patient again. When he entered the sitting room he saw that the windows were open, that the bed of the patient was empty, and all around him looked so quiet and almost solemn that his first thought was, "poor boy, after you had to suffer so long, you have had at last to die." Then, again, he thought, "that old fool of a doctor, could not prescribe any thing better than chamomile tea." When he intended to leave the room to look for the mourning parents, and to condole, especially, with the poor mother, who, of course, must be in despair, she entered the room, and with a very happy smile on her face she told the astonished doctor, that the medicine of the old doctor acted like a charm. After the second or third teaspoonful the patient sat up in bed and asked for something to eat. A few teaspoonfulls more and he desired to get up. Only by persuading him not to do so could he be kept in bed until this morning, when he left his bed, dressed, took his breakfast as usually and went to school. "All praise," she finished her report, "to the old Doctor, though we are under great obligations to *you too*, for the skill and care with which you have treated my poor boy."

The doctor, not very much flattered, left the happy mother and hastened to the old physician to learn from him how he solved the problem. When the servant of the old man presented the card of the visitor, he was ordered to let the Doctor in immediately, and the visitor was received very cordially, and with great humor he was asked whether the boy had gone to school. The young disciple of Esculapius answered in the affirmative, and excusing himself for having been somewhat harsh at the consultation yesterday, he confessed that the whole disease and this wonderful cure was a mystery to him and he would, therefore,

like to receive an explanation. The old man, with some sar
casm in his face, told the doctor, that immediately after hav
ing observed the patient for a few minutes, he was aware tha
the boy only simulated all his sufferings, and after examining th
boy his suspicion was considerably strengthened, especially whe
he (the doctor) put his stethescope on the shoulder of the boy
to draw the exclusive attention of the patient to the instrumen
while at the same time he pressed all the parts of the body, espe
cially the region of the left eye and the heart, which gave hi
the conviction that the boy had no pains at all. "After I ha
made up my mind," the old man concluded, "I went, after I le
you for a few minutes, to the patient and said to him, 'you littl
rascal, how can you frighten your beloved parents so much
without deserving a hearty punishment? now I tell you, if yo
don't go to-morrow morning, to school, then I will be back agai
and I will be damned if I don't cowhide you,' and at the sam
time I struck several times with my whip on the bed. The bo
then commenced to weep and told me that his teacher is alway
so rough with him, gives him more lessons than he can overcom
and his schoolmaster laughs at him for not being able to learn s
much as they can, and therefore, he made up his mind to be sick
And now, my young friend," the old doctor said, "take a lesso
from an old practitioner, never neglect, if you examine the pa
tient's body, to examine his mind too; and only if you pay fu
attention to all subjective and objective symptoms, will you b
able to prescribe for the sick soul."

SURGERY.

L. H. WILLARD, M. D., Alleghany City, Editor.

IMPERFECT UNION OF A FRACTURED FEMUR.

Ellis G—— was admitted to the Homœopathic Hospital of Pittsburgh, for treatment of an imperfectly united fracture of the femur. The accident occurred in McKeesport, some thirty miles distant. He was attended by one of the surgeons of the place; but after a lapse of three months could not bear any weight upon the leg, neither could he walk with crutches. On examination I found there was union of the broken fragments, the ends overlapping each other; and when the bone was twisted he complained of great pain. The union seemed to be of a cartilaginous formation; and although the fracture had not been properly set, still it could not have been the cause of this want of bony matter of the callus. His general health was poor; an impaired appetite and sleepless nights had reduced the system very much. The first and only remedy was calc. phos., 30th, one dose night and morning. The first few days he was confined in bed on account of some boils under his knees. After these were well, a starch bandage was applied, with a splint to the outer side of the thigh, made of binders' board, to keep the leg straight as possible (for when he was upon his feet the femur had a slight curve to the outer side). He was now helped to walk with crutches. On the third day he could walk by himself with crutches. His appetite and sleep improved. In one week he walked with a cane, and at the expiration of three weeks he was discharged. The fracture had formed a bony union, and was strong enough to support the weight of the body. I attribute the cure, first, to the calc. phos., which in numerous instances has hastened bony formation when the system, through debility or constitutional disease, seems wanting the calcareous matter necessary to the union of fractures; and, secondly, in making the patient exercise, the bandage giving support to the

limb, and the upright position on walking exciting irritation, which helped the deposit of more material for the union of the fracture. WILLARD.

NECROSIS OF THE HEAD OF THE FEMUR,

A PORTION OF THE NECK AND TROCHANTER MAJOR. REMOVED BY EXCISION.

By H. W. KŒHLER, of Louisville, Ky.

On the 29th of March, 1869, I was called to see Mr. Louis Martin, a young man, seventeen years of age, who had been confined to his bed since October 5, 1868. The examination elicited the following facts:

He was suddenly taken with severe pains, resembling rheumatism, nearly over his whole body, which finally concentrated in the left hip joint and inguinal glands. These pains continued for a considerable time, and an abscess formed on the external side of the leg half way between knee and trochanter. It was lanced about New Year, and has continued to discharge large quantities of matter ever since. Shortly afterward another abscess formed, and was lanced on the calf of the right leg. Next another abscess on the same leg, below the trochanter appeared. This again was followed by still another one on the left forearm. From severe pain and a very profuse discharge of matter, sometimes mixed with blood, the patient was considerably reduced in flesh, had hectic fever, and was very much depressed in spirits. The patient's father is still living, and enjoys excellent health; his mother has died of cancer of the womb. At the time mentioned above, all other abscesses had healed, except the one first mentioned. The left leg was perfectly immovable, and the hip joint exceedingly painful when touched or any change of position was attempted. The shaft of the os femoris was enlarged, and the left foot rotated outward. The functions of the bowels and kidneys were normal. The patient was at once put on a rich diet, and silicia administered internally.

On the 14th of April, assisted by Dr. Ruschhaupt, I enlarged the opening of the abscess sufficiently to introduce a finger in order to trace the sinus to any diseased part of the bone. Finding it to continue upwards between the muscles, I made another opening at a fingers' length above the first one. Introducing here again my finger, I could feel the trochanter major denuded and rough, and also the rough end of the collum where it joins the head. The object of this operation so far was merely to make a correct diagnosis. On the next day the patient was first put thoroughly under the influence of chloroform, and then moved on a table covered with a mattress, so that the left hip projected over the edge. During the operation I was very kindly and ably assisted by Drs. Ruschhaupt and Leber. From the upper opening, a little below the trochanter, made the day previous, an incision was carried in an upward and inward direction toward the joint. Everything being severed to the bone, the head of the femur was found to be detached, and its interior nearly all destroyed. This was removed with strong forceps, and the cavity of the joint found sound. My attention was next called to the carious trochanter, which was sawed off. After the removal of the trochanter it was discovered that the periosteum was partially loose on the upper surface of the collum, and under it the bone diseased, whilst on the lower surface it appeared healthy, and firmly adhering. To remove all of the diseased bone it became necessary to dissect it (the periosteum) far enough—taking care not to remove it—to use the saw. The collum was finally sawed through lengthwise, the lower half remaining firmly attached to the shaft. The flaps of the detached periosteum were spread over the wound of the bone. The loss of blood was not considerable, not a single artery needing the ligature. In order to get better to the bone whilst sawing, the limb was rotated outward and bent backward, producing in this manner a kind of luxation. The wound was now filled with lint, the patient removed to bed, and a dose of morphine administered. The suppuration in the wound was rather profuse. To insure as much rest to the joint as possible, Dr. Ruschhaupt suggested a wire apparatus, as used in Germany in

similar cases; but as this could not be obtained here, a tin case was improvised, reaching from the waist down to the feet. It resembled a pair of pantaloons from which the front part was removed where it joins with its seams the other part. For the evacuation of the bowels a hole was cut out of it in the proper place. Everything seemed to go on favorably until the beginning of May, when it became apparent that a burrowing of pus had taken place on the upper posterior part of the leg. This was opened on the 14th of May. When introducing the finger in this wound, it would almost pass around the shaft of the bone and upward in the direction of the joint. To facilitate the dressing and free discharge of the matter a hole had to be cut out of the tin case corresponding with the new abscess. During this time the patient had fever morning and evening, and his appetite and strength failed. I gave him internally aconite and arsenic, with no result. As he had had intermittents previously and lives in a part of the city that was formerly unhealthy quinine was administered, but without any better result than the other remedies. His condition, however, improved again under a rich diet and the use of beer and wine, and the opening last made healed again; not, however, permanently. It healed over several times and broke again until about the first of February since when it has remained closed.

Now, a singular symptom set in; the original wound would not discharge either spontaneously or by application of pressure but whilst discharging urine it would run freely. This condition lasted from July until February. My only explanation of this very singular condition is, that in the cavity of the pelvis an abscess communicating with the wound had formed, and by the pressure of the contracting bladder caused an expulsion of the pus. Silicia was for a considerable time given twice a day.

The patient remained in his tin case until the 27th of August, when it was found that the collum, by addition of new bone, had assumed at least twice its natural size, and to all appearances was strong enough to support the weight of the body. He was taken out of it and since ten months for the first time stood on his feet again. He learned to walk with crutches and continued

to improve in strength. On the 8th of October he was out on the street for the first time. During all this time no diseased bone could ever be reached by the probe, nor has the least particle of it ever been found in the matter.

On December 28th I was called again to lance another abscess that had formed on the left side, in the region of the symphysis sacroiliaca. The probe could be introduced about three inches in an upward direction towards the rim of the pelvis, and a few weeks afterwards another sinus towards the incisura ischiadica major was found. After this last abscess had been opened the wound from the operation healed over, and only now and then a little scab forms on it with a few drops of matter under it. The finest probe does not find the least entrance. In this case existed a most remarkable predisposition to the formation of abscesses, with a profuse discharge of matter. Even as late as in March I was surprised by the elimination of a small piece of bone from a small abscess on the left forearm, that I had lanced two or three times during my attendance, but where I never had any reason to suspect diseased bone.

The present condition on the 15th of April 1870, of the patient, is the following: His general health is perfect, appetite good, sleeps sound, and excretions normal. The joint has formed an imperfect anchylosis, admitting of some motion. The knee-joint from long continued disuse admits of but little motion at present. Both feet are a little swollen. There is at present but one opening, the one made in the region of the symphysis sacroiliaca, that discharges periodically some healthy pus. The patient is out on the street every day when the weather permits, and able to take tolerably long walks with the assistance of one crutch and a cane.

FRACTURES OF THE HEAD OF THE HUMERUS.

Every surgeon who has had much experience in treating fractures about the head of the humerus can testify to the great difficulty of maintaining the fragments in apposition, even with

the most ingenious appliances, amongst which those of Desault, Sir A. Cooper, Fergusson, Erichsen, Welch, Richerard and Dupuytren are most generally used. The very fact that the means of treating these fractures have been changed and modified by so many distinguished surgeons, is sufficient evidence of the difficulties to be encountered in adapting any apparatus to correct the deformity most usually found to exist in these injuries. In speaking of fractures of the head of the humerus I refer only to that portion of the bone above the attachment of the latissimus dorsi and pectoralis major muscles. This would embrace—external to the capsular ligament—the tubercles and surgical neck, in the latter of which fractures most frequently occur from direct violence; yet fractures not unfrequently occur through the tubercles from the same cause, and in both cases there is more or less displacement, where the fracture is complete and impacted. Fractures of the anatomical neck are not so often attended with displacement, or shortening, but even here it is not uncommon from the great violence required to produce the fracture, to find the capsular ligament ruptured and one or both fragments displaced. In all cases of fracture occurring outside of the capsule, where there is no impaction, there must be more or less displacement of the upper fragment from the contraction of the muscles attached about the tubercles. It is on this account that none of the appliances in ordinary use such as pads in the axilla, and cap splints over the point of the shoulder, can be made effectual in maintaining the bones in apposition; because it is impossible to place any kind of compress in the axilla, that can be brought to bear upon the upper fragment, without producing an amount of pressure on the axillary vessels intolerable to the patient, while it would be a rare and peculiar fracture that could be kept in apposition, where the upper fragment and muscles attached to it, were allowed to go unrestrained, even though the shaft of the humerus might be maintained in its proper axis by the use of a pad in the axilla.

Where there is shortening of the limb, as is almost invariably the case in fractures at the surgical neck, none of these appliances could have the least influence in correcting such deformity, further than that the pressure from the bandages might control the contraction of the muscles.

In fracture of the anatomical neck with laceration of the capsular ligament attended with displacement, the pad in the axilla would be likely to increase the deformity, and it certainly could in no wise correct it.

I have invented and successfully employed a method which is not open to the above objections. The appliance consists merely of two strips of adhesive plaster about three inches in width, applied to the internal and external surface of the arm as high as the upper part of the middle third of the humerus. These strips are bound to the arm by a collar bandage, and at their lower end, beneath the point of the elbow, are attached to a cord, to which a sand-bag is attached, weighing ordinarily from three to four pounds. This sand-bag is attached close to the point of the elbow when the patient wishes to walk about, by knotting the cord to which it is suspended, and when he lies in bed, the knot in the cord is loosed, and the cord carried beneath the bed clothing over a small pulley placed at the foot of the bed, and in this way an equal extension is constantly kept up, whether the patient be confined to his bed, or is able and prefers to walk about.

When using this apparatus for treating these fractures, I apply no other dressing, and entirely ignore the compress in the axilla, as useless if not positively injurious. The constant traction upon the muscles soon exhausts their tonicity, so that they allow the bones to fall into their natural position, while the extension being constantly in the line of the axis of the humerus, it is quite impossible that any displacement should continue, either laterally or of an angular character, or that any shortening should result.

I have, as yet, treated but one case of fracture of the surgical neck of the humerus by this method.

The patient was a stout, muscular man, aged 33 years, who had fallen some twelve feet, striking the point of the shoulder upon the ground, causing considerable contusion of the soft parts besides the fracture, which was considerably displaced, by the lower fragment projecting outward; there was also shortening to the extent of three-fourths of an inch. The patient complained of constant and severe pain at the point of fracture until the third day, when the above apparatus was applied,

with the effect of relieving the pain almost instantly. At t end of seven weeks the dressing was removed and the union the fracture found to be firm, without any displacement shortening, and in ten days after, the patient was discharg from the hospital with perfect use of his arm.

OBSTETRICS.

AN INTERESTING CASE OF PLACENTA PRÆVIA.

May 20—7 A. M. Was called to Mrs. K., aged 20 years, her third confinement—found her almost pulseless—much bleach in appearance and hæmorrhage still going on. The nurse s she had commenced flooding at two o'clock in the night, that had told her she was losing much more than she had ever seen labor cases and advised my being sent for at once, but Mrs. being unwilling to disturb me at night, insisted I should not sent for until the morning. On examining per vaginam I fou the placenta implanted around the whole neck of the uterus, os dilated to about an inch in diameter and dilatable, pains ve feeble, but a severe gush taking place at every uterine contractio

Although I was satisfied that the os could be dilated and versi performed, I decided not to attempt it, believing that from patient's feeble condition, the hæmorrhage consequent upon se aration of the placenta would be fatal. I therefore thorough tamponed the vagina, had the foot of the bed raised higher th the head and administered stimulants freely. At 10 A. M. a co sultation was held, the os found more dilated, but it being decid to continue same treatment, the tampon was reapplied and erg given. At 1 P. M., reaction having taken place, the tampon w again removed—the os being fully dilated it was determined deliver; from the time the first tampon was applied the hæmo rhage was fully controlled. The woman was placed on her le side; the placenta being thinner on the right side of the neck, was there separated, the feet caught directly and version performe

in a short time with very little loss of blood—the child dead born and from its appearance evidently had perished from the hæmorrhage. The mother slowly recovered, having suffered greatly with headache for which china 1. was successfully given.

In our text books on obstetrics, great prominence is given in placenta prævia cases to the presence of hæmorrhage anterior to labor—and justly so, as the great warning to the accoucheur of the danger he has to encounter. In this case, there had never at any time in the pregnancy been any sanguineous show, so that although the woman had been under my observation for two months, I had not the slightest cause to suspect such a difficulty.

Every accoucheur (I suppose) has like myself had frequent complaints from patients of the pain caused by inserting the tampon. I formerly used squares of muslin, following the recommendations of the late Professor Meigs. Some years ago, in a case of abortion with retained placenta, a lot of raw cotton was the only thing handy, and so much less painful was it, that I have continued its use ever since. My mode of using it is, to tie pieces of the cotton of the size of an egg on the same string about three inches apart, grease them well and insert them separately; leaving the string hanging out of the vulva affords an easy way of removing them. Care should be taken that the *whole of the vagina* should be thoroughly packed with the cotton—any of your readers who will try it will find it to give perfect satisfaction and answer every indication. FORCEPS.

FOREIGN NOTES.

Prepared expressly for the Western Homœopathic Observer, by C. A. YÆGER, M. D., Elgin, Ill.

THE BROAD, VS. THE NARROW STAIRWAY.—The Empress Eugènie sent lately for the celebrated homœopathic physician Chargé, who came and listened to the Imperial wishes. At the close of the consultation the Empress suggested to the eminent Chargé, that, in order to avoid ill feeling with her private physician, she would be pleased if Dr.

C. would make the entrance to her private apartments by the NARROW stairway. Dr. C. replied, that he could not agree to her Imperial wishes; he could not compromise his own personal honor and the dignity of the school of which he was a member. He would openly visit her by the main entrance, or he would decline, in toto, the honor of attending her Majesty. The Empress, it is said, did not assent, and so the consultation ended. Whatever may be said regarding Dr. C's. gallantry, his devotion to homœopathy deserves the highest praise.

THE HOMŒOPATHIC POLIKLINIK AT LEIPSIC.—During the last year this charity was visited by 3953 patients. It must be encouraging and highly gratifying to the friends of homœopathy to observe the constant increase of the visiting patients at this institution. In 1842, the opening year, there were 428 patients; in 1852, 1741; in 1862, 2782; and now, seven years later, the number of its patients has reached 3953. The sum total for the 27 years of its existence, amounts to 52,693 patients.

DR. HIRSCHEL.—Dr. Hirschel, whose retiracy from the Editorial chair of the N. Z., of Hom. Klinik, we announced in the May No. of the Observer, has fully recovered his health, and will continue to labor as formerly. We are happy to inform our readers of this fact, and. hope the Doctor will be able to wield his pen for many years to come

APHONIA—CAUSTICUM.—The following case is translated from the "Bulletin de la Société Hom. de France."

A. F., aged 24 years, very suddenly lost his voice without having been hoarse; no fever or pain, and also no indication in the family of phthisis. He was in two Allopathic hospitals, but no relief; in one he had to undergo a mercurial treatment, *larga manu*, although he had never been syphilitic; he was much debilitated when he left the last treatment, but as aphonic as ever. Every attempt to make a sound is fruitless; there is much dryness in the throat. *Spongia* was given. On the 12th of Dec., 12 days after, he came to the Homœopathic hospital of Dr. Wieniaroski. The dryness continues; a scraping sensation was now manifested, and a whistling cough when eating or drinking anything warm. No pain on touching the larynx. Sulphur, morning and night for four days, was given.

Dec. 30.—Aphonia still the same. Causticum 3d, as Sulph. for 4 days. Jan. 8. His voice has returned to-day, but only for a short time—no medicine. Jan. 23. The patient is able, from time to time,

to utter a few sentences in a natural tone of voice; but generally, after an hour, the voice is lost again. Jan. 30. The patient shows marked improvement. In the morning, on awakening, he talks without any effort; in the evening, however, he is fatigued when he talks. Caustic 30., 2 doses. Now a few days aggravation. Feb. 17. The patient leaves the hospital entirely cured, to the astonishment of his friends, etc.—*Allg. Hom. Ztg. Bd.* 80, *S.* 45.

Western Homœopathic Observer.

ST. LOUIS, MO., JULY AND AUGUST, 1870.

☞ To insure publication, articles must be *practical, brief* as possible to do justice to the subject, and *carefully prepared*, so as to require little revision.

☞ Readers of the OBSERVER will oblige the Editor if they will forward copies of local newspapers, or similar matters of importance to the profession, all such will be thankfully acknowledged.

☞ Physicians having changed their locations, or desiring to remove from one portion of the country to another, will please communicate with the Editor, that he may note the same. Records of marriages and deaths of physicians, and other personal news, will also be received and noticed.

☞ All exchanges, books and pamphlets must be addressed to the Editor, No. 1418 Washington Avenue.

EDITORIAL.

"THE MEDICINE OF EXPERIENCE."—"NONSENSE AND EDITORIAL BUNCOMBE."

"The ancient sceptics constantly denied
What they maintained, and thought they justify'd."—BUTLER.

In our February number, in noticing the change in the name of the *American Homœopathic Observer*, we made the following remarks:

"It" (the American Observer) "carries on its title page its *old* and its *new* name, with the addition of the "*Medicine of Experience.*" That experience has very much to do with Homœopathy is true, but that it is the medicine of experience, we cannot concede. It is far above such classification. It is medicine based upon a principle of nature and of science; a principle which lifts it far above the mere 'experience' of its professors, and places it side by side with those sciences which are governed by fixed and immutable laws."

These remarks were made the subject of a criticism by S. A. J. in the editorial department of the "American Observer" for June. We

do not propose to criticise the style of S. A. J. It is well known *Some* of our periodicals are replete with it, and though it be much a ter the order of Wycherly, it reminds us forcibly of the language o Apollodorus in the Spasmodic Tragedy, who says:

> "I've dash'd into the sea of Metaphor
> *And hashed at every object in my way.*"

But his logic, considering his acquaintance with Ainsworth, Webste and Crabb, rather disappoints us. He says, "It is a little peculia that a homœopathic journalist should object to the very name whic Hahnemann gave his own system, (see Lesser Writings, pp. 497, 54 London, 1851). 'Medicine,' says Hahnemann, 'is a science of Expe rience; its object is to eradicate disease by means of remedies.'"

This is certainly a most unfortunate quotation, and must hav "slipped in" by accident. Because medicine, speaking generically, a Hahnemann uses the term in the article in question, is *a science* o experience, there is not the slightest foundation for the assertion tha *Homœopathy* is the "*medicine* of experience." The two are as widel different as the poles, and we defy S. A. J. to produce a single quota tion from any of the works of the master wherein he states such *reductio ad absurdum.*

"The medicine of *experience*" is medicine based upon the experienc of medical men; it dates from the "divine old man of Cos," and in cludes all the Allopathic systems of centuries. It contains the dogma of Paracelsus, Bichât, Boerhaave, Brown and a host of others; its off springs are polypharmacy and empiricism; it is contradictory and un certain: in short it is Allopathy. If the recorded treatment of any disease as presented by experience be examined, there is found noth ing but the contradictory statements of medical philosophers, each o whom, groping in the intricacies of hypotheses, fancied he had discov ered the true method of cure. Hahnemann was well aware of this fac when he wrote in the Organon: "All the theories contained in the two hundred thousand volumes that have been written on *medicine*, would they be able to furnish us with a rational explanation of this and so many other similar facts, being ignorant of the therapeutic law o homœopathia?" The introduction of which law renders it *a science* o experience and not *the medicine* of experience; but S. A. J. proves this very point in attempting to explain the paradox that adorns the cover of the periodical in question. He says "Science (*sciens, scire, to*

know,)" this profound knowledge of the classics we have already alluded to, "finds its tap root in experience, for science," mark the word, "is the formulization of that which we know." "Webster defines experience as experimental knowledge. Hahnemann's medicine is then *emphatically*" (*mirabile dictu! !*) what? *The medicine* of experience, as defined on the title page of the American Observer? Oh, no! but "the SCIENCE of experience." Why not write it so then with, however, the substitution of the indefinite for the definite article—"*A* science of experience." It really is a "little peculiar that a homœopathic journalist," possessing so complete an acquaintance with Crabb, could not follow the advice given to Polonius, and go backward sufficiently to detect the difference between the meaning of the expressions: the "medicine of experience," which is allopathy; "*a* science of experience," which is formulization of that which we know, and "*the* science of experience," which "is *nonsense.*" It is very clear that the critic

> "Did as many folks are apt to do
> Who argue in the dark and in confusion;
> That is, from the hypothesis he drew
> A false conclusion."

Moreover it must be borne in mind that the essay quoted is from the Lesser Writings of Hahnemann, was prepared for and published in an Allopathic journal, and that the very *maxims of experience* therein laid down are among those which are considered by many to be the most untenable and unsatisfactory of the explanations of the master.

S. A. J. also is kind enough to say that the remark that "Homœopathy is based upon a principle of nature and of science" is "nonsense;" but proclaims "Homœopathy *is* a principle of nature." If Homœopathy is a *principle of nature*, how is *it the medicine of experience*? But we say Homœopathy is *not* a principle of nature. The law *similia similibus curantur* IS a principle of nature, and Homœopathy is a system of medicine based upon that law and embracing many collateral sciences.

But the "*buncombe*" is found by S. A. J. to consist in the fact that "this principle" elevates Homœopathy to a position equal with other sciences. Now we cannot agree with him in this statement, although this may be very nice buncombe, and is about as pleasant as the real *buncombe* with which he concludes his editorial. He writes, "We wish our Western namesake a splendid increase in its subscription list and better luck in its next criticism."

We have not at command language sufficiently strong to express ou thanks for this friendly wish.

It would be a gratification to compliment the excellence of S. A. J.' criticisms, but we are deterred by the feeling that the attempt woul not be appreciated, inasmuch as he probably estimates his prose writ ings as the celebrated T. Percy Jones did his own poetry, as the follow ing quotation will show :

"I am not arrogant enough to assume that this is the finest poe which the age has produced, but I shall feel very much obliged to an gentleman who can make me acquainted with a better."

For further elucidation of this "medicine of experience" we beg leav to refer to our "*correspondence*" in this number.

HOMŒOPATHY AT COUNCIL BLUFFS.

We have received from Dr. P. W. Poulson, of Council Bluffs, Iowa a copy of the Evening Times of May 31, containing a fresh illustratio of that professional prejudice which characterizes so many of our Allo pathic opponents. Two of the "Regular School" were called to see case of gun shot wound, but on hearing the patient was in the hand of a Homœopath, shook the dust from their feet and departed, refusin an opinion of any character, as they "were utterly opposed to Homœ opathy and despised it the worst kind." Notwithstanding, Dr. Poulson surgeon in charge, successfully extracted the ball, *without* the ad vice of the indignant ones.

MICHIGAN HOMŒOPATHIC INSTITUTE.

A special meeting of the Michigan Homœopathic Institute was held in the city of Jackson, May 17, 1870, Dr. A. J. Sawyer, of Monroe, presiding, C. S. Eldridge, M. D., Secretary pro. tem. The President delivered an admirable address upon the interests of Homeopathy, especially upon the course taken by certain members of the Institute as exhibited in their transactions in calling their late meeting at Grand Rapids. After some discussion, a series of reports

was read and adopted, referring to two separate calls for meeting of the Institute at Jackson and Grand Rapids. Remarks were made by Drs. Gibson, Smirt, and Bayley, on the treatment of relapsing fever. After the acceptance of a resolution requesting the publication of the proceedings of the Institute in pamphlet form, the Society adjourned to hold its next meeting at Kalamazoo, June 10.

DR. C. S. ELDRIDGE, Secretary.

PENNSYLVANIA STATE HOMŒOPATHIC MEDICAL SOCIETY.

This body convened its fifth annual session, June 3, 1870, at Erie, Pa., President O. B. Gause, M. D., of Philadelphia, delivering the inaugural address, alluding in fitting terms to the present condition and future prospects of the Society. A lively discussion ensued on the proposal of female physicians for membership. The proposition was finally lost. Reports were read from charitable institutions, indicating their prosperous condition. Papers on *Surgical Therapeutics*, by L. H. Willard, M. D., of Alleghany City, *Surgery of the Eye and Ear*, B. W. James, M. D , of Philadelphia, *Orthopedic Surgery*, by C. H. von Tagen, M. D., of Harrisburgh, and *Hypodermic Injections*, by W. J. Blakely, M. D., of Erie, were read and referred. Remarks followed on the above papers, especially on that of Dr. Willard's in reference to the proper domain of Operative Surgery and Medicine. A series of other reports of interest, embracing Chemistry, Obstetrics, Materia Medica, and Pathology were read and referred to the proper committees. The annual oration was delivered by Dr. R. J. M'Clatchey, of Philadelphia, on "The Progressive Development of Man," in the presence of a large and intelligent audience.

THE CITY HOSPITAL OF UTICA, NEW YORK.

We insert the protest of the homœopathic physicians of Utica, N. Y., against the Common Council's acceptance of a proposal on the part of the City Hospital Association (allopathic) to take charge of the above institution, which is in charge of the homœopaths of Utica.

Dr. W. H. Watson addressed the Council on behalf of the Homœopaths and in reference to the protest, and with such effect that, although the proposal had been favorably reported by the committee, it was at once voted down. We congratulate our colleagues on their success:

"*To the Honorable Mayor and Common Council of the city of Utica.*

"Whereas, on the 8th of April, 1870, a petition was presented to your honorable body, praying that the 'care, use and occupation of the City Hospital be transferred and given to a board of trustees, composed of citizens of Utica,' the undersigned respectfully represent that the said request should not be complied with, except upon the condition that one-half of the hospital, if thus transferred to a board of trustees as requested, shall be placed in the charge of such homœopathic physicians as may from time to time be nominated for that purpose by the Homœopathic Medical Society of Oneida county.

"The undersigned would make this request for the following reasons:

"(1.) The majority of the signers of the petition above referred to are allopathic in sentiment, and all of the physicians whose names are appended to the said petition are members of the allopathic profession, and there is, therefore, great reason to fear that should their request be granted, the hospital would, medically at least, be placed under sectarian control. Such a result, as your honorable body will see upon reflection, would, in the present excited state of the public mind, and at a time when there is such a decided opposition to the conversion of public money and property to sectarian uses, be greatly to be deprecated, as leading to a never-ending and bitter sectarian strife between the allopathic and homœopathic professions and their respective adherents in this city.

"(2.) Only by imposing such a condition upon any board of trustees, to whom the care of the said hospital shall be given up, can the Council be certain of securing impartial justice in reference to its medical management, and of preventing a violation of the great fundamental American principle of 'no taxation without representation.' A large portion of the tax-payers of this city, who have already contributed by taxation to the erection of the said hospital building, and to whom, equally with other citizens, it now properly belongs, are adherents of homœopathy, and they are justly entitled to a voice in its management.

"(3.) There are large numbers of the poor in this city who are liable to become inmates of the said hospital, and who are in the habit of employing the homœopathic practice when sick, and on this account the hospital should not be given into the control of one medical sect.

"The undersigned would further represent that when a similar movement was inaugurated by certain allopathic physicians for obtaining possession of the City Hospital in December, 1868, a remonstrance was presented to your honorable body, similar in purport to the above, signed by a very large number of our most influential tax-payers, and the prayer of the petitioners was not granted. The same reasons for not acceding to the prayer of the present petitioners now exist as then, and the movement is essentially the same. Moreover, the whole number of the present petitioners is very small.

"We trust, therefore, that the prayer of the petitioners for the City Hospital will not be granted, except with the provision above stated in reference to the appointment of physicians thereto.

"L. B. WELLS, WM. H. WATSON,
"J. C. RAYMOND, C. JUDSON HILL,
"M. M. GARDNER."

HOMŒOPATHY IN LAWRENCE, KANSAS.

Address by R. HUSON, M. D.

At an annual meeting of the Homœopathic State Medical Society, convened at Liberty Hall, in Lawrence, on the 4th day of May, 1870, an address was delivered by Dr. R. Huson, M. D. The audience was large and attentive, and the lecture was one carefully prepared. It contrasted the two schools of medicine, and contained some data which will be of service to the people in that vicinity, especially the reference to statistics and the use of mercury. For instance, the doctor ends by saying: "The allopathic authorities say that mercury, in its native state, is inert—has no medicinal power; but by division of particles it becomes a violent poison. They say they do not believe in our triturations as having any effect. Are they honest when they say this? Can they make something out of nothing? Suppose a man should multiply nothing by nothing, what would be the product? Nothing."

MARRIED.

At Louisville, Ky., May 31, 1870, Dr. W. L. BREYFOGLE, edit of the department of Materia Medica of the "West. Hom. Observer to Miss BELLA C. WINSTANDLY, of New Albany, Ind.

We congratulate the doctor on his entrance into the matrimoni alliance, and trust our readers will excuse the non-appearance of h article on materia medica. After the honeymoon an increased nu ber of symptoms will appear.

BOOK NOTICES.

A TREATISE ON DISEASES OF THE EYE, for the Use of General Prac tioners. By H. C. ANGELL, M. D., Oculist and Aurist. Boston: Jam Campbell.

We have here a book up to the times; a book that meets the wan of the general practitioner; a book that fills a void in our literatu which has been seriously felt by every physician of our school; and book which, in typography, binding, paper and execution, is the be that has been published. No one can read over a page of the wo without being struck with the careful manner in which its pages ha been prepared; and from its appropriate dedication to the end of i index it evinces the thorough supervision of its competent author.

Dr. Angell, soon after his graduation, repaired to Europe for th express purpose of making ophthalmology his specialty, and was constant attendant upon the best clinics for a number of years. Upo his return to this country he entered upon the practice of ophtha mology, and the work before us is the result of his study and exper ence. There is a practical tone in the book which renders it at onc serviceable to those for whom it has been prepared. For instance, i chapter iv, page 33, he says of refraction: "*Refraction* of the eye, c the refractive power of the eye, is the phrase used to express th power of cornea and lens to bring the rays of light entering the pup to a focus in the vicinity of the retina. *Accommodation* expresse the ability of the eye to increase or lessen its refractive power b means of the ciliary muscle and iris." This is plain, plain to every body, and especially plain to the general practitioner, and is but sample of the conciseness which pervades the book.

The chapter upon the retina and optic nerve, especially that portion of it which treats of retinitis albuminurica, is very neatly put together.

Chapter xx, on *test type*, has also been carefully prepared. We hope that every practitioner of our school in this country will make himself master of a copy of Dr. Angell's work, and of the information therein contained, bearing in mind always, however, that it is intended for the general practitioner. But really, if this work be thoroughly and completely understood by the physician, he will be competent to treat diseases of the eye with almost equal success with the specialist.

PATHOGENESIS OF KALI BROMATUM (bromide of potassium). By E. M. Hale, M. D.

Next to the hydrate of chloral the bromide of potash is decidedly the fashionable remedy of the day. It is gradually finding its level in the materia medica, where it will receive a prominent position when the extravagant praises and fulsome laudation which have appeared in articles written upon it shall have passed away.

