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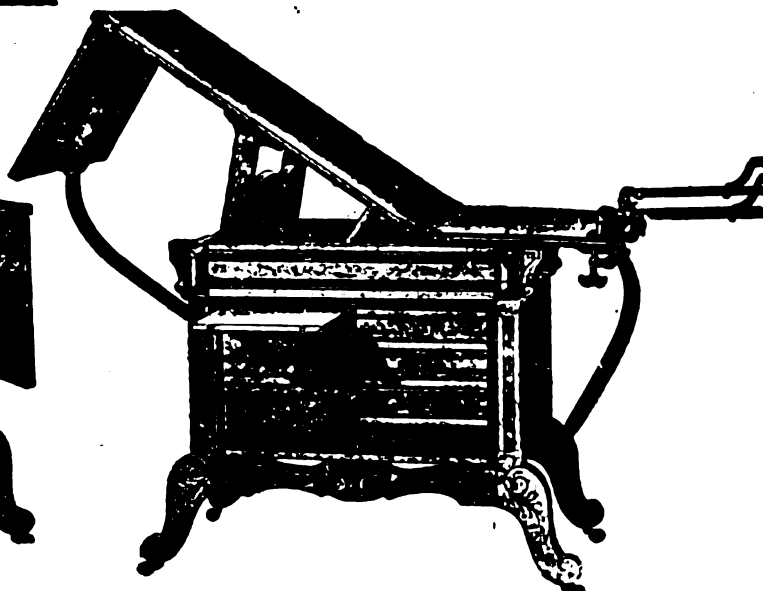
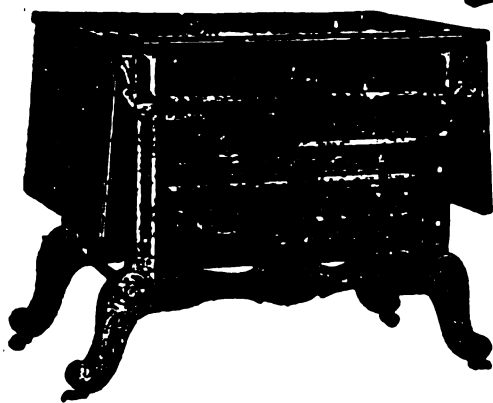
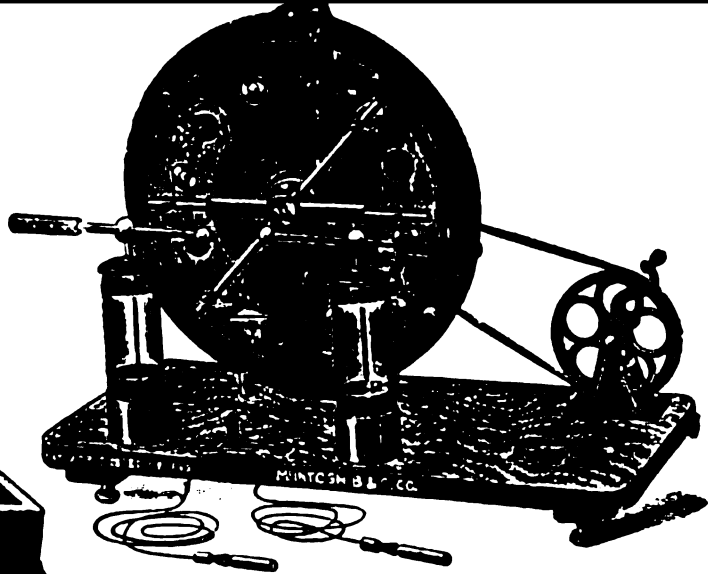
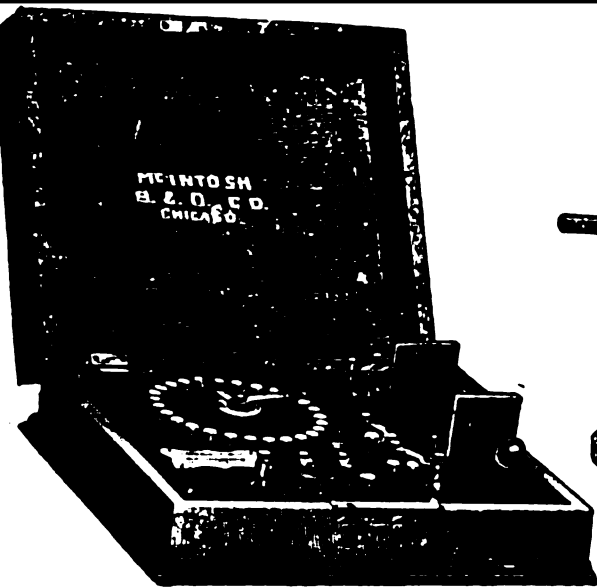
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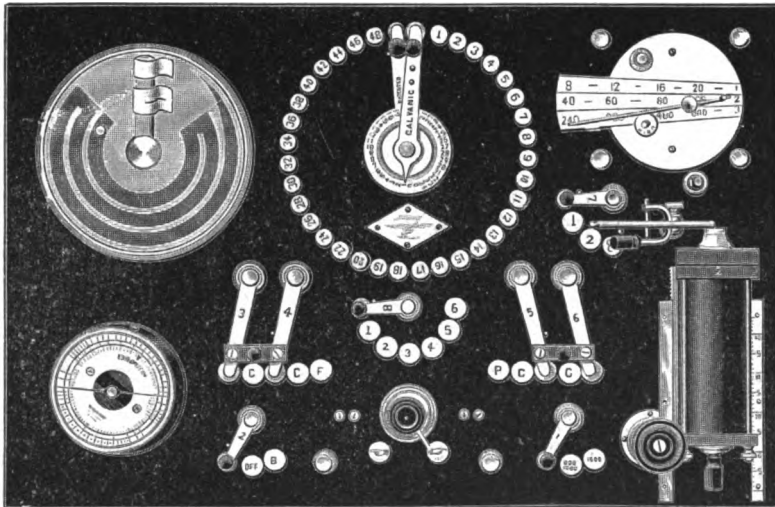
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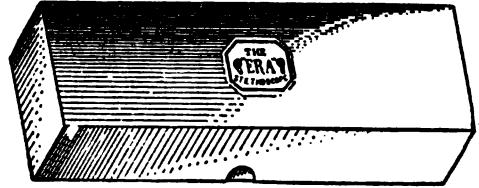
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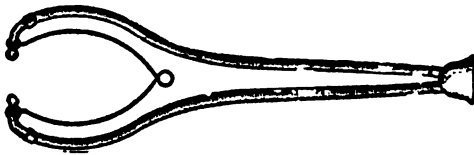
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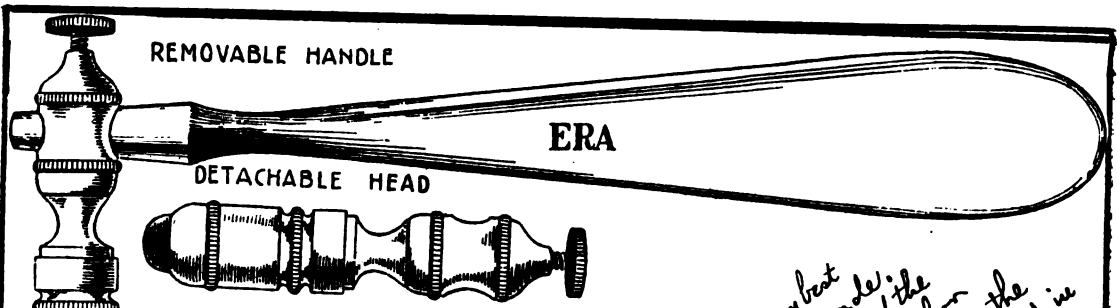
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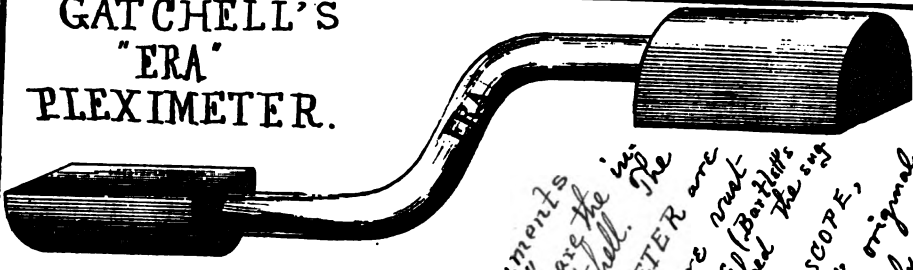
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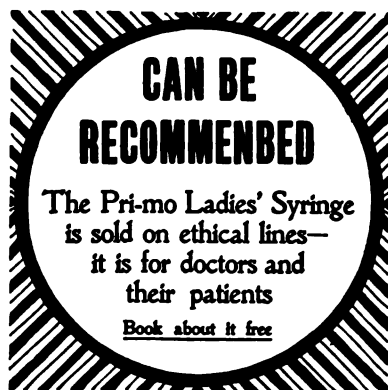
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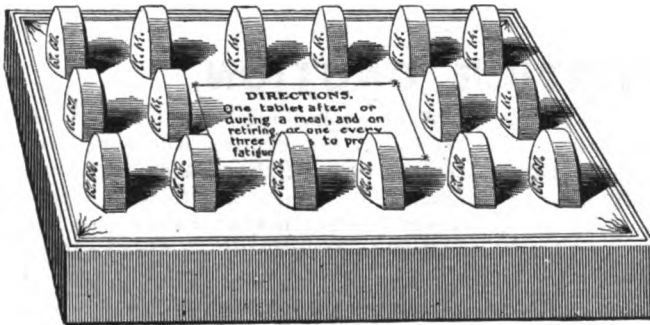
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CH. GATCHELL, M. D.

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1896

MEDICAL ERA

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MEDICAL ERA

CH. GATCHELL, M. D., EDITOR.

VOL. XII. (VOL. XIV.)

CHICAGO, DECEMBER, 1896.

NO. 12.

AMERICAN INSTITUTE — BUFFALO, 1897.

The members of our profession in Buffalo are already actively at work making preparations for the meeting of 1897.

As a special feature of the Local Committee's work there has been formed a sub-committee on new members, with Dr. D. G. Wilcox as Chairman. This sub-committee will give particular attention to the matter of securing a great increase in the membership. It will send an urgent request to every physician in the United States to join this year.

The "Era" would suggest that it would be a good plan for this sub-committee to communicate directly with the officers of each one of our twenty-one homoeopathic colleges, requesting that the students composing the senior classes in all these institutions be urged to join the Institute at the first meeting following the date of their graduation. The advantages of a membership in the Institute should be set forth to all students. They should be told that not only is such membership much to their advantage from considerations of a practical nature, but also in promoting a sentiment of more lofty professional ideals.

Dr. Eugene H. Porter, Secretary of the Institute, expressed this most happily when he said —

The Institute teaches things that the college cannot teach — the traditions, the ethics, the etiquette, the high ideals which separate medicine from the trades.

Let this truth be impressed upon the minds of all students in all our colleges.

IMPORTANT ANNOUNCEMENT.

A most important step is to be taken in the history of the medical profession in the State of Illinois.

Elsewhere in our columns will be found an announcement of the time and place of a joint meeting of the entire medical profession of the State, the old-school, the eclectic and the homoeopathic, for the purpose of framing a bill, to be made a law, providing for a board of medical examiners, to supplement the work of the present State Board of Health.

We most earnestly urge every homoeopathic physician in the State who can do so to come to Chicago and attend this meeting. It will be the largest gathering of physicians of all three schools of practice that there has ever yet been. The business to come before the body is of the greatest importance, and the joint meeting indicates a spirit of professional comity and personal liberality that it is wise to foster.

We invite a large attendance.

THE IRREGULAR METHODS OF THE NATIONAL MEDICAL COLLEGE.

Chicago is suffering from a plethora of homoeopathic medical colleges.

In the matter of its schools of medicine there has been a serious miscalculation regarding the oft-quoted economic law of demand and supply.

Five colleges are too many for this town. The supply far exceeds the demand.

This fact has been recently emphasized by the action of the State Boards of Health of Nebraska, and of Illinois.

In the former State a student of medicine applied to the Board for a certificate entitling him to practice. The certificate was refused because the Board claimed that on investigation it found that the applicant had attended Hahnemann Medical College, Chicago, and failed to pass

its examination in March, 1896. He immediately went over to the National Medical College and in two weeks or less was graduated.

As a result of what was learned from this case the Nebraska Board refused to recognize the National Medical College as being in good standing.

At its next meeting the Illinois Board took like action.

The time has come when the profession in Chicago, irrespective of college affiliations, should express their most emphatic condemnation of the loose and irregular methods such as, in this instance, the National Medical College has been shown to pursue.

For the good of the profession, for the good of homoeopathy, such a college should be compelled to come up to a decent standard; failing in which it should go out of existence.

There are many physicians in the faculty of the college in question who enjoy the confidence and esteem of the entire profession, and it is not believed that they have a voice in the councils of the institution.

The responsibility lies with those highest in authority. In this instance it was the president of the college who got himself especially tangled up, and his secretary is in a similar state. These officers of the college must, in the first instance, be held to account. There are reputable members of our profession in Chicago whose names appear in the faculty list, who, we believe, took no part in these irregular methods. From our knowledge of these physicians we are confident that they will disavow responsibility in the matter, and express their disapproval in some active manner.

Such things as this cannot occur without affecting unfavorably the entire profession—the four hundred homoeopathic physicians in Chicago, the one thousand

in Illinois, the fourteen thousand in the country. It brings homoeopathy and all its adherents into disrepute; it places a weapon in the hands of those who desire our downfall; it makes it harder for a young man who is a graduate of a reputable college to establish himself; it degrades a noble profession.

The Illinois Homoeopathic Medical Association at its next meeting should take action in this matter. It should put itself on record as renouncing all responsibility for such a diploma-shop as the National Medical College has shown itself to be.

It is a scandal and a disgrace to our school that the first and only institution to be stricken from the list of reputable and recognized colleges by the Illinois State Board of Health should be one calling itself "homoeopathic." It is sufficient to arouse the just indignation of every member of our school in the United States. In its origin this is a State affair; in its effects, it is national. In fact, it is the State of Nebraska that took the initiative. Illinois followed. Others will be heard from.

Dr. J. A. Vincent, our representative on the State Board, will have the thanks of a thousand homoeopathic physicians in Illinois for his impartial and decided action.

His efforts will be promptly seconded.

We trust that the time is not far distant when any institution pursuing such irregular methods will be unknown in Chicago.