We believe Dr. E. M. Hale is the first practitioner of our school who has called attention to this valuable medicine, as in the "North American Journal of Homœopathy," vol. 13, pages 145–160, we find a record of some of the symptoms produced by this drug. We are all aware of the powers possessed by the bromide over functional epilepsy, and we have ourselves witnessed its wonderful effects. An old gentleman, a banker, who had, several years since, a malignant disease of the testicles, was suddenly seized with violent convulsions, so violent, indeed, that death appeared likely to ensue after each. A peculiar symptom attendant upon the case was an intense and most tormenting itching of the genitals. At first these convulsions would appear once in three months, but gradually the interval between them was shortened, and finally they came at least once a week. After the convulsive movements had ceased the patient became comatose, and after a time would gradually recover his consciousness, being entirely unaware of what had happened, excepting the peculiar noise or rattling breathing, together with snoring, with which these fits would be ushered in. After using all the homœopathic medicines which were apparently indicated in the case, with no benefit, a friend induced him to try the bromide of potash, prepared after the formula which has of late become so fashionable, and which has gone the

rounds of most of our periodicals. Since the third week he has not been troubled with an attack. The last paroxysm happened nearly two years since.

This same prescription—we mean that in which bromide of ammonia and bi-carbonate of potash are mixed with the bromide of potash—is also very useful in amenorrhœa. Dr. Black, in the "British Journal of Homœopathy," has recorded a case of ovarian cystic tumor cured by this medicine. The case was reprinted in the "Western Homœopathic Observer," and noticed in the "Medical Investigator." We also recorded a case of polypus of the rectum, which was cured by this salt, and have seen most wonderful results from it in a case of somnambulism. Dr. Hale has arranged the symptoms, according to localities, and done the homœopathic profession good service in rendering a pathogenesis of so valuable a medicine.

In this pamphlet he gives the accumulated experience of both schools, both pathogenitic and curative.

The pathogenesis contains, in all, 287 symptoms, 161 of which are pathogenetic, and 126 curative. Each symptom is designated by appropriate symbols. He rebukes the unscientific objection that Homœopaths cannot accept the pathogenetic and curative symptoms if they come from Allopathic sources.

The report treats first of the chemical qualities, medical history, pharmacology, and method of administration of the medicine. Then comes the scheme arranged after Hahnemann's method. In looking over the pathogenesis one cannot help being struck by the remarkable similarity between the pathogenetic and curative symptoms, proving conclusively that the dogma of similia is true, and that its truth is substantiated by testimony taken from the opposite school.

After the pathogenesis comes the pathological anatomy, then the various theories relative to the action of bromide of potassium, and finally the provings, some of them from Allopathic and some from Homœopathic sources. The skin-symptoms obtained by provings, are worthy of especial notice. In some cases an eruption like varioloid was noticed. The symptoms of the mind and brain are very important. Dr. Hale quotes 39 authorities, among whom are many of the best physicians of the century.

We consider the bromide of potassium as a valuable contribution to our materia medica, and if other physicians of our school will work it up with the same correctness as Dr. Hale, it will soon occupy a a place among our most important polychrests.

CORRESPONDENCE.

THE MEDICINE OF EXPERIENCE.

BOSTON, June 7, 1870.

rof. WM. T. HELMUTH:

My Dear Sir—A long time has elapsed since I have had the pleas-
re of writing to you. The perusal, however, of some remarks in the
une number of the "American Observer," over the initials, S. A. J.,
e Carl Müller, as I am informed, of that periodical, affords me a fit
casion to renew our correspondence. In reading our periodicals I
ave often regretted the careless composition of many of the articles,
ut found an excuse in hasty writing, and without the expectation of
eir being submitted to close criticism.

The contributions of Carl I always fancied; there is something
easant in the name of Carl; it is easily pronounced, it is euphonic, it
ings up recollections of Charles V., and of German novels and melo-
amas in which a Carl so often figures. His articles possess a clarify-
g power which would render any subject, however turbid, transparent.
ut I proceed to notice his personal criticisms upon an editorial in
ur Journal, and think that it can be made apparent that your objec-
ons to designate Homœopathy as the "Medicine of Experience,"
e perfectly correct, and for the utterance of these objections, you
e so smartly handled by said Carl.

A critic, however, should be sure of the quality of his weapons be-
re handling, for the same reason that children should not be permit-
d to play with edged tools. Carl admits that Homœopathy is a law
nature, and consequently "immutable," for no one imagines that
ture contradicts or changes her laws. It is true that the law of
omœopathy operating on the highest formation of nature, viz: the
imal organism, may render a knowledge of its *modus operandi* per-
exing and may never in all its details be recognized, yet our want
comprehension surely would not induce the belief that the law is
utable.

In Hahnemann's "Lesser Writings," there is an essay styled "The
edicine of Experience," but in that paper the word Homœopathy
es not appear. The essay was published in Berlin in 1805; five
ars after (1810) he gave to the world his great work, the "Organ-
," which he styled the "Organon of Homœopathic Medicine." Now,

the question naturally is asked, if he considered Homœopathy the "Medicine of Experience," why did he relinquish the designation? For the obvious reason that the latter was a misnomer—had no special significance, and might be adopted as a rule of practice with equal propriety by Eclecticism and Allopathy. It was, therefore, rather unfortunate in our friend Carl to appeal to the writings of Hahnemann to support himself in what Hahnemann evidently regarded as an oversight. The truth of the aphorism, "Protect me from my friends," is often verified.

Carl doubtless being an admirer of Shakespeare, may attach but little importance to a title, and with that great author, think, "that a rose by any other name would smell as sweet."

Carl writes, "science finds its tap-root in experience." It would be somewhat puzzling to understand where the sciences of Geometry, Astronomy, &c., find their tap-roots, were it not that the method is satisfactorily explained in the remainder of the sentence, "for" (because) "science is the formulization of that which we *know*." — Q.E.D.

This *tap*-root simile is so to the point that it might appropriately by enforced by quoting the following lines from Poe's "Raven:"

> "While I nodded, nearly napping,
> Suddenly there came a *tapping*,
> As of some one gently rapping,
> Rapping at my chamber door;
> 'Tis some visitor, I muttered,
> *Tapping* at my chamber door—
> Only this, and nothing more."

Another item of information this comprehensive writer furnishes, viz: that "Webster defines 'Experience,' as 'Experimental knowledge,'" ergo, "Hahnemann's Medicine *is then emphatically*, the science of experience." Certainly, and by the same kind of logic, Hahnemann's medicine is chemistry and agriculture!

Our friend wanders still farther in the meshes of criticism and would have his readers believe that he is a close student of Crabb, (though by the way he spells the name incorrectly). Now, it so happens that Crabb is an especial favorite of mine, the date of publication of my copy is as far back as 1831, and has so often been referred to, that its cover is pretty well worn, and I am strongly of the opinion that our friend has greatly overestimated his knowledge of synonyms —and evidently of that subject has much to learn. By looking into it he will discover the difference between a "law of nature" and a "system." In his paper he says, "It is a little peculiar that a Ho-

mœopathic journalist should object to the very name which Hahnemann gave to his own system!" For my own part, I think the assertion in the above extract even more than a "little peculiar," inasmuch as neither did you in the few brief remarks in your Journal, nor did our great teacher, ever confound a law of nature with a system. There must have been some confusion of thought when the sentence was penned, indeed it is just about as satisfactory as the comparison that Cæsar and Pompey were very much alike, especially Cæsar. Carl quotes Hahnemann as saying, "The knowledge of diseases, the knowledge of remedies, and the knowledge of their employment, constitute medicines."

They no more constitute medicines, than trowels, planes and saws constitute a house. Hahnemann never said any such thing; maybe the word medicines is a misprint, and medicine was intended.

Alliteration and repetition give beauty and force to composition, but the three "thats," in the sentence in which they are introduced, give neither.

When I commenced, I had no intention of writing so long an epistle, but the remarks of our friend were so suggestive, that my thoughts continued to ramble—and I could still continue. Shakspeare's intellect is shown in the number of volumes that have been written to develop the profundity of his thoughts; but I am not quite sure that it would require as many to exhaust the observations of Carl upon your editorial.

But I must now close with expressing the wish that, should our vivacious friend ever again try a game of criticism, he may have "better luck." Yours respectfully and truly, SAMUEL.

PROCEEDINGS OF THE

AMERICAN INSTITUTE OF HOMŒOPATHY.

CHICAGO, JUNE 7TH, 8TH, 9TH AND 10TH, 1870.

Condensed from the Daily Bulletin of the *Investigator*, by J. S. Read, M.D., St. Louis.

The annual session of this Medical Society was ushered in by a Preliminary Meeting, June 6th, 1870, at the residence of D. S. Smith, M.D., 402 Michigan Avenue. The Doctor's hospitality was bountiful. About seventy-five members enjoyed it, while the Executive Committee arranged the programme for the session.

FIRST DAY.

The Institute assembled June 7th, 1870, at Crosby's Music Ha Chicago, at 10 A. M. The President, Dan'l Thayer, M.D., of Bosto in the chair. Rev. Dr. Kelly offered prayer, when Gaylord D. Beeb M.D., of Chicago, Chairman of Committee of Arrangements, th welcomed the members of the institute in most fitting words, concludi with "*Propter æternitatem geruns*, we labor for eternity, is t watch-word we would utter, and bid you all thrice welcome."

The President then delivered his introductory. In the course of h remarks he said: The West seems to be the proper home of our A sociation; here, where men break away so fearlessly from old prejudice where all is young and easily moulded; where every new idea sta fair in the race—tested by its merits, not by its age;—where mo grown precedents have ceased to overawe men, and where novelty at no discredit. The Institute has enrolled seven hundred and twent three members. He recommends the organization of the followi bureaus:

Enrollment, for the purpose of getting all qualified Homœopat into the American Institute. Bureau of Psychological Medicine.

The Chair then appointed Committee on Credentials, Henry I Smith, M.D., New York, *Chairman;* and Auditing Committee, W Williamson, M.D., Philadelphia, *Chairman.*

Letters of regret were then read from the following members: Pult Hempel, Helmuth, Alfred C. Pope, Alley, Sanders, Baer, Verdi a Comstock.

E. M. Kellogg, M.D., New York, Treasurer, reported that he h received $2,167 00. Expenses, $2,390 15. Present indebtedne $223 15.

Committee on Publication then reported through I. T. Talbot, I D., Boston, retiring Secretary, 1,000 copies of a volume of 552 pag in 7 sections. Sections 1 and 2, additional copies printed, making total of 610,000 pages. Adopted.

The Secretary then read a letter from T. S. Verdi, M.D., giving a account of the Charter for a Homœopathic Medical Society, granted b Congress, conferring power of examining and licensing practitione of either school in Washington, D. C.

AFTERNOON SESSION.

In the absence of H. D. Paine, M. D., of New York, Chairman, S

M. Cate, M. D., of Salem, Mass., reported that the following papers were in their hands, to be disposed of by reading, reference to Committee of Publication or as the Meeting may determine:

Relapsing Fever: H. D. Paine, M. D., New York.

Pathological Anatomy as related to Therapeutics: S. M. Cate, M.D., of Salem, Mass.

Climatology and its relation to Pulmonary Diseases: D. H. Beckwith, M. D., Cleveland, O.

Electro-Therapeutics: J. C. Burgher, M. D., Pittsburgh, Pa.

Climatology and Thermometry: N. F. Cook, M.D., of Chicago.

Action of Heckla Lava upon some Diseases of the Bones, and Rana Bufo in Epilepsy, and upon the use of Cyanide of Potassium in Vomiting and Hydrocephalus, and also upon Chloroform in Eclampsia, by W. H. Holcombe, M. D.

Typhoid Fever, as it appeared in Buffalo, N. Y., in the winter of 1869–70: L. M. Kenyon, M. D., of Buffalo, New York.

Diseases of the Optic Nerve from Cerebral Affections, by S. Lilienthal, M. D., New York.

A Report of Some Cases, by W. Gallupe, M. D., Bangor, Maine.

The paper on Pathological Anatomy as related to Therapeutics, by S. M. Cate, M. D., was taken up and discussed. In this paper the ground is taken that we have a large amount of knowledge of the organic changes which have been produced by medicines, upon the healthy organism. Thus, in many diseases, the internal organic changes can be known by the study of the subjective symptoms, in connection with the physical signs open to observation, and that the remedy should be selected corresponding to the organic changes, and to the constitutional symptoms.

G. W. Foote, M. D., thought that the existence of two classes, pathologists and symtomatologists, amongst us, was a mere supposition.

Dr. Guernsey.—The only common sense way of proceeding is to use remedies from provings.

Dr. Gause.—I presume my duty is to prescribe for my patient according to his condition. There ought not to be a party line.

Dr. Holt.—Dr. G., you understand it, you are not far out of the way. Select the remedy that covers the symptoms from the pathological stand-point, as Hahnemann started out.

Dr. Franklin.—I am of that school that does not ignore pathology or symptomatology, which go hand in hand. He cited a case. Dr. R. A. Phelan, of St. Louis, a graduate of Philadelphia College, follows

Dr. Wells, ignoring pathology. A near and dear friend in his famil was taken sick, stomach deranged, suffering severely, lamenting loud ly. Amongst others attracted to the house by the screaming, was a Allopathic physician. Dr. Phelan had exhausted all his knowledg of Homœopathy. Allopath made a solution of morphine, used it hy podermically over region of stomach, in ten minutes this ignoran pathologist's wife was well.

F. R. McManus, M. D.—Were you the physician who administere it?

Dr. F. replied that he was not.

Dr. Pearson.—I believe that it was owing to the lack of skill o the St. Louis physician, that relief was not given by Homœopathi remedies. He believes that if Homœopathic remedies rightly ad ministered would not cure a case, nothing would.

S. Lilienthal, M. D., claimed that the right remedy had not bee used. The remedy may have been indicated in the high or low dilu tion. If we get the right remedy and right dose, we will cure ou cases.

J. P. Dake, M. D.—In nearly all the cases mentioned in this pape the difficulties arose from not having our medicines properly proven.

The paper of Dr. Paine, M. D., of New York, on Relapsing Feve was now taken up and discussed.

Dr. O. B. Gause said that rhus and ant. crud. seemed to do mor good than any other remedies that were used.

Dr. B. W. James had treated a number of cases, favorably si uated. Relapse occurs every seven days, two or three times. Rhu and ars. acted well.

Dr. Rockwith had used ars. 2d, but eucalyptus 1st seemed to hav the best effect.

Dr. N. F. Cooke recommended nitric acid low, when the relaps had been overcome, then use the 30th.

Dr. Guernsey had given ars. 8m. in water, aggravations ensued, ars 15m. acted better, but the 40m. had to be used before the case wa cured. Had used calc. eupato. and arum tryph. The latter, indicated by picking and boring his flesh, and nose and lips red and raw; he picked till blood came. Arum 20m. in water effected a cure rapidly.

D. H. Beckwith, M. D., Cleveland, O., then read his paper on Climatology and its Relations to Pulmonary Diseases.

Pending the discussion the Institute adjourned.

EVENING SESSION.

A large audience of ladies and gentlemen greeted the orator, Car-
ll Dunham, M. D., of New York. The subject of the address was
Freedom of Medical Opinion and Action, a Vital Necessity and a
eat Responsibility."

The members attending the Institute were more than repaid for
eir trouble and sacrifice in coming, by this one address.

Well may the Institute be proud of Carroll Dunham, M. D. Safe-
may Homœopathy rest her defence to such champions; if another
ch may be found.

It would be doing the reader an injustice to mar the telling beauties
the address, but get it, it can be obtained in pamphlet form.

After the address, the members and ladies were invited to St. James
el, where strawberries and cream were provided.

SECOND DAY.

R. Ludlam, M. D., invited the members to be present at the laying
the corner stone of the Hahnemann Medical College, at 12 M.
lay.

W. Williamson, M. D., from the Bureau of Materia Medica, re-
ted that he had papers from W. Williamson, M. D., Philadelphia,
, a fragmentary proving of ptela trifoliata.

W. E. Payne, M. D., Bath, Maine, provings of lilium trigonum,
ht papers.

C. Wesselhæft, M. D., Boston, confirmed symptoms of the materia
dica.

E. M. Hale, M. D., Chicago, proving of bromide of potassium, and
mide of ammonium. Proving of sanguinaria can.

V. Eggert, M. D., Indianapolis, Ind., proving of hydrate of chlo-

J. P. Dake, M. D., Nashville, Tenn., doses used in making provings.
ey should consist of combined attenuations.

W. Williamson read his paper, followed by the reading of Conrad
esselhæft's paper by W. E. Payne, M. D. Dr. W. thinks proving of
w drugs of less importance than the confirmation of old symptoms.
oposed the following for confirmation: Lyc., sepia., sulph. alumina,
ills, bry., kreos., nux, sabina, sambucus, bell., and hydrate of chloral.

W. E. Payne, M. D., read his paper on lilium trigonum. Gave cases

illustrating its action in prolapsus, and other diseases of the sexual organs.

E. M. Hale, M. D., read his paper, followed by J. P. Dake, M. D.

DISCUSSION OF MATERIA MEDICA.

C. H. Hæseler, M. D., said Dr. Dake had given him new ideas. I have never been able to produce symptoms in healthy persons by attenuated doses. I have never been able to satisfy myself that the result was not mixed up with imagination when symptoms were given me.

J. E. Morrison, M. D.—I cannot understand why, if we get the full proving from the 200th attenuation, that it is essential to unite any attenuations below it.

G. W. Bowen, M. D.—I have given the 1st, 2d, 3d, and 6th attenuations in combination, and received remarkable effects from it. He also said that a certain college had been teaching that poisonous effects can be destroyed by a high attenuation of the same remedy.

One of the Professors of the College mentioned corrected the statement, and as no one wished to support the idea, we opine, the Institute did not endorse it.

The Bureau Report was adopted.

At 3 P. M. the Institute proceeded, in omnibuses, to the site of the new Hahnemann Medical College. The corner stone was laid with the usual ceremonies, when the party adjourned to Scammon Hospital to partake of its hospitalities.

HOMŒOPATHIC DISPENSATORY.

Carroll Dunham, M. D., chairman of the committee on Homœopathic Dispensatory, reported: When the Institute order the preparation of such work, it be confined to a committee of nine, to be appointed by the Institute, from contiguous cities and States if practicable, with the authority to call upon experts for aid and counsel.

Adopted.

The president appointed the present bureau, the bureau to select two additional.

BUREAU OF OBSTETRICS.

R. Ludlam, M. D., announced the following:

R. Ludlam, M. D., Chicago, On the Study of Diseases of Women as a Specialty.

H. N. Guernsey, M. D., Philadelphia, Paper on Obstetrics.

J. H. Woodbury, M. D., Boston, Paper on Uterine Polypi.

E. M. Kellogg, M. D., New York, Hour-glass Contractions of the Uterus.

O. B. Gause, M. D., Philadelphia, Mental Influences on Maternity.

J. C. Sanders, M. D., Cleveland, O., 1. Spontaneous Separation of the Os Pubis in Labor. 2. Atrophy of the Mammary Glands, and Soreness of the Nipples, the Result of Injudicious Toilet. 3. Injuries of the Nipples the Result of the so-called Hardening Process.

W. E. Sanders, M. D., Cleveland, O., a case of Ovariotomy, with specimen.

G. W. Bowen, M D., Ind., A New Vectis.

J. B. Hunt, M. D., Columbus, O., Prolapsed Vagina; colored photograph.

Quite a lively time had Dr. Guernsey and Dr. Foote, when the former had given crocus, every half hour in a case of uterine hæmorrhage, until his patient was relieved.

Dr. G.—I sit down and see the condition of my patient, I examine the hæmorrhage, find her aches and pains, ascertain all her symptoms, and then I give the appropriate remedy.

Dr. ——, Placenta retained for three months. Ipecac. controlled the hæmorrhage. All went well.

Dr. Morrison, used ergot and the tampon, saved his patient. Knew of a fatal case where the physician followed Dr. G.

Again, Dr. Morse clears his skirts of all blame, by throwing upon God the responsibility of failure to use God-given remedies appropriately.

Dr. Morrison.—I do not understand, sir, the importance of education in the use of medicine, if we are to trust everything to Providence. I, sir, have too high a regard for Omnipotence, to believe that he is responsible for the ignorance and stupidity of uneducated men. * * * * * * I will never see my patient die for the sake of a little expedition in using the tampon, or the ice application, if you please, or any other means which may be expedient for the salvation of life. (Continued cheers.)

Dr. Morse spoke again, when Dr. Wilson remarked, We are getting more theology than medicine, and moved that the discussion be suspended. It was suspended.

Dr. Sanders then read his paper on Atrophy of the Mammary Glands, and Soreness of the Nipples the Result of Injudicious Toilet.

Dr. Hale was highly pleased with the paper. Wherever there is pressure there is absorption.

He cited a case where the nipple was flattened out, there was no long nipple concealed, suppuration set in, ulcers formed.

Uses force pump to draw them out, and applying an India rubber ring.

Dr. Holt, was from Massachusetts, and he thought there was some truth in what Dr. Sanders said, but was inclined to think that "breast padding" was a Western fashion. It is not in New England, so he would take Dr. Guernsey's side.

Dr. Sanders then read his paper on Injuries to the Nipples the Result of the So-called Hardening Process.

W. E. Saunders, M. D., Cleveland, then read a case of Ovariotomy.

Report accepted and referred.

Dr. Williamson, on Nomenclature Committee, stated report printed. Committee discharged. Adjourned.

EVENING MEETING.

The members of the Institute and their ladies assembled by invitation at the residence of Hon. Thomas Hoyne, where very pleasant hours were passed in social intercourse. The hospitality of Mr. Hoyne and lady enhanced the enjoyment of all present.

EDITORIAL ASSOCIATION.

The editors met at Dr. Ludlam's residence, Wednesday evening, to form an Editorial Association.

Present, Drs. I. T. Talbot, R. Ludlam, Wm. Tod Helmuth, S. Lilienthal, T. P. Wilson, E. A. Lodge, T. C. Duncan, and R. J. McClatchey.

Dr. Talbot was called to the Chair, Dr. McClatchey, Secretary.

A short Constitution was adopted, and Drs. Duncan, McClatchey and Helmuth made censors.

Dr. Lodge, delegate to represent the Association in the American Institute of Homœopathy. Adjourned.

THIRD DAY.

The Institute was called to order at 10 A. M., Vice President J. J. Youlin, M. D., in the Chair. Dr. S. M. Cate read Dr. Holcomb's pa-

per, embracing a letter from J. J. G. Wilkinson, M. D., of London, on Hecla Lava. He had used it in neuralgia, when the intercostal muscles were much affected—for pain in the cavity after teeth have been extracted—prompt relief in 31st attenuation. Cures cases of exostosis of maxillary bone, chronic headache, white swelling, facial neuralgia, and diseases of bony structure. Also, paper on Rana Bufo in Epilepsy, cured several cases, 200th used. Case of Carbuncle, slippery elm poultice, tincture hydrastin, gave internally six pellets anthracin 500th every four hours, rapid cure.

The other papers were read by title and referred.

Aitken and Fuller invited the Institute to visit the Art Gallery. Accepted.

The members of Western Social Science Association were invited to seats in the Institute.

G. D. Beebe, M. D., chairman of committee on arrangements, announced a banquet at the Tremont House, given by the physicians of Chicago.

LIGATING THE FUNIS.

Dr. Haeseler.—During the past six months, I have not ligated a funis after child-birth. I have separated it generally after pulsation in the funis had entirely ceased. Perhaps it is best to separate before the pulsation has entirely ceased. I have observed during the time I have separated the funis without ligation the colic is almost always absent, and when it does exist it is of a trifling and very trivial character. I have noticed little of it during past six months. There is no danger at all of hæmorrhage. Tying, you congest the end and it always superinduces congestion, and an inflammatory condition, an erysipelatous condition of the funis or of the umbilical region. Nurses say the gelatinous portion shrivels up nicely, and wilts away. I don't think I ever saw more than about a table spoonful of blood lost.

It seems to me that the blood really does not belong to the baby after it respires. It does not appear natural that a child should be born into the world without the power to retain a sufficient amount of blood necessary for its own existence.

Dr. Morrison.—I tried one case without ligating the cord. I stripped the blood out after cutting, then folded it in a pledget of cotton. As for the colic, it has been terrible in this case.

Dr. James cuts the cord, allows the blood in it to flow out, then ligates as a precautionary measure. Dr. James remembered one case where the blood flowed, but the child cried a great deal.

BUREAU OF SURGERY.

Wm. Tod Helmuth, M. D., Chairman of bureau of Surgery, announced the following:

The Forcible Flexion of the Extremities as a Means to Arrest Hæmorrhage, and a Cure for Aneurism, by C. T. Liebold, M.D., New York.

Improvements in Surgery, also, a new form of Fracture Splints, invented by B. W. James, M. D., Philadelphia.

Surgical Cases, from Practice, by N. Schneider, Cleveland, O.

Congenital Talipes Varus, by L. H. Willard, M. D., Alleghany, Pa.

Surgical cases, by James B. Bell, M. D., Augusta, Me. Amputation of the Thigh for Encephaloid; hæmorrhage controlled by acupressure; one silver pin still remaining in the stump; recovery.

On the improvements in Surgery and Clinical Cases, by G. D. Beebe, M. D., of Chicago.

Resection of Knee Joint, by Wm. Tod Helmuth, M. D., St. Louis.

Iridectomy, instead of Extraction, in Some Cases of Over Ripe Cataract, by T. F. Allen, M. D., New York.

Report on the Surgical Cases treated in the Clinic of Hahnemann Medical College of Philadelphia, during the Session of 1869—1870, by Malcom M. Farland, M. D., Professor of Clinical Surgery.

G. D. Beebe, M. D., Chairman of the Committee of arrangements invited the institute to a collation in the St. James Hotel.

AFTERNOON SESSION.

Dr. Liebold then read his paper on Arrest of Hæmorrhage by Flexion of the Joints, etc. Accepted and referred.

BONE IN THE EYE.

Dr. Liebold then gave accounts of those cases where he found bone in the eye. The choroid coat is the one which causes this formation of bone.

A NEW SPLINT.

B. W. James, M. D., then gave a description of his New Splint. The material is Vulcanite Rubber. It is hard, but by subjecting it to the heat of a stove it can be softened and moulded to any part, then set by plunging it into cold water.

It requires more heat than gutta percha. You take two corresponding splints, and run along each edge a series of holes, run a lace

through the splints like a shoe. The splint should be padded. For compound fractures I think there is nothing equal to it, and for any ordinary fracture I think there is nothing equal to it. The splints can be made for any part of the body.

NOVEL SUGGESTION IN OVARIOTOMY.

Dr. Beebe.—I am persuaded that we may dispense with the clamp, and also with the ligation of the pedicle, using torsion to close all vessels of the pedicle, and for those of the broad bands of adhesions. I have tested it in two cases, when the pedicles were large. The adhesions were not extensive.

If either of the old methods which I have alluded to is to be used, I would apply round the pedicle a ligature of catgut—an ordinary violin string, which has been immersed in strong carbolic acid, in which should be a little oil, enough to dissolve it; it is not at all weakened by the process.

Apply it tightly, cut it off short, and return the pedicle into the abdomen, the animal tissue will disintegrate, or otherwise be penetrated by blood-vessels and finally changed to living tissue.

Dr. Beebe then gave a verbal report on some improved instruments for staphylorraphy—a right and left palate knife—a long needle bent upon itself, about one-eighth of an inch in from the staff, with eye near the point. Also, a block for the teeth, so constructed that it occupies no space in the mouth.

He also cited a case of rectocele, where a strip was cut out of the posterior vaginal wall.

THE INTERESTING HERNIA CASE.

On motion of Dr. Helmuth requesting Dr. Beebe to give a full account of his wonderful operation for hernia, Dr. Beebe spoke as follows:

Mr. President:—I was called in to the case of hernia, at a very late stage of the case. Finding the patient had been vomiting for twenty-four hours, I immediately felt for tumors, and found one at the umbilicus. This tumor was quite large, not only greatly distended, but its integumental covering quite purple and discolored, and seemed almost upon the point of yielding at one point, showing a considerable amount of fluctuation. I proceeded somewhat cautiously to open the tegumental covering, and found that not only some gas but a con-

siderable quantity of serum, which was greatly discolored by blood and disorganized elements, escaped. As soon as this flowed out, the blackened intestine presented itself at the opening. This sac was then freely incised, and the intestine contained within it was at once discovered to be quite extensive. A large double-handful, so to speak, of intestines, were gathered together into a mass and were considerably blackened.

In the pathological specimen the alcohol has bleached out somewhat the blackness of the tissues, but they were perfectly black at the time the operation was made; and not only so, but at points the walls of the intestines had yielded and fæcal matter was escaping.

No question, of course, could exist as to the propriety of calling in some means to rescue the patient from so imminent a danger. I therefore sought at one extremity a healthy intestine, and finding it, I cut off from the intestine and made fast the healthy end to the wall of the incision. Then with a pair of scissors holding the intestine, the scissors were passed far enough back upon the mesentery to reach sound tissue, and then the mesentery was divided by the scissors throughout the whole length of the intestine until it reached the other extreme sound intestine again. As soon as that was reached it was dragged forward so as to be sure of healthy intestines at that point, and it was again divided there and the extremity of the intestines was brought forward; then I drew out through the opening in the abdomen the two extremities, and there was also in the opening the mesentery which I had cut with the scissors, throughout this considerable extent, and this was freely bleeding. Ice was at hand and with my forceps I seized the more prominent branch of the mesenteric vessel, and it was twisted until the hæmorrhage ceased, and the mesentery vessels were closed with ice. Throughout the entire length of the mesenteric margin hæmorrhage was under control, by the twisting of the vessels, and the application of ice.

Then I sought for the ring in the abdominal wall, in which these intestines had escaped; found it very snug and firm; and as this was an old hernia, of some seven or eight years standing, I proceeded to enlarge the ring freely, which was done by the usual hernia knife; and then the pressure being entirely taken off from the mesentery, and those vessels which had been closed with ice, I waited for a short time to see whether bleeding would recur in those vessels where torsion had been applied. No hemorrhage did occur, and I therefore

stitched the margin of these intestines to the cutaneous margin, so as to form an artificial anus. Upon examination of this intestine it was found to be jejunum. The matter ejected from this point was clearly chylous, no complete digestion having as yet occurred in them. From the character of the ejections at this point I was enabled to judge of the nearness of the stomach. Being made fast within the margin of the intestines, the mesentery was returned within the abdomen at once, as soon as the bleeding was known to be arrested.

The patient passed through a slight attack of peritonitis, which yielded very readily to the use of aconite, arnica and ars.; and not only so, but the disturbance of the digestive organs, due largely to the amount of cathartics that had been administered, of various kinds, in large quantities, was soon controlled. As soon as the patient had recovered from this immediate effect of the operation, and the disturbances preceding the operation, I announced my readiness to close the artificial anus, which I did by using the clamp. It will be seen that this clamp is composed of two blades, joined at a hinge, and a screw which can readily be turned, and the blades separated. This clamp was passed, one blade into one intestine, the other blade into the other intestine, until it was passed well into the abdominal cavity. Then with this set screw the blades within were made to approximate by a firm pressure—a pressure merely sufficient to excite inflammation or irritation—and that pressure was allowed to exist for three days.

Upon the third day it was assumed that this pressure had been sufficient to excite adhesive inflammation between the serous walls of the intestine within. I being satisfied upon that point, I turned the screw until the blades pinched the intervening walls between those two intestines. This, of course, destroyed all vitality of that portion of the intervening walls which was embraced in those blades. Twenty-four hours was allowed for the destruction of the life of the walls and the passing the long gun lancet into the intestines. The opening in the blades was found, and the gun lancet was freely passed from one intestine to the other.

To make assurance doubly sure the clamp was allowed to remain twenty-four hours, during which time the fœcal matter began to pass through, and I was thereby assured that the opening was perfect from one intestine to the other. At the lapse of that time the screw was loosened, and the clamp withdrawn. I now had an opening from one

intestine to the other without going to the surface at all, an openin which was well within the abdomen, and of the breadth of the blad of the clamp. Within a very few hours after the opening was mad the husband reported that there were most gratifying sounds of th emission of the flatus, expressing it as being the sweetest music th he had ever heard.

Being satisfied that the steps so far taken were effective, I set m self to work to close the artificial anus which now existed, merely pe mitting a little fluid to escape. It then became necessary to disse around the margin of the extremities of these intestines until the should be isolated from the other tissues, embracing them by a fir ligature, which was drawn very tightly about the extremities of the two intestines, with a view to obliterate those extremities nicely wit this ligature applied. The cutaneous margins were closed over the by quilled sutures of silver wire, and in a short time the patient w in a condition to go to her home.

The procedure was at every stage very successful, or at least m my anticipations of the measures adopted, and the ultimate result w such as to gratify myself, and to rescue, from what seemed to b almost an absolute certainty of death, the patient.

Dr. Helmuth then read his interesting case of resection of the kne joint.

ON EXCISION OF THE LOWER JAW.

Dr. E. C. Franklin.—The remarks that I shall make now ar merely explanatory. During the sessions of 1868–69 I made use o some remarks reflecting upon my friend, Dr. Helmuth. I have th utmost confidence in Dr. H., and I think he has done considerabl part of extricating this operation from the embarrassment that ha surrounded it previously. The operation has been performed les than half a dozen times. Some of my remarks were supposed t reflect upon our worthy Secretary, Dr. Talbot. I do not desire t reflect one particle upon Dr. Talbot; but they were in consequence o too great an importance given to an operation, which is an exceed ingly difficult and dangerous one, that is, the extirpation of the lowe jaw entirely. Prof. Helmuth performed the operation well. I gave him credit for performing all operations well. I am somewhat older in the profession than himself, and I have received important hints from the doctor. I do not know whether he has received any from me. He can speak for himself. If it is a crime—if I have commit-

ted a crime—I am only criminal that I have said, in speaking of this operation, that I thought it was the crime of exaggeration on the part of Dr. H.; that he had exaggerated this operation to too great a magnitude.

Dr. Helmuth.—When the reporter made me say that this difficult operation had been performed but two or three times in the United States, I did not mean to refer to my operation; I meant to refer to the extraction, or to the extirpation, of the entire lower jaw. Now, my case was not a hard case. I just made a cut there, and made two flaps, and it came right out, without any trouble. I don't say that was a hard case. I saw Dr. F. remove some of the lower jaw, at the Good Samaritan Hospital, for osteo sarcoma. He did it excellently well. It was a more difficult operation than mine, and yet it was not the whole jaw. I do not propose to state for a minute that there are not hundreds of surgeons who would undertake to remove the entire jaw, if they could get the chance; but it don't come once in a hundred times. I was a fortunate man, and got the chance, and I have the bone in my possession to show for it.

MISCELLANEOUS.

J. P. Dake, M. D., introduced the following resolution, which was adopted:

"*Resolved*, That there be a standing Committee on Legislation, the duty of which shall be to look after and influence, as far as possible, all legislation in the general government, or any of the States or cities of the country, in anywise affecting the interests of homœopathy or its practitioners."

H. N. Guernsey, M. D., presented the following resolution, which was adopted:

"Whereas, The Legislature of the State of New York, through the efforts of our colleague, Geo. F. Foote, M. D., has granted a charter, with an appropriation of $150,000, to aid in building an asylum for the insane at Middletown, Orange county, N. Y., said sum to be paid when a like amount is raised from other sources; and,

"Whereas, By the conditions of the bill granting such charter and aid, the officers and trustees of this institution are to be of the homœopathic faith, and the treatment of the patients is to be in accordance with the principles of homœopathy; therefore,

"*Resolved*, That we recognize the importance of the first homœo-

pathic asylum for the insane in the world, and that we cordiall recommend its construction and support."

H. M. Smith, M. D., presented the report of the Finance Con mittee. They recommended that the transactions be furnished onl to those who prepay their dues.

Dr. Talbot:

"*Resolved*, That the present session of the Institute be known a the twenty-seventh anniversary."

H. N. Guernsey, M. D.:

"*Mr. President and Gentlemen*—Allow me, on behalf of the del gation from the State Homœopathic Medical Society of Pennsylvani to extend to the American Institute of Homœopathy an earnest, co dial and whole-souled invitation to accept the hospitalities of the o Keystone and Key-note State, and meet in Philadelphia, next Jun to receive the greetings of brotherly love."

Dr. Ballard moved that the invitation be accepted, and when w adjourn we do so to meet in Philadelphia on the first Tuesday June, 1871.

Carried unanimously.

The President appointed the various bureaus and committees f the ensuing year.

In the evening the Institute attended the grand banquet at th Tremont House, given by the physicians of Chicago.

During this session ninety-two members have been received.

[*To be continued.*]

GENERAL NEWS.

G. H. Morrill, M. D., St. Louis, Editor.

The Small Pox is fast disappearing from our city and vicinity.

M. Nélaton is threatened with some obscure form of cardiac dis ease, and has nearly relinquished the practice of his profession.

It is the Belief of the peasants in some of the cantons of Alsati that when a mother dies in child-birth, she, for a certain time afte death, comes from the tomb, at night, to suckle her child.

Dr. Liebreich, the discoverer of chloral, says that chloral and strychnia are mutually opposed to each other in therapeutic action, so that each neutralizes the poison of the other.

Prof. S. R. Beckwith has located in Cincinnati. The Doctor will continue to fill the chair of Operative Surgery in the Cleveland school.

The following will serve to show how forcibly we may be affected through the nervous system: An old seaman who had long endeavored to secure admittance into the asylum provided for a limited number of old sailors, was so much overjoyed at the intelligence that he would be admitted, that he died. The second case is that of a woman who having heard that her sister was severely burned was seized with pain at the heart and died immediately.

Green Paper Hangings.—The police of Paris have issued a notice warning the public against using paper colored green by arsenic compounds and intimating to the manufacturers that in case of injury from the poison they will be liable to prosecution.—[Hom. World.

The Medical Department of Howard University, Washington, D. C., has now 23 colored and 7 white students, and at least a dozen will expect to graduate next year. The students have access to the Freedmen's Hospital, just north of the city limits.

Dr. Andrews, a London chemist, claims to have discovered that the gaseous and liquid states of matter are continuous; that they are only distinct stages of a long series of continuous physical changes.

A Substitute for Tracheotomy in Croup.—Adolph Weber claims that lactic acid will dissolve the exudation that produces membranous croup, so that tracheotomy need not be resorted to. It might possibly be of avail, should our remedies, that have ever been so very efficient in membranous croup, prove unavailing. A solution of fifteen or twenty drops of lactic acid to half an ounce of water is made, and the patient inhales it every half hour, until respiration loses the whistling sound and becomes easier, with more rattling sounds in the throat. Then a solution of ten to fifteen drops to the half ounce is used, until the difficult, oppressed breathing is gone.—[Hahnemannian Monthly.

OBITUARY.

CHARLES A. POPE, A. M., M. D.

In Paris, July 5, 1870, after a short illness, Dr. CHAS. A. POPE, the most distinguished surgeon in the western country, departed this life. The telegram received in this city was as follows:

PARIS, July 5, 1870.

Dr. Pope died suddenly at 5 o'clock to-day.

DR. MARION SIMS.

Dr. Pope was born in 1816, at Huntsville, Ala., and after his college career graduated at the old university of Pennsylvania. He immediately repaired to Europe to perfect himself in his studies, and after two years application returned to his native country. In 1841 he came to this city, and by his rare talents, close application and general knowledge soon became known as a fine anatomist and brilliant surgeon. In 1842 he was made professor of anatomy in Kemper College. In 1843 he was appointed professor of anatomy in the medical department of the St. Louis University, and after the death of Dr. Prather became the professor of surgery. He soon was elected the Dean of the college, which from that period until the present is known throughout the whole country as Pope's college. In 1853 Dr. Pope was elected the President of the American Medical Association, being the youngest presiding officer that either before or since occupied the presidential chair, he being at that time thirty-six years of age. His reputation and success was very widely known, and he was called at one time to occupy the professorship of surgery in the school of medicine from which he received his degree.

At the age of fifty he retired from the practice of his profession, and took up his abode in Paris. A few weeks since he revisited this country, and made St. Louis for a short period his home. The reception he met with here, the fêtes, the notices of the public press, the receptions, and the universal feeling of respect and admiration which were manifested by our citizens, were but tokens of their high appreciation of him as a professional man, and their love for him as a citizen and a brother. Few men at Dr. Pope's time of life will leave a larger circle to mourn his loss or to venerate his memory. The profession throughout our entire country will award to him that meed of honor which is the just reward of an honorable and well spent life.

Western Homœopathic Observer.

VOLUME VII. SEPTEMBER, 1870. No. 9.

ORIGINAL ARTICLES.

MATERIA MEDICA.

EDITED BY WILLIAM L. BREYFOGLE, OF LOUISVILLE, KENTUCKY.

COMPARED EYE SYMPTOMS.

EYES.

ACON. Painful ophthalmia (also Arg. n.) with blear-eyedness.
Inflammation of eyes from foreign substances (also Calc. c.)

AGAR. He sees things double (also Amo. c., see Gelsem.)
Narrowing of the interval between the eyelids. Muscæ volitantes.

ALOES. Congestion of the eyes. Pressure in the orbits.

ALUM. Spasmodic contraction of lids at night, with pain on opening them (*see* Agnus c.)

AMO M. Obscuration of sight as from a fog.
Yellow spots before the eyes when sewing.

ANAC. Pressure as from a plug in the eyes (also Aloes.)
Contraction of pupils (dilatation *Bell.*)

ANGUS. C. Eyelids are spasmodically opened (*see* Alum.)

APIS. *Œdematous swelling of eyelids.* (Upper eyelid Calc. c., Kali b.; lower lid, Bry.)

ARG. M. Redness and swelling of the edges of the eyelids.

ARG. N. Painful ophthalmia better in open air (also *Puls.*, *see* Acon.)
Mucus in eyes, obscuring sight, or drying up and forming scurfs, opacity of the cornea.

ARNICA. *Inflammation after mechanical injuries.* (*From blows, Symph.*)

ARS. Inflammation with severe *burning* pains.

Inflammation of the inner surface of eyelids.

Scratching on the eyeballs (as from sand, Sulph.; wild hairs, Bor.)

ASAR. E. Inflamed eyes, sunshine, light and wind intolerable.

AURUM E. Fiery sparks before the eyes (fiery zigzags, Spig.)

Vertical half sight (see Gelsem.)

BARYTA. Sees sparks before the eyes in the dark.

Burning, pressing in the eyes from steady looking (see Ars.)

BELL. Eyes *protruding*, *sparkling*, *red*, *glistening*, or dim (also Canth.)

Constant flow of sharp, salty tears (also Euph.)

Things look red (also Cactus g; yellow, Canth.; black, Caps., Cicuta v.)

Congestion to, or distortion, spasm or convulsion of the eyes.

BORAX. *Inflamed eyes from wild hairs* (see Ars. and Ignat.)

BOVISTA. Objects seem too near the eye.

BUFO. Appearance as from a veil before the eyes (also *Caust.*)

BROM. Swelling of the tear gland (right side.)

Darting in left eye, dilated pupils.

BRYONIA. Inflamed eyes worse from heat (also Puls.)

Inflamed eyes from gout (also Clem.; from rheumatism, Cactus g.)

Swelling of the upper eyelids (also Rhus.; see Cham.)

CACTUS G. Dimness of sight, red lights before the eyes (see Bell.)

CALC. CARB. Cutting in the eyes, worse from candle light.

Inflammation of the eyes in infants or scrofulous subjects (also Sulph.)

Inflammation from foreign bodies coming into them (also *Acon.*)

CANTH. Eyes protruding, fiery, *sparkling*, *staring look* (also Bell.)

Muscæ volitantes (see Agar.)

Things look yellow (see Bell.)

CAPS. Incipient amaurosis, objects appear black (see Bell.)

CARBO AN. Eyes feel as if they were lying loose in their sockets.

CARB VEG. Weak eyes from too constant use, or from fine work (also *Ruta g.*)

Hæmorrhages from eyes with congestion to the head.

CAUST. *Appearance as from a veil* or swarm of insects before eyes (see Bufo.)

Sensation as from sand in the eyes (also Sulph., Hepar s.; see China.)

CHAM. Inflammation of lower eyelids (see Bry.)

Twitching of eyelids in children (convulsions, Ignat.)

CHINA. *Amaurosis from a loss of animal fluids* (or in drunkards.)

On reading, the letters are surrounded with a white border, and run together (see Nat. m. and Cicuta v.)

Sensation as from sand in eyes on moving the lids (also Ignat.; see Caust.)

CICUTA V. On reading the letters turn and are surrounded by an areola of the same color as the light (see China.)

Objects appear double or black (double, also Gelsem; see Bell.)

CINA. Gauze before the eyes which cannot be wiped away (see Caust.)

CISTUS C. Sensation as from something passing around the eye, with stitches.

CLEMATIS. Burning and heat in eyes (see Bry.)

Double vision (also Gelsem) flittering before eyes.

COCCULUS. Aching in the eyes at night, they cannot be opened.

Pains in the eye as if it were torn out (with headache.)

COLCHICUM. Ulceration of the left lower eyelid, swelling of lid.

COLOC. Burning, cutting in the eyes (also Euphrasia.)

CONIUM. Coldness or burning in eyes, Myopia, Presbyopia.

Inflammation of eyes; things look red (see Bell.)

CORALL. R. Burning in eyes from candle-light, feeling of sand in eyes (see Caust.)

CREASOT. Inflammation of eyes, twitching of lids, gauze before eyes (see Caust.)

Fillets before the eyes compelling him to wipe them often.

CROCUS SAT. Twitching of lids at night, tears on reading (in warm room.)

CROTON TIG. Œdematous swelling of lids (also Apis, Iodine.)
Ulceration of conjunctiva, contracted pupil, tears and dimness of cornea.

CUPRUM. Eyes fixed, staring, sunken or protruded, glistening, turned upwards.

DIGITALIS. Inflammation of eyes, with gluing of lids, Diplopia. Things look green or yellow (see Bell.)

DROSERA. Stitches in eyes, presbyopia, gauze before eyes (see Caust.)

DULCAMARA. Inflammation of eyes from cold (also *Euph.*), Amaurosis.
Sparks before eyes, electric shocks in eyes.

ELAPS. CORR. Fiery spots before eyes (also Spig.), red bar before them on awakening.

EUPAT. Strong aversion to light (see Graph.)

EUPHRASIA. Pain in eyeball from bright light, dryness, pressure, smarting in eyes, especially in the wind, *Inflammation from cold* (also Dulc.)
Pus from eyes, are glued up at night (also Lyc.)
Obscuration of sight from injuries (see Arn.)
Ulceration of borders of lids (see *Colch.*)

FERRUM. Redness, burning, stinging in eyes, with swelling of lids.

FLUORIC ACID. Feeling of sand in eyes (see Sulph.), *Fistula lachrymalis* (also Sil.)

GELSEMINUM. Eyes feel bruised (also Bry.), unable to keep them open (also Rhus. Sep.)
Vertical half-sight (see Lithium carb. and Lyc.), *double vision controlled by the will.*

GLONOINE. Sparks (especially during pregnancy) flashes before eyes, protruded, wild, staring look (also Bell., Stram.)
Obscuration of sight, with fainting.

GRAPHITES. Inflammation of, with photophobia (see Eupat.), swollen lids.

GUAIACUM. Sensation of swelling and protrusion of eyes (also Gymn.)

HELLEBORUS N. Dilated pupils, staring look (also Stram.), Photophobia.

HEPAR S. *Sensation of sand in eyes* (also Sulph.), Photophobia. Aching in eyes, objects look red (see Bell and Dig.)

HIPPOMANES. Light of the candle looks blue (see Bell.)

HYDROCYANIC AC. Eyes protruded, half open, immovable; insensible pupils.

HYOSCYAMUS. Eyes red, fixed, sparkling, convulsed; optical illusions.

Spasmodic closing of lids (also merc.), pupils dilated (see Bell.)

IGNATIA. Acrid tears during day, agglutination at night (also Lyc.)

Pressure like sand in (also Sulph.; see Caust., China).

Eyelids turn upward (also Lachn.; outwards, Bell; inwards, Bor.)

Inflammation of eye-ball as far as the upper lid covers it.

Flickering, zigzags before eyes (also Bell., Hyos., Lyc., *Spig.*)

IODINE. Œdematous swelling of lids (also *Apis.*, Croton tig., Kali. b.)

Obscuration of sight, twitching of lower lids (also Hell. n.)

KALI BICH. Inflammation of the eyes, they are glued up in the morning (also Puls. at night; Lyc.)

Œdematous swelling of lids (see Apis.)

Albuginea, yellow, puffy, with yellowish brown points like pin-heads.

KALI CARB. *Swelling like a bag just above upper eyelids* (lower lid, Apis.)

Bright sparks, spots before eyes (see Ignat.)

KALI HYD. *Purulent discharge from eyes, corrosive tears* (also Led. p.), swelling of lids.

LACHNANTES. *Eye-brows and lids drawn upwards* (see Ignat.)

Much white mucus from eyes.

LACTUCA V. Muscæ volitantes, eyelids covered with mucus.

LAUROCERASUS. Eyes distorted, staring look, pupils dilated.

LEDUM PAL. Fœtid pus from eyes, corrosive tears (also Kali hyd.)

LITHIUM CARB. *Half vision, cannot distinguish right half o objects* (see Gelsem.)

LYCOPODIUM. *Tears during day, agglutination at night* (i morning, *Phos.*, Puls., Merc.)

Perpendicular half sight (also Gelsem ; see Lith. c.)

Eyes open, fixed, insensible to light.

MAG. CARB. Cataract, motes before the eyes, dryness in eyes

MAG. SULPH. Pains in eyes as though they would start ou (see Euph.)

MANGANUM. Short-sightedness, pressure, heat, dryness in eyes

MENYANTHES. Eyelids stiff, blackness before eyes on reading

MEPHITUS. Pain in eyes on moving them, aching, stitches in eyes Letters run together (also Nat. m.)

MERCURIUS V. Inflammation, cutting under the eyes, blear eyedness.

Lids are spasmodically closed (also Hyos.)

Gluing of lids in morning (at night Lyc.), congestion t eyes.

Scurfs around eyes, photophobia, *scrofulous ophthalmia.*

MERC. SUB. Inflammation, burning, pupils contracted, spark ling, movable.

MERC. PROT-IODIDE. Pain in right eye on awakening, black motes before eyes.

MERCURIALIS PERENN. Weakness, trembling of upper eyelids

MOSCHUS. Eyes turned upwards (see Ignat.), fixed, glistening

MURIATIC AC. Perpendicular half sight (see Gelsem), stitches out of eye.

NAT. CARB. Inflammation of eyes, ulcers on cornea (also Calc. c., Sil., Sach. alb.)

Photophobia, presbyopia, dazzling before eyes, down or mist before eyes, has to wipe them constantly (also Phos., Puls.)

NAT. MUR. *Letters run together*, half sightedness (also Mur. ac.; see Gelsem.)

Inflammation, acrid tears, gluing of lids, spasmodic closing of lids (see Hyos.)

Black points, streaks of light, fiery spots, sparks before eyes.

NAT. SULPH. Weak eyes, burning water from eyes.

NICCOLUM. Objects appear too large, colored circle around the light.

Cloud before the eyes (see Caust.) stitches, twitching in lids.

NITRUM. Colored circles around the light, blackness before eyes (on smelling Camphor.)

NITRIC AC. Spots on cornea, short-sightedness, motes, gauze before eyes.

Fistula lachrymalis (also Fluoric ac.)

NUX VOM. Photophobia, circumscribed red spots in white of eyes.

Bloody oozing from eye, yellowness of eyes, burning, smarting in eyes.

Optical illusions in bright colors, staring look.

OXALIC AC. Objects seem too large (see Nicc.), blindness, with nose bleeding.

Pain in eye-ball.

OPIUM. Eyes fixed, half closed, pupils dilated, insensible, staring, glassy look, eyes convulsed (see Bell.)

PALLADIUM. Dull pain in and behind left eye.

PETROLEUM. Fistula lachrymalis (also Calc., Fluoric ac., Nitric ac.)

Gonorrhœal ophthalmia (also Puls., Merc., Clem., Sulph.)

PHOSPHORUS. *Burning in, with flowing of tears in the wind* (also Euph., Puls.)

Photophobia, contracted pupils, motes, sudden blindness.

PHOS. AC. Glassy, lustreless eyes, coldness in inner border of lids.

Yellow spot in white of eye (also Kali b.)

PHYTOLACCA. Bluish swelling of lids, burning, smarting in eyes.

PLATINA. Objects seem too small (too large, Oxal. ac., Nicc.)

PLUMBUM. Congestion, pressure in eyes, contraction of lids.

PRUNUS SPINOSA. Tearing pain in right eye (left, Pall., Lach.)

PULSATILLA. *Mist before eyes, wipes them constantly* (see Nat. carb.)

Much mucus in eyes, lachrymation in open air (also Phos.)

Incipient amaurosis, or cataract; fistula lachrymalis (see Petrol.)

Gonorrhœal ophthalmia (see Petrol.)

RATANNIA. White spot before eyes impeding sight, slightly relieved by wiping.

RHODODENDRON. Periodical burning in eyes.

RHUS TOX. Œdema of lids (see Apis), blear-eyedness, inflammation, gluing of lids.

Styes on lower lid (also Sep., Sulph.; upper lid, Puls.); photophobia.

RUTA GRAV. Pains in eyes from steady looking, from fine sewing, overstraining.

Green circle around light (see Bell.), gauze before eyes (see Caust.)

SANGUINARIA. Dim eyes, with feeling of hairs in them (also Bor.)

SARSAPARILLA. Eyes painful from light; things look red in the evening (see Bell.)

SQUILLA. Staring look (also Op., Stram.), contracted pupils.

The left eye is smaller than the right.

SECALE COR. Wild look, distorted eyes; double vision (also Gelsem); eyes lie deep in the sockets.

SELENIUM. Itching vesicles around the eye.

SENEGA. Pressing out pain in eyes, hardened mucus in eyes and lashes.

SEPIA. Burning, pressing in eyes, tears, inability to open them at night (also Lyc., Rhus.)

Heaviness of lids (also Rhus.; drooping of lids, Caust.), styes (see Rhus.)

Green halo around candle (also Ruta), black spots, sparks before eyes.

Pustulous or fungous growths on cornea (also Phos., Calc.); amaurosis.

SILICIA. Sudden attacks of blindness, spots, sparks before eyes, gray veil before eyes.

Letters run together (also Nat. m.), ulcers on cornea (see Nat. carb.)

Swelling of tear gland.

SPIG. *Fiery zigzags before eyes* (also Stront.), painful on motion, lids hang down, hard, immovable, far-sightedness, acrid tears, inflammation.

STANN. Dull, sunken eyes, gluing of lids at night (also Lyc.), styes (see Rhus.)

Fistula lachrymalis (see Nitric ac.)

STRAM. Wild staring look, inflamed, red, swollen eyes, contortion of eyes, dilated, insensible pupils, periodical blindness, double vision.

Objects appear blue (see Bell.)

STRONTIANA. Green spots before eyes (see Bell.), fiery zigzags before eyes (see Spig.)

SULPHUR. Gonorrhœal ophthalmia (see Petrol.), sensation of sand in the eye, ulcers on cornea (see Nat. c.)

Photophobia, dim-sightedness, cataract, gauze before eyes (see Caust.)

Halo around candle (also Sepia), gluing of lids, styes.

TARTAR EMETIC. Obscuration of sight, with flickering before eyes (see Spig.)

Ulceration of mibomian glands.

THERIDON CURR. Luminous vibrations, double vision (see Gelsem.); photophobia.

THUYA. Neuralgic pains in eyes, worse from uncovering them.

Sensation as from cold air rushing out of eye.

Swelling and hardness of lids (see Spig.), eyes bloodshot.

Weak eyes, objects seem smaller (also Plat. too large; Oxal. ac., Nit.)

VALERIANA. Inflamed edges of lid (see Kali hyd. and Colch.)

VERATRUM. Eyes fixed, watery, sunken, lustreless, blindness at night.

Paralysis of lids.

VERBASCUM. Contractive pains in eyes.

VIOLA TRICOLOR. Drooping of eyelids (see Caust.)

ZINCUM. Pressure, itching, biting, pricking in eyes; *pterygium.*

Luminous flakes on raising the eyes.

PRACTICE OF MEDICINE.

A FEW REMARKS ON DR. BURT'S ARTICLE—"IN-DWELLING DRUG-FORCE A SPIRITUAL SUBSTANCE."

By JOHN HARTMANN, M. D., St. Louis, Mo.

Says a Latin proverb, "*difficile est satyram non scribere*"; but having too much esteem for my respected colleague to be satirical, he certainly will excuse me, if I, in the course of my writing, shall expose some of the mistakes and contradictions which appear in his article, and which will certainly prevent it from having the effect he desires, viz: "to convince even the most incredulous that everything in creation possesses, besides the material, a spiritual substance."

The first mistake Dr. Burt makes is in selecting for the old and very correctly used term "*dynamic power*" the term "spiritual SUBSTANCE." What is spirit? Spirit is *an immaterial substance, something distinct from matter, something immaterial, incorporeal.* If this is the true meaning of the word, as I believe it is, will Dr. B. explain how a *spiritual* substance can be like a natural substance, either solid, fluid, or aeriform? But what is dynamic power? It is a power which is necessary to move bodies; it is the contrary of statics, and in fact, only a part of mechanical force. We call, therefore, that theory which treats of the *motion* of fluid substances, hydro-*dynamic* or hydraulic; while statics teaches the equilibrium of substance, and when, therefore, applied to fluid substances, we have Hydro-*statics.* Any power, therefore, which is able to produce any motion of bodies, or changes in matter, even if this power be imperceptible to our senses, and only appreciable by experience or by phenomena, is a *dynamic power.* Dynamics cannot be separated from mechanics, and can only be regarded as the smallest particles of an atom which possess the capability of moving bodies, and creating changes or combinations of the molecules

of which everything in creation is composed. The dynamic power of Homœopathic drugs is consequently nothing more than the imperceptible atoms of a substance, which are capable of regulating *those* abnormal motions of the molecules of our system which we call disease; or in other words, of inducing a healing process.

Dr. Burt had a faint idea of a somewhat similar explanation, but after he had mounted "the spiritual hobby-horse," he immediately ran counter to philosophical truth and mixed it up with vague and imaginary doctrines. He says "we cannot find one thoroughly educated man who does not believe in a vital principle; that this vital principle is a substance, and as such must have a *form.* Even thoughts have form." Now, as I understand the doctor, this "vital principle" and his "spiritual substance" must have *form.* What is form? It is the *external appearance* of *matter*, or a *particular model.* Will the doctor admit that the vital principle has an external appearance? Surely not; because at another place he teaches that "the soul is located in the spiritual body, and the spiritual body in the natural body — therefore, the spiritual body is something distinct from the natural, and can consequently have no form, which quality only belongs to a natural body."

Concerning the location of the soul and the spirit, it is very difficult to argue, because this is only surmise, and a scientific article should only aim at the enlightenment of its readers, with results of thought, investigation and experiment, and not with mere examples, as those of the spheres, whereafter the "sphere of the Lord is the holy spirit which shall come from, or is given by, the glorified and ascended person of Jesus Christ." Without intending to wound the pious feelings of the doctor, I believe that such a citation is better adapted for a Sunday-school, than a medical periodical.

I fully agree with Dr. B's remarks concerning the trituration and attenuation of Homœopathic drugs, and his very words are the best explanation of the curative power, even of the two hundredth attenuation, and it is entirely inexpedient and unnecessary to drag the "spiritual substance," as an assistance to such ex-

planation. Very correctly the doctor says, "that *matter* can not be destroyed, and the finer we triturate the atoms of the material drug, the more readily they are absorbed by the system." To this I would add: that as the proximate causus morbi is generally *imponderable*, therefore, the remedies which cure are necessarily given only in a similar quantity to restore the disturbed equilibrium. Headache, for instance caused by *smelling* the odor of flowers, can be cured by *smelling* camphor. Diarrhœa caused by inhaling miasms, can be removed by a high dilution of veratrum. But after swallowing a quantity of poison a similar quantity of its antidote has to be prescribed.

How will doctor B. possibly defend his assertion that the substance of man is different from that of the animal? Are men (speaking of the material substance), something else than animals? If the doctor would read Voigt's and Darwin's works perhaps he would arrive at another conclusion. The gradation of all creation, beginning in the mineral, and in plants, ascends up to man. Man occupies the highest point in the scale—the masterpiece of all created beings—and therefore, his intellect reaches to the highest degree of perfection.

According to the composition of primitive elements, every thing in nature has a different shape, form and quality, and even every species is more or less perfect and imperfect, according to the natural composition of elements. The least derangement in the perfect composition of our body will soon demonstrate to us our relationship with everything in creation. A defect in our nervous system may intellectually degrade us below an animal, and certain abnormities of our blood will create either stone in the bladder, or kidneys, or elsewhere, or perhaps the development of cryptogamiæ in the mucous membranes. If we die, our noble bodies, "in form and feature so express and admirable," are transformed to dust; so says the immortal bard:—

> "Imperial Cæsar dead and turned to clay,
> May stop a hole to keep the wind away."

The doctor makes egregious mistakes in his explanations of the *modus operandi* of curing diseases. He says, that "each

atom of a material substance introduced into the body, has an affinity for *that part of the body* which is made up of *similar chemical materials.*" The affinity alone is *not* sufficient to effect a cure; the drug must be attracted and absorbed to have a curative effect. Similar matter does not attract but repulse each other. It is only dissimilar matter that has the power of attraction. Positive electricity will attract negative, but positive to positive will repulse. If we employ drugs in large quantities, they come in contact with those parts of our system to which they have an affinity, but being of similar quality nature endeavors to remove them, because they act as a foreign body which cannot be absorbed. Ipecac, (to use a familiar example), has an affinity for the stomach, but if taken in large quantities it will be ejected; while in small doses it will not only have the requisite affinity, but will be *absorbed*, and thus regulate the abnormal condition of sick stomach. Why is this? Because, by attenuating the drug, its primitive quality changes. Nitric acid, for instance, is negatively electric, but it becomes positively electric so soon as it is vaporized. This physiological fact may explain why the higher attenuations act contrary to the original drug, and thus is given a part of the solution of that seeming mystery,—the Potencies. These potencies have, in some respect, been the bone of contention among Homœopathists, and the question of attenuation is yet exposed to the violent attacks of the Allopaths, who never appreciate the value of natural laws in prescribing their remedies, and do not understand how it is possible that an attenuation may act *contrary* to the original drug.

With a persistency worthy of a better cause, the doctor makes himself responsible for a theory of Dr. Holcomb in endorsing the supposition that the attractive power of Magnetism, the emission of odors, the rays of light, electricity, etc., are nothing but a *spiritual atmosphere*, and he attempts to prove this by really very curious as well as ludicrous examples. He says that "the dog follows his master by being attracted by this spiritual sphere;" (we suppose he follows a bone when he is hungry for the same reason); "that a magnetized person detects the

character of another by handling a glove the latter has worn;" (especially if "the latter" has been afflicted with the itch, his character would be plainly discovered).

But while the doctor asserts that magnetism and electricity are entirely spiritual, he at the same time teaches that the spiritual *sphere* is nothing but *infinitesimal* PARTICLES, which emanate from a body. "Can it and has it come to this," is it possible that a *particle* from a BODY can change to a *spiritual* emanation? Is not this the greatest contradiction, and a complete *reductio ad absurdum*, especially after saying that "MATTER" cannot be destroyed, even if it is so "attenuated that we cannot see it with our natural eye?" He endeavors to compound the spiritual theory with the laws of catalysis. The doctor flounders in the midst of conjecture, physics, philosophy and medicine, and so often jumps from false premises to draw his *own* conclusions that he reminds me of the student in "Faust," to whom Mephistopheles replies in answer to his many questions, in such ambiguous manner, that the young man, entirely overwhelmed with confusion, is obliged to confess—

> "I feel so stupid from what you've said,
> Like a mill-wheel it whirls in my head."

In conclusion, I would desire to ask Dr. Burt a single question—will he please to answer me. Can the *accumulation* of spiritual forces cause an explosion (not of thought), as for instance, we find from the accumulation of electicity? If the doctor will clearly and distinctly reply to this query, *perhaps* I may be persuaded to enter further into this discussion; for the present *sapienti sat.*

SURGERY.

L. H. WILLARD, M.D., Alleghany City, Editor.

ON THE RELATION OF THROAT DIPHTHERIA TO SEPTÆMIA AND PYÆMIA.

By Dr. TH. BILLROTH, Professor of Surgery in Vienna. Translated by C. A. JAEGER, M. D., Elgin, Illinois.

Croup and diphtheria of the larynx and trachea are of particular interest to the surgeon, as they frequently offer indications for tracheotomy; but this interest is still more enhanced since hospital gangrene and septic inflammation of the cellular tissues are identified with diphtheria, or at least they are considered as closely related. Some confusion has been caused in regard to the latter proposition, and as to what we should understand under the mentioned name; and although no claims are made in this paper to present the subject clearer than Roser has done lately, yet the two cases to be cited here are of sufficient interest to be discussed by the profession.

* * * * * * * * * *

Diphtheria as an affection of the mucous membrane is understood by most clinical teachers as the following condition: The mucous membrane is swollen, firm, rigid; at first very red. In most cases, beside the formation of the rigid infiltration of the tissue, there forms, also, a rigid layer of exudation upon the surface, now as a diffused covering, and again appearing in spots, which are difficult to loosen, and generally not without bleeding. Sooner or later septic intoxication manifests itself, under which the individuals generally succumb. An increase in temperature may be absent entirely, just as in the most dangerous septic phlegmon. If we consider the membrane of the throat as the part where diphtheria occurs most frequently, then we have, in the first place, an independent, epidemic-contagious disease. If pseudo membranes are formed, at any period, where the diphtheritic symptoms are not already present, where the mucous mem-

brane is not rigid, and the general health not disturbed, and i at a later period symptoms of genuine diphtheria do appear, ther it is considered that diphtheria was developed from croup. I there is but little or nothing of the pseudo membrane to be ob served, or if at a later period they should be manifested afte the other diphtheritic symptoms are already prominently devel oped, then such a case would be denoted as primary diphtheria Again, if we consider croup as the first stage of diphtheria, w have then to remark that the disease frequently rests there, an that such cases are not as pernicious in their contagion as diph theria cases without the croupous condition. According t Hirsch, who separates croup from diphtheria entirely, croup i never contagious, and never epidemic.

Most of the children on whom tracheotomy is performed with out good results die either from capillary bronchitis, swelling o the bronchial mucous membrane, with atelectasis of the lungs or because the croup stage passes into a diphtheritic process, wit its septic intoxication.

Some of the clinical teachers will no doubt take exception t these views, because some of them go so far as to consider th first stage of this disease as catarrh, which eventually develope itself regularly in croup, and occasionally in diphtheria, but i such a manner that in each stage the process ceases, and the the stages are of very short durations.

* * * * * * * * * *

Although diphtheria, as described, appears as an independen process, it is nevertheless true that it occurs as a severe symp tom in complication of various exanthematic and other infec tious diseases. Diphtheria is frequently observed in scarlatina and, it is said, it also occurs in typhus, septæmia and pyæmia As to the latter two diseases, Dr. B. says he would have dis puted its occurrence up to a late date, since he believed tha he had made observations, during a hospital practice of fifteen years, in Berlin and Zuerich, of all the most important and in frequent complications of septæmia and pyæmia. The following cases will show that something may yet be learned.

France P., aged sixty-five years, came to the clinic on 8th

May, 1868. He has lost the molar teeth of the lower jaw when yet young. October 1867, he observed first a slightly blushing swelling of the toothless lower jaw in the region of the second molar. About January, 1868, the swelling was enlarged to the size of a hen's egg, and was extirpated by a physician. Soon, however, a relapse followed, the swelling appearing deeper in the jaw, and pressed the same apart.

The patient was a spare and decrepit man, with skin and cellular tissue very lax. When taken in the hospital it was discovered that a central osteo-sarcoma, as large as the yolk of a hen's egg, was located in the left lower jaw, with a few prominent ulcerations in the mouth. May 14th, resection of the diseased jaw bone, a piece one and a half inches long. The wound is completely sutured. The patient had lost considerable blood, and was much affected by narcotics; revives but slowly. On the next day prominent redness and irritable infiltration around the wound, with moderate fever, set in. (Pulse 100, temperature 39.2.)

During the succeeding days redness and inflammation of the throat increased, with very fœtid odor from the mouth. The severing of all sutures, frequent cleansing of the wound, antiseptic dressings, incisions, &c., were of no avail to arrest the ichorous infiltration. Camphor and wine also had no effect to arouse the vitality of the patient.

On the fourth day after the operation unmistakable diphtheria of the soft palate and the superior portion of the pharynx appeared, the velum rigid and coated with a thin, grayish-yellow, coagulated layer, but no dyspnœa; collapsus, increasing very rapidly; the pulse 104 per minute, temperature 49.1.

Patient died on the sixth day subsequent to the operation, and on the second day after the appearance of the diphtheritic process.

The post mortem report is as follows: "The submucous tissue of the throat contains an ichorous infiltration. The mucous membrane of the pharynx larger, and trachea injected, puffed up, firm, and considerably œdematic. The mucous membrane of the palate and uvula is converted into a dirty, greenish crust,

and that of the bronchia is covered partially with pus, forming a deliquescent fibrinous membrane."

Aside from the softening of the not enlarged spleen, the report of the section contains nothing farther relative to the septæmia and diphtheria.