There is but one

Therapeutic theory that has so far grown stronger and surer from its first announcement a hundred years ago up to the present day, and that is the theory, "similia similibus curantur."—Dr. R. N. Foster.

NOW revise your list for 1897.

OPINIONS EXPRESSED.

If I were

To make a generalization of typhoid fever, it would be "irregularity."—Dr. Wm. W. Van Baun.

Urticaria, in the

Majority of instances is a symptom, and sometimes the only symptom, of gastro-intestinal indigestion.—Dr. George Frederick Laidlaw.

As homœopaths

We cannot afford to fight over the definitions of terms any more than we can over potencies and the methods of administering remedies.—Dr. J. G. B. Custis.

The healthy man

Is both a receptacle and a laboratory of poisons. He receives them in his food, he creates them by disassimilation, and he forms them in his secretions.—Bouchard.

I believe in

The homœopathic therapeutic law. My friends claim that I place it next to my religion, and I confess that I take a sardonic delight in claiming that I do.—Elizabeth Stuart Phelps.

When the physician

Fully appreciates the sources of infection in typhoid fever, he will be able to realize the importance of a positive and early diagnosis by bacteriological means.—Dr. L. D. Meader.

In a given case

Of menorrhagia occurring in a woman over forty years of age, that cannot be accounted for by systemic or per-uterine disease, and is not controlled by one or more curettings, the uterus should be removed forthwith.—Dr. Jas. C. Wood.

In revising

Your list of Chicago journals for 1897 why not change to the Era? One dollar for one year.

AFTER-THOUGHTS.

The Doctrine of Discontent.

"Preach discontent everywhere. It is the only gospel of politics." This is the sublime sentiment reported as having been uttered by Dr. Bayard Holmes in a recent address.

"So long as we have above us our written constitution, our legislatures and our courts, we are not free."

The man who uttered those words is an anarchist. It is nothing new for anarchists to preach the doctrine of discontent, as Dr. Holmes is doing.

But there is another side to the question. There was once a time when other people besides Dr. Holmes had cause to be discontented. When Mr. Bayard Holmes graduated at the Chicago Homœopathic Medical College he professed to be in sympathy with the cause espoused by that school. On this tacit understanding he obtained a position as interne in the homœopathic wards of Cook County Hospital, thereby occupying a very desirable position, which by rights belonged to a loyal homœopath. But from the moment he entered the hospital he ceased to be a homœopath. He ceased administering homœopathic medicines and adopted the methods of the allopaths in the treatment of patients. He used his time to pursue his studies in an allopathic college, across the street from the hospital, where he took his degree, and as soon as he left the hospital he shook the homœopathic dust from his feet, allied himself with the allopaths, and has been one of them ever since.

His attendance at the homœopathic college was a mere subterfuge to gain access to Cook County Hospital, and take advantage of its valuable privileges. He entered it in disguise. He remained in it as a sneak, depriving some honest man of the position which he undeservedly occupied. As soon as he had made use of the homœopaths in order to gain his selfish ends, he dropped them and went where his sympathies had been all the time.

This is the man who is preaching the anarchistic doctrines of discontent.

He does well! He should add another chapter, entitled—"Discontent Created by the Acts of a Sneak."

ORIGINAL ARTICLES.

GELSEMIUM SEMPERVIRENS.

BY W. A. DEWEY, M. D.
ANN ARBOR, MICH.

PROFESSOR OF MATERIA MEDICA AND DISEASES OF
THE NERVOUS SYSTEM, IN THE HOMOEOPATHIC
MEDICAL COLLEGE OF THE UNIVERSITY OF MICHIGAN.

GELSEMIUM is a member of the Loganiaceae family, a family which furnishes us with a number of drugs, whose depressing effect on the nervous system is a prominent feature, such as *Nux vomica*, *Ignatia*, *Spigelia* and *Curare*.

Its common name is the Carolina, or yellow, Jessamine, and it is one of the most beautiful of our southern, climbing, evergreen plants. It blossoms in March or April; its flowers are bright yellow, funnel-shaped, and of a most agreeable fragrance; its habitat is in damp soils along streams from Virginia to Alabama. It is also found in Southern Europe.

Preparation.

The homoeopathic tincture of Gelsemium is prepared from the bark of the fresh root, and its alkaloid, which is solid, no crystals having been obtained, is called Gelseminim. Some of our large manufacturing chemists are making the tincture from the entire dried root, claiming equal efficacy for the preparation. This fact should be borne in mind by those who seek to procure cheap tinctures. Their failures can usually be traced to inferior preparations made from fluid-extracts, which are obtained from dried plants instead of fresh ones. Our homoeopathic pharmacy cannot be adhered to too closely. The color of the tincture approaches that of sherry wine.

History.

Gelsemium comes to us from Eclectic sources, having been used for bilious and remittent fevers by that school for a number of years before its introduction into the homoeopathic school by Dr. James S. Douglas, of Milwaukee. Dr. James Metcalf soon after published an account of it in the "North American Journal of Homoeopathy," Vol. III., page 18. A monograph on the remedy was published in 1862 by Dr. E. M. Hale, of Chicago. Allen's Encyclopedia contains all that

was known of the pure effects of the remedy to the time of its publication in 1874. In 1883 a complete and exhaustive monograph on its action was published by the Hughes Medical Club of Massachusetts.

General Action.

The special field of action of this remedy is on the cerebro-spinal system, and more particularly on the motor tracts of the spinal cord. Poisonous doses, and the minimum poisonous dose is about twenty drops of the tincture, produce profound prostration, accompanied with a feeble heart and pulse. The universal symptom is paralysis of the motor nerves. Its paralytic action seems to be decidedly central, here differing from *Conium*. Gelsemium destroys reflex action from the center to the periphery, while *Conium* acts from the periphery to the center. The symptoms of Gelsemium are nearly all motor, those of the sensory sphere being confined to a certain amount of tingling and numbness. Its effects seem to progress from above downwards; first, we have paralysis about the ocular muscles, tongue, throat and face; then comes the general weakness, staggering gait, gradual loss of muscular power and paralysis of the sphincters. It also has an action on the motor centers of the medulla oblongata, and on the cerebrum, for although at first the mind is clear, there gradually appears difficulty in mental concentration and a feeling as of commencing intoxication, which may progress to entire unconsciousness and apoplectic stupor. All this is brought about by the depressing and weakening effects of Gelsemium on the motor centers of the circulation and respiration. The heart becomes weakened and we have sluggish circulation and venous stasis.

This sluggish circulation and venous stasis will explain the action of Gelsemium on the mucous membranes.

From the general action of the drug most of its symptomatology may be deduced and explained.

Temperament.

Gelsemium is especially adapted to children, young people and women of an irritable, sensitive, hysterical temperament. It is also suitable to onanists and to diseases with a malarial basis.

Grand Characteristics.

The great characterizing features of the remedy are:

1. The dull, stupid, apathetic mental condition.
2. The great weakness and muscular relaxation and the deep-seated muscular aching.
3. The paralytic action on the ocular muscles.
4. Its low type of thirstless fever, characterized by dullness, drowsiness and dizziness, and,
5. Its adaptation to complaints arising from emotional disturbances.

Mental.

The Gelsemium patient is dull, stupid and apathetic. This is grandly characteristic. There is no anxiety, no restlessness as under aconite, hence the two remedies need never be confounded.

Emotional disturbances, such as grief, fright, or any neurotic depression, will find a remedy in Gelsemium. Here we will have the feeble pulse, irregular respiration—sighing.

Bodily ailments brought on by emotional excitement, bad news, fright or grief, will call for Gelsemium. Thus we have as a prominent symptom of the remedy, diarrhoea from fright. It is interesting to note that Ignatia, a member of the same family as Gelsemium, is a valuable remedy for the effects of grief.

Inability to think and unconsciousness are among the effects of the drug. It has been suggested as a remedy in catalepsy.

Head.

Sluggish circulation and passive congestion give rise to the characteristic headache of the drug, namely: an ache which commences in the nape, passes up over the head and settles down over the eyes; it is worse in the morning and is accompanied by a stiffness of the neck. The patient cannot think, is listless and stupid and the face is dark red, the eyes bloodshot and the lids heavy; the speech is thick and the patient appears as if under the influence of liquor. Copious urination relieves this headache.

It is especially the remedy for headaches commencing with blindness and for headaches due to eye-strain.

There is great soreness of the eyeballs

when moving them. Onosmodium is also an important remedy for headaches due to eye-strain.

In occipital headaches, with muscular soreness in the neck, Gelsemium is a valuable remedy, and here *Cocculus* should not be forgotten. The relief from copious urination, the visual troubles which accompany, such as dim sight, double vision and squinting, will easily determine Gelsemium.

These symptoms of occipital pain, stupid expression, cerebral congestion, will suggest its use in various forms of meningitis, notably cerebro-spinal meningitis; here it occupies a position between *Veratrum viride* and *Belladonna*. The child is hot, but not as dry as with *Belladonna*; the congestive appearances are not so pronounced and the spasms are not so violent. It is well to remember in this connection that "Gelsemium is the *Belladonna* of malarious climates." When Gelsemium is indicated we would expect to find other symptoms of the drug present, such as partial loss of consciousness, irregular respiration and pulse, dilated pupils, strabismus, imperfect articulation, and finally partial or complete motor paralysis.

Apoplexy, with more or less motor paralysis, may call for the remedy; so also may sunstroke.

Gelsemium differs from *Belladonna* in that the congestion of the latter remedy is more arterial and active, there is more throbbing and pulsating, the face is more flushed, the Gelsemium flushed face appearing later when the respiration becomes embarrassed.

The following symptom is characteristic of Gelsemium: A sensation of a band around the head just above the ears. Tobacco headaches, the patient being very cross, and a general relief from stimulants, are also useful symptoms. Another symptom is a feeling as if the head were enlarged, a "wild feeling" in the head.

Eye.

The action of Gelsemium on the eye is most characteristic and interesting. It is well known that the circular fibers of the iris are supplied by the third nerve, or motor oculi, while the radiating fibers are supplied by the sympathetic.

Now, both Gelsemium and Belladonna dilate the pupil, but in a very different manner.

Belladonna stimulates the sympathetic nerve powerfully, the radiating fibers contract and overcome the circular fibers, and the pupil dilates.

Gelsemium, in accordance with its general effect, paralyzes the third nerve, and there being no longer any resistance to the normal action of the radiating fibers, they contract and the pupil dilates.

It is interesting here to note the action of Physostigma, or the Calabar bean. This remedy contracts the pupil dilated by the action of Belladonna, but it will not contract the pupil dilated by Gelsemium.

It causes an irritation in the first instance of the third nerve; in the second instance the nerve being already paralyzed by the action of Gelsemium it does not respond to the irritation of Physostigma.

From these general symptoms one would expect to find Gelsemium a valuable remedy in eye troubles. In the first place we have the paralytic symptoms. It causes diplopia, double vision; it causes ptosis or paralysis of the upper lids. These symptoms are associated with soreness of the eyeballs, worse upon motion, dark red face and general Gelsemium symptoms. Rhus tox has ptosis in rheumatic subjects, from getting wet; Sepia has ptosis from menstrual irregularities; Kalmia and Causticum also have rheumatic ptosis.

It might be well to state that the third nerve passes between the two heads of the external rectus muscle and when the fibrous origin of these becomes inflamed by rheumatism the third nerve is pressed upon and ptosis results. In Gelsemium, however, the cause is central.

Double vision is very characteristic of the remedy; thus, ptosis, giddiness and pains in the eyeballs are sure indications for the remedy.

Intra-ocular inflammations, where serious exudations occur, dull pains, double vision and vertigo will indicate Gelsemium. In serious iritis and choroiditis, where there is a gradual impairment of vision and heavy lids, it is the remedy. It produces also an inability to accommo-

date quickly. It has been used for detachment of the retina, in some forms of asthenopia and in astigmatism, with considerable success.

Strabismus from weakening of the muscles is also characteristic, and therapeutically it has been found useful in strabismus and ptosis following diphtheria.

On the ears and face Gelsemium has no special action the suffused, congested, yellowish-red face is characteristic, but it rather belongs to the general action of the drug.

Nasal Symptoms.

Gelsemium is a remedy often undervalued in the early stage of cold in the head. It will break up a cold at the beginning quicker than any other remedy, with these indications: Fullness of the head, hot fever and chilliness, as if a cold were coming on. The chills run up and down the back and there is a disposition to hug the fire. The patient is dull and weak and there is a watery, excoriating discharging from the nose and much sneezing. There is, withal, a predisposition to take cold at any change of the weather, and it is a great remedy for colds occurring in warm, relaxing weather.

It has been found to be a valuable remedy in epidemic influenza, corresponding well to the muscular aching and fever. The patient is quiet and thirstless.

The catharrhal symptoms of the first stage of measles are well met by Gelsemium.

Throat.

Gelsemium is a remedy competing with Causticum in paralytic conditions about the throat, and its general action is illustrated here. We find aphonia, loss of voice from paralysis or from depressing emotions, hysteria, etc. The tongue is numb and heavy and the speech is thick. Post-diphtheritic paralysis of the muscles of deglutition often calls for Gelsemium. Nux moschata also is indicated in certain paralytic conditions of the muscles of deglutition.

Natrum muriaticum has the symptom of a powerless condition of the arm after a fit of anger.

We find also a dry, scraped feeling in the throat, accompanying the nasal symp-

toms, pains extended into the ears; worse on the right side.

Digestion and Stools.

Gelsemium is one of the thirstless remedies, as most of its conditions, even the fever, are unaccompanied with thirst. Most of its stomach symptoms are reflex. It produces a passive congestion of the liver, with vertigo, dim sight and fullness of the head. Many of its digestive symptoms point to its use in typhoid conditions. The tongue is at first coated yellowish-white; it may be dry, red and inflamed.

There is apt to be rumbling of flatus in the abdomen and slight colic.

The diarrhoeas produced by Gelsemium may be classified as nervous, catarrhal and bilious.

It is one of our most prominent remedies for diarrhoea produced by fright or fear, or sudden depressing emotions. The stools appear suddenly and are copious, yellow and papescent. Opium and veratrum album have diarrhoea from fright; so has also Pulsatilla. Here the stools are yellow and changeable. Argentum nitricum has a diarrhoea brought on by great mental or emotional excitement, accompanied by distension.

The catarrhal diarrhoeas of Gelsemium occur in damp weather, and the bilious diarrhoeas are due to passive hepatic congestion.

Respiration and Heart.

One of the great characteristics of this remedy is the following symptom: On dropping asleep the patient is aroused by a sensation as if the heart had stopped beating and the patient has to move to stimulate it into action. It seems to be due to a weak action of the cardiac muscles. Digitalis has a symptom which is just opposite, namely: the patient feels that the heart will stop beating if he moves. Grindelia robusta produces a weakness of the heart and lungs, and when the patient falls asleep he awakes with a sensation as if respiration had ceased.