Second case. Karl B., aged forty-four years, butcher, came to the hospital October 6, 1868; a very muscular man, of strong build. Six days previous he was bitten by a hog in the right forearm. The wound, it is said, bled profusely, and was very painful; the arm swollen. Two days later the patient was very feverish. At his entrance to the hospital inflammation and fever gradually increased. The examination showed a jagged wound, the size of a three cent silver piece, situated at the edge of the radius, on the lower third of the right arm. Intense phlegmon of the forearm and hand, and upon the dorsal region numerous blisters containing serum. Patient had had several paroxysms of chill and fever, which returned on the evening of his admittance to the hospital, and also on the next morning. The whole arm was packed in ice, and 15 grs. of China sulph. daily was ordered. On the 8th of October, six days after the injury, fluctuation was perceptible on several parts of the injured arm, but on several deep incisions through the integument and fascia nothing but serum was discharged. The inflammation continued incessantly, notwithstanding the formation and discharging of pus, frequent chills and fever, and diarrhœa. All remedies were of no avail. On 14th October there was pain in the right shoulder joint. On October 15th, the fifteenth day after the injury, *exarticulatio humeri*, as the last resort. Pus was found in the shoulder joint. Diarrhœa continues; no more chills, and fever less. October 16th, patient complained of difficulty in deglutition. On examination it was discovered that the uvula had increased to size of the small finger, and was firm; the arch and the posterior wall of the pharynx covered with a thin, dry, adhesive membrane. On the following day the picture of a throat diphtheria was complete. Collapsus, with an increase of the fever followed. Patient died October 18th at noon, the eighteenth day after the injury, and

the second day subsequent to the appearance of diphtheria. The wound made by the operation was flaccid, without redness, and with no coagulated exudation.

The following are the interesting points in the report of the obduction: "The mucous membrane of the mouth, the palate and the pharynx covered with a yellow-whitish layer, which is quite adhesive. The mucous membrane of the larynx, the trachea and the larger bronchia, are covered with a white, thin, croupy membrane, the uvula much enlarged and infiltrated. Both lungs bloated, containing much pigment and little blood; the lower edge of the right inferior lobe compressed, void of air, and an abundance of blood; the spleen nearly double its size, atheromatous, and soft.—[M. B. Allg. Hom. Ztg., S. 13, 14 and 15.

THE NON-BANDAGING SPLINT.

By Bushrod W. James, M.D., Philadelphia.

The inconvenience and trouble always arising in dressing compound and other fractures with the roller, induced me to bring out this form of splint; and while having it made, the thought of the great freedom to circulation of air around the part, suggested itself, and I further assisted this advantage, by having several additional holes bored in the splints themselves.

The splints are made of vulcanite or hard rubber, which has the property of lightness, and also is very strong even in very thin sheets, and it can, by being heated over a hot fire or in the flame of a gas light (hot water will not soften it as it does gutta-percha), be molded, after a little experience is had in the use of it, to suit the conformation of any extremity or other part of the body. Then after you have given the proper form to the splint, by plunging it into cold water it sets instantly and becomes hard in the form you have given it.

In making the non-bandaging splint for the leg, thigh, arm or fore-arm, &c., two pieces of the vulcanite will be required and adapted in length to the part to be supported. For illustration I will take the fore-arm. Adapt the splint with the hand semi-pronated, or with the thumb looking directly upwards. Cut a piece of vulcanite long enough to extend from just below the inner bend of the elbow to the tips of the fingers, and then cut another to extend from the wrists, carpo-metacarpal junction, up to the olecranon process of the ulna. Make them in width about one and-a-half or two inches wider than the fore arm will be, when compressed between the splints. Now, take the longest piece and heat the upper part, and give its edges a slight curve, so as to be somewhat adapted to the bulge of the muscles of the part; cool it, and then heat the lower part, continuing the slight curve of each edge, on down to the wrist then bend the splint across the flat at the point where the wrist comes against it, a little inwards, while the *edge* that comes against the metacarpal of the thumb, will be given quite a flare or bend in the opposite direction to the curve at the upper part of the splint, sufficient to allow the thumb to rest easily and freely against it. Then give the whole body of the remaining lower end of the splint a curve outwards, with the extreme end inwards, so as to fit the hollow of the hand when the hand is about half closed. This enables the hand to grasp around the lower end of the splint, and prevents its slipping down, if there even could any such result follow after a splint is properly curved above, while at the same time it insures great freedom to the use of the fingers.

Then, take the short splint and heat it well over, curving the edges slightly inwards, while a slight outward bend of the lower end of the splint is given at the wrist, so that the motion of the hand will not abrade the skin at this point. This done, bore a series of holes (with a lathe, if you have one in your neighborhood, as it can be accomplished much quicker than in any other way) along the under edge of each splint, half an inch from the edge, and about three-quarters of an inch or an inch apart. Then make another series of holes along the upper margin, half

an inch from the edge, and with a rasp file cut down to them from the upper edge in a V-shaped cut, leaving a slight hook on the alternate side of each hole, thus making a series of upright hooked projections along the upper margin of each splint. One hole at the carpal end, as well as the elbow end, of each splint, on its upper margin, should be left uncut. Next bore three or four large holes along the body of the splint for ventilation. In applying it, run a shoe lace or cord along through the holes on the under edges of the splints, and lace them like lacing a shoe, and tie the ends of the lace together; then tie a cord about three inches long to the hole at the upper edge of the outer splint; then take a long shoe lace or cord and tie one end to the hole left at the upper end of the outer splint. Thus you have your splints made and ready for application, and you can probably use the same splints on the next fifty or hundred adult cases of fracture of any part of the forearm you may meet with, simply by changing the curves a little, according to the peculiar shape or size of any special forearm. In putting on the splints, slip the forearm between them, and then take the long, loose cord of the upper edge and slip it through the hole at the upper end of the opposite splint to which it is tied, and then run it over and around each opposite alternate upright projection, so that the string makes a series of parallelogram shaped spaces all the way down the splints. Tighten the cord as much as you require as you go down the splints. Finally run the cord through the remaining hole at the lower end of the inside splint, and tie it to the short, loose end you tied on to the carpal end of the outer splint, and its application is completed. It can be untied and loosened in an instant, and removed, and can be reapplied in about the same length of time, while the arm can be watched during the whole progress of the union, which is a great consideration in compound cases, for a hole can be cut in the splint corresponding to the seat of the injury in the soft parts.

In padding the splint surgeons' lint will be found an excellent article, as it does not pack down like raw cotton.

HIGHLY INTERESTING CORRESPONDENCE.

Letter from Prof. J. KAFKA, M. D., at Prague, to Dr. JOHN HARTMANN, Corresponding Secretary of the American Institute of Homœopathy.

MY DEAR COLLEAGUE:—I am really very sorry that it has been impossible for me to answer your valuable letter sooner. At the time your letter arrived I was absent from town, and since I returned professional and other business has so entirely absorbed my time that I could not sooner give you the information you desired.

The picture you have drawn in such colours about the spirited action of the homœopathic physicians in America, is very gratifying. The details are partly known to me and they are proof of their great energy, perseverance and love of a good cause. Only by unity and harmonious action can great results be attained, only by an inspired and zealous activity can we reach our greatest aims. The circumstances in the greater part of Europe generally and in Germany especially, I am sorry to confess, are of such character that the present position of homœopathy is far behind if compared with the gigantic strides that Homœopathy has made in America. An apathy almost of a morbid character, an indifference which can scarcely be conquered has been prevalent among German Homœopathists. The consequence of this weak state of things is in a high degree already felt, and the disposition to unity is very slow. The Central Society of Homœopathic Physicians in Germany numbers about three hundred members. They have yearly meetings at different places and keep a standing polyclinic at Leipsic. In accordance with a proposition of mine, a professor has been installed there who delivers lectures for fees. He has every year to offer a prize for the best articles on Physiological Pharmacodynamics and on Special Therapeutics, and besides this, he is empowered to collect contributions for a Homœopathic hospital. His publishing organ is the "Allgemeine Homœopathische Zeitung" edited by Dr. Veit Meyer. The Society of Physicians of the Rhine and Westphalia have their yearly meetings at Dortmund, where scientific lectures and discussions are the rule of the day. The Society "Hahnemania," at Stuttgart, is composed of Homœopathic physicians and laymen, and has, yearly, a general meeting at Stuttgart. A similar association exists at Annaberg, in Saxony, which has about seven hundred members, meets monthly and even oftener, and popular

lectures are there delivered on Homœopathy. Of local societies I have to mention the Society of Physiological and Specific Medical Art of Healing, at Munich; the Free Society of Homœopathy, at Leipsic; the Society of Homœopathic Physicians, at Dresden; Society of Homœopathic Physicians of Austria, at Vienna; Society of Homœopathic Physicians of Hungary, at Pesth.

In this latter city, not long ago, a resolution was passed in both Houses of the Kingdom of Hungary, to erect a chair for Homœopathy and establish a clinic. This resolution was passed in spite of all remonstrances by the Minister of Education. The very interesting discussion about this matter you can find fully printed in the "Allgemeine Hom. Zeitung," and in the "Hom. Zeitschrift for Hom. Clinic," edited by Dr. B. Hirschel. In Vienna there are three Homœopathic hospitals where no lectures are given. Besides these, there is one hospital at Linz, one at Stein, in Lower Austria, and one at Gyoenyaes, in Hungary. In all these hospitals no provisions are made for delivering clinical lectures. In all Universities in Germany, there is a want of Homœopathic professors; the consequence of which is, that the increase of Homœopathic physicians is very slow, an evil which is very much felt. Our share of patients is very large, and the most of them belong to the better classes; the Homœopathic physicians, therefore, are everywhere overloaded with business, and have, consequently, very little time to do much for Homœopathy as a science. For the same reason we have a great many popular and only a very few really scientific medical writings on Homœopathy; and for the same reason very few practitioners take interest in writing for journals, and the daily press has been little resorted to for such publications of late years. Besides the two above-mentioned periodicals, we have popular medical journals, started for the purpose of propagating Homœopathy, of which the one is edited by Dr. Lorbacher, at Leipsic, and the other by Dr. Bolle, at Paterborn.

By the Universities, Homœopathy is, in some respects, entirely ignored. According to the existing laws, we could have professors at each University, but we have not the right kind of men. Notwithstanding that all my time is occupied by my extensive practice, I would have taken a professorship, if we only had, for practical demonstrations, even a small Homœopathic clinic; without which the lecturing on Homœopathy would be fruitless. The lectures of the deceased professor, Altschul, have injured Homœopathy a great deal. Almost in legions the students came to him from all parts of the

world, and in legions they left again, because he was unable, for w of a hospital, to demonstrate what he taught. Besides this, he l much to suffer from unkind, and sometimes, extreme critics, on count of his adherence to obsolete principles of the Homœopat practice, which made the professorship very disagreeable to him.

If you have read my responses to Dr. Lorbacher's criticisms on work on Therapeutics, in "Allgemeine Hom. Zeitung," of this y then you have found how much I differ in my views about Hon opathy with a great many other physicians, because I tried to occu the stand-point of modern science. We shall endeavor to gain only laymen for our cause, but physicians. Therefore I believe have, in America, taken hold of the right end and have erec Medical Colleges. Only by teaching and demonstrating Homœopa can we obtain the advantage over our opponents. This is ab all I have to communicate at this time. If this letter should arr too late for your report, then I have no objection to your having remarks printed in any one of your medical journals.

I am happy to have had the opportunity to make your acquaintan and would be glad if you would honor me again with a letter. would be very much pleased if the society, of which you are the C responding Secretary for Germany, would honor me with membersh Please give all our colleagues my respectful greetings.

I remain, yours truly,

J. KAFKA

P. S. I almost forgot to answer two questions you put. The is about the dilutions. Rhineland and Westphalia are the seats the High-potency-men, though we find plenty of them in North G many, as well. But the majority of Homœopathists in Germany only the lower dilutions, the 3–6–30. They very seldom go above t 30th. I, myself, use these potencies, and only in cases of very gr sensibility I prescribe the higher potencies. After many trials a experiments I could not be convinced that the higher potencies shou have a better effect than the lower; on the contrary, in many cases came to the conclusion that the lower and middle potencies devel their curative power sooner than the high potencies.

With our medical provings it is the same as with our journa while the latter is in a morbid stage the other suffers from a paraly affection. All the committees for provings have, for several ye past, shown no activity whatsoever, and I believe for want of inter shown them. If we sometimes hear something of new provings, it

the result of trials made by some one who did not hesitate to give his time for proving drugs on himself. The gain by this is very small, but is always reported in the "Allgemeine Hom. Zeitung."

For intermittent fever there is quinia, the king of all remedies. If the sulphate of quinia is not sufficient, we give the bi-sulphate. The latter is, in its effects, more radical. In the earliest times, trials were made with brucia, with the intention of avoiding quinia; but the results were not very satisfactory, and so quinia is yet predominant.

With friendship, yours, J. K.

Western Homœopathic Observer.

ST. LOUIS, MISSOURI, SEPTEMBER, 1870.

☞ To insure publication, articles must be *practical, brief* as possible to do justice to the subject, and *carefully prepared*, so as to require little revision.

☞ Readers of the OBSERVER will oblige the Editor if they will forward copies of local newspapers, or similar matters of importance to the profession, all such will be thankfully acknowledged.

☞ Physicians having changed their locations, or desiring to remove from one portion of the country to another, will please communicate with the Editor, that he may note the same. Records of marriages and deaths of physicians, and other personal news, will also be received and noticed.

☞ All exchanges, books and pamphlets must be addressed to the Editor, No. 1418 Washington Avenue.

EDITORIAL.

In our last issue appeared an article on "Fractures of the head of the Humerus," without the author's name attached. This was an oversight, and happened thus: the article, together with that on "Fracture of the Olecranon," were combined in one essay and published together in a pamphlet, by Dr. E. A. Clark, then the resident physician to the St. Louis City Hospital, whose ingenuity and skill in devising and adapting surgical appliances, has rendered his name already familiar to the readers of the OBSERVER. By permission of the author, we were allowed to reprint the articles in question, but being pressed for space in the June number we were obliged to omit the last portion of the article by Dr. Clark. It, however, remained "set up," and was turned over to the July and August number as it stood, of course without the author's name. We deem it right to make this

explanation, because in Surgical Science, (and we are sorry to knowledge the fact) there are many who *borrow* from their frie and give them no *credit.* We hope that these remarks will cause readers to turn to the article in question and *read it over again,* not only remember the simple contrivance which is so easily appli but that Dr. E. A. Clark is the originator of the same.

We are glad to note that the pamphlet on Encephaloid Disease from Bushrod W. James, M. D., of Philadelphia, an enterprising skillful young surgeon.

Dr. D. R. Luyties, Professor of the Theory and Practice of Me cine in the St. Louis College of Homœopathic Physicians and Surgeo is now, with his family, absent in Europe. He will return in due ti to resume his duties as both professor and physician.

DR. FRANKLIN'S RESIGNATION.

We have received a communication from Professor Franklin, questing the publication "*with date*" of his resignation as Profes of Surgery in the Homœopathic Medical College of Missouri. T doctor, in the paper, gives his reasons for resigning, and after his lo and laborious connection with the old College, his "wisdom and juc ment" in the step taken are certainly shown. In order to render t new school more successful, the Doctor has arranged with the Bo of Trustees of the St. Louis College of Homœopathic Physicians a Surgeons, by which the premises occupied by the old College and which he holds the legal title, will be purchased, and he has kin offered to use all his influence toward the establishment of *one* la school in the city of St. Louis.

The resignation is as follows:

St. Louis, April 13th, 1870.

To the Trustees of the Homœopathic Medical College of Missouri:

Messrs:—I beg leave through the Registrar to tender your hon orable body my resignation of the Chair of Surgery, and while I f thankful for the honor conferred, and have tried to fulfil the imp tant trusts confided to me, I am convinced that the continuance

s Institution under the present embarrassing circumstances, will cessarily eventuate in further pecuniary loss and professional dis-nor, alike injurious to the friends of the Institution and its staff of chers.

Trusting that the wisdom and judgment of the Board will appreci- the necessity of consolidating the rival interests of the two schools one creditable College, alike conservative of the interests of omœopathy and the good of the profession here and elsewhere,

I remain your obedient servant,

E. C. FRANKLIN.

PROCEEDINGS OF THE

AMERICAN INSTITUTE OF HOMŒOPATHY.

CAGO, June 7th, 8th, 9th and 10th, 1870; condensed from the Daily Bulletin of the *Investigator*, by J. S. Read, M. D., St. Louis. Concluded from August Number.

FOURTH DAY.

The Institute was called to order at 10 A. M. by the President, D. ayer, M. D., of Boston, Mass.

The Chair announced that the first business in order would be on subject of Medical Education.

On motion of Dr. Lilienthal, of New York, the report of Dr. Clarke s postponed to the meeting of the Institute of next year.

COMMITTEE ON ARRANGEMENT.

W. Williamson, M. D., Philadelphia;
H. N. Guernsey, M. D., Philadelphia;
R. J. McClatchey, M. D., Philadelphia;
B. W. James, M. D., Philadelphia;
M. Friese, M. D., Harrisburg;
J. C. Burgher, M. D., Pittsburgh,
M. Coté, M. D., Pittsburgh;
J. F. Cooper, M. D., Alleghany City;
W. J. Blakely, M. D., Erie;
R. Faulkner, M. D., Erie;
W. C. Doane, M. D., Williamsport;
C. H. Haeseler, M. D., Pottsville;
Jos. E. Jones, M. D., West Chester;
C. Preston, M. D., Chester;
C. A. Stevens, M. D., Scranton;
Thomas Moore, M. D., Germantown;
A. R. Thomas, M. D., Philadelphia;
O. B. Gause, M. D., Philadelphia.

The Chair announced as Orator for next year, Dr. T. P. Wilson, of Cleveland, O.; as Alternate, Dr. G. D. Beebe, of Chicago. Additional to the Committee on Foreign Correspondence, the name of Dr. Samuel Lilienthal, of New York.

REPORT ON MEDICAL EDUCATION.

Dr. G. D. Beebe, from the Committee on Medical Education, presented a report, of which the following is a summary:

1. No medical school can make good progress without all the advantages of buildings, laboratory, libraries, dissecting-rooms, and hospitals for clinical studies.

2. The studies should be graded.

3. Chairs in medical schools should be filled by men of ability; no other consideration should be held sufficient to cause an appointment.

4. Volunteer lecturers should be in readiness to supply vacancies, and to lecture on minor branches.

5. These Institutions should be endowed with sums that would enable them to secure the best professors from any distance.

6. Preliminary education: Full classical course, or a good English education and course of Latin; knowledge of one living language, so as to be able to read and write it correctly and with ability.

7. Medical education: Progress to be decided by questions and frequent examinations during a three or four years' course. Examination should be by written questions; answers to be in writing.

8. Physically he should be strong. Feeble men should not study medicine, as they have seldom the ability to attain eminence.

9. The standard should be high, and no diplomas should be granted to those who in any way fall below an examination.

On motion of Dr. Dake, the report was accepted and referred.

Dr. O. B. Gause, of Philadelphia: I would like to inquire just the value and force of the acceptance of the report of a committee. Does it mean necessarily that we endorse it?

The President: No, sir; not in this case, because it is referred to the Committee on Publication; otherwise the acceptance of a report is the adoption of the measures proposed by said report. Where a report ends with a resolution, the acceptance of the report adopts the resolution, and the house carries it out.

Dr. Beebe: I move that the committee be discharged. It seems to me unnecessary to tax the Institute every year with a report upon this subject. Perhaps now the Institute is prepared, with the report brought forward last year, and the report which was read on yesterday, to act upon this subject, if it desire to act; and that their time may not be consumed next year, I move that this committee be discharged. Carried.

Dr. Dunham, of New York, from the Committee on Conference with Professors of Medical Colleges, reported the following recommendations:

1. Applicants for matriculation in a homœopathic medical college shall pass examination in a thorough English education, embracing chemistry and botany, together with a knowledge of the rudiments of the Latin language. Graduates of academies or colleges shall not be required to submit to this examination.

2. The homœopathic medical colleges shall, as soon as possible, adopt a curriculum of a three years' course of study, comprising three terms of lectures, which terms shall be graduated as to their subject—the first comprising elementary branches, and the second and third the more advanced and practical branches of medical science. And each term shall embrace not less than eighteen weeks. At the beginning of the second and third terms, there shall be an examination on the subjects taught during the first and second terms, which examination, if successfully passed, shall be final as regards those subjects. Students who have attended lectures in other medical colleges and graduates of classical colleges, shall submit to similar examinations, and may enter the class for which they are found to be qualified.

3. The curriculum of study in a homœopathic medical college shall embrace the following subjects: Anatomy in all its branches, chemistry and toxicology, physiology and histology, materia medica, pharmacy and botany, surgery in all its branches, institutes and practice of medicine, general and special pathology and diagnostics, obstetrics, gynecology and pathology, psychological medicine and medical jurisprudence. Surgery, practice and obstetrics should be abundantly illustrated by clinics.

4. The number of professors to each medical college should be greatly increased beyond the usual number, in order that the division of labor thereby attained may render practicable the recommendations already made respecting the terms and curriculum of study, and in

order that specialism in teaching may be introduced as far as practicable.

5. Graduates of other medical colleges may receive a diploma from a homœopathic medical college upon satisfactorily passing an examination before the faculty in all the branches embraced in the curriculum of subjects taught in the college.

6. Where practicable, examination for the degree of doctor of medicine should be conducted in public, and especially in the presence of a board of censors, not less than three in number, each of whom should be a member of the American Institute of Homœopathy.

7. The American Institute of Homœopathy disapproves the granting of special degrees.

8. The American Institute of Homœopathy approves and recommends efforts to secure the endowment of homœopathic colleges, professorships and scholarships.

J. P. Dake, M. D., moved that the report be accepted, adopted and referred.

A long discussion on this report ensued, which was participated in by Drs. Williamson, Gause, Lilienthal, Dunham, Franklin, Dake, Lord, Morse, Woodruff, Clark, Wilson, Morrison, Talbot, Haeseler, Holt, Beebe, McManus, Youlin, Buck, Patchin, Ludlam, and others.

W. D. Payne, M. D., Bath, Me., offered the following, which were unanimously adopted:

Resolved, That the sincere thanks of this institute be and are hereby tendered to its presiding officers for the very able, efficient and satisfactory manner in which they have discharged their respective duties; to the subordinate officers and bureau committees for the faithful manner in which they have discharged the duties belonging to their several offices, and especially to Dr. Duncan and to those members of the profession of Chicago (the Committee of Arrangements) who have been unwearied in their efforts to have our proceedings faithfully and correctly reported and published daily in the "Medical Investigator" extra.

Resolved, That, both collectively and individually, we tender to the homœopathic physicians of Chicago our hearty and sincere thanks for the cordial manner in which they have received and sustained the American Institute of Homœopathy during its present session; the citizens for their kind and courteous bearing toward us during our stay among them; and to the press of Chicago, who have faithfully and impartially reported our proceedings.

On motion of Dr. Scales, of Massachusetts, the Institute then proceeded to the election of officers, with the following result:

President—D. H. Beckwith, M. D., Cleveland, Ohio.

Vice-President—J. T. Temple, M. D., St. Louis, Mo.

General Secretary—R. Ludlam, M. D., Chicago.

Provisional Secretary—T. C. Duncan, M. D., Chicago.

Treasurer—E. M. Kellogg, M. D., New York.

Censors—F. R. McManus, M. D., Baltimore; L. E. Obor, M. D., LaCrosse, Wis.; G. D. Beebe, M. D., Chicago; R. J. McClatchey, M. D., Philadelphia; T. P. Wilson, M. D., Cleveland.

On motion of Dr. Morse the Secretary was instructed to send copies of the daily proceedings ("Medical Investigator" extra) to absent members who have paid their dues, and of the fourth day to those who leave to-day, at the expense of the Institute.

On motion of Dr. Foote, of New York, the Institute then adjourned to meet in Philadelphia on the first Tuesday in June, 1871.

DEATH OF PROFESSOR GRAEFE.

We are pleased to lay before our readers a few items taken from the daily press, concerning the death of the distinguished oculist, Graefe:

Professor Albrecht von Graefe, said to be the greatest oculist who ever lived, died at Berlin last Thursday, of consumption, in his forty-second year. He was born in Berlin in 1828, and commenced studying medicine at the early age of fifteen at the university of that city, where his father was a celebrated professor of surgery. From 1848 to 1851 he traveled with a view of seeing the hospitals of Prague, Vienna and Paris. He sojourned at the French capital about two years, and it was principally due to his intimate acquaintance with Dr. Sichel and Professor Desmarres, the two greatest oculists of those times, that he devoted himself to a branch of surgery in which he soon became the head of all his colleagues.

In 1853 Dr. Graefe became attached to the university of Berlin. He at the same time established a private hospital and clinic for diseases of the eye, which soon received such a celebrity that it was constantly filled with patients from all parts of the world, and with students of medicine, and even practical physicians and surgeons who intended to devote themselves especially to the treatment of the

various diseases of the eye. The immense wealth left to Professor Graefe by his father, permitted him to establish his hospital on the most liberal principles. The expenses for board were less than in a third class hotel, and there was no charge made for medical treatment. The poor did not pay for their board, while those who had the means paid what they pleased for the professor's attendance. He had an income of upwards of $100,000 per annum from his practice. In 1859 the king invited him to visit his sister, the Empress of Russia, who suffered from an affection of her eyes, and was advised by her physician to pass the winter months at Nice. He remarked to the king that he had six hundred patients suffering worse than the empress, and requiring his presence at Berlin. The king, however, insisted, and permitted Professor Graefe to stipulate his own terms, whereupon the professor agreed to go to Nice if the king would purchase an immense building joining his hospital, and have it set apart for a permanent addition to the infirmary, which, of course, was done.

In 1861 he married the young and beautiful Danish countess Knut, who went to his infirmary as a patient, and whom he cured of a weakness of the eyelids by a method which at the time was regarded by the medical world as the greatest inspiration of his genius. He was suffering from a disease of the lungs when he married, and from that time he passed every year a few months at Nice; but his disease was too far advanced, and he overworked himself dreadfully during the winter months. He was not only an artist as a surgeon, but a man of great universal knowledge, and gifted with the initiative and inventive spirit of a genius. It will, for the next generation, be a great recommendation of oculists that they prosecuted their studies at Berlin under Professor Graefe. There is scarcely a city in the world that does not possess one or two oculists who have perfected themselves under the auspices of that man.

THE FIRST RECORDED REMOVALS OF THE SCAPULA AND A LARGE PART OF THE CLAVICLE.—A. B. Crosby, M. D., Professor of Surgery in Dartmouth Medical College, states that it is creditable to the surgery of New Hampshire that the first three operations on record for the removal of the scapula and a large part of the clavicle were done by New Hampshire men. The first of these was performed by his father, Prof. D. Crosby, and the other two by the late Dr. Twitchell, of Keene, and Dr. R. D. Mussey.—[Med. Record.

/estern Homœopathic Observer.

UME VII. OCTOBER, 1870. No. 10.

ORIGINAL ARTICLES.

SURGERY.

L. H. WILLARD, M. D., EDITOR.

IICAL LECTURE AT THE GOOD SAMARITAN HOSPITAL. AUGUST 20th, 1870.

By WM. TOD HELMUTH, M. D.

ENTLEMEN:—I have called you together this morning to pre- to you two cases of rare interest, and one of them certain- nique.

ere is a patient aged sixty-two years, and you will observe glance the terrible nature of his affection. You see entire right half of his face is gone; bone, muscle, arte- vein and nerve have disappeared, by the corroding nature e affection, which has been steadily on the increase for a n years. The superior maxillary bone is gone, and the e of the right half of the nose, the cheek, the lower rim of rbit, and the ala nasi have been eaten away. The turbi- l bones, the palate process of the left superior maxillary palate bones are brought distinctly into view.

his is a case of lupus exedens, and is so well marked that having seen it, you can readily recognize the affection n. There are two varieties, one the lupus exedens, in which ulceration involves both the integument and the sub-adjacent ctures, and the *non*-exedens, where there are extensive

changes in the structure of the skin, without much consecutive ulceration; the former no doubt is a variety of the cancroid the latter is known by the older authorities as the serpiginous ulcer, it has also received the name rodent ulcer; while the former variety is also called noli-me-tangere, or the corroding ulcer of Clark.

The history of the case is an accurate description of the lupus exedens. It first appeared in the form of a tubercle (by some dermatologists it is classified with the tuberculous diseases) on the ala of the nose; it was as he says, hard and dusky red, quite sore, the soreness sometimes extending into the nostril. After a time ulceration began and a scab was formed which he picked off. It then began to spread with alarming rapidity, and for a time exhibited that especial type of the disease known as *vorax.*

There are several important diagnostic marks, which it is necessary for you to observe, and in which this affection differs from cancer.

Look at this man—he has walked up stairs and goes about the house; he rode with me a mile in my carriage "to have his picture taken," conversing all the time and exhibiting an interest in all that was going on around. To day you see he is quite communicative, and even laughs during his conversation. This is a peculiar mark of the affection, viz: it may continue for years making the most horrible inroads upon the structures which it attacks, and yet the constitution suffering but slightly, thereby differing greatly from cancer, in the which, as you know, there generally is that terrible nervous irritation which often breaks down the system.

If you will examine the parts closely, you will see that they are covered by a dark brown or blackish scab, and that the surrounding integument adjoining the ulceration is apparently healthy—here are two other diagnostic marks. In cancer, you will remember, (from a severe case presented to you during the winter,) the surrounding parts are infiltrated and red, and are filled with cancer cells. You also see that there is *no great* redness around this remarkable chasm, and that you detect scarcely any odor from the ulceration, which is *cleanly cut.* All these

appearances are very different in cancer, and in syphilitic affections, or in Greek elephantiasis, for which the disorder may sometimes be mistaken. Bear in mind then:

1st. The lack of constitutional irritation.
2d. The dark brown or blackish crust.
3d. The healthiness of the integument up to the very margin of the sore.
4th. The absence of swelling, infiltration and redness.
5th. Absence of fœtor.
6th. The location of the disease.

The lupus non-exedens may appear on the face and chest, and spreads in a serpiginous manner, or extends to one portion of the integument while that portion first attacked is healing.

I am sorry to say, gentlemen, that after having presented such a well marked case for your consideration, that at this stage of its progress but little may be done for the patient.

In its early stages the remedies which have proved most serviceable are, arsen., iod. arsen., corr. sub., creosote, hepar, silicia, and sulphur.

In old-school practice the preparations of the chloride of zinc combined with arsenious acid have been applied locally, and sometimes with apparent benefit. Caustic potash has also been highly lauded, and Manet's paste, by certain authorities, has been extolled. It is composed of fifteen grains of white arsenic, seventy-five grains of cinnabar, and thirty-five grains of burnt sponge, made into a paste with water. This application is very severe.

To this man I have given the iodide of arsenic for two or three weeks without benefit. I then used internally the first of the chloride of zinc, which appeared for the time to have had some effect on the disease. I dress it with carbolic acid solution, and to-day shall put him upon acetic acid, pure, five drops in a teaspoonful of water every morning, noon and night.

In the early stage of the affection I would apply the *hot iron* to the part, and begin with the administration of the chloride of zinc internally. I expect but little in this advanced stage of the affection.

Lycopodum, graphites, aurum, nitric acid, sepia, calc. ca
alumina, carbo veg. and thuya, may be tried in the earlier sta
of the disorder, but I am sorry to say I have but little faith
their power to control the disease.

The next very rare case to which I desire to direct your
tention is "Extrophy of the Bladder."

A complete defect or absence of the urinary bladder is v
rarely met with, and if such were the case the ureters would
found opening somewhere on the surface of the body, perh
around the umbilicus, or into the rectum or vulva.

Cases have also been known of what is termed double-bladd
in the which a septum, more or less perfect, has been fou
stretching between the walls of the viscus and dividing it i
two cavities.

The variety of malformation which is most frequently se
and which is also of rare occurrence, is what is termed by
thors, extrophia, or inversion of the bladder. Now it appe
to me that the term "inversion of the bladder," does not c
vey to the mind a proper idea of that arrest of developm
which we are considering. When we say inversion of any l
low body we do not necessarily understand that its *structure*
deficient, but merely that it has been turned inside out; where
in the cases that I have seen and the description of those I ha
read, there has been always a *deficiency in the anterior* wall
the organ.

In the majority of cases, the arrest of development appe
to be first in the abdominal walls, then in the symphisis pub
and finally in the structures immediately beneath.

In the female it is accompanied by an absence of the clitor
and in the male by a fissure of the urethra or line epispadi
In the hypogastric region we find protruding the posterior wall
the bladder, fiery red, with here and there a slight mucous co
of a bluish color. The circumference of the organ is lost in t
surrounding integument, which has the appearance of a cicatr

and is bluish. The orifices of the ureters are found in the lower half of the organ.

In the case before you the rudimentary penis is pushed close to the lower portion of the bladder, and the ureters open by an orifice close to the pubic bones. You can observe the caput gallinaginis with the openings (in the shape of slits) of the vesiculæ seminales. The semen is passed from time to time through these orifices and I have found it on the mucus surface of the open urethra.

The pubic bones are separated about three inches and-a-half, and the posterior exposed wall of the viscus is two and-a-half in diameter; the length of the penis is an inch and-a-half, and has a large fold of prepuce hanging downward. It is well, also, for you to notice the arrangement of the hair, and the superabundant skin, which appears as though it had been pushed aside by the protruding bladder. The testicles are very well formed and the man is apparently healthy. The ureters are large, and as you see, I can pass a gum bougie upward several inches toward the kidney.

The malformation is said to occur much more frequently in males than in females, and the late Mr. Earle, of London, states that after a most careful examination, he has found sixty-eight cases upon record, of which sixty were males. Others have given the ratio as four to one. This is the second case which I have seen, one being exhibited to the class of the Jefferson College, while I was a student, and which I take pleasure in showing you in this copy of "Gross on the Urinary Organs."

Dr. Gross also mentions that he had seen another case in a child from Missouri.

I will read from the "Medical Record" the description of a case I have found there, but which is singular, in the fact, that the writer states that the urine passed outward from slits in the surface. There must be some mistake in this. The case I present has important differences from any heretofore recorded:

First: In the *single opening* of the ureters.

Second: In the split nature of the urethra, the surface being flattened and mucous.

Third: In the wide and slit-like openings of the semin ducts; and

Fourth: In the manner in which the penis may be separat from the protruded wall of the bladder.

Dr. Gross states the disease is utterly irremediable, and the can be no doubt whatever, that, all things considered, there but a poor prospect for ultimate recovery. There has been successful operation reported by Mr. Simon, of London, w caused the ureters to open into the rectum, which was perform by introducing threads from the ureters and carrying them the rectum and there allowing them to remain until the passa was completed. The patient, however, most narrowly escap with his life. Mr. Lloyd's case, in which the communicati was effected by a suture, died on the third day.

The operation of autoplasty, or of taking integument fr the surrounding structures, has been performed twice in t country, once by Dr. Pancoast in the Jefferson College, in 18 and once by Dr. Ayres, of Brooklyn, New York. The lat was more successful than the former.

In the case before us, I have had many ideas, and have ab doned one after another.

First. I had determined to take a single flap from the ab minal wall and having twisted it upon itself, to lay it upon t protruding wall of the bladder, and having refreshed the edg or sides of the integument, sew the flap down, leaving space the opening of the ureter. Upon considering the appare thinness of the abdominal walls and the arrest of developme in all the structures of the mesial line, I was fearful that a su cient supply of nutrition could not be kept up, and therefo this method was abandoned.

At the suggestion of Prof. Read, I next considered the pra ticability of pushing directly backward the protruding wall the bladder, and having left that portion of it below, throu through which the ureters opened, to scarify the edges and cau adhesion in this manner. Upon a close examination of the pa I abandoned this project.

'he operation which I propose this morning was suggested to mind by the following circumstances:

irst. The great redundancy of skin in each groin; and
econd. The avoidance of twisting the pedicles.

proceed in this manner: Taking a piece of wet parchment, ply it accurately over the protruding viscus. I then divide ı half, and lay one half on the one groin, and on the other do likewise. Then with a common pen and ink, I trace out ›wing considerable space for the shrinkage of the flaps,) the of these halves on each groin which I dissect up. I then ect out a semi-lunar flap on that portion of the abdomen im-iately above the bladder, I turn it down to bring the raw ıce uppermost, and raising the side flaps draw them over in mesian line, and unite them with silver pins and wire su-s.

'he operation lasted over an hour and the bladder was com-ely and accurately covered by the flaps.]

he great danger to be apprehended is the sloughing of the , which is caused by the constant dribbling of urine; revent this as much as possible, I shall insert a silver catheter the ureters and then dress the extensive wound with a solu-of carbolic acid and glycerine.

SUPPRESSED ERUPTION.

slated from the French, by N. D. Tirrell, M. D., Professor of Materia Medica and Therapeutics in the St. Louis College of Homœopathic Physicians and Surgeons.

he following article is taken from the July number of the "Bib-èque Homeopathique." It was furnished to that Journal by the or, Dr. A. Cricca, of Smyrna, in the Levant. The interest of the ers of the "Observer" will be much heightened when it is con-ed that the Homœopathic Medical College of Missouri is the ı *Mater* of the Doctor, he having received a diploma from that

institution, at the close of its first session, in 1859. The article presents a truly splendid case of the terrible consequences of a repercussed eruption, especially when of syphilitic origin.]

Towards the close of the year 1860, I received a call from Mr. S. C., Professor of Music, forty years of age, of nervo-lymphatic temperament, who complained of an herpetic affection of the scrotum, occasioning intense itching. Of a robust and healthy constitution, he had always enjoyed good health, with the exception of venereal diseases, of which he thought himself cured by the treatment of the allopaths. I did not conceal from him, after having examined him, that his disease was of syphilitic origin, and immediately advised him to return the next day to take the medicine that I should have prepared for him, and submit himself to a treatment, serious and protracted.

I did not see him again until several days had elapsed, when he told me that he had consulted Dr. E. S., who, by means of frictions with a certain unguent, had caused the complete disappearance of the eruption. The satisfied air with which he told me this part of his pretended cure, did not prevent me from seeing a new victim of the "official" medicine; for, in fact, why doubt, that a host of chronic maladies, the most persistent and dangerous, are due only to the repercussion of exanthema?

Convinced that his cure was but the prelude of new sufferings, I took in him, from this moment, an interest easily understood. I met him some months later; he had much changed, and appeared very much dejected. He told me that it was not the eruption, but that the left testicle had slowly increased in size, and without causing him pain, properly speaking, troubled him enough to make him morose. He informed me also, that seeing no amelioration of his malady, in spite of the prescriptions of his physicians, he intended to profit by the vacations, and visit Italy, with the intention of consulting some medical celebrities. I contented myself with observing to him that he ought to change the system of treatment; as the only means of restoring him to health, was, (in my opinion,) to cause the re-appearance of the

eruption, which his physician had unskillfully caused to strike in; and as he intended to pass through Genoa, I recommended him to my friend and distinguished colleague, Dr. Gatti.

He returned during the month of September, 1861, with a rich collection of the results of consultations, and allopathic prescriptions, having totally neglected Homœopathic counsel, and with his disease much aggravated. Consultation held, our doctors, agreeing for the most part, with their brothers of Europe, prescribed the hydriodate of potassium, taken internally, and accompanied by lotions, baths and frictions.

A year after, at the vacation of 1852, not only had the local malady grown worse, but his general health was affected. He was able, but with distress, to go to Constantinople to consult a German celebrity, who entirely approved of the protracted treatment, only adding to it by prescribing cod liver oil. On his return to Smyrna, feeling the malady persisting, a new consultation was held, in which six leading physicians and surgeons took part. It gave rise to a warm debate, and profound differences of opinion as to the nature of the disease, named according to some, *Sarcocele*, and according to others, *Hydrocele*. To settle the question, they perforated the testicle, and some drops of blood having singly appeared the hydrocele was demolished. They then had recourse to an external application, of which the base was iodine. Nevertheless, towards the end of this year (1862), after two years of suffering, after undergoing a variety of treatment and considerable expense, the patient obtained as the only result, an opinion in writing from his physician; an opinion of which I carefully kept the original, and which narrates the course of the malady. In that opinion the physician stated, amongst other things, that the local swelling had attained the dimensions of a large ostrich egg; and avowed that as the disease had been insensible to treatment, and medical science acknowledged itself to be powerless, he had abandoned the patient to the art of the surgeon; and that it would be necessary for him to go to Italy to undergo an operation which would be equivalent to semi-castration. This was in mid-winter, but as time pressed he resigned his position and made preparations for

his voyage. I met him again about this time. He was much shattered in health, had a cadaverous face, his spirits were much affected, he walked and exercised with difficulty, and digested almost nothing. Tears flowed from his eyes as he recited the preceding details and avowed his despair. Though it was presumptuous, I told him that Homœopathy could still save him, and advised him not to risk a voyage and an operation so dangerous. He gave himself entirely to me. I then examined carefully, and satisfied myself of the size of the testicle, which had finally became very hard and sensitive, and occasioned the patient some pain in the spermatic cord.

Being satisfied that this species of hypertrophy had been caused by the repercussion of the exanthema, of syphilitic nature, and guided moreover by the totality of the symptoms, I intended to prescribe merc. sol., but just then the idea occurred to me of merc. period., which I had seen recommended in a similar case (secondary syphilis) by Dr. Schweilkert, in the "*Rivista Omiopatica*," of the 30th of October, 1862. I administered this medicine in the 3d dilution, two drops per day, in two ounces of water, morning and evening, for a month, (January, 1863). The month passed without producing any difference in the local malady, but I was struck with the general amelioration which had been produced in my patient. He had a better color, good appetite, regular evacuations, good sleep and was in good spirits. In the first day of the month of February, the eruption appeared on the genitals. I then repeated the merc. period. in the 2d attenuation, which he took until the first days of March. During this time an eruption of a stinking, scaly nature extended itself upon the scrotum and perineum as far as the anus, and discharged to such an extent as to render a constant renewal of bandages necessary; while on the other hand the testicle diminished perceptibly, and finally, after two months and a half of treatment, it had returned to its natural dimensions.

The first attenuations of the same medicine, taken at intervals more or less prolonged, removed the diarrhœic stools, during which the exanthema, in drying up, disappeared, and the cure was complete.

We may permit ourselves to draw from the preceding facts the following conclusions, of which every one will easily understand the importance, since our detractors do not wish, I hope, to attribute this case to the effects of imagination:

First. Why did it not occur to those allopaths—who accuse us of being always guided by the symptoms, without rising to the causes,—having, as they did, so many consultations, discussions and meditations,—that the hypertrophy of the testicle was owing to the repercussed force of an exanthema? The fact is not very creditable to their perspicacity.

Second. In sending the patient to submit to a most delicate operation, of which the first result would be a true mutilation, were they assured that they comprehended the cause of the malady? and should they not have known that the evil would reappear in some other place, and necessitate a new local mutilation? What a beautiful method of procedure and of pretended cure!

Third. This cure, so rapidly produced by homœopathy, in a rigorous season, after two years of constant aggravation, can they attribute it to pure chance? and if this cure is due to a reaction of nature, why was not this salutary action produced during two long years of energetic medication and of massive doses? It is for the allopaths either to answer or to confess their incompetency in presence of the fact, that in order to obtain the reaction of nature and cure of this man—a man condemned without mercy, abandoned to the knife of the surgeon—it was necessary to have a similitude between the malady and the remedy, and by consequence, feeble doses.

DR. A. CRICCA.

SMYRNA, March, 1870.

N. B.—Mr. S. C., Professor in a Prussian College at Smyrna, since the treatment completed in 1863, has enjoyed most perfect health; and as seven years have since rolled over, I think I can affirm that homœopathy has made a *radical cure.*

PRACTICE OF MEDICINE.

A CASE OF SEVERE POISONING.

Supposed to be by Rhus Toxicodendron.

By A. E. Lapham, M. D., Plum Hollow, Iowa.

The following remarkable case I deem worthy of the attenti of the profession, and can offer the case as one carefully not at the bed-side of the patient.

On the 18th of June, 1870, I was called to see Anna L., ag six years. Found the patient with high fever, pulse 130, chee flushed and very red, lips parched; condition comatose, thou she could be roused without much difficulty; eyes partly ope balls retracted, pupils dilated; parotid glands much swolle the left more than the right; respiration somewhat labore though not greatly. Deglutition was difficult, and she had vo ited several times during the last six hours, a green, frothy m cus. The patient would not talk, but when aroused and ask where she suffered, she would put her hand over her neck a chest.

I questioned the family closely as to what the child had eate drank or handled, but could elicit nothing to confirm the susp cion which I had entertained of poison. I concluded to awa further developments, and in the interim prescribed acon. 2 bell. 3d, in solution.

June 19. Found the patient in much the same condition; f ver not so high, pulse less bounding, parotids more swollen, en bracing the sub-maxillary glands, deglutition more difficult, bo els constipated. Continued acon. and bell., but gave them i tincture; three drops in separate goblets of water, doses in a ternation, one teaspoonful every three hours.

June 21. Found the patient with less fever, pulse 95, wir The swelling was more extensive, involving the sub-lingual gland

bowels still constipated; head thrown far back, muscles of the neck rigid. The patient at times very restless, rolling from one side of the bed to the other, or rising to a sitting position and falling heavily backward; she could not lie on either side. Respiration in the left lung was much impeded. Continued acon. and bell., one drop in same amount of water; dose and time the same.

June 22. Two evacuations from the bowels, black as tar, but not offensive; her breath was exceedingly fœtid, and the swelling of the glands, rigidity of the neck and constriction of the œsophagus all ameliorated; the deglutition was not so difficult; not so much trouble about the lung; pulse eighty; skin cool, but not moist; somewhat restless. Continued treatment.

June 23. Found patient improving,—swelling of glands entirely gone, constriction of the œsophagus hardly perceptible. Continued acon. and bell. 3d.

June 25. Found the patient much worse; pulse 150; more restless than ever—trying to strike her head against the wall or bed-post; œsophagus much constricted, with inflammation at the cardiac orifice; the vagina swollen, the vulva excoriated, raw and bleeding, the patient trying to tear the parts with her hands; deglutition was extremely difficult. I was informed by the father that the child had seemed better until the evening before, when, on account of the heat, they moved the bed before an open window; that when they were moving the patient they had noticed a slight sweat and rash upon the body; that this sweat and rash disappeared and the fever augmented within an hour. I returned to the tinctures of acon. and bell., using an ointment of merc. præcip., rubbed on the vulva.

June 26. Genital organs less excoriated; tonsils badly swollen, constriction of the œsophagus less apparent; no evacuation of urine since last visit; bowels constipated. Learned from a lady member of the family (not before present) that on the 15th of June the child had gone into a patch of timber near the house and plaited a hat and wreath for herself of poison-vine, biting off the ends of the vines to make the stems even; that on the

16th she appeared considerably bloated, and quite listless, not wanting to eat. Continued treatment as before.

June 27. The patient was much better, except the throat, which exhibited several small ulcers. Prescribed nitric acid and merc. car., in alternation, every two hours.

June 28. Patient much better; ulcers disappeared, tonsils but slightly inflamed. Continued treatment.

June 29. Patient perfectly quiet, no ulcers of throat, tonsils not inflamed, deglutition perfectly easy; patient frequently calls for food, being the first time she has eaten since her sickness; pulse 78; skin cool but not moist, and having a raspy feel; constipation and ischuria still prominent,—the patient suffering much from the latter. Prescribed nitrum and merc. in alternation.

June 30. Was sent for in haste; found the patient with but little fever, but deglutition almost impossible; the tonsils, sides of the glottis and epiglottis were covered with ulcers, but there was no external swelling. She was very weak; her head thrown far back, and respiration very difficult. Sent for Dr. C., in consultation. His diagnosis agreed perfectly with my own, and he advised a return to nitric ac. and the substitution of kali bro. for merc. car.

July 2. Patient the same, the throat appearing gangrenous. Prescribed nitric acid and merc. car. with an occasional dose of ars.

July 5. Throat better; ulcers all gone but two; tonsils, sides of glottis and epiglottis, very red; swelling and tenderness in right iliac region. The patient was excessively weak and would take no kind of nourishment. Continued treatment.

July 8. Throat much better, deglutition comparatively easy; no appetite, stomach rejects everything but medicine; swelling and tenderness in right iliac region more prominent; patient much weaker; decomposition of fluids marked; patient understands all that is said perfectly, but cannot speak.

July 10. This morning there was a discharge of more than a gill of a greenish-yellow pus from the vagina, the patient dying before the discharge ceased.

I applied to the parent for permission to make a post mortem examination, but he could not be induced to consent to it.

MATERIA MEDICA.

W. L. Breyfogle, M. D., Louisville, Ky., Editor.

COMPARED EAR SYMPTOMS.

EARS.

Aconite. *Tearing in the left ear*, (also Guay). Roaring in ears.

Æthusa c. Stitches in right ear. Obstructed feeling in ears. Sensation of something hot flowing from ears. (See Bov., *Cocc.*).

Aloes. *Cracking in ears on reading aloud.* (See Baryta c.)

Alumina. Heat and redness of left ear in the evening. (Right ear, Carbo veg.)

Amm. carb. Roaring and ringing in ears. (See Ant. c., and Arg. n.)

Deafness, with itching and suppuration of ears. (Also Bov. See Amm. m.)

Amm. mur. Deafness; stitches in ears with suppuration. (See Amm. carb.)

Ant. crud. Roaring in ears. (Also Acon., Amm. c., Ars., Aur., Bar., Bell., Bor., Caust., Croc.)

Arg. nit. Ringing in ears. (Amm. c., Bell., Brom., Clem.)

Arsenicum. Roaring in ears. (See Ant. c.)

Deafness; cannot hear the *human voice.* (Also *Phos.*)

Asafœtida. Deafness, with purulent discharge from ears. (See Amm. c. and Aur.)

Aurum fol. Roaring in ears. (See Ant. c.) Deafness.

Fœtid otorrhœa. Also Asaf., Bov., Carbo veg., Elaps., Hep. s.)

Baryta carb. Cracking in ears on walking. (On reading aloud, *Aloes.* On eating, *Nitric ac.* Mang., Calc. c., Sil., Natrum.)

Tingling in ears. Roaring in ears. (See Ant. c.)

Eruptions on ears. (Also Cham., *Graph.*, Sulp., Sep., Hepar., *Cic. v.*)

BELLADONNA. Boring, ringing, roaring or humming in ears. (See Ant. c., Arg. n., Cactus g.)

Shooting in parotid glands. (See Cham.)

BORAX. Roaring in ears. (See Ant. c.) Deafness and suppuration in ear. (See Amm. c.)

BOVISTA. Fœtid otorrhœa. (See Asaf.) Rushing in ears. (See Æth.)

Deafness with itching in ears. (See Amo. c.)

BROMINE. *Ringing, as from bells, in the ear.* (See Arg. nit.)

Painless otorrhœa. (See Aur.)

Hard swelling of left parotid gland. (See *Rhus.*)

CACTUS GRAND. Humming and pulsating in ears. (Also Bell.) Otitis.

CALC. CARB. Throbbing, roaring, humming in ears. See Bell.

Cracking in ears on eating. (Also *Nit. ac.*, Sil., see Baryta c.)

Inflammation, stitches, pulsations in ears.

Deafness from abuse of quinine. (Also *Nit. ac.*, *Secale.*)

CANN. SAT. *Acuteness of hearing.* (Also Cham.)

Throbbing in ears, better from stooping.

CAPSICUM. Swelling and pain under the ear.

Burning and stinging in ears, followed by deafness.

CARBO AN. Roaring in. (See Ant. c.) Confused hearing. Otorrhœa. (See Brom.)

CARBO VEG. Every evening heat and redness of right ear. (Left ear, Alumina.)

Throbbing in. (See Bell. Calc. c.) Fœtid otorrhœa. (See Asaf.)

CAUSTICUM. *His own words re-echo in the ears.* (*Can't hear human voice. Phos.*, Ars.)

Roaring, buzzing in ears. (See Bell.) Stitches.

CHAMOMILLA. Earache in infants. (Also *Calc. c.*, *Puls.*)

Stitches and tearing in ears. (Also Puls.)

Thin pus from ears. (*Thick, green, Puls.*)

Acuteness of hearing. (Also *Cann. s.*)

Swelling of parotids. (Also Bell., Calc., *Merc.*, *Rhus.*)

CHELIDONIUM. Loss of hearing during cough.

Sensation as if wind were rushing out of ears. (See Æthusa., Stram.)

NOPODIUM. Tearing, first in one, then in the other ear.
NA. Humming and ringing in ears. Stitches in ears.
Redness of lobules of ears. (Also *Stann.*)
TA VIR. Deafness. Bleeding from ears.
Burning, purulent eruptions before and behind ears. (Also Graph.)
NABARIS. Roaring in ears. (See Ant. c.) Itching in ears.
MATIS E. Ringing, as from bells, in the ears. (See Arg. nit.)
Burning heat of external ear.
CUS CACTI. Sudden stitch in left internal ear, extending to the left side of the neck and into the sternum.
Itching in left ear.
CULUS. Right ear seems closed. Deafness.
Sound of rushing water before ears. (See Æth., Dig., Therid.)
CHICUM. Discharge from and pain in the ear after measles. (Also Puls.)
Dryness and stitches in the ear (in the evening).
OCYNTH. Throbbing or rushing in ears. (See Æth.)
IUM. Much wax (resembling decayed paper) in ear.
Stitches; humming, ringing in ears. See Arg. nit.)
OSOTUM. Inflammation of left ear, with stiffness in neck and shoulders.
CUS SAT. Roaring, worse on stooping. (See Ant. c.)
ITALIS. Hissing, like boiling water before ears. (See Cocc., Thuya.)
Swelling behind the ear and in parotid gland.
SERA. Roaring, (See Ant. c.) humming, drumming, buzzing, in ear. (See Arg. n.)
PS. CORR. Buzzing in right ear. Confused hearing.
Serous, greenish yellow or bloody otorrhœa. (See Aurum.)
ORIC AC. Itching in, causing children to bore in ears. (Also Mez.)
SEM. Sudden deafness for a short time.
PH. Feeling of water in left ear. (See Dig.)
Moisture behind the ear. (Also *Cic. v.*, Lyc.)

GUAYACUM. Tearing pain in left ear. (Also *Acon.*)

HEPAR S. Fœtid pus from ears. (see Aur.) Whizzing, thobbing in.

Scurfy eruption behind ears. (Also *Graph.*, *Cic. v.*, Lyc.)

IGNATIA. *Hard hearing except for speech.* (Reverse, Ars., *Phos.*)

Rushing, as from wind, before ears. (See Mez.)

JACARANDA C. *Flapping, as from wings, in ears.* (See Mag. c.)

KALI BICH. Stitches from left ear into side of the head and neck, glands swollen and painful to touch (in scarlatina and measles).

Thick yellowish discharge from ears, (after scarlatina.)

KALI CARB. Stitches from within to without. (Reverse, *Puls.*)

Swelling of parotid, (*right*, *Merc.*, *left*, *Rhus.*)

Singing, roaring, whizzing in ears. (See Ant. c.)

KALI HYD. Boring, darting in ears.

LACHNANTES. Singing, crawling, tearing in ears. Deafness during fever.

LYCOPODIUM. Over-sensitive hearing. (Also *Cann. ind.*, Mur. ac.)

Moisture behind ears. (Also *Graph.*, Hep., *Cic. v.*)

Ringing, roaring, singing in ears. (See Ant. c.)

MAG. CARB. Whizzing, fluttering (see Jacaranda), buzzing in ears.

MANGANUM. *Pains concentrate in ear. Stitches, cracking in ears.*

TEUCRIUM M. *Hissing in ears on inhaling or talking.* (See *Dig.*)

MENYANTHES. Cracking in ears on masticating. (See Baryta c.)

MEPHITIS. Erysipelas of ears.

MERC. VIV. Tearing earache. (Also *Cham.*, Bell., *Puls.*, *Acon.*)

Fungus in ear. (Also *Sang.*, *Staph.*, *Phytol.*)

Sounds vibrate in ear. Roaring, buzzing, ringing. (See Ant. c.)

Pus from ears. (See Aurum.)

Swelling of right parotid. (*Left*, *Rhus.*)

MERC. PRO-IOD. Boring outward in left ear.

MEZERUM. Feeling of wind in ears. (See Ignat.)
Tendency to bore in ears. (Also Fluoric ac.)

MOSCHUS. *Loud reports in ears followed by a few drops of blood.* (See Sil.)

MUR. AC. Over-sensitive hearing. (Also Lyc., Sil., Senega, Sul., *Cann. ind.*)
Pressing, throbbing, tingling, humming, whizzing in ears.

NAT. MUR. Cracking in, on eating. (See Baryta.)
Shooting in, with pus from ear. (See Aur.)
Humming, ringing, singing in ears. (See Ant. c.)

NAT. NITR. Coldness of right concha, heat and burning of left. Earache at night.

NICCOLUM. Stinging in ears. Sudden deafness.

NITRUM. Stitches at night. Inflammation of right lobe.
Tension, tearing behind (right) ear.

NITRIC AC. Cracking in, on eating. (See Aloes. See Bar.)
Own words re-echoed in ears. (Also *Caust.*)
Stitches in, pus from ears. (Also Puls.)

NUX MOSCH. Otalgia in right ear. (*Left, Puls.*)
Pains in ears on change of weather, or from a draft of air.

NUX VOM. Shocks, stitches in ears in morning, (evening Puls.)
Sounds re-echo in ears. (Also *Phos. ac., Caust.*) Buzzing, ringing in ears. (See Bell.)

PARIS QUAD. Feeling of hot wind passing out of ears. Pressing, tearing in ears.

PETROL. Moist tetter behind ears. (See Lyc.)
Pus and blood from ears. Deafness; humming in ears.

PHOS. *Difficult hearing, especially of his own voice.* (See Caust.)

PHOS. AC. Sounds re-echo in ears. (Also *Caust.*, Nux vom.) Stitches.
Intolerance to the sound of music. (Violin, viola odor.)

PSORINUM. Herpes or scurfs over and around ears. Pus from ear.

PULS. *Darting, tearing pains in ears, (especially in children).*
Thick pus from left ear. (See Kali b. and Aur.)
Deafness from cold, having hair cut, or from measles.
Hard black wax in ears.

RATANHIA. Chirping in right ear. Acute darting in right ear.

RHODODENDRON. *Sensation as from a worm in the ear.*
Twitching pains in ear. Buzzing.

RHUS TOX. Bloody pus from ears. (Also *Puls.*, *Calc.*, see Aur.)
Swelling of left parotid. (*Right Merc. v.*)

SANG. Stinging in ears with vertigo.

SECALE C. Humming, roaring, often with deafness, (especially from quinine). See Calc.

SELENIUM. Deafness from hardened wax in ears.

SEPIA. Stinging in ears. Thin pus from ears. (Also Puls.)
Swelling of ear. Tetters on the lobe of the ear.

SILICIA. *Stoppage of the ears, which open with a loud report.* (See Moschus).
Swelling and suppuration of the ears.
Hard swelling of parotid. (Also *Merc.*, *Rhus.*, Calc., Bell.
Hearing too acute. (See Mur. ac.)

SPIGELIA. Pressing pains in ears. Periodical deafness.

STANNUM. *Ulceration of the ring-hole in lobule.*
Screaming in ears on blowing the nose.

STRAM. Sense of wind rushing out of ear. (Also Chelid.)

SULPHUR. *Stinging in left ear;* (*tearing Acon.*, *itching Calc. c.*)
Sound of water in ear. (See Mez.)
Hearing too acute. (See Mur. ac.)

SULPH. AC. Deafness as from a leaf lying before ear. Also Ant. c.)

TELLURIUM. Itching and swelling of left ear, with painful throbbing, followed by a watery discharge, smelling like fish-brine, which corrodes the parts over which it flows.

TEREBINTHINA. Sound in ears as from the striking of a clock.

THERIDION. Roaring, as from a waterfall. (See Cocc., Æth.)
Sounds penetrate through the whole body.

THUYA. Sound as from boiling water in ears. (See Dig.)
Stitches from neck into ear. (Reverse, Kali b.)
Oozing from right ear, smelling putrid.

VIOLA ODORATA. Aversion to music (especially the violin). (Also Phos. ac.)

ZINCUM. Earache of children. (Also *Puls.*, *Calc.*, *Cham.*)
Stitches in, swelling of or fœtid pus from ears. (See Aur.)

NICAL NOTES, TRANSLATED FROM FOREIGN JOURNALS.

By C. A. Jaeger, M. D., Elgin, Ills.

LONOINE IN NEURALGIA OF THE TEETH.—Several cases are rted where the seat of pain was in the right molars, and at termini of the infra-orbital nerve, also pain in the right tem- and ear, &c. Pain was continued with sudden spontaneous erbations, now in the right and then in the left jaw, chan- from cheek bone to the ear or head. Neither cold or warm nor motion or rest would aggravate the pain. The gums somewhat swollen and tender, painful to the touch, and ap- longer. Glon. 18, in water, has effected most satisfactory lts.—[Dr. Gaillard, in the Journal du Dispens. Hahnemann.

HEIN AND CAFFEIN.—It is generally known that tea con- the same active principle as coffee. The chemical analysis demonstrated that thein is identical with caffein. Dr. Leven e with both substances, experiments on animals, to ascertain her the physiological actions were the same or not. He to the following results:

ne toxical action of both substances upon animals, are dif- t. Thein, in order to produce the same toxical effects as in, must be administered in double doses. Thein causes ulsive motions in the extremities, which were not observed affein. The other physiological effects are the same. Both oids seem to excite the action of the heart, and process espiration. Through the excitation of the circulation, they ate the central nervous system. The tetanic circulation, h develops itself during their action, is dependent upon the tation of the spinal marrow.—[Archives de Physiologie.

ÆMOPTYSIS—COPAIVA.—Dr. Almis, in Gazette Med. Paris, ks of five cases, of very severe hæmoptysis, where the va- remedies had been used without success, and after prescri- balsam copaiva in capsules, the bleeding was arrested. In ases the bleeding ceased whenever the remedy was given—

they were all cases of tuberculosus. One, a woman 30 years old, a cure was effected. Another case, a man aged 50, the hæmorrhagia always returned, when the remedy was discontinued, but it would arrest it whenever it was given. Dr. A. has also seen very good effects from oleum terebinth. in fifteen drop doses several times a day in hæmoptysis. He adds, that both remedies act merely as palliatives, but even as such are of great value.

IODINE.—Prof. Williams prescribed some few years ago in typhus fever, iodine, and by so doing he discovered a heretofore unknown action of this remedy; namely, *disinfectant.*

He has since that period continued his investigations, and had sufficient opportunity to extend his researches during a wide spread epidemic of typhus in Finland. His former experience was confirmed, that iodine given internally could not more readily arrest the fully developed typhus process, than other well-known means; but that in the beginning of the decline, when properly applied, it modifies the typhus poison, so that the fever is much milder, and the number of deaths evidently in smaller proportion. He has found that iodine is equally of great benefit in abdominal as well as exanthematic typhus.

W. has also met with much success in malarious fevers, by administering iodine. His administration is twelve grains kali iod. to one drm. distilled water. (Does not say how much for a dose or how repeated.)—[Virch. Arch. 47, 2.

TREATMENT OF ITCH IN THE BERLIN CHARITY HOSPITAL.—The patient is put in a warm bath, (27–30°R.) and remains in it about half an hour; immediately after—having been thoroughly wiped off—the patient is rubbed all over, excepting the head, with Peru balsam, morning, noon and evening, say for two days, using every time about forty drops. After the third rubbing—in the evening—the bedding and linen of the patient must be changed, as a precaution against being newly invested with parasites, which may be concealed in the bed, &c. On the morning succeeding the sixth inunction, (being the third day of the treatment), the patient receives a tepid bath, the whole body be-

vashed — sometimes he is rubbed in the bath with green soap. treatment is mild and very effective; the itching is very ly controlled, and the parasites are frequently killed after application.

HLORIDE OF LIME — has been found of great benefit in chol- The remedy is given after the cause and the complications been removed. Dose, from one-half grain to one grain per dissolved in water. Generally, an active cathartic was previous to the lime, and during the first twenty-four hours ovement is observed, which generally continues, and in eight urteen days the cure is completed. — [Gazz. Med. Ital. b. 1869.

HOOPING COUGH. — Dr. Sondahl, in Stockholm, has been essful in the treatment of whooping cough, with kali brom. rders 3.75 parts of kali brom. to 120.0 parts of aqua fœn- vith syr. senega or diacodii. Dose, to small children, a tea nful, &c. Dr. S. recommends this remedy, also, in asth- c affections of children. The remedy, in the opinion of the or, has a specific action upon the nervus vagus, and in- ses the secretion.

ULPHUR VAPOR — has been very successfully used by Dr. berg in Favus. He places a small barrel with live coals the head of the patient, putting a piece of leather or wood ath the vessel as a support, then sprinkles sulphur upon it; vapor thus developed, is confined by means of a paper bag rnet — which fits close to the head of the patient, leaving it in for about a quarter of an hour, and making the applica- daily. The doctor says, that by this application he has able to cure favus in a period of from four to eight weeks. experience extends through several years. The parasitical i, which invest the superficial nerve, die very rapidly, and ays there is no doubt, that the sulphur vapor penetrates to sebaceous glands and destroys there the fungi, if we perse- in the application. — [Der Praet. Arzt., Febr. 1869.

Western Homœopathic Observer.

ST. LOUIS, MISSOURI, OCTOBER, 1870.

☞ To insure publication, articles must be *practical, brief* as possible to do justice to the subject, and *carefully prepared*, so as to require little revision.

☞ Readers of the OBSERVER will oblige the Editor if they will forward copies of local newspapers, or similar matters of importance to the profession, all such will be thankfully acknowledged.

☞ Physicians having changed their locations, or desiring to remove from one portion of the country to another, will please communicate with the Editor, that he may note the same. Records of marriages and deaths of physicians, and other personal news, will also be received and noticed.

☞ All exchanges, books and pamphlets must be addressed to the Editor, No. 1418 Washington Avenue.

EDITORIAL.

OPENING OF THE MEDICAL THEATERS.

Management of the Performances.

There is an outside as well as an inside; a comic as well as a serious aspect; an elevated as well as ridiculous manner in the management of those educational machines, which about this time of the year are put in working order for "the elevation of the standard of medical education," which "offer every facility for the attainment of a complete acquirement of medical knowledge," which possess "large and well ventilated dissecting apartments," "fine museums," "comfortable lecture rooms," and the balance of the old story, which is dinned into our ears from all quarters of the country, and from all medical colleges, whether of the old or new school, eclectic, hydropathic or hygienic.

These various institutions, whose avowed aim is to impart that instruction which is necessary to the "scientific practice of medicine," are undergoing their annual repairs. The innumerable tobacco stains, as far as possible, have been scoured from "the lofty halls of science." Attractive skeletons with highly polished bones are suspended in the most frequented apartments. Malformations the most hideous, and plates of diseases the most unsightly, are arranged with beautiful

ularity on the most prominent shelves in the museum; and the hly perfumed and greasy dissecting room, that fills with ghostly ror the mind of the novice, but which forms the topic of conver-on and is the subject of all the epistles that the second course stu-t writes to a distant though affectionate mamma, has been arranged the reception of its visitors, whether alive or dead. The various nsils are polished to a degree, and the cauldron appropriated to ous boiling purposes has been enlivened by the artistic touches he painter.

radually the students come dropping into the cities made sacred pollo by temples dedicated to his peculiar art. They are anxious enetrate into the mysteries of medicine and its collateral sciences. y of them "thirst for blood," are eager to subscribe for the body he first defunct mortal who is laid on the tables in the dissecting n, and long to know something of those diseases, the concise des-tion of which they may have seen in the "domestic medicine" at e; at whichever institute they imagine their ideas will be most y realized, to that one they immediately attach themselves.

osted on the black-board of each medical college, they find the er in which those lectures, styled "Introductories," are to be de-red, and perhaps on the margin of the card, a written "P. S.," rming "all interested in the study of medicine that on the follow-Saturday a surgical clinic will be held at 12, M., at which time peration, one of the most interesting in surgery, will be perform-" It is remarkable what a series of cases, requiring the most dy surgical performances, present themselves at this season. Could e possible that they are manufactured?

ut let us suppose that the evening appointed for the delivery of first "Introductory" has arrived. Long before the appointed time, owd—if the college is of old standing—is around the entrance he lecture room, impatience is manifested, and tobacco is generally reat demand; although we are happy to believe that the "use of weed" is not nearly so fashionable at present among students, as as in years gone by. The important hour arrives. The bell, ded by the vigorous arm of a consequential Janitor, sounds loud-hrough the hall; the students enter the lecture room and are kly seated. The act commences, a door opens and with heads t and in stately order the luminaries of the profession (attended ys by their satellites) issue from behind the scenes. A little in the , with a small black covered book placed under his arm in the

most approved style, is the "lion" of the evening. As he is recognized by the audience the applause perceptibly increases; as with easy step he moves toward the rostrum, it decreases to a rumbling, which, by the time he has gained the platform, is succeeded by a death-like calm. As for the gentleman himself—a regular old stager—he is perfectly cool and collected; he opens his lecture book, cast an approving and benign smile around the room, and refreshes himself with a glass of water. After having dried his lips with a snow white pocket handkerchief and deposited that article in a convenient position, with a voice

"Like the master tones of a rich instrument"

he pronounces the word, "GENTLEMEN." This is enough for the highly delighted audience, and an appeal of thunder testifies their approbation. He then proceeds to welcome the young gentlemen to the "stately halls of science"—recognizes old acquaintances and is happy to perceive many new faces in the assemblage—then remarks on the many thousands of miles that some have travelled, to be instructed in the noble art of medicine. He becomes tender and pathetic when he relates the parting between the father or mother. sister or brother, [sniffling among the audience] and with a happy expression of countenance, makes mention of some imaginary female, standing on a prominence waving a pocket-handkerchief to a departing lover. [Tremendous and prolonged applause, and the "respected colleagues" in the back ground exchange approving smiles.]