Palpitation of the heart and soft murmurs occurring in typhoid states will further indicate Gelsemium.

It is useful also in paroxysms of tachy-

cardia from abuse of tobacco, extremities, cold.

Urinary and Sexual Organs.

Hyperaesthesia of the bladder is a good indication for the remedy. Profuse urination, as we have seen, relieves the headache. It weakens the sphincter vesicae, and hence it is a useful remedy in enuresis from that cause, especially in nervous children; also in irritability of the bladder in hysterical subjects.

Gelsemium produces a loss of tone and prostration of the male genital organs; thus we find it a remedy in impotence with coldness of the sexual organs; they are relaxed and there are involuntary emissions.

If this condition is caused by masturbation, and the sphincter vesicae is relaxed. Gelsemium is all the more indicated.

Dioscoroea is a remedy for atonic sexual emissions when two or three occur in a night and there is great weakness of the knees the following day.

Caladium has emissions without any sexual excitement whatever.

Agnus Castus is the remedy for long-standing cases of spermatorrhoea; the sexual organs are cold, relaxed and small.

Gonorrhoea calls for Gelsemium in its early stage, where there is marked urethral soreness, much burning at the meatus and along the urethra, the discharge is slight. It also is a useful remedy when epididymitis or gonorrhoeal rheumatism results from suppressed gonorrhoea.

Female Organs.

Dysmenorrhoea of a neuralgic and congestive character may call for Gelsemium.

Anteflexion of the uterus, with a sensation as if squeezed with a hand, associated with frontal headache, in which the head feels enormously large, and dim vision are symptoms calling for the remedy. Also ovarian irritation, with headaches.

It is one of our great labor remedies, and its indication of rigid os uteri during labor is very characteristic; it is not a spasmodic condition, as found under Belladonna, but a tardy dilation; the os re-

mains hard and rigid even after labor has been in progress for some time.

The uterus is atonic, soft and flabby; does not contract, and hence there is nothing to force the os to dilate.

In threatened puerperal convulsions, where drowsiness is present, a full, large, but soft pulse, rigid os, pains extend upwards and to back and hips, with the dull condition and flushed face, Gelsemium is the remedy.

It corresponds also to after-pains which extend upwards and backwards.

Fevers.

In typhoid fever Gelsemium is a remedy most often indicated in the first stage; the patient feels sore and bruised all over as if pounded, there being also a dread of motion; headache, drowsiness and red face. The patient is dull and apathetic, looks and feels as if he were going to have a "fit of sickness," but he does not care much. There is chilliness, full and flowing pulse, not resisting as in aconite, and the remedy usually precedes baptisia, its symptoms being similar, but milder. If the symptoms approach the remittent type it is all the more indicated. It is often well adapted to typhoid in children.

In the intermittent fever of Gelsemium the chill is partial, runs up and down the back, followed by heat about the head and face and aching all over the body. A prominent symptom is that the patient wants to be held so that he will not shake; there is irritability, the patient can bear neither noise nor light; the sweat is partial, but it relieves all the pains. The chills are accompanied with copious urination; there is absence of thirst, extreme muscular soreness, and great prostration.

In remittent fevers, especially the bilious remittent, and in the malarial fevers of the south, Gelsemium is the great remedy. Its general effect of venous stagnation produces a congestion of the liver, and, it being overcharged with blood, it cannot secrete bile; there is great relaxation accompanying the fever; the red face, the thirstless condition and the three D's of the remedy, Dullness, Drowsiness and Dizziness.

Eruptive fevers, such as measles, find their remedy in Gelsemium, especially

when catarrhal symptoms of the eyes, nose and throat are present; sneezing, great prostration, stupor, absence of thirst, hoarseness, etc.

Aconite will be useful when there is fever, restlessness, coryza, sneezing and hard, croupy cough, but after moisture appears on the skin Belladonna may be the remedy.

Pulsatilla may come in, but is not of much use when fever is present.

Scarlet-fever and yellow-fever may each need Gelsemium. The general symptoms will determine the remedy.

Skin.

Gelsemium produces an itching and redness of the skin and an eruption of small papules greatly resembling measles.

Nervous Symptoms.

Meningitis in its various forms may call for Gelsemium, especially at the onset. We have seen its action in the cerebro-spinal form. The symptoms calling for its use in the other forms are similar; thus we have chill followed by congestion, dilated pupils, thirstlessness, great exhaustion, staggering gait, thick speech, coldness of hands and feet, weak, laborious respiration, involuntary closing of the lids, and symptoms relieved by sweat.

Threatened apoplexy, with weakness and trembling of the system and complete muscular relaxation, may call for the remedy, as we have seen above.

Infantile paralysis, with muscular weakness, crawling sensations in the limbs, paralytic symptoms in throat and limbs, may suggest Gelsemium. In the early stage of acute polio-myelitis anterior it is often the remedy; it produces, as we have seen, the motor paralysis without the sensory symptoms.

In multiple sclerosis, with its ocular affections, disturbances of speech, and unsteady gait, it may be indicated.

In myelitis, with dull aching in the lumbar regions—deep-seated muscular pains—sensation of fatigue in the extremities, loss of voluntary motions, trembling of the limbs, with great nervous excitement, it is a valuable remedy.

Acute ascending paralysis, likewise, will suggest Gelsemium. It is indicated by the complete muscular relaxation and

prostration, with entire motor paralysis, thick speech, dim sight and tingling in the limbs.

Progressive muscular atrophy in its early stage, when muscular weakness is a prominent symptom, and in hysterical convulsions, it is sometimes indicated.

Paralysis agitans, with complete relaxation of the system and neuralgic pains along the course of the nerves and jactitation of the muscles.

Neurasthenia naturally finds a remedy in Gelsemium when the muscles feel sore and will not obey the will; loss of muscular control, sleeplessness from nervous exhaustion, brain-fag, drooping of the lids.

Professional and trade neuroses are also benefited by Gelsemium. Also neuralgias of a malarial origin, and chorea following acute fevers.

Sleep.

Sleeplessness is more characteristic of the remedy than is sleep. Patients seem to be on the verge of slumber, but unable to sleep, the nervous system is exhausted. Chronic cerebral irritation may be the cause of the insomnia.

Aggravations and Ameliorations.

Gelsemium symptoms are aggravated by rest, warmth of the bed, sudden emotions, fright, urine, and damp, changeable weather. They are ameliorated by cold open air; cold, and continued motion; copious urination relieves the headache and sweating relieves the pains.

WHEN SHOULD A GYNECOLOGICAL EXAMINATION BE INSISTED UPON?*

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The question when a local examination should be made in dealing with the ordinary run of gynecological cases must be left largely to the circumstances which attend each individual case. As a rule, I think it best in the vast majority of instances, especially in dealing with conditions which do not yield to ordinary treatment, to make a thorough physical examination, which, of course, includes the pelvic organs. This is a working hy-

pothesis, exceptions to which will suggest themselves.

There are, however, two conditions of so grave importance that, when premonitory symptoms of either exist, there should be no compromise, and an examination should be emphatically insisted upon. I refer to ectopic pregnancy and uterine cancer.

Unfortunately, the larger number of ectopic pregnancies are not recognized until rupture occurs. Indeed, in perhaps the majority of cases no premonitory symptoms exist, and the first warning which comes to the physician is collapse incident to the internal hemorrhage. I am nevertheless impressed with the fact, and this impression has been especially forced upon me during the last three years, that certain symptoms suggest the existence of ectopic pregnancy previously to rupture in a much larger per cent. of cases than is generally supposed. In nearly all instances a review of the history of the subsequent rupture will disclose the existence of abnormal menstruation and indefinite pelvic distress. The symptoms may be looked for in something like the following order:

(1) Very often a considerable period of sterility, followed by general and reflex symptoms of pregnancy.

(2) Associated with the general and reflex symptoms of pregnancy are those of disordered menstruation, usually irregular uterine hemorrhages attended by severe pelvic pain.

(3) Symptoms of pelvic inflammation, especially marked by tenderness in one or the other iliac region. The tender area is frequently the seat of irregular spasmodic pains.

(4) The presence of a pulsating tumor in the region of one or the other broad ligament, which is dense, sensitive, and continues to grow.

(5) Lateral displacement of the uterus, which is slightly enlarged, but empty.

(6) An attack of severe pain in the pelvis, followed by shock, collapse and all the symptoms of hemocele.

(7) Renewed uterine hemorrhage, with the expulsion of the decidua, wholly or in part.

Of course, after the symptoms of shock and collapse present themselves there re-

*Interstate Homœopathic Medical Society of New York and Pennsylvania.

mains but one thing to do—the abdomen should be speedily opened and the bleeding points secured. But with the foregoing history previously to rupture a careful physical exploration should be made.

The subsequent management of the case most depend upon circumstances. If the tumor is clearly of Fallopian origin I believe that an immediate laparotomy is indicated, for, should the case be one of ectopic pregnancy, the almost inevitable rupture will be prevented, and, should it be one of pyo- or hydro-salpinx the operation is certainly indicated.

The primary operation can be done after due preparation and under the most favorable circumstances, whereas, after rupture has occurred, the patient is usually exsanguinated and the mortality is necessarily high.

Should the tumor seemingly be of broad-ligament origin, an immediate operation is not imperative, and measures may be taken to destroy the fetus, though the case should be carefully watched and placed under the most favorable conditions for emergency work, should an operation be required.

Pain and subjective symptoms in general cannot be relied upon in dealing with carcinoma uteri. I once saw a woman, rosy-cheeked and the picture of health, who was the victim of a cervical cancer, which had perforated the bladder. She gave no history of pain, no history of hemorrhage and no history of an offensive discharge—the three classical symptoms of uterine cancer. She came to me because of the dribbling of urine incident to the vesical opening. This is an exceptional case and I cite it to show how utterly unreliable are subjective symptoms.

I have repeatedly met with cases of uterine cancer advanced beyond the operative stage, and almost doubted the diagnosis given because of the absence of pain. Within the last month I have removed a uterus from a woman 63 years of age, which was nothing more than a mere shell.

The patient had charge of a boarding-house, and did her housework up to the very day of entering the hospital. There

had been much hemorrhage and some fetor, but absolutely no pain.

In carcinoma of the cervix, pain is a late symptom and only occurs when there is infiltration of the surrounding structures, and the offensive discharge is due to necrosis of tissue, which is also a comparatively late symptom.

In a recent essay on the subject, presented to the London International Congress, I quoted the statistics of Winckel, Schroeder and Hofmeyer, which show that at least 95 per cent. of uterine cancer occur in women who have born children, and it is not unreasonable to suppose that injuries of the cervix incident to childbirth are responsible for the disease. Most assuredly, then, if a woman is known to have a lacerated cervix and will not have it repaired, frequent examinations should be made, especially during the so-called cancerous age (40-50). Should the cervical mucous membrane be elevated above the surrounding structures and bleed easily a section should be removed under cocaine and examined microscopically.

In all instances where a woman approaching or past fifty has ceased to flow for six months or longer, and has a recurrence of the flow or a hemorrhage, an examination should be insisted upon.

Should there be no disease of the cervix the patient should be anaesthetized, the interior of the uterus explored and the sharp curette thoroughly applied. The curettings should be examined microscopically, but too much reliance cannot be placed on the microscope in examination of curettings.

It is sometimes exceedingly difficult to distinguish the glandular hypertrophy incident to endometritis, from cancer, because the whole depth of the uterine glands is rarely obtained by the curette.

In the essay referred to I therefore formulated the following rule, which, I believe, conserves the best interests of the patient:

In a given case of menorrhagia occurring in a woman over forty years of age, which cannot be accounted for by systemic or peri-uterine disease, and which is not controlled by one or more curettings, the uterus should be removed forthwith.

Certain exceptions to this rule may present themselves, but they are rare. I expect, of course, all uteri where other possible causes exist, and should not think of resorting to so radical a procedure without first directing treatment to such causes.

Finally, I desire to protest against the doctrine of so-called physiological climacteric hemorrhage. This doctrine is responsible for a very large percentage of inoperable uterine cancers. A woman flows excessively at any time because she is the victim of disease, either local or constitutional, and it should be the duty of the attendant to locate such disease. Usually it will be found within the pelvis. Whatever the local lesion it should be corrected if possible. Memorrhagia due to non-malignant endometritis, with absence of serious peri-uterine or systemic disease, is always benefited by the intelligent and thorough application of the curette and drainage, especially if existing lacerations are repaired at the same sitting. If it is not, I believe it better to sacrifice the uterus than to take chances on probable malignant degeneration.

I am fully conscious that this teaching is radical. It is the outcome of an experience which has brought to me, a specialist, two inoperable cancers for every operable one. This should not be, and we must rely upon the general practitioner to educate the laity in matters medical.

Carcinoma uteri is now a curable disease if taken in time. If permitted to pass beyond the operative stage, it is one of the most hopeless and deplorable of all diseases.

122 EUCLID AVENUE.

CYSTITIS IN THE MALE AND ITS SURGICAL TREATMENT.*

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Among the many diseases we are called upon to treat none is accompanied by more distress to the patient and is more troublesome to the medical attendant than those classed under the head of chronic cystitis. The picture of a patient suffering from a severe phase of this

*Homeopathic Medical Society of Chicago.

malady is not a pleasant one. The frequent call to urination, the distressing spasm, the peculiar scalding sensation at the neck of the bladder and along the urethra, the shooting pains along the testicals, groins, thighs and spermatic cords to the sacro-lumbar region, and the heavy, dull pain in the rectum and perineum make the life of the patient a grievous one. Continuous sleep is impossible. The digestive system becomes impaired, the nervous system gives way from pain and general loss of strength, and the patient becomes a wreck. The constant urination, the inability to completely eject the urine, or the inability to control the flow, makes cleanliness almost impossible. The urine generally emits a strong ammoniacal odor, rapidly decomposes, and its presence on the clothing is readily noticed as most offensive. Even were the patient able to engage in ordinary employment the offensive character of his disease would make it impossible. Taking the deplorable condition of the patient into consideration it must be recognized that one should not stop short even of the most severe measures if a possibility of relief or cure is offered.

I have employed the term "cystitis," and it is a useful one in that it covers certain symptoms commonly recognized as accompanying inflammation of the vesical mucous membrane, but not in any sense as indicative of a belief on my part that cystitis is an idiopathic disease. In every case there is an etiological factor, but it is not always the same one. Cystitis is a constant attendant upon sacculation and pouching, ulceration, tuberculous or of other character, stricture of the urethra, vesical calculi, enlargement of the prostate, cancer, paralysis, and less frequently gout and diseases of the rectum.