After this introduction it is taken for granted that no subject would prove so interesting to the present audience as a "hasty glance at the history of medicine." The following gentlemen are then introduced, and each with his stereotyped encomium. Esculapius, who on account of the benefits conferred upon his race, was deified by the ancients. Hippocrates, whose aphorisms should be deeply studied by every medical gentleman. The celebrated Arabians, Rhazes and Avicenna, for the hundredth, nay thousandth time are mentioned. Galen and Celsus are spoken of as men whose astute minds pierced through the darkness of error and superstition and discovered afar the gleaming of truth. It is remarked that the dissoluteness of Paracelsus should be partly counter-balanced by the richness of his intellect and the profundity of his thought; and the audience are here informed, by way of parenthesis, that the great man deluded himself with the idea that he had discovered the much-sought-after elixir vitæ, but unfortunately expired at the age of forty-eight with a bottle of his fa-

ite catholicon in his pocket. Then with a burst of eloquence, in ich gratitude and admiration predominate, the "immortal" Harvey nade to pass before "the mind's eye" of the admiring audience. er noting how frequently the most trivial incidents have led to the atest results, the following sentence or something akin to it, is sted in: "For as the falling of an apple revealed to the reflective d of Newton the immutable law of gravitation, so the exemption m a loathsome disease of those much given to the care and hand- of cattle, led the renowned Jenner to discover the prophylactic ues of the vaccine virus." After having mentioned these ancient olders of medical science, the following bears some resemblance to concluding remarks: "But it is useless, gentlemen, to look so far the gloom of ages, rendered darker by perspective, to observe the ght lights in the history of medicine, for in the century in which live, and in our own loved country, the galaxy of professional ghtness is rendered more resplendently glorious by the halo which rounds the immortal names of a Rush, a Physic, a Chapman or a tt, and" (gestures with both hands and energetic) "is it unreason- e to suppose, that some of those whom I now have the honor of ad- ssing, may, after a well-earned reputation in this life, receive their ointed places as the brightest stars in the firmament of medicine, se cheering ray will bring comfort to the sick, the heart-broken, the dying, and whose unvarying radiance, perceptible throughout ages, will steadily pour forth their floods of light, for the eternal efit of the human family!!"

Verbum sap.

Do let us have something new.

BIBLIOGRAPHICAL.

TERNITY: A Popular Treatise for young Wives and Mothers. By T. S. ERDI, M. D., of Washington. New York. T. B. Ford. pp. 451. 1870.

Homœopathy is gradually taking possession of the hearts of the ple, and therefore, a higher order of popular works is necessary n those we have had heretofore. Dr. T. S. Verdi, of Wash- ton, has just written a book, which is styled "Maternity," and

which contains some exceedingly valuable information, not only for young wives and mothers, but also for young and even old physicians. Heretofore the works which were styled "popular," on the subjects treated of in Dr. Verdi's book, were generally "catch-penny" concerns, to entrap the over curious, the young, or the immoral, and their tendency was to increase depravity, and generally to "place sheckels under the girth" of the author, who was in most instances a quack. The fact is, that so generally has this been the case, that the profession as a body has learned to condemn such publications. It required, then, no little confidence in so prominent a member of our school, to hand to the public a complete treatise on a subject of vital import, not only to the "mothers of the period," but to the rising generation. The whole work is full of sound sense and excellent ideas, and the treatment of various diseases is laid down with precision and conciseness. Let some of the mothers to whom this work is addressed, look over the remarks on "How to dress the children;" "How to clothe the infant while asleep;" nay even, "How to appreciate the cries," of the little ones, and *they* will thank the author for his care in their behalf. If they have not sufficient nourishment for their offspring, they may find how to prepare and select from twenty articles. They will find *when* children should study, and *how* they should learn; when to exercise and what games are best for the sexes. In fact this book fills an important place in our popular literature, and will rank with the best essays of the kind in the world.

THE TWO SYSTEMS COMPARED. By R. STODDARD GEE, M. D. Delavan, Wis. pp 306.

Far off in the West, in a small town in Wisconsin, the war of the "'pathies" has been waging. The champion of Homœopathy is R. Stoddard Gee, and he is a Goliath of Gath. The book before us is a "Letter to J. B. Heminway, M. D.," an old school physician who has seen fit to throw discredit on the system of Hahnemann. Dr. Gee spares not his opponent, he is often *very* personal, but at the same time very fearless. When we say that Dr. G. has, besides this book of 306 printed pages, circulated three thousand pamphlets, and delivered over a score of lectures to the people on Homœopathy, and that his life has even been threatened by his enemies, it will be seen that he is indeed in earnest. There are many typographical errors in the work, but taking it altogether, in style, binding and printing, and remembering *where* the work has been done, we say that it is rather a

narkable production. It will be worth possessing for others to read en we have passed away, and will show the author to be a fearless n and a firm advocate of the cause of Homœopathy.

On page 301 we find the following concluding remarks:

'We must say we would much rather have entered into a contro-sy without language destined to injure the feelings of any, with-criticism or sarcasm, without appealing to the prejudices or pas-ns of the public.

'We have, however, only followed the example set by those who ve hurled their odious epithets upon us. We would that this were erwise, and in the battle for right a respectful and honorable spirit ght ever mark the character of rival disputants.

'We have looked for and expect opposition in the practice of mœopathy. We expect to have many a hard fought battle before work is done, before the people are freed from prejudice, which r misrepresentations fan into a flame. But the time has come when sword of persecution by all Allopathists should be sheathed, and estigation take its place.

'When Allopathists will take this course, and act the part of pro-sional gentlemen, rest assured that Homœopathists will follow.

'And finally, that this course may be brought about, and that there y be no more talk on your part, or that of your friends, about our alifications or the respective treatments of the two systems, we make the following proposition:

'We will allow any Allopathist of Delavan to visit our patients h us, and submit our practice to their criticism, provided they will w us to visit theirs, granting us the same privilege. We will each plain, in writing, our views of the case, the nature of the disease, remedies to be given, the size of the dose, what given for, and at effect we designed to produce with the remedy. We will then, ough the columns of the "Delavan Republican," criticise each er's practice. We will pay for your communication and you for rs. Submit to this proposition or the one on page forty-six, or in half of suffering humanity and high heaven, keep silent.

"Respectfully submitted by

"R. STODDARD GEE."

CORRESPONDENCE.

THE BRITISH CONGRESS OF HOMŒOPATHIC PHYSICIANS.

Letter from J. Murray Moore, F. R. C. S.

6, Oxford Street, Liverpool,
August 12th, 1870.

Dear Dr. Helmuth:

I have been waiting till the arrangements for our forthcoming "General Congress of Homœopathic Practitioners" have been completed, in order to give you the names of those who will read Essays before the meeting. Hence the delay of my promised letter. From Dr, Evan Frazer, of Hull, one of the Secretaries, I have this day received the following particulars:

The Congress will meet at Birmingham, (in the Midland Counties. the centre of the great iron and hardware manufactures), about noon, on Wednesday, the 28th of September.

Proceedings will commence with the President's Address. The President, nominated by the British Homœopathic Society, is Dr. Drysdale of this town, who has chosen for his subject "Modern Medicine and Homœopathy."

2d. John Moore, Esq., of Liverpool, on "Ovarian and Uterine Diseases."

3d. Dr. Hayle of Rochdale—(one of John Bright's Medical attendants, I may mention, en passant,)—on "Symptomatology."

4th. Dr. Madden, London, on "How to Study the Homœopathic Materia Medica."

5th. Dr. Sharp, Rugby, on "The Action of Drugs."

6th. Dr. Black, Clifton, on "Acute Rheumatism."

These are all prominent and representative men—extreme Hahnemannians not included—of our school, and your readers will agree with me that sound, interesting, diversified and practical subjects have been selected. We shall all endeavor to make the attendance a success; though there is the greatest difficulty to some of us, practising in isolation, to leave our practice for 24 hours. You will see that three out of the six essayists are from Lancashire, which county there-

seems to be pretty strong in Homœopathic skill, and such is the Here, in England, where people mostly "follow their leader" warm and *reasoning* adoption of Homœopathy by a great "Tribune ne people," like John Bright, has done much for the system in icinity.

congratulate you on the very successful and interesting session of American Institute of Homœopathy—whose proceedings are so reported in your last (double) number.

fear this is the last note I can send you, about the Congress, on unt of its near approach. The members will probably dine together e evening. Yours, very truly,

J. Murray Moore.

GENERAL NEWS.

G. H. Morrill, M. D., St. Louis, Mo., Editor.

w Method of Transfusion of Blood.—Dr. Gesellus, a phy- of St. Petersburg, says *La Santé Publique*, employs the blood e cutaneous capillaries for transfusion, rejecting the use of defi- ted blood and venous blood. For this purpose he employs a little ratus, composed of very thin cupping-glass; a scarificator with een small blades arranged in five rows, and exposed by pressure a button; a small pneumatic pump situated at the superior and l portion of the apparatus; a glass transfusion tube hermetic- onnected at the base of the same apparatus, and capable of con- ng five ounces of blood, the tube terminating in a small trocar pening the vein. Cupping-glass and tube are enveloped in a jack- caoutchouc, which, filled with water at 35°C., prevents the coagu- of the blood. The cupping-glass being placed upon the back e individual from whom the blood is to be taken, and the tube, closed, falling perpendicularly below, it is kept in position with ft hand, while the right hand produces the vacuum by working ston. As soon as the individual experiences a painful sensation, ke of the palm of the hand upon the button of the scarificator, es the blades into the skin and the blood flows. The tube being the stop-cock near the trocar is opened, and the trocar being ed into the median cephalic or basilic vein of the invalid, the

blood enters by force of gravity into the vessel. A turn of the stop-cock interrupts the operation. A graduated scale upon the glass of the tube indicates at each instant the quantity of blood injected.

EATING HAIR.—A woman, aged thirty, died lately in Lincolnshire, who had been under medical treatment for some time for a supposed tumor in the stomach. On a post mortem examination a solid mass, weighing nearly two pounds was taken from the stomach. It formed a rough mould of that organ, and the termination of the œsophagus. It was found to be composed of human hair, and one of her sisters states deceased was in the habit of swallowing her own hair. It is not often such a case is met with.—*Med. Press and Circular.*

ANÆSTHETICS.—The medical men of Lyons, France, have declared for ether and against chloroform. M. Petrequin, ex-Surgeon-in-Chief of the Hôtel Dieu at Lyons, says:—It is evident that the danger lies in chloroform itself. If it kills, it is not because it is impure; *it is because it is in its nature a poison.*

INSANITY AMONG SOUTHERN WOMEN.—Miss Dix has come to the conclusion that snuff-dipping is the chief cause of insanity among Southern women. She obtained her information while on a tour among the Southern asylums and prisons.

CHRONIC CATARRH. The tincture of aconite taken in drop doses every four hours, has cured this troublesome symptom when the ordinary remedies had been tried unsuccessfully. Opium has a similar action in such cases.

ST. LOUIS has decided that prostitution is a necessary evil, and has appointed agents whose duty it is to see that the women are kept in a healthy condition.

THE WOMEN have failed at Vienna, Munich and Edinburgh, whatever they may have accomplished elsewhere, the authorities deciding that only males could legally matriculate.

DR. J. W. BYERS, "Allopath," of Wisconsin, has been appointed missionary to Corsica. He will set sail for the mission in a short time.

ONE OF THE GRADUATES of the Woman's Medical College, of Philadelphia, has gone as missionary to India.

THE

Western Homœopathic Observer.

VOLUME VII.] NOVEMBER AND DECEMBER, 1870. [NOS. 11 & 12

ORIGINAL ARTICLES.

MATERIA MEDICA.

CHARACTERISTICS IN INTERMITTENT FEVER.

By W. L. BREYFOGLE, M. D., Louisville, Ky.,

Realizing the importance of an application of *Homœopathy* to the Intermittent fevers which are now so prevalent, and with a desire to do away with the use of so much Quinine, in the profession, by those "lazy practitioners" who do not care to study their cases, I have been led to compare a few leading symptoms for their special use, believing as I do that every case can be controlled by a *similar* remedy.

ALUMINA. Chill on alternate days, generally in evening.
During day, chill; during night, fever.
Heat ascends over the body. (Also Sepia, Lach., Sulph. ac., Descends, Nat. c.)
Inability to perspire, or one-sided perspirations. (See Merc. v.)

AMBRA GRIS. Chill in forenoon with sleepiness. (Afternoon, Apis, see Nux m.)
Flushes of heat every fifteen minutes, (worse in the evening).
Perspires from least exertion. (Also Merc. v.)

AMMO. CARB. Intermittent fever, with perspiration only on the joints.

AMMO. MUR. Intermittent fever, accompanied with cough. (Diarrhœa, Puls., see Oxalic ac.)

Perspiration on face, palms of hands, and soles of feet. (See Arg. m.

ANACARDIUM. External heat with internal chill. (Reverse Gelsem.)

ANGUSTURA. Chill in the morning, preceded by thirst.

Violent chill every afternoon at 3 o'clock. (Also *Apis*, see Ars.)

Heat at 3 A. M. followed by chilliness.

ANT. CRUD. Intermittent fevers, with desire to sleep, and absence of thirst. (Also *Apis*, see Puls.)

Perspiration on awaking, every other morning. (See Bar. c., Ferr.)

APIS. Chill between 3 and 4 every afternoon. (See Angust. and Ars.)

After the fever paroxysm, sleep. (See Eupat., Ant. c.)

Alternate perspiration and dryness of skin.

ARG. MET. With perspiration only on abdomen (also cicuta v.) and chest. (See Amo. m.)

ARNICA. Internal chill, external heat. (Also Anac., reverse Gelsem.)

Intermittent fever, chill in morning, (also Nat. m.) with drawing pains in bones before fever. (Before chills, Therid.)

Breath and perspiration always offensive.

ARSENICUM. Chill from 1 to 3 P. M., followed by heat, then sweat. (From 1 to 3 P. M., Ars.; 10 A. M. Nat. m. 3 P. M., Angust; 3 to 4 P. M., Apis; 4 to 8 P. M. Lyc.; at sunset, Puls.)

Thirst only during hot stage.

During fever, restlessness, pains in bones, nausea, dyspnœa.

Perspiration at the beginning of sleep. (See Samb.)

During sweat, violent thirst, after the fever, headache.

From abuse of Quinine. (Also Puls., Ferr., Ipecac, Lach., Puls.)

AURUM FOL. With perspiration around genitals. (See Arg. m.)

BARYTA C. Perspiration every other evening, (morning, Ant. c., Ferr.,) often on left side.

BROMINE. Chill on alternate days, with cold feet, perspires easily.

BRYONIA. Intermittent fever with sour or *oily* perspiration.

CACTUS GRAND. Quotidian fever, at same hour every day. (Also Sabad.)

One o'clock, P. M., slight chill, then heat, dyspnœa, (see Ars.,) and pain in uterine region, then slight perspiration. (See Elat.)

Chill at 11. A. M., (see Ars.,) great coldness for two hours, then burning heat, with dyspnœa, pain in the head, coma, stupefaction, insensibility, till midnight, then unquenchable thirst, and perspiration.

CAMPHOR. Icy coldness of whole body, with congestion to head and chest.

Chill, with violent shaking, and debilitating, clammy sweats.

CANTH. Chill, with sweat smelling like urine. (*Like horse urine*, Nit. ac.)

CAPSICUM. Chill *with violent thirst*, (worse from drinking). (See carbo v.)

Sweat *after the chill* without previous heat.

Heat without sweat and no thirst.

CARBO AN. With perspiration offensive, staining linen yellow.

CARBO VEG. Intermittent fever, with *thirst only during chill.* (Also Caps., Dulc.)

Heat without thirst, follows the chills. (See Caps.)

CHAM. Chilliness of some parts, while others are hot. (Also Puls, Rhus, China.)

CHINA. Internal violent chill, with icy cold hands and feet, and congestion to the head. (See Cactus g.)

Thirst is always between the chill and the heat. (See Carbo v.)

Perspiration profuse and *very debilitating.*

Long continued heat, often long after chill.

CICUTA VIR. Chill beginning in the chest, and extends into legs and arms. (See Cina.)

CIMEX. Before cold stage sets in, thirst, and heaviness in lower limbs.

Rage at the beginning of chill.

During chill, pain in joints, contraction in muscles, oppression in the chest, and irresistible sleepiness. (See Apis.)

Great restlessness in the legs after chill, until fever sets in.

Chill is much worse from drinking, (headache).

Sweat with hunger.

Gagging in the œsophagus during hot stage.

CINA. Chill, with shaking, ascending from chest to head. (See Cicuta v., Nat. c.)

After perspiration, (often before chill,) vomiting of food, with canine hunger.

COCCULUS. Intermittent fever, with colic, and lameness in the back. (See Dros.)

COFFEA. Chills running down the back. (See Phos.)

CROCUS SAT. Chill in afternoon, growing worse in evening.

During chill and heat, thirst. (See China.)

DIADEMA. Chill every other day, *at same hour* (*precisely*) with sleeplessness, (see Apis,) no heat, or perspiration following.

DIGITALIS. Internal Chilliness, external heat. (See Gelsem. Anacard.)

Perspiration after the chill, no heat intervening.

DROSERA. Intermittent fever, with sore throat, and nausea. (See Cocc.)

Thirst only during hot stage. (See Carbo v., and China.

DULCAMARA. Chill extending from the back, with violent thirst. (Also Carbo v., Caps.)

Heat with delirium, and no thirst, but followed by hunger.

Perspiration entirely wanting.

ELAPS. COR. Chill at noon, followed by dry heat, and no thirst or perspiration.

ELATERIUM. Much gaping before or during the chills.

During chill pains in head or limbs.

Fever with violent pains all through the body. (See Cactus g.)

Perspiration relieves all the symptoms. (Also Nat. m., Gels., reverse Ars.)

If the intermittent fever is suppressed, urticaria break out all over the body.

EUPATORIUM. Thirst a long time before chill, lasting through chill and heat. (See China.)

Chill generally in the morning. (See Ars.)

The chill is induced or hastened by a drink of water.

Pains in bones as if broken before chill.

During chill, headache, backache, thirst, (see China,) trembling, nausea, aching pains with moaning, or pain in scrobiculus cordis.

During chill and heat, throbbing headache.

During fever weakness, trembling.

Vomiting of bile at the end of the chill or heat.

Fever generally goes off in perspiration and sleep. (See Apis.)

During the apyrexia, loose cough.

FERRUM. Sweat every other day, from morning till noon, (morning, Ant. c., evening, Bar.)

Intermittent fevers from abuse of Quinine, (See Ars.) with congestion, vomiting, or swelling of spleen. (Also Selen.)

GELSEMINUM. Chill commences in hands and feet. (arms, Hell. n., back, Dulc.)

Chill every day at same hour.

External chill, internal heat. (See Anac.)

Nervous chill, wants to be held to keep from shaking. (Also Sulph., Lyc.)

Perspires easily, which relieves the pains. (Also Nat. m., Elat., reverse Ars.)

GRAPHITES. Quotidian fever, shaking chill in the evening about 4 P. M. (Also Lyc.) An hour afterward heat in face, and cold feet, without any subsequent perspiration.

HELL. NIG. Chill begins in the arms. (See Gelsem.).
Heat and sweat as soon as he lies down in bed.

HEPAR S. Chill at 6 or 7 P. M. (See Ars.)
Violent chill at 8 P. M., (see Ars.) with chattering teeth, followed by sweat on chest and forehead.
First chill, then thirst, an hour later much heat, and disturbed sleep.

HYOSCYAMUS. Quartan fever with dry, hacking cough, (at night.)
Perspiration on the legs. (See Amo. m.)

IGNATIA. Chill *with thirst*, followed by heat *without thirst.*
Shiverings with colic and thirst.
During fever violent itching, nettle rash on body.

IPECAC. Nausea and vomiting predominate. Slight chills, but much heat with thirst, no perspiration.
From abuse of Quinine. (Also Ars., Puls, Ferr., Lach.)

KALI BICH. Chill ascending from feet upward.
Chilliness without thirst. (Also Puls, Apis.

KOBALTUM. Chill from 11 to 12 A. M., languor till 2 P. M., then fever and sweat. (See Ars.)

LACHESIS, Returns every spring, or after abuse of Quinine. (See Ars.)
Chill in afternoon, (See Ars.) continuous talking during hot stage.
Thirst before the chill. (Also Puls., Petrol., China, during chill, Lyc.)

LEDUM PAL. Chill as if cold water were poured over him. (Also Rhus, Merc. v.) (See Apis.)

LOBELIA INF. Drinking increases chill which ends in sweat and sleep. (See Apis.)

LYCOPODIUM. Chill from 4 to 8 P. M. (See Ars.)
Thirst predominates even after sweat.
Vomiting between the chill and heat. (Also Puls.)

MAG. CARB. Sweat with thirst from midnight till morning. (Also Mag. mur.)

MAG. SULPH. Chill from 9 to 10 A. M. with sweat in the afternoon.
Heat of single parts while the rest are cool.

MERC. VIVUS. Chill as if cold water had been poured over him. (Also Rhus, Led.)

MERC. SULPH. Chill with nausea, from 10 A. M. till 2 P. M. (See Ars.)

Fever with violent thirst.

MEZEREUM. Intermittent fever with asthma.

NAT. CARB. Heat descends over the body. (Ascends, Sepia. Lach., Sulph. ac., Alum.)

NAT. MUR. Chill at 10, A. M.. (see Ars.) Icy cold hands and feet. (Also Gelsem.)

Perspiration always relieves him. (Also Elat. makes him worse, Ars.)

Chill with great thirst, headache ending in profuse sweat.

NAT. SULPH. Shaking chill at night, with much anguish and thirst. (Also Nicc.)

NITRIC ACID. No thirst during chill or heat. (Also China. Puls, Apis.

NUX MOSCH. Double tertian fever. (Quartan, Hyos. See Rhus.)

Intermittent fever with great sleepiness. (See Tartar em.)

NUX VOM. Chill in evening, then one hour's sleep, followed by heat, headache, and nausea.

Shaking chill, with gastric, (see Sabad.) or bilious complications. (Also Lyc.)

Chill without thirst, then violent heat with thirst, vertigo, anguish, or delirium.

OXALIC ACID. Chills following an attack of diarrhœa. (See Puls.)

PHOSPHORUS. Heat at night, with sweat, faintness, and hunger, followed by chill, with chattering of teeth.

Chilliness more up and down the back.

PHOS. ACID. Shaking chill, followed by high fever, but no thirst.

PULSATILLA. Intermittent fever with thirstlessness. (Also Apis.)

With constipation from abuse of Quinine. (See Ars.)

Vomiting between the chill and heat. (Also Lyc.)

During the apyrexia, mucous diarrhœa. (See Oxalic ac.)

RANUNCULUS SCEL. Chill, after midnight, with heat and much thirst.

RHUS TOX. Quotidian or tertian fevers. (See Nux m.)

Chill, as from cold water being poured over him. (Also Led., Merc. v. See Verbas.)

Heat, as from hot water thrown over him. (Also Ars.)

SABADILLA. Chills running up and down the body. (Back, Phos.)

Fever always at same hour.

Thirst only between the hot and cold stage. (See Eupat.)

With gastric troubles (see Nux v.,) and dry spasmodic cough during the cold stage.

SEPIA. Intermittent fever, with thirst only during chill, (also Caps., Carbo v.,) icy cold hands and feet, violent heat, and profuse sweat.

SILICIA. Intermittent fever, heat predominating. (Coldness Tartar em.)

Periodical sweats, from 11 P. M. to 6 A. M., or 3 to 5 P. M. (See Ars.)

STANNUM. Chill every forenoon, at 10 o'clock. (Also Nat. m. See Ars.)

Heat every afternoon, from 4 to 5 o'clock. (Also Lyc., Puls.)

STAPH. Tertian fever with symptoms of scurvy.

Canine hunger before and after the paroxysm.

STRAM. Sleep during hot stage, violent thirst on awaking.

SULPHUR. Chill from 10 A. M. till 3 P. M. (10 to 11 A. M. Nat. mur., 11 to 12 A. M., Kali c., 1 to 2 P. M., Ars, 3 P. M., Apis, 4 to 8 P. M., Lyc.)

TARTAR EMETIC. Intermittent fever with lethargy. (See Nux m.)

Coldness predominates. (Heat, Sil.)

THERIDION. Pains in bones as if broken before the chill. (Before fever, Arn.) Foam at the mouth before chill, drowsiness before chill. Violent chill with thirst. Ice-cold sweat over whole body.

VERATRUM ALB. Intermittent fever with external coldness of body.

Heat, with delirium, red face, sweat without thirst.

VERBASCUM. Lateral coldness, as from cold water thrown over him. (See Rhus.)

NUX AND SALT. This seems to be a popular remedy, with many, for the relief of Intermittent fever, and is prepared by triturating 1 grain of Nux vomica, and 9 grains of common table salt, with 90 grains of sugar of milk. The same difficulty, however, presents itself, as after the use of stronger remedies, viz: the disease reappears on the seventh day.

As for indications for its use, see Nux vomica.

It is generally given one dose (of 1 or 2 grains), just as the chill makes its appearance, and followed by the application of warm covering to induce perspiration.

PRACTICE OF MEDICINE.

THE SWEDISH MOVEMENT CURE.

By Dr. L. TRANEUS, from Sweden.

"Bodily Exercise is one of the most important means in the cure of nearly all chronic diseases."—FORBES. *British and Foreign Medical Review.*

As the practice of medicine within the past decennaries has shared many profitable accomplishments from the latest investigations in all branches of natural knowledge, likewise it has turned to its own use several arts, originally not regarded as being scientific, thereby enriching itself and bringing these arts to further development. Such has been the career of medical gymnastics.

Already in the old times, movements either self-performed or

executed by others were used for medical purposes in several temples; even at the present time they are applied by the Chinese, Hindoos, and a great many of the savage tribes. But in spite of the amplest recommendations from the most eminent authors and physicians of all ages: Plato, Aristotle, Plutarch, Hippocrates, Galen, Pliny, Philostratos, Ætius, Sanctorius, Fr. Hoffman, Sydenham, Boerhaave, Van Swieten, Mercurialis, Fuller, Tissot, Pugh, Aubry, Broussais, Delpeche, Bonnet, Tegalas, and a good many others, they were never brought into a system—seldom used in the medical practice, and frequently disregarded as being of non-curative value, and referred to the arts of fencing, dancing, &c.

It was reserved for a Swedish fencing master, Prof. Ling, (born 1766), to bring the vast experience of benefits derived from gymnastic movements into a system as scientific as others in medicine, and from that time medical gymnastics have been regarded as an almost essential branch of therapeutics, and have been developed and tested by many physicians.

Gymnastic movements have been thus classified:

1. Active:—Most frequently used by convalescents or young and strong persons.

2. Half-active:—Where resistance from the patient in less or greater degree is afforded.

3. Passive:—Totally executed by a gymnast, the patient at complete rest.

This last class of movements, apparently so gentle and weak, are, if repeatedly applied, of the highest value in treating weak persons. If we imagine as examples three cases: the first of elevated shoulder; the second, of habitual constipation, and the third, of prolapsus uteri connected with anæmia, they would be treated in the following manner:

1st Case:—Elevated shoulder (right side), anguli costarum of the same side rendered more acute. The indications are:

A. To bring the right lung to its proper expansion, by percussions around the right side, by deep inspirations, the patient being on the back with extended arms, etc.

B. Strengthen the relaxed dorsal extensors of the right side by means of oblique raising from bent-standing position; of shoulder-turning rotation to right from left position, by profound flexion of the body, &c.

2d Case. Habitual constipation of old people from sitting a long time in a curved position. The indications may be:

A. To increase the secretions from the liver by means of percussing around that organ, &c.

B. To promote the peristaltic movements and the removal of the excrements by stroking the belly in certain directions, and by kneading the abdomen.

C. To increase the weakened strength of the abdominal muscles, by half-active flexion of the trunk from the straight-standing position, and screw turning of the body from one side to the other under resistance, &c.

3d Case. Prolapsus uteri, blennorrhœa, anæmia of a multipara. The indications may be:

A. To bring about increased elasticity and contraction of the ligaments of the womb, as well as the whole sexual system, by palpation of the spine, os sacrum and the buttock, by a shaking impression above the arcus pubis, and by an upward lifting movement from same place towards the navel.

B. To increase the inspiration by arm and chest movements.

C. To increase the digestion by certain gastric movements. It is easily understood, that the movements must be performed in a careful, gentle, but firm and settled manner by the gymnast, so that no acute pains or suffering may trouble the patient.

The age adapted for medical-gymnastic treatment, is nearly unlimited; small children of four or five years of age can very well use it, if their mental development and education have made them capable of understanding and obeying advice given. Old, weak persons of seventy years can well sustain ali carefully given movements.

SURGERY.

EXTROPHY OF THE BLADDER—COMPLETE EPISPADIASIS.

ACCOUNT OF THE OPERATION, AND THE AUTOPSY.

By J. S. Read, M.D., Professor of Anatomy in the St. Louis College of Homœopathic Physicians and Surgeons.

This condition, arising from a deficiency or cessation of development in the median line of the abdominal wall proper, immediately above the symphysis pubis—a portion of the parietes of the bladder, usually the trigonum vesicæ completing the abdominal wall—can well be looked upon as the most remarkable malformation of that viscus, if not a monstrosity almost too formidable to be even ameliorated by surgical procedure.

Although the malformation is most remarkable, always exciting wonderment and pity, still the cases on record are not a few in number, for it is said that Percy,* in the course of his practice, witnessed not less than twenty cases of it. Gross† has met with six cases in his practice, while Mr. McWhinnie, of London, has witnessed nine cases. The late Mr. Earle, of London, states that after a most careful examination, he has found sixty-eight cases upon record.

In the cases of this malformation on record, there exists a remarkable degree of similarity. The umbilicus is absent, the funis passing in at the upper border of the vesical tumor: in one of Dr. Gross' cases,‡ the umbilicus was present, well developed, situated immediately on the upper border. Although the tumor presents great diversity, it is in general globular or ovoidal,

* Gross on Urinary Organs, p. 116.

† Gross' Surgery, Vol. II.

‡ Gross on Urinary Organs, p. 118.

sionally only is it irregular. In infancy it is usually small, ɜt in the adult it is proportionally increased in size by regu- evelopment; varying in the extremes from the size of a ed walnut to that of a goose's egg. Small, flat, even con- when in recumbency, it is enlarged and strongly convex ɜt standing; coughing, sneezing, or any exertion that tends ll forth an effort of the abdominal muscles, has a tendency crease its prominence at the time. The surface is usually ular, tortuous, fissures of varying depth forming as it were olutions; the surface is usually of a bright-red color, covered a mucous secretion, which protects it in some degree from njurious influences of the atmosphere, rendering it moist and ening; the sensitiveness varies with the age of the patient, the character of the mucous covering; the parts being quite tive and tender in young persons, liable to bleed on the test touch, while in adults the sensitiveness is much less, ered so in many cases by the character of the covering, which in adults of advanced age takes on the appearance of a neous pellicle, which is most marked at and near the edges. stillicidium urinæ not only irritates, reddens, and excoriates vesical and contiguous cutaneous surfaces, rendering the un- nate patient uncomfortable to himself, but often quite dis- ng to those with whom he has to associate.

ne vesical surface usually, almost invariably, presents the rnal orifices of the ureters situated at the inferior part of the r, each marked by a small tubercle or elevation of the sur- either conical or rounded, from which the urine dribbles tantly. In Dr. C. H. McGill's case,* the mouths of the ers were not discovered, the urine apparently exuding from arge fissured fungoid surface of the tumor.

nearly all the cases the pubic bones have been deficient, bodies being absent; consequently the pubic arch is not ed, the interval between the remaining osseous parts vary- from two to five inches; the gap being closely filled in with amentous substance, dense and strong. (Denman, Walker,

---

Medical Record, June, 1866.

Coates, Roose and others, record cases in which no separation, no gap existed; however, they are rare.) The pelvis is consequently broader and flatter than in individuals ordinarily. Inguinal hernia is a very common occurrence, sometimes on one, sometimes on both sides. The penis presents many changes both in size and form, usually shortened and flattened, with or without glans. In one of Dr. Gross' cases the lateral measurement was upwards of two inches, while the antero-posterior was ten lines; it may be entirely imperforate, or complete or partial epispadiasis may exist; the penis is usually bent backwards, and furnished with an imperfect prepuce, in some instances the prepuce being quite large, in others scarcely noticeable, loose and flabby or hardened; sometimes furnished with a well developed frænum, in others the frænum being entirely absent. The cavernous bodies, attached below to the ischii as in the natural condition, are small and narrow, and are not always united along the middle line, except just behind the head of the penis. When complete epispadiasis exists, the urethra has the appearance of a small gutter, the lacunæ being scarcely noticeable; posteriorly the orifices of the ejaculatory ducts can be seen, usually smaller in size than natural, situated on each side of the veru-montanum; also the rudimentary prostate gland with its very small ducts, made visible only by pressure externally in this region. The seminal vesicles are always small, represented usually by two little tubercles, situated behind the inferior part of the vesical surface. The scrotum is sometimes completely absent, at other times it exists merely in a rudimentary state; the testicles may be fully developed or quite rudimentary, contained in the scrotum, lodged in the groins, or contained in cutaneous bags at each side of the tumor; they are very rarely absent.

The intestinal canal often presents changes in size and situation; the rectum generally natural, at times is considerably dilated, and sometimes again is so contracted as to give rise to great pain and difficulty in defecation.

The sexual appetite varies in different individuals, running through all grades, from absence to frequent tormenting desires.

It would be natural to suppose that the size—the develop-

ment of the testicles would exert a governing influence in this respect, but it is not so. While in the case mentioned by Dr. Henry W. Ducachet, of New York, the testicles* were well developed, and the venereal desires intense; in Dr. C. H. McGill's case, before mentioned, although the testicles were well developed, the patient had never experienced sexual desire. At times an orgasm occurs without the patient's experiencing any desire whatever, being unable to give the proper interpretation to the phenomenon. The emissions, in most cases imperfect, generally ooze out, the erections attended with uneasiness, if not absolute pain.

From the many peculiarities of conformation in the male parts in this malformation, procreation is impossible.

This malformation occurs most frequently in males. The late Mr. Henry Earle, of London, had found in various authorities sixty-eight cases, of which sixty cases occurred in males. Mr. H. M. McWhinnie observed nine cases, seven males, two females. Dr. Gross has witnessed six cases, all males. M. Isidore G. St. Hilare estimates the difference to be in the ratio of four to one.

Although in females afflicted with this infirmity the changes are great, they do not in all cases prevent menstruation and conception, as in the case reported by Dr. Daniel Ayres, Brooklyn, New York.† The patient, twenty-eight years of age, had borne a child at maturity, and was afterwards afflicted with procidentia of the uterus, which appeared externally. The clitoris may be absent, or if present deviates from the normal, sometimes situated at one side of the median line; the imperfectly developed nymphæ are usually disunited, the pudendal lips absent, or of moderate size, and covered with hair, usually extending from the sides of the tumor towards the anus, without forming the fourchette.

The vagina is usually rudimentary—short, narrow and flattened, with a transverse slit or fissure-like orifice. The uterus, sometimes rudimentary or absent, is sometimes fully developed,

* Third Volume American Medical Record.