While these may be looked upon as the predisposing causes, the immediate or exciting cause in every case of chronic cystitis, not the result of a chemical irritant, is a microbe. The bacillus most frequently found is the ordinary intestinal parasite, the bacterium coli communis. But others are the bacillus of tuberculosis, the gonococcus of Neisser, or the bacillus pyogenes may take an active

part. It is not claimed, be it understood, that either the predisposing or exciting causes alone produce cystitis. Retention and traumatism, hypertrophy or paralysis do not provoke cystitis. A microbe alone does not produce cystitis. The former renders the bladder vulnerable, the latter completes the work. The former condition may exist without cystitis. It is only when the vulnerable bladder receives the infection by transmission from the rectum, as shown by Melcher and others, by extension from other parts of the genito-urinary tract, or by introduction from without, that cystitis results. This reference to the bacteriological causes operative in the production of cystitis is not that I may air my erudition or indulge in any technical disquisition on bacteriological matters on which I do not claim to be an expert; but because it bears in an important way on the treatment, and the possibilities of relief in those cases in which certain predisposing causes cannot be removed. For instance, an enlarged prostate may not be amenable to treatment, but the infection which has resulted incidentally from lack of care, and which is the cause of the larger part of the suffering and pain, may be.

The tone of a paralyzed bladder may never be entirely regained, but the cystitis which accompanies it and which is responsible for the distress may be overcome if treated upon surgical principles. The cystitis accompanying tuberculous ulceration may be permanently curable only when the specific infection, which is constantly renewing the source of infection, is removed.

My position, then, is this: If both elements operative in the production of cystitis can be removed the case is certainly curable, but it may be possible to cure or relieve the patient in those cases in which only one of these elements can be removed. Gross said some twenty-five years ago: "In obstinate cases, when all other means have failed, it has been suggested to open the neck of the bladder in the same manner as in the lateral operation of lithotomy, in order to afford a free outlet for the mucus and pus as fast as they form and to place the organ thereby in a state of repose."

The proposal is plausible, and although it has not been sufficiently tried to enable us to form a definite opinion in regard to its value, it is worthy of a fair trial, as it holds for the only chance of relief."

From our better knowledge of the real causes entering into the production of cystitis it is all the more probable that thorough drainage of the bladder, removing the products of infection, may cure many cases of chronic cystitis that have ordinarily been considered incurable and would lead us to refer many cases to the surgeon at an earlier date, thus saving the patient pain, loss of time, energy and money.

Briefly, I would say,

(1) Cases of cystitis due to stone in the bladder are curable by removing the stone and drainage;

(2) Cases of benign tumors in which the tumor can be removed are curable by operation and drainage;

(3) Cases due to stricture of the urethra can be cured by division of the stricture and subsequent drainage;

(4) Gonorrhoeal cystitis, when incurable by other measures, is curable by drainage and local applications;

(5) Many cases of cystitis following traumatism and subsequent infection which do not respond to ordinary treatment are curable by drainage;

(6) Cases of cystitis due to enlarged prostate may be cured by temporary drainage, and, if subsequent care is maintained, be able to urinate by means of a catheter without inconvenience during the remainder of the life time. A few of these cases may need permanent drainage.

(7) Many cases are promptly and permanently cured when White's operation is supplemented by a perineal cystotomy.

(8) Cases of cystitis due to localized tubercular ulceration may be cured by removal of the ulcerated patch and drainage.

(9) Cases of cystitis due to the presence of malignant growths may be made comfortable by permanent drainage.

Perineal cystotomy is the preferable operation in the making of temporary drainage and in most cases of malignant

disease. Supra-pubic cystotomy is the preferable method when permanent drainage is to be maintained. This latter condition is rarely called for if a catheter can be introduced into the bladder and the patient is willing to maintain aseptic precautions.

Let me cite to you certain cases which may more clearly illustrate my meaning than these general statements. I shall relate no cases of cystitis due to stone cured by operation, although I have almost one hundred such cases recorded in my note-book, because I believe this result is generally accepted by the profession. Neither shall I attempt in any way to make the report statistical, but rather by a single illustrative case to suggest the possibilities of good results following operation in those cases which medicinal measures have failed to benefit.

Case I. Cystitis Accompanying Polypoid Growths.

Mr. B., aged 29 years. No specific history; had had some trouble with urination for a year or so. About eight months previously had taken cold and had decided aggravation. Since then pus and mucus had been found in the urine. He was obliged to urinate every half-hour day and night. He had been treated by bladder irrigation, but the introduction of the catheter was so painful that he could not stand it. Since the commencement of this trouble he had lost fifty pounds in flesh. As he would not submit to any of the ordinary methods, indeed said he must die or get well, as he had used all his means, I advised perineal cystotomy. On exploring the bladder with the finger the polypoid growth was found on the left side just above the urethral opening. By means of the finger and the forceps this was removed and the base thoroughly curetted. Drainage was maintained for three weeks, after which the bladder was allowed to heal. A good recovery resulted.

Case II. Cystitis Following Stricture and Retention of Urine.

Mr. L., aged 64. Twenty years ago he had venereal disease, followed by stricture. Dilatation and medical treat-

ment relieved him and he had no further trouble for eight years, when the closing of the stricture gave him some difficulty in urination. The same treatment again gave him relief. Three years ago the stricture had again contracted to such an extent that his physician was unable to introduce a sound or a catheter. At times he would have complete retention. Rest and hot applications would enable him to pass the urine, although slowly and with great effort. Gradually the urine changed in character, so that for almost a year past each discharge had contained pus. There has been a more or less constant dribbling of urine. His general health has declined, so that he has been obliged to give up all business. When first seen by me no urine had passed for several days. The temperature was 102 degrees; the bladder reached above the umbilicus, and an exudation of water took place through the rectum. In order to give temporary relief the bladder was aspirated above the pubes and the patient was then removed to Hahnemann Hospital. Examination now showed that there was not only a very tight stricture of the perineal urethra, but that the prostate was also enlarged. With much difficulty a filiform bougie was made to enter the bladder, and with this as a guide an internal urethrotomy was made. The abundant pus which followed with the urine and the fact that the stricture was in the deep urethra made me fear infection. Remembering also the low grade of cystitis which had existed for so long a time, I deemed it best to complete the operation with a perineal cystotomy, which would not only allow the urethral wound to heal without irritation, facilitate the cure of the cystitis by the removal of the morbid products, but also possibly produce atrophy of the prostate as a result of the incision. The urethra was kept dilated, and the bladder drained through the perineum by means of a catheter introduced into the wound. At the end of the third week it was found that no pus was passing with the urine and that when the catheter was compressed the patient could hold the urine for several hours. A little rubber disc was therefore fitted around the catheter at such a point as

would just allow the end to enter the bladder; to this strings were attached, running to the belt, by which the catheter was held in place. A pair of bull-dog forceps were clamped to the free end of the catheter in order to close it. When he desired to urinate the forceps could be removed and the water allowed to run out of the catheter. At the end of four weeks it was found that if the fistula was occluded he could pass urine through the urethra. The drainage-tube was therefore removed and the parts allowed to heal. He now urinates through the urethra, using the catheter only once in twenty-four hours. He is able to go about, and for his age is an active man.

Case III. Gonorrhoeal Cystitis.

Mr. B., aged 23 years. Two years ago he contracted gonorrhoea. Was treated by ordinary remedies and injections. After the acute symptoms subsided a gleet discharge remained. For this he was treated by sounds without result. Large urethral injections were then tried, the patient being urged to force the fluid way back. In the performance of this he was frequently able to force the liquid into the bladder. He does not know whether this was the cause of the cystitis, but he knows that some time after this he began to have frequent desire to urinate, which condition gradually increased until he was obliged to urinate every half-hour. He has been treated by homeopathic and allopathic physicians without any appreciable result. He has taken medicine internally, has lived upon milk-diet, has had the bladder irrigated daily with innumerable medicated lotions. The urine contains quantities of pus in which the gonococcus of Neisser has been distinguished. He is tired of this constant treatment and wants some assurance of cure before he will submit to further irrigation. Considering the fact that his professional advisers have been of the best, his habits of life the most favorable, that his intelligence and desire for cure led him to be most obedient to instructions, I felt assured that a resort to ordinary measures would only result in loss of time. I therefore advised perineal cystotomy, which would not only give perfect drainage, but allow of more direct

application of antiseptic lotions. He accepted the treatment and in three weeks, without any other treatment than constant drainage and irrigation through the wound with a 1-4,000 solution of sublimate, a permanent cure was effected.

Case IV. Rupture with Sacculation, Cystitis, Perineal Cystotomy.

Carpenter, aged 35 years. Fell from a scaffold, caught himself in falling and felt something give way in his bladder. From this time on he had frequent desire to urinate, but little or no pain. While the desire for urination continued he found that he could not urinate until three or four hours had elapsed. After some time the urine became ammoniacal and loaded with pus. Urinary washings were resorted to, but did not seem to clean out the bladder, although pressure between the anus and the left ischial tuberosity seemed to render the washing more effective. Perineal cystotomy was made and upon introducing the finger into the bladder a peculiar pouching was felt to the left of the incision. I believe at the time of the injury there was a rupturing of the muscular wall of the bladder, resulting in a pouching, or sacculation, and that the urine was retained in the sac, with subsequent infection, probably from the rectum. The normal contractions of the bladder could not empty it, and even profuse flushings could not entirely clean it. Drainage was maintained for four weeks and the wound was allowed to heal. Catheterization under strictly aseptic precautions was maintained for several weeks longer. He now passes a catheter once a day. Has had no trouble since the operation.

It is my custom, as stated earlier in this paper, to make a perineal cystotomy whenever I think drainage will only be temporarily needed, believing as I do that the risk is almost nothing compared with the suprapubic route, and the indications for the operation, namely, division of an irritable sphincter vesicae, drainage from the most dependent point, and consequent rest of the bladder, are more directly met.

The drainage-tube used to maintain drainage after perineal cystotomy consists, as referred to in case 2, of an ordinary soft, flexible catheter, which has

been passed through a rubber disc placed at such a distance from the vesical end of the catheter as will admit the aperture in the catheter just inside the bladder. In some instances the vesical end has been cut off above the eye, so that the opening in the catheter is at the end; in others, in which this plan did not seem to drain the bladder completely, because of the pinching behind the enlarged prostate, the catheter has been passed some distance into the bladder. Tapes are attached to the disc anteriorly and posteriorly and then brought up and attached to an abdominal band. In the cases in which drainage must be permanent, except in cases of malignant disease and those in which the patient must be permanently confined to the bed, suprapubic cystotomy is the method preferred. In these cases, relatively infrequent, I make use of the Senn drainage-tube. I am inclined to believe that most of the cases of enlarged prostate which were formerly treated by suprapubic cystotomy will now be practically cured by perineal cystotomy and the removal of the testicles.

3130 INDIANA AVENUE.

A COMPARATIVE STUDY OF FEVER REMEDIES.*

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LOUISVILLE, KY.

DEAN, AND PROFESSOR MATERIA MEDICA IN THE
SOUTHWESTERN HOMŒOPATHIC COLLEGE.

It is a well-established fact that the cerebro spinal centrics are derived largely from the vegetable kingdom, the ganglionics from the animal and mineral kingdoms.

Drugs increase, decrease, prevent or destroy functions, and, as a class, the vegetable drugs increase functional activity, the mineral drugs decrease and pervert functional activity and produce organic tissue-changes of a chronic nature, the animal drugs pervert and destroy functional activity and rapidly cause destructive tissue-changes. So we look largely to the vegetable drugs for the initial treatment of acute sthenic conditions characterized by distributive blood changes, over nutrition, vascular excitement, rapid tissue combustion and febrile temperature; to the mineral drugs

for nutritive perversions and chronic progressive tissue changes; to the animale drugs for rapidly destructive diseases.

In short we look to the vegetable drugs for acute sthenic diseases accompanied by fever; to the mineral drugs for chronic diseases accompanied by progressive tissue changes; to the animal drugs for acute septic conditions associated with rapid tissue destruction. All this considered, we are not surprised to find three drugs which are to make our basis of study to-night to be almost all of vegetable origin.

There is Aconite, Veratrum viride, Belladonna, Bryonia, Gelsemium and Rhus toxicodendron from the plant world, and only Ferrum phosphoricum and Sulphur from the mineral kingdom. The vegetable drugs mentioned being those indicated in the treatment of the simpler conditions of acute febrile disorder. Ferrum phos. and Sulphur becoming mostly useful when such conditions are based upon a dyscrasia, hence chronic soil.

The Aconite state is the simplest diseased condition which we meet, corresponding as it does to the initial stage of distributive blood changes, a condition corresponding to the first stage of inflammation, a state of circulatory excitement associated with systemic tension, both mental and physical; a typical and picturesque condition of acute over-nutrition. There is the mental distress, the powerful heart-beat, the arterial and muscular tension and suppressed secretions. Looking for cause for this picture we find in each instance that it is as acute as the condition itself, just as in the world of physics acute or violent results have acute or violent causes. The causes in this instance are exposure to heat or cold, traumatism, violent emotions.

There are six other drugs only which divide honors with Aconite as the initial agents in combating acute diseases. These are Camphor, Veratrum viride, Ferrum phosphoricum, Belladonna, Gelsemium, Rhus toxicodendron and Sulphur.

Camphor.

Both Camphor and Aconite are indicated in the chill which ushers in the

*Cincinnati Homœopathic Lyceum.

advent of physical discord. Both are equally useful in the first symptoms of a cold, but their pathological states are almost diametrically opposite. The Aconite state is one of over-nutrition, with fever; the Camphor condition one of under-nutrition, with subnormal temperature. The Aconite condition is one of capillary engorgement, with strong, tense pulse and hot skin; the Camphor condition is one of visceral engorgement, with weak thready pulse and cold skin. The Aconite causes are exciting, the Camphor causes depressing, suiting as it does the disorders which begin by paralyzing the vital forces, such as extreme traumatism, the ingestion of neurotic poison, cholera, or yellow fever. Hence, Aconite is suited to the circulatory and nervous phenomena, which inaugurate inflammatory diseases, as pneumonia, dysentery, or peritonitis; Camphor to those which inaugurate collapse, septic, malignant or lethal diseases.

Veratrum Viride.

This drug, as we know, must be distinguished from Aconite only in the beginning of diseases which involve the brain or the distribution of the pneumogastric, meningitis and pneumonia, especially. They are easily distinguished, however, for Veratrum presents with similar vascular excitement a picture of indifference, cerebral vomiting, spasmodic tendencies and slow measured pulse, which points it out plainly when it is indicated. (Secondarily, a rapid pulse, but here a slow pulse.)