† Prince on Plastic Surgery, p. 88.

thus admitting of menstruation and conception, as in the cases recorded by Thiebault and Dr. Daniel Ayres.

This condition is looked upon as utterly irremediable. All that can be done is to palliate the patient's suffering by attention to cleanliness. With this object in view, urinals of various shapes and materials have been constructed; while to prevent excoriation of the cutaneous surface, pomades, cerates and suet have been used.

Surgical procedure has been limited to plastic operations, and to operations for the purpose of establishing outlets for the urine via the rectum. The very unsuccessful termination of the operations by the first method, do not afford much encouragement for repetition, the only successful case being that of Dr. Ayres, of Brooklyn, N. Y.

The complexity of this case renders it quite difficult of comprehension; the author's originality entitled him most assuredly to the success gained. A short time previously, Dr. Pancoast operated at the Jefferson College clinic; although the operation was performed with consumate skill, partial adhesion only occurred between the edges. These two cases are the only ones on record in this country.

Mr. Lloyd, of London, attempted to establish an opening between the bladder and rectum by means of a seton; the peritoneum was perforated, and the patient died in a few days. Mr. Simon, of London, succeeded in making the ureters open into the rectum, by passing instruments, armed with threads, from the former into the latter; the threads being retained until communication was perfected. Although violent constitutional symptoms ensued, the patient recovered; the opening in the abdomen being covered by a pad.

Taking all risks incident to operation into consideration, the slight degree of the amelioration of the patient's condition, and the liability to disagreeable and dangerous disease of the rectum arising from the presence of the irritating urine constantly there, and we have sufficient to make the most ambitious surgeon hesitate, if not discountenance operative interference.

'ASE.—The subject of this article, Irwin Lee, of Nebraska ', came to this city (St. Louis, Mo.) about the middle of ;ust, 1870, to see if anything could be done to render his dition more endurable, stating that he would prefer death to inuing in his miserable condition.

Ie was about twenty-four years of age, muscular develop- t good, being five feet ten inches in height, erect, and ghed one hundred and fifty pounds; a slight urinous odor es- ed from the urinal (his own construction) he wore. His eral health was good. On examination the following facts e developed: The umbilicus was entirely absent. There a deficiency of development of the pubic bones, entire ab- e of the pubic arch, a gap of two inches and a half interven- ; the abdominal wall in the median line, immediately above pubes, was entirely deficient, the deficiency being nearly ular, measuring three inches and a quarter in diameter, the ral measurement being about three lines the greatest.

'his deficiency of development of the abdominal wall proper, supplied at the expense of the bladder; the trigonum vesicæ g all that remained of that viscus. It appeared as if the y developed bladder had been projected through this opening, ; adhesion had taken place between the walls of the bladder the edges of the orifice, at the circle of contact, and that the protruding portion of the bladder had sloughed off, leav- a circular cicatrix, slightly drawn or puckered, nodular and surrounding the exposed mucous surface of the trigonum cæ, which presented an abruptly convex surface, with several volutions, the whole surface being dark red, moist and ing. A little to the left of the centre of this surface, a nt dimple could be seen,—the orifice of the ureter, from which urine escaped every four or five minutes. The discharge ed, the edges would roll inwards, taking on the office of a ncter. A small sized bougie could be passed very readily the kidney. I could not discover any fibres of the tri- ularis vesicæ.

'he penis was an inch and three-quarters long, and three- rters of an inch in breadth, and presented the most complete

case of epispadiasis possible; the urethra being exposed throughout its whole extent, its surface being continuous with the surface of the trigonum vesicæ, presenting posteriorly the veru-montanum; opposite the vesical end of the veru-montanum, and three lines distant on either side, were the very distinctly visible slit-like opening of the ejaculatory ducts, from which the semen escaped two or three times each day.

The prostate gland was rudimentary, the orifices of the prostatic ducts becoming barely visible when pressure was made externally in this region. Owing to the fact that a dense cartilaginous growth occupied the pubic arch, the glands of Cowper were entirely wanting or rudimentary, no orifices being discoverable; the mucous membrane of the urethra was much paler than that of the trigonum, and presented but indistinctly several of the orifices of the glands of Littré in the fossa navicularis.

The testicles were the usual size, the scrotum the proper shape; the under surface of the penis and the scrotum were furnished with redundancy of integumental tissue, which was also continued upwards and outwards, making the inguinal folds quite prominent, the grooves quite deep; the parts being all well supplied with hair. The patient mentioned that at times the penis would swell, wishing to know the cause—evidently an erection, unaccompanied by sexual desire.

To render the patient's life more endurable, Dr. Helmuth proposed the following plastic operation: In the primary operation (the operation to comprise a primary and secondary) two flaps were to be made, one from each inguinal region, the nodular cicatrix freshened up, and the flaps extended, meeting at the median line, there to be held by silver wire, and hare-lip sutures; a third flap from above the vesical surface to join with the upper borders of the inguinal flaps, thus completely covering in the raw, moist surface; a silver catheter, small size, with a slight lateral curve, so as to bring the main stem of the catheter into line with the urethra, conducting the urine safely away, held in position by silk passed through the eyelets, and secured to an adhesive band around the abdomen.

ne primary operation successful, the secondary compre-
ed, paring the edges of the penis, uniting them over the
l silver catheter; while posteriorly the edges were to join
the edges of the inguinal flaps, thus giving the penis its
er shape.

PERATION—Performed by Professor William Tod Helmuth,
., Surgeon of St. Louis College of Physicians and Surgeons,
Surgeon to Good Samaritan Hospital:

rofessor H. had determined to take a single flap from the
minal wall, and, having twisted it upon itself, to lay it upon
protruding wall of the bladder, and having refreshed the
s of the integument, sew the flap down, leaving space for
ntrance of the catheter. The apparent thinness of the walls
rred him from carrying this out. At the suggestion of the
er of this the following plan was considered: To push back
protruding vesical wall—scarify the edges on either side,
oximate them by deeply-placed hair-lip sutures, and thus
e adhesion. This was also abandoned; and on August 20th,
., the following operation was performed in the presence of
ors Franklin, Nibelung, Tirrell, Morrill, Goodman, Gun-
ch, Campbell, Garrett and Read, and quite a number of
ents:

king a piece of wet parchment, it was applied accurately to
protruding viscus; it was then divided in halves, one being
in each groin; the flaps were then traced with ink, an allow-
being made for shrinkage; the flaps being dissected up, and
nodular edges of the vesical tumor being refreshed, they were
down over it, and held by silver pins and wire sutures; a
-lunar flap was then dissected up, on that portion of the
men immediately above the vesical wall; it was then turned
n, being held by wire sutures. The catheter was inserted,
wound dressed with a solution of carbolic acid and glycerine.
ng the operation the external epigastric arteries were both
The operation lasted one hour and fifteen minutes.

ne patient recovered at 6 P. M.; had considerable nausea and
ing, for which ignatia was administered. Compresses, satu-

rated with calendula, were placed in the cavities in the groins. He was kept in sitting posture, in order that the urine would pass more readily.

August 21.—Restless night, on account of posture; the urine trickles alongside the catheter; about one pint has been passed. Can retain nothing on the stomach—bilious vomiting every twenty minutes—attributed to chloroform; for this condition ipecac 3 once every two hours was given. Removed some large clots in groin. Hæmorrhage from left groin quite profuse, which was checked with Monsel's styptic. The retching has put the flaps on the stretch, and forced the canula out; parts washed with calendula solution.

August 22.—Called out early in the morning. Catheter had come out, urine trickling through wound. Dr. Goodman replaced it. At 2 P. M. much improved. Adhesion seemed to be taking place, and raw surface to be granulating. Had to allow him to get into bed—very stiff from long sitting. Some cough, with immense amount of expectoration, easily ejected.

August 23.—Catheter clogged with blood forced out, urine passing on both sides of flap; took out one pin; wound had not healed underneath sufficiently. Wound beginning to gape—two new sutures were put in. Complains of erections at night—presses catheter into the surface of the wound. There appears to be no healing process going on below; tendency to slough in the flaps; at superior part healthy granulation is taking place.

August 24.—Catheter out again at night. Wound looks badly below—healthy above. Most severe cough, raising large quantities of thick pus. Stannum 3. Great deal of swelling around the opening of ureter, but finally succeeded in introducing a No. 4 flexible catheter about five inches—fixing it to penis by narrow adhesive strips—thus carrying off the urine.

August 25.—Pulse 110; slept better last night; has had some diarrhœa—great rumbling in bowels; very thin passages. Phos. acid 3. After each operation a tablespoonful of a watery solution of it. Opened catheter by means of a wire; half a pint

of urine was discharged, which must have been contained in the ureter and pelvis of the kidney.

From this date for several days he gradually improved. His diarrhœa lessened and his pulse came up, but he still withal appeared to be losing flesh.

September 1.—Complained of great weakness; diarrhœa of a cadaverous odor came on; pulse 120; great pain along the track of the ureter, and some bloody discharge; no appetite and great discouragement; cough worse in the evening; the wound has united at the uppermost extremity, and the raw surfaces are gradually filling up, but the parts below are all open, and the ureter so sensitive that he cannot bear the introduction of the catheter. Carbo. veg. 30—one powder every four hours.

From this period he gradually sank—his cough and diarrhœa increasing steadily, with great prostration, indicating no doubt a tuberculous condition of the entire system.

Autopsy.—The autopsy was made about fifteen hours after death. The expression of countenance did not indicate that great suffering had been endured, but I should not have recognized the face, so greatly had he emaciated. The skin was sallow, the veins showing distinctly; the odor from the suppurating surface was scarcely perceptible, owing to the judicious use of carbolic acid. The flaps taken from the inguinal regions right and left, had united at the tips, in the median line of the body, immediately over the mucous surface of the vesical portion of the abdominal wall; union had also taken place between the flaps and the surface external to the mucous surface. No union had taken place between the flaps and the mucous surface; the orifice of the ureter was filled with calcareous matter, about the consistency of thin mortar, some particles being so large as to prevent the entrance of the bougie.

The incisions being made, one in the median line, running from an inch above the opening of the ureter to the sternum, meeting the lateral incision, the flaps were carefully turned outwards.

Above, the abdominal walls were of the usual thickness,

gradually getting thinner towards the inguinal region, where they were quite thin. The round ligament of the liver attached to the upper and inner surface of the vesical portion of the wall, was now cut. Lying in the left hypo-chondriac region, and extending down into the left lumbar region, in immediate contact with the abdominal walls, was the kidney—filling the left lumbar region so completely as to leave no space for the descending colon, and small intestines. The peritoneum was greatly thickened, not only in the renal region, but throughout the whole extent. The renal capsule was quite small, about one-half the normal size, and of very loose texture.

Tearing the kidney away from its attachments it was measured. In the great circumference it measured *nineteen and three-fourth inches*, around the lower part, *twelve and three-fourth* inches; near upper end, *nine and three-fourth inches*. The ureter was twelve inches long, slightly sacculated; towards the lower end, just as it was about to enter the vesical substance, it was greatly reduced in size; the walls of the ureter varied in thickness from one line to three lines, the thickest portion being above; this thickening extended to the pelvis of the kidney, which appeared as if it had been enlarged, the appearance being wholly due to the increase in the thickness of its walls.

The pelvis of the kidney and the ureter were both filled up with a calcareous matter, about the consistency of thin mortar. The mucous membrane being finely dotted with minute calcareous particles that were with difficulty rubbed off.

The kidney of the right side was entirely absent, not a vestige was there, nothing even rudimentary.

The ascending colon was in its proper position, but did not extend high enough; the descending colon commenced on the right side of the spine, crossed it, dipping down underneath the small intestines to join with the rectum; the ascending and descending portions were united by the transverse colon, about three inches in length, these three parts forming a small arch towards the right side of the body.

The mesenteric glands were enlarged; many of the small glands presented a grayish appearence. The vas deferens was

the usual size, the spermatic cord was normal in every respect. When, however, the vas deferens reached the internal abdominal ring, it turned abruptly, forming a very acute angle, then proceeded in a straight line for the seminal vesicle, which was rudimentary. The vesical portion of the abdominal wall was three-fourths of an inch thick, composed principally of fibrous tissue. The interval between the bones at the pubic symphysis, was filled in with a dense fibro-cartilaginous growth, interspersed with cellular spaces or cavities, lined with fine vascular membrane.

The cremaster muscle was more fully developed than I have ever seen it; its fibres being continuous with those of the internal oblique, forming a thin, flat muscular covering for the cord, before it began to break into loops, which were also fully developed, and very distinct.

EFFECTS OF INCREASED ATMOSPHERIC PRESSURE UPON THE HUMAN BODY.*

With a Report of Thirty-five Cases brought to the City Hospital from the Caisson of the St. Louis and Illinois Bridge.

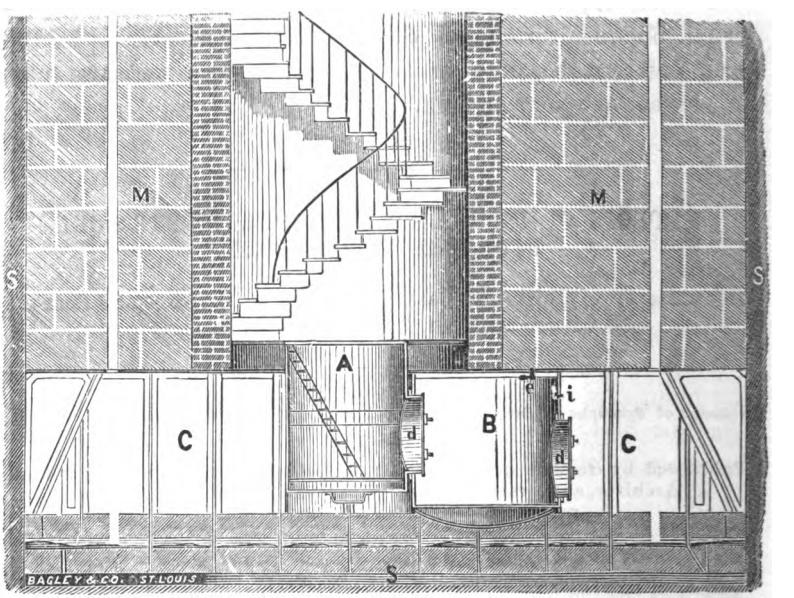
BY E. A. CLARK, M. D.,
Professor of Principles of Surgery and Surgical Anatomy in the Missouri Medical College.

[Published by request of the St. Louis Medical Society, in the Medical Archives, and printed in the "WESTERN HOMŒOPATHIC OBSERVER," by permission of the author.]

MR. PRESIDENT:—The members of this Society having, by resolution, requested a detailed report of the cases treated by me at the City Hospital, who were affected from working in the compressed air in the caisson of the bridge now being constructed across the Mississippi river at this city, I would submit the

* It is with much pleasure that we are enabled to lay before our readers an essay of such import as the above. The opportunities for observing the action of an atmospheric pressure of fifty pounds to the square inch, upon the human body, have rarely, if ever, been afforded, and therefore, the interest that necessarily attaches itself to the subject must be acknowledged by all

following thirty-five cases. Though most of them present in many respects a degree of sameness, there is, in some of them, a contrast in the symptoms and results, calculated to confuse any pre-conceived idea we may have had concerning the pathology of the affection. But before venturing to present these cases I think it proper, for the benefit of those who are not familiar with it, to give a brief description of the manner in which the piers are constructed, and the caisson entered at the bridge, which I have illustrated by the following wood-cut, showing a section of the pier with its shaft, and caisson at the bottom.



The caisson, C C, upon which the solid masonry, M M rests is octagonal in shape, eighty feet long, forty-five feet wide, and

medical, as well as other scientific men, the world over. In the paper, there is a record of the treatment of the entire thirty-five cases—of these we have, for want of space, printed but six cases, viz: those numbered IV., X., XIV., XX., XXIII., XXXIII.,—which were those that proved fatal, and we have selected them on account of the post mortem examinations. The summary at the end of the article will show the ratio of cures.

nine feet high, constructed of heavy boiler iron, like a large box with an open bottom. This caisson, like an immense diving bell, is sunk to the bottom of the river with its open part down. Once resting upon the sand, S, at the bottom of the river, air is forced into the caisson by means of pumps, until the atmospheric pressure is sufficient to resist the pressure of the entire volume of water in the river surrounding the caisson, so as to prevent the water entering it at the bottom, where it rests upon the sand; while the compressed air also subserves another purpose, that of assisting to support the column of masonry resting upon the top of the caisson. The amount of atmospheric pressure required for these purposes, varies at different times,—always increasing, of course, as the work on the masonry progresses—but increased or diminished according to the depth of water in the river which has to be resisted. At the time the workmen were most affected, the caisson was resting upon the rock at a depth of ninety-five feet, the pressure averaging from forty-five to fifty ponnds to the square inch. It is in this compressed atmosphere that the workmen have to labor at digging up the sand and "puddling" it preparatory to pumping it out by large sand pumps, thus allowing the caisson to sink in the sand as the weight of stone is increased upon the top of the pier, which is always above the water. Through the centre of the pier there is an open shaft ten feet in diameter, with a circular stairway, A, landing at the bottom of the caisson, which is entered through the air lock, B, which is an iron box six feet square, in the following manner: on reaching the bottom of the stairway, the air lock is entered through the small door, d, which opens inwards. This door is then closed and the air forced into the lock through the air valve at i, until the pressure is equal to that in the caisson, when the door, d, communicating between it and the air-lock swings open, while the entire pressure is then bearing upon the first door entering the air lock. The manner of coming out is just the reverse of this; on entering the air lock from the caisson the door communicating between is closed from without and the air allowed to escape from the "lock" through the valve at e, until the

pressure is reduced to that of the common atmosphere, when the outside door is opened.

While passing through the air lock, which requires about five minutes, persons complain of but little inconvenience, except the unpleasant ringing in the ears from the increased pressure upon the tympanis. This, however, subsides when the pressure has become equalized, and with but few exceptions the workmen suffer no unpleasant sensations during the two hours they remain in the caisson, but after entering the open air they are attacked in from five minutes to twelve hours with the symptoms detailed in the following cases, for the compiling of which I am indebted to my assistant, Dr. T. A. Arnold:

* * * * * * * *

CASE IV.

George G., aged thirty years, nativity Germany, was admitted to hospital, February 27th, 1870, after having worked two hours in the caisson.

Symptoms. — On coming out he was at once attacked with severe pain in the lower extremities, which was soon converted into a dull aching sensation along the whole course of the limbs. When he arrived at the hospital was suffering very little pain, but had perfect paraplegia, including the bladder and sphincter ani. Had some pain of a migratory character, confined almost exclusively to the joints of the lower extremities.

Treatment. — The galvanic battery had been perseveringly applied before he left the bridge, without benefit, and on arrival at the hospital cups were applied along the whole course of the spine, but no change of symptoms followed.

March 1. All the previous symptoms existing together, with partial anæsthesia of lower extremities.

March 11. Complained of pain in the hypogastric region, and on introducing the catheter drew off a thick mucilaginous material with a small quantity of bloody urine. Warm fomentations with medium doses of opium soon relieved these symptoms; the paralysis of the bladder and sphincter ani disappeared and the patient seemed much better.

April 1. Had contracted severe bed-sores, and was furnished with a water bed, which made him comfortable: There was then not much change in his symptoms, till May 1, when he complained of intense pain over the whole of the abdomen, which was only partially relieved by warm fomentations and the administration of opium. From this time he declined rapidly and died May 8, 1870.

It should have been stated in this case, that during most of the time his lower extremities were so completely paralyzed, and the hyperæsthesia so intense, that even exposing his body to a slight current of air would cause him severe pain and involuntary movements in his paralyzed extremities.

The Post Mortem,—revealed extensive lesion of almost every organ in the body. The brain was very much softened, and there was an extensive deposit of pus beneath the arachnoid, covering almost the whole surface of the brain; the arachnoid and dura mater were so completely adherent that they could not be separated, and there was a considerable amount of exudation between the dura mater and the cranium. The dura mater of the cord was very much thickened and opaque, while instead of the spinal fluid, we found nothing but a serous pus. The substance of the cord itself was softened to almost a pulp to as high as the fifth cervical vertebra. The walls of the bladder were immensely thickened, while at the same time softened and saturated with extravasated blood. The mucous membrane of the bladder was partly denuded and in a gangrenous condition. The kidneys were considerably enlarged, and contained several small abscesses, both in their cortical and medullary substances. The spleen was enlarged to three times its normal size, and very much softened. The lungs were not so materially affected, though somewhat congested, most of which was hypostatic and *post mortem.*

* * * * * * * *

CASE X.

J. S., aged twenty-two years, nativity Germany, was admitted March 10, after working two hours in the bridge.

Symptoms.—Very severe pain in the lower extremities, and also in the shoulders. In a few hours paraplegia occurred, with marked mitigation of pain. The paralysis extended to all the interior organs of the body, the bladder and sphincter ani. On catheterizing, the bladder was found filled with almost pure blood, and this condition continued for several days.

Treatment.—His pain was quite relieved by the hot bath, so much so that he slept in the water; but perfect paralysis and anæsthesia of the lower extremities continued unimproved.

March 18. Complained of great pain over different portions of the body. No appetite; is quite feeble. Alcoholic stimulants, and a nutritious diet were ordered, but he sank rapidly, and died March 22.

Post Mortem.—The brain and spinal cord were found highly congested, the latter being softened in many places into a pulpy consistency. There was evident subarachnoid effusion and probably more than a normal quantity in the dura mater of the cord. Small drops of extravasated blood were found at different points on the external surface of the latter membrane. All of the abdominal viscera were surcharged with blood; the lungs suffering less in this respect than any of the other organs. There were clots of extravasated blood found in both kidneys; one of the ureters was very much enlarged. The mucous membrane of the bladder was thickened and presented the appearance in many places of ecchymosis, which condition was continuous along the whole course of the urethra. The bladder contained a small amount of bloody urine.

* * * * * * * *

CASE XIV.

J. M., aged thirty-five years, was admitted March 14, 1870. A few hours before admission had visited the caisson, where he remained two hours.

Symptoms.—On coming out he had suddenly lost the power of motion of both upper and lower extremities, but felt no pain at that time. A few hours after admission he recovered the use of his arms and could move the legs slightly.

Treatment.—Hot baths, followed with opium. General hyæsthesia ensued.

March 16. All pain and hyperæsthesia had disappeared. ne bloody, with a fœtid, disagreeable odor.

March 17. Urine still bloody, and patient quite feeble, from ch time he sank rapidly and and died on the 19th.

Post Mortem.—The brain and spinal cord, including the men-es, were found highly congested, with marked subarachnoid sion. The substance of the cord was slightly softened in the er portion of the dorsal region, and the veins in this portion the cord were thrombosed. Small clots of extravasated od were found on the external surface of the dura mater in h the cervical and dorsal regions. The thoracic and abdom-l viscera were found highly congested; the lungs being much so than any of the other organs. Clots of extravasated od were found in the left kidney. The bladder contained a ll quantity of bloody urine. The mucous membrane of that an was thickened, and presented the same ecchymosed patches cribed in case No. ix.

* * * * * * *

CASE XX.

John Wagner, aged 32 years, was admitted March 17. He rked in the bridge two terms, of two hours each, on the day of nission, and on coming out the last time was suddenly at-ked with severe pain; first in the arms and shoulders, and n after in the lower extremities. The pain continued very lent for several hours, when paraplegia occurred, involving bladder and sphincter ani, with marked mitigation of the n.

Treatment.—He received none at first, but after a few days um was required to relieve the pain, which, by this time, had urned.

March 25. No pain; could move his feet very little. He l, after this date, no continued pain, but often had severe n of a migratory or transient character, which was always ieved by opium.

April 1. Had a violent diarrhœa, which was promptly checked by astringents.

May 15. Is still in the hospital, with no important change in his symptoms. Is still paralyzed in lower extremities, and occasionally suffers severe pain in different portions of the body.

June 23, died. Up to time of death his mind was perfectly clear.

Post Mortem.—In this case the brain only was examined, which was found to be extremely anæmic and somewhat softened, especially the cerebellum, which was quite pulpy; the arachnoid membrane was quite opaque and slightly adherent to the substance of the brain. The veins of the brain were entirely emptied of blood, and the ventricles contained no fluid.

* * * * * * * *

CASE XXIII.

T. B., aged 21 years, was admitted March 21, in an unconscious condition, with a low muttering delirium. He was not paralyzed, but seemed to suffer considerable pain, which was relieved by the hot bath —110°. The patient never became conscious, but died, comatose, March 23.

Post Mortem.—The brain and spinal cord, together with their investing membranes, were found highly congested, with effusion of serum under both the arachnoid and dura mater. There was also slight inflammatory adhesions between these two membranes. The abdominal viscera were all highly congested while the lungs were almost normal. The pericardium contained greatly more than its normal quantity of serum. Some small clots of extravasated blood were found on the external surface of the dura mater of the cord. The kidneys were highly congested, and the bladder contained a small amount of bloody urine.

* * * * * * * *

CASE XXXIII.

J. B., aged 22 years, had worked only two hours in the caisson, on the day of admission, April 1.

Symptoms.—Excruciating pain in both upper and lower ex-
mities, followed by paraplegia, including the bladder and
incter ani. Continued headache, with perfect anæsthesia of
lower extremities.

Treatment.—The warm bath relieved the pain only temporar-
and was followed by the administration of opium.

April 5. Complained of great pain over the region of the
dder and on catheterizing drew off a quantity of almost pure
od. The pain was partially relieved by warm fomentations.

April 6. Still had bloody urine with pain in the hypogas-
ım. Treatment continued with only partial relief.

April 12. Was taken suddenly with severe pain over the
ole abdomen, which was tympanitic and very tender on pres-
e. Opium and warm fomentations were given without relief
He sank rapidly, and after intense suffering died on April 30.

Post Mortem.—The brain and its meninges were found
hly congested with subarachnoid effusion and probably more
n a normal quantity of serum in the dura mater of the cord.
e cord was decidedly softened in the lower dorsal region.
ere were also small clots of extravasated blood on the ex-
nal surface of the cord. The viscera generally were found
gested, except the lungs, which seemed entirely exempt from
s lesion. The mucous membrane of bladder was greatly thick-
ed and extensively ulcerated. One of the ulcers had per-
ated the bladder, allowing its contents to flow into the cavity
the peritoneum, which gave rise to violent peritonitis, of
ich abundant evidence was found. The intestines were ex-
nsively adherent to the peritoneum and to each other. The
ver portion of the colon, and the rectum, were in a gangrenous
ndition and were easily torn. The kidneys were intensely
ngested and contained clots of extravasated blood.

* * * * * * *

PATHOLOGY.

While reviewing these cases in search of the real pathological
nditions to account for the symptoms presented, we are not at

so much of a loss as to account for the peculiar manner in which these conditions are produced as a result of exposure to a compressed atmosphere, which in itself does not seem to differ from common air, so far as the immediate effect upon the individual exposed is concerned. But remembering the well marked pathological conditions revealed in the *post mortems* upon these cases, there cannot be any doubts as to the exact nature of the lesion, which consists, first, in a congestion of all the viscera of the body, with the exception, probably, of the lungs, which, however, do not entirely escape in all cases. Following this primary condition we have all the sequelæ of an active congestion, such as effusion, inflammation and destructive disintegration of the tissues involved. This excessive congestion of all the interior organs of the body would seem to point to some cause operating upon the surface, producing a retrocession of blood from the superficial vessels; but while we believe that the primary cause operates upon the surface of the body, we also admit that after this condition has existed for a certain length of time the brain and nerve centers become exhausted, and powerless to resist the mechanical forces operating upon the circulation. By this we mean the increased atmospheric pressure upon the surface of the body, which being more than three times that of the atmospheric air, must necessarily compress the superficial vessels, and force the blood in upon the interior organs of the body, where such pressure cannot be equalized in a compressed atmosphere, except in the lungs, which being exposed alike with the surface of the body, are found the least affected; indeed, in many cases they do not seem to be at all congested, while other organs not so exposed are entirely disorganized. This is especially true of the brain and spinal cord, which being contained in a bony cavity cannot, of course, be affected by a counter pressure, or have much space in which to yield to the increased amount of blood forced upon them, and are consequently the first to be affected, as is evinced by the first symptom of pain, paralysis or numbness, which is invariably present in every case when first attacked. Judging from the constancy of these symptoms in all the cases that have come under my observation in the

hospital, and from the fact that some of the workingmen have been affected in this manner while they were still in the caisson, we infer that the same condition exists, to a greater or less degree, in all persons who are exposed to this increased atmospheric pressure. In some, however, it is so slight as not to be observed in the individual himself, while many others, amongst whom visitors who enter the caisson for the first time, are more or less affected with symptoms of vertigo, muscular weakness, and occasional pains in the lower extremities. All these symptoms, varied so much in their intensity, lead us to infer that those who suffer but slightly, still possess the power of reaction, and do not succumb to the increased atmospheric pressure so much as those who seem to be more susceptible to its influence, and are exhausted beyond the power of reaction when they enter the open air, so that they remain in the same condition—that is, congestion of all the abdominal viscera, brain and spinal cord—until the most vital of these organs become exhausted, and paralysis, especially of motion, ensues. The efforts at reaction, even in these extreme cases, during the entire course of their sickness, seems to be expended upon the sensory nerves and arteries, causing the well marked hyperæsthesia which occurs in so many cases, and, in many instances, is so acute as to cause automatic, or involuntary, movements in the paralyzed extremities, from the reflex action of the hypersensitive afferent nerves, (which are so sensitive as to be influenced by the friction of a feather upon the skin, or a sudden current of ordinary atmospheric air); the reflex action being so excessive in some cases as to excite severe pain in the lower extremities, which, when undisturbed, were entirely insensible, and their motive power beyond the control of the patient. Yet, with all this hyperæsthesia, there seemed to be a want of intelligence in the sense of touch, that is, the patients could never determine from what cause they suffered pain, when it was inflicted upon them by artificial means. For instance, when they were blindfold, and any irritation made upon the skin, they could not determine whether they were being burned, scratched, pricked or pinched, and the movements made under such influences did not seem to be con-

trolled by any power of coördination; and even many cases that had been paralyzed, in making their first efforts to walk, did not seem to possess the powers of coördination of motion, and were affected like a person suffering from locomotor ataxia. While guided by the sense of sight they seemed to suffer but little inconvenience in walking, but when the eyes were bandaged they were unable even to stand erect, much less to walk.

As to the peculiar manner in which this increased atmospheric pressure produces such a condition, or why persons are so generally not affected until they come out to the open air, is a question not easily reconciled in the minds of many who have had an opportunity to observe the phenomena. Some persons, as stated, have been affected in this manner while remaining in the caisson, where the pressure was so excessive as to induce such a congestion of the brain and spinal cord, that these centres became exhausted under the immediate influence of the pressure, just as in the case of those who are not affected until after they enter the open air, when the period of attack varies from a few minutes—as has been true in but a few cases—to twenty-four hours after they leave the air-chamber.

Inasmuch, then, as some have yielded to the influence of this pressure while still under its immediate influence, it might reasonably be inferred that some of those who are not so affected until several hours after they leave the caisson, might have succumbed in the same manner, had they remained in the air-chamber during the entire time from the period of their entering until the time they were attacked, for it is apparent in those cases that are attacked after they enter the open air, that in consequence of the continued great pressure upon the surface of the body, the nerve centers have become exhausted from the excessive congestion, not only of these organs but of all the abdominal viscera, (some of which are next in vitality to the brain itself,) so that the patient is unable to react even under the most favorable circumstances. That this is true, is demonstrated by the clinical appearance of the patients.

When first attacked—and until reaction is established—the surface of the body is cool, the face pallid, the pulse increase

in frequency and diminished in fullness, indeed presenting all the appearance of collapse, more or less complete, and as a further indication that these conditions depend upon congestion of the interior organs of the body, it is invariably true, in every case, that where the proper remedies have been used to attract the circulation to the surface of the body—such, for instance, as the hot bath at a temperature of 110°—the immediate effect is to relieve the patient and arrest his pain so long as the reaction can be maintained by such means. Then certainly all these phenomena cannot be caused from excessive reaction induced by passing from the compressed to the open air, as has been asserted by some who have attempted thus to account for all the results occurring in these cases.

It has been asserted, also, that this congestion of the viscera of the body does not occur in consequence of the increased atmospheric pressure upon its surface, for the reason that the pressure is equalized throughout the cavities of the body, and consequently influences the circulation as much in the interior organs as upon the surface of the body. This theory cannot certainly be sustained by any process of reasoning, for we know that it is not true of an individual living in the common atmosphere, except so far as the exposure of the lungs is concerned. Certainly we cannot say that the force of the circulation is resisted by atmospheric pressure in the cavities of the cranium and vertebral canal, neither can we say with much more propriety that the same condition exists in the cavities of the abdomen and chest.

But it may be suggested as an analogy in these cases, that if it were not for this equalization of pressure in the interior of the body, that the ordinary atmospheric air would produce the same results as the compressed atmosphere not equalized. But this analogy cannot explain the results derived from the two conditions. In the case of atmospheric air, where there is but fifteen pounds to the square inch exerted, this is just the natural force to equalize the resistance from the force of the circulation, which is probably due to two causes, the first of which is the centrifugal force of the heart's action, together with the con-

tractibility of the blood-vessels themselves; and the other, what we may term the vital chemical affinity between the blood and the tissues.

The heart, like other central motive powers, forcing fluid at a radiation from a common centre, has a tendency to cast it in a straight line, which being interrupted by the curves and irregular course of the arteries, together with the distension of their caliber, may exert a force sufficient to resist, in some degree, the pressure of the ordinary atmosphere upon the surface of the body. However, what the *modus operandi* of the centrifugal force may be to resist the pressure of the common atmosphere, does not materially interest us, inasmuch as we know it does exist, from the fact that when the atmospheric pressure is removed there follows immediate congestion of the surface of the body. But to what extent this force operates, we of course cannot accurately determine. That it cannot act as the only balance between the circulation and the pressure of the atmosphere we may feel assured, when we recollect the chemical affinity existing between the blood and the tissues is such that the blood is attracted by this means to the most remote parts of the body, so long as this affinity exists between the blood and the tissues; that is, so long as the blood contains those chemical elements which belong to the tissues it will seek its affinity, even against a very considerable degree of atmospheric pressure, or other influences calculated to retard or repel it. This force is the more apparent from the fact that the same process still continues, really after death—or after the contractions of the heart have ceased.

We cannot account for the arteries being empty after death from the *vis a tergo* of the heart alone, neither the contractibility of the arteries themselves, but from the effect of this vital chemical affinity which has sufficient attraction to force all the blood in the arteries into the veins without the aid of the heart's action.