Ferrum Phosphoricum.

The tissue-remedy-aconite, though recommended by Schussler for acute inflammatory fevers, presents symptoms of a clinical nature that are valuable in my experience for differentiation. First, the patient is anemic and there are symptoms pointing to the lack of the muscular tonicity, which is supplied by phosphate of iron. Especially is this deficiency noticed in the muscles that regulate the caliber of the blood-vessel. So the pulse is more compressible, like that of Gelsemium, and while the surface is pale, motion or emotion will cause transient flushes to overspread exposed parts.

Hence it is not so well suited to inflammations which begin with symptoms of extreme arterial tension, occupying a position midway between the extreme tension of Aconite and the equally extreme relaxation of Gelsemium, and preventing at the same time a pseudo-plethora which, however, falls short of the real sustained plethora of Belladonna.

Belladonna.

This drug, the fourth one on our list, is generally the initial agent in the treatment of acute inflammations that begin by involving the structures above the neck, vascular structures which are subject to sudden and intense inflammations. So it is not often preceded by Aconite in meningitis, tonsillitis, diphtheria, scarlet fever, conjunctivitis and erysipelas. It corresponds as accurately to the second stage—that of established inflammation, with intense congestion, with heat, pain, redness and swelling, as Aconite does to the first stage. It is nearly always the initial remedy in the Belladonna child, which is big-headed and plethoric and whose inflammations run high and come suddenly. Its objective symptoms are unmistakable, and point to cerebral congestion whenever the inflammation, the attending lethargy and excitement, the flushed face, injected eye, dilated pupils, throbbing carotids, cat-naps, awakening frightened, twitching tendons and high running temperature, point first, last and all the time to a real congestion, and distinguish it easily from such allied remedies as Stramonium, Hyoscyamus and Chamomilla, which present like symptoms without a congestive basis. It is distinguishable from Aconite by its headward tendencies shown from the start by its more established pathology, by its alternation of lethargy with excitement, by its dilated pupils, its pungent, steamy skin; by the intense sensitiveness of its inflammations and the even greater acuteness of its pains, which come and go with lightning-like rapidity. It has, also, a great affinity for the glands, while in its extreme states it gives us relaxed sphincters, as opposed to the tense ones of Aconite.

Gelsemium.

This is the Aconite of asthenic fevers,

giving us relaxation instead of tension, stupor in place of anxiety, passive congestions instead of active ones. It is oftenest of all the first to be thought of in typhoid fever, malarial fever, grippe. The Gelsemium picture is easy to remember and hard to forget if once impressed upon the mind. The key to the whole situation is relaxation. The blood-vessels are flaccid and the muscles are weak and atonic. There is a passive arterial congestion—think of it, passive and arterial—of the cerebellum, medulla and chord, producing muscular inco-ordination and vertigo, and the heart-muscle acts lazily and slothfully, giving us the full but compressible pulse and, perhaps, accounting for so sluggish an arterial stream as to make passive arterial congestion possible. There are three eye symptoms found under Gelsemium, which are most characteristic and point forcibly to its individuality. They are dullness of vision, dilated pupils and diplopia—the Three “D’s.”—due to muscular paresis and to inco-ordinate action of the recti muscles. Add to the slothful heart the vertigo, the muscular relaxation and their inco-ordination, the stupid brain and besotted, swollen, purplish countenance, and the picture is complete—a picture which often presages an asthenic fever, which later on indicates such tissue changes as to call for such remedies as Baptisia, Arsenicum, Lachesis, Lycopodium or other ganglion-centrics.

As for Bryonia, Rhus toxicodendron and Sulphur, the remaining remedies in our list, their relations with the initial drugs can be easily defined. Should the Aconite congestion localize itself upon the lungs Bryonia is generally the next remedy. Should the Belladonna congestion pass beyond the Belladonna stage and effusion threaten the meninges Bryonia again. Should the congestion of either of these initial agents settle upon a serous or synovial membrane, denoted by the stitch pains and the sensitiveness to motion, Bryonia will come in again. So it is really the great second remedy, as Aconite is the great first remedy. Not only is it the great second remedy in sthenic fevers, but often in asthenic as well, following Gelsemium so often in typhoid and malarial fevers, with its

mental dullness, splitting headache, dry mucous membranes, thirst and aggravation from motion.

Few text-books call attention to the fact that there is a vein of hyperaesthesia running through Bryonia, for its aggravation from motion is not only because its inflammations attack such sensitive tissues, but it will be observed that however dull the sensorium and however absorbed the mind in the vagaries of delirium, distress or objection in some form is shown to all motion, even to the rearranging of the pillow, moving the head to administer medicine and like disturbances. Acting as it does on synovial surfaces and muscular fiber, Bryonia may begin the treatment of rheumatism, but much oftener it follows Aconite, not rarely Rhus.

Rhus Toxicodendron.

This remedy, as we know, is very often the initial prescription for diseases following cold damp exposure, as opposed to the cold dry exposure of Aconite. Attacking selectively the fibrous tissues and mucous membranes it is in rheumatism or influenza that it principally figures. Here it may follow Aconite, Bryonia or Gelsemium, but where these tissues are immediately or even primarily attacked it generally starts the treatment, especially if we have associated the well-known Rhus ensemble, the aching, tearing pains of joint ligaments and muscle aponeuroses, the mental torpor associated with physical unrest, the transient improvement from motion, the tired feeling, the pressive frontal headache, these symptoms being associated in influenza with the running of water from the nose and eyes and the dry, teasing cough, more often worse after midnight (worse after rest). In typhoid forms of fever, when it comes later than Bryonia or Gelsemium, we find many of the above symptoms and also the triangular tip and the watery diarrhoea. Sulphur bears the same relation to the venous capillaries that Aconite does to the arterial, and is useful in fevers which start as venous congestions, especially when engrafted upon chronic soil in patients whose history points sulphurward, or in fevers seeming to call for Aconite, but which Aconite fails to

control, which, refusing to get well, still refuse to pass into a Belladonna, Ferrum phos., Bryonia, Gelsemium or Rhus condition.

Thus I reach the prescribed limit of my paper, which, were it to extend further into the realms of pathology where changes might be in the direction of the suppuration of Hepar, the tissue destruction of Arsenicum, the blood disintegration of Lachesis, or into one of the myriad forms of degeneration or destructive pathology which brings the batteries of our whole materia medica into play, and oftentimes accentuates its incompleteness.

909 FOURTH AVENUE.

THE OBSTETRIC FORCEPS.

BY SHELDON LEAVITT, M. D.
CHICAGO.

PROFESSOR OF OBSTETRICS IN HAHNEMANN MEDICAL COLLEGE AND HOSPITAL, CHICAGO.

Conditions Which Call for the Forceps in the Pelvic Cavity and at the Outlet.

In general the condition which calls for the forceps in the pelvic cavity is arrest of the head. It may be due to extension and consequent involvement of too great cranial diameters in certain pelvic diameters, or to equable contraction of the entire pelvis. An arrest of this character we speak of as "incarceration," and look to the forceps as our chief means of relief. For this reason the intelligent accoucheur is on his guard during labor to prevent extension of the head, while he always carefully estimates the progress being made, fully impressed with the dangers so liable to supervene upon protracted delay of the head in its passage through the pelvic canal. The main danger to the mother connected with incarceration of the head, and hence that from which she is to be extricated by means of the forceps, is that of devitalization of the soft pelvic tissues so long compressed by the presenting part. Structures thus endangered are the cervix, the recto-vaginal septum, the urethra and the vesico-vaginal partition. Fistulae arising from such a cause were exceedingly common before the forceps came into frequent use. We now regard absolute arrest of the head in the pelvic cavity, evidenced by its failure to advance under

repeated uterine effort, as a distinct call for instrumental delivery. When relief is not afforded there ensue venous stasis, oedema, and finally destruction of tissue vitality in the compressed area.

Uterine Inertia.

When the head is delayed in the pelvic cavity or at the outlet the efficient cause is not always found in obstructive incarceration, but sometimes in uterine inertia. It may be that the first stage of labor becomes so unduly prolonged as to precipitate inertia soon after the propulsive pains have set in. When this occurs the contractions become less frequent and forcible until the completely exhausted uterus settles into spasmodic and inefficient effort. In other cases the early part of the second stage is so difficult, especially in women possessing feeble physical powers, as to bring about a similar condition.

The dangers associated with uterine inertia in the second stage of labor are, primarily, those accompanying incarceration due to disproportionate diameters, but less pronounced. The pelvic tissues are not often so severely compressed, and therefore the same urgency for delivery does not exist. It is important, then, that we make a clinical distinction between the two causes of protracted delivery. In these cases release is more easily effected; but, in securing it, the woman is menaced by peculiar dangers. We may easily apply the forceps and as easily extract the head, only to find that the atonic condition of the uterus has been carried over into the post-partum state, thereby establishing the condition essential to post-partum hemorrhage. For this reason the discreet operator will delay his intervention in the absence of any unusual exigency, meanwhile stimulating the uterus to renewed effort by every reasonable means. Having freshly aroused uterine energies, he may safely proceed to empty the organ.

Refusal to Rotate.

Occasionally, in occipito-posterior and mento-posterior positions, there is absolute refusal of the head properly to rotate. When this is true the head sometimes gets wedged into the outlet and, in the interest of both mother and child, there

is a loud call for conclusion of a difficult and dangerous delivery. It is not often that the head is held in this situation by the embrace of bony structures, but, having been stranded at last through uterine exhaustion, the tissues swell and the secretions dry, until the part becomes firmly held. There may be recurrent uterine contractions, but they are feeble and poorly calculated to relieve the suffering through expulsion. In such a case it is usually advisable to perform episiotomy and then draw the head through the vulva without an effort at rotation. To forcibly rotate under such conditions would be extremely hazardous. In emergencies like this we must be guided by the character and degree of intensity of the concurrent symptoms. No hard-and-fixed rules for their management can be formulated.

Dangers Associated with the Use of the Forceps.

Any form of intervention carries with it a degree of danger arising from septic infection which is to be determined by the susceptibility of the patient and the thoroughness of the anti-septic precautions. There is no doubt that some patients more readily take on septic infection than others. This has been clinically demonstrated in many instances; but we have not yet learned how to discriminate with any degree of exactitude between them. Why diseased germs should in one case multiply most prodigiously, and in another meet effectual rebuffs at every point we shall probably never fully understand. Personally, we have no doubt that the mental attitude of the individual is a powerful determining factor. It is to be hoped that the modern theories of certain psychologists may prove to be well founded, and invulnerability becomes the available heritage of all.

There is no doubt that in every case exposure to infection, despite all precautions, is appallingly ample. Absolute sterility of everything which comes in contact with raw surfaces is probably impossible to obtain. This being true, if we are to err at all, let us do so on the side of precaution.

Infection is mainly dependent upon a solution of continuity at some place in the genital tract, which gives a point of en-

trance. Lacerations of the os, either large or small, are probably inflicted in every labor, though in a comparatively small percentage do they become so extensive as to attract attention. We do not need to add that what is true of the os uteri is true also of the vagina and vulva.

While lacerations frequently, if not uniformly, occur in labors which have pursued a natural course throughout, it cannot be denied that an unskilful use of the forceps is a prominent factor in the multiplication and deepening of such tears. What I mean to say is that, in every case, no matter how scrupulously conducted, there is not only ample opportunity for access of germs to the genital tract, but also many favorable points within the genital tract for germ infection. It follows, then, that while use of the forceps does often add to the number of lacerations, it does not necessarily augment to any material degree the danger of septic inoculation.

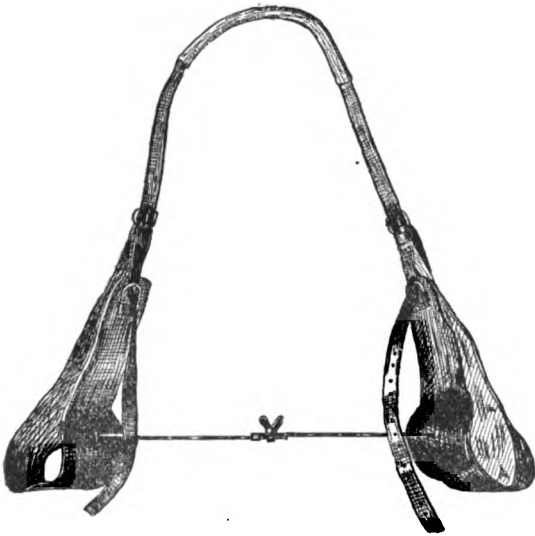
Injury is frequently done the os-uteri by careless introduction of the forceps. One case has come to my knowledge in which it is evident that the posterior wall of the uterus was so badly cut in this manner that the delivery resulted in a uterine laceration which broadly opened the peritoneal cavity. Again, the cervix is many times lacerated by traction, undue in degree and wrong in direction. The vagina suffers in a similar way. One need only pass his finger into the rectum during any forceps delivery to become convinced that the edges of the blades severely press the septum and that traction too early made in an anterior direction may easily destroy the integrity of that structure, so essential to pelvic health, namely: the levator-ani muscle. Furthermore, by bringing the head too rapidly through the vulva the soft structures of that part, taxed beyond their tensile strength, are prone to yield to a most disastrous degree.

The foregoing represent the main dangers incurred by the mother in connection with the use of forceps; but we must not forget to consider also the safety of the child. To it the chief danger arises from cranial compression. It is necessary, as I have elsewhere said, to regulate the degree of compression to correspond

with the degree of traction. It follows, therefore, when it becomes necessary to apply a high degree of extractive energy that there is a demand for forcible compression, which seriously endangers foetal life. But the operator should ever remember that compression is to be made only during traction efforts, and is always to cease with it. The foetal cranium is surprisingly tolerant of compression, provided it be interrupted; but death is the almost certain result when it is long protracted. In the intervals, then, between traction efforts, the grasp of the handles should be relaxed, so that the vital forces of the child may recover functional activity and be prepared for each recurring ordeal.

How to Maintain the Obstetric Position.

The American posture for instrumental delivery is the dorsal, and, preferably, the lithotomy position; but the maintenance of it during extraction proves a source of exceeding annoyance to the



operator. In my practice I found that available assistants are often scarce when most needed, and, in order that I might acquire better control of my patients, some eight or ten years ago I designed a leg-holder, which has given perfect satisfaction. You will find devices of a similar kind on sale, but, for ease of application, for comfort of the patient, and for convenience of carrying, that of which I speak has no equal. After having tested

it in several hundred cases, I call professional attention to it for the first time, with the assurance that those who have ever undertaken a difficult forceps de-



livery without ample assistance will highly value the sturdy aid which it affords.

The Maximum Time of Forceps Delivery.

The duration of an average case of forceps extraction is probably fifteen or twenty minutes; but the maximum may run into hours. I have never found it advisable to continue traction effort more than two hours, although aware that some obstetricians have had the instrument on for double that time. Since the introduction of symphysiotomy, very tedious and difficult forceps cases have been diminished in number.

As the result of long-continued traction we usually have foetal death, besides which there are maternal lacerations and contusions of a destructive nature. To remedy this condition of things, or, more properly, to prevent the frequency of such accidents, we have before us two alternatives, one of which is to delay intervention to the latest possible moment consistent with safety, and the other is to perform symphysiotomy when it is found that the head is so greatly out of proportion to the size of the pelvis as to necessitate a protracted, and possibly futile, effort with the forceps.

Another question of importance arises in the same connection, and that concerns the degree of traction allowable in forceps delivery. The novice is sometimes astonished at the delivery of a living child when powerful traction efforts have been necessitated, not realizing that the saving factors have been intelligent application of traction energy, and the minimizing of its duration. If we find that the head yields under traction efforts, and that we are making some progress in the delivery, even though it be moderate, there is usually no occasion greatly to increase the extractive energy; but if we find that the resistance is pronounced and

that the traction already repeatedly applied has availed little or nothing, we are undeniably justified in steadily increasing the degree of vis-a-fronte until the desired effect is produced, even though it may bring into use all the strength we can possibly command.

The operator should always bear in mind, however, that powerful traction efforts should never be applied when the os-uteri or the vulva constitutes the main resistance. Moreover, it is highly essential that traction should always be made in the axis of the parturient canal.

Clinical Indications of Time for Rotation.

We have elsewhere said that it is both futile and dangerous to attempt rotation after the head has engaged the brim, until it sinks so low in the pelvic cavity as to become entirely free from the trammels of the inlet; but, inasmuch as it is impossible to press our examination "per vaginam" above and beyond the presenting surface, we should become familiar with the clinical indications which point to the completion of the necessary degree. Dr. Collins H. Johnston says he has seen such an expert as Leopold apply forceps to a head which he thought had entered the pelvic cavity and find it still engaged in the pelvic inlet.

Attentive observation of the phenomena of labor shows that it is only after the movement of direct descent has been accomplished, and the presenting part comes to press with energy on the pelvic floor, bulging it and opening the "rima-vulva," that rotation takes place. Even then the rotary movement accomplished during each pain is fragmentary, it being completed only when the cranium exposes its crown within the circle of the vulva. From a study, then, of the phenomena of normal labor, we learn that the time to enforce rotation is when the head has been drawn well down to the vulva, and when, under traction, its presenting part begins to dilate the outlet.

Question of Removal of the Forceps Before Delivery of the Head.

The answer to this question is always to be determined by the conditions. If the instrument has so embraced the head as to endanger the pelvic tissues at the outlet it ought certainly to be removed;

but if, on the other hand, it is so applied as to give control of the part without additional risk, it ought, with equal certainty, to be left in place until delivery has been completed.

When the forceps is applied by the pelvic mode, and the seizure, as usual, is over the poles of the long diameter, rotation always turns one of the blades toward the rectum and causes it to crowd the septum and perineum to a dangerous degree. To ignore this state of things, and, in pursuance of routine management, to leave the forceps unremoved, would be gross mismanagement. It is probable that cases of this kind do not represent more than twenty-five or thirty per cent. of the whole number.

On the contrary, when the cephalic mode has been followed, and the blades lie upon the poles of the bi-parietal diameter, the conditions are radically different. The presence of the instrument in such a case does not interfere with suitable manipulation, and the blades do not endanger the structural integrity of the pelvic tissues. When this is true, it is my custom to let the instrument remain in place.

In conclusion I may say that the space occupied by the thin blades does not materially increase the circumferential demands laid upon the vaginal canal, and is scarcely worthy consideration in the estimate of danger to it or to the vulvar structures.

148 THIRTY-SEVENTH STREET.

TREATMENT OF UTERINE RETROVERSION.

BY JOHN W. STREETER, M. D.
CHICAGO.

PROFESSOR OF MEDICAL AND SURGICAL DISEASES OF WOMEN AND CLINICAL GYNECOLOGY IN THE CHICAGO HOMEOPATHIC MEDICAL COLLEGE.

Correct knowledge of the normal position and supports of the uterus is essential to the successful treatment of its displacements. That such knowledge is at all general is exceedingly doubtful. Let me, then, in preface, state a few anatomical facts without argument or defense. When the woman stands erect the vagina traverses the pelvic floor at an angle of 60 degrees with the plane of the horizon; the uterus intersects the vagina at an

acute angle, and, when the bladder is empty, lies in close relation to the upper third of the anterior vaginal wall. The organ is slightly flexed forward and the fundus is a trifle lower than the cervix and lies quite near the posterior face of the pubes. There is no such thing as pathological anteversion—marked ante-position being normal. Intestines or omentum should never be found anterior to the uterus, but should lie upon the posterior face of its fundus, and thus tend to shut the organ down upon the anterior vaginal wall. This insures the uterus against displacements from all forms of intra-abdominal pressure or stroke of abdominal muscle. The transverse slit through the pelvic floor, which we call the vagina, does not materially weaken the resisting power of the floor, by reason of the direction of that slit and from the fact the walls are normally in close apposition. So long as the uterus remains at an acute angle with the vagina, it receives not, neither does it need, other support than that which is constantly furnished by the musculo-fascial diaphragm called the pelvic floor, which is the natural antagonist of the thoracic diaphragm and the abdominal muscles. The so-called ligaments have no function in the maintenance of the uterus in its normal position—this depends entirely upon its angular relation to the vagina. In marked deviations, some of the ligaments become taut, and they may then act as preventives to further displacement.

The uterus is exceedingly movable; its point of least mobility is at the junction of cervix and body, where the sacral and vesical ligaments furnish a movable axis. When, from any cause, the angle formed by uterus and vagina is permanently reduced, serious displacement must follow. Omentum and intestines then impinging upon the anterior face of the organ, all stroke of muscle and all intra-abdominal pressure tend to force the organ either downward or backward. With the uterus at an obtuse angle or in a line with the vagina, its wedge shape must split that cleft and descend. The only alternative is that the organ may be forced farther backward and make a posterior angle with the vagina and in this way limit the degree of prolapsus by changing to retroversion. If the pelvic floor has been

impaired by disease or accident it must be repaired. If the lower segment of the uterus is heavier than normal—either by reason of laceration or hyper-plastic growth—it must be corrected.

We are now ready for the treatment of retroversion. This may be divided into two parts: replacing the organ, and retaining it in position for a time sufficient to restore normal relations. In recent cases uncomplicated by enlargement or adhesions, the replacing of the organ is attended with little difficulty. If the abdominal walls are thin and relaxed and the uterus is not in extreme retroversion, it can often be restored by manual manipulation; the patient in the dorsal position with thighs flexed; the operator, with one or two fingers, crowds the cervix backwards, while with the other hand he grasps the fundus through the abdominal wall and draws it forward. This manipulation should be continued until a large portion of the organ can be felt as it lies forward on the anterior vaginal wall. This is the simplest means of replacement. If this measure fails, a repositior should be used to raise the fundus and bring it within the reach of the hand.

2646 CALUMET AVENUE.

(This paper of Dr. Streeter's will be concluded in the next number of the Era, when the subject of treatment will be given very fully. It is necessary to explain that the article in the November Era, with a similar title, was not written or revised by Dr. S. It was prepared from brief notes, which were necessarily imperfect, and failed to do full justice to the subject. The present paper is the one that should have appeared a month ago.—Ed.)

(The notes were taken from Dr. Streeter's remarks, and were not submitted to him for revision.)

A jury at Portland, Ore., took only five minutes to decide that a doctor was entitled to his fee of \$1,000 for attending Mrs. Katherine B. Verdier, although he admitted that the work he did took only a few minutes. The doctor also stated frankly that he would perform the same services for a poor person for a very much smaller fee. The jury evidently accepted the view of the doctor's lawyers, who contended that a professional fee should rise in proportion to the patient's ability to pay.

ANNOUNCEMENTS.

SPECIAL NOTICE!

Springfield, Ill., Nov. 29, 1896.

To the

Editor of the Medical Era—

There will be a joint meeting of the physicians of all schools of medicine held at the Auditorium Hotel, Chicago, on the evening of Dec. 9, to discuss proposed amendment to the Medical Practice Act of this State, which will be presented by the joint committees appointed for that purpose by the three State medical societies at their last meeting.

I most earnestly urge homoeopathic physicians to be present to take part in the proceedings. Yours fraternally,

JOHN A. VINCENT, M. D.,
Chairman.

(Every physician in the State who can come to this meeting should do so.—Ed. Era.)

Some Specimen Letters:

Here are the kind of letters that are coming to the Era by every mail:

ST. LOUIS, Nov. 12, 1896.

ERA PUBLISHING CO.,

Chicago, Ill.:

Gentlemen—Enclosed please find a dollar bill, for which send the Medical Era from No. 1 of the current volume to my address as above. I have been a former subscriber to the Era and valued it very highly for its practical articles and suggestions, and although I have taken the oooooo all along, I think the Era has been of greater practical use to me. I again subscribe for the Era, hoping to receive as much value from the new journal as I have from the old. So please send all the numbers of the current volume.

Yours respectfully,

G. S. SCHURICHT, M. D.

EASTON, MD., Nov. 5, 1896.

MEDICAL ERA:

Gentlemen—Please send the Era as offered, and I shall continue as a subscriber, as no paper has taken the place of the old Era.

Very truly,

J. S. GARRISON.

Three dollars

Pays for the "Medical Era" for three years. One dollar for one year; three dollars for three years.

PROCEEDINGS OF THE NEBRASKA STATE BOARD OF HEALTH.

MEMBERS—Dr. J. V. Beghtol, Friend, President; Dr. C. F. Stewart, Auburn, Vice President; Dr. F. D. Haldeman, Ord, Secretary; Dr. B. F. Bailey, Lincoln, Treasurer.

The Board rejected the application of James P. Romine, of Ashland. This gentleman made application three months ago, making a sworn statement that he had graduated from the National Medical College and Hospital of Chicago, March, 1896. He had no diploma, but claimed it was granted and held for fees. The Board inquired into the case and found that Mr. Romine had attended the Hahnemann Medical College of Chicago and had failed to pass his examinations in that college in March, 1896; that he immediately went over to this National College and in two weeks or less was graduated. His diploma was held for fees, they claim, although the more probable reason was that the college did not want to put his name among the graduates for 1896.

In reply to a letter from the Nebraska State Board of Health the assistant secretary of the Illinois Board of Health wrote, under date of August 13, that their Board recognized the National Medical College of Chicago. On Aug. 14 E. C. Sweet, treasurer of the National Medical College, wrote the Board a letter, from which we quote: "The degree of M. D. was conferred upon J. P. Romine by our college and his diploma is held for fees." On Aug. 25 Dr. T. C. Duncan, president of the National Medical College, wrote to the board as follows: "I learn that your Board refuses Dr. Romine a license on the ground that your Board does not know that the college is recognized by the Illinois State Board. If your Board gets the Illinois report you will find that our college stands No. 343 on their list. We are duly and truly recognized and Dr. Romine is entitled to recognition at your hands."

This ought to have been sufficient, for President Duncan said so, but the Board evidently did not look upon President Duncan as the highest authority in the case. On Aug. 18 Dr. Haldeman, the president of the Nebraska State Board of Health, received the following letter,

HAHNEMANN MEDICAL COLLEGE.

"Chicago, Ill., Aug. 15, 1896.

"F. D. Haldeman, M. D., Secretary State Board, Ord, Nebr.—My Dear Doctor: Your favor of Aug. 11, in reference to J. P. Romine, is received. J. P. Romine failed to pass his examination in March, 1896, and was refused a diploma on this ground.

"The time which elapsed between our graduation and that of the National College was about two weeks, so that he could not have put in any time at that college.

"A similar occurrence took place the preceding year with a student whom we declined to graduate because he did not come up to our standard. I reported that case to the Illinois State Board and have as yet heard nothing from them in reference to it. Of course, my attention was not called to it until I saw the list of graduates for 1896. Undoubtedly this candidate's name will appear in the National's list of 1897.

"Very sincerely yours,

"JOS. P. COBB, Registrar."

Evidently the National Medical College people by this time were aware that they were getting into trouble, for under date of Sept. 10 the secretary of that institution wrote to the Nebraska board a letter, in which he said:

"He attended our review and spring course, lasting three months, and passed in a satisfactory manner the chairs he failed to pass in the Hahnemann. * * We had a right to graduate him, which we did, and his diploma is held for fees."

Yet in his sworn statement Romine declared that he graduated from the National College in March, 1896. This agrees with the letter of Dr. Cobb, as quoted above, and Dr. Sweet, of the National, admits that he failed to pass at the Hahnemann this year. And yet they say that Romine "attended our review and spring course, lasting three months." The truth seems to be very badly tangled up by the officers of the National Medical College and Hospital of Chicago.

The Board refused to recognize the college as being in good standing, and therefore refused to grant a certificate. The action of this college in graduating "plucked" candidates will tend to lower the standard of education more than anything that could be done. It is an injustice to schools that are trying to keep up the standard, from which they have no redress. The action of the Nebraska State Board of Health is to be commended. — Western Medical Review.

HOMEOPATHIC MEDICAL SOCIETY OF CHICAGO.

The December meeting of this society will be held in parlor "K," Great Northern Hotel, Thursday, Dec. 17, 1896, at 9:30 p. m.

PROGRAM.

Essayist—J. S. Mitchell, M. D.

Subject—"Treatment of Phthisis Pulmonalis."

Dr. Mitchell will review the various methods of treatment of phthisis that have been recommended in the past few years, more especially its treatment by the use of toxins, and the class of proposed remedies which are the product of the bacteriological laboratory. He will point out what he believes to be the failure of these agents to fulfill the promise made for them. In conclusion, he will cite cases in support of his contention that phthisis is curable by the application of the "similimum," and that strict homoeopathy can show better results than any other method of treatment.

Discussion—To be opened by Dr. A. K. Crawford.

Essayist—H. V. Halbert, M. D.

Subject—"Hystero-Epilepsy—Its Cause and Cure."

Dr. Halbert will give a brief anatomical study of the pathology of the condition, and then discuss the application of the remedy.

Discussion—To be opened by Dr. N. B. Delamater.

The papers will not be long. Ample time will be given for general discussion, which is earnestly invited.