Then we regard these two forces—*i. e.*, the centrifugal force and the chemical affinity existing between the tissues and the blood, as sufficient to resist the pressure of the common atmos-

e upon the surface of the body, and maintain an equilibrium e circulation in the cavities of the body, where a counter ure from the atmosphere would be impossible, as in the , vertebral canal and cavity of the cranium.

has also been asserted that the peculiar symptoms incident posure to this compressed atmosphere are due to hyperoxi- n of all the tissues of the body, resulting from the increased ne of oxygen compressed within the air-chamber, which by tion causes an increased disintegration of the tissues while ining under the influence of the compressed air, and that lisintegrated tissue accumulates to such an extent in the es that when the individual is admitted to the common atmos- e, where there is a less volume of oxygen, this accumulated naceous disintegration cannot be eliminated rapidly enough the comparative small supply of oxygen in the open air, so the patient suffers, as it were, from poisoning by carbonic gas. This theory implies, of course, that while the person ns within the compressed air of the caisson the disintegra- and elimination is equalized to such a degree that so long e individual continues under these conditions he incurs no of an attack; but that when he enters the open air the nt of disintegrated material accumulated in the body, in quence of the hyperoxidation of the tissues, is such that the nt of oxygen in the open air is not sufficient to eliminate it, ts effects are felt upon the constitution in the manner de- in the above cases. Now, while we admit that the causes bscure which affect so large a proportion of those exposed s influence after they have entered the open air, yet when member that there have been persons attacked in the most e manner while remaining in the air-chamber, and died in a inutes, we cannot reconcile this theory as sufficient to ac- for the phenomena presented in the cause and effect ope- g upon these cases.

ain, we do not recognize as a fact, that there is an in- ed relative amount of oxygen consumed by the individual breathing this compressed atmosphere, from the fact that elative proportions of the atmosphere are identically the

same as those of the common air, though contained in a smaller space; for, while there may be said to be three volumes of oxygen in one, it is proportionately diluted with its usual equivalents of nitrogen, which is subject to the same compression and reduction in volume as the oxygen. Then it does not seem possible that the blood should be surcharged with oxygen, when the air inhaled contains the same equivalents of nitrogen and oxygen as the common air, as the red corpuscles cannot absorb more than their normal portion of oxygen while the air is thus diluted. The conditions would be different upon a person being confined in an atmosphere of pure oxygen, the effects of which would be to arterialize the blood throughout the entire venous system, which does not exist in those who are affected in this compressed atmosphere. Blood drawn from patients suffering the consequences of this increased pressure presents all the appearances of venous blood.

Then, again, as must be true of all chemical affinities, the reciprocal action between the two elements must be mutual; if even there should be an increased proportion of oxygen in the atmosphere where the individual breathes, which would probably increase the carbonaceous disintegration of the tissues and furnish more carbonic acid to be eliminated, yet, while there is an excess of oxygen in the air surrounding the body, the affinity between the oxygen and carbon must be mutually equal when presented to the lungs in a free state ready for combination, so that the elimination of carbonic acid gas must exactly correspond to the amount of oxygen consumed, inasmuch as it is one of the elements of its production. Surely, the attraction of oxygen towards the carbonic acid in the lungs is as strong as that of the oxygen for the tissues where the carbon is generated; consequently the production of carbonic acid, and the elimination of carbonic acid gas, must be exactly equal when the amount of oxygen inhaled is in excess of the normal quantity. Yet we do not presume to say that an individual might live in an atmosphere of pure oxygen with impunity, even though the carbonic acid should be eliminated as rapidly as it is produced. Under

such conditions the individual would certainly die from the excessive disintegration of the tissues and their waste by elimination, and not from the excess of carbon accumulated in the tissues from a want of its elimination. In fact, it has been demonstrated that in the case of animals allowed to perish from the effects of inhaling an atmosphere of *pure* oxygen, instead of the blood being surcharged with carbonic acid, it is found to be hyperoxygenated, both in the arteries and veins; that is, excessively arterial throughout the body, instead of containing an accumulated quantity of disintegrated tissue, as has been asserted to be true in the cases referred to, where it is not claimed that the excess of oxygen consumed is much more than that contained in the common atmosphere.

But whether these patients suffer from the effects of atmospheric pressure upon the surface of the body, while in the caisson, or the increased amount of oxygen in the atmosphere they breathe, it does not in either case indicate that there can occur an accumulation of carbonic acid in the body to such an extent as to destroy the life of the patient, or develop the ordinary symptoms in those generally affected when entering the open air, as a consequence (as suggested by Dr. Hodgen) of the want of sufficient oxygen to eliminate the amount of carbonic acid accumulated in the body while under this increased pressure where the oxygen is supposed to be in excess of its proportion in the normal atmosphere. However, as a contradiction to the statement that an increased amount of oxygen may be consumed by the blood, and its products not immediately eliminated, Professor Flint, in his recent work on the "Physiology of Man," states that the proportion of oxygen which the red corpuscles are capable of containing is to a certain degree absolute, and not dependent upon physical conditions, sueh as pressure, which invariably have an influence on the proportion of gas merely held in solution by liquids; and that the proportion of oxygen in the blood *cannot* be increased by *pressure*, nor is it diminished by reduction of the pressure, until it approaches a vacuum.

SUMMARY.

Whole number of cases admitted to Hospital,			35
Cured,	26		
Relieved,	3		
Died,	6		35
Cases accompanied with paralysis,			19
" " " hyperæsthesia,			11
" " " hæmoptysis,			2

BIBLIOGRAPHICAL NOTICES.

LECTURES CLINICAL AND DIDACTIC ON THE DISEASES OF WOMEN: By R. LUDLAM, M. D., Professor of Obstetrics, in the Hahnemann Medical College of Chicago: Chicago: C. S. Halsey, Publisher.

This work, long looked for, has come at last, and is being issued in numbers unbound; the first part contains 112 pages, and part second from page 113 to 208. This plan of publishing a work in numbers, is the usual way that all medical books in Germany appear, and is decidedly advantageous to the profession.

In Part I., Dr. L., has commenced with prolapsus uteri; a subject pregnant with interest, and one upon which most busy practitioners would like to add to their stock of knowledge. A clinical case occurring at the climacteric period is described, and the causes and treatment fully given. Among the causes, he says, "parturition at the climacteric period is a predisposing one," and "dropsy with constipation as an immediate cause, converting a retroflexion into a retroversion, or a simple prolapsus into a procidentia." We are sorry that our author did not stop to define the difference between a retroflexion and a retroversion, because a good many physicians, not perfectly familiar with the subject of gynæcology, will look over their old works in vain without being clearly informed upon the subject.

Treatment of prolapsus: Our author says many cases of prolapsus need but little besides appropriate *postural* treatment.

"It often happens that the misplaced uterus will gravitate into its proper position, if the patient can keep off her feet." This is good sound sense, and should be heeded by the practitioner.

He does not recommend anybody's patent supporter, but advises the perineal pad to be worn as a means of temporary relief, —it being more reliable, and will accomplish more than any other form of support; to this we say, Amen!

He leaves the consideration of pessaries to a future lecture. He adds some useful hygienic precautions, and says "the remedies most prominently indicated for this particular case, are apis, and nux vomica. A case of leucorrhœa with chronic ovaritis, is next described. Such cases occur frequently in practice. In this case, he quotes, "ovulation as the cause of ovaritis," and says "it is the periodical repletion of the vessels of an inflamed ovary, that gives rise to the peculiar burning, cramp-like, neuralgic pains, of which our patient has complained." Well said, and should be remembered by practitioners.

Dr. L. raised his voice against the useless cauterizations that were applied in this case by three physicians, and says, "their applications may have 'patched up the case' but the cure was not permanent. The lesion reappeared because the ovarian affection was not cured. The proper plan is to treat the disease of the ovary, in case it was the left," and thuya occ. was selected as the remedy to be taken for a whole month. Palliatives in such cases are not curatives, and it is bad practice to prescribe simply astringent washes. This case is particularly instructive.

Morning sickness of pregnancy, and retroversion is next described. The retroversion was relieved by digital manipulation, affording great relief; and the manner of replacing the womb is described. Dr. L. properly cautions against the use of the uterine sound in pregnancy or suspected pregnancy. He speaks of postural treatment, the use of the India-rubber air-bag, or colpeurynter, and of Hodge's pessary.

He next describes a case of galactorrhœa, after weaning a child. As antigalactics, he quotes bell., bry., calc-carbon and phosphorus, but says they were all lacking in this case. He finally ordered calc-carbon at night, and camphorated oil extern-

ally. In our experience we confess we do not know any antigalactic. The plasters of belladonna extract and also camphor have not proved beneficial in our practice. Many more interesting cases are given, such as molar pregnancy; too frequent menstruation in incipient phthisis; abortion with misplaced pains; an excellent chapter upon post-partum hæmorrhage, and here our author's sensible advice in the treatment of the last named complication, is certainly most complete, and quite different from what we find in some other works which we could name, that are accepted as authority.

His advice to the young physician is really valuable, and we assert that the contents of this chapter is worth a hundred fold the price of the book. He insists upon the maxim to bring about firm contractions of the uterus, by introducing the hand within its cavity; to remove the placenta and to turn out the clots. He speaks of colpeurysis with ice-water; the compress and binder, evacuations of the bladder with the catheter or otherwise; keeping the head low; the use of stimulants; the internal use of ergot in appreciable doses, and many other sensible and available expedients. When physicians of our school write in this way, and *speak the truth*, without reference to dogma or prejudices, we shall begin to have hopes of the rising generation of homœopathic physicians. We say amen to this chapter.

The chapter on chlorosis is valuable and practical, in fact we know of no description in any other wook so good. We do not find among the remedies named, the purified deutoxide of manganese, a remedy most appropriate in many cases of chlorosis, especially if gastric disturbances and loss of appetite predominate.

We have also read with pleasure and profit, the last chapter, upon ovaritis; this is continued in part second, and is one of the best in the book; also a case of bilious colic during pregnancy; and a very good lecture upon pruritus vulva. For this last distressing affection, in addition to the topical applications recommended by our author, would suggest the following: ℞ Tinct. cantharides, fl℥ j., murcurius corrosivus sublimat., gr. i, to ij. M. et. ft. sol. This has given relief in many cases after every other expedient, both internal and external has failed.

A chapter upon that rather rare disease in women, urethritis, one of the most practical and useful in the whole book. This ection, described by Dr. Hodges as irritable urethra, so often staken for cystitis and stone in the bladder, is fully descri-d, and the differential diagnosis insisted upon. Our author's eatment is complete and leaves out nothing that we know; in veral cases, we have had to remove vascular excrescences and mors situated near the meatus, before a cure was brought out. In one case of this kind in a lady aged seventy, who d suffered twenty-five years, and had been through the hands some of the most celebrated physicians, both allopathic and mœopathic, who had given only internal remedies, the remo-l of two or three little follicular growths, situated just within e meatus, effected at once a perfect cure.

The chapter upon membranous dysmenorrhœa, we hope will be ad and studied. This is a subject of interest to every prac-ioner, and we only wonder our author did not go a little fur-er, and speak of obstructive dysmenorrhœa and its treatment surgical procedures, viz: by dilatation and the bi-lateral ction of the os and cervix. In our own practice we have ade several operations of the kind, for obstructive dysmenor-œa, which have resulted in complete cures.

Lecture eleventh, on menstrual retention, as a cause of dis-acement; uterine colic; and post partum ulcerations of the mb, finishes the second part. These are all well worthy of entive perusal. We advise every one of our readers to pro le himself with a copy of Dr. Ludlow's book, and we desire to press our thanks to the author, as well as the publisher, Mr. S. Halsey, of Chicago, that they have placed within the reach the profession a work so long needed.

The lectures abound with good common sense, and judicious vice to the physician in practice, and our author has not only en the homœopathic remedies appropriate to the case, but he s not neglected any and every adjuvant or auxilliary treat-nt, and even palliatives, such as may be requisite, especially in ious cases, and in emergencies. T. G. C.

THE LADY'S MANUAL OF HOMŒOPATHIC TREATMENT. By E. H. RUDDOCK, M. D., with notes and additions by R. LUDLAM, M. D. First American from third London Edition. C. S. HALSEY: Chicago. pp 231.

Of all the manuals which have been published for domestic use, that by Dr. Ruddock and annotated by Dr. R. Ludlam is decidedly the best. The author is extensively known in this country as well as his own, and has done much in propagating the doctrines of our school throughout the whole world. There is a thoroughly practical tone throughout the whole book, and a conciseness of treatment which is in strong contrast to the labored array of symptoms which is so often found in works of this class. What is still more essential is the accuracy with which the medicines are adapted.

Dr. Ludlam's notes are every one of them well put, and are a very great advantage to the book. Any one who peruses them will see that he is a perfect master of the subject which he professes, and wherever he makes a point it tells.

The book is most excellently printed and bound, and does great credit to Mr. Halsey.

THE STEPPING STONE TO HOMŒOPATHY AND HEALTH. By E. H. RUDDOCK, M. D. First American from sixth London Edition. C. S. HALSEY: Chicago. pp 241.

The above is the title of a domestic treatise on homœopathy and its treatment. Its first part allows the hasty lay reader to inform himself as to the history of homœopathy and the influence it has exercised over all other systems of medicine. It gives statistics of the results of its treatment and the prediction of its future universal adoption. Chapters III and IV are devoted to observations on health, medicine and diet. The second part of the book treats of diseases; then comes symptoms and treatment, and the third division gives a concise materia medica.

Every one who is acquainted with the pleasant style of Dr. Ruddock, as well as with the eminently practical nature of his remarks, must concede that the work is fully up to its title, and must be classed among the very best of its kind in the world. It is also published by Mr. Halsey, of Chicago.

Western Homœopathic Observer.

ST. LOUIS, MO., NOVEMBER AND DECEMBER, 1870.

☞ To insure publication, articles must be *practical*, *brief* as possible to do justice to the subject, and *carefully prepared*, so as to require little revision.

☞ Readers of the OBSERVER will oblige the Editor if they will forward copies of local newspapers, or similar matters of importance to the profession, all such will be thankfully acknowledged.

☞ Physicians having changed their locations, or desiring to remove from one portion of the country to another, will please communicate with the Editor, that he may note the same. Records of marriages and deaths of physicians, and other personal news, will also be received and noticed.

☞ All exchanges, books and pamphlets must be addressed to the Editor, No. 1418 Washington Avenue.

EDITORIAL.

VALE!

With this number the *Western Homœopathic Observer* will be discontinued—at least for a time. This is owing to the removal of its editor from St. Louis to New York, else we trust the paper would continue to increase in years and in strength. On the first of January, 1871, it would have begun its eighth year. During its existence it has seen many periodicals born and die, and the editor, in leaving his charge at this time, when it is in better health and standing than ever before, feels actual regret. It has been the effort of those who have conducted this journal from the year of its birth, 1863, up to the present, to excite an interest in surgical science among the members of the homœopathic school, and we believe we are correct in asserting that perhaps we have given to our profession more articles on surgery than most of our periodicals, either in this country or in Europe. The *Western Homœopathic Observer* returns its sincere thanks to those who have contributed to its pages and to its support, and desires that its association with the interests of homœopathy in St. Louis and the great West, may not be forgotten. It has endeavored to be a faithful and fair chronicler of the times in which it lived, and while it says "good-bye" to its friends with feelings much akin to sorrow, it wishes them all an increase in practice and prosperity, and a happy New Year for 1871—Vale!

IMPORTANT LEGAL DECISION.

We take the following from the *New York Sun* of the 25th of October. The article possesses great significance, and indicates a change in the signs of the times:

"HOMŒOPATHY JUDICIALLY DECIDED NOT TO BE QUACKERY.—A decision of the Court of Appeals of this State, made last winter but only recently published, settles, so far as a court can settle it, a point about which there has been bitter dispute among both physicians and patients. It is now the law of this State that a homœopathic doctor is not a quack, and that whoever calls him a quack is liable to damages in an action for slander or libel.

"The facts on which this decision was made are these: One Dr. Carroll, of Amsterdam, Montgomery county, was giving testimony before the Surrogate of that county as to the mental capacity of a deceased patient whose will was offered for probate. Being asked whether any other physician had attended the deceased, he answered, "Not as I know of. I understand he had a quack—I would not call him a physician. I understand that Dr. White, as he is called, had been there." This evidence was reduced to writing and signed by Dr. Carroll, and thereupon Dr. White began a suit against him for libel, in which he recovered one hundred dollars damages. An appeal was taken and the naked question came up whether Dr. White, being as he admitted he was, a practitioner of the homœopathic school, could maintain an action against a person calling him a quack.

"Mr. Justice Sutherland, in delivering the opinion of the court, after stating that prior to 1844 only the allopathic school was recognized by the law of the State, but that in 1844 an act was passed abolishing all restrictions on the practice of medicine, goes on to say:

"'To call a physician, whether homœopathic or allopathic, a quack, is in effect charging him with a want of the necessary knowledge and training to practice the system of medicine which he undertakes to practice, and which he holds himself out as having undertaken to practice, and I do not see why it is not now, and has not been since the act of 1844, just as actionable falsely and maliciously to call a homœopathic physician a quack as to call an allopathic physician a quack. There cannot be any doubt, I think, that to call either a quack is actionable, and has been since the act of 1844.'

"Of course no allopathic doctor will feel compelled to submit his private judgement to the control of the Court of Appeals, and to entertain a more favorable opinion of homœopathy than he has hitherto entertained, but the decision warned him to be careful how he expressed his opinion, if he would avoid a lawsuit and a verdict for damages. Still it must be satisfactory to the homœopathists to be assured that they have rights which allopathists are bound to respect, and that the shield of justice will protect them in the exercise of their profession."

PROGRESS OF HOMŒOPATHY.

The following article from the *New York Tribune* illustrates the progress of homœopathy in Philadelphia:

"PHILADELPHIA, AUG. 6.—The proceeds of the fair held in this city last year for the endowment of the Homœopathic Hospital, netting some twenty thousand dollars, are now being applied. The trustees of the hospital have purchased the old college property on Filbert and Cuthbert streets, above Eleventh street; they have torn away the small buildings in the rear, and have entered into a contract to erect a building thereon suitable for hospital purposes. It is to be supplied with every department necessary to such an establishment. A noticeable improvement will be an elevator to move patients from floor to floor with ease and comfort. The Hahnemann Medical College have leased the old college building on Filbert street for educational purposes, and thus the hospital will be under the immediate supervision of the college faculty. The clinical lectures will be delivered in the hospital lecture room. This gives to Philadelphia the completest institution for the promulgation of the doctrines of Hahnemann in America."

CORRESPONDENCE.

WM. TOD HELMUTH, M. D.,

Dear Sir:—In May last I was called to see a patient—a boy sixteen years of age. He had been under the care of two eminent allopaths for eight weeks; the disease being typhoid pneumonia. I found the patient in a very critical condition; the general appearance jaundiced and the entire left lung hepatized, giving on percussion a dull, heavy sound; I could not detect any respiratory murmur with the stetheoscope; he had night sweats accompanied with a constant, dry, hacking cough; pulse 120. He was very much reduced in flesh, had no appetite, with an utter disgust for everything. His face and lower extremities were swollen; eyes sunken; nose and tongue pointed and cold, and he suffered with excruciating pain through the lungs. His former physicians told the friends and patient that he must certainly die, and that he could not survive more than two days.

I administered cal. carb. 2d, and tart. em. 1st, alternating every two hours with ars. 1st, *one* dose morning and night. Under this treatment he recovered.

Did "dame nature" cure, or did the medicine? This is a nut for high attenuationists and single remedy men to crack.

Respectfully,

DR. P. B. SPARKS,

Griggsville, Ill.

ST. LOUIS, SEPTEMBER 3, 1870.

DEAR DOCTOR:

Below we see, clipped from a public print, an acknowledgement of what Father Hahnemann saw forty years ago:

"The mills of the Gods move slowly, but they grind exceeding fine."

No recognition of Hahnemann's genius, or acknowledgement of his discovery in this, yet it tends to prove what he had already announced years ago.

W. H. STENNETT, M. D.

"The remarkable fact was elicited by the investigations of Dr. Claxton, as stated by him at a meeting of the Clinical Society, London, that men engaged at the various copper works in that city always escaped cholera and choleraic diarrhœa during great epidemics. Dr. Claxton's statements have lately been confirmed by M. Burg, in some statistics communicated to the French Academy of Sciences. M. Burg states that during the epidemic in 1865-6, in France, only one out of one thousand two hundred and seventy workers in copper was attacked, the total number of persons thus engaged being thirty-seven thousand. With workers in iron and steel, on the other hand, one out of every two hundred and nine was attacked; and of those engaged on other materials than copper or iron, one out of one hundred and seventy-eight."

REMOVALS.

Dr. H. P. Batten, formerly of Mt. Vernon, Iowa, has removed to Blair, Washington county, Nebraska.

Dr. Ingraham, formerly of Marseilles, Illinois, has succeeded Dr. Batten at Mt. Vernon.

GENERAL NEWS.

G. H. Morrill, M. D., St. Louis, Mo., Editor.

St. Louis is without doubt the healthiest city of its size in the United States.

A Mammoth Infant.—The birth of an eighteen-pound girl is reported in Douglas, Mass.

Ten grains of cypripedin taken at bed-time will allay nervous irritability and induce sleep.

Schwann's Discovery.—In 1837 Schwann discovered that meat highly heated and excluded from the air never putrefied.

Hair Dye.—It is asserted that 8 per cent of the lunatics in Charenton Asylum, France, are victims to the use of hair dye.

GONORRHŒA.—According to Dr. Black, of Glasgow, married men have never been known to contract gonorrhœa from their wives.

A DIMINUTIVE CHILD.—Mrs. James Harris, of Jefferson County, Ill., has a lively four-months old baby that weighs only two pounds.

THE FŒTUS.—Dr. Palmer, of Wisconsin, alludes to a case in which a seven months' fœtus was found to be entirely destitute of any trace of osseous matter.

J. J. GARTH WILKINSON has written a pamphlet denouncing vaccination. He calls it a "delusion" and "an evil" and thinks it never should be practiced.

LITHOTOMY FIRST PERFORMED.—The operation of lithotomy was done in Hippocrates' day. This distinguished surgeon died in his one hundred and first year.

AN INDIANA CENSUS marshal has found a father and mother and nineteen children, the latter all born within seven years. There has been a strict attention to business, or a mistake there somewhere.

THE FIRST GREEK SURGEONS ON RECORD.—Æsculapius and his two sons, Machaon and Podalirius, are the two first recorded Greek surgeons. The father flourished about fifty years before the Trojan war.

A COURT IN Michigan has decided that a physician is not warrantor of a case, and he is not to be tried by the result of his remedies. His only contract is to treat the case with reasonable diligence and skill.

IT IS asserted that tobacco smoking will induce palpitation of the heart, irregularity of the bowels, dyspepsia, congestion of the fauces, susceptibility to the cold, amaurosis, and sometimes palsy and impotence.

THE OLD PROVERB says, "Every man is a physician or a fool at forty." A distinguished physician happened to quote this old saying to a circle of friends, among whom was Canning; the latter inquired "Sir, may not he be both?"

LINIMENT FOR CHAPPED NIPPLES.—A solution of equal parts of tannic acid and pure glycerine should be applied by a pencil after each time the child has sucked. The application is also good in chilblains.—*Union Méd.*, June 30.

A CHEERFUL face is like sunshine to the day, or moisture to the parched plant. Endeavor to cultivate it if you have it not naturally, and your task will be lightened, the shadows of the heart will depart, and all nature will appear in a more beautiful garb.

A CENTENARIAN.—According to the *Gazette Hébdomadaire*, there is now living in Warsaw a man 112 years of age. Only three years have elapsed since his hair became gray, and when he was 93 years old he had a son by his second wife. His father lived 120 years, and his grandfather 126 years.

MALFORMATION—ABSENCE OF THE RIGHT LUNG.—Dr. W. Dickey (*Cin. Lancet and Observer*) publishes a case of this character occurring in a pale phthisical girl of 16 years. The lung of the left side was somewhat larger than normal; no lung in the right side, not even a segment at the bifurcation.

HINTS TO MEDICAL MEN.—Never enter a sick room in a moment of perspiration, as the moment you become cool your pores absorb. Do not approach contagious diseases with an empty stomach, nor sit between the sick and the fire. You may save yourselves a spell of sickness by observing these rules.

OPIUM POISONING CURED BY ELECTRICITY.—Four cases are reported as cured when the patients were *in extremis*, and when all the usual means were employed and failed, by simply applying one pole at the nape of the neck, and the other in the perineum. In fifteen minutes the patients were all out of danger.

A PIN PERFORMS TRACHEOTOMY FOR ITSELF.—Dr. J. T. Cook, of Atkinson, reports a case of a little girl who swallowed a pin, and eight weeks after it had lodged in the trachea crosswise, it had formed a fluctuating tumor, which, on being incised, revealed the pin with head pointing outwards, and it was accordingly drawn out with the forceps.

A CHILD BORN WITH A CHIGNON.—Dr. J. M. Marchant of Warren, R. I., writes as follows:

"A male child was recently born in this town, having upon his head what is rather a useless appendage to one of his sex. Covering that part of the head usually occupied by the *chignon*, is a thick curly mass of hair some three inches in length, and dark brown like the mother's, while that upon the rest of the head is short, thin, and very light. The father's hair is red."

STATISTICS OF LIFE.—The yearly mortality of the globe is 33,333,-333 persons. This is at the rate of 91,554 per day, 3,730 per hour, 62 per minute. One-fourth of the population die at or before the age of seven years. One-half at or before 17 years. Among 10,000 persons, one arrives at the age of 100 years, one in 500 attains the age of 90, and one in 100 lives to the age of 60.

ANOTHER OLD SUPERSTITION SPOILED.—The popular belief that the eye of a dead animal bears the impress of the last object upon which it looked in life, has been investigated in cold blood by scientific men in Germany. Thirty animals were killed and examined by the philosophers, and the result was as fatal to the superstition as it was to them. In no case was there the slightest evidence in its favor.

A GIFT TO THE MASSACHUSETTS GENERAL HOSPITAL.—Dr. Henry J. Bigelow, the senior surgeon of this venerable hospital, has given it a complete set of surgical instruments, made expressly under his direction in London and Paris. In addition, Dr. Bigelow presented a permanent fund for their renewal, and subscribes for a *free bed* for five years, the whole donation amounting to the sum of five thousand dollars.

ANOTHER CURE FOR THE BITE OF A RATTLESNAKE.—Boil the common poke root until it becomes quite soft, then mash it up in the water which remains, and apply it as a poultice to the wound. The remedy is said to have been fully tested by the hunters of Missouri, among whom it is now in general use; when an immediate application is made the poison will not manifest itself more strongly than the sting of a bee.—(*Spectator.*)—*Nashville Jour. of Med.*

LOCAL TREATMENT OF DIPHTHERITIS.—At a late meeting of the German Naturalists and Physicians, at Innsbruck, the report from the section of "Diseases of Children" contained some strictures and opposition to the caustic application in diphtheria.

Schuller reported that his experience has satisfied him that cauterization in said diseases is positive injury, and he applies now, generally, *tinct. opii crocata.* Drs. Ebert, Stiebel, Rehm, Hemmer and others, joined Dr. Schuller in his denunciation of the caustic treatment. They recommended *Ice pills*, *kali chlor.*, kali hypermang., diluted alcohol (à la Grauvogel), &c.; Baumler, of London, uses carbolic acid locally. In fact all remedies which are fungi destroyers, were recommended.

Bleeding from the Nose.—Put a piece of paper in your mouth, chew it rapidly, and it will stop your nose bleeding. This remedy has been tried frequently, it is stated, and always with success. Physicians say that placing a small roll of paper or muslin above the front teeth, under the upper lip, and pressing hard on the same, will arrest bleeding from the nose, checking the passage of blood through the arteries leading to the nose — *Wood's Household Magazine.*

The Largest Calculus on Record.—A cast of the following urinary calculus was exhibited at the meeting of the Pathological Society of London, March 15, 1870. The calculus, composed of uric acid and urate of lime, weighing twenty-five ounces, and measuring ten and a half inches in its long, and eight and a half inches in its short circumference, was removed from the body of Sir Thomas Adams in 1667, after death from an accident, in the eighty-first year of his age.—[Mich. Med. Journal.]

A Case of Diaphragmatic Hernia.—Dr. Borland, of Boston, Mass. (*The Boston Med. & Surgical Journal*) reported at a meeting of the *Boston Society for Medical Improvement*, a case of diaphragmatic hernia, and showed the specimen, taken from a man 31 years old. In this case the hernial opening was in the left side of the diaphragm.

Dr. Bowditch says as to the diagnosis, that there were only two recorded instances of the recognition of diaphragmatic hernia—one by Mr. Lawrence of London, and one case at the Massachusetts General Hospital.

Milk as a Preventive of Lead Poisoning.—M. Didierjean, a red lead manufacturer in France, states that he tried every possible way to keep his workmen in good health, but did not wholly succeed in preventing lead colics until, by mere accident, he found out that two of his men were never affected in that way. Inquiry brought out the fact that these men regularly took milk as a drink at their meals. He was thus led to try the experiment of making the use of milk (a litre a day) compulsory with the workmen, and he has succeeded by this means in keeping all of them free from any symptom of lead disease for the past eighteen months. The absolute correctness of this statement is confirmed by good authority. The remedy is a simple one, surely, and it ought to be thoroughly tested by every person exposed to the danger of lead poisoning.

Boldo.—Accident has led to the discovery of a new remedy for hepatic diseases. On a plantation of the Cordilleras, the sheep died with a hepatic disorder. The fence forming their inclosure being broken was accidentally mended with twigs of the *Boldo.* The animals fed on these with avidity, so that the repairing had to be repeated several times, but the epidemic ceased. One of the shepherds, who also suffered from liver complaint, tried the remedy, and was cured. The Chilian Medical Institute vouches for the truth of this statement, and the Chilian physicians intend to give the new remedy a fair trial.—*Deutsche Klinik.*

Supernumerary Fingers and Toes.—A young man belonging to the literary department of the University of Michigan, recently presented himself to Prof. A. B. Crosby, M. D., who amputated a supernumerary little finger from the ulnar border of the left hand. On the right hand he had five symmetrical fingers besides the thumb. He also has six symmetrical toes on one foot. These peculiarities are evidently hereditary. The father had six toes on each foot, and six fingers on each hand. He has one brother who has the same number of supernumeraries as the father; and a second brother has six toes on each foot, and six fingers on one hand. A niece, child of the patient's brother, had six fingers on each hand, and six toes on each foot.—[Michigan University Medical Journal.

Absence of Uterus in Two Sisters.—A patient, aged twenty, was lately in Guy's Hospital, under the care of Dr. Phillips, in whom no trace of an uterus could be felt. She was of dark complexion, and was rather diminutive in stature. The external genitals were perfect; the pubes were covered with hair; and the mammary glands were well developed. The vagina was represented by a short dilatable canal ending as a *cul-de-sac*, in the mucous membrane of which there were three small apertures. By means of a careful pelvic examination, the uterus was found to be wanting, and no ovaries could be felt. She had been subject since her marriage at seventeen, to sickness and headache; and these were increased in severity for a few days every month; but there had been no hæmorrhage from the vagina, nor from any other part.

The patient stated that one of her sisters had never menstruated; and when the latter, aged twenty-one, presented herself among the

out-patients, it was found that a similar malformation existed. She also was married; was very like her sister in appearance, but taller; and, on examination, was found to have a short vagina, but as far as could be ascertained, no trace of uterus or ovaries.—[British Medical Journal.

How they Differ.—At the late meeting of the German natural philosophers and physicians, at Innsbruck, the section on "diseases of children" reported upon the subject of diphtheria as follows:

Schuller denounces the caustic treatment as injurious, and applies in most cases, locally, tinct. opii.

Ebert, Stirbel, Rehn, Hemmer, Flesch, and Lederer, join Schuller in his opposition to cauterization.

Besides the administration of ice-pills, Ebert, Stirbel and Cohen recommend a concentrated solution of kali chloric., locally.

Rinnecker offers alcohol, chloric acid. and kali hypermang.

Baumler advises carbolic acid.

Rehn is in favor of all anti-fungoid agents.

Dr. Letzerich also favors the fungus theory, and says cauterization is of no use. He recommends frequent applications of alum solution, and if the deposit is very adhesive, "then it should be scraped off." He says "it is not painful, and the bleeding which follows is not injurious"—*probatum est.* We would advise Dr. L. to invent a "scraper" for that purpose. His genius certainly could hatch out a diphtheritic deposit scraper!

Dr. Simoræ treats diphtheria with venesection; he bleeds in most cases four times a day, and occasionally five, six, and seven times per day. The patient, he says, is cured generally in twenty-four hours. Dr. Gallavardin, homœopathic physician of Lyons, doubts whether Dr. L. has treated any severe cases of diphtheria with such grand results as Dr. L. claims.

Dr. Cavenne orders from one to two litres of barley water, with honey, per day, to which he adds either kali nitr. 1 gr., kali bicarb. 3 gr., or kali nitr. 3 gr., kali bicarb. 4 gr. He says as soon as his patient freely urinated or perspired, he prognosed a speedy and favorable cure; the plastic exudation almost immediately diminished, and the submaxillary swelling decreased. &c.

Dr. Borbosa, of Lisbon, has seen grand effects from the insufflation of sulphur by means of an elastic tube. J.

DIABETES INSIPIDUS—LYCOPODIUM.—The following case was observed in the homœopathic hospital at Sechshaus, near Vienna, by Dr. Mueller, chief physician:

Josepha B., a woman of very feeble constitution, and of anæmic appearance, aged fifty-four years, entered the hospital January 7th, 1870. She complained at that time of a troublesome bronchial catarrh, which was soon relieved by Bryonia. But now she began to complain of great thirst—unceasing during the night time—and constant weakness. The closest examination revealed no local symptoms; no infiltration on auscultation, &c.

The thirst continued to increase from day to day, and the quantity of water she drank increased from four glasses—about three oz. per glass—to twenty-two glasses during three weeks, and in the same proportion and progress the urine increased in quantity, its hue becoming gradually paler, till finally it was as clear as spring water. An accurate chemical examination showed now a neutral reaction; and also a decrease of urea, of uric acid, and coloring matter; a decrease also of the phosphates, and a reduced specific gravity, but no sugar. At a second examination, somewhat later than the first, sugar was found by Trommer's process. The patient took phos. followed by acid. nitr., up to February 14th, but with no benefit. Argent. nitr. was now given, with no better effect. Acid sulph. seemed to act beneficially, since the number of glasses of water was reduced to fourteen, but on the next day she drank again nineteen glasses. The patient became very much emaciated, and suffered considerably from sleeplessness—because of the thirst,—but her appetite remained good.

February 20. Lycop. sixth potency, two doses per day, was now given. The following days no material change in her condition; lycop. was, however, continued.

March 1, patient took only four glasses of water, and the secretion of urine was nearly natural. Continued lycop sixth, once a day. The quantity of water to drink diminished constantly, and proportionately also the urine.

On the 6th of March, patient was discharged from the hospital, as she had lost all the sensation of thirst for the past five days, and the urine was nearly of its natural hue.

Dr. M. adds that these results may be merely of a temporary nature, as in this disease we meet frequently such intermissions, but yet, lycop. should be added to the anti-diabetic remedies. J.