JOS. P. COBB, M. D., Sec'y.,
3156 Indiana avenue.

CH. GATCHELL, M. D., Pres't.,
162 30th street.

The January Era

Will contain another article on some important drug in the materia medica, by Dr. W. A. Dewey. Also articles by Dr. J. S. Mitchell on "Treatment of Phthisis Pulmonalis;" by Dr. H. V. Halbert, on "Hystero-Epilepsy and Its Treatment;" and still other practical papers by leading writers. The faculties of Hahnemann Medical College and Hospital, Chicago, and of the Chicago Homoeopathic Medical College are all regular contributors to the pages of the Era. Also, other eminent members of our school in all parts of the United States.

In the next

Number of the Era Dr. Sheldon Leavitt will have a valuable paper giving particular instructions for the conduct of "A Typical Case of Forceps Delivery in Private Practice." Another paper will be on "The Early Diagnosis of Typhoid Fever by Means of the Elsner Method of Isolating the Bacillus Typhi-abdominalis from Feces and Water," by Dr. L. D. Meader, of Cincinnati. The Era will also contain a variety of new features. The February Era will have a paper on "A Consideration of Some Pathological Conditions at the Time of Puberty," by Dr. Julia Holmes Smith, one of Chicago's most accomplished and most highly esteemed physicians.

Since writing

Our leader on the subject of the reprehensible action of the officers of the National Medical College we have learned that we were justified in surmising that there were some members of the faculty who took no part in the irregularities that have come to light. Especially have we received the assurance that one of Chicago's most accomplished and most highly esteemed physicians, who lectures in the North Side college, had no knowledge of the proceedings that have brought disgrace upon the institution.

The Era Publishing Company

Hereby calls the attention of the profession of the United States to the elegant character of its publications. The new book, "THEY SAY," just issued from the press, is offered as a specimen of its book-work. In typography, paper, press-work, binding, and in taste and style, we claim that our work cannot be excelled by any publishing house in the United States. We accept second place to none. Not only this latest book, but also Gatchell's "Medical Dictionary" is a model of what a well-made book ought to be. We invite contrast (there is no comparison) with the work of other publishers. Mitchell's new work on "Urinary Analysis" will also be a book well worthy to bear the imprint of the Era Publishing Company. Our motto is, "Others May Follow, but the Era Will Lead."

To Our New Subscribers:

Beginning with the year 1897 the Era is going to have a large number of brand-new subscribers. We do not have to wait another month in order to make this discovery. We have their names already on our list.

To these new subscribers we have a few words to say: The Era aims to be accurate, reliable, and up-to-date. Since it was founded, in 1883, its motto has been, "Others may follow, but the Era will lead." The Era will give you practical papers, designed to be of aid to you in your daily contact with your patients. The papers will be by reliable authorities in our school.

In addition to these papers, the Era will give you all that is of general interest to the profession, in all parts of the United States, the rest of the world, and the visible universe. It will give all the news that is worth having, though it will not name every doctor, from Baltimore to Boston, from San Diego to Seattle, who rides a wheel. We can make better use of our space.

We have this to say — Whatever other journals you take, you should add the Medical Era to your list. You will find in its pages what you can get nowhere else. If you are taking the North American Journal of Homoeopathy, the New England Medical Gazette, the Hahnemannian Monthly, the Southern Journal of Homoeopathy, the Clinique, or other journals of that class, cling to them, but

ADD THE ERA TO YOUR LIST!

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1897.



A Book of Apothegms and Aphorisms, extracted from all dead and living languages.

Readers of the Era who may desire a copy of this new book can get it from their own bookse'ters.



That it is better to be safe than to be sorry.

That whisky lowers a man, but raises the devil.

That an ounce of silence is worth a pound of explanation.

That many people who get ahead too often get the big head.

That anyone can borrow a book, but it takes a gentleman to return it.

That it's an ill wind that blows about itself and gives no one else a chance.

That some find cause for rejoicing in the fact that the devil was not a woman.

That you should never do to-day what some one else will do for you to-morrow.

That it is not a crime to express one's thought, but sometimes it is very imprudent.

That a grain of common sense sometimes weighs as much as a conscientious scruple.

That if sin were as ugly as it is painted, there would be more people traveling the other road.

That the reputation of a lifetime can be thrown away in a moment unless it's a bad reputation.

That some men are born great, some achieve greatness, and some are not worth a continental.

That there is a tide in the affairs of men which if not skillfully dodged at the proper moment drowns them.

That it's all very well to talk disparagingly of the daughters of Eve, but what's the matter with the sons of night?

That one of the greatest causes of trouble in this world is the habit some people have of talking faster than they think.

That the average man dislikes to ask another man to loan him money and the other man dislikes to have him do so.

That you should never talk to a woman when she has discovered that a line of clean clothes has fallen into the mud.

That you should learn to labor and to wait no longer.

That the best article we ever saw on milk was cream.

That it's a great pity there are no rules without exceptions.

That you should never owe a man a grudge; pay as you go.

That a kiss is contraction of the mouth with enlargement of the heart.

That tramps are dirty, but let's soap that they may become cleaner.

That the most sensational thing in the world is the unvarnished truth.

That there is lots of difference between a burst dam and a broken oath.

That the night air is not necessarily bad unless it is sung by the cat.

That a woman saw the first snake, but men have been seeing them ever since.

That it is surprising how much trouble some people can stand before it gets to them.

That there is no change in the righteous man's heart and very little in his pocket.

That the burglar who was thrown from a third-story window said that he felt downcast.

That it takes many years to make a saint, but sinners may be turned out by the gross.

That it's a fortunate thing salvation is free; if it cost much there would be precious few saved.

That a blunder is worse than a crime; there is a remedy for crimes, but no prophylactic against blunders.

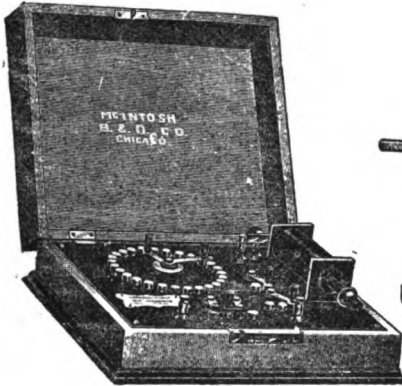
That the man who feels himself to be "different from other men" should not brag about it; museum freaks are in the same fix.

That there is a skeleton in the closet of every family, but the thing has become so common that there is no use making any bones about it.

BARGAINS.

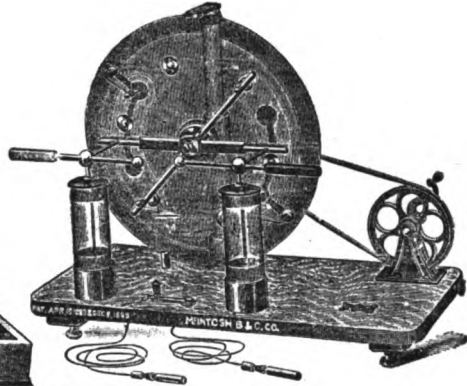
FOR SALE.—MCINTOSH OFFICE TABLE PLATE, in polished walnut case. Galvanic *double* switch board; buttons for 30 cells; Faradic coil; pole changer; two binding posts, with galvanic, primary or secondary Faradic currents.

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FOR SALE.—This handsome COLUMBIA OPERATING AND EXAMINING TABLE. Has been used, but is in first-class condition, and in all respects as good as when new. It cost \$30.00. Will be sold at a *bargain*. Make an offer of \$19.27, and if a higher bid does not come ahead of yours, you will get it.

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Fig. V.—Semi-Reclining.

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- 13th. Only successful Dorsal position *without moving patient*.
- 14th. Broad turntable upon which to rotate the chair, which cannot be bent or twisted.
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- 1st. Raised by foot and lowered by automatic device.—Fig. I.
- 2d. Raising and lowering without revolving the upper part of the chair.—Fig VII.
- 3d. Obtaining height of 39½ inches.—Fig. VII.
- 4th. As strong in the highest, as when in the lowest position.—Fig. VII.
- 5th. Raised, lowered, tilted or rotated without disturbing patient.
- 6th. Heavy steel springs to balance the chair.
- 7th. Arm Rests not dependent on the back for support.—Fig. VII—always ready for use; pushed back when using stirrups—Fig. XVII—may be placed at and away from side of chair, forming a side table for Sim's position—Fig. XIII.
- 8th. Quickest and easiest operated and most substantially secured in positions.



Fig. XVII—Dorsal Position.

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Don't Tell Any One.

We have received the following letter from our valued friend, Dr. W. D. McAffee. It indicates what a wide circulation The Era has. Also, it wakes up another passenger:

ROCKFORD, ILL., Nov. 27, 1896.

Dear Gatchell:

For heaven's sake, take notice out of "Era" stating that I know where there is a good opening for a physician. I have used up my leisure time for two weeks answering letters, and I draw the line at nineteen a day. I understand that there is a good chance for a man at * * * *, but don't say I told you! Why am I not on your subscription list? It seems to me I have not seen an "Era" for seventy years. Send it along! Faithfully yours,

W. D. M'AFFEE.

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A good practice in a suburban town of 2,000 inhabitants, near Chicago. No opposition. Also an office in an adjoining town of 1,000. Been established six years. Horse, top buggy, cart, two sets of harness, and part of office furniture for \$225. A bargain. Investigate. Address "C," care Medical Era.

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American Institute of Homeopathy — Buffalo, 1897.

The Local Committee, of Buffalo, has issued its first circular. Dr. A. R. Wright is Chairman, and he has eleven sub-committees already actively at work.

Buffalo is a popular convention city, and the accommodations will be unexcelled.

Associations of alumni desiring to secure headquarters are recommended to communicate soon with the local committee.

A special feature will be the work of a sub-committee on new members.

Communications should be addressed to Dr. Joseph G. Cook, Secretary, 636 Delaware avenue, Buffalo, N. Y.

By order of Dr. A. R. Wright, Chairman, 414 Elmwood avenue.

Stamford Hall.

At Stamford, Conn., Dr. Amos J. Givens has a well appointed sanitarium for the treatment of nervous and mild mental diseases, with separate department for narcotic and alcoholic habits. Dr. Givens is a well-known member of our profession, and physicians may with the utmost confidence place their patients in his care.

IMPORTANT ANNOUNCEMENT.

THE ERA PUBLISHING COMPANY, CHICAGO, is much gratified in announcing that it will have the great privilege of presenting to the profession a complete "*Manual of Surgery*," the work of the joint authorship of PROF. CHAS. ADAMS, M. D., and of PROF. H. R. CHISLETT, M. D.

DR. CHAS. ADAMS, *Surgeon*, needs no introduction to the profession of the United States. As Attending Surgeon to Cook County Hospital, and Professor of Surgery in the Chicago Homœopathic Medical College, he has made a record both in the lecture-room and in the clinical amphitheatre that has given him a position among the leading Surgeons of Chicago, without regard to "school." His writings are eagerly read, and are always depended upon for their unfailing accuracy and their great practical value. When he has written, the literature of surgery, in all languages, has been thoroughly gleaned.

DR. H. R. CHISLETT, *Surgeon*, who shares equally with his collaborator the work of authorship has an enviable reputation in his specialty. As Professor of Surgery and Clinical Surgery in Hahnemann Medical College and Hospital—the oldest of our Colleges in the West, and one that is renowned for its great clinical facilities—he is, by virtue of his talents as an instructor and his skill as an operator, accorded a position that is second to none. Known as a profound student, and as a thorough master of surgery, his scholarly writings always command the most confident attention.

The ERA PUBLISHING COMPANY, which has been honored by the preference of the distinguished authors, does not hesitate to state that the forthcoming *Manual of Surgery* will be a classic, comparable to the best that the old school has ever produced.

The design of the authors, in their joint labors, is to give to the profession not a huge, unwieldy volume, but a work that shall be eminently *practical*. Not only can the *student* use it throughout his college course, but the *practitioner* can rely upon it in all his surgical work. It will be especially devoted to the *diagnosis* and the *treatment* of surgical conditions and surgical diseases.

The book will contain some five or six hundred pages; it will be fully illustrated, finely printed and handsomely bound, and in every respect made to sustain the reputation of the ERA PUBLISHING COMPANY for issuing works which are choice specimens of the printer's art.

The price will be about \$5.00—*possibly less*.

We most cordially congratulate the profession on the prospect of this notable addition to the literature of surgery.

ERA PUBLISHING COMPANY.

SEVENTY, STATE STREET,
Chicago, June 1, 1896.

IMPORTANT ANNOUNCEMENT.

THE ERA PUBLISHING COMPANY, CHICAGO, takes great pleasure in announcing that it will soon favor the profession with a work of exceptional interest—*A Pocket-Book of Urinary Analysis*, by Prof. Clifford Mitchell, A. M., M. D.

DR. CLIFFORD MITCHELL, in his special department, has no superior in America or Europe. His vast experience, embracing a record of three thousand examinations of the twenty-four hours' urine, together with unlimited laboratory and clinical facilities for study, observation and research, has eminently qualified him for his task. His many valuable papers contributed to the pages of the *North American Journal of Homœopathy*, the *Hahnemannian Monthly*, the *Medical Era*, and other journals, have made him widely and favorably known to the profession, while his fifteen years spent as an instructor in class-room and laboratory have served to make his accurate and pains-taking methods familiar to numberless physicians and students.

The ERA PUBLISHING COMPANY, which will have the privilege of issuing this book, wishes to emphasize the fact that DR. MITCHELL'S forthcoming work is one of exceptional interest and value. From what we have already seen of the manuscript and proof-sheets we are in a position to assure the profession that the work, on the subject of which it treats, has no equal in all literature. The amount of original matter that it contains, the subjects considered, the systematic arrangement, the *special features*—never before contained in any book—the convenient tables, the clinical data, the useful hints, the laboratory exercises—so clearly described—the numerous cuts, and, above all, the *absolute reliability* of every recommendation in the entire work, combine to make this book, without exception, the most valuable work on the subject that has ever come from the pen of any author.

By *absolute reliability*, we mean that the author takes *nothing on trust*. DR. MITCHELL has included in the work much that is original, for which he is authority. Aside from this, much of the subject matter entering into a work of this character belongs to the profession's common fund of knowledge. But even this has not been "quoted," or taken on trust; the accuracy of every statement has been tested, and the value of every recommendation has been confirmed by repeated verifications, before being adopted and again offered to the profession through the medium of these pages.

The ERA PUBLISHING COMPANY is doing its part of the work of production in the manner for which it is so well known. It has placed no limit on the number of illustrations that the author may choose to introduce into the pages, but has encouraged him to see that nothing of value is omitted—an injunction wholly needless in the case of one who is so thorough in all that he undertakes.

It will be a pleasure to present to the profession a work so worthy, and of so great value as Mitchell's "*Pocket-Book of Urinary Analysis*." Our friends of the other school have nothing of the kind that equals it.

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A

SYSTEMATIC TREATISE
ON THE
PRACTICE OF MEDICINE

FOR THE USE OF

PRACTITIONERS AND STUDENTS

BY

CH. GATCHELL, M.D.

EDITOR OF THE MEDICAL ERA
PROFESSOR OF DISEASES OF THE CHEST
IN THE CHICAGO HOMOEOPATHIC MEDICAL COLLEGE
ATTENDING PHYSICIAN, COOK COUNTY HOSPITAL, CHICAGO
FORMERLY PROFESSOR OF THE PRINCIPLES AND PRACTICE OF MEDICINE
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Hahnemann's Chronic Diseases. New translation, literal and accurate. There is no modern medical book that is more "up to date" than this one—it is ahead of date, and when the world grows up to it the world will be medically better. Fact! Get this book into your head, and practice, and you will be the gainer.

Hahnemann's Defense of the Organon. Translated from the German by R. E. Dudgeon, M.D. This is a work by Hahnemann never before published in English. It is the only "defense" he ever made. He carries the war into Africa.

Burnett's Delicate, Backward, Puny and Stunted Children. Those who admire the right-to-the-point style of Burnett will take pleasure in this his latest book and learn many things hitherto undreamt of in medicine.

Sexual Ills and Diseases. A compilation and condensation. Handy and clean book for those who do not want to talk on this subject.

The foregoing is our list for 1896. More to rapidly follow.

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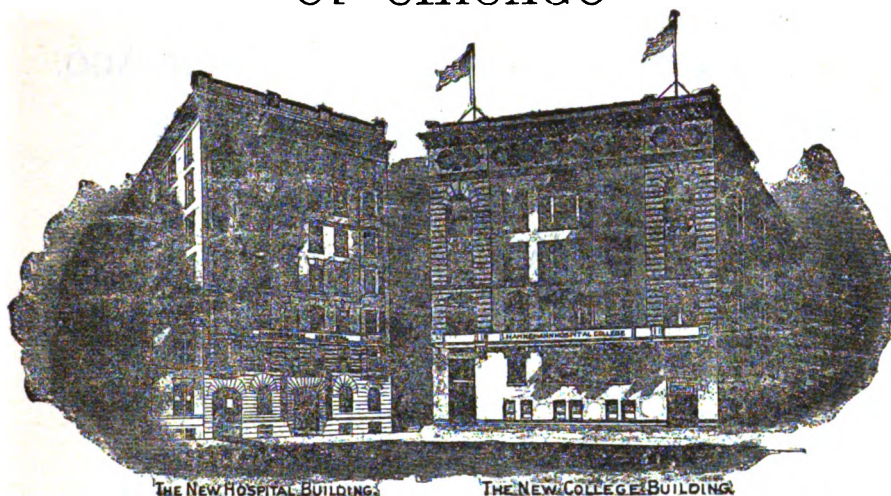
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The Diseases of Children and Their Homœopathic Treatment. A Text-Book for Students, Colleges and Practitioners. By ROBERT N. TOOKER, M.D., Professor of Diseases of Children in the Chicago Homœopathic Medical College. Octavo, pp. 829. Price, cloth, \$5; sheep, \$6.

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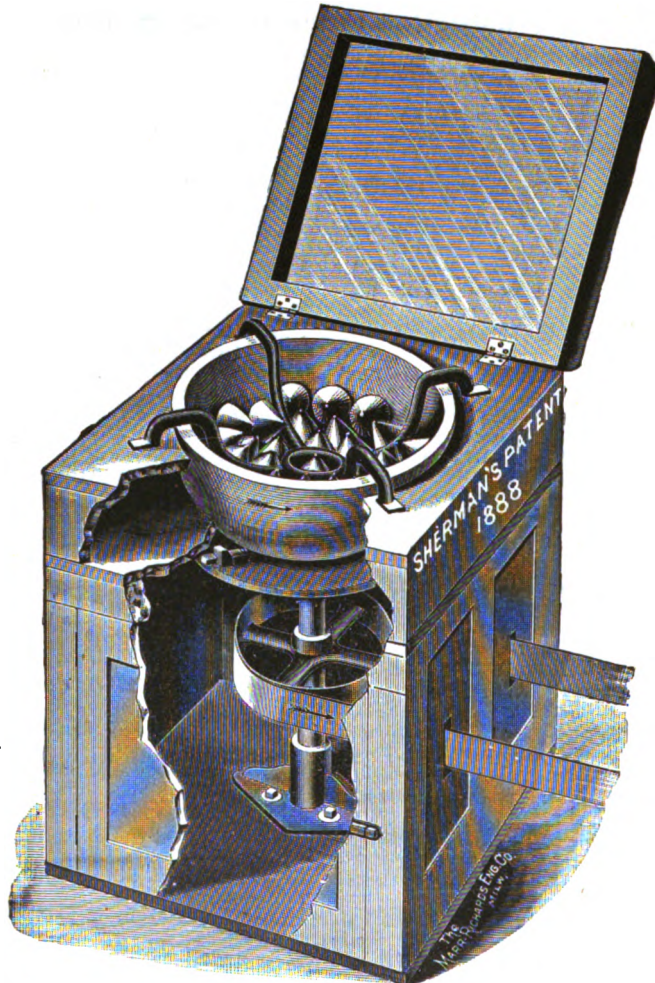
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I know of nothing with which I have had better success, in treating the various diseases peculiar to the female, than ALETRIS CORDIAL. I have used it in amenorrhea and dysmenorrhoea, with excellent results, and also in ovarian and uterine congestion, whether from cold or otherwise, I know of no better remedy. Mr. L. consulted me about his wife. Had been married four years, and had no children. He was a strong, healthy man, about 28 years of age, and his wife 24. He was very anxious that there should be an increase in the family, and had two other physicians at different times, giving her medicine for that purpose. I ascertained that she suffered very much with her menses, and frequently had to take to her bed during the time. They were sometimes very scant, and at others very profuse. When consulted it was about a week before her menses should appear. Prescribed:

R. Aletris Cordial 8 ounces.

Sig. One teaspoonful three times a day.

The husband reported that his wife had the easiest time she had ever experienced, and suffered no pain. When the next time came, the menses did not appear; two bottles of ALETRIS CORDIAL were taken, and in regular time they were made happy by the advent of a bright, bouncing girl. The above is one of several cases of the same kind I have had in my practice. I have been prescribing ALETRIS CORDIAL in my practice for about five years, and from its use during that time I have certainly had an opportunity of testing it very well, both singly and combined. When treating females of a weak, nervous and hysterical condition, caused from uterine derangements, the following will relieve in nearly every case.

Keegan—"A noisipin
 All yer hez ter do is jest lay dere
 be waited on by de hull fleet dat
 eat de oak nurrishin' feed an'



A full size bottle of ALETRIS CORDIAL will
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IMPORTANT ANNOUNCEMENT OF NEW BOOKS

TO BE ISSUED FROM THE PRESS OF THE
ERA PUBLISHING COMPANY
CHICAGO.

POCKET-BOOK OF URINARY ANALYSIS. By CLIFFORD MITCHELL, A.M., M.D., PROFESSOR OF RENAL DISEASES IN THE CHICAGO HOMŒOPATHIC MEDICAL COLLEGE.

MANUAL OF SURGERY. By CHARLES ADAMS, M.D., and H. R. CHISLETT, M.D., PROFESSORS OF SURGERY AND CLINICAL SURGERY IN THE CHICAGO HOMŒOPATHIC MEDICAL COLLEGE, AND IN THE HAHNEMANN MEDICAL COLLEGE AND HOSPITAL, CHICAGO, RESPECTIVELY.

SYSTEMATIC TREATISE ON THE PRACTICE OF MEDICINE. By CH. GATCHELL, M.D., PROFESSOR OF DISEASES OF THE CHEST IN THE CHICAGO HOMŒOPATHIC MEDICAL COLLEGE.

"THEY SAY." By CH. GATCHELL. A BOOK OF APOTHEGMS AND APHORISMS, EPIGRAMS AND WITTICISMS. 150 Illustrations. ILLUMINATED COVER-DESIGN. \$1.00. (NOW READY.)



Doctor—"It's a boy—but I'm sorry to tell you that although it is not exactly deformed, it has enormously large feet, and was born with a big crop of hair."

Father—"That's all right, Doc, just think what a rattling football player he'll make when he's old enough to go to college!"—Puck.

Important Information.

"Dr. Stickem," said the physician's assistant, "have you decided whether or not Mr. Payers has appendicitis? You know you said you were going to read up his case."

"Ah, yes. I must do so at once. Hand me that copy of Bradstreet's."—Washington Star.

Judicious Advice.

Patient—"You are the only doctor that advises me to stay at home. All the others say I ought to go to a winter resort."

Doctor—"I suppose they have all the patients they want."

He Knew.

"Well, old man, I've spent every cent of money I have in the world on my doctor."

"Does he know it?"

"I guess he does. He has pronounced me a well man."

Acme of Bliss.

Tired Baird—"Wot would yer radder be dan all else in de world, Barney?"

Barney Keegan—"A horspittle conwalescent, pard. All yer hez ter do is jest lay dere in bed an' be waited on by de hull fleet dat don't do a t'ing but soak nurrishin' feed an' brandy inter yer."—Judge.

Similia Similibus.

"They say microbes are in a kiss,"

Quoth he—their lips had basal

"I am a homoeopath."

Returned in tone bray

"In 'like cures like' I g

Whereat their lips ag

The Charge.

"Patrick, I was sorry to hear that you were arrested last week. What was the charge against you?"

"Sivin dollars an' costs, sir."

"I mean what were you charged with when they brought you before the justice?"

"Apple brandy, sor."—Bloomington Pantagraph.

Got Them All.

"Skorcher's a perfect wreck."

"What ails him?"

"The doctor says he has bicycle heart, bicycle head, bicycle face, bicycle eyes, bicycle teeth and bicycle knees."

Hungry.

Tramp (at dentist's door)—"I'd like my teeth filled."

Dentist—"With which—gold or silver?"

Tramp (eagerly)—"O, just plain bread will do."

Another View.

Hunker—"He died from a complication of diseases, I understand?"

Spatts—"Yes; either that or from a complication of doctors."—Judge.

Sterilization.

We have boiled the hydrant water,

We have sterilized the milk,

We have strained the prowling microbe

Through the finest kind of silk,

We have bought and we have borrowed

Every patent health device,

And at last the doctor tells us

That we've got to boil the ice.

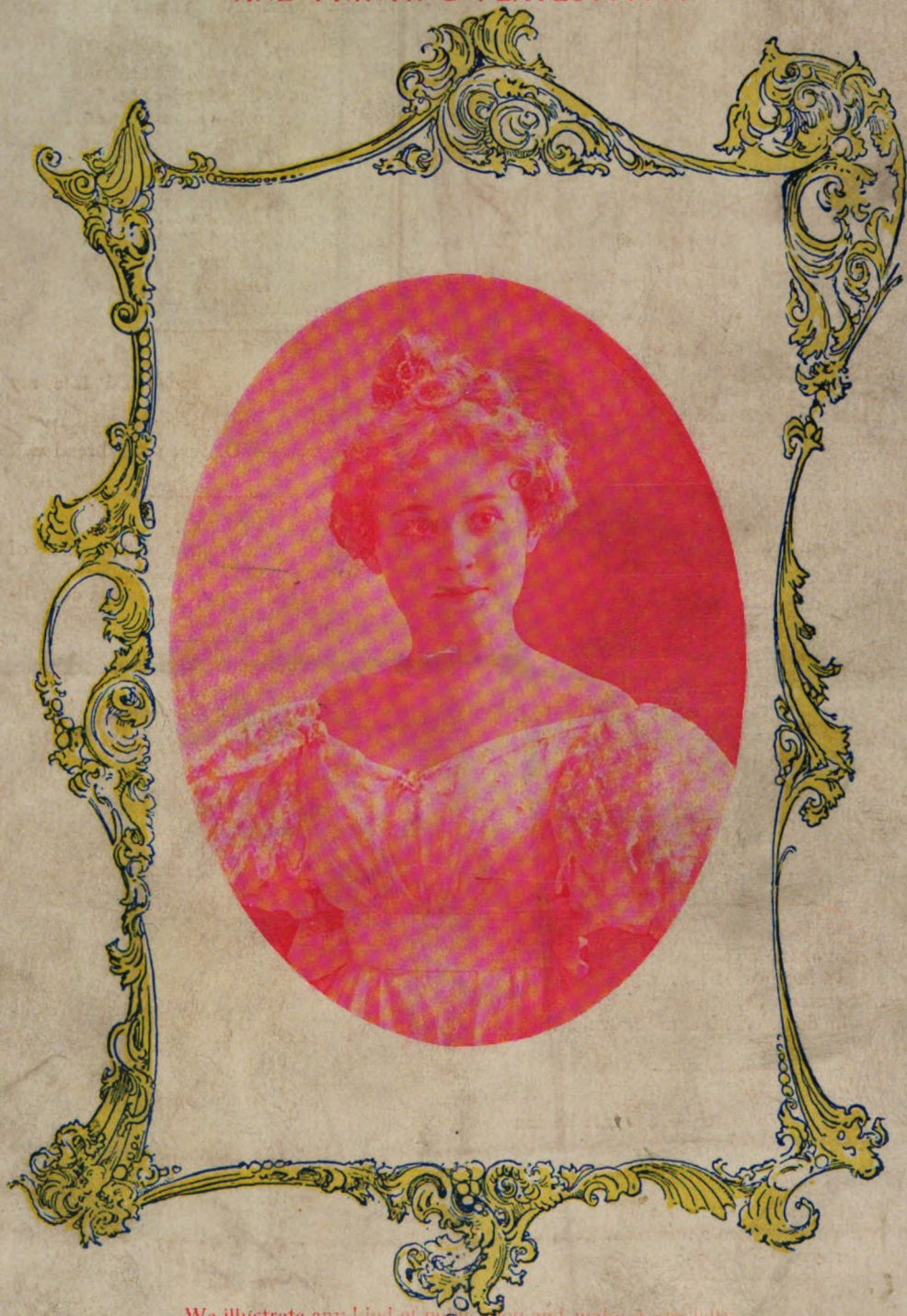


Caller—"Are you certain that young Dr. Kyparlor is in his room upstairs?"

Landlady—"Betcher loife Oi am. Ain't Oi washin' his shirt this minnit?"

